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

DECEIVED

Date of Notification (1): 1/26/15
Name of Building Owner/Operator (2): MEN & MACHINES

Agency Notified: EPA
                DOH
                DCA
                DCA
                DCA
                DCA

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

Street Address: 225 FREMONT AVE.
City, State, Zip Code: WOODBINE, N.J. 08270
Name of Contact: LISA
Telephone Number:

FACILITY INFORMATION

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

Current Use (Prior to being demolished):

Square Foot: 400
No. of Floors: 2
Year Age: 70+

Name of Abatement Contractor (5):
KLEEMCO INC.

Name of OSHA Monitor:
JOPER KLEEM

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

Siding

Name of Registered Waste Hauler:
KLEEMCO INC.

Ch. State:
WOODBINE, N.J. 08270

Ch. State:
MARIE SNAD,c R.J. 08052

Signed by:
JOSPEH KLEEM

Owner

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

---

**Date of Notification (1)**  
Jan 15th 2015

**Agency/Owner**  
1. EPA
2. DEP
3. DOL
4. DOH
5. DCA

**Type Notification**  
- Initial

**Name of Building Owner/Operator (2)**  
GWY, LLC

**Street Address**  
100 Water Street

**City, State, Zip Code**  
Jersey City, NJ

**Name of Contact**  
Nellie

---

### FACILITY INFORMATION

**Name of Facility Where Abatement is Taking Place (3)**  
Abandoned Commercial Building for Demo

**Street Address**  
151-155 Clark Ave

**City (5)**  
Jersey City

**County Code (7)**  
(State Use Only)

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

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

**Name of Abatement Contractor (8)**  
Loznica Management Corp

**Telephone No. (11)**  
9737057950

**License No.**  
01193

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

**Square Feet**  
22 Troy Lane

**180 sf to 2260 sf**

---

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

- Renovation
- Demolition

---

**Location of Asbestos-Containing Material (ACM)**  
To be Abated

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

**IN FACILITY**

- 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

---

**Name of Registered Waste Hauler**  
Rovic Transport

**Cubic Yards of Waste**  
TBD

**Name of Registered Landfill**  
GROWS Landfill

**City, State**  
Morrisville, PA 19067

**Disposal Date**  
TBD

**Completed by**  
E. Cirovic

**Title**  
Secretary

**Signature**

**Date**  
Jan 15th 2015

---

* 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)
Jan 15th 2015

Name of Building Owner/Operator (2)
CWWY, LLC

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

Type Notification
- [ ] Initial
- [ ] Amended
- [ ] Emergency (Including justication)

Street Address
100 Water Street

City, State, Zip Code
Jersey City, NJ

Name of Contact
Nellie

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Abandoned Commercial Building for Demo

Street Address
100 Water Street

City (5)
Jersey City

County (6)
Hudson

County Code (7)
STATE USE ONLY

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

Square Feet

# of Floors
1

Bidg. Age
50+

Current Use (Prior if being demolished)
Abandoned

Name of Monitoring Firm Hired by Building Owner (8)
n/a

ASCM No.
n/a

Name of Abatement Contractor (9)
Loznica Management Corp

Street Address
22 Troy Lane

City, State, Zip Code
Lincoln Park NJ 07035

Telephone No.
9737067950

License No.
01193

Project Manager for Monitoring Firm
n/a

Telephone No.
n/a

Start Date (10)
1-26-2015

Scheduled Completion Date (11)
2-26-2015

Name of OSHA Monitor
Loznica Management Corp

Street Address
22 Troy Lane

City, State, Zip Code
Lincoln Park NJ 07035

Occupancy Status During Abatement (Check Only One)
- [ ] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility Hours

Other – Describ.: n/a

Scope of Work (Check All That Apply)
- [ ] ±3 sf or ±3 if
- [ ] ±150 sf or ±250 sf

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)

Abatement Type

Removal
Repair
Encapsulate
Endorse

Endorse

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

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

in Facility

(13)

Is Location Normally Used Solely by Maintenance/
Custodial Staff?

(12)

Yes
No
N/A

Description of Asbestos Containing Material (ACM)

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

Amount
(Specify SF or LF)

Abatement Type

Removal
Repair
Encapsulate
Endorse

Endorse

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

Name of Registered Waste Hauler
Rovic Transport

NJ/DEP Waste Hauler ID No.

Cubic Yards of Waste
TBD

Name of Registered Landfill
GROWS Landfill

City, State
Morrisville, PA 19067

Completed by
E. Ciroic

Title
Secretary

Signature

Date
Jan 15th 2015

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

Date of Notification (1):
01-19-2016

Agencies Notified: Type Notification:
EPA & DEP

Name of Building Owner/Operator (2):
160-170 Main Street Hackensack N.J. LLC

Street Address:
160-170 Main Street

City, State & Zip Code:
Hackensack N.J. 07601

Name of Contact:
Shargoh Aliansi

Telephone Number:

FACILITY INFORMATION

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

Street Address:
164 Main Street

City (5):
Hackensack NJ, 07601

County (6):
Bergen

County Code (7):
ASCM No.

Type of Facility (4):
School (K-12)

Subchapter 8 (Other than K-12)

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

Square Feet:
20,000

% of Floors:
100

Bldg. Age:

Current Use (Prior to being demolished):
Relief Building

Name of Monitoring Firm Hired by Building Owner (8):
Criterion Laboratories, Inc.

Street Address:
3370 Progress Drive, Suite J

City, State & Zip Code:
Bensalem, Pa. 19020

Name of Abatement Contractor (9):
Resource Management Group, LLC

Street Address:
2115 Hamilton Ave, Suite 202

City, State & Zip Code:
Trenton, NJ 08619

Project Manager for Monitoring Firm:
Mr. Mike Panepresso

Telephone Number:
215-244-1300

Scheduling Start Date (10):
01-19-2016

Scheduling Completion Date (11):
02-19-2015

Name of OSHA Monitor:
J&J Environmental Laboratories, Inc.

Street Address:
2333 Route 22 West

City, State & Zip Code:
Union, NJ 07083

Scope of Work (Check all that apply):

Renovation
Demolition

Location of Asbestos-Containing Material (ACM)

TO BE ABATED

in Facility

(13)

Is Location Normally Used Solely byMaintenance of Custodial Staff?

(12)

Yes
No
N/A

Description of Asbestos-Containing Material (ACM)

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

Pipe Wrap
Fiberglass,

Laminate

Grey Floor tile
Red Floor tile

Location of Asbestos-Containing Material (ACM)

Pipe Wrap

Cubic Yards of Waste

TBD

Disposal Date:
TBD

City, State:
Morristown, PA

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

Title:
President

Signature:

Date:
01/18/2015

Name of Registered Waste Hauler:
NUDEP Waste Hauler ID No. 0036218

Name of Registered Landfill:
Grove Landfill

Resource Management Group, LLC
**State of New Jersey**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
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<tbody>
<tr>
<td>1/15/15</td>
<td>TRANSFORMATION ENTERPRISES</td>
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<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
<td>GOI W. CLEAK, LIVING ROOF</td>
<td>EGGH HAMMERT, N.J., 08818</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Street Address</th>
<th>County Code (7) (STATE USE ONLY)</th>
<th>Current Use (Prior if being demolished)</th>
</tr>
</thead>
<tbody>
<tr>
<td>105-COPLEY AVE.</td>
<td>NA</td>
<td>VACANT</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>LINWOOD</td>
<td>MAPLE SHORE, N.J., 08052</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (6)</th>
<th>ASCM No.</th>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td></td>
<td>ICLEEMCO INC</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>36 S. S PACE AVE</td>
<td>MAPLE SHORE, N.J., 08052</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
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<tbody>
<tr>
<td>856-227-0472</td>
<td>0044</td>
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<table>
<thead>
<tr>
<th>Start Date [10]</th>
<th>Scheduled Completion Date [11]</th>
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<tbody>
<tr>
<td>1/26/15</td>
<td>2/2/15</td>
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<table>
<thead>
<tr>
<th>Occupancy Status During Abatement</th>
<th>Name of OSHA Monitor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
<td>N/A</td>
</tr>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours</td>
<td></td>
</tr>
<tr>
<td>Other - Describe:</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Scope of Work</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Renovation</td>
<td>Demolition</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e., Thermal systems insulation, surfacing, VAF, or other miscellaneous)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>TRANSITE DISCONTINUED</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000 ft²</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>NJDEP Waste Hauler ID No.</th>
<th>Cubic Yards Of Waste</th>
</tr>
</thead>
<tbody>
<tr>
<td>ICLEEMCO INC</td>
<td>17904</td>
<td>15</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
<th>Disposal Date</th>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>AQUA</td>
<td></td>
<td>PLEASANTVILLE, N.J.</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Completed By</th>
<th>Title</th>
<th>Signature</th>
<th>Date</th>
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</thead>
<tbody>
<tr>
<td>JOSEPH LUCIANI</td>
<td>OWNER</td>
<td>J. M. LUCIANI</td>
<td>1/25/15</td>
</tr>
</tbody>
</table>

---

*Do not use this form for asbestos licensure exempted activities.*
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:68 and 12:129)

Date of Notification (1)
January 15, 2015
Name of Building Owner/Operator (2)
Mary Kern
Check # 1800

Agencies Notified
EPA
DEP
DOL
DOH
DCA

Type Notification
Initial
Amended
Emergency (including justification)
Cancellation

Name of Building Owner/Operator (2)
Mary Kern

Street Address
665 High Street
City, State, Zip Code
Burlington City, NJ 08016

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Vacant Building

City (5)
Burlington

County (8)
Burlington

Current Use (Prior to being demolished)
Vacant Office

Name of Monitoring Firm Hired by Building Owner (8)
ASCM No.
Management & Enviro. Consulting Services

Type of Facility (4)
School (K-12)

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

Square Feet
3,000

# of Floors
1

Bldg. Age
100

Telephone Number

County Code (7)

Name of Abatement Contractor (9)
Shade Environmental, LLC

Street Address
623 Cutler Avenue
City, State, Zip Code
Maple Shade, NJ 08052

Name of OSHA Monitor
EMSL Analytical, Inc.

