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

Check # 2294, 2430, 2445 and 2448

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Name of Building Owner / Operator</th>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td></td>
<td>New Jersey Division of Property Management and Construction</td>
<td>33 West State Street</td>
</tr>
<tr>
<td>DEP</td>
<td></td>
<td></td>
<td>City, State &amp; Zip Code</td>
</tr>
<tr>
<td>DOL</td>
<td>Initial</td>
<td></td>
<td>Trenton, NJ 08608</td>
</tr>
<tr>
<td></td>
<td>Amended</td>
<td></td>
<td>Name of Contact</td>
</tr>
<tr>
<td>DOH</td>
<td>Amendment # 3</td>
<td></td>
<td>Jim Stiles – TCI Construction</td>
</tr>
<tr>
<td></td>
<td>Cancellation</td>
<td></td>
<td>Telephone Number</td>
</tr>
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</table>

FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place</th>
<th>Type of Facility</th>
<th>Square Feet</th>
<th>Current Use (Prior if being demolished)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Warren Residential Community Home</td>
<td>School (K-12)</td>
<td>59</td>
<td>Residence -</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City (5)</th>
<th>County Code (7)</th>
<th>Name of Monitoring Firm Hired by Building Owner</th>
<th>ASCM No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oxford</td>
<td>USE ONLY</td>
<td>Synatech, Inc.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone Number</th>
<th>License Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>00817</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scheduled Start Date</th>
<th>Scheduled Completion Date</th>
<th>Name of Abatement Contractor</th>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>January 22, 2020</td>
<td>March 5, 2020</td>
<td>Synatech, Inc.</td>
<td>829 Radio Road</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement</th>
<th>Type of Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
<td>School (K-12)</td>
</tr>
<tr>
<td>Abatement Performed Outside of Normal Hours</td>
<td>Other - Describe:</td>
</tr>
<tr>
<td>Other - Describe:</td>
<td></td>
</tr>
<tr>
<td>Facility Occupied During Abatement (Not including work area)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
<th>Location of Asbestos-Containing Material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>IN Facility</td>
</tr>
<tr>
<td></td>
<td>(13)</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>Former Bathroom Chases/Walls</td>
</tr>
<tr>
<td></td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>Pipe and Fitting Insulation</td>
</tr>
<tr>
<td></td>
<td>125 LF</td>
</tr>
<tr>
<td></td>
<td>Former Kitchen Area</td>
</tr>
<tr>
<td></td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>Pipe and Fitting Insulation</td>
</tr>
<tr>
<td></td>
<td>160 LF</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM)</th>
<th>Is Location Normally Used Solely by Maintenance or Custodial Staff?</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>IN Facility</td>
<td>(13)</td>
<td>(i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Former Bathroom Chases/Walls</td>
<td>X</td>
<td>Pipe and Fitting Insulation</td>
<td>125 LF</td>
<td></td>
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<td>Former Kitchen Area</td>
<td>X</td>
<td>Pipe and Fitting Insulation</td>
<td>160 LF</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Synatech, Inc.</td>
<td>4</td>
<td>Fairless Hills</td>
<td>Morrisville, PA</td>
</tr>
</tbody>
</table>

Completed By: Diane Aloia  
Title: Executive Administrator  
Signature: [Signature]  
Date: January 21, 2020

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

**Date of Notification (1)** January 14, 2020
**Name of Building Owner / Operator (2)**
New Jersey Division of Property Management and Construction

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

**Type Notification**
- [ ] Initial
- [X] Amended
- [ ] Amendment # 2
- [ ] Cancellation

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**
Warren Residential Community Home

**Street Address**
509 Brass Castle Road

**City (5)**
Oxford

**County (6)**
Warren

**Name of Monitoring Firm Hired by Building Owner (6)**
USE ONLY

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

**Square Feet**

**# of Floors**

**Bkg. Age**
59

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

**Name of OSHA Monitor (9)**
Synatech, Inc.

**Street Address**
829 Radio Road

**City, State & Zip Code**
Little Egg Harbor, NJ 08087

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

**Project Manager for Monitoring Firm**
USE ONLY

**Name of Building Owner / Operator (2)**
New Jersey Division of Property Management and Construction

**Street Address**
33 West State Street

**City, State & Zip Code**
Trenton, NJ 08608

**Name of Contact**
Jim Stiles – TCI Construction

**Telephone Number**
732-558-8987

**Scheduled Start Date (10)**
ON HOLD

**Scheduled Completion Date (11)**
March 6, 2020

**Occupancy Status During Abatement (Check only one)**
- [ ] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Hours
- [ ] Other – Describe:
- [X] Facility Occupied During Abatement (Not including work area)

**Scope of Work (Check all that apply)**
- [ ] ≥3 sf or ≥ 3 lf
- [X] ≥160 sf or ≥260 lf
- [ ] Renovation
- [ ] Demolition
- [X] Full Containment with Negative Pressure
- [ ] Mini-Enclosure (Wrap and Cut)
- [ ] GloveBag Procedure
- [X] Non-Exempted(*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Location of ACM</th>
<th>Is Location Normally Used Solely by Maintenance or 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>
</tr>
</thead>
<tbody>
<tr>
<td>Former Bathroom Chases/Walls</td>
<td>X</td>
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</tr>
<tr>
<td>Former Kitchen Area</td>
<td>X</td>
<td>Pipe and Fitting Insulation</td>
<td>160 LF</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler (10)**
Synatech, Inc.

