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

Date of Notification (1) 01/11/12 11/14

Name of Building Owner/Operator (2)
STEVE MATTHEWS

Street Address
18 HOBART AVENUE

City, State, Zip Code
GARFIELD, NJ 07026

Name of Contact
STEVE MATTHEWS

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
STEVE MATTHEWS

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) 02/10/14

Sched. Completion Date (11) 02/10/14

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)
☒ >3sf or >3if
☒ Renovation
☒ ≥160 sf or ≥260 if
☐ Demolition

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

<table>
<thead>
<tr>
<th>Basement</th>
<th>Description of asbestos-containing material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☒</td>
<td>PIPE INSULATION</td>
<td>130 LF</td>
</tr>
<tr>
<td>☒</td>
<td>PIPE INSULATION</td>
<td>37 LF</td>
</tr>
</tbody>
</table>

Registered Waste Hauler:
D & S RESTORATION, INC.

Disposal Date
02/11/14

Signature
 PRESIDENT

(Additional remarks or information)
**State of New Jersey**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to N.J.A.C. 8:59 and 12:129)

**Date of Notification (1):** 1/27/14
**Name of Building Owner/Operator (2):** Scott Lewis

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

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

**Street Address:** 151 Kensington Ave, Norwood, NJ 07648
**City, State, Zip Code:**
- Norwood, NJ 07648

**Name of Contact:** Scott Lewis
**Telephone Number:**

**Name of Facility Where Abatement is Taking Place (9):** RESIDENCE
**Street Address:** 151 Kensington Ave, Norwood, NJ 07648
**City:** Norwood, NJ 07648

**Type of Facility (6):**
- [ ] School (K-12)
- [ ] Subsequent 9 (Other than K-12)
- [ ] Other (i.e. private & commercial buildings, homes, etc.)

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

**Name of Abatement Contractor (9):**
A. MAC Contracting Inc
**Name of Abatement Contractor's (9) Office Address:**
105 Lowell Road, Glens Falls, NY 12802
**License No.:** 00165

**Name of OSHA Monitor:**
Omega Environmental Services Inc
**Street Address:** 280 High Street, Hackensack, NJ 07606

**Scope of Work (Check All That Apply):**
- [ ] Restoration
- [ ] Demolition

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

<table>
<thead>
<tr>
<th>Location</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>Busonout</td>
<td>X</td>
<td></td>
<td></td>
<td>PIPE INSULATION</td>
<td>23 LF</td>
</tr>
<tr>
<td>Busonout</td>
<td>X</td>
<td></td>
<td></td>
<td>PIPE INSULATION</td>
<td>60 LF</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Handler:**
A. MAC Contracting Inc 20786
**Cubic Yards of Waste:**

- Disposal Date: 1/27/14
- Name of Registered Landfill:
  - ESH PA Bethlehem Landfill Corp.
  - Name: Norwood, NJ 07648

**Compliant by:**
- Joseph Vocaro
- Date: 1/27/14

**Signature:**
- J. Vociaro
- Date: 1/27/14

*Do not use this form for asbestos licensure exempted activity*
### State of New Jersey

**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 8:60 and 5:16)

**Date of Notification (1)**

01 / 24 / 14

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

Union City Board of Education / Job #1401-4723 / Check #5924

**Street Address**

3912 Bergen Turnpike

**City, State, Zip Code**

Union City, NJ 07087

**Name of Contact**

Justin Mercado

**Telephone Number**

---

**FACILITY INFORMATION**

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

Hudson Elementary School

**Street Address**

167 19th Street

**City (5)**

Union City

**County (6)**

Hudson

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

00

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

School

**Type of Facility (4)**

- [X] School (K-12)
- [ ] Subchapter C (Other than K-12)
- [ ] Other (i.e., private and commercial buildings, homes, etc.)

**Square Feet**

- 1024

**# of Floors**

- 1

**Bldg. Age**

- 1920

---

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

Pennoni Associates, Inc.

**ASCM No.**

- 800013

**Name of Abatement Contractor (9)**

AbateTech, Inc.

**Street Address**

30 Maple Ave. PO Box 25

**City, State, Zip Code**

Lumberton, NJ 08048

**Telephone No.**

- 856-647-0605

**License No.**

- 00529

**Name of OSHA Monitor**

EMSL Analytical

**Street Address**

200 Route 130 North

**City, State, Zip Code**

Ginaminson, NJ 08077

---

**Start Date (10)**

01 / 28 / 14

**Scheduled Completion Date (11)**

02 / 03 / 14

---

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

- [ ] Facility Closed / Vacated During Entire Period of Abatement

**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</th>
<th>Description of ACM</th>
<th>Amount</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st Floor Classroom</td>
<td>Double Layer Floor Tile</td>
<td>800 SF</td>
<td>☒ ☐ ☐ ☐</td>
</tr>
<tr>
<td>2nd Floor Classroom</td>
<td>Double Layer Floor Tile</td>
<td>50 SF</td>
<td>☐ ☐ ☒ ☐</td>
</tr>
</tbody>
</table>

---

**Name of Registered Waste Hauler**

AbateTech, Inc.