Street Address
200 Route 130 North
City, State, Zip Code
Cinnaminson, NJ 08077

Start Date (10)
January 26, 2015
Scheduled Completion Date (11)
January 27, 2015

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)

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

(SF or LF)

Abatement Type

Renovation

Demolition

Full Containment with Negative Pressure

Mini-Enclosure

Glovebag Procedure

Non-Exempted (*) and Non-Friable Procedure

Heater Room

Cement Board

40 SF

Name of Registered Waste Hauler
Freehold Cartage

NJDEP Waste Hauler ID No.
02265

Cubic Yards of Waste
1

Name of Registered Landfill
Western Burks Community Landfill

City, State
Freehold, NJ

Disposal Date
1/27/2015

City, State
Birdsboro, PA

Completed by
Christina Lynch
Title
Operations Manager
Signature

Date
1/15/2015

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

**NOTIFICATION OF ASBESTOS ABATEMENT**

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

**Date of Notification (1)**
January 16, 2015

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

**Name of Contact**
Carmen Torsiello

**Street Address**
172 South Street

**City, State, Zip Code**
New Providence, NJ 07974

**FACILITY INFORMATION**

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

**Street Address**
400 Central Avenue

**City**
New Providence

**County (6)**
Union

**County Code (7)**
ASCM No.

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

**Square feet**
1200 sf

**# of Floors**
1

**Bldg. Age**
60

**Residence**

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

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

**Street Address**
1889 Route 9, Unit 61

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

**Telephone Number**
732-349-9932

**License Number**
00624

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

**Street Address**
1056 Stelton Road

**City, State, Zip Code**
Piscataway, New Jersey 08854

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

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

<table>
<thead>
<tr>
<th>Location of ACM in facility</th>
<th>Normally used by Maintenance/Custodial Staff</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VIT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exterior</td>
<td>X</td>
<td>Asbestos siding</td>
<td>1000 sf</td>
<td>X</td>
</tr>
</tbody>
</table>

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

**NJDEP Waste Hauler ID No.**
20223

**Cubic Yards of Waste**
3

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

**City, State**
Toms River, New Jersey

**Disposal Date**
1/29/15

**City, State**
Tulltown, Pennsylvania

**Date**
1/16/2015

*Do not use this form for asbestos licensure exempted activities.*
**State of New Jersey**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 5:60 and 12:120)

**Date of Notification:** 1/21/2015

<table>
<thead>
<tr>
<th>EPA</th>
<th>DEP</th>
<th>DOL</th>
<th>DOH</th>
<th>DCA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial</td>
<td>Amended</td>
<td>Amendment #:</td>
<td>Emergency (including justification)</td>
<td>Cancellation</td>
</tr>
</tbody>
</table>

**Name of Building/Operator:** Hamamatsu Corporation

**Street Address:** 360 Foot Hill Rd

**City, State, Zip Code:** Bridgewater, New Jersey 08807

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

**Square Feet:** 10,000

**Edg. Age:** 60+ Year

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

**Name of Facility Where Abatement is Taking Place:** Hamamatsu Corp Property

**Project Manager for Monitoring Firm:**

**Telephone No.:** 732-294-1757

**License No.:** 00029

**License Expiry Date:**

**Start Date (10):** 1/21/15

**Completed Completion Date (11):** 2/23/15

**Name of OSHA Monitor:**

**Occupancy Status During Abatement:**
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed During Normal Occupancy Hours
- Other - Describe: None

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

<table>
<thead>
<tr>
<th>Inside</th>
<th>Outside</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

**Removal Method:**
- Full Containment with Negative Pressure
- Glovebox Procedure
- Non-Exempted (*) and Non-Potable Procedure

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

<table>
<thead>
<tr>
<th>Type</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Roofing &amp; Flat</td>
<td>2000 SF</td>
</tr>
<tr>
<td>Flocking</td>
<td>500 LF</td>
</tr>
<tr>
<td>Siding</td>
<td>50 LF</td>
</tr>
<tr>
<td>Dust</td>
<td>400 LF</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler:**

**Waste Hauler ID No.:** 12066

**City, State:** Colts Neck, New Jersey

**Name of Registered Landfill:**

**Waste Landfill ID No.:**

**City, State:** Easton, PA

**Completed by:** Bree McGuire

**Title:** Secretary Treasurer

**Signature:**

**Date:** 1/21/15

* 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)
1/15/15

Name of Building Owner/Operator (2)
Children's Specialized Hospital

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

Street Address
150 New Providence Road

City, State, Zip Code
Mountainside, NJ 07092

Name of Contact
Danny Zelasko

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

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

Street Address
150 New Providence Road

City (5)
Mountainside

County Code (7) (STATE USE ONLY)
2200

County (6)

Square Feet
2200

# of Floors
2

Bldg. Age
55

Current Use (Prior to if being demolished)

Name of Monitoring Firm Hired by Building Owner (6)

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

ASCN No.

Street Address
PO Box 483, 4 E Gate Drive

City, State, Zip Code
Glenwood, NJ 07418

Project Manager for Monitoring Firm

Telephone No.
973-583-8500

Telephone No.
973-583-8500

License No.
703

Start Date (10)
1/24/15

Scheduled Completion Date (11)
2/19/15

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

Scope of Work (Check All That Apply)
☐ 83 sf or 83
☐ 8160 sf or 8260 sf
☐ Renovation
☐ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Fiable 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
crawl space
x

pipe insulation
70 LF
x

crate

housekeeping/storage room
x

pipe insulation
30 LF
x

Amount (Specify SF or LF)

Abatement Type

Name of Registered Waste Hauler

Freehold Cartage

NJ DEP Waste Hauler ID No. 15939

Cubic Yards of Waste TBD

Name of Registered Landfill TBD

Freehold, NJ

Disposal Date TBD

City, State

Completed by
A. Scott Higgins
Title President

Signature

Date 1/15/15

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

#### DOL - 10 DAY

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>1/15/15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building/Structure (2)</td>
<td>R. KUDEK</td>
</tr>
<tr>
<td>Address</td>
<td>71 REA AVE</td>
</tr>
<tr>
<td>City</td>
<td>HAUTUREN</td>
</tr>
<tr>
<td>County</td>
<td>Passaic</td>
</tr>
<tr>
<td>Name of Remover</td>
<td>Best Removal Inc</td>
</tr>
<tr>
<td>Address</td>
<td>450 South River St</td>
</tr>
<tr>
<td>City</td>
<td>Hackensack</td>
</tr>
<tr>
<td>County</td>
<td>Passaic</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>201-329-7444</td>
</tr>
<tr>
<td>License No.</td>
<td>00388</td>
</tr>
<tr>
<td>Name of CSHA Monitor</td>
<td>Omega Environmental Inc</td>
</tr>
<tr>
<td>Address</td>
<td>280 Huyler St</td>
</tr>
<tr>
<td>City</td>
<td>Hackensack</td>
</tr>
<tr>
<td>County</td>
<td>Passaic</td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED</td>
<td>Thermal Insulating Material 75 SF</td>
</tr>
</tbody>
</table>

#### Name of Registered contractor |

<table>
<thead>
<tr>
<th>Name of Registered contractor</th>
<th>Best Removal Inc</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>450 South River St</td>
</tr>
<tr>
<td>City</td>
<td>Hackensack</td>
</tr>
<tr>
<td>County</td>
<td>Passaic</td>
</tr>
</tbody>
</table>

#### Completion of Abatement

| Completion Date (6) | 1/7/15 |

#### Notes

- Best Cessation with Negative Pressure
- Encapsulation

---

<table>
<thead>
<tr>
<th>Estimator</th>
<th>Mauro Jorio</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>71 Rea Ave</td>
</tr>
<tr>
<td>City</td>
<td>Hackensack</td>
</tr>
<tr>
<td>County</td>
<td>Passaic</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>201-329-7444</td>
</tr>
<tr>
<td>License No.</td>
<td>00388</td>
</tr>
<tr>
<td>Name of Registered contractor</td>
<td>Best Removal Inc</td>
</tr>
<tr>
<td>Address</td>
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<td>Hackensack</td>
</tr>
<tr>
<td>County</td>
<td>Passaic</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>201-329-7444</td>
</tr>
<tr>
<td>License No.</td>
<td>00388</td>
</tr>
</tbody>
</table>

---

*Do not use this form for asbestos releases, removal, or abatement.*
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)
1/12/15

Name of Building Owner/Operator (2)
Pat Issacs

Agencies Notified
EPA  X
DEP  
DOL  
DOH  
DCA  

Type Notification
X Initial

Street Address
284 Winthrop Road

City, State, Zip Code
Teaneck, NJ 07666

Name of Contact
Pat Issacs

FACILITY INFORMATION

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

Street Address
284 Winthrop Road

City (5)
Teaneck

County (6)
Bergen

County Code (7)
N/A

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

ASCM No.

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

Street Address
11 Rosengren Avenue

City, State, Zip Code
Totowa, NJ 07512

Project Manager for Monitoring Firm

Telephone No.
973-345-8855

License No.
#00675

Start Date (10)  
1/30/15

Scheduled Completion Date (11)  
1/31/15

Occupancy Status During Abatement (Check Only One)

Facility Closed/Vacated During Entire Period of Abatement

Abatement Performed Outside of Normal Facility Hours

Other – Describe: Occupied

Scope of Work (Check All That Apply)

X ≥3 sf or ≥3 If

X ≥160 sf or ≥260 If

Renovation

Demolition

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

In Facility (13)

Yes  No  N/A

Descriptive Location
basement

pipe insulation

63 LF

x

crawl space

pipe insulation

28 LF

x

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

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

Amount (Specify SF or LF)

Abatement Type

Removal

x

Endoscope

x

Enclosure

Mini-Enclosure

Glovebag Procedure

Non-Exempted (*) and Non-Friable Procedure

Name of Registered Waste Hauler
D&S Abatement, Inc.