**NJDEP Waste Hauler ID No.**
27429

**Cubic Yards of Waste**
4

**Name of Registered Landfill**
Fairless Hills

**City, State**
Little Egg Harbor, NJ

**Disposal Date**
March 6, 2020

**City, State**
Morrisville, PA

**Completed By**
Diane Aiola
**Title**
Executive Administrator

**Signature**

**Date**
January 14, 2020
**November 6, 2040**

*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)  

Check # 2294, 2430 and 2445  

Date of Notification (1) January 10, 2020  
November 6, 2019  

Name of Building Owner / Operator (2)  
New Jersey Division of Property Management and Construction  

Street Address  
33 West State Street  

City, State & Zip Code  
Trenton, NJ 08608  

Name of Contact  
Jim Stiles – TCI Construction  
Telephone Number  
732-658-8967  

FACILITY INFORMATION  

Name of Facility Where Abatement is Taking Place (3)  
Warren Residential Community Home  

Street Address  
509 Brass Castle Road  

City (5)  
Oxford  

County (6)  
Warren  

Name of Monitoring Firm Hired by Building Owner (8)  

Name of Abatement Contractor (9)  
Synatech, Inc.  
Street Address  
829 Radio Road  

City, State & Zip Code  
Little Egg Harbor, NJ 08087  

Project Manager for Monitoring Firm  

Telephone Number  
609-296-5916  
License Number  
00817  

Scheduled Start Date (10)  
January 15, 2020  
Scheduled Completion Date (11)  
March 5, 2020  

Occupancy Status During Abatement (Check only one)  

Facility Closed/Vacated During Entire Period of Abatement  
Abatement Performed Outside of Normal Hours  
Other – Describe:  
Facility Occupied During Abatement (Not Including work area)  

Scope of Work (Check all that apply)  

Renovation  
Demolition  

Location of Asbestos-Containing Material (ACM)  

TO BE ABATED  
IN Facility  

IS Location Normally Used Solely by Maintenance or Custodial Staff? (12)  

Yes  
No  
N/A  

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

Amount (Specify SF or LF)  

Former Bathroom Chases/Walls  
Pipe and Fitting Insulation  
125 LF  

Former Kitchen Area  
Pipe and Fitting Insulation  
160 LF  

Name of Registered Waste Hauler  
Synatech, Inc.  
Waste Hauler ID No.  
27429  

Cubic Yards of Waste  
4  

Name of Registered Landfill  
Fairless Hills  

City, State  
Little Egg Harbor, NJ  

Disposal Date  
March 6, 2020  

Name of Registered Landfill  
Fairless Hills  

City, State  
Little Egg Harbor, NJ  

Completed By  
Diane Aloia  
Title  
Executive Administrator  
Signature  
Date  
January 10, 2020  
November 6, 2019  

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

Date of Notification (1) January 3, 2020
Name of Building Owner / Operator (2) New Jersey Division of Property Management and Construction

Agencies Notified

<table>
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<tr>
<th>Agency</th>
<th>Type Notification</th>
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<tr>
<td>DOH</td>
<td></td>
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<td>DCA</td>
<td></td>
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</table>

Street Address
33 West State Street
City, State & Zip Code
Trenton, NJ 08608

Name of Contact
Jim Stiles – TCI Construction
Telephone Number
732-658-8867

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Warren Residential Community Home

Street Address
509 Brass Castle Road

City (5)
Oxford

County (6)
Warren

Country Code (7) USE ONLY

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

Name of Abatement Contractor (9)
Synatech, Inc.

Street Address
829 Radio Road
City, State & Zip Code
Little Egg Harbor, NJ 08087

Project Manager for Monitoring Firm
Telephone Number
609-298-6916
License Number
00817

Name of OSHA Monitor
Synatech, Inc.

Occupancy Status During Abatement (Check only one)
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Hours
- Other – Describe:
- Facility Occupied During Abatement (Not including work area)

Scope of Work (Check all that apply)

- Renovation
- Demolition

Location of Asbestos-Containing Material (ACM) TO BE ABATED
IN Facility (10)

| Material                      | Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous) | Amount (Specify SF or LF)
|-------------------------------|-------------------------------------------------------------------------------------------------------------------------|---------------------|
| Former Bathroom Chases/Walls | Pipe and Fitting Insulation                                    | 125 LF
| Former Kitchen Area           | Pipe and Fitting Insulation                                    | 160 LF

Name of Registered Waste Hauler
Synatech, Inc.