**NJDEP Waste Hauler ID No.**

18750

**Cubic Yards of Waste**

20

**Name of Registered Landfill**

G.R.O.W.S. Landfill

**City, State**

Lumberton, NJ

**Disposal Date**

2/3/14

**City, State**

Tullytown, PA

**Completed By (Print or Type)**

Jennifer Piraino

**Title**

Operations Coordinator

**Signature**

Jennifer Piraino

**Date**

3/24/14

---

* Do not use this form for asbestos licensure exempted activities.
STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT
-PURSUANT TO NJAC 8:60-7 AND 12:120-7-

Date of Notification (1) 01/29/14
Name of Building Owner / Operator (2)
First Energy
Street Address
76 South Street
City, State, Zip Code
City, State, Zip Code
Akron, Ohio 44308
Name of Contact
Jim Halsey

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Street Address
81 RED VALLEY ROAD

Square Feet

# Of Floors

Building Age

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

Current Use (Prior if being demolished)
Telephone Pole

Telephone Number

Name of Monitoring Firm Hired by Bldg. Owner (8)
ASCN NO.

LVI Demolition Services Inc.

Environmental Health Investigations

Street Address
665 West Shore Trail
City, State, Zip Code
Sparta, NJ 07871

Project Mgr. For Monitoring Firm
Dino Nappi
Telephone Number
212-882-9271

East Hanover, NJ 07936

Scheduled Start Date (10)
02/11/14

Sched. Completion Date (11)
02/12/14

Telephone Number
673-884-8682

License Number
009850

Occupancy Status During Abatement (Check Only 1)

Facility Closed/Vacated During Entire Period of Abatement

Abatement Performed Outside of Normal Facility Hours - Describe: __ Monday 8:00 am to 4:00 pm

Other - Describe: ________________________

Name of OSHA Monitor
LVI Demolition Services Inc.

Street Address
32 Williams Parkway
City, State, Zip Code
Sparta, NJ 07871

Scope of Work (Check All That Apply)

Demolition

Renovation

Full Containment with Negative Pressure

Mini - Enclosure

Glovebag Procedure

Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos Containing Material (13)

TO BE ABATED in Facility

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

REM

REPAIR

ENCAPSULATION

ENCLOSURE

YES NO N/A

Exterior Telephone Pole

Transite Pipe

20 LF

Name of Registered Waste Hauler Hauler ID No. Cubic Yards
NEWARK CARTING 4538

Name of Registered Landfill I.E.S.I.

City, State
NEWARK, NJ

Disposal Date
BETHELHEM, PA 18105

Completed by (Print or Type)
STEVEN STILES
PROJECT MANAGER

Signature
Date 01/29/14
STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT
(PURSUANT TO NJAC 8:60-7 AND 12:120-7)

Date of Notification: 01/29/14

Name of Building Owner / Operator: Mercedes Benz
Address: 1 Mercedes Drive
City, State, Zip Code: Montvale NJ 07645

Name of Contact: Thomas Daminic
Telephone Number: 

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place: Mercedes Benz
Street Address: 1 Glenview Ave
City (5): Montvale
County (6): Bergen
County Code (7): 
Square Feet: 4,000
# Of Floors: 1
Building Age: 40+

Type of Facility: School (K-12)

Current Use: Commercial

Name of Monitoring Firm Hired by Bldg. Owner: bureau veritas
ASCM NO: 

Name of Abatement Contractor: LVI Demolition Services Inc.
Street Address: 32 Williams Parkway
City, State, Zip Code: East Hanover, NJ 07936

Project Mgr. For Monitoring Firm: Pat Hand
Telephone Number: 732-229-6409

License Number: 973-772-3660

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

Other - Describe: 

Scope of Work: Demolition, Renovation

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

<table>
<thead>
<tr>
<th>Vehicle delivery room</th>
<th>Test cell room</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>glue dots</td>
<td>glue dots</td>
</tr>
</tbody>
</table>

Name of Registered Waste hauler: NJDEP Waste Hauler ID No.
Newark Carting: n568

Name of Registered Landfill: IESI
City, State: Bethlehem, PA

Completed by (Print or Type):
Paul Mast
Title: Vice President

Signature: 
Date: 01/29/14

ASB-41
**STATE OF NEW JERSEY**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(PURSUANT TO NJAC 8:60-7 AND 12:120-7)  
**ANNUAL NOTIFICATION**

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner / Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>06 26 13</td>
<td>ALCATEL/LUCENT TECHNOLOGIES INC.</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type of Notification</th>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
<td>ALCATEL/LUCENT</td>
</tr>
<tr>
<td></td>
<td>Amended</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Amendment # 3</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Emergency w/ justification Cancellation</td>
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</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>600 MOUNTAIN AVENUE</th>
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</thead>
</table>