NJDEP Waste Hauler ID No.
#20996

Cubic Yards of Waste
TBD

Name of Registered Landfill
Waste Management of PA

City, State
Totowa, NJ

Disposal Date
TBD

Tullytown, PA

Completed by
Deanna Brikusin
Title
Project Manager

Signature
Date
1/12/15

* 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):** 1/12/15  
**Name of Building Owner/Operator (2):** Brendan Conheeney

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

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

**Street Address:** 11 Wexford Way  
**City, State, Zip Code:** Somerset, NJ 08873  
**Name of Contact:** Brendan Conheeney

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3):** House  
**Street Address:** 45 Broadway  
**City (5):** Bayonne  
**County (6):** Hudson  
**County Code:** N/A  
**Current Use (Prior if being demolished):** House

**Name of Monitoring Firm Hired by Building Owner (9):** N/A  
**ASCM No.:** N/A  
**Name of Abatement Contractor (10):** D&S Abatement, Inc.  
**Street Address:** 11 Rosengren Avenue  
**City, State, Zip Code:** Totowa, NJ 07512

**Project Manager for Monitoring Firm:** D&S Abatement, Inc.

**Start Date (10):** 1/26/15  
**Scheduled Completion Date (11):** 1/31/15  
**Telephone No.:** 973-345-8685  
**License No.:** #00675

**Occupancy 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):**  
- [X] ≥ 3 ft or ≥ 3 sf  
- [ ] ≥ 160 sf or ≥ 260 sf  
- [ ] 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: (13):**

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>pipe insulation</td>
<td>252 LF</td>
</tr>
<tr>
<td>tank insulation</td>
<td>120 SF</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler:** D&S Abatement, Inc.  
**Waste Hauler ID No.:** #20996  
**Cubic Yards of Waste:** TBD  
**Name of Registered Landfill:** Waste Management of PA  
**City, State:** Totowa, NJ

**Completed by:** Deanna Bkusman  
**Title:** Project Manager  
**Signature:** [Signature]  
**Date:** 1/12/15

---

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

**Date of Notification (1)**
1-16-14

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

**Street Address**
33 Snyder Avenue

**City, State, Zip Code**
Denville, NJ, 07834

**Telephone Number**

**FACILITY INFORMATION**

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

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

**Square Feet**
1800

**# of Floors**
2

**Bldg. Age**
75

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

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

**ASCM No.**

**Name of Abatement Contractor (9)**
AZTECH MANAGEMENT, Inc.

**Street Address**
86 Christopher St.

**City, State, Zip Code**
Montclair, NJ 07042

**Telephone Number**
(973) 744-8800

**License Number**
00371

**Project Manager for Monitoring Firm**
N/A

**Telephone Number**
N/A

**Scheduled Start Date (10)**
1-27-15

**Sched. Completion Date (11)**
1-28-15

**Month**

**Day**

**Year**

**Occuancy Status During Abatement (Check only one)**
[X] Facility Closed/Vacated During Entire Period of Abatement

**Hours - Describe:**

**Other - Describe:**

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

[X] 3 sf or >3 1f

[X] renovation

[X] Demolition

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

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

**In Facility (13)**

**Yes**

**No**

**In Other (Specify SF or LF)**

**Number**

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

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

**Amount**

**Abatement Type**

**Location Normally Used**

**Removal**

**Facility**

**Encap**

**Closure**

**Basement**

Pipe Insulation

100 1f

Boiler (metal jacket)

2x2x4

**Name of Registered Waste Hauler**
AZTECH MANAGEMENT, INC.

**NJDEP Waste Hauler ID No.**
17049

**Cubic Yards of Waste**
1.5

**Disposal Date**
1-29-15

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

**City, State**
Montclair, NJ 07042

**Name of Registered Landfill**
Morrisville, PA 19067

**Completed By (Print or Type)**
Constantine Vivian

President

**Signature**

**Date**
1-16-15
NOTIFICATION OF ASBESTOS ABATEMENT

State of New Jersey

Notices issued to NJAC 8:90 and 12:120

Date: 1/16/15

Name of Building Owner/Operator (2):
SARGENT ARCHITECTS

Name of Contact:
ROBERT SARGENT

FACILITY INFORMATION

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

Street Address:
45 FIRST ST

City (5):
Lodi

County Code (17):
BERGEN

Square Feet:
1658

License No.:
00156

License Type:
- Asbestos Abatement Contractor

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

Project Manager for Monitoring Firm:

Telephone No.:

License No.:

Name of Organization:
A. MAG Contracting Inc.

Name of Abatement Contractor (8):

Street Address:
163 Westland Ave.

City, State, Zip Code:
Midland Park, NJ 07432

Current Use (Prior to being demolished):
Office/Class B

Start Date (10):
1/17/15

Scheduled Completion Date (11):
1/26/15

Street Address:
220 Hoover Street

City, State, Zip Code:
Hackensack, NJ 07606

Name of OSHA Monitor:

Scope of Work (Check All That Apply):
- Demolition
- Renovation
- Full Containment with Negative Pressure
- Mitigation
- Grabbing Pressure
- Non-Exempted (*) and Non-Permissible Procedure

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

In Facility:

(13)

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

Location Normaly Used Soledly by Maintenance/ Custodial Staff:

Description of Asbestos Containing Material (ACM)

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

Amount:
(20,000 lbs or less)

Abatement Type:

Name of Registered Waste Hauler:

NJDEP Waste Hauler ID No.:

Cubic Yards of Waste:

Disposal Date:

Name of Registered Landfill:

City, State, Zip Code:

Completed by:
R. MCDONALD

Title:
President

Signature:

Date:
1/16/15

* Do not use this form for asbestos license exempted activities.
# Notification of Asbestos Abatement

**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 (1)</th>
<th>12-15-14</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>William Gruning</td>
</tr>
<tr>
<td>Street Address</td>
<td>24 Freeman Street</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Roseland, NJ 07068</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Same as above</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td></td>
</tr>
<tr>
<td>City (5)</td>
<td>County (6) Essex</td>
</tr>
<tr>
<td>County Code (7) (STATE USE ONLY)</td>
<td></td>
</tr>
<tr>
<td>Name of Monitoring Firm hired by Building Owner (8)</td>
<td>N/A</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>N/A</td>
</tr>
<tr>
<td>Licensed Asbestos Abatement Contractor (9)</td>
<td>AZTECH MANAGEMENT, Inc.</td>
</tr>
<tr>
<td>Street Address</td>
<td>86 Christopher St.</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Montclair, NJ 07042</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>(973) 744-8800</td>
</tr>
<tr>
<td>License Number</td>
<td>00371</td>
</tr>
<tr>
<td>Name of OSHA Monitor</td>
<td>N/A</td>
</tr>
<tr>
<td>Street Address</td>
<td></td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td></td>
</tr>
</tbody>
</table>

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

**Scope of Work (Check all that apply)**  
[X] < 1000 sf or < 3000 sf  
[X] 1000 sf or > 2500 sf  
[X] Renovation  
[X] Demolition  
[X] Full Containment with Negative Pressure  
[X] Mini-Enclosure  
[X] Glovebag Procedure  
[X] Non-Friable Procedure

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM)</th>
<th>To Be Abated</th>
</tr>
</thead>
<tbody>
<tr>
<td>In Facility (13)</td>
<td>N/A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Is Location Normally Used</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>By Maintenance/ Custodial Staff (12)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description of Asbestos-Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(i.e., thermal systems, surfacing, VAT, or other miscellaneous)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Abatement Type</th>
<th>REMOVAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>ENCLOSURE</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Basement</th>
<th>Pipe Insulation</th>
<th>95 LF</th>
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</thead>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>AZTECH MANAGEMENT, INC.</th>
</tr>
</thead>
<tbody>
<tr>
<td>NJDEP Waste Hauler ID No.</td>
<td>17040</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td>1.5</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>G.R.O.W.S.</td>
</tr>
<tr>
<td>City, State</td>
<td>Montclair, NJ 07042</td>
</tr>
<tr>
<td>Disposal Date</td>
<td>1-28-15</td>
</tr>
<tr>
<td>City, State</td>
<td>Morrisville, PA 19067</td>
</tr>
</tbody>
</table>

**Completed by (Print or Type)**  
Constantine Vivian  
Title: President  
Signature:  
Date: 12-15-14
State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12:120-7)
*** EMERGENCY ***

Date of Notification (1)
10-11-11

Name of Building Owner/Operator (2)
Maria Galioto

Street Address
20 Glen Road

City, State, Zip Code
West Orange, NJ 07052

Name of Contact
Maria Galioto

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
Maria Galioto

Street Address
20 Glen Road

City (5)
West Orange, NJ 07052

County (6)
Essex

County Code (7)

(2)

Type of Facility (4)

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

Square Feet

# of Floors

Bldg. Age

Current Use (Prior if being demolished)

residential

Name of Abatement Contractor (9)
B & G Restoration, Inc.

Street Address
105 Ryerson Road

City, State, Zip Code
Lincoln Park, NJ 07035

Telephone Number
(973)696-6869

License Number
00378

Name of OSHA Monitor
B & G Restoration, Inc.

Street Address
105 Ryerson Road

City, State, Zip Code
Lincoln Park, NJ 07035

Scope of Work (check all that apply)

☐ Demolition
☑ Renovation

☐ Full Containment w/negative pressure
☐ Mini-enclosure

☐ Non-friable procedure

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

basement main room
pipe insulation
14 lf

boiler room/laundry room
pipe insulation
3 lf

Registered Waste Hauler
B & G Restoration, Inc.
NJDEP Hauler ID# 19563

Disposal Date
01/16/2015

City, State
Lincoln Park, NJ

Cubic Yards of Waste
1/4

Name of Registered Landfill
Tullytown Resource & Recovery Center

City, State
Tullytown, PA

Completed by (Print or Type)
Gordana Luna

Title
Secretary/Treasurer

Signature
Gordana Luna

Date
01/14/2015
### Notification of Asbestos Abatement

**Name of Building Owner/Operator:** Maria Galioto  
**20 Glen Road, West Orange, NJ 07052**  
**Telephone Number:**

---

### FACILITY INFORMATION

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

**Street Address:** 20 Glen Road, West Orange, NJ 07052  
**City:** West Orange  
**County:** Essex  
**County Code:** (State use only)

---

### Type of Facility

**Type of Facility:**

- [ ] School (K-12)
- [ ] Subchapter 8 (Other than K-12)
- [x] Other (Private/Commercial Shades, etc.)

**Square Feet:**

**No. of Floors:**

**Bldg. Age:**

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

---

### Name of Abatement Contractor

**Name:** B & G Restoration, Inc.  
**Street Address:** 105 Ryerson Road, Lincoln Park, NJ 07035  
**Telephone Number:** (973) 568-4869  
**License Number:** 00378

---

### Name of OSHA Monitor

**Name:** B & G Restoration, Inc.  
**Street Address:** 105 Ryerson Road, Lincoln Park, NJ 07035

---

### Scope of Work

- [ ] Demolition
- [x] Renovation
- [x] >3 sf or >3 ft
- [ ] >160 sf or >260 ft
- [x] Full Containment + Negative Pressure
- [x] Glove box procedure
- [ ] Mini-enclosure
- [ ] Non-Fireproof Procedure

---

### Location of Asbestos-Containing Material

<table>
<thead>
<tr>
<th>Description of Asbestos-Containing Material (ACM)</th>
<th>Amount (Square FT or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pipe Insulation</td>
<td>14 ft</td>
</tr>
<tr>
<td>Pipe Insulation</td>
<td>3 ft</td>
</tr>
</tbody>
</table>

---

### Registered Waste Hauler

**Name:** B & G Restoration, Inc.  
**Hauler ID:** 19883

---

### Dates

**Scheduled Start Date:** 01/15/2015  
**Sched. Completion Date:** 01/16/2015

---

### Completion Information

**Completed by:** Gordana Luna  
**Title:** Secretary/Treasurer  
**Date:** 01/14/2015

---
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:61 and 12:160)

Date of Notice (1)
January 13, 2015

Name of Building Owner/Operator (2)
Housing Development Corporation of Bergen County

Agnostic Notice Type Notification
EPA: Initial<br>DEP: Amended<br>DOL: Emergency (Including Cancellation)

Address (3)
One Bergen County Plaza-2nd Floor
City, State, Zip Code: Hackensack, NJ 07601

Name of Consented to Cancellation
Steven S. Cohen, Architect, P.C.