Waste Hauler ID No. 27429

Cubic Yards of Waste
4

Name of Registered Landfill
Fairless Hills

City, State
Little Egg Harbor, NJ

Disposal Date
March 6, 2020

Completed By
Diane Aloia
Title
Executive Administrator

Signature
Date
January 3, 2020
November 6, 2019

*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)

**Check #: 2294 / 2430**

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<th>Date of Notification (1)</th>
<th>January 3, 2020</th>
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<tbody>
<tr>
<td>Name of Building Owner / Operator (2)</td>
<td>New Jersey Division of Property Management and Construction</td>
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<th>Street Address</th>
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<tr>
<td>DEP</td>
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<td>City, State &amp; Zip Code</td>
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<td>DOL</td>
<td>Amended Amendment # 1</td>
<td>Trenton, NJ 08608</td>
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<tr>
<td>DOH</td>
<td>Cancellation</td>
<td>Name of Contact</td>
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<tr>
<td>DCA</td>
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<td>Jim Stiles - TCI Construction</td>
</tr>
</tbody>
</table>

| Telephone Number | 732-658-8967 |

### FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Warren Residential Community Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>509 Brass Castle Road</td>
</tr>
<tr>
<td>City (5)</td>
<td>Oxford</td>
</tr>
<tr>
<td>County (6)</td>
<td>Warren</td>
</tr>
<tr>
<td>County Code (7)</td>
<td>USE ONLY</td>
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<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>Sysnatech, Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>829 Radio Road</td>
</tr>
<tr>
<td>City, State &amp; Zip Code</td>
<td>Little Egg Harbor, NJ 08087</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>609-295-8918</td>
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| License Number | 00817 |

<table>
<thead>
<tr>
<th>Scheduled Start Date (10)</th>
<th>January 6, 2020</th>
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<tbody>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>March 5, 2020</td>
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<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check only one)</th>
<th>Facility Closed/Vacated During Entire Period of Abatement</th>
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</thead>
<tbody>
<tr>
<td>Occupancy Status During Abatement (Check only one)</td>
<td>Abatement Performed Outside of Normal Hours</td>
</tr>
<tr>
<td>Occupancy Status During Abatement (Check only one)</td>
<td>Other – Describe:</td>
</tr>
<tr>
<td>Occupancy Status During Abatement (Check only one)</td>
<td>Facility Occupied During Abatement (Not Including work area)</td>
</tr>
</tbody>
</table>

| Scope of Work (Check all that apply) | 
|-------------------------------------| |
| ≥3 sf or ≥3 lfi | Renovation |
| ≥160 sf or ≥260 lfi | Demolition |

<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 or Custodial Staff? (12)</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Former Bathroom Chases/Walls</td>
<td>Yes</td>
<td>Pipe and Fitting Insulation</td>
</tr>
<tr>
<td>Former Kitchen Area</td>
<td>Yes</td>
<td>Pipe and Fitting Insulation</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>NJDEP Waste Hauler ID No. 27429</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State</td>
<td>Little Egg Harbor, NJ</td>
</tr>
<tr>
<td>Date</td>
<td>January 3, 2020</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed By</th>
<th>Diane Aloia</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
<td>Executive Administrator</td>
</tr>
<tr>
<td>Signature</td>
<td>[Signature]</td>
</tr>
<tr>
<td>Date</td>
<td>November 6, 2019</td>
</tr>
</tbody>
</table>

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

Check # 2294

Date of Notification (1)
November 19, 2019
November 6, 2019

Name of Building Owner / Operator (2)
New Jersey Division of Property Management and Construction

Street Address
33 West State Street

City, State & Zip Code
Trenton, NJ 08608

Name of Contact
Jim Stiles – TCI Construction

Telephone Number
732-658-8967

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Warren Residential Community Home

Street Address
509 Brass Castle Road

City (5)
Oxford

County (6) County Code (7) USE ONLY
Warren

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

Name of Abatement Contractor (9)
Synatech, Inc.

Street Address
829 Radio Road

City, State & Zip Code
Little Egg Harbor, NJ 08087

Telephone Number
609-229-6916

License Number
00817

Scheduled Start Date (10)
December 15, 2019

Scheduled Completion Date (11)
December 15, 2019

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

Facility Occupied During Abatement (Not including work area)

Scope of Work (Check all that apply)
- ≥ 3 sf or ≥ 3 lf
- ≥ 160 sf or ≥ 260 lf
- Renovation
- Demolition

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

Is Location Normally Used Solely by Maintenance or 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

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

Bathroom Chases/Walls
- X Pipe and Fitting Insulation 125 LF

Name of Registered Waste Hauler
Synatech, Inc.

Waste Hauler ID No.
27429

Cubic Yards of Waste
4

Name of Registered Landfill
Fairless Hills

City, State
Morrisville, PA

Disposal Date
December 20, 2019

Completed By
Diane Aloia

Title
Executive Administrator

Signature

Date
November 19, 2019
November 6, 2019

*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)  
November 6, 2019

Name of Building Owner / Operator (2)  
New Jersey Division of Property Management and Construction

Agencies Notified (3)  
☐ EPA  
☐ DEP  
☒ DOL  
☐ DOH  
☐ DCA

Type Notification  
☒ Initial  
☐ Amended  
☐ Amendment #  
☐ Cancellation

Street Address  
33 West State Street

City, State & Zip Code  
Trenton, NJ 08608

Name of Contact  
Jim Stiles – TCI Construction

Telephone Number  
732-556-8967

Check # 2294

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  
Warren Residential Community Home

Street Address  
609 Brass Castle Road

City (5)  
Oxford

County (6)  
Warren

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

Name of Abatement Contractor (9)  
Synatech, Inc.