<table>
<thead>
<tr>
<th>City (5)</th>
<th>County (6)</th>
<th>County Code (7)</th>
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</thead>
<tbody>
<tr>
<td>MURRAY HILL</td>
<td>SOMERSET</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Square Feet</th>
<th># Of Floors</th>
<th>Building Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>500,000</td>
<td>5</td>
<td>20-50</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Bldg. Owner (8)</th>
<th>ASCM NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>WCD</td>
<td>111</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Abatement Contractor (9)</th>
<th>Telephone Number</th>
<th>License Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>LVI Demolition Services Inc.</td>
<td>212-631-0000</td>
<td>00860</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check Only 1)</th>
<th>Telephone Number</th>
<th>License Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abatement Performed Outside of Normal/ Commercial</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hours - Describe: M-F 7AM - 11:30PM</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SAT - 7AM - 3:30PM</td>
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<td></td>
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</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check All That Apply)</th>
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</thead>
<tbody>
<tr>
<td>Demolition</td>
</tr>
<tr>
<td>≥3sf or ≥3lf</td>
</tr>
<tr>
<td>≥160 sf or ≥260sf</td>
</tr>
<tr>
<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 SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>BLDG 1 PIPE FITTINGS</td>
<td>YES NO N/A</td>
<td></td>
<td>325 LF</td>
<td>☐ ☐ ☐ ☐ ☐</td>
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<tr>
<td>BLDG 1 PIPE</td>
<td>YES NO N/A</td>
<td></td>
<td>10620 LF</td>
<td>☐ ☐ ☐ ☐ ☐</td>
</tr>
<tr>
<td>BLDG 1 HEAT SHIELD</td>
<td>YES NO N/A</td>
<td></td>
<td>2848 SF</td>
<td>☐ ☐ ☐ ☐ ☐</td>
</tr>
<tr>
<td>BLDG 1 WINDOW GLAZING</td>
<td>YES NO N/A</td>
<td></td>
<td>31710 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>
</tr>
</thead>
<tbody>
<tr>
<td>Newark Carling</td>
<td>4509</td>
<td>I.E.S.I.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>Disposal Date</th>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>NEWARK, NJ</td>
<td>07641</td>
<td>BETHLEHEM, PA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed by (Print or Type)</th>
<th>Title</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>STEVE STILES</td>
<td>PROJECT MANAGER</td>
<td></td>
<td>01/29/14</td>
</tr>
</tbody>
</table>
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Check # 9426

Date of Notification (1)
January 27, 2014

Name of Building Owner / Operator (2)
Our Lady Star of the Sea Church

Street Address
2651 Atlantic Avenue

City, State & Zip Code
Atlantic City, NJ 08401

Name of Contact
Conn Mechanical

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Our Lady Star of the Sea School - Gymnasium

Street Address
15 North California Avenue

City (5)
Atlantic City

County (6)
Atlantic

Type of Facility (4)
☑ School (K-12)

Name of Abatement Contractor (9)
Synatech, Inc.

Street Address
829 Radio Road

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

License Number
00817

Name of OSHA Monitor
Synatech, Inc.

Telephone Number
609-298-6916

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

Responsibility for Debris Management
Responsibility Assigned to Contractor

Scope of Work (Check all that apply)
☒ ≥3 sf or ≥ 50 lf
☒ ≥ 160 sf or ≥ 260 lf
☐ Renovation
☐ Demolition

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

IN FACILITY

TO BE ABATED

IN FACILITY

Yes
No
N/A

Gymnasium

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

Amount (Specify SF or LF)

Abatement Type

5 LF

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

Name of Registered Waste Hauler
Synatech, Inc.

Cubic Yards of Waste
< 1

Name of Registered Landfill
Grows Landfill

City, State
Little Egg Harbor, NJ 08087

Disposal Date
January 30, 2014

Completed By
Diane Aloia

Title
Executive Assistant

Signature

Date
January 27, 2014

*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 # 9426**

<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>January 27, 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner / Operator</td>
<td>Our Lady Star of the Sea Church</td>
</tr>
<tr>
<td>Agencie(s) Notified</td>
<td>EPA, DEP, DOL, DOH, DCA</td>
</tr>
<tr>
<td>Type Notification</td>
<td>EMERGENCY</td>
</tr>
<tr>
<td>Street Address</td>
<td>2661 Atlantic Avenue</td>
</tr>
<tr>
<td>City, State &amp; Zip Code</td>
<td>Atlantic City, NJ 08401</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Comm Mechanical</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

- **Name of Facility Where Abatement is Taking Place (3):** Our Lady Star of the Sea School - Gymnasium
- **Street Address:** 15 North California Avenue
- **City:** Atlantic City
- **County:** Atlantic
- **Name of Monitoring Firm Hired by Building Owner (6):** Tgds Environmental, Inc.
- **Name of Abatement Contractor (9):** Synatex, Inc.
- **Current Use (Prior to being demolished):** School

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

- **Square Foot:** 60,000
- **# of Floors:** 2
- **Bldg. Age:** 100 years
- **Occupancy Status During Abatement (Check only one):** Facility Closed/Vacated During Entire Period of Abatement
- **Other - Describe:**

