**NOTIFICATION OF ASBESTOS ABATEMENT**

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

**State of New Jersey**

**Notification Date:** 7-8-2016

**Name of Building Owner/Operator:** Ramapo College of New Jersey

**Address:** 505 Ramapo Valley Road

**City/State/Zip Code:** Mahwah, NJ 07430

**Name of Contact:** Gregory Romero, Jr.

**Telephone Number:** 973-626-9910

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place:** Science Building

**Street Address:** 505 Ramapo Valley Road

**City:** Mahwah

**County:** Bergen

**Square Feet:** 20,000+

**Bldg. Age:** 50+

**Current Use (Prior if being demolished):** College Apartments

**Name of Monitoring Firm Hired by Building Owner:** USA Environmental Management, Inc

**ASCN No.:** 00112

**Name of Abatement Contractor:** GL Group, Inc

**Street Address:** 140 Hamburg Turnpike

**City/State/Zip Code:** Bloomingdale, NJ 07403

**License No.:** 01084

**Name of OSHA Monitor:** GL Group, Inc

**Street Address:** 140 Hamburg Turnpike

**City/State/Zip Code:** Bloomingdale, NJ 07403

**Start Date (10):** 7-25-2016

**Scheduled Completion Date (11):** 8-30-2016

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

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

**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/Custodial Staff?</th>
<th>Description of ACM (Specify SF or LF)</th>
<th>Amount</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apartments A-H</td>
<td>X</td>
<td>Drywall and Joint Compound</td>
<td>27,668 SF</td>
<td>X</td>
</tr>
<tr>
<td>Apartments A-H</td>
<td>X</td>
<td>Stud/Joist Adhesive</td>
<td>14,618 LF</td>
<td>X</td>
</tr>
<tr>
<td>Apartments A-H</td>
<td>X</td>
<td>Resilient Floor Coverings</td>
<td>3,796 SF</td>
<td>X</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler:** GL Group, Inc

**NJDEP Waste Hauler ID No.:** 0033034

**Cubic Yards:** TBD

**Disposal Date:** TBD

**Name of Registered Landfill:** Minerva

**City/State:** Bloomingdale, NJ

**Completed by:** Elena Solakov

**Title:** President

**Signature:**

**Date:** 7-8-2016

* 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)**  
7-7-2016

**Name of Building Owner/Operator (2)**  
Roselle Public Schools

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

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

**Street Address**  
710 Locust Street

**City, State, Zip Code**  
Roselle, NJ 07020

**Name of Contact**  
Kelvin White

**Telephone Number**  
908-482-1527

**FACILITY INFORMATION**

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

**Street Address**  
310 Harrison Avenue

**City (5)**  
Roselle

**County (6)**  
Union

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

**Square Feet**  
40,000 +

**# of Floors**  
2

**Bldg. Age**  
40+

**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 Hired by Building Owner (8)**  
EnviroVision Consultants, Inc.

**ASCOM No.**  
00079

**Name of Abatement Contractor (9)**  
GL Group, Inc

**Street Address**  
20-21 Wagawar Rd, Building 35E

**City, State, Zip Code**  
Fair Lawn, NJ 07410

**Telephone No.**  
(973) 636-9145

**License No.**  
01084

**Name of OSHA Monitor**  
GL Group, Inc

**Start Date (10)**  
7-21-2016

**Scheduled Completion Date (11)**  
8-1-2016

**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 sf or ≥3 if
- ≥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**

<table>
<thead>
<tr>
<th>Location in Facility</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>Boiler Room</td>
<td>X</td>
<td>Duct Insulation</td>
<td>370 SF</td>
<td>X</td>
</tr>
<tr>
<td>Boiler Room</td>
<td>X</td>
<td>Pipe &amp; Fittings Insulation</td>
<td>245 LF</td>
<td>X</td>
</tr>
<tr>
<td>Boiler Room</td>
<td>X</td>
<td>Exterior Water Tank Insulation</td>
<td>110 SF</td>
<td>X</td>
</tr>
<tr>
<td>Boiler Room</td>
<td>X</td>
<td>Exterior Boiler Insulation/Interior Boiler Insulation/Other Material</td>
<td>680 SF</td>
<td>X</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**  
GL Group, Inc

**NJDEP Waste Hauler ID No.**  
0033034

**Cubic Yards of Waste**  
TBD

**Name of Registered Landfill**  
Minerva

**Disposal Date**  
TBD

**City, State**  
Bloomingdale, NJ

**Waynesburg, OH**

**Completed by**  
Elena Solakov

**Title**  
President

**Signature**  
Elena Solakov

**Date**  
7-7-2016

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:19)

Date of Notification (1)
Agencies Notified
☐ EPA
☐ DOLWD
☐ DHSS
☐ DCA
(NJAC 5:23-8)
Type Notification
☐ Initial
☐ Amended
☐ Amendment #1
☐ Emergency (including justification)
☐ Cancellation
Name of Building Owner/Operator (2)
St. Luke's Hospital

Name of Facility Where Abatement is Taking Place (3)
St. Luke's Hospital
Street Address
185 Roseberry St.

City (5)
Phillipsburg, NJ 08865
County (5)
Warren
County Code (7)/STATE USE ONLY

Name of Monitoring Firm Hired by Building Owner (9)
Pennonni Assoc.
ASCM No.
NA
Name of Abatement Contractor (9)
Alliance Environmental Systems

Street Address
515 Grove St.
City, State, Zip Code
Haddon Heights, NJ 08035

Project Manager for Monitoring Firm
Tom Adams
Telephone No.
856-547-0505

Start Date (10)
July 7 / 13 / 16
Scheduled Completion Date (11)
August 8 / 12 / 16

Occupancy Status During Abatement (Check only one)
☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PM/ 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 (13)

Yes No N/A

1st Floor Sub Phase 4 & 5
☐ ☐ ☒ VAT & Mastic 1705 SF

Name of Registered Waste Hauler
Richard Burns & Co.

Name of Registered Landfill
Western Berks Community Landfill

City, State
Phila., PA

Completed By (Print or Type)
Mark H. Griffin
Title
Estimator

* 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)**
6/30/2016

**Name of Building Owner/Operator (2)**
Chalen, LLC Demolition & Clean Up Services

**Street Address**
696 Bergen Ave

**City, State, Zip Code**
Newark, NJ

**Name of Contact**
horacio Chalen

**Telephone Number**

---

**FACILITY INFORMATION**

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

**Type of Facility (4)**

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

**Square Feet**
N/A

**# of Floors**
N/A

**Bldg. Age**
N/A

**County Code (7)**

- County (6)
  - HUDSON

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

---

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

**ASCM No.**

**Name of Abatement Contractor (9)**
EHW ABATEMENT LLC

**Street Address**
69 FRANKLIN STREET

**City, State, Zip Code**

- City
  - PATerson, NJ, 07524

**Project Manager for Monitoring Firm**

**Telephone No.**
973-333-5144

**License No.**
01274

**Start Date (10)**
07/11/2016

**Scheduled Completion Date (11)**
08/11/2016

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

---

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

- □ 23 sf or less
- □ 160 sf or more
- □ 2280 sf or more

- □ Renovation
- □ Demolition

---

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

**TO BE ABATED**

**In Facility** (13)

**Yes**

**No**

**N/A**

**BOILER ROOM / MAIN HOSE**

**X**

**BOILER INSULATION / DUCT**

100SF/30SF

**X**

**MAIN HOUSE**

**X**

**PIPE INSULATION**

300 SF

**X**

**EXTERIOR**

**X**

**SHINGLES**

9000SF

**X**

**ROOF**

**X**

**ROOF**

5000SF

**Name of Registered Waste Hauler**

- NJDEP Waste Hauler ID No.
  - N/A

**Cubic Yards of Waste**

**Name of Registered Landfill**

- N/A

**MINERVA ENTERPRISES**

**City, State**

- BRONX, NY

**Disposal Date**

TBD

**City, State**

- WAYNESBURG OH

**Completed by**

**VICTOR ESPRITU**

**Title**

SUPERVISOR

**Signature**

**Date**

06/30/2016

---

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

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>07 / 07 / 16</th>
</tr>
</thead>
</table>