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

Square Feet  
# of Floors  
Bldg. Age  
59

Current Use (Prior if being demolished)  
Residence -

Scheduled Start Date (10)  
November 20, 2019

Scheduled Completion Date (11)  
December 15, 2019

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

Facility Occupied During Abatement (Not including work area)

Scope of Work (Check all that apply)  
☒ ≥3 sf or ≥3 lf  
☐ ≥160 sf or ≥260 lf  
☐ Renovation  
☐ Demolition  
☐ Full Containment with Negative Pressure  
☒ Mini-Enclosure (Wrap and Cut)  
☐ 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 or 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)  

Bathroom Chases/Walls  

X  
Pipe and Fitting Insulation  
125 LF  
X

Name of Registered Waste Hauler  
Synatech, Inc.

NJDEP Waste Hauler ID No.  
27425

Cubic Yards of Waste  
4

Name of Registered Landfill  
Fairless Hills

City, State  
Little Egg Harbor, NJ

Disposal Date  
December 20, 2019

Completed By  
Diane Aloia  
Executive Administrator

Title  
Signature  
Date  
November 6, 2019

*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)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>11/21/20</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>MR. MARK NIKOLSKY</td>
</tr>
<tr>
<td>Street Address</td>
<td>[Redacted]</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>TEANECK, N.J. 07666</td>
</tr>
<tr>
<td>Date</td>
<td>JAN 24, 2020</td>
</tr>
</tbody>
</table>

FACILITY INFORMATION

| Name of Facility Where Abatement is Taking Place (3) | [Redacted] |
| Street Address | MR. MARK NIKOLSKY |
| City (5) | TEANECK |
| County (6) | BERGEN |
| Square Foot | 2000 |
| # of Floors | 2 |
| Bldg. Age | 1945 |

<table>
<thead>
<tr>
<th>Type of Facility (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>School (K-12)</td>
</tr>
<tr>
<td>Subchapter 6 (Other than K-12)</td>
</tr>
<tr>
<td>Other (i.e., private &amp; commercial buildings, homes, etc.)</td>
</tr>
</tbody>
</table>

| Name of Monitoring Firm Hired by Building Owner (8) | [Redacted] |
| ACOM No. | [Redacted] |
| 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 |
| Street Address | 280 Huyler St |
| City, State, Zip Code | Hackensack, N.J. 07606 |

| Start Date (10) | 2/1/20 |
| Scheduled Completion Date (11) | 2/1/20 |
| Occupancy Status During Abatement (Check only one) |
| Occupied |
| Vacated |
| Abatement Performed Outside of Normal Facility Hours |
| Other - Describe: 8:00AM TO 5:00PM |

| Scope of Work (Check all that apply) |
| Full Containment with Negative Pressure |
| Minor Enclosure |
| Glovesbag Procedure |
| Non-Exempted (*) and Non-Fineable Procedure |
| Renovation |
| Demolition |

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

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

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

<table>
<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>110 SF</td>
</tr>
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</table>

Name of Registered Waste Hauler
Best Removal Inc

| NJDEP Waste Hauler ID No. | 17109 |
| Name of Registered Landfill | CUMBERLAND COUNTY LANDFILL |
| City, State, Zip Code | Hackensack, N.J. 07601 |
| Disposal Date | 2/1/20 |
| City, State, Zip Code | NEWBURGH, PA. 17240 |

Completed by
J. MAIORANO
Title
Estimator
Signature
Date 1/21/20
**State of NJ**

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

---

**Name of Building Owner/Operator:** Jeremie Lamers

**Street Address:** 

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

---

**FACILITY INFORMATION**

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

**Street Address:** 

---

**City:** Montclair  
**County:** Essex  
**County Code:** (State use only)  
**Square Feet:** 2,500 SF  
**Bldg. Age:** 90

---

**Name of Abatement Contractor:** KLOMAX, LLC

**Street Address:** 309 W. End Ave  
**City, State, Zip Code:** Hopatcong, NJ 07843

---

**Name of OSHA Monitor:** KLOMAX, LLC

**Street Address:** 309 W. End Ave  
**City, State, Zip Code:** Hopatcong, NJ 07843

---

**Scope of Work:**

- Renovation
- Demolition

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

<table>
<thead>
<tr>
<th>Basement</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
<th>Description of asbestos-containing material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Pipe Insulation</td>
<td>179 LF</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Boiler Flue Patch</td>
<td>&lt;1 SF</td>
</tr>
</tbody>
</table>

---

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

**City, State:** TULLYTOWN, PA

**Disposal Date:** TBD

---

**Completed by** (Print or Type): Paige Boylan  
**Title:** Owner  
**Signature:** 
**Date:** 01/21/2020
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)
11/17/20

Name of Building Owner/Operator (2)
Elain Spears

Agencies Notified
□ EPA
□ DEP
□ DOL
□ DOH
□ DCA

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

Street Address

City, State, Zip Code
North Plainfield NJ 07062

Name of Contact
Elain Spears

Telephone Number

FACILITY INFORMATION

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

Street Address

City (5)
North Plainfield

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)
ABS Environmental Services, LLC

Street Address
4 E Gate Drive, PO Box 483

City, State, Zip Code
Glenwood, NJ 07418

Project Manager for Monitoring Firm

Telephone No.