**Scope of Work (Check all that apply):**
- ≥ 3 ft or ≥ 60 ft
- ≥ 160 ft or ≥ 280 ft
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glow-winch Procedure
- Non-Exempted* and Non-Friable Procedure

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

- **Gymnasium**
- **Pipe Insulation**: 5 LF

**Cubic Yards of Waste:** < 1

**Disposal Date:** January 30, 2014

**Disposal Site:** Morristown, PA

**Name of Registered Waste Hauler:**
- NJDEP Waste Hauler ID No.: 27429

**City, State:** Little Egg Harbor, NJ 08057

**Completed By:**
- **Name:** Diane Aloi
- **Title:** Executive Assistant

**Signature:**

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

Date of Notification (1): January 27, 2014
Name of Building Owner/Operator (2): Gregory Storms

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

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

Name of Facility Where Abatement is Taking Place (3):
Former Body Shop
Street Address:
44 Veterans Memorial Highway
City: Somerville
County: Somerset
County Code: Somerset (STATE USE ONLY)
Name of Monitoring Firm Hired by Building Owner (8):
ASCM No.: 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
Project Manager for Monitoring Firm:
Name of OSHA Monitor:
E.M.S.L. Analytical

TelephoneNumber:
732-349-9932
License Number: 00624

Scheduled Start Date (10):
1/21/14
Scheduled Completion Date (11):
2/11/14

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):
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Frangible Procedure

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

<table>
<thead>
<tr>
<th>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
</tr>
</thead>
</table>

Amount (Specify SF or LF): 3700 sf

Abatement Type:
- [ ] Removal
- [ ] Repair
- [ ] Encapsulation
- [ ] Enclosure

Exterior: X
Asbestos roofing

Name of Registered Waste Hauler:
Guardian Contracting, Inc.
NIDEP Waste Hauler ID No.: 20223
Cubic Yards of Waste: 45
Name of Registered Landfill:
T.R.R.F.

City, State:
Toms River, New Jersey
Disposal Date: 2/12/14
City, State:
Tullytown, Pennsylvania
Completed by (Print or Type):
Nicholas Fernicola
Title: Project Manager
Signature: [Signature]
Date: 1/27/2014

*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):
01 / 27 / 14

Name of Building Owner/Operator (2):
Joseph Garrett

Agency(ies) Notified:

- [X] DOLWD
- [X] DirSS (NJAC 5:28-8)

Type Notification:

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

Street Address:
30 Rodney Street

City, State, Zip Code:
Glen Rock, NJ 07452

Name of Contact:
Joseph Garrett

Telephone Number:

FACILITY INFORMATION

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

Street Address:
30 Rodney Street

City (4):
Glen Rock, NJ 07452

County (5):
Bergen

County Code (7) (STATE USE ONLY):

ASCM No.:

Name of Abatement Contractor (8):
Gr Tech LLC

Street Address:
576 Valley Rd #283

City, State, Zip Code:
Wayne, NJ 07470

Project Manager for Monitoring Firm:
Envirowision Consultants, Inc

Telephone No.:
973-638-1777

License No.:
01127

Start Date (10):
02 / 05 / 14

Scheduled Completion Date (11):
02 / 06 / 14

Name of HIRer by Building Owner (9):

ASCM No.:

Name of Abatement Contractor (8):
Gr Tech LLC

Street Address:
576 Valley Rd #283

City, State, Zip Code:
Wayne, NJ 07470

Project Manager for Monitoring Firm:
Envirowision Consultants, Inc

Telephone No.:
973-638-1777

License No.:
01127

Facility Closed/Vacated During Entire Period of Abatement:

- [X] Yes
- [ ] No
- [ ] N/A

Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement:

- [ ] AM
- [ ] PM
- [ ] AM
- [ ] PM

Occupancy Status During Abatement (Check only one):

- [X] School (K-12)
- [ ] Subchapter 6 (Other than K-12)
- [X] Other (i.e., private and commercial buildings, homes, etc.)

Scope of Work (Check all that apply):

- [X] 300 sf or >300 sf
- [ ] 100 sf or >200 sf
- [ ] 60 sf or >200 sf

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 S/F or LF):
115 LF

Abatement Type:

- [X] Clean up and decontamination with negative pressure
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Tent with Negative Pressure Non-Exempted (*) and Non-Friable Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

Abatement Type:

- [X] Clean up and decontamination with negative pressure
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Tent with Negative Pressure Non-Exempted (*) and Non-Friable Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

Name of Registered Waste Hauler:
Gr Tech LLC

HUDP Waste Hauler ID No.:
0033785

Cubic Yards of Waste:
TBD

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

City, State:
Wayne, NJ 07470

Completed By (Print or Type):
N. Jevtic

Title:
Owner

Signature:

Date:
01/27/2014

* 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):** 11/15/14  
**Name of Building Owner/Operator (2):** Archdiocese of Newark

**Agencies Notified:**  
- EPA  
- OSHA  
- DOL  
- DOH  
- DCA

**Type Notification:**  
- Initial

**Name of Facility Where Abatement is Taking Place (3):** St. Gabriel Parish House  
**Type of Facility (4):** School (K-12)

