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

**Date of Notification (1)**: 1-23-12

**Name of Building Owner/Operator (2)**: Franchi Demolition

**Street Address**: P.O. Box 734

**City, State, Zip Code**: Camden, NJ 08101

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

**Square Feet**: 507

**# of Floors**: 2

**Bldg Age**: 50

**Current Use (Prior if being demolished)**: Vacant House

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

**Street Address**: 1016 White Horse Pike

**City (9)**: Somerdale NJ 08083

**County (8)**: Camden

**County Code (7)**: 30

**Name of Monitoring Firm Hired by Building Owner (8)**: EPC Technologies Inc

**ASCM No.**: N/A

**Name of Abatement Contractor (9)**: EPC Technologies Inc

**Street Address**: P.O. Box 337

**City, State, Zip Code**: New Egypt, NJ 08533

**Telephone No.**: 609-758-3345

**License No.**: 00394

**Name of OSHA Monitor**: EPC Technologies Inc

**Start Date (10)**: 2-2-12

**Scheduled Completion Date (11)**: 2-3-12

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

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

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
<th>Description</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Exterior Walls</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Siding Shingles</td>
<td>1000 sq ft</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**: EPC Technologies Inc

**Cubic Yards of Waste**: 17000

**Waste Management of PA**: Meanisville, PA

**Disposal Date**: 2-3-12

**Name of Registered Landfill**: 0

**Completed by**: Steve Schenken

**Title**: President

**Signature**: SDE Schenken

**Date**: 2-23-12

*Do not use this form for asbestos licensure exempted activities.*
<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
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</thead>
<tbody>
<tr>
<td>Date of Notification</td>
<td>1-21-12</td>
</tr>
<tr>
<td>Name of Building Owner/Operator</td>
<td>Griffin Clapp</td>
</tr>
<tr>
<td>Street Address</td>
<td>816 Kennedy Street</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Manville, NJ 08835</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Griffin Clapp</td>
</tr>
<tr>
<td>Type of Facility</td>
<td>Single Family Dwelling</td>
</tr>
<tr>
<td>Street Address</td>
<td>816 Kennedy Street</td>
</tr>
<tr>
<td>City</td>
<td>Manville, NJ</td>
</tr>
<tr>
<td>County</td>
<td>Somerset</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Owner</td>
<td>EPC Technologies Inc</td>
</tr>
<tr>
<td>ASCM No</td>
<td>N/A</td>
</tr>
<tr>
<td>Name of Abatement Contractor</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>Project Manager</td>
<td>Steve Schenken</td>
</tr>
<tr>
<td>Telephone No</td>
<td>609-758-3346</td>
</tr>
<tr>
<td>Start Date</td>
<td>1-31-12</td>
</tr>
<tr>
<td>Scheduled Completion Date</td>
<td>1-31-12</td>
</tr>
<tr>
<td>Occupancy Status During Abatement</td>
<td>Facility Closed/Vacated</td>
</tr>
<tr>
<td>Scope of Work</td>
<td>Renovation, Demolition</td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material</td>
<td>Kitchen</td>
</tr>
<tr>
<td>Description of ACM</td>
<td>CementSheathingBoard 300 SF x</td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
<td>EPC Technologies Inc</td>
</tr>
<tr>
<td>City, State</td>
<td>New Egypt, NJ</td>
</tr>
<tr>
<td>Disposal Date</td>
<td>2-1-12</td>
</tr>
<tr>
<td>City, State</td>
<td>Manville, PA</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 8:60 and 8:16)

Date of Notification: 01-18-2012

Name of Building Owner/Operator: Exxon Mobil Environmental Services

Facility Information

Name of Facility Where Abatement is Taking Place: Former Base Line Lubricant/Can Plant

Street Address: 58 Beacham Street

City, State, Zip Code: Everett, MA. 02149

Name of Abatement Contractor: Carl W. Erroco

ABCAOIS

Street Address: 5707 Stadium Drive

City, State, Zip Code: Plainwell, MI. 49080

Date of Abatement: 2-16-12

Name of OSHA Monitor: Analytical Testing & Consulting Services

Name of Registered Waste Hauler: NDEP Waste Hauler ID No: 120

Cubic Yards of Waste: 120

Name of Registered Landfill: HiWay Acres.