**Agencies Notified**
- [X] EPA
- [X] DOLWD
- [X] DOH
- [ ] DCA (NJAC 5:23-8)

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

**Name of Building Owner/Operator (2)**
- Township of Edison

**Street Address**
- 100 Municipal Building, 2nd Floor
- Edison, NJ 08817

**City, State, Zip Code**
- Edison, NJ 08817

**Name of Contact**
- Alpa Nalk
- Telephone Number: 732-984-1454

**FACILITY INFORMATION**

**Name of Facility Where Abatement Is Taking Place (3)**
- Firehouse

**Street Address**
- 849 Amboy Avenue
- Edison, NJ 08837

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

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

**Name of Monitoring Firm Hired by Building Owner (8)**
- Bio Terra Solutions

**ASCM No.**

**Name of Abatement Contractor (9)**
- ALL PRO MANAGEMENT LLC

**Street Address**
- P.O. Box 1224
- Union, NJ

**City, State, Zip Code**
- Garfield, NJ 07026

**Telephone No.**
- 973-494-3762

**License No.**
- 1188

**Name of OSHA Monitor**
- ALL PRO MANAGEMENT LLC

**Street Address**
- 27 Outwater Lane
- Garfield, NJ 07026

**City, State, Zip Code**
- Garfield, NJ 07026

**Start Date (10)**
- 07 / 11 / 16

**Scheduled Completion Date (11)**
- 08 / 11 / 16

**Occupancy Status During Abatement (Check only one)**
- [X] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ___AM____PM____PM____AM

**Scope of Work (Check all that apply)**
- [ ] ≥3 sf or ≥3 if
- [X] ≥160 sf or ≥260 if
- [X] Renovation
- [ ] Demolition

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interior</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[X]</td>
</tr>
<tr>
<td>[ ]</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)
- Amount (Specify SF or LF)
- 1,363 SF

**Endsure®**
- [ ]

**Endsure®**
- [ ]

**Name of Registered Waste Hauler**
- All Pro Management, LLC
- NJDEP Waste Hauler ID No. 0034960
- Cubic Yards of Waste As Needed
- Cubic Yards of Waste As Needed
- Name of Registered Landfill
- IESI Landfill
- Disposal Date
- TBD
- City, State
- Garfield, NJ
- Bethlehem, PA

**Completed By (Print or Type)**
- Allen Monchik
  - Title: Project Manager
  - Signature: [Signature]
  - Date: 10/1/16

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

State of New Jersey

Date of Notification (1)
7 / 16

Name of Building Owner/Operator (2)
Pennsville Board of Education

Street Address
30 Church Street

City, State, Zip Code
Pennsville, NJ 08070

Name of Contact
Mike Simpkins
Telephone Number
856-540-6200

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Pennsville High School

Street Address
110 S. Broadway

City (5)
Pennsville

County (6)
Salem

Name of Monitoring Firm Hired by Building Owner (8)
Epic Environmental Services, LLC

ASCM No.

Name of Abatement Contractor (9)
Shade Environmental, LLC

Street Address
1930 Brown Road

City, State, Zip Code
Newfield, NJ 08344

Project Manager for Monitoring Firm
Jim Eberts
Telephone No.
856-205-1077

Start Date (10)
07 / 16
Scheduled Completion Date (11)
08 / 05 / 16

Occupy Status During Abatement (Check only one)
☒ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Periods Outside of Normal Facility Hours - Describe Time of Abatement: AM/PM/AM/PM

Scope of Work (Check all that apply)
☒ ≥ 20 ft or ≥ 200 ft
☒ 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
IN Facility (13)

Exterior High School
Exterior Annex Building

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)

Exterior High School
Cement Board
340 SF

Exterior Annex Building
Cement Board
200 SF

Name of Registered Waste Hauler
Freehold Cartage
NJDEP Waste Hauler ID No.
02265
Cubic Yards of Waste
60

Name of Registered Landfill
Cumberland County Landfill

City, State
Freehold, NJ
Newburg, PA

Completed By (Print or Type)
Christina Lynch
Title
Operations Manager
Signature

Date
7/17/16

* 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)

Initial Non-Friable Notification
Check #: 6649

Date of Notification (1):
07/08/16

Name of Building Owner/Operator (2):
North Hunterdon High School - asbestos

Street Address:
1445 Rt. 31 South
Annandale, NJ 08801

Name of Contact:
William Mowery
Telephone Number:
908-713-4177

AGENCIES NOTIFIED:
[ ] EPA
[ ] DEP
[ ] DOL
[ ] DOH
[ ] DCA

TYPE NOTIFICATION:
[ ] Initial Notification
[ ] Amended Notification
[ ] Cancellation

FACILITY INFORMATION:

Name of Facility Where Abatement is Taking Place (3):
North Hunterdon High School - asbestos

Street Address:
1445 Rt. 31 South
Annandale, NJ 08801

Facility Code (4):
School (K-12)

# of Floors:
2

# of Stories:
50

Square Feet:
40000

Current Use (Prior to if being demolished):
School

Project Manager:
Matt Abraham
610-431-7545

Name of Abatement Contractor (9):
Four Strong Builders, Inc.

Street Address:
180 Sargeant Avenue
Clifton, NJ 07013-1935

License Number:
000087

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

<table>
<thead>
<tr>
<th>Name of Location</th>
<th>Location Normally Used</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>Cafe B and Media Center at N. Hunterdon HS</td>
<td>X</td>
<td>Wrap &amp; cut of 30 pipe fittings</td>
<td>30 LF</td>
<td>(Non-Friable Procedure)</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler:
Four Strong Builders, Inc.