**Street Address:** 88 S. Saddle River Rd  
**City, State, Zip Code:** Saddle River, NJ 07458

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

**Name of Monitoring Firm Hired by Building Owner (8):** FSM/L  
**Manager:**

**ASCM No.:**

**Name of Abatement Contractor (9):** F. Gaiser  
**Street Address:** 513 E. 32nd St  
**City, State, Zip Code:** NY, NY 10037

**Telephone No.:** 212-421-6587  
**License No.:** 933-3-452222

**Start Date (10):** 1/15/14  
**Completion Date (11):** 2/15/14  
**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: Demolition

**Scope of Work (Check all that apply):**  
- 23 sf or 23 ft  
- 2180 sf or 2600 sf

**Location of Asbestos-Containing Material (ACM) TO BE ABATED:**  
- 1st Floor  
- 2nd Floor  
- Kitchen  
- X: Plaster  
- X: Non-Vin Lining

**Cubic Yards of Waste:** 825 ft³  
**Name of Registered Landfill:** Imperial Land Fill, PA

**Disposal Date:**

**Name of Registered Waste Hauler:** Eastern Waste  
**UDEL Waste Hauler D No.:** 4F02

**Committed By:** Frank Gaiser  
**Title:** President

---

*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)  
1/26/2014  

Name of Building Owner/Operator (2)  
Tom Brandolo  

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

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

Street Address  
636 Washington Ave  

City, State, Zip Code  
Dumont, NJ 07628  

Name of Contact  
Tom Brandolo  

Telephone Number  

FACILITY INFORMATION  

Name of Facility Where Abatement is Taking Place (3)  
TOM BRANDOLO  

Street Address  
636 Washington Ave  

City (5)  
Dumont  

County Code (7)  
Bergen  

Square Feet  
# of Floors  
Bldg. Age  

Name of Monitoring Firm Hired by Building Owner (8)  
ASCM No.  
Name of Abatement Contractor (9)  
Pro Abatement  

Street Address  
1009 87th st Suite A4  

City, State, Zip Code  
North Bergen, NJ 07047  

Project Manager for Monitoring Firm  
Telephone No.  
201-293-6305  
01223  

Name of OSHA Monitor  
HILMANN CONSULTING LLC  

Start Date (10)  
2/5/2014  

Scheduled Completion Date (11)  
2/8/2014  

Name of Registered Waste Hauler  
SAN TON SERVICES  

Cubic Yards of Waste  
22430  

Name of Registered Landfill  
MEDOWLANCHES COMMSSION  

City, State  
KENILWORTH, NJ  

Disposal Date  
City, State  
KEARNY, NJ  

Completed by  
Bryan Parra  

Title  
Project Manager  

Signature  
Date  
1/22/2014  

ASB-41 (R-06-08)  

* 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)**  
01 / 27 / 14

**Name of Building Owner/Operator (2)**  
New Jersey Turnpike Authority

**Agencies Notified**  
- EPA  
- DEP  
- DCA (NJAC 5:16)  
- DHSS  
- DCA (NJAC 5:23-8)

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

**Street Address**  
P O Box 5042

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

**Name of Contact**  
Mr. Peter Julo, PE

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**  
Toll Utility Building

**Street Address**  
NJ Turnpike Interchange 8A

**City (5)**  
Monroe Township

**County (6)**  
Middlesex

**County Code (7) **  
[STATE USE ONLY]

**Square Feet**  
5,000

**# of Floors**  
2

**Bldg. Age**  
53

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

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

**Name of Monitoring Firm (8)**  
Saban Engineering Group

**ASCM No.**  

**Name of Abatement Contractor (9)**  
Diamond Huntbach Construction Corporation

**Street Address**  
500 East Luzerne Street

**City, State, Zip Code**  
Philadelphia, PA 19124

**Project Manager for Monitoring Firm**  
Stephen Pharai

**Telephone No.**  
212-913-9640

**Start Date (10)**  
02 / 03 / 14

**Scheduled Completion Date (11)**  
02 / 10 / 14

**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: 7AM-5PM/ PM-7AM

**Scope of Work (Check all that apply)**  
- Renovation
- Demolition

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exterior doors, windows, louvers</td>
<td>☒</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Exterior Windows</td>
<td>☒</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Boiler Room</td>
<td>☒</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

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

- Caulking: 704 LF
- Glazing Compound: 128 LF
- Mudded fitting insulation: 4 each