Name of Project Manager: Greta Donovan

Occupancy Status During Abatement: Vacated

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

- Attached to Tanks 97, 98, 91
- Pods 3, 6, 7
- Thermal Systems Insulation: 500LF
- Thermal Systems Insulation: 1500LF

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

- Is Location Normally Used Solely by Maintenance/Custodial Staff?: Yes
- Description of Asbestos-Containing Material (ACM): (i.e., thermal systems insulation, surfacing, VAC, or other miscellaneous)
- Amount (Square Feet or LF): 1200

Abatement Type:

- Full Containment with Negative Pressure
- Rain Enclosure
- Glovebox Procedure
- Non-Exempted (*) and Non-Fragile Procedure

Abatement Team:

- J. M. Mize
- D. Maloney
- D. Strothers
- C. Donovan

Date of Abatement: 3-18-12

Signature: Anthony J. Mize

Date: 3-18-12

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

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

**Date of Notification (1):** January 19, 2012

**Name of Building Owner/Operator (2):** Zarrilli Homes

**Street Address:** 186 Mantoloking Road

**City, State, Zip Code:** Brick, New Jersey 08723

**Name of Contact:** Rich Zarrilli

**Telephone Number:** [Redacted]

---

**FACILITY INFORMATION**

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

**Street Address:** 106 Harborage Place

**City:** Waretown

**County:** Ocean

**County Code:** N/A

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

**Project Manager for Monitoring Firm:** 

**Telephone Number:** 

**Scheduled Start Date (10):** 2/2/12

**Scheduled Completion Date (11):** 2/6/12

**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

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

- [ ] > 3 sf or >3.1 ft
- [X] ≥160 sf or ≥260 ft
- [ ] Renovation
- [X] Demolition

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

- [ ] Exterior
- [X] Asbestos siding

**Amount (Specify SF or LF):** 1150 sf

**Is Location Normally used Solely by Maintenance/Custodial Staff (12):**

- [ ] YES
- [X] NO
- [ ] N/A

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

**Amount: REMOVAL REPAIR ENCAPSULATION ENCLOSURE**

- [ ] REMOVAL
- [X] REPAIR
- [ ] ENCAPSULATION
- [ ] ENCLOSURE

**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:** 2/7/12

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

**Title:** Project Manager

**Signature:** [Redacted]

**Date:** 1/19/2012

*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 19, 2012

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

TCB Associates

**Street Address**

P O Box 3204

City, State, Zip Code

Point Pleasant, New Jersey 08742

**Name of Contact**

Kathy

**Telephone Number**


### FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Residence</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Street Address</strong></td>
<td>2231 Foster Road</td>
</tr>
<tr>
<td><strong>City</strong></td>
<td>Point Pleasant</td>
</tr>
<tr>
<td><strong>County</strong></td>
<td>Ocean</td>
</tr>
<tr>
<td><strong>County Code</strong></td>
<td>N/A</td>
</tr>
<tr>
<td><strong>State USE ONLY</strong></td>
<td>ASCM No.</td>
</tr>
</tbody>
</table>

**Type of Facility (4)**

[ ] School (K-12)

[ ] Subchapter 8 (other than K-12)

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

**Square feet**

1800 sf

**# of Floors**

1

**Bldg. Age**

60

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

Residence

**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

[ ] Gloving Procedure

[ ] Non-Exempt (*) 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

**Exterior**

X

Asbestos siding

1600 sf

**Abatement Type**

[ ] REMOVAL

[ ] REPAIR

[ ] ENCAPSULATION

[ ] ENCLOSURE

**Name of Registered Waste Hauler**

Guardian Contracting, Inc.