Waste Hauler ID No.:
12609

Cubic Yards of Waste:

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

City, State:
Tullytown, PA

Completed By:
Nevenko Zivkovic
Title:
Officer
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)
07/07/2016

Name of Building Owner/Operator (2)
Montclair Kimberly Academy

Agencies Notified
- EPA
- DEP
- DOL
- DOJ
- DCA

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

Street Address
201 Valley Road
City, State, Zip Code
Montclair, NJ 07042

Name of Contact
Mark Dombroski
Telephone Number
973-783-7066

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Middle School (sub-8)

City (5)
Montclair

County (6)
Essex

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

Square Feet

# of Floors

Bldg. Age

Current Use (Prior if being demolished)
school

Name of Monitoring Firm Hired by Building Owner (8)
Detail Associates, Inc

Name of Abatement Contractor (9)
Lilich Corporation

Street Address
300 Grand Ave

City, State, Zip Code
Englewood, NJ 07631

Name of OSHA Monitor
J&S Environmental Laboratories

Project Manager for Monitoring Firm
Tony Valentine

Telephone No.
201-569-6708

License No.
01104

Occupancy Status During Abatement (Check Only One)
Facility Closed/Vacated During Entire Period of Abatement
Abatement Performed Outside of Normal Facility Hours
Other - Describe: start 13 pm unoccupied

Start Date (10)
07-15-16

Scheduled Completion Date (11)
07-19-16

Scope of Work (Check All That Apply)
- ≥ 3 sf or ≥ 3 ft
- ≥ 160 sf or ≥ 250 sf
- 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)

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) to be Abated In Facility</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>room 210</td>
<td>x</td>
<td>carpet, VAT/Mastic</td>
<td>527 SF</td>
<td>x</td>
</tr>
<tr>
<td>room 200</td>
<td>x</td>
<td>carpet, VAT/Mastic</td>
<td>300 SF</td>
<td>x</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
Lilich Corporation

City, State
Woodland Park, NJ

Disposal Date
City, State
Morrisville, PA

Completed by
Momo Giavatovic
Title
vice president
Signature

Name of Registered Landfill
GROWS, Landfill

Cubic Yards of Waste
Name of Registered Waste Hauler ID No.
18724

NJDEP Waste Hauler ID No.

07/07/2016

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

Date of Notification (1):
7/5/16

Name of Building Owner / Operator (2):
Haddon Twp School District

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

Type Notification:
- Initial
- Amended #1-7/8/16
- Emergency
- Cancellation

Street Address:
500 Rhoads Ave
City: Westmont, NJ 08108

Name of Contact:
C/O Robert Dinan
Telephone Number:
856-722-1800

FACILITY INFORMATION
Name of Facility Where Abatement is Taking Place (3):
Van Sciver ES
625 Rhoads Avenue

City (5):
Haddonfield

County (6):
Camden

County Code (7):

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

Square Feet:
60,000

# of Floors:
2

Bldg. Age:
40+

Current Use (Prior if being demolished):
School

Name of Abatement Contractor (9):
Bristol Environmental, Inc.

Street Address:
1123 Beaver Street
City, State & Zip Code:
Bristol, PA 19007

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

Street Address:
1330 Brown Road
City, State & Zip Code:
Newfield, NJ 08344

Telephone Number:
856-205-1077

Name of OSHA Monitor:
Bristol Environmental Inc.

Project Manager for Monitoring Firm:
James Eberts

Telephone Number:
(215) 788-6406

License Number:
00509

Scheduled Start Date (10):
7/6/16

Scheduled Completion Date (11):
7/11/16

Occupancy Status During Abatement (Check only one):
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Hours - 7am to 7pm
  Describe: 3:30 PM - 11:30 PM - SAT 7/9/16
- Facility Occupied During Abatement 8 AM - 4 PM

Scope of Work (Check all that apply):
- ≥3 sf or ≥3 If
- ≥160 sf ≥260 If
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glove Bag Procedures
- Non-Exempted and Non-Friable Procedure

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

Is Location Normally Used Soely 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):
Transite 750 SF

Abatement Type:

Name of Registered Waste Hauler:
Service Transport Inc.

NJDEP Waste Hauler ID No.:
20990

Cubic Yards of Waste:
20 Cu Yd

Name of Registered Landfill:
Minerva Landfill

City, State:
Waynesburg, OH

Disposal Date:
7/8/16

Completed By (Print or Type):
Gino Pizzigoni

Title:
Project Manager

Signature:

Date:
7/8/16
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:50 and 12:120)

Date of Notification (1)
7/6/2016

Name of Building Owner/Operator (2)
School District of the Chathams

Agencies Notified
☐ EPA
☐ DEP
☐ DOL
☐ DOH
☐ DCA
☐ X Initial
☐ Amended
☐ Amendment #01
☐ Emergency (including justification)
☐ Cancellation

Street Address
58 Meyersville Road
City, State, Zip Code
Chatham NJ 07928

Name of Contact
John Cataldo
Telephone Number
973-457-2504

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Southern Boulevard Elementary School

Street Address
192 Southern Boulevard
City (5)
Chatham
County (6)
Morris
County Code (7)
090

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

Square Feet
60,000
# of Floors
3
Bldg. Age
60+

Current Use (Prior if being demolished)
Elementary School

Name of Monitoring Firm Hired by Building Owner (8)
RK Occupational & Environmental Analysis Inc.

ASCM No.
090

Name of Abatement Contractor (9)
Unicorn Contracting Corp.

Project Manager for Monitoring Firm
Jonathan Gilbert
Telephone No.
908-454-6316

Street Address
401 St. James Avenue
City, State, Zip Code
Phillipsburg NJ 08865

Name of OSHA Monitor
Envirospection Consultants Inc.
Street Address
20-21 Wagaraw Rd Bldg 35E
City, State, Zip Code
Fair Lawn NJ 07410

Start Date (10)
7/18/2016
Scheduled Completion Data (11)
7/23/2016

Occupy Status During Abatement (Check Only One)
☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☐ Other – Describe: Occupied; Working Hours 7:00am-3:30pm

Scope of Work (Check All That Apply)
☐ ≥3 sf or ≥3 ft
☐ ≥190 sf or ≥250 ft
☐ X Renovation
☐ Demolition
☐ Full Enclosure 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>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boiler Room/Boiler 1</td>
<td>X</td>
<td>Boiler Insulation</td>
<td>200 SF</td>
<td>X</td>
</tr>
<tr>
<td>Boiler Room/Boiler 2</td>
<td>X</td>
<td>Boiler Insulation</td>
<td>200 SF</td>
<td>X</td>
</tr>
<tr>
<td>Boiler Room</td>
<td>X</td>
<td>Boiler Breaching</td>
<td>250 SF</td>
<td>X</td>
</tr>
<tr>
<td>Boiler Room</td>
<td>X</td>
<td>Pipe Insulation</td>
<td>150 SF</td>
<td>X</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
Unicorn Contracting Corp.

NJDEP Waste Hauler ID No.
0035844

Disposal Date
TBD

Name of Registered Landfill
Tullytown Resource Recovery Fasciity

City, State
Tullytown PA 19085

Completed by
Dimo Golcev
Title
General Manager
Signature
Date
7/6/2016

* 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): 7/6/16

Name of Building Owner/Operator (2): Glassboro Board of Education

Agencies Notified: 
- EPA
- DOLWD
- DOH
- DCA (NJAC 5:23-8)

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

Street Address: 3 Williams Street
City, State, Zip Code: Glassboro, NJ 08028
Name of Contact: Newport Construction
Telephone Number: 856-582-8500

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Glassboro High School

City (5): Glassboro
County (6): Gloucester

Name of Monitoring Firm Hired by Building Owner (8): Environmental Design, Inc.