**Name of Registered Waste Hauler**  
Diamond Huntbach Construction

**NJDEP Waste Hauler ID No.**  
19689

**Cubic Yards of Waste**  
1 CY

**Name of Registered Landfill**  
Minerva

**City, State**  
Philadelphia, PA 19124

**Disposal Date**  
03/03/14

**City, State**  
Waynesburg, OH 44688

**Completed By (Print or Type)**  
Charles F. Imbimbo

**Title**  
Project Manager

**Signature**  
[Signature]

**Date**  
01/27/14

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

**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60 and 5:16)

**Date of Notification (1)**
01 / 27 / 14

**Name of Building Owner/Operator (2)**
New Jersey Turnpike Authority

**Street Address**
P O Box 5042

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

**Name of Contact**
Mr. Peter Julio, PE

---

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**
Toll Utility Building

**Street Address**
NJ Turnpike Interchange 9

**City (5)**
East Brunswick Twp

**County (6)**
Middlesex

**Name of Monitoring Firm Hired by Building Owner (8)**
Saban Engineering Group

**Name of Abatement Contractor (9)**
Diamond Huntbach Construction Corporation

**Street Address**
500 East Luzerne Street

**City, State, Zip Code**
Philadelphia, PA 19124

**Project Manager for Monitoring Firm**
Stephen Pharral

**Telephone No.**
212-913-9640

**Telephone No.**
215-739-5166

**License No.**
00646

**Name of OSHA Monitor**
SAME AS ABOVE

---

**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/__/__/AM

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

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

Yes ☒

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

---

**Floor Tiles**

10 SF

---

**Cubic Yards of Waste**

1 CY

**Name of Registered Landfill**
Minerva

**Disposal Date**
03/03/14

**City, State**
Waynesburg, OH 44688

---

**Title**
Project Manager

**Signature**

---

---

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

Date of Notification (1) 01 / 27 / 14

Name of Building Owner/Operator (2)
New Jersey Turnpike Authority

Name of Contact
Mr. Peter Julio, PE

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
NJ Turnpike Interchange 10

Street Address
P O Box 5042
Woodbridge, NJ 07095

Telephone Number

Utility Building

Toll Utility Building

Square Feet
4,684

# of Floors
2

Bldg. Age
52

County Code (?/STATE USE ONLY)

Current Use (Prior if being demolished)

Name of Abatement Contractor (9)
Diamond Huntbach Construction Corporation

Street Address
500 East Luzerne Street
Philadelphia, PA 19124

License No.
00646

Name of OSHA Monitor
SAME AS ABOVE

Street Address

City, State, Zip Code

City, State, Zip Code

Scope of Work (Check all that apply)

- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure
- Time of Abatement: 7AM-5PM
- AM

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

Name of Registered Waste Hauler
Diamond Huntbach Construction

Name of Registered Landfill
Minerva

Cubic Yards of Waste
1 CY

Disposal Date
03/01/14

Completed By (Print or Type)
Charles F. Imbimbo

Title
Project Manager

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

Date of Notification (1) 01 / 27 / 14

Agencies Notified
☑ EPA
☑ DEP
☑ DCA (NJAC 5:16)
☑ DHSS
☐ DCA (NJAC 5:23-8)

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

Name of Building Owner/Operator (2)
New Jersey Turnpike Authority

Street Address
P O Box 5042

City, State, Zip Code
Woodbridge, NJ 07095

Name of Contact
Mr. Peter Julo, PE

FACILITY INFORMATION

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

Street Address
NJ Turnpike Interchange 11

City (5)
Woodbridge

County (6)
Middlesex

County Code (?) (STATE USE ONLY)

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

Square Feet 6,120
# of Floors 2
Bldg. Age 49

Current Use (Prior if being demolished)
Utility Building

Name of Monitoring Firm Hired by Building Owner (8)
Saban Engineering Group

ASCM No.

Name of Abatement Contractor (9)
Diamond Huntbach Construction Corporation

Street Address
500 East Luzerne Street

City, State, Zip Code
Philadelphia, PA 19124

Project Manager for Monitoring Firm
Stephen Pharai

Telephone No. 212-913-9640

Start Date (10) 02 / 05 / 14
Scheduled Completion Date (11) 02 / 12 / 14

Name of OSHA Monitor
SAME AS ABOVE

Occupy 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: 7AM-5PM/8PM-AM

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)
Caulking, multiple layers

Amount (Specify SF or LF) 125 LF

Name of Registered Waste Hauler
Diamond Huntbach Construction

NJDEP Waste Hauler ID No. 19688

Cubic Yards of Waste 1 CY

Name of Registered Landfill
Minerva

City, State
Philadelphia, PA 19124

Disposal Date 03/03/14

Completed By (Print or Type)
Charles F. Imbimbo
Title Project Manager

Signature

Date 01/27/14

* Do not use this form for asbestos licensure exempted activities.
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:18)

State of New Jersey

Date of Notification (1)
01 / 27 / 14

Name of Building Owner/Operator (2)
New Jersey Turnpike Authority

Agencies Notified
☐ EPA
☐ DEP
☐ DCA (NJAC 5:16)
☐ DHSS
☐ DCA (NJAC 5:23-8)

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

Street Address
P O Box 5042
City, State, Zip Code
Woodbridge, NJ 07095
Name of Contact
Mr. Peter Julio, PE

FACILITY INFORMATION

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

Toll Utility Building

Street Address
NJ Turnpike Interchange 13

City (5)
Elizabeth

County (6)

County Code (7)(STATE USE ONLY)

Current Use (Prior if being demolished)
Utility Building

Name of Monitoring Firm Hired by Building Owner (8)
Seban Engineering Group

ASCM No.