FACILITY INFORMATION

Name of Facility Whose Abatement Is Taking Place (5)
St. Anthony Church Property

City (6)
Northvale

County (6)
Bergen

Type of Facility (4)
School - K-12
Subchapter B (Other than K-12)

Square Feet: 1
Current Use: Vacant Building

Name of Monitoring Firm Hired by Building Owner (8)
C S A Consulting Service America

Name of Abatement Contractor (6)
Slavco Construction Inc.

Street Address:
26 Lorenzo Court
City, State, Zip Code: Matawan, New Jersey 07747

Telephone No.: 732-832-4950
License No.: 00124

Start Date (10):
January 15, 2015
Scheduled Completion Date (11):
February 13, 2016

Name of OSHA Monitor
Slavco Construction Inc.

Occupancy Status During Abatement (Check Only One)
Facility Closed/Vacated During Entire Period of Abatement
Abatement Performed Outside of Normal Facility Hours
Other: - Describe: 7:00am-3:00pm Monday-Saturday

Scope of Work (Check All That Apply)
- Removal
- Demolition
- Renovation
- Full Containment with Negative Pressure
- Manual Decontamination
- Glue Nipper Procedure
- Non-Exempted (*) and Non-Listed Procedure

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

<table>
<thead>
<tr>
<th>Location of ACM</th>
<th>Yes</th>
<th>No</th>
<th>Description of ACM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Classroom Hallways &amp; Office</td>
<td>x</td>
<td></td>
<td>VAT</td>
</tr>
<tr>
<td>Boiler Room</td>
<td>x</td>
<td>Fire Packing</td>
<td></td>
</tr>
<tr>
<td>Boiler Room</td>
<td>x</td>
<td>Fire Door</td>
<td></td>
</tr>
<tr>
<td>Boiler Room</td>
<td></td>
<td>Pipe Insulation</td>
<td></td>
</tr>
</tbody>
</table>

Amount (Specify SF or LF):
9,480 sf

Date: January 13, 2015

* Do not use this form for asbestos licensee exempted activities.
# Notification of Asbestos Abatement

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>January 13, 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Housing Development Corporation of Bergen County</td>
</tr>
<tr>
<td>Street Address</td>
<td>One Bergen County Plaza-2nd Floor</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Hackensack, NJ 07601</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Steven S. Cohen, Architect P.C.</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

| Name of Facility Where Abatement is Taking Place (3) | St Anthony Church Property |
| Street Address | 187 Walnut Street |
| City (5) | Northvale |
| County Code (7) | Bergen |
| County Code (7) | (STATE USE ONLY) | Current Use (Prior if being demolished) |
| Type of Facility (4) | School (K-12) |
| Project Manager for Monitoring Firm | Michael Chain |
| Telephone No. | 732-921-9223 |
| Start Date (10) | January 15, 2015 |
| Scheduled Completion Date (11) | February 13, 2015 |
| Name of Abatement Contractor (9) | Slevco Construction Inc. |
| Street Address | 164 Getty Ave. |
| City, State, Zip Code | Clifton, New Jersey 07011-1802 |
| License No. | 00724 |
| Name of OSHA Monitor | Slevco Construction Inc. |
| Street Address | 164 Getty Ave. |
| City, State, Zip Code | Clifton, New Jersey 07011-1802 |
| Name of Monitoring Firm Hired by Building Owner (8) | ASCM No. |
| C S A Consulting Service America |
| Name of Registered Waste Hauler | G.R.O.W.S Landfill |
| Name of Registered Waste Hauler (12) | Slvco Construction Inc. |
| City, State | Clifton, New Jersey 07011-1802 |
| Date | January 13, 2015 |

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

- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other — Describe: 7:30am-3:30pm Monday - Saturday

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

- 23 sf or less
- 2160 sf or more
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility</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>Classroom Hallways &amp; offices</td>
<td>Yes</td>
<td>VAT</td>
<td>9,480sf</td>
<td>X</td>
</tr>
<tr>
<td>Boiler Room</td>
<td>X</td>
<td>Flue Packing</td>
<td>8SF</td>
<td>X</td>
</tr>
<tr>
<td>Boiler Room</td>
<td>X</td>
<td>Fire Door</td>
<td>28SF</td>
<td>X</td>
</tr>
<tr>
<td>Boiler Room</td>
<td>X</td>
<td>Pipe Insulation</td>
<td>13LF</td>
<td>X</td>
</tr>
</tbody>
</table>

**As of December 10, 2015**

- Do not use this form for asbestos licensure exempted activities.
<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED 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>Nurse Office &amp; Closet</td>
<td>x</td>
<td>Pipe Insulation</td>
<td>24LF</td>
<td>x</td>
</tr>
<tr>
<td>Nurse Rest Room</td>
<td>x</td>
<td>Pipe Insulation</td>
<td>12LF</td>
<td>x</td>
</tr>
<tr>
<td>Office 1</td>
<td>x</td>
<td>Pipe Insulation</td>
<td>10LF</td>
<td>x</td>
</tr>
<tr>
<td>Enclose in Hallway Soffit Chase</td>
<td>x</td>
<td>Pipe Insulation</td>
<td>104LF</td>
<td>x</td>
</tr>
<tr>
<td>EXTERIOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exterior Doors</td>
<td>x</td>
<td>Caulk (Seven Doors)</td>
<td>126LF</td>
<td>x</td>
</tr>
<tr>
<td>Exterior Windows</td>
<td>x</td>
<td>Caulk (54 Windows)</td>
<td>1,152LF</td>
<td>x</td>
</tr>
<tr>
<td>Exterior Entrance Ways</td>
<td>x</td>
<td>Exterior Overhang Plaster</td>
<td>775SF</td>
<td>x</td>
</tr>
<tr>
<td>Roof</td>
<td>x</td>
<td>Flashing</td>
<td>1,360SF</td>
<td>x</td>
</tr>
<tr>
<td>Rooftop Duct</td>
<td>x</td>
<td>Exterior Duct Tar Coating</td>
<td>224SF</td>
<td>x</td>
</tr>
</tbody>
</table>
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)  
01/09/15

Agency Notified Type Notification  
EPA  
DEP  
DOL  
DOH  
DCA  
Initial  
Amended  
Amendment #  
Emergency (including justification)  
Cancellation

Name of Building Owner/Operator (2)  
Geo Technology Associates, Inc.

Street Address  
24 B World's Fair Drive, Suite B

City, State, Zip Code  
Somersett, NJ 08873

Name of Contact  
Randy Staley

Telephone Number

FACILITY INFORMATION

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

Street Address  
408 Forest Avenue

City (5)  
Paramus

County (6)  
Bergen

Count Code (7) (STATE USE ONLY)  

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

ASCM No.  
Name of Abatement Contractor (9)  
Stanmark Contractors, LLC

Street Address  
27 Edsall Drive

City, State, Zip Code  
Sussex, NJ 07461

License No.  
01137

Start Date (10)  
01/12/15

Scheduled Completion Date (11)  
01/16/15

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

Abatement Performed Outside of Normal Facility Hours

Other - Describe:

Scope of Work (Check All That Apply)  

- 23 sf or 23 if
- 200 sf or 260 if
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

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

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

Amount (Specify SF or LF)  

Abatement Type  
Removal

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

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

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

Amount (Specify SF or LF)  

Abatement Type  
Removal

Name of Registered Waste Hauler  
Atlantic Carting

NJ/DEP Waste Hauler ID No.  
180713

Cubic Yards of Waste  
2

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

City, State  
Morrisonville, PA

Completed by  
Mark Stankovic

Title  
President

Signature  

Date  
10/31/14

* Do not use this form for asbestos licesnsure exempted activities.
<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>1-10-15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>D.R. Horton, Inc. - NJ</td>
</tr>
<tr>
<td>Street Address</td>
<td>700 East Gate Drive, Suite 110</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Mt. Laurel, NJ 08054</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Gary Vinch (Contractor)</td>
</tr>
<tr>
<td>FACILITY INFORMATION</td>
<td></td>
</tr>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td>Single Family Dwelling</td>
</tr>
<tr>
<td>Street Address</td>
<td>25 Westerly Rd</td>
</tr>
<tr>
<td>City (5)</td>
<td>Princeton, NJ</td>
</tr>
<tr>
<td>County (6)</td>
<td>Mercer</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>EPC Technologies</td>
</tr>
<tr>
<td>Street Address</td>
<td>P.O. Box 337</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>New Egypt, NJ 08533</td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>EPC Technologies Inc</td>
</tr>
<tr>
<td>Street Address</td>
<td>P.O. Box 337</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>New Egypt, NJ 08533</td>
</tr>
<tr>
<td>Total Area</td>
<td>23 sq ft or more</td>
</tr>
<tr>
<td>Scope of Work (Check All That Apply)</td>
<td>Demolition</td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)</td>
<td>Kitchen</td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
<td>200 SF</td>
</tr>
<tr>
<td>Abatement Type</td>
<td>Mixed</td>
</tr>
<tr>
<td>Disposal Date</td>
<td>1-30-15</td>
</tr>
<tr>
<td>City, State</td>
<td>New Egypt, NJ</td>
</tr>
<tr>
<td>Completed by</td>
<td>Steve Schenker</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 / 6 / 15</td>
<td>PSE&amp;G / Job #1501-4861</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>❑ EPA</td>
<td>❑ Initial</td>
</tr>
<tr>
<td>❑ DOLWD</td>
<td>❑ Amended</td>
</tr>
<tr>
<td>❑ DHSS</td>
<td>❑ Amendment #</td>
</tr>
<tr>
<td>❑ DCA (NJAC 5:23-3)</td>
<td>❑ Emergency (including justification)</td>
</tr>
<tr>
<td>❑ Cancellation</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>4000 Hadley Road</td>
<td>South Plainfield, NJ 07080</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Contact</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Michael Luciani</td>
<td></td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Type of Facility (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>PSE&amp;G Control House</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Square Feet</th>
<th># of Floors</th>
<th>Bd. Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>Front Street</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>County (5)</th>
<th>Current Use (Prior if being demolished)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scotch Plains</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>ASCM No.</th>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health &amp; Safety Services</td>
<td></td>
<td>AbateTech, Inc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>PO Box 355</td>
<td>Berlin, NJ 08009</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jim Proctor</td>
<td>609-704-8850</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 / 19 / 14</td>
<td>1 / 23 / 15</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of OSHA Monitor</th>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>EMSSL Analytical</td>
<td>200 Route 130 North</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Occancy Status During Abatement (Check only one)</th>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
<td></td>
</tr>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM-PM-AM</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
<th>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify $F or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>❑ 326 ft or 326 ft</td>
<td>Renovation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>❑ 360 ft or 360 ft</td>
<td>Demolition</td>
<td></td>
<td></td>
</tr>
<tr>
<td>❑ 400 ft or 400 ft</td>
<td>Full Containment with Negative Pressure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>❑ 400 ft o 400 ft</td>
<td>Mini-Enclosure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>❑ 400 ft or 400 ft</td>
<td>Glovebag Procedure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>❑ 400 ft or 400 ft</td>
<td>Non-Examined (*) and Non-Friable Procedure</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)</th>
<th>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 $F or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exterior of Control House</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
<td>excavated pipe</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler Management Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>NJDEP Waste Hauler ID No. 1125</td>
<td>4</td>
<td>G.R.O.W.S. Landfill</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>Disposal Date</th>
<th>City, State</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Camden, NJ</td>
<td>1/23/15</td>
<td>Tullytown, PA</td>
<td></td>
</tr>
</tbody>
</table>