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

Square Feet: 20,000
# of Floors: 2
Bldg. Age: 80

Name of OSHA Monitor: EMSL Analytical, Inc.
Street Address: 200 Route 130 North
City, State, Zip Code: Cinnaminson, NJ 08077

Scope of Work (Check all that apply): 
- ≥3 sf or ≥33 if
- ≥150 sf or ≥280 if
- Renovation
- Demolition

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

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

Throughout: Floor Tile and Mastic 2,300 SF

Chases: Pipe Insulation/Fitting (Wrap & Cut) 200 LF

Chases: Pipe Insulation (Repair & Label) 100 LF

Name of Registered Waste Hauler: Freehold Cartage

Cubic Yards of Waste: 10

Name of Registered Landfill: Cumberland County Landfill

Completed By (Print or Type): Christina Lynch
Title: Operations Manager
Signature: [Signature]
Date: 7/6/16

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

* 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) 7/8/16

Name of Building Owner/Operator (2)

HAMILTON TOWNSHIP BOARD OF EDUCATION

Type ofNotification
Initial
Amended Amendment # 2
Emergency (including justification)
Cancellation

Name of Contact
JOHN O'KEEFE (OWNER'S REP)

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
ALEXANDER ELEMENTARY SCHOOL

Street Address
20 ROBERT FROST DRIVE
HAMILTON SQUARE, NJ 08690

County Code (7) (STATE USE ONLY)
MERCY

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

County
MERCER

ASCM No.

Name of Abatement Contractor (9)
CREAM RIDGE ENVIRONMENTAL INC.

Street Address
15 BLACK FOREST ROAD
HAMILTON, NJ 08691

Name of OSHA Monitor
MECS

Telephone No.
609-890-7110

License No.
00676

Start Date (10)
6/24/2016

Occupancy Status During Abatement (Check only one)
Facility Closed/ Vacated During Entire Period of Abatement
Abatement performed outside of working hours 5PM-2 AM

Scheduled Completion Date (11) 8/8/16

Scope of Work (Check all that apply)

R 3 or g. or g. 3 ft
R 160.0 or g. or 250.0 ft

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

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

Type of Abatement: Exterior

Name of Registered Waste Hauler

CARNEVALE DISPOSAL COMPANY, INC.

Cubic Yards of Waste
20

City, State
HAMILTON, NJ

Name of Registered Landfill
GROWS

Disposal Date 8/10/16

City, State
MORRISVILLE, PA

Completed By
DAVID D'ANDREA

Title
PRESIDENT

Signature

Date 7/8/16

* Do not use this form for asbestos licensing 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</th>
<th>07/07/16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agencies Notified</td>
<td>EPA, DEP, DOL, DOH, DCA</td>
</tr>
<tr>
<td>Name of Building Owner/Operator</td>
<td>Patrician Associates</td>
</tr>
<tr>
<td>Street Address</td>
<td>552 Franklin Avenue</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Nutley, NJ 07110</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Ms. Patricia Badalamenti</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>973-284-0900</td>
</tr>
</tbody>
</table>

### FACILITY INFORMATION

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

- **Square Feet** 2,000 +
- **# of Floors** 2
- **Bldg. Age** 50 +
- **Current Use** Prior if being demolished

- **Name of Facility Where Abatement is Taking Place** Residential
- **City** Nutley
- **County** Essex
- **County Code** (STATE USE ONLY)

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

- **Name of Abatement Contractor**
- **J.R. Contracting & Environmental Consulting, Inc.**
- **Street Address** 1141 Route 23
- **City, State, Zip Code** Wayne, NJ 07470

- **Project Manager for Monitoring Firm**
- **Telephone No.** 973-628-9200
- **License No.** 00408

- **Start Date** 07/18/16
- **Scheduled Completion Date** 07/21/16

- **Name of OSHA Monitor**
- **Enviro Vision Consultants, Inc.**
- **Street Address** 20-21 Wagarow Road, Bldg. #35E
- **City, State, Zip Code** Fair Lawn, NJ 07410

### 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)
<table>
<thead>
<tr>
<th>To be Abated</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>In Facility</td>
<td>(13)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Basement</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pipe Insulation</td>
<td></td>
<td></td>
<td>25 LF</td>
<td></td>
</tr>
</tbody>
</table>

### Name of Registered Waste Hauler
- **J.R. Contracting & Environmental Consult., Inc.**
- **NJ DEP Waste Hauler ID No.** 17819
- **Cubic Yards of Waste** 1
- **Name of Registered Landfill** Grand Central Landfill
- **City, State** Wayne, New Jersey, Pennsylvania

### Completed by
- **Jerry Bijelonic**
- **Title** Project Manager
- **Signature**
- **Date** 07/07/16

*Do not use this form for asbestos licensure exempted activities.*
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:90 and 12:129)

Date of Notification (1)
7/8/16

Name of Building Owner/Operator (2)
Black Horse Pike Regional School District

Agencies Notified
EPA
DEP
DOL
DOH
DCA

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

Street Address
250 Schubert Avenue

City, State, Zip Code
Runnemede NJ 08078

Name of Contact
Joe Newsham

Telephone Number
856-939-4500 Ext 2067

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Trilon High School

Street Address
250 Schubert Avenue

City (5)
Runnemede NJ 08078

County (6)
Camden

County Code (7)
10000+

Current Use (Prior if being demolished)

Square Feet
10000+

# of Floors
2

Bldg. Age
35+

Name of Monitoring Firm Hired by Building Owner (8)
Epic Environmental Serv. LLC

ASCM No.

Name of Abatement Contractor (9)
Pernaco Inc.

Street Address
1930 Brown Road

City, State, Zip Code
Newfield NJ 08344

Name of Project Manager for Monitoring Firm
James Eberts

Telephone No.
856-205-1077

Telephone No.
856-753-9800

License No.
00727

Start Date (10)
7/19/16

Scheduled Completion Date (11)
7/22/16

Name of OSHA Monitor
Same

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 ≥ 3 sf or ≥ 3 ft
≥ 160 sf or ≥ 250 ft

Removal
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 (19)

Name of Location
Music Trophy room

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)
Music Trophy room

Transit Board

Transit window panels

160 SF

25 SF

Amount
(Specify SF or LF)

Abatement Type
Removal
Repair
Encapsulate
Endorse

Name of Registered Waste Hauler
United Containers

NJ/DEP Waste Hauler ID No.
22459

Cubic Yards of Waste
2

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

City, State
Elm NJ

Disposal Date
7/22/16

City, State
Morrisville PA 19067

Completed by
Anthony T Parna

Title
President

Signature

Date
7/8/16

ASB-41 (R-06-06)

* 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)
6/29/2016

Name of Building Owner/Operator (2)
Imperial Broad Associates LLC

Street Address
1200 Sunnyview Oval

City, State, Zip Code
Keasbey, NJ 08832

Name of Contact
Mr. James Rivera

FACILITY INFORMATION

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

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

Square Feet
2,500

□ of Floors
3

Building Age
110

Current Use (Prior to being demolished)
Residential

Name of Monitoring Firm Hired by Building Owner (5)
TBD

ASCN No.