Name of Abatement Contractor (9)
Diamond Huntbach Construction Corporation

Street Address
1001 Avenue of the Americans, 12th Floor
City, State, Zip Code
New York, New York 10018

Project Manager for Monitoring Firm
Stephen Pharai

Telephone No.
212-913-9840

License No.
00646

Start Date (10)
02 / 06 / 14

Scheduled Completion Date (11)
02 / 14 / 14

Name of OSHA Monitor
SAME AS ABOVE

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: 7AM-5PM, 8PM-1AM

Scope of Work (Check all that apply)
☐ 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

☐ Yes
☐ No
☐ N/A

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

Location
Removal
Repair
Encapsulation

Enclosure

Doors and window frames
☐ Caulking, multiple layers
1,620 LF

Roof Parapet
☐ Flashing material
1 LF

Name of Registered Waste Hauler
Diamond Huntbach Construction

Name of Registered Landfill
Minerva

City, State
Philadelphia, PA 19124

Cubic Yards of Waste
1 CY

Disposal Date
03/03/14

City, State
Waynesburg, OH 44688

Completed By (Print or Type)
Charles F. Imbimbo
Title
Project Manager
Signature

Date
01/27/14

* 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) 01 / 27 / 14
Name of Building Owner/Operator (2) New Jersey Turnpike Authority

Agencies Notified
- EPA
- DEP
- DCA (NJAC 5:16)
- DHSS
- DCA (NJAC 5:23-8)

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

FACILITY INFORMATION

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

Street Address
NJ Turnpike Interchange 14

City (5) Newark
County (6) Essex

Square Feet 10,992
# of Floors 2
Bldg. Age 34

Current Use (Prior if being demolished) Utility Building

Name of Monitoring Firm Hired by Building Owner (8) Seban Engineering Group

ASCM No.

Name of Abatement Contractor (9) Diamond Huntbach Construction Corporation

Street Address
1001 Avenue of the Americans, 12th Floor

City, State, Zip Code New York, New York 10018

Project Manager for Monitoring Firm Stephen Pharai

Telephone No. 212-913-9640

Start Date (10) 02 / 06 / 14
Scheduled Completion Date (11) 02 / 14 / 14

Occupy 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: 7AM-5PM, PM, AM

Play

Scope of Work (Check all that apply)
- ≥ 3 sf or ≥ 3 l.f.
- ≥ 160 sf or ≥ 260 l.f.

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) 40 LF

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

South Elevation Louvers

Caulking

Name of Registered Waste Hauler Diamond Huntbach Construction

Cubic Yards of Waste 1 CY

Name of Registered Landfill Minerva

City, State Philadelphia, PA 19124
Waynesburg, OH 44688

Disposal Date 03/03/14

Completed By (Print or Type) Charles F. Imbimbo

Title Project Manager

Date 01/27/14

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:99H and 12:129)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>1-24-2014</th>
</tr>
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<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Yannuzzi and Sons Demolition</td>
</tr>
<tr>
<td>Agencies Notified</td>
<td>EPA, DEP, DOL, DOH, DCA</td>
</tr>
<tr>
<td>Type of Notification</td>
<td>Initial</td>
</tr>
<tr>
<td>Street Address</td>
<td>152 US Highway 206</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Hillsborough, NJ 08844</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Joe Giannetti</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
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</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>House for Demo</th>
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</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>46 Harmony Station</td>
</tr>
<tr>
<td>City</td>
<td>Harmony Township</td>
</tr>
<tr>
<td>County</td>
<td>Warren</td>
</tr>
<tr>
<td>County Code (7)</td>
<td>State USE ONLY</td>
</tr>
<tr>
<td>Square Feet</td>
<td># of Floors</td>
</tr>
<tr>
<td>Abatement Contractor (8)</td>
<td>Loznica Management Corporation</td>
</tr>
<tr>
<td>Street Address</td>
<td>22 Troy Lane</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Lincoln Park, NJ 07035</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>973-706-7950</td>
</tr>
<tr>
<td>License No.</td>
<td>01193</td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>1-27-2014</td>
</tr>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>1-31-2014</td>
</tr>
<tr>
<td>Occupancy Status During Abatement (Check Only One)</td>
<td></td>
</tr>
<tr>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
<td></td>
</tr>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours</td>
<td></td>
</tr>
<tr>
<td>Other - Describe</td>
<td></td>
</tr>
</tbody>
</table>

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

- [x] 2,000 sq ft or 2,000 ft
- [ ] Renovation
- [x] Remodeling
- [X] Abatement of Asbestos-Containing Material (ACM)
  - In Facility (13)
  - 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 L.P.)
  - Abatement Type
  - Material
  - Removal
  - Encapsulation