**signature**

Gwendolyn Trumbetti  
Operations Coordinator  
MAY 11

* 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)
1/14/2015

Name of Building Owner/Operator (2)
James Hill

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

Type Notification
Street Address
21 Wesley Avenue
City, State, Zip Code
Bernardsville, NJ 07924

Name of Contact
DAVID J. D'ANDREA

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
PRIVATE RESIDENCE

Street Address
21 Wesley Avenue

City (5)
Bernardsville, NJ 07924

County
Somerset

Somerset

County Code (7) (STATE USE ONLY)
Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8)
ASCM No.
NAME CRANE ENVIRONMENTAL INC.

Street Address
15 BLACK FOREST ROAD

City, State, Zip Code
HAMILTON, NJ 08691

Project Manager for Monitoring Firm
AMERITECH

Telephone No.
609-890-7110

License No.
06576

Start Date (10)
1/15/2015

Scheduled Completion Date (11)
1/15/2015

Name of OSHA Monitor

Occupancy Status During Abatement (Check only one)
☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement performed outside of working hours

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

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

Transite Ceiling Tile

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)
142 sq. ft.

Abatement Type
Removal
Repair
Encapsulate
Endorse

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

Name of Registered Waste Hauler
NJDEP Waste Hauler ID No.
21079

Cubic Yards of Waste
3 yds

Name of Registered Landfill
TULLY TOWN

Disposal Date
1/16/2015

City, State
TULLY TOWN, PA.

Completed By
DAVID D'ANDREA
Title
PRESIDENT

Signature
Date
1/14/2015

* 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)  

RECEIVED  
2019 JAN 21 EN 8:58

Date of Notification  
2019-11-12

Name of Building Owner/Operator  
penelope britt

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

Type Notification  
Initial

Amendment #:  
Emergency (including justification)

Name of Contact  
penelope britt

Facility Information

Name of facility where abatement is taking place  
penelope britt

Street Address  
89 lindsley avenue  
Newark, NJ 07104

City (5)  
County (8)  
County Code (7)  
State use only)

Name of Monitoring Firm Hired by Bldg. Owner  
ASCN No.

Name of Abatement Contractor  
D & S RESTORATION, INC.

Street Address  
20 California Ave.

City, State, Zip Code  
Paterson, NJ 07503

Telephone Number  
License Number  
973-345-8020  
01169

Name of OSHA Monitor  
D & S Restoration, Inc.

Project Manager for Monitoring Firm  
Phone Number

Start Date (10)  
01/13/15

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

Other-Describe: NORMAL HOURS

Scope of Work (check all that apply)  
- ≥ 2 sf or ≥ 2 ft  
- ≥ 160 sf or ≥ 260 ft  
Renovation  
Demolition

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

Location normally used solely by maintenance/custodial staff

Yes  
No  
N/A

Description of asbestos-containing material (ACM)

BASEMENT  
PIPE INSULATION  
160 ft

Registered Waste Hauler  
D & S RESTORATION, INC.

NJDEP Hauler ID#  
13506  
Cubic Yards of Waste  
2 yds

Name of Registered Landfill  
TULLYTOWN, RESOURCE RECOVERY

City, State  
Paterson, NJ 07503

Disposal Date  
01/14/15

Completed by (Print or Type)  
BOGDAN JOLDZIC  
Title  
PRESIDENT

ASR-45  
* Do not use this form for asbestos licensure exempted activities.
State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)
01/11/15

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

Type Notification
☐ Initial
☐ Amended
☒ Emergency

Amendment #: ______

(Counting)

Name of Building Owner/Operator (2)
karen krause

Street Address
89 westview avenue

City, State, Zip Code
paramus, nj 07601

Name of Contact
karen krause

Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
karen krause

Street Address
89 westview avenue

City (5) County (6) County Code (7) (State use only)
paramus bergen

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

Street Address
20 California Ave.

City, State, Zip Code
Paterson, NJ 07503

Telephone Number
973-345-8020

License Number
01169

Type of Abatement
☐ School (K-12)
☒ Other (Private/Commercial Bidg./Homes, etc.)

Square Feet

# of Floors

Bidg. Age

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Bidg. Owner (8)

ASCM No.

Start Date (10)
01/14/15

Sched. Completion Date (11)
01/30/15

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

Other-Describe:

Scope of Work (check all that apply)
☒ ≥2 sf or ≥2 if
☒ ≥160 sf or ≥260 if
☐ Demolition

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

Boiler Insulation

Basement

YES

Description of asbestos-containing material (ACM)

Amount (Specify SF or LF)

Removal

Repair

Encapsulation

Enclosure

Full Containment with negative pressure

Mini-enclosure

Gloves bag procedure

Non-Exempted (*) and Non-friable procedure

Registered Waste Hauler
D & S RESTORATION, INC.

NJDEP Hauler ID#: 13506

Cubic Yards of Waste
1 yd.

Name of Registered Landfill
TULLYTOWN, RESOURCE RECOVERY

City, State
Paterson, NJ 07503

Disposal Date
01/15/15

Completed by (Print or Type)
BOGDAN JOLDZIC

Title
PRESIDENT

Signature

Date
01/12/2015

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

**Date of Notification (1)**

| 6/11 | 1/13 | 1/15 |

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

**Type Notification**
- [X] Initial
- [ ] Amended

**Amendment #:**

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

**TED BOURKE**

**Street Address**

38 SYLVANIA AVENUE

**City, State, Zip Code**

AVON, NJ

**Name of Contact**

TED BOURKE

**Telephone Number**

---

**FACILITY INFORMATION**

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

**TED BOURKE**

**Street Address**

38 SYLVANIA AVENUE

**City**

AVON

**County**

MONMOUTH

**County Code (7)**

(State use only)

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

**Square Feet**

---

**# of Floors**

---

**Bldg. Age**

---

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

---

**Name of Abatement Contractor (9)**

**D & S RESTORATION, INC.**

**Street Address**

20 California Ave.

**City, State, Zip Code**

Paterson, NJ 07503

**Telephone Number**

973-345-8020

**License Number**

01169

**Name of OSHA Monitor**

D & S Restoration, Inc.

**Street Address**

20 California Avenue

**City, State, Zip Code**

Paterson, NJ 07503

---

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

- [X] Renovation
- [ ] Demolition

**Location of asbestos-containing material (ACM) to be abated in facility (10)**

- [X] Basement
- [ ] Firelands
- [ ] Parking Garage
- [ ] Parking Lot
- [ ] School
- [ ] Warehouse
- [ ] Workshop

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

**Amount (Specify SF or LF)**

30 LF

---

**Registered Waste Hauler**

**D & S RESTORATION, INC.**

**NJDEP Hauler ID#**

13506

**Cubic Yards of Waste**

1 yd.

**Name of Registered Landfill**

TULLYTOWN, RESOURCE RECOVERY

**City, State**

PATERSON, NJ 07503

**Disposal Date**

02/06/15

---

**Completed by (Print or Type)**

**BOGDAN JOLDZIC**

**Title**

PRESIDENT

**Signature**

---

**Date**

01/13/2015

---

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

**Date of Notification (1)**  
01/11/2015

**Name of Building Owner/Operator (2)**  
k. maykow

**Street Address**  
5 highland avenue

**City, State, Zip Code**  
MONTCLAIR, NJ 07042

**Name of Contact**  
k. maykow

**Facility Information**

**Name of facility where abatement is taking place (3)**  
k. maykow

**Street Address**  
5 highland avenue

**City (5)**  
MONTCLAIR

**County (6)**  
ESSEX

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

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

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

**Square Feet**

**# of Floors**

**Bldg. Age**

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

**Start Date (10)**  
01/13/15

**Scheduled Completion Date (11)**  
01/30/15

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

**Other Describe:** NORMAL HOURS

**Scope of Work (check all that apply)**
- [x] >3 sf or >2 If
- [x] Demolition

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

<table>
<thead>
<tr>
<th>Identification</th>
<th>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>Full Containment</th>
<th>Mini-enclosure</th>
<th>Glovebag Procedure</th>
<th>Non Exempted (*) and Non-fillable procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td>BASEMENT</td>
<td>X</td>
<td>PIPE INSULATION</td>
<td>33 ft</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BASEMENT BOILER</td>
<td>X</td>
<td>BOILER INSULATION</td>
<td>78 sq</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Registered Waste Hauler**

D & S RESTORATION, INC.

**City, State**  
PATerson, NJ 07503

**Disposal Date**  
01/14/15

**Name of Registered Landfill**  
TULLYTOWN RESOURCE RECOVERY

**City, State**  
PATerson, NJ 07503

**Date**  
01/12/2015

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

Date of Notification (1)
[ ] 1/1/13
[ ] 1/1/14
[ ] 1/1/15

Name of Building Owner/Operator (2)
HARLEEN NARANG

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

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

Name of Contact
HARLEEN NARANG

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
HARLEEN NARANG

Street Address
28 WILCOX PLACE

City (5) County (6) County Code (7)
Fair Lawn, NJ 07410

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

ASCM No.

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

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

Square Feet # of Floors Bldg. Age

Current Use (Prior if being demolished)

Start Date (10) Sched. Completion Date (11)
01/28/15 02/18/15

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

Scope of Work (check all that apply)
☐ >2 sf or >2 If
☐ ≥160 sf or ≥260 If
☐ Demolition

☐ Renovation

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

| Location | Description of asbestos-containing material (ACM) | Amount (Specify SF or LF) | Rem | Repair | Encap | Enc | NEC
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>BASEMENT</td>
<td>PIPE INSULATION</td>
<td>20 LF</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BASEMENT</td>
<td>BARE HEATING PIPES</td>
<td>30 LF</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Registered Waste Hauler
D & S RESTORATION, INC.
NJDEP Hauler ID: 13506

Cubic Yards of Waste
1 yd.