Name of Abatement Contractor (6)
Sky Contracting, LLC

Street Address
1385 Valley Road, Suite K

City, State, Zip Code
Wayne, New Jersey 07470

Telephone No.
(973) 928-5040

License No.
00874

Name of OSHA Monitor
Sky Contracting, LLC

Street Address
1385 Valley Road, Suite K

City, State, Zip Code
Wayne, New Jersey 07470

Start Date (10)
7/11/2016

Scheduled Completion Date (11)
7/18/2016

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)
☐ ≥3,000 sq ft or ≥3,000 ft
☐ ≥1500 sq ft or ≥2500 ft
☐ Renovation
☐ Demolition
☐ Full Containment with Negative Pressure
☐ 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

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

Amount (Specify SF or LF)
402 LF

Abatement Type

Name of Registered Waste Hauler
Service Transport Group, Inc.

NUDEP Waste Hauler ID No.
20890

Cubic Yards of Waste
10

Name of Registered Landfill
Minerva Enterprises, LLC

City, State
Wayne, New Jersey

Disposal Date
TBD

Completed by
Predrag Sarcev
Title
Vice 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)
07/05/2016

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

Name of Building Owner/Operator (2)
Sommerville Board of Education

Street Address
51 West Cliff Street

City, State, Zip Code
Sommerville, New Jersey 08876

Name of Contact
Bryan Boyce

Telephone Number
908-218-4102

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Van Derveer Elementary School

Street Address
51 Union Avenue

City (5)
Sommerville

County (6)
Somerset

Name of Monitoring Firm Hired by Building Owner (8)
DAI Environmental Service

ASCN No.
00012

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

Street Address
11 Rosengren Avenue

City, State, Zip Code
Totowa, NJ 07512

Project Manager for Monitoring Firm
Nadine Belo

Telephone No.
973-981-4850

Start Date (10)
07/15/2016

Scheduled Completion Date (11)
07/17/2016

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 ft
- ≥160 sf or ≥260 ft
- Renovation
- Demolition

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

TO BE ABATED

Other

In Facility

(13)

Yes
No
N/A

Bathroom

Elbow Insulation

26 LF

(12)

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

Amount
(Specify
SF or LF)

Abatement Type
Removal
Repair
Encapsulate
Enclosure

Name of Registered Waste Hauler
D&S Abatement, Inc

NJDEP Waste
Hauler ID No.
20996

Cubic Yards
of Waste
TBD

Name of Registered Landfill
Waste Management of PA

City, State
Totowa, NJ

Disposal Date
TBD

Signature

Date
07/05/2016

* Do not use this form for asbestos licensure exempted activities.
## State of New Jersey
### Notification of Asbestos Abatement
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>07/07/2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>2016</td>
</tr>
</tbody>
</table>

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

### Notification Type
- [ ] Initial Notification
- [ ] Amended 
- [ ] Emergency Notification
- [ ] Cancelled

### Name of Facility Where Abatement is Taking Place (3)
- Office Bldg

### Street Address
- 90 West Franklin Street

### City (5)
- Hackensack

### County (6)
- Passaic

### County Code (7)
- ASCM No.

### Name of Monitoring Firm Hired by Bldg. Owner (8)
- CSI, INC

### Type of Facility (4)
- [ ] School (K-12)
- [ ] Subchapter 8 (other than K-12)

### X Others (i.e. private & commercial buildings, homes, etc.)
- SF 1800
- Floors 1
- Age: 88

### Current Use (prior if being demolished):
- Commercial Bldg

### Street Address
- 45 Marina Lane

### City State, Zip Code
- Brick, NJ 08724

### Project Manager for Monitoring Firm
- Michael Chain

### Telephone Number
- 732-821-9223

### Scheduled Start Date (10)
- 07/08/2016

### Scheduled Completion Date (11)
- 07/13/2016

### Name of Contractor (9)
- BL Contracting Inc.

### Street Address
- 5 Marguerite Lane

### City State, Zip Code
- Towaco, NJ 07082

### 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:

### Source of Work (Check all that apply)
- [ ] ≥ 3 sf or ≥ 3 ft
- [ ] ≥ 160 sf or ≥ 260 ft
- [ ] Renovation
- [ ] Demolition
- [ ] xNon-Exempted and Non-Friable Procedure
- [ ] Mini-Enclosure
- [ ] Glove Bag Procedure
- [ ] Full Containment with Negative Pressure

### Location of Asbestos-Containing Material (ACM) in Facility (13)

### Is Location Normally Used Solely by Main/Custodial Staff? (12)
- [ ] YES
- [ ] NA

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

### Amount (Specify SF or LF)

### Abatement Type
- Remove, Repair, Encase, Enclose

### Roof
- Roof Material
- Roofing

### Name of Reg. Waste Hauler
- Waste Management of Pennsylvania

### NJ/DEP Waste Hauler ID #
- 32604

### Cubic Yards of Waste
- 300 bags

### Name of Registered Landfill
- T.R.R.F

### Disposal Date

### City State
- Tullytown, PA

### Completed by (Print or Type)
- Nedo Vasilic

### Title
- President

### Signature
- [Signature]

### Date
- 07/07/2016
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) 7 / 5 / 16

Agencies Notified
☑ EPA
☑ DOLWD
☐ DHSS
☐ DCA (NJAC 5:23-6)

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

Name of Building Owner/Operator (2)
Johnson & Johnson

Street Address
501 George Street

City, State, Zip Code
New Brunswick, NJ 08901

Name of Contact
Nandita Kamdar

Telephone Number
732-524-0400

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

Agency Name

Street Address
501 George Street

City (5)
New Brunswick

County (6)
Middlesex

County Code [?] (STATE USE ONLY)

Current Use (Prior if being demolished)
Vacant

Name of Monitoring Firm Hired by Building Owner (8)
EHL, Inc.

ASCM No.

Name of Abatement Contractor (9)
USA Environmental Management, Inc.

Street Address
655 West Shore Trail

City, State, Zip Code
Sparta, NJ 07871

Project Manager for Monitoring Firm
William Kerbel

Telephone No.
973-729-5649

Start Date (10)
7 / 19 / 16

Scheduled Completion Date (11)
8 / 29 / 16

Occupancy Status During Abatement (Check only one)
☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-6:30PM PM-AM

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)

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

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

Amount (Specify SF or LF)

Abatement Type

Chiller Water Line
☐ ☐ ☒ Fitting Insulation
3 ea.