Telephone No.
973-764-2276

License No.
703

Start Date (10)
1/25/20

Scheduled Completion Date (11)
1/31/20

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

Scope of Work (Check All That Apply)
□ ≥3 sf or ≥3 ft
□ ≥160 sf or ≥260 ft
□ Renovation
□ Demolition
□ Full Containment with Negative Pressure
□ Mini-Enclosure
□ Glovebag Procedure
□ Non-Exempted (*) and Non-Friable Procedure

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

In Facility (13)

Yes
No
N/A

kitchen

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

Yes
No
N/A

flooring

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

Amount (Specify SF or LF)
320 SF

Abatement Type

Removal
Repair
Encapsulate
Endorse

Name of Registered Waste Hauler

Newark Carting

NJDEP Waste Hauler ID No.
04509

Cubic Yards of Waste
TBD

Name of Registered Landfill
Grand Central Sanitary Landfill

City, State
Pen Argyl, PA

Disposal Date
TBD

Completed by
A. Scott Higgins
Title
President

Signature

Date
1/17/20

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

Date of Notification (1) 1/21/20

Name of Building Owner/Operator (2) PuroClean

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

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

Street Address
16 South Avenue West
Cranford, NJ 07016

City, State, Zip Code
Cranford, NJ 07016

Name of Contact
Tim Cunningham

Telephone Number
908-874-0993

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

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
2100

# of Floors
2

Bldg. Age
86

Current Use (Prior if being demolished) home

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

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

Street Address
4 E Gate Drive, PO Box 483
Glenwood, NJ 07418

City, State, Zip Code

Telephone No.
973-764-2276

License No.
703

Start Date (10)
1/22/20

Scheduled Completion Date (11)
1/31/20

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

Scope of Work (Check All That Apply)
- 23 sf or 2.3 if
- 160 sf or 260 sf
- Remediation
- 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)
700 SF

Name of Registered Waste Hauler
Newark Carting

N.J. DEP Waste Hauler ID No.
04609

Cubic Yards of Waste
TBD

Name of Registered Landfill
Grand Central Sanitary Landfill

City, State
Newark, NJ

Disposal Date
TBD

City, State
Pen Arghy, PA

Completed by
A. Scott Higgins

Title
President

Signature

Date
1/21/20

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

**NOTIFICATION OF ASBESTOS ABATEMENT**

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

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<tr>
<th>Date of Notification (1)</th>
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<thead>
<tr>
<th>Agency Notified</th>
<th>Type Notification</th>
<th>Name of Building Owner/Operator (2)</th>
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<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
<td>MS. NANCY TARLETON</td>
</tr>
<tr>
<td>DEP</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NYDOE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DOH</td>
<td></td>
<td></td>
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<tr>
<td>DCA</td>
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<table>
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<tr>
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</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
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<tbody>
<tr>
<td>RIDGEWOOD, NJ. 07450</td>
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</table>

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement Is Taking Place (3)</th>
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<tbody>
<tr>
<td>MS. NANCY TARLETON</td>
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</table>

<table>
<thead>
<tr>
<th>Facility Code (4)</th>
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<table>
<thead>
<tr>
<th>Type of Facility (4)</th>
</tr>
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<tbody>
<tr>
<td>School (K-12)</td>
</tr>
<tr>
<td>Subchapter B (Other than K-12)</td>
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<tr>
<td>Other (i.e., private &amp; commercial buildings, homes, etc.)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Square Feet</th>
<th>No. Floors</th>
<th>Bldg. Age</th>
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<tbody>
<tr>
<td>2500</td>
<td>2</td>
<td>1945</td>
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<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (5)</th>
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<tbody>
<tr>
<td>AASC No.</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Name of Abatement Contractor (6)</th>
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<tbody>
<tr>
<td>Best Removal Inc</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Telephone No.</th>
<th>License No.</th>
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<tbody>
<tr>
<td>201-329-7444</td>
<td>00388</td>
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<table>
<thead>
<tr>
<th>Name of OSHA Monitor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Omega Environmental</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>450 South River St</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hackensack, N.J. 07601</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
</tr>
</thead>
<tbody>
<tr>
<td>Best Removal Inc</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NJDEP Waste Hauler ID No.</th>
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</thead>
<tbody>
<tr>
<td>17109</td>
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</table>