Name of Registered Landfill
TULLYTOWN, RESOURCE RECOVERY

City, State
PATerson, NJ 07503

Disposal Date
01/29/15

Completed by (Print or Type)
BOGDAN JOLDZIC
Title
PRESIDENT

Signature

Date
01/13/15

* 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)**
1/15/15

**Name of Building Owner/Operator (2)**
Signature Communities LLC

**Signature**

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

**Street Address**
1750 Oak St

**City, State, Zip Code**
Asbestosis Control & Licensing
Lakewood NJ 08701

**Name of Contact**
mario

**Telephone Number**

**FACILITY INFORMATION**

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

**Street Address**
212 12th Street

**City (5)**
lakewood

**County (6)**
NJ 08701

**Square Feet**
1000 +

**# of Floors**
1

**Bldg. Age**
35+

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

**ASCM No.**

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

**Street Address**
PO Box 329

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

**Project Manager for Monitoring Firm**

**Telephone No.**
856-753-9800

**License No.**
00727

**Start Date (10)**
1/26/15

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

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

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

**Other – Describe:**

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

- [ ] ≥20 sf or ≥3If
- [ ] ≥160 sf or ≥260If
- [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**

<table>
<thead>
<tr>
<th>TO BE ABATED</th>
<th>Is Location Normally Used By Maintenance/Custodial Staff?</th>
<th>Description of Asbestos (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>House</td>
<td>[X]</td>
<td>window Glazing</td>
<td>25 units</td>
<td>x</td>
</tr>
<tr>
<td>Various Rooms</td>
<td>[X]</td>
<td>Transite Panel</td>
<td>56 SF</td>
<td>x</td>
</tr>
<tr>
<td>Shed</td>
<td>[X]</td>
<td>Roof Shingles</td>
<td>255 SF</td>
<td>x</td>
</tr>
<tr>
<td>Shed</td>
<td>[X]</td>
<td>window Glazing</td>
<td>2 units</td>
<td>x</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**

**United Containers**

**NJDEP Waste Hauler ID No.**
22459

**Cubic Yards of Waste**
3

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

**City, State**

**Elm NJ**

**Disposal Date**
1/30/15

**Name of Registered Landfill**

**City, State**

**Morrisville PA 19067**

**Company**

**Title**
President

**Signature**

**Date**
1/15/15

---

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

Date of Notification (1)
01/14/15

Name of Building Owner/Operator (2)
PLEASANTVILLE HOUSING AUTHORITY

Agencies Notified (3)
- EPA
- DEP
- DOL
- DOH
- DCA

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

Street Address
156 N. MAIN STREET

City, State, Zip Code
PLEASANTVILLE, NJ 08232

Name of Facility Where Abatement is Taking Place (3)

Name of Contact
JOSE ANDRADE

Telephone Number

FACILITY INFORMATION

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

Square Feet

# of Floors

Bldg. Age

County Code (5) (STATE USE ONLY)
ATLANTIC COUNTY

Current Use (Prior if being demolished)
MULTI FAMILY

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
LAKEWOOD, NJ 08701

Project Manager for Monitoring Firm

Telephone No.
732-668-9078

License No.
1200

Start Date (10) 01/25/15

Scheduled Completion Date (11) 01/25/15

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

Scope of Work (Check All That Apply)
- 23 sf or 23 sf
- 160 sf or 220 sf
- 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)
500 SF

Abatement Type
- Removal
- Repair
- Encapsulate
- Endorse

Name of Registered Waste Hauler
NEWARK CARTING

NJDEP Waste Hauler ID No.
04509

Cubic Yards of Waste
5 YARDS

Name of Registered Landfill
IESI

City, State
NEWARK, NJ

Disposal Date
01/25/15

City, State
BETHLEHEM PA

Completed by
JOSEPH PERLSTEIN

Title
OWNER

Signature
01/14/15

Print Form: * 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)
01/14/15

Name of Building Owner/Operator (2)
LINCOLN PROPERTIES, LLC

Agencies Notified

☐ EPA
☐ DEP
☒ DOL
☐ DOH
☐ DCA

Type Notification

☐ Initial
 ☑ Amended

Street Address
PO BOX 380

City, State, Zip Code
LODI, NJ 07644

Name of Contact
DAVID WEISS

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
111 LINCOLN AVENUE

City (5)
NEWARK, NJ

County (6)
ESSEX COUNTY

County Code (7)

(State Use Only)

Current Use (Prior to being demolished)
APARTMENT BUILDING

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
3

Bldg. Age

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
LAKewood, NJ 08701

Telephone No.
732-668-9078

License No.
1200

Start Date (10)
01/26/15

Scheduled Completion Date (11)
01/26/15

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

Scope of Work (Check All That Apply)

☒ 3 or more

☐ ≥180 sf or ≥280 sf

☐ Renovation

☒ Demolition

Locate of Asbestos-Containing Material (ACM)

TO BE ABATED

In Facility

(13)

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

Removal
Repair
Encapsulate
Endure

INTERIOR

PIPE INSULATION

100 LF
	

Name of Registered Waste Hauler
NEWARK CARTING

NJDEP Waste Hauler ID No.
04509

Cubic Yards of Waste
5 YARDS

Name of Registered Landfill
IESI

Disposal Date
01/26/15

City, State
BETHLEHEM PA

Completed by
JOSEPH PERLSTEIN
Title
OWNER

Signature

Date
01/14/15

* 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)**
January 14, 2015

**Name of Building Owner/Operator (2)**
Del Corp.

**Street Address**
117 Dollmore Avenue

**City, State, Zip Code**
Waretown, NJ 08758

**Name of Contact**
Al DelPrete

**Telephone Number**

## FACILITY INFORMATION

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

**Street Address**
29 Bayview Drive

**City**
Waretown

**County (6)**
Ocean

**County Code (7)**
ASCM No.

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

**Square feet Sf**
1514

**# of Floors**
2

**Bldg. Age**
53

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

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

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

**Street Address**
1889 Route 9, Unit 61

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

**Telephone Number**
732-349-9932

**License Number**
00624

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

**Street Address**
1056 Stenton Road

**City, State, Zip Code**
Piscataway, New Jersey 08854

**Project Manager for Monitoring Firm**

**Scheduled Start Date (10)**
01/15/2015

**Scheduled Completion Date (11)**
01/16/2015

**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 lf
- [X] >160 sf or >260 lf
- [ ] Renovation
- [X] Demolition

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

<table>
<thead>
<tr>
<th>In facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
</tr>
<tr>
<td>Exterior</td>
</tr>
</tbody>
</table>

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

**NJDEP Waste Hauler ID No.**
20223

**Cubic Yards of Waste**
3

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

**City, State**
Toms River, New Jersey

**Disposal Date**
01/19/2015

**City, State**
Tullytown, Pennsylvania

**Completed by (Print or Type)**
Nicholas Fernicola

**Title**
Project Manager

**Signature**

**Date**
1/14/15

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

---

**Note:**
- The form includes fields for various details regarding the abatement process, such as the location of asbestos materials, the type of work being performed, and the contact information for the building owner and contractor. The form is used to notify the State of New Jersey about an asbestos abatement project.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)
1/15/2015

Name of Building Owner/Operator (2)
Virginia Miller

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

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

Street Address
209 Pawnee Rd.

City, State, Zip Code
Cranford, NJ 07016

Name of Contact
Virginia Miller

Telephone Number

FACILITY INFORMATION

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

Street Address
209 Pawnee Rd.

City (5)
Cranford

County (6)
Union

County Code (7) (STATE USE ONLY)

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

Name of Abatement Contractor (9)
Unicorn Contracting Corp.

Street Address
1087 Pleasant Valley Way

City, State, Zip Code
West Orange, NJ 07052

Project Manager for Monitoring Firm

Telephone No.

License No.
973-333-9176
01232

Start Date (10)
1/24/2015

Scheduled Completion Date (11)
1/25/2015

Occupancy Status During Abatement (Check Only One)
☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☐ Normal Working Hours

Scope of Work (Check All That Apply)
☐ 23 sf or 23 if
☐ 1600 sf or 2600 if
☐ Renovation
☐ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

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

In Facility (13)

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

Yes ☐ No ☒ N/A

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

Garage

Pipe Insulation

22LF

☐ Abatement Type

Amount (Specify SF or LF)

Removal

Regulatory

Encapsulation

Endorsement

Name of Registered Waste Hauler
Unicorn Contracting Corp.

NJDEP Waste Hauler ID No.
0035844

Cubic Yards of Waste
1

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

City
Morristown, Pennsylvania

Disposal Date
TBD

Completed by
Dimo Golcev

Title
Project Manager

Signature

Date
1/15/2015

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

**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 8:60-20:120)

**Date of Notification (1)**
January 15, 2015

**Name of Building Owner/Operator (2)**
Lopez, LLC

**Check # 1801**

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

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

**Street Address**
10A Jennings Road

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

**Name of Contact**
Chris Saranoudakis

**Telephone Number**

---

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**
Yale School, Former Queen of Heaven (Church Building)

**Street Address**
Route 70 and Connecticut Avenue

**City (5)**
Cherry Hill

**County (6)**
Camden

**County Code (7)**
7

**Square Feet**
7,777

**Bldg. Age**
65

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

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

**ASCM No.**

**Name of Abatement Contractor (9)**
Shade Environmental, LLC

**Street Address**
1253 N. Church Street

**City, State, Zip Code**
Moorestown, NJ 08057

**Telephone No.**
856-840-8800

**License No.**
00842

**Name of OSHA Monitor**
EMSL Laboratories

**Telephone No.**
856-755-0099

**Start Date (10)**
January 28, 2015

**Scheduled Completion Date (11)**
February 11, 2015

**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] Renovation
- [ ] 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**

| Basement, Kitchen & Restrooms | XXX | Plaster | 1,430 SF | X |

**Name of Registered Waste Hauler**

**Freehold Cartage**

**NJDEP Waste Hauler ID No.**
22253

**Cubic Yards of Waste**
40

**Name of Registered Landfill**
Western Banks Community Landfill

**City, State**
Freehold, NJ

**Disposal Date**
2/11/2015

**City, State**
Bridgewater, PA

**Completed by**
Christina Lynch

**Title**
Operations Manager

**Date**
1/15/2015

---

*Do not use this form for asbestos licensure exempted activities.*
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:68 and 12:120)