Domestic Water Lines
☐ ☐ ☒ Pipe Fitting Insulation
3 EA

Name of Registered Waste Hauler
USA Environmental Mgmt., Inc

NJDEP Waste Hauler ID No.
32610

Cubic Yards of Waste
1

Name of Registered Landfill
GROWS Landfill

City, State
Philadelphia, PA

Disposal Date
8/29/16

City, State
Morrisville, PA

Completed By (Print or Type)
Kevin Meldrum

Title
Project Manager

Signature

Date 7-5-16

* Do not use this form for asbestos licensure exempted activities.
06/22/2016 (for additional material)

**Agencies Notified**
- ( ) EPA
- (X) NJDEP
- (X) NJ DOL
- (X) DOH
- ( ) DCA

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

**Name of Building Owner/Operator**
Tower West Condominium Association
6050 John F. Kennedy Blvd E
West New York, NJ 07093
Name of Contact
Larry Rada
Tel. Number
201-866-3946

**Facility Information**

**Name of Facility Where Abatement is Taking Place**
Tower West Condominium Association
6050 John F. Kennedy Blvd E
West New York, NJ 07093

**City (5)**
West New York
**County (6)**
Hudson
**County Code (7)**
N/A

**Name of Monitoring Firm Hired by Bldg. Owner**
N/A
**ASCN No.**
N/A

**Street Address**
N/A

**City, State, Zip Code**
West New York, NJ 07093

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

**Scheduled Start Date**
06/13/2016
**Scheduled Completion Date**
07/15/2016

**Occupancy Status During Abatement**
( ) Abatement Performed Outside of Normal Facility Hours
( ) Other - Describe:
Work in segregated lobby area in occupied building

**Source of Work (Check all that apply)**
- ( ) Demolition
- ( ) Renovation
- (X) Full Containment with Negative Pressure
- ( ) Mini-Enclosure
- ( ) Glove-bag Procedure
- ( ) Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Location of ACM</th>
<th>Use Normally Used Solely by Maintenance or Custodial Staff?</th>
<th>Description of ACM</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lobby area ceiling</td>
<td>X</td>
<td>POP-CORN CEILING (SURFACING)</td>
<td>~ 1750 SQ FT</td>
<td>X</td>
</tr>
<tr>
<td>Lobby area ceiling</td>
<td>X</td>
<td>TSI PIPE INSULATION</td>
<td>~ 200 LF</td>
<td>X</td>
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</tbody>
</table>

**Name of Reg. Waste Hauler**
Atlas Disposal Options, Inc.
**NJDEP Waste Hauler ID #**
50452
**Cubic Yards of Waste**
30
**Name of Reg. Landfill**
Grand Central Sanitation
1963 Pen Argyl Road

**City, State**
311 East Blackwell Street, Dover, NJ 07801
**Disposal Date**
07/15/2016

**Completed by (Print or Type)**
David Camacho
**Signature**

06/22/2016
**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60-7 and 12:120-7)

<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>Name of Building Owner / Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>7/7/16</td>
<td>Levi Kool</td>
</tr>
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</table>

**Agencies Notified**

<table>
<thead>
<tr>
<th>Agency</th>
<th>Type of Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Emergency Notification</td>
</tr>
<tr>
<td>DEP</td>
<td>Initial Notification</td>
</tr>
<tr>
<td>X DOL</td>
<td>Amended Notification</td>
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<tr>
<td>X DOH</td>
<td>Cancellation</td>
</tr>
</tbody>
</table>

**Street Address**

Wyckoff, NJ 07481

**Name of Contact**

Levi Kool

**Telephone Number**

**FACILITY INFORMATION**

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

Residence

**Square Feet**

2,800

**Type of Facility (4)**

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

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

Residence

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

- X Facility Closed/Vacated During Entire Period of Abatement

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

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

- Demolition
- X Renovation
- Large Project

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

**Is Location Normally Used Solely by Maintenance or Custodial Staff?**

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

**Amount (Specify Square Feet or Linear Feet)**

**Abatement Type**

(Specify: Removal, Repair, Encapsulation or Enclosure)

- Full Containment with Negative Pressure
- Mini-Enclosure
- X Glovebag Procedure
- Other:

**Scope of Work**

- Basement: N/A
- Pipe insulation: 15 LF

**Name of Registered Waste Hauler**

Freehold Cartage

**NJDEP Waste Hauler ID #**

18693

**Cu. Yds. of Waste**

2

**Name of Registered Landfill**

GROWS

**City, State**

Freehold, NJ

**Disposal Date**

7/24/16

**City, State**

Morrisville, PA

**Name of Registered Landfill**

GROWS

**Completed By (Print or Type)**

Dominick Tringali

**Title**

Manager

**Signature**

[Signature]

**Date**

7/7/16

ASB-41 JUN 95 G4887
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

<table>
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<th>Date of Notification (1)</th>
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<tr>
<td>□ DOLWD</td>
<td>□ Amended Amendment #13-75/16</td>
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<tr>
<td>□ DHSS</td>
<td>□ Emergency (including justification)</td>
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<tr>
<td>□ DCA (NJAC 5:23-8)</td>
<td>□ Cancellation</td>
</tr>
</tbody>
</table>

Name of Building Owner/Operator (2)
Princeton University-Office of Design and Construction
Street Address:
200 Elm Dr.
City, State, Zip Code:
Princeton, NJ 08544
Name of Contact:
Robert Ortega
Telephone Number:
609-258-1841

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Princeton University-Firestone Library
Street Address:
Washington Rd
City (5):
Princeton
County (6):
MERcer
County Code (7)/STATE USE ONLY: 
Name of Monitoring Firm Hired by Building Owner (8)
ATC Associates Inc.
ASCM No.:
Name of Abatement Contractor (9)
BRISTOL ENVIRONMENTAL, INC.
Street Address:
1123 BEAVER STREET
City, State, Zip Code:
BRISTOL, PA 19007
Telephone No.:
609-386-8800
License No.:
215-788-6040
00509
Name of OSHA Monitor:
BRISTOL ENVIRONMENTAL, INC.
Street Address:
1123 BEAVER STREET
City, State, Zip Code:
BRISTOL, PA 19007

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
□ Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)
Yes □ No □ N/A
□ Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
□ Amount (Specify SF or LF)
□ Abatement Type
□ Removal
□ Repair
□ Encapsulation
□ Closure

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

<table>
<thead>
<tr>
<th>Level</th>
<th>Options</th>
<th>Amount</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>B LEVEL SECURITY OFFICE</td>
<td>□ □ □ PIPE INSULATION (WRAP &amp; CUT)</td>
<td>20 LF</td>
<td></td>
</tr>
<tr>
<td>C LEVEL</td>
<td>□ □ □ FLOOR TILE &amp; MASTIC</td>
<td>900 SF</td>
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</tr>
<tr>
<td>Green Roof</td>
<td>□ □ □ Waterproofing</td>
<td>22 SF</td>
<td></td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler:
SERVICE TRANSPORT GROUP INC
NJDEP Waste Hauler ID No.: 20990
Cubic Yards of Waste:
Name of Registered Landfill:
G.R.O.W.S. LANDFILL
City, State:
NEW CASTLE, DE
Disposal Date:
City, State:
MORRISVILLE, PA 19067
Completed By (Print or Type):
Brian Scafiro
Title:
Estimator
Signature:
Date:

* Do not use this form for asbestos licensure exempted activities.
This is a form from the State of New Jersey for the notification of asbestos abatement. It is a legal document that outlines the details of an asbestos abatement project, including the location, type of facility, size, and duration of the project. The form also specifies the abatement contractor, the scope of work, and the abatement type. The form is filled out with specific details about the asbestos abatement project at Acu Powder in Union, NJ, with the notification date of 07/08/16. The form includes sections for the name of the facility, the street address, the city, state, and zip code, the name of the monitoring firm, the name of the abatement contractor, and the project manager. The form also includes a section for the location of asbestos-containing material (ACM) to be abated, including main rooms and other locations, as well as the amount of ACM to be removed and the abatement type. The form is designed to ensure compliance with asbestos regulations and to provide a clear record of the asbestos abatement project.
**NOTIFICATION OF ASBESTOS ABATEMENT**