**NDEP 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**

2/3/12

**City, State**

Tullytown, Pennsylvania

**Date**

1/19/12

*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
January 19, 2012

### Name of Building Owner/Operator
Zarrilli Homes

### Street Address
186 Mantoloking Road

### City, State, Zip Code
Brick, New Jersey 08723

### Name of Contact
Rich Zarrilli

---

### Facility Information

#### Type of Facility
- [ ] 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

#### Name of Abatement Contractor
Guardian Contracting, Inc.

### Project 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

---

### Name of Monitoring Firm Hired by Building Owner
ASCN No.

### Scope of Work
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [x] Non-Exempted (*) and NonFriable Procedure

### Scope of Work
- [x] >3 sf or >23 ft
- [x] ≥160 sf or ≥260 ft
- [x] Demolition

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

### Abatement Type
- [ ] Removal
- [ ] Repair
- [ ] Encapsulation
- [ ] Closure

### Location

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

- Exterior
  - X Asbestos siding
  - 1200 sf

---

### 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.

---

### Completed by
Nicholas Fernicola

### Project Manager

### Signature

---

*Do not use this form for asbestos licensure exempted activities.*
**State of NJ Notification of Asbestos Abatement**

(Pursuant to NJAC 8:60-7 and 12:120-7)

Emergency ***

**Check # 5033**

**DOL - 10 Day**

**JAN 2, 2012**

**WAIVER AP**

---

**Name of facility where abatement is taking place (5)**

Veronica O'Connell

11 Fairway

Bloomfield, NJ 07003

Essex

**Name of Monitoring Firm Headed by Bldg Owner (8)**

n/a

**Name of Abatement Contractor (9)**

B & G Restoration, Inc.

105 Ryerson Road

Lincoln Park, NJ 07035

Telephone Number: 973-992-5469

License Number: 0376

**Type of Facility (10)**

- [ ] School (K-12)
- [X] Subchapter 8 (Other than K-12)
- [X] Other (Private/Commercial/Residential)

**Severe Pest (# of Floors)**

- [ ] 0

**Occupy Status During Abatement (Check only one)**

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

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

- [X] Demolition
- [X] Renovation
- [X] ≥200 sf or ≥260 sf

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

- [ ] basement boiler room

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

- [ ] pipe insulation

**Amount (Specify SF or Lf)**

16 ft

**Disposal Date**

1/25/2012

**City, State**

Lincoln Park, NJ 07035

**Name of Registered Mailer**

Gordana LINE

**Disposal Site**

Tullytown Resource & Recovery Center

**TREASURER**

Gordana LINE

**Signature**

Gordana LINE

**Date**

1/23/2012
B & G proj. #: 2012-25

State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1)
01/1/2012

Name of Building Owner/Operator (2)
Veronica O'Connell

Street Address
11 Fairway

City, State, Zip Code
Bloomfield, NJ 07003

Name of Contact
Veronica O'Connell

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
Veronica O'Connell

Street Address
11 Fairway

City (5) County (6) County Code (7) (State use only)
Bloomfield, NJ 07003 Essex

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

ASCM No.

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

Street Address
105 Ryerson Road

City, State, Zip Code
Lincoln Park, NJ 07035

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)
residential

Scheduled Start Date (10) 1/24/2012

Occupancy Status During Abatement (Check only one)
☒ Facility closed/evacuated during entire period of abatement.
☐ Abatement performed outside of normal facility hours

Describe:

☐ Other-Describe:

Scope of Work (check all that apply)

☐ Demolition
☐ Renovation
☒ ≥3 sf or ≥2 If
☐ ≥100 sf or ≥200 If

Location of asbestos-containing material to be abated in facility (15)

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

Yes No N/A

Description of asbestos-containing material (ACM)

Amount (Specify SF or LF)

Removal Repair Encap

Basement boiler room

Pipe insulation

16 If

Registered Waste Hauler

B & G Restoration, Inc.