<table>
<thead>
<tr>
<th>Cubic Yards of Waste</th>
</tr>
</thead>
<tbody>
<tr>
<td>325</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>CUMBERLAND COUNTY LANDFILL</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Disposal Date</th>
<th>City, State</th>
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<tbody>
<tr>
<td>01/1/20</td>
<td>NEWBURGH, PA. 17240</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Int. Facility</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thermal solubility, insulation                                  25 SF</td>
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<table>
<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
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<table>
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<tr>
<th>Abatement Type</th>
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<table>
<thead>
<tr>
<th>Estimator Year</th>
</tr>
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<tbody>
<tr>
<td>1/21/20</td>
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</tbody>
</table>
# Notification of Asbestos Abatement
(Pursuant to NJAC 8:60 and 12:120)

**Date of Notification:**
- 1/21/2020

**Agency Notified:**
- EPA
- DEP
- DOL
- DOH
- DCA

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

**Name of Building Owner/Operator:**
- Down to Earth Landscaping

**Street Address:**
- 211 2nd Ave

**City, State, Zip Code:**
- Brielle, New Jersey 07720

**Name of Contact:**
- Bill

**Telephone Number:**
- 732.423.2129

### Facility Information

**Name of Facility Where Abatement is Taking Place:**
- Down to Earth Landscaping Property

**Street Address:**
- 211 2nd Ave

**City:**
- Brielle

**County Code:**
- Monmouth

**County Code (State Use Only):**
- 07720

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

**Name of Abatement Contractor:**
- Ace Insulation Co Inc

**Street Address:**
- 95 Montrose Rd

**City, State, Zip Code:**
- Colts Neck, New Jersey 07722

**Project Manager for Monitoring Firm:**
- Telephone No.
- Telephone No.

**License No.:**
- 732.294.1757

**License No.:**
- 00029

**Start Date:**
- 1/21/2020

**Scheduled Completion Date:**
- 1/21/2020

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

**Scope of Work:**
- Check All That Apply
  - 23 sq ft or 23 if
  - 260 sq ft or 260 if

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

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

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

**Amount (Specify SF or LF):**
- 4500 SF

**Name of Registered Waste Hauler:**
- Ace Insulation Co Inc

**Waste Hauler ID No.:**
- 12086

**Name of Registered Landfill:**
- Chw

**Disposal Date:**
- 2/23/2020

**City, State:**
- Fenton, MI

**Completed by:**
- Bree McGuire

**Title:**
- Secretary Treasurer

---

*Do not use this item for asbestos licensure exempted activities.*
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:66 and 12:129)

Date of Notification (1)
1/21/20

Name of Building Owner/Operator (2)
Desimone Construction

Agenoles Notified Type Notification
EPA Initial
DEP Amended
DOL Amendment is
DOH Cancellation
DCA

Street Address
711 A Mantua Pike

City, State, Zip Code
West Deptford NJ 08096

Name of Contact
Anthony

Telephone Number
856-848-2697

FACILITY INFORMATION

Type of Facility (4)

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

Square Feet
1000 +

# of Floors
1

Bldg. Age
35+

Current Use (Prior to being demolished)
House

Name of Facility Where Abatement is Taking Place (3)
Auto Lenders New Parking Lot

Street Address
106 RT 73

City (5)
Voorhees Township NJ 08043

County Code (7) (STATE USE ONLY)

Ocean

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.
609-685-9984

Telephone No.
856-753-9600

License No.
00727

Start Date (10)
1/30/20

Scheduled Completion Date (11)
2/7/20

Name of OSHA Monitor
Same

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 lsf 】
≥160 sf or ≥260 lsf

Renovation
Demolition

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

Exterior Siding
Kitchen
Kitchen, Hallway, Rear Entry

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)
Exterior Siding
Linoleum
Spackle

Amount (Specify SF or LF)
1700 SF
144 SF
1200 SF

Abatement Type
Full Containment with Negative Pressure
Removal
Encapsulate
Enclosure
Glovebag Procedure
Non-Exempted (*) and Non-Friable Procedure

Name of Registered Waste Hauler
United Roll Off

NJ/DEP Waste Hauler ID No.
22459

Cubic Yards of Waste
3

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

City, State
Morrisonville PA 13067

Completed by
Anthony T. Perna
Title
President

Signature

Date
1/21/20

* Do not use this form for asbestos licensure exempted activities.
### State of New Jersey
### NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:1:20)

**Date of Notification (1):** 1-19-20  
**Name of Building Owner/Operator (2):** PINELANDS CONSTRUCTION  
**Street Address:** 300 7TH ST  
**City, State, Zip Code:** SEA ISLE CITY, N.J. 08243  
**Name of Contact:** VIRANIC  
**Telephone Number:**  