**Date of Notification:** 7-12-16

**Type of Abatement:**
- Inside
- Sealed

**Name of Building Owner/Operator:** C. Lowden

**Address:**
- 24 Lakeside Avenue
- Pompton Lakes, NJ 07442

**Name of Contractor:**
- Best Removal Inc

**Address:**
- 450 South River St
- Hackensack, N.J. 07601

**Telephone No.:** 201-329-7444

**Name of OHSA Monitor:** Omega Environmental

**Address:**
- 280 Hawley St
- Hackensack, N.J. 07606

**Scope of Work:**
- Sealed
- Inside/Outside
- Full containment

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

**Description of ACM:**
- N/A

**Amount:** 95 SF

**Name of Registered Waste Vendor:**
- Minerva Enterprises, LLC

**Name of Registered Waste Vendor ID No.:** 17109

**Cubic Yards of Waste:** 16 YD

**City, State:**
- Hackensack, N.J. 07601

**Name of Estimator:** R. Vederan

**Signature:**
- R. Vederan

**Date:** 7-6-16
**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 8:69 and 12:120)

<table>
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<tr>
<th>Field</th>
<th>Details</th>
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<tbody>
<tr>
<td>Date of Notification</td>
<td>7-1-16</td>
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<tr>
<td>Name of Building Owner/Operator</td>
<td>ASHAR</td>
</tr>
<tr>
<td>Agency Notified</td>
<td></td>
</tr>
<tr>
<td>Type Notification</td>
<td></td>
</tr>
<tr>
<td>Street Address</td>
<td></td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>LINCOLN NJ 07036</td>
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<tr>
<td>FACILITY INFORMATION</td>
<td></td>
</tr>
<tr>
<td>Name of Facility Where Abatement is Taking Place</td>
<td>ASHAR</td>
</tr>
<tr>
<td>Street Address</td>
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</tr>
<tr>
<td>City, State, Zip Code</td>
<td>UNION N J 07036</td>
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<tr>
<td>County Code (7) (STATE USE ONLY)</td>
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<tr>
<td>Current Use (Prior if being demolished)</td>
<td>RESIDENCE</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner</td>
<td></td>
</tr>
<tr>
<td>Name of Abatement Contractor</td>
<td>BEST REMOVAL INC</td>
</tr>
<tr>
<td>Street Address</td>
<td>450 SOUTH RIVER ST</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>HACKENSACK, N J 07601</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td></td>
</tr>
<tr>
<td>Telephone No.</td>
<td>201-329-7444</td>
</tr>
<tr>
<td>License No.</td>
<td>00388</td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>7-21-16</td>
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<tr>
<td>Scheduled Completion Date (11)</td>
<td>7-23-16</td>
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<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>DEMOLITION</td>
</tr>
<tr>
<td>Scope of Work (Check all that apply)</td>
<td></td>
</tr>
<tr>
<td>3 5 sf or 2 3 sf</td>
<td></td>
</tr>
<tr>
<td>1 180 sf or 2 260 sf</td>
<td></td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
<td>BEST REMOVAL INC</td>
</tr>
<tr>
<td>NJDEP Waste Hauler ID No.</td>
<td>17109</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td>1 1/2 YDS</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>MINERVA ENTERPRISES, LLC</td>
</tr>
<tr>
<td>City, State</td>
<td>HACKENSACK, N J 07601</td>
</tr>
<tr>
<td>Disposal Date</td>
<td>7-23-16</td>
</tr>
<tr>
<td>City, State</td>
<td>WAYNESBURG, OH 44688</td>
</tr>
</tbody>
</table>

* Do not use this form for asbestos-licensed exempted activities.
<table>
<thead>
<tr>
<th><strong>State of New Jersey</strong></th>
<th><strong>NOTIFICATION OF ASBESTOS ABATEMENT</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>(Pursuant to NJAC 8:60 and 12:120)</strong></td>
<td></td>
</tr>
</tbody>
</table>

**Date of Notification (1)**
- 7/6/16

**Name of Building Owner/Operator (2)**
- Camden County College

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

**Type Notification**
- Initial

**Street Address**
- PO Box 200

**City, State, Zip Code**
- Blackwood NJ 08012

**Name of Contact**
- Tom

**Telephone Number**
- 856-546-0016

**FACILITY INFORMATION**

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

**Street Address**
- 302 College Drive

**City (5)**
- Blackwood NJ 08012

**County (6)**
- Camden

**Square Feet**
- 10000+

**# of Floors**
- 2

**Bldg. Age**
- 35+

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

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

**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

**Telephone No.**
- 856-753-9600

**License No.**
- 00727

**Name of OSHA Monitor**
- Same

**Project Manager for Monitoring Firm**

**Start Date (10)**
- 7/1/16

**Scheduled Completion Date (11)**
- 7/18/16

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

**Other – Describe:**

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

**In Facility**
- Room 211

**Description of Asbestos Containing Material (ACM)**
- Floor Tile & Mastic

**Amount (Specify SF or LF)**
- 700 SF

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

**Yes**
- No

**Is Location Normally Used Solely by Maintenance/Custodial Staff?**
- N/A

**Name of Registered Waste Hauler**
- United Containers

**NJDEP Waste Hauler ID No.**
- 22459

**Cubic Yards of Waste**
- 4

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

**Disposal Date**
- 6/11/16

**City, State**
- Morrisville PA 19067

**Completed by**
- Anthony T Perna

**Title**
- President

**Signature**

*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): July 8, 2016

Name of Building Owner/Operator (2):
A Future with Hope

Street Address:
205 Jumping Brook Road
City, State, Zip Code:
Neptune, NJ 07753

Name of Contact:
Lou Strugala

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

Street Address:

City:
Brigantine
County (6):
Atlantic

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:
3000 sf

# of Floors:
2

Bldg. Age:
60

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

Project Manager for Monitoring Firm:
Telephone Number:

Scheduled Start Date (10):
7/20/16

Scheduled Completion Date (11):
7/22/16

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

Scope of Work (Check all that apply):
[ ] >3 sf or >3 ft
[ ] ≥160 sf or ≥260 sf
[ ] Renovation
[ ] Demolition

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

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

YES NO N/A

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

Amount (Specify SF or LF):
3000 sf

Abatement Type:

Removal
Repair
Encapsulation
Enclosure

Name of Registered Waste Hauler:
Guardian Contracting, Inc.