NJDEP Hauler ID# 19563

2 yards

Name of Registered Landfill
Tullytown Resource & Recovery Center

Disposal Date
1/25/2012

City, State
Lincoln Park, NJ 07035

Completed by (Print or Type)
Gordana Luna

Title Treasurer

Signature

Date
1/23/2012
**State of NJ**  
**Notification of Asbestos Abatement**  
(Pursuant to NJAC 8:60-7 and 12:120-7)  
***Emergency***  
---

### Date of Notification (1)
- **01/12/12**

### Name of Building Owner/Operator (2)
- **Veronica O’Connell**

### Street Address
- **11 Fairway**
- **Bloomfield, NJ 07003**

### Name of Contact
- **Veronica O’Connell**

### Type of Facility (4)
- **School (K - 12)**
- **Other (Private/Commercial)**
- **Residential**

### Bldg. Age
- **1/24/2012**

### Type of Abatement Contractor (9)
- **B & G Restoration, Inc.**
- **105 Ryerson Road**
- **Lincoln Park, NJ 07035**

### Name of OSHA Monitor
- **B & G Restoration, Inc.**
- **105 Ryerson Road**
- **Lincoln Park, NJ 07035**

### Scope of Work (check all that apply)
- Demolition
- Renovation
- Full Containment negative pressure
- Glovebag procedure
- Mini-enclosure
- Non-friable procedure

### Location of asbestos-containing material to be abated in facility (13)
- **Basement boiler room**
- **Pipe insulation**

<table>
<thead>
<tr>
<th>Description of asbestos-containing material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amount (Specify SF or LF)</td>
</tr>
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</table>

### Registered Waste Hauler
- **B & G Restoration, Inc.**
- **NJDEP Hauler ID# 19563**
- **Tullytown Resource & Recovery Center**

### Disposal Date
- **1/25/2012**

---

**FACILITY INFORMATION**

**Name of facility where abatement is taking place (3)**
- **Veronica O’Connell**

**Street Address**
- **11 Fairway**
- **Bloomfield, NJ 07003**

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

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

**Square Feet**
- **1/24/2012**
- **1/24/2012**

**Telephone Number**
- **973-696-6869**

**License Number**
- **0378**

**Project Manager for Monitoring Firm**
- n/a

**Phone Number**
- n/a

**Scheduled Start Date (10)**
- **1/24/2012**

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

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

---

**Completed by (Print or Type)**
- **Gordana Luna**

**Title**
- **Treasurer**

**Signature**
- **Gordana Luna**

**Date**
- **1/23/2012**
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Anne Long
Name of Building Owner/Operator (2)

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

Sparta, NJ 07871

Sussex
County (6)

Name of Monitoring Firm Hired by Building Owner (5)
ASCM No.
Name of Abatement Contractor (9)
Gr Tech LLC

Start Date (10) 01/14/2012
Scheduled Completion Date (11) 01/15/2012

Occupy Status During Abatement (Check only one)
Facility Closed/Vacated During Entire Period of Abatement

Scope of Work (Check all that apply)

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, VAT, or other miscellaneous)

Amount (Specify SF or LF)

Abatement Type

Death

Dispose Date

Name of Registered Waste Handler
Gr Tech LLC
NJDEP Waste Hauler ID No. 0033785

Disposal Date
T.R.R.F. Inc.

City, State
Wayne, NJ 07470

Completed by
N. Jevtic
Title Owner

Signature

Date 01/16/2012

* 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)
1-18-2012

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

Type Notification
- Initial
- Amended

Name of Building Owner/Operator (2)
Reduce Construction Corp.

Street Address
PO Box 1256

City, State, Zip Code
Englewood Cliffs, NJ 07632

Name of Contact
Ronald

Telephone Number

FACILITY INFORMATION

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

Street Address
120 Walton Street

City (5)
Ridgewood

County (6)
Bergen

County Code (7)

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

ASCN No.
N/A

Name of Abatement Contractor (9)
Jadar Contracting, LLC

Street Address
22 Troy Lane

City, State, Zip Code
Lincoln Park, NJ 07035

Project Manager for Monitoring Firm

Telefon No.