#### FACILITY INFORMATION
**Name of Facility Where Abatement is Taking Place (3):** RESIDENCE  
**Type of Facility (4):**  
- School (K-12)  
- Subhalter B (Other than K-12)  
- Other (i.e., private & commercial buildings, homes, etc.)  
**Square Feet:** 1500  
**# of Floors:** 3  
**Building Age:** 50+  
**Current Use (Prior if being demolished):**  
**Name of Abatement Contractor (8):** KLEMCO INC  
**Street Address:** 369 S. SPRUCE AVE  
**City, State, Zip Code:** MAPLE SHADE, NJ 08052  
**Telephone No:** 856-779-0472  
**License No:** 01371  

#### Project Manager for Monitoring Firm
- **Name:** N/A  
- **Street Address:**  
- **City, State, Zip Code:**  
- **Telephone No:**  

#### Start Date (10): 1-29-20  
#### Scheduled Completion Date (11): 2-7-20  
**Occupy Status During Abatement (Check only one):**  
- [X] Abatement Performed Outside of Normal Facility Hours  
- [ ] Other - Describe:  

#### Scope of Work (Check all that apply):
- [ ] 23 sl or 23 ft  
- [X] 2160 sl or 2600 ft  
- [ ] Renovation  
- [X] Demolition

#### Location of Asbestos-Containing Material (ACM) TO BE ABATED IN FACILITY
**Location Normally Used Solely by Maintenance/Custodial Staff? (12):**  
- [ ] Yes  
- [X] No  
- [ ] N/A  

#### Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, flooring, VAC, or other miscellaneous):  
- [X] TRANSITE  
- [ ] SIDER  

#### Name of Registered Waste Handler
- **Name:** KLEMCO INC  
- **New Jersey Waste Handler ID No:** 19904  
- **Disposal Date:**  
- **City, State:** MAPLE SHADE, N.J. 08052  
- **Name of Registered Landfill:**  
- **CITY OF N.J.A.**  
- **Waste:**  

#### Complied By
- **Name:** MICHAEL KLEMA  
- **Title:** SUP  
- **Date:** 1-19-20  

---

*Disclaimer: This sample does not include all possible activities due to the nature of asbestos handling.*
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)
01/21/2020

Name of Building Owner/Operator (2)
Milagros Jara-Almonte

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

City (5)
Roselle

County (6)
Union

Name of Abatement Contractor (9)
Rizov LLC

Start Date (10)
01/31/2020

Scheduled Completion Date (11)
02/03/2020

Scope of Work (Check All That Apply)
- ≥3 sf or ≥31 ft
- ≥180 sf or ≥260 ft
- Renovation
- Demolition

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

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>
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</thead>
<tbody>
<tr>
<td>Basement</td>
<td></td>
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</table>

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

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
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<tbody>
<tr>
<td>Pipe Insulation</td>
<td>90</td>
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</table>

Name of Registered Waste Hauler
Rizov LLC

Name of Registered Landfill
Fairless Hills Landfill

Completed by
Aleksandra Rizova
Title Owner
Signature
Date 01/21/2020

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

**Date of Notification (1)**
01.13.2020

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

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

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

**Street Address**

**City, State, Zip Code**
Pompton Lakes, NJ 07442

**Name of Contact**
Steven Baldassarre

**Telephone Number**

**FACILITY INFORMATION**

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

**City (5)**
Pompton Lakes, NJ 07442

**County (6)**
Passaic County

**County Code (7)**

**CURRENT USE (Prior to being demolished)**

**Square Feet**
1464

**# of Floors**
2

**Bldg. Age**
1952

**Renovations**

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

**Name of Abatement Contractor (9)**
Spes Contracting LLC

**Street Address**
69 Danforth Ave, Unit 65

**City, State, Zip Code**
Paterson, NJ 07501

**Project Manager for Monitoring Firm**

**Telephone No.**
973-807-6330

**License No.**
01383

**Start Date (10)**
01.13.2020

**Scheduled Completion Date (11)**
01.13.2020

**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
- [ ] 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 (13)**
- [ ] Basement/Boiler Room

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

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

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

**Name of Registered Waste Hauler**
Spes Contracting LLC

**NJDOP Waste Hauler ID No.**
0038075

**Cubic Yards of Waste**
1.0

**Name of Registered Landfill**
Fearless Landfill

**City, State**
Paterson, NJ 07501

**Disposal Date**
TBD

**Name of Registered Landfill**

**City, State**
Morrisville, PA

**Completed by**
BraniSLav Pavlov

**Title**
project manager

**Signature**

**Date**
01.13.2020

* 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)
01.20.2020

Name of Building Owner/Operator (2)
North Arlington Board Of Education

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

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

Street Address
222 Ridge Road

City, State, Zip Code
North Arlington, NJ 07031

Name of Contact
Samantha Dembowski

Telephone Number
(201) 991-6800

Name of Facility Where Abatement is Taking Place (3)
Queen Of Peace School

Street Address
191 Rutherford Pl

City (5)
North Arlington

County (6)
Bergen

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

Square Feet N/A

# of Floors N/A

Bldg. Age. N/A

Current Use (Prior if being demolished)
Renovations

Name of Monitoring Firm Hired by Building Owner (8)
T&M Associates

ASCM No. N/A

Name of Abatement Contractor (9)
Spes Contracting LLC

Street Address
40 Monmouth Park Highway, Suite 2

City, State, Zip Code
West Long Branch, New Jersey 07764

Name of OSHA Monitor
Spes Contracting LLC

Start Date (10) 01.30.2020

Scheduled Completion Date (11) 01.31.2020

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

Scope of Work (Check All That Apply)
- ≥ 3 sf or ≥ 3 if
- ≥ 160 sf or ≥ 260 if
- Renovation Demolition
- Full Containment with Negative Pressure
- Min-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