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED</th>
<th>Kitchen</th>
</tr>
</thead>
<tbody>
<tr>
<td>VAT under Linoleum</td>
<td>300 SF</td>
</tr>
<tr>
<td>Basement</td>
<td>VAT</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>Loznica Management Corp.</th>
</tr>
</thead>
<tbody>
<tr>
<td>NDEP Waste Hauler ID No.</td>
<td>98157</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td>TBD</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>GROWS Landfill</td>
</tr>
<tr>
<td>City, State</td>
<td>Lincoln Park, NJ</td>
</tr>
<tr>
<td>Disposal Date</td>
<td>TBD</td>
</tr>
<tr>
<td>Date Completed</td>
<td>1/26/2014</td>
</tr>
</tbody>
</table>

*Do not use this form for asbestos destruction exempted activities.*
Date of Notification (1):
1-24-2014

Name of Building Owner/Operator (2):
Yannuzzi and Sons Demolition

Street Address:
152 US Highway 206
Hillingboro, NJ 08844

Name of Contractor:
Joe Giannetti

Name of Facility Where Abatement Is Taking Place (3):
House for Detmo

City (5):
Harmony Township

County (6):
 harmonic

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

Square Feet:
2

# of Floors:

Bldg. Age:
50+

Current Use (Prior to being demolished):
House

Name of Monitoring Firm Hired by Building Owner (9):
n/a

ASC No.:
n/a

Name of Abatement Contractor (9):
Loznica Management Corporation

Street Address:
22 Troy Lane

City, State, Zip Code:
Lincoln Park, NJ 07035

License No.:
01193

Coordinate Address:

Telephone No.:
973-705-7950

Name of OSHA Monitor:
Loznica Management Corp.

Start Date (10):
1-27-2014

Scheduled Completion Date (11):
1-31-2014

Scope of Work (Check All That Apply):
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glueball Procedure
- Non-Exempted (*) and Non-Non-FireProcedure

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

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

Amount (Specify SF or LF):
500 SF

Abatement Type:

Name of Registered Waste Handler:
Loznica Management Corp.

Waste Handler ID No.:
33137

Cubic Yards of Waste:
TBD

Name of Registered Landfill:
GROWS Landfill

City, State:
Lincoln Park, NJ

Disposal Date:
TBD

Complied by:
E. Cirovic

Title:
Secretary

Signature:

Date:
1-24-2014

* 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 27, 2014

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

**Type of Notification**
- [ ] Initial Notification
- [ ] Amended Notification
- [ ] Emergency (including justification)
- [ ] Cancellation

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

**Street Address**
128 Bartlett Avenue

**City, State, Zip Code**
West Creek, NJ 08092

**Name of Contact**
Joyce

**Telephone Number**

---

**FACILITY INFORMATION**

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

**Street Address**
13 Toms Court

**City**
Mystic Island

**County (6)**
Ocean

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

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

**Square feet**
1000 sf

**# of Floors**
1

**Bldg. Age**
60

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

**Name of Facility**
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

---

**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

**Scheduled Start Date (10)**
1/28/14

**Scheduled Completion Date (11)**
1/31/14

**Scope of Work (Check all that apply)**
- [ ] 3 sf or 20 ft²
- [X] ≥1600 sf or ≥200 ft²
- [ ] Renovation
- [X] Demolition
- [ ] 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 (13)**

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

**YES NO N/A**

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

**Amount (Specify SF or LF)**
950 sf

**Abatement Type**
- [ ] REMOVAL
- [ ] REPAIR
- [X] ENCAPSULATE
- [ ] ENCLOSURE

**Exterior**
X
Asbestos siding

---

**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**
2/3/14

**City, State**
Tullytown, Pennsylvania

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

**Title**
Project Manager

**Signature**

**Date**
1/27/14

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

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

**Date of Notification:** January 27, 2014

**Agency Notified:**
- [x] EFA
- [ ] DEP
- [x] DOL
- [x] DOH
- [ ] DCA

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

**Name of Building Owner/Operator:** Seminole Construction

**Street Address:** 128 Bartlett Avenue

**City, State, Zip Code:** West Creek, NJ 08092

**Name of Contact:** Joyce

**Telephone Number:**

---

**FACILITY INFORMATION**

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

**Street Address:** 45 Lake Huron

**City:** Mystic Island

**County:** Ocean

**County Code (STATE USE ONLY):** ASCM No.

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

**Square Feet:** 1000 sf

**# of Floors:** 1

**Bldg. Age:** 60

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

**Name of Abatement Contractor:** 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):**
- [ ] Renovation
- [x] Demolition
- [ ] >3 sf or >3 lf
- [x] ≥160 sf or ≥260 lf

**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

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

<table>
<thead>
<tr>
<th>Location of ACM</th>
<th>Is Location Normally Used Solely by Maintenance Custodial Staff</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems isolation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exterior</td>
<td>[x] Asbestos siding</td>
<td>1000 sf</td>
<td>[x] Demolition</td>
<td></td>
</tr>
</tbody>
</table>

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

**Disposal Date:** 2/3/14

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

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

**Cubic Yards of Waste:** 3

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

**Title:** Project Manager

**Signature:**

---

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