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

Date of Notification (1)
10-7-14

Name of Building Owner/Operator (2)
Jersey City Municipal Utilities Authority

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

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

Street Address
501 Route 440

City, State, Zip Code
Jersey City, New Jersey

Name of Contact
David Ambrose

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Jersey City Bayfront Incinerators

Street Address
501 Route 440

City (5)
Jersey City, New Jersey 07305

County (6)
Hudson

County Code (7)
STATE USE ONLY

Current Use (Prior to being demolished)
Not in use

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

Square Feet
46,000

# of Floors
6

Bldg, Age
1975

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

ASCM No.

Name of Abatement Contractor (9)
Gramercy Group Inc.

Street Address
3000 Burns Avenue

City, State, Zip Code
Wantagh NY 11793

Project Manager for Monitoring Firm
Veronica Kero

Telephone No.
201-489-8700

Telephone No.
516-875-0020

License No.
01085

Name of OSHA Monitor
Gramercy Group Inc.

Start Date (10)
10-21-14

Scheduled Completion Date (11)
1-31-15

Occuacity Status During Abatement (Check Only One)
- Facility Closed/ Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other- Describe: Facility scheduled for demolition. No occupancy

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

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 LP)

Abatement Type
- Removal
- Repair
- Encapsulate
- Enclose

Cubic Yards of Waste
200

Name of Registered Landfill
Cumberland County Landfill

City, State
Shippensburg PA, 17257

Disposal Date
1-31-15

Completed by
Robert Lewin
Title
Environmental Coordinator

ASB-41 (R-06-08)

* 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

## Name of Building Owner/Operator
Estate Of Elizabeth Alesso

## Street Address
338 2nd Street

## City, State, Zip Code
Saddle Brook, NJ, 07663

## Name of Contact
Dominick Alesso

## Telephone Number

### FACILITY INFORMATION

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

**Residence**

**Street Address**
338 2nd Street

**City**
Saddle Brook

**County**
Bergen

**County Code**

**Current Use**

### Type of Facility

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

**Square Footage**

**# of Floors**

**Bldg./ ge**

### Name of Monitoring Firm Hired by Bldg. Owner
N/A

### ASCM No.

### Name of Abatement Contractor

**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
1/27/15

### Occupancy Status During Abatement

- Facility closed/vacated during entire period of abatement.
- Abatement performed outside of normal facility hours.

**Other**
NORMAL HOURS

### Scope of Work

- > 500 sf or > 160 sf
- Demolition
- Renovation

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Is location normally used solely by maintenance/custodial staff?</th>
<th>Description of asbestos-containing material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>No</td>
<td>Pipe Insulation</td>
<td>44 LF</td>
</tr>
</tbody>
</table>

### Registered Waste Hauler

**D & S RESTORATION, INC.**

**NJDEP Hauler ID#**
13506

**Cubic Yards of Waste**
2 CY

**Name of Registered Landfill**
TULLYTOWN, RESOURCE RECOVERY

**City, State**
TULLYTOWN, PA

### Completed by (Print or Type)

**BOGDAN JOLDZIC**

**Title**
President

**Signature**

**Date**
1/16/2015

---

Do not use this form for asbestos licensure exempted activities.
# SUMMARY OF HAZARDOUS MATERIALS
For Asbestos

<table>
<thead>
<tr>
<th>Sample Number</th>
<th>Material</th>
<th>General Location</th>
<th>Approximate Quantities</th>
</tr>
</thead>
<tbody>
<tr>
<td>200</td>
<td>Pipe insulation elbows</td>
<td>Office 1, Break room</td>
<td>4 each</td>
</tr>
<tr>
<td>201</td>
<td>Pipe insulation</td>
<td>Office 1, Break room</td>
<td>30 ln ft.</td>
</tr>
<tr>
<td>202</td>
<td>Black Mastic on Duct Insulation</td>
<td>Loft</td>
<td>250 sq. ft.</td>
</tr>
<tr>
<td>306</td>
<td>9&quot;x9&quot; Floor tile, red and associated black mastic</td>
<td>Office 1, Office 2, Break room, Band room</td>
<td>500 sq. ft.</td>
</tr>
<tr>
<td>309</td>
<td>Caulk, steel beams exterior</td>
<td>Exterior steel beams</td>
<td>2,100 ln. ft.</td>
</tr>
<tr>
<td>311</td>
<td>Window caulk</td>
<td>Windows</td>
<td>225 sq. ft.</td>
</tr>
<tr>
<td>313</td>
<td>Floor tile and associated black mastic under HA 312</td>
<td>Office 2</td>
<td>100 sq. ft.</td>
</tr>
<tr>
<td>300</td>
<td>Red asphalt shingles</td>
<td>Roof</td>
<td>8,000 sq. ft.</td>
</tr>
<tr>
<td>301</td>
<td>Grey/Red asphalt shingles</td>
<td>Roof</td>
<td>8,000 sq. ft.</td>
</tr>
<tr>
<td>320</td>
<td>Window glazing, shite</td>
<td>Windows</td>
<td>2,500 sq. ft.</td>
</tr>
<tr>
<td>321</td>
<td>9&quot;x9&quot; Floor tile, green and associated black mastic</td>
<td>3rd floor offices south side</td>
<td>150 sq. ft.</td>
</tr>
<tr>
<td>335</td>
<td>Roof sealant</td>
<td>Roof of inspector trailer</td>
<td>800 sq. ft.</td>
</tr>
<tr>
<td>342</td>
<td>Built-up roofing</td>
<td>All three roofs</td>
<td>10,500 sq. ft.</td>
</tr>
<tr>
<td>343</td>
<td>Flashing</td>
<td>All three roofs</td>
<td>1,700 sq. ft.</td>
</tr>
<tr>
<td>339</td>
<td>Flashing</td>
<td>Roof</td>
<td>1,000 sq. ft.</td>
</tr>
<tr>
<td>341</td>
<td>Flashing</td>
<td>Lower and upper roofs</td>
<td>1,800 sq. ft.</td>
</tr>
</tbody>
</table>

ACM Pipe Insulation: Administration Building 170 in. ft.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)
01/13/15

Name of Building Owner/Operator (2)
Peter Davidson

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

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

Street Address
6 Elkin Dr.

City, State, Zip Code
Livingston, NJ, 07039

Name of Contact

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Peter Davidson

Street Address
6 Elkin Dr.

City (5)
Livingston

County (8)
07039

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

Name of Abatement Contractor (9)
Pro Abatement

Street Address
1009 87th Street Suite A4

City, State, Zip Code
North Bergen, NJ 07047

Project Manager for Monitoring Firm

Telephone No.
201-293-6305

License No.
01223

Start Date (10)
01/17/15

Scheduled Completion Date (11)
01/27/15

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

Scope of Work (Check All That Apply)
☒ ≥ 3 sf or ≥ 3 if
☒ ≥ 160 sf or ≥ 280 if
☐ Renovation ☒ Demolition

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

Family Room

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)
VAT

Amount (Specify SF or LF)
366 SF

Abatement Type

Removal ☒ Repair ☐ Encapsulate ☐ Ensure ☒

Name of Registered Waste Hauler
SAN TON SERVICES

NJDEP Waste Hauler ID No.
22430

Cubic Yards of Waste

Name of Registered Landfill
MEDOWLANCHES COMMISION

Disposal Date

City, State
KENILWORTH, NJ
KEARNY, NJ

Completed by
Bryan Parra

Title
Project Manager

Signature

Date
01/13/15

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