Start Date (10)
1-27-2012

Scheduled Completion Date (11)
1-29-2012

Occuancy Status During Abatement (Check Only One)
- Facility Closed/Abated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours

Other – Describe: 9am - 5pm

Scope of Work (Check All That Apply)
- ≥33 sf or ≥3 if
- ≥160 sf or ≥260 sf
- Renovation
- Demolition

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

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

Name of Registered Waste Hauler
Jadar Contracting, LLC

NJDEP Waste Hauler ID No.
0033137

Cubic Yards of Waste
TBD

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

City, State
Lincoln Park, NJ 07035

Disposal Date
TBD

City, State
Morrisville, PA 19067

Completed by
Lillie Lazarevich

Title
Secretary

Signature

Date
1-18-2012

Abatement Type

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

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

Amount (Specify SF or LF)
300 SF

* 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)**
1/23/12

**Name of Building Owner/Operator (2)**
Woodbridge Housing Authority

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

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

**Street Address**
20 Bunns Lane

**City, State, Zip Code**
Woodbridge, NJ 07095

**Name of Facility Where Abatement is Taking Place (3)**
Stern Towers / Woodbridge Housing Authority

**City (5)**
Woodbridge, NJ 07095

**County (6)**
Middlesex

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

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

**ASCM No.**
0003

**Type of Facility (4)**
- [ ] School (K-12)
- [x] 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 if being demolished)**

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

**Street Address**
PO Box 329

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

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

**License No.**
00727

**Name of OSHA Monitor**
Pernaco Inc.

**Street Address**
PO Box 329

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

**Scope of Work (Check All That Apply)**
- [x] Renovation
- [x] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Location of ACM</th>
<th>Is Location Normally Used Solely By Maintenance/Custodial Staff?</th>
<th>Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
<th>Endorse</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apartment 4E</td>
<td>[x]</td>
<td>Textured Ceiling Paint</td>
<td>300 SF</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>Apartment 4E</td>
<td>[x]</td>
<td>9&quot; Brown Floor Tile</td>
<td>5 SF</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>Apartment 4E</td>
<td>[x]</td>
<td>Floor Mastic</td>
<td>273 SF</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**
Pernaco Inc

**N/DEP Waste Hauler ID No.**
21787

**Cubic Yards of Waste**
3

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

**Disposal Date**
2/14/12

**City, State**
Morrisville PA 19067

**Completed by**
Anthony T. Perna

**Title**
President

**Signature**

**Date**
1/23/12

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

MO#19129319548

Date of Notification (1) 01/23/2012

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

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

Name of Building Owner/Operator (2) Randal Guevara

Street Address
1 Westminster Avenue

City, State, Zip Code
Bergenfield, NJ 07621

Name of Contact
Randal Guevara

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Bergenfield, NJ 07621

County (6)
Bergen

ASOM No.

Name of Abatement Contractor (9) Gr Tech LLC

Street Address
576 Valley Rd #283

City, State, Zip Code
Wayne, NJ 07470

Telephone No.
973-638-1777

License No.
01127

Name of OSHA Monitor
Envirovision Consultants, Inc

Project Manager for Monitoring Firm

Start Date (10)
02/01/2012

Scheduled Completion Date (11)
02/02/2012

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

Street Address
20-21 Wagarow Road, Bldg. #34A

City, State, Zip Code
Fair Lawn, NJ 07410

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

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

IN Facility (13)

First floor
x VAT Floor Tiles & Mastic 420 SF x

Second floor -kitchen
x Linoleum Flooring 110 SF x

Name of Registered Waste Hauler
Gr Tech LLC

NJDEP Waste Hauler ID No
0033785

Cubic Yards of Waste

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

City, State
Wayne, NJ 07470

Disposal Date

City, State
Tullytown, PA

Completed by
N. Jevtic

Title
Owner

Signature

Date 01/23/2012

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