**Date of Notification:** 11/15/15

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

**Name of Building Owner/Operator:** Bill Sim Construction Company

**Street Address:** 577 South Hope Chapel Rd

**City, State, Zip Code:** Jackson, NJ 08527

**Name of Contact:** Eric Plauks

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place:** The Dome at Howell

**Street Address:** 5207 Rt. 9 North

**City:** Howell

**County:** Monmouth

**Current Use (Prior if being demolished):** Commercial - Stores

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

**Square Feet:**

**# of Floors:**

**Bldg. Age:**

**Type of Facility:**

**Name of Abatement Contractor:** Brick Industries Inc.

**Street Address:** P.O. Box 915 Brisk

**City, State, Zip Code:** Brick, NJ 08723

**License No.:** 01196

**Telephone No.:** 732-899-7499

**Name of OSHA Monitor:**

**Start Date:** 11/5/15   **Scheduled Completion Date:** 1/29/15

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

**Abatement Performed Outside of Normal Facility Hours:**

**Other - Describe:**

**Scope of Work:**

**Renovation**

**Demolition**

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

<table>
<thead>
<tr>
<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>[ ] Yes</td>
<td>![ } Asbestos Siding</td>
<td>![ } 2,900 SF</td>
<td>![ } X</td>
</tr>
<tr>
<td>![ ] No</td>
<td>![ } Asbestos Floor Tile</td>
<td>![ } 32 SF</td>
<td>![ ] X</td>
</tr>
<tr>
<td>![ ] N/A</td>
<td>![ ] Asbestos Flashing</td>
<td>![ ] 50 LF</td>
<td>![ ] X</td>
</tr>
<tr>
<td>![ ] N/A</td>
<td>![ ] Asbestos Roofing</td>
<td>![ ] 10,000 SF</td>
<td>![ ] X</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler:** Brick Industries Inc.

**NjDEP Waste Hauler ID No.:** 21602

**Cubic Yards of Waste:** 100

**Name of Registered Landfill:** G. ROWS.

**City, State:** Brick, NJ

**Disposal Date:** 2/6/15

**Excerpt Date:**

**Completed by:** Eric Plauks

**Title:** President

**Signature:**

**Date:** 1/15/15

* 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)

HATTIE NESMITH

11 SCHLEY STREET
Newark, NJ 07104

D & S RESTORATION, INC.
20 California Ave.
Paterson, NJ 07503

D & S RESTORATION, INC.

ASCM No.

07503

01/15/15
01/30/15

Basement PIPE INSULATION 70 LF

TULLYTOWN, RESOURCE RECOVERY
TULLYTOWN, PA

01/14/2015

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

Date of Notification (1)

Name of Building Owner/Operator (2)

MARTHA CONDON

Street Address

541 HAMILTON STREET

City, State, Zip Code

HARRISON, NJ 07029

Name of Contact

MARTHA CONDON

Telephone Number

Agency Notified

Type Notification

EPA Initial

DEP Amended

DOL Emergency (including justification)

DOH Cancellation

Facility Information

Name of facility where abatement is taking place (3)

MARTHA CONDON

Street Address

541 HAMILTON STREET

City (5) County (8) County Code (7)

HARRISON HUDSON

Type of Facility (4)

School (K-12)

□ Subchapter 8 (Other than K-12)

□ Other (Private/Commercial Bldgs/Homes, etc.)

□ Square Feet

□ # of Floors

□ Bldg. Age

Current Use (Prior if being demolished)

Name of Abatement Contractor (9)

D & S RESTORATION, INC.

Street Address

20 California Ave.

City, State, Zip Code

Paterson, NJ 07503

Telephone Number

973-345-8020

License Number

01169

Name of OSHA Monitor

D & S Restoration, Inc.

Street Address

20 California Avenue

City, State, Zip Code

Paterson, NJ 07503

Start Date (10)

01/15/15

Sched. Completion Date (11)

02/10/15

Occupancy Status During Abatement (Check only one)

□ Facility closed/vacated during entire period of abatement.

□ Abatement performed outside of normal facility hours—

□ Other—Describe: NORMAL HOURS

Scope of Work (check all that apply)

□ >3 sf or >3 If

□ Renovation

□ 150 sf or >260 If

□ Demolition

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

Yes No N/A

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

Description of asbestos-containing material (ACM)

Amount (Specify SF or LF)

Removal Repair Encapsulation

Regulated Waste Hauler

D & S RESTORATION, INC.

NJ DEP Hauler ID # 13506

Cubic Yards of Waste

TULLYTOWN, RESOURCE RECOVERY

1 yd.

Name of Registered Landfill

City, State

PATERNON, NJ 07503

Disposal Date

01/16/15

Compiled by (Print or Type)

BOGDAN JOLDZIC

Title

PRESIDENT

Signature

Date

01/14/15

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

Date of Notification (1)

Name of Building Owner/Operator (2)
mark mullen

Street Address
5 waverly place

City, State, Zip Code
madison, nj 07940

Name of Contact
madison, nj 07940

FACILITY INFORMATION

Name of facility where abatement is taking place (3)

madison, nj 07940

Street Address
5 waverly place

City
madison

County
morris

County Code (7) (State use only)

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

ASCM No.

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

Square Feet

# of Floors

Bldg. Age

Current Use (Prior if being demolished)

Start Date (10)
02/08/15

Sched. Completion Date (11)
02/26/15

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

Scope of Work (check all that apply)
>8 sf or >2 ll
Renovation
≥160 sf or ≥260 ll
Demolition

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

BASEMENT

PIPE INSULATION

Yes
No
N/A

Description of asbestos-containing material (ACM)

Amount (Specify SF or LF)

Removal
Repair
Encapsulation

Registered Waste Hauler
D & S RESTORATION, INC.

NJDEP Hauler ID
13506

Cubic Yards of Waste
2 yds

Name of Registered Landfill
TULLYTOWN, RESOURCE RECOVERY

City, State
PATERSON, NJ 07503

Disposal Date
02/09/15

Completed by (Print or Type)
BOGDAN JOLDZIC

Title
PRESIDENT

Signature

Date
01/14/2015

ASR-41

* 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)**
01/09/15

**Name of Building Owner/Operator (2)**
Geo Technology Associates, Inc.

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

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

**Street Address**
24 B World's Fair Drive, Suite B

**City, State, Zip Code**
Somerset, NJ 08873

**Name of Contact**
Randy Staley

**Telephone Number**

### FACILITY INFORMATION

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

**Street Address**
396 Forest Avenue

**City (5)**
Paramus

**County (6)**
Bergen

**Square Feet**
3,500

**No. of Floors**
2

**Bidg. Age**
50+-

**Current Use (Prior to being demolished)**
Residential Property

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

**Name of Monitoring Firm Hired by Building Owner (5)**
N/A

**ASCM No.**

**Name of Abatement Contractor (9)**
Stanmark Contractors, LLC

**Street Address**
27 Edsall Drive

**City, State, Zip Code**
Susssex, NJ 07461

**Telephone No.**
973-864-2022

**License No.**
01137

**Name of OSHA Monitor**
AmerSci

**Start Date (10)**
01/10/15

**Scheduled Completion Date (11)**
01/15/14

**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] Renovation
- [x] Demolition

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

<table>
<thead>
<tr>
<th>Location</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>
</tr>
</thead>
<tbody>
<tr>
<td>Northwest aisle at rear of store</td>
<td>x</td>
<td>floor tiles</td>
<td>156 S.F.</td>
</tr>
<tr>
<td>roof</td>
<td>x</td>
<td>mastic on metal siding</td>
<td>2 S.F.</td>
</tr>
<tr>
<td>mechanical closet</td>
<td>x</td>
<td>flue pipe cement</td>
<td>200 S.F.</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**
Atlantic Carting

**NJDEP Waste Hauler ID No.**
190713

**Cubic Yards of Waste**
10

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

**City, State**
Morrisville, PA

**Disposal Date on completion**

**Completed by**
Marko Stankovic

**Title**
President

**Signature**

**Date**
01/09/15

*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)**  
1/14/15

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

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

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

**Street Address**  
2269 Springfield Ave

**City, State, Zip Code**  
Vauxhall Rd 07083

**Name of Contact**  
Harold

**Telephone Number**

**FACILITY INFORMATION**

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

**Square Feet**  
1800

**# of Floors**  
2

**Bldg. Age**  
90

**Current Use (Prior to Being Demolished)**  
Residential

**County Code (7)**

**County (8)**  
Union

**Union**

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

**ASCN No.**

**Name of Abatement Contractor (9)**  
Turningpoint Contracting Corp

**Street Address**  
358 Broadway

**City, State, Zip Code**  
Nawark NJ

**Telephone No.**  
201 463 9788

**License No.**  
973-372-2177

**Start Date (10)**  
1/26/2015

**Scheduled Completion Date (11)**  
1/31/2015

**Name of OSHA Monitor**  
JLC Environmental, Inc

**Street Address**  
30 West 26th Street

**City, State, Zip Code**  
NYC, NY10007

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

**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 s.f. or 30 ft
- [ ] 160 s.f. or 2800 ft
- [x] Renovation
- [ ] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Fitable Procedure

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

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

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

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

- Pipe Insulation
- Floor Tile

<table>
<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>30LF</td>
</tr>
<tr>
<td>300SF</td>
</tr>
</tbody>
</table>

**Abatement Type**

- [ ] Removal
- [ ] Repair
- [ ] Encapsulate
- [ ] Envelope
- [ ] Endorse

**Name of Registered Waste Hauler**  
Newark Carter Inc

**NJDEP Waste Hauler Id No.**  
4506

**Cubic Yards of Waste**  
1

**Name of Registered Landfill**  
Tullytown Refacility

**Disposal Date**

**City, State**  
Tully town PA

**Completed by**  
Emeka Okeke

**Title**  
President

**Signature**

**Date**  
1/14/15

*Do not use this form for asbestos licence exempted activities.*
### Notification of Asbestos Abatement

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

**Name of Building Owner/Operator:** Geo Technology Associates, Inc.  
**Address:** 24 B World's Fair Drive, Suite B, Somerset, NJ 08873  
**Name of Contact:** Randy Staley  
**Telephone Number:**

#### FACILITY INFORMATION

- **Name of Facility Where Abatement is Taking Place:** Residential Property  
- **Street Address:** 398 Forest Avenue, Paramus, Bergen County, N/A  
- **Current Use (Prior to if being demolished):** Residential Property  
- **Project Manager for Monitoring Firm:** N/A  
- **Telephone No.:** N/A  
- **License No.:** N/A  
- **Start Date:** 01/09/15  
- **Scheduled Completion Date:** 01/15/14  
- **Occupancy Status During Abatement (Check Only One):** Facility Closed/Vacated During Entire Period of Abatement
  - Facility Closed/Vacated During Entire Period of Abatement

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

- Bathroom  
- Demolition  
- Full Containment with Negative Pressure
  - Min-Enclosure
  - Glovebag Procedure