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

Location
Mechanical Room

Description of Asbestos-Containing Material (ACM) (e.g. thermal systems insulation, surfacing, VAT, or other miscellaneous)
Vinyl Tiles and Associated Mastic

Amount (Specify SF or LF)
30 SF

Abatement Type
Endorse
Encapsulate
Repair
Removal

Name of Registered Waste Hauler
Spes Contracting LLC

NJDEP Waste Hauler ID No. 0038075

Cubic Yards of Waste 1.0

Name of Registered Landfill
Fearless Landfill

City, State
Paterson, NJ 07501

Disposal Date TBD

Completed by
Branislav Pavlov

Title
Project Manager

Signature

Date 01.20.2020

ASB-41 (R-06-08)

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

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

**State of New Jersey**

Date of Notification: 01/20/2020

**Agency Notified:**
- EPA
- DEP
- DOL
- DOH
- DCA

**Type of Notification:**
- Initial
- Amended XXX
- Amendment #2
- Emergency (Including Justification)
- Cancellation

**Name of Building Owner/Operator:** Catalyst Experiential

**Street Address:** 3400 West Chester Pike

**City, State, Zip Code:** Newtown Square, PA 19073

**Name of contact:** Jim Curran

**Telephone Number:** 610.810.3326

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place:** Former Zippy Lube & Residential Property

**Street Address:** 307 Route 202

**City:** Flemington

**County:** Hunterdon County

**Square Feet:** 4000

**# of Floors:** 1

**Bldg. Age:** 60+

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

**Name of Abatement Contractor:** Elcon Environmental Inc

**Street Address:** 150 Glenwood Dr

**City, State, Zip Code:** Washington Crossing PA 18977

**License No.:** 01225

**Project Manager for Monitoring Firm:** Mark Hays

**Telephone No.:** 215-672-6088

**Start Date:** 12/1/19

**Scheduled Completion Date:** 01/31/2020

**Name of OSHA Monitor:** same

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

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

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

**Abatement Type:**
- Removal
- Repair
- Encapsulate
- Enclosure

**Name of Registered Waste Hauler:** Minerva Enterprises

**Service Transport Group:**

**Disposal Date:** TBD

**Name of Registered Landfill:**

**City, State:**

**Wayneburg, OH**

**Completed by:** Andre Gosek

**Title:** Pr. manager

**Signature:**

**Date:** 11/26/2019

---

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

(Pursuant to NJAC 8:50 and 5:16)

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<thead>
<tr>
<th>Date of Notification (1)</th>
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<tr>
<td>1/17/20</td>
<td>Phyllis Gadson</td>
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<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Name of Contact</th>
<th>Telephone Number</th>
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<td>DCA (NJAC 5:23-8)</td>
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<td>Somerset NJ 08873</td>
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**FACILITY INFORMATION**

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<th>Name of Facility Where Abatement is Taking Place (3)</th>
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<tr>
<th>Square Feet</th>
<th># of Floors</th>
<th>Bidg. Age</th>
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<td>2</td>
<td>59</td>
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<tr>
<th>County Code (7)(STATE USE ONLY)</th>
<th>Current Use (Prior to being demolished)</th>
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<tr>
<td>Somerset</td>
<td>Residential</td>
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<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>ASCM No.</th>
<th>Name of Abatement Contractor (9)</th>
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<td>A.E.S.L.</td>
<td>0021</td>
<td>CPR Environmental Service</td>
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<th>Street Address</th>
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<tbody>
<tr>
<td>2200 PATTERSON PLANK UNIT 7</td>
<td>NORTH BERGEN NJ 07047</td>
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<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
<th>License No.</th>
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<tbody>
<tr>
<td>CARMELO ALTAMONTE</td>
<td>2016474056</td>
<td>01328</td>
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<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
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<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check only one)</th>
<th>Scope of Work (Check all that apply)</th>
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<tbody>
<tr>
<td>Same</td>
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<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>Name of Registered Waste Hauler</td>
<td>NJDEP Waste Hauler ID No.</td>
<td>Cubic Yards of Waste</td>
<td>Name of Registered Landfill</td>
<td>Disposal Date</td>
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<tr>
<td>ASBESTOSTRansPORTATION COMPANY</td>
<td>S24310</td>
<td></td>
<td>MINERVA ENTERPRISES LLC</td>
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<table>
<thead>
<tr>
<th>Completed By (Print or Type)</th>
<th>Title</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>ANTHONY JONES</td>
<td>PROJECT MANAGER</td>
<td>Anthony J Jones</td>
<td>1/17/20</td>
</tr>
</tbody>
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