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)</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>30 L.F.</td>
<td>x</td>
</tr>
<tr>
<td>Basement</td>
<td>x</td>
<td>fittings</td>
<td>8</td>
<td>x</td>
</tr>
<tr>
<td>Basement</td>
<td>x</td>
<td>flue pipe cement</td>
<td>1 S.F.</td>
<td>x</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler:** Atlantic Carting  
**NJDEP Waste Hauler ID No.:** 190713  
**Cubic Yards of Waste:** 5  
**Name of Registered Landfill:** G.R.O.W.S.  
**City, State:** Morrisville, PA  
**Disposal Date on completion:**

**Completed by:** Marko Stankovic  
**Title:** President  
**Date:** 01/09/15

*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)  1/14/15  
Name of Building Owner/Operator (2)  M.R. J. ESPOSITO

Agency Notified  
☐ EPA  
☐ DEP  
☐ DOL  
☐ DOH  
☐ DCA  
Type Notification  
☐ Initial  
☐ Amended  
☐ Amendment #  
☐ Emergency (including justification)  
☐ Cancellation  
Street Address  327 ORCHARD TERRACE  
City, State, Zip Code  BOGOTA, NJ 07603  
Name of Contact  M.R. ESPOSITO  
Telephone Number  

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  M.R. ESPOSITO  
Street Address  327 ORCHARD TERRACE  
City (5)  BOGOTA  
County (6)  BERGEN  
Square Feet  1800  
# of Floors  2  
Bldg. Age  75  
Current Use (Prior to being demolished)  RESIDENCE  

Name of Monitoring Firm Hired by Building Owner (8)  
ASCM No.  
Name of Abatement Contractor (9)  Best Removal Inc  
Street Address  450 South River St  
City, State, Zip Code  Hackensack, N.J. 07601  
Telephone No.  201-329-7444  
License No.  00388  
Name of OSHA Monitor  Omega Environmental Inc  
Street Address  280 Huyler St  
City, State, Zip Code  Hackensack, N.J. 07601  

Start Date (10)  2/2/15  
Scheduled Completion Date (11)  2/3/15  

Occupy Status During Abatement (Check only one)  
☐ Facility Closed/Vacated During Entire Period of Abatement  
☐ Abatement Performed Outside of Normal Facility Hours  
☐ Other – Describe: 7AM TO 5PM  
Scope of Work (Check all that apply)  
☐ ≥ 3 sf or ≥ 3%  
☐ ≥ 150 sf or ≥ 250 ft

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

Location  
Basement  

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

Description of Asbestos Containing Material (ACM) (14)  
(ie., thermal systems insulation, surfacing, VAT, or other miscellaneous)  

Amount (Specify SF or LF)  147SF X  
Abatement Type  

Name of Registered Waste Hauler  
Best Removal Inc  
NUDEP Waste Hauler ID No.  17109  
Cubic Yards of Waste  2  
Name of Registered Landfill  Minerva Enterprises, LLC  
Disposal Date  2/3/15  
Warrington, Oh  44688  

City, State  Hackensack, N.J. 07601  
Completed by  
J. Maiorano  
Title  Estimator  
Signature  
Completed Date  1/14/15  

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:129)

Date of Notification (1)
01/09/15

Name of Building Owner/Operator (2)
Liberty Terrace, LLC

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

Street Address
90 Woodbridge Center Drive

City, State, Zip Code
Woodbridge, NJ 07095

Name of Contact
Randy Staley

Telephone Number

FACILITY INFORMATION

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

Street Address
404 Forest Avenue

City (5)
Paramus

County (6)
Bergen

County Code (7) (STATE USE ONLY)

Square Feet
3,500

# of Floors
2

Bldg. Age
50+-

Type of Facility (4)

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

Current Use (Prior to being demolished)
Residential Property

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

ASCM No.

Name of Abatement Contractor (9)
Stanmark Contractors, LLC

Street Address
27 Edsall Drive

City, State, Zip Code
Sussex, NJ 07951

License No.
01137

Start Date (10)
01/11/15

Scheduled Completion Date (11)
01/15/16

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

Name of OSHA Monitor
AmerSci

Street Address
117 East 50th Street

City, State, Zip Code
New York, NY 10016

Scope of Work (Check All That Apply)
☒ ±3 sf or ±33 if
☐ ±160 sf or ±260 if
☒ Renovation
☒ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Fireable Procedure

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

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

Location

Basement x floor tiles 840 S.F. x

Rear Shed x roof shingles 100 S.F. x

Name of Registered Waste Hauler
Atlantic Carting

NJDEP Waste Hauler ID No. 190713

Cubic Yards of Waste 10

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

City, State
Morrisville, PA

Disposal Date on completion

Completed by
Marko Stankovic
Title President

Signature
Date 01/09/15

* 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) 16 / 15
Agencies Notified
- EPA
- DOLWD
- DHSS
- DCA (NJAC 5:23-6)
Type Notification
- Initial
- Amended
- Amendment #____
- Emergency (including justification)
- Cancellation

Name of Building Owner/Operator (2)
Federal Aviation Administration / Job #1409-4815 Check #6960

Street Address
FAA Technical Center
City, State, Zip Code
Atlantic City International Airport, NJ 08405
Name of Contact
Bob Cook
Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
William J. Hughes Tech Center

Street Address
Building #162
City (5)
Atlantic City
County (6)
Atlantic
County Code (?)(STATE USE ONLY)

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

Square Feet
# of Floors
Bldg. Age

Current Use (Prior if being demolished)
Tech Support Center

Name of Monitoring Firm Hired by Building Owner (8)
Health & Safety Services
ASCM No. 117

Name of Abatement Contractor (9)
AbateTech, Inc.

Street Address
318 12th Street
City, State, Zip Code
Hammonton, NJ 08037

Project Manager for Monitoring Firm
Jim Proctor
Telephone No. 609-704-8850

Start Date (10) 1 / 26 / 15
Scheduled Completion Date (11) 1 / 27 / 15

Name of OSHA Monitor
EMSL Analytical

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

Street Address
30 Maple Ave. PO Box 25

City, State, Zip Code
Lumberton, NJ 08048

License No. 00829

Scope of Work (Check all that apply)
- >3 sf or >3 l f
- >160 sf or >280 l f
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

Abatement Type

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

<table>
<thead>
<tr>
<th>Location</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>Furnace Room</td>
<td>Yes</td>
<td>Floor tile &amp; mastic</td>
<td>40 SF</td>
<td>Repair</td>
</tr>
<tr>
<td>Air Handler Room</td>
<td>Yes</td>
<td>Floor tile &amp; mastic</td>
<td>25 SF</td>
<td>Repair, Encapsulate, Endorse</td>
</tr>
<tr>
<td>Bathroom</td>
<td>Yes</td>
<td>Floor tile &amp; mastic</td>
<td>70 SF</td>
<td>Repair, Encapsulate</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
AbateTech, Inc.

NJDEP Waste Hauler ID No. 18750
Cubic Yards of Wastes 16
Name of Registered Landfill
G.R.O.W.S. Landfill

City, State
Lumberton, NJ
Disposal Date
1/27/15
City, State
Tullytown, PA

Completed By (Print or Type)
Gwendolyn Trumbetti
Title
Operations Coordinator
Signature

ASB-41
MAY 11

* Do not use this form for asbestos license exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:80 and 5:16)

Date of Notification (1) 1 / 15
Name of Building Owner/Operator (2)
Trustees of Princeton
/ Job #1304-4625 Check #6959

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

Street Address
Trustees of Princeton University E.A. MacMillan Bldg.
City, State, Zip Code
Princeton, NJ 08544
Name of Contact
Robert Ortega, P.E.
Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
20 Washington Road
Type of Facility (4)
☐ School (K-12)
☒ Subchapter 8 (Other than K-12)
☐ Other (i.e., private and commercial buildings, homes, etc.)

Street Address
20 Washington Road, Princeton University Main Campus
City (5)
Princeton
County (6)
Mercer
County Code (7)/STATE USE ONLY
University

Name of Monitoring Firm Hired by Building Owner (8)
ATC Associates
ASCN No. 00998
Name of Abatement Contractor (9)
AbateTech, Inc.

Street Address
3 Terri Lane
City, State, Zip Code
Burlington, NJ 08016

Project Manager for Monitoring Firm
Michael R. Keehn
Telephone No. 609-388-8000

Start Date (10) 1 / 15
Scheduled Completion Date (11) 2 / 13 / 15

Name of OSHA Monitor
EMSL Analytical

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-AM, PM-PM

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

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

1964 Portion
Wall Mastic
335 SF

□ Remop
□ Repair
□ Encapsulation
□ Enclosure

Name of Registered Waste Hauler
AbateTech, Inc.
NJDEP Waste Hauler ID No. 18750

Cubic Yards of Waste 12
Name of Registered Landfill
G.R.O.W.S. Landfill

City, State
Lumberton, NJ
Disposal Date 2/13/15
City, State
Tullytown, PA

Completed By (Print or Type)
Gwendolyn Trumbetti
Title Operations Coordinator
Signature
Date 1/14/15

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

Date of Notification (1)
1 / 19 / 15

Name of Building Owner/Operator (2)
Parx Casino

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

Street Address
2999 Street Road
City, State, Zip Code
Bensalem, PA 19020

Name of Contact
Dave Ziegler
Telephone Number

Name of Facility Where Abatement is Taking Place (3)
Atlantic City Race Course- Barns R, U, W

Street Address
4501 Black Horse Pike
City (5)
Mays Landing
County (6)
Atlantic

County Code (7)/STATE USE ONLY

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

Name of Abatement Contractor (9)
Controlled Environmental Systems
Street Address
1121 N. Bethlehem Pike - Suite 60
City, State, Zip Code
Spring House, PA 19477

Project Manager for Monitoring Firm
Keith Crawford
Telephone No.
215 672 6088

License No.
215 542 7000
00847

Start Date (10)
1 / 2 / 15
Scheduled Completion Date (11)
1 / 28 / 15

Occupancy Status During Abatement (Check only one)
☑ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement:
7:00AM - 7:00PM

Scope of Work (Check all that apply)
☐ ≥ 300 sf or ≥ 300 ft
☐ ≥ 260 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 ☒

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

Amount (Specify SF or LF)

Abatement Type
☐ Removal
☐ Encapsulate
☐ Endoskeleton

Name of Registered Waste Hauler
Geppert Recycling
NJDEP Waste Hauler ID No.
Cubic Yards of Waste
Name of Registered Landfill
Western Berks Community Landfill
City, State
Hatfield, PA
Disposal Date
3/30/14
City, State
Birdsboro, PA 19508

Completed By (Print or Type)
Patricia Visco
Title
Office Manager
Signature

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