NIDEP 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:
7/25/16

City, State, Tullytown, Pennsylvania

Completed by (Print or Type):
Nicholas Ferminola

Title:
Project Manager

Signature:

Date:
7/8/16

*Do not use this form for asbestos licensure exempted activities.
DESTRUCTION / RENOVATION NOTIFICATION

Operator Project #: 
Postmark: 
Notification: 

I. TYPE OF NOTIFICATION (O - Original R - Revised C - Cancelled): O 
II. IS ASBESTOS PRESENT? (Yes/No): Y 

III. FACILITY INFORMATION (identify owner, removal contractor and other operator)
OWNER NAME: A Future with Hope 
Address: 205 Jumping Brook Road 
City: Neptune 
State: NJ 
Zip: 07753 
Contact: Lou Strugala 
Tel: 732-598-4877 
REMOVAL CONTRACTOR: Guardian Contracting, Inc. 
Address: 1889 Route 9, Unit 61 
City: Toms River 
State: New Jersey 
Zip: 08755 
Contact: Nicholas Fennica 
Tel: 732-349-9932 

IV. TYPE OF OPERATION (D - Demo O - Ordered Demo R - Renovation E - Emergency Renovation): D 
V. FACILITY DESCRIPTION (including building name, number and floor or room number)
Building Name: Residence 
Address: 1517 N Ohio Avenue 
City: Brigantine 
State: New Jersey 
County: Atlantic 
Site Location: Exterior 
Building Size: 3000 sf 
# of Floors: 2 
Age in Years: 60 
Present Use: Residence 
Prior Use: Residence 

VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:

VII. MATERIAL ASSUMED TO BE ASBESTOS?

VIII. SCHEDULE DATES ASBESTOS REMOVAL (MM/DD/YY)
Start: 7/20/16 
Complete: 7/22/16
NOTIFICATION OF DEMOLITION AND RENOVATION (continued)

x. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED

xi. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:

Prior to removal, the work area around the building will be roped off with caution tape and warning signs. Plastic sheathing will be placed on the ground below and the asbestos will be removed by non-friable procedures. All waste will be placed in double 6 mil bags, sealed and labeled and placed in a locked container for disposal.

xii. WASTE TRANSPORTER #1 Name: Guardian Contracting, Inc.
     Address: 1889 Route 9, Unit 61
     City: Toms River State: New Jersey Zip: 08755
     Contact Person: Nicholas Fernicola
     WASTE TRANSPORTER #2 Name:
     Address:
     City: State: Zip:
     Contact Person:

xiii. WASTE DISPOSAL SITE Name: T.R.R.P.
     Location: Bordentown Road
     City: Tullytown State: Pennsylvania Zip: 19007
     Telephone: 215-943-9732
     Permit #: 101494

xiv. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW AND ATTACH COPY OF ORDER

     Name: Title:
     Authority:
     Date of Order (MM/DD/YY):
     Date Ordered to Begin (MM/DD/YY):

xv. FOR EMERGENCY RENOVATIONS

     Date and Hour of Emergency (MM/DD/YY):
     Description of the Sudden, Unexpected Event:
     Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:

xvi. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLIED, PULVERIZED, OR REDUCED TO POWDER

xvii. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ONSITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required after November 20, 1991)

     Nicholas Fernicola / Project Manager
     (Printed Name/Title) (Signature of Owner/Operator) July 8, 2016 (Date)

xviii. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

     Nicholas Fernicola / Project Manager
     (Printed Name/Title) (Signature of Owner/Operator) July 8, 2016 (Date)
### State of New Jersey
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

<table>
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<td>[ ] DCA</td>
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<tr>
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<td>[ ] Emergency (including justification)</td>
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<td>[ ] Cancellation</td>
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<thead>
<tr>
<th>Name of Building Owner/Operator (2)</th>
<th>A Future with Hope</th>
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<tbody>
<tr>
<td>Street Address</td>
<td>205 Jumping Brook Road</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Neptune, NJ 07753</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Lou Strugala</td>
</tr>
</tbody>
</table>

### FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Residence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>N/A</td>
</tr>
<tr>
<td>City</td>
<td>Highlands</td>
</tr>
<tr>
<td>County</td>
<td>Monmouth</td>
</tr>
<tr>
<td>County Code (7) (STATE USE ONLY)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Abatement Contractor (9)</th>
<th>Guardian Contracting, Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>1889 Route 9, Unit 61</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Toms River, New Jersey 08755-1271</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of OSHA Monitor</th>
<th>E.M.S.L. Analytical</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>1056 Stelton Road</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Piscataway, New Jersey 08854</td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)</th>
<th>Exterior</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is Location Normally used Solely by Maintenance/Custodial Staff (12)</td>
<td>X</td>
</tr>
<tr>
<td>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td></td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
<td>2200 sf</td>
</tr>
<tr>
<td>Abatement Type</td>
<td>X</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>Guardian Contracting, Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>NJDEP Waste Hauler ID No.</td>
<td>20223</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td>4</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>T.R.R.F.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>Toms River, New Jersey</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disposal Date</td>
<td>7/21/16</td>
</tr>
<tr>
<td>Name of Project Manager</td>
<td>Nicholas Fernicola</td>
</tr>
</tbody>
</table>

*Do not use this form for asbestos licensure exempted activities.*
# Demolition / Renovation Notification

<table>
<thead>
<tr>
<th>Operator Project #:</th>
<th>Postmark:</th>
<th>Notification:</th>
</tr>
</thead>
<tbody>
<tr>
<td>I. TYPE OF NOTIFICATION (O - Original R - Revised C - Cancelled):</td>
<td>O</td>
<td>IS ASBESTOS PRESENT? (Yes/No): Y</td>
</tr>
<tr>
<td>III. FACILITY INFORMATION (Identify owner, removal contractor and other operator)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>OWNER NAME:</td>
<td>A Future with Hope</td>
<td></td>
</tr>
<tr>
<td>Address:</td>
<td>205 Jumping Brook Road</td>
<td></td>
</tr>
<tr>
<td>City:</td>
<td>Neptune</td>
<td>State: NJ</td>
</tr>
<tr>
<td>Zip:</td>
<td>07753</td>
<td></td>
</tr>
<tr>
<td>Contact:</td>
<td>Lou Strugala</td>
<td>Tel: 732-598-4877</td>
</tr>
<tr>
<td>REMOVAL CONTRACTOR:</td>
<td>Guardian Contracting, Inc.</td>
<td>NJ License: 00624</td>
</tr>
<tr>
<td>Address:</td>
<td>1889 Route 9, Unit 61</td>
<td></td>
</tr>
<tr>
<td>City:</td>
<td>Toms River</td>
<td>State: New Jersey</td>
</tr>
<tr>
<td>Zip:</td>
<td>08755</td>
<td></td>
</tr>
<tr>
<td>Contact:</td>
<td>Nicholas Fernicola</td>
<td>Tel: 732-349-9932</td>
</tr>
<tr>
<td>OTHER OPERATOR (if different):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Address:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>City:</td>
<td></td>
<td>State:</td>
</tr>
<tr>
<td>Zip:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contact:</td>
<td></td>
<td>Tel:</td>
</tr>
</tbody>
</table>

| IV. TYPE OF OPERATION (D - Demo O - Ordered Demo R - Renovation E - Emergency Renovation): | D |
| V. FACILITY DESCRIPTION (Including building name, number and floor or room number): | |
| Building Name: | Residence |
| Address: | 84th Street |
| City: | Highlands | State: New Jersey |
| Site Location: | Exterior |
| Building Size: | 2200 sf | # of Floors: 2 | Age in Years: 60 |
| Present Use: | Residence | Prior Use: Residence |

| VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: | |

| VII. IS MATERIAL ASSUMED TO BE ASBESTOS? | |

<table>
<thead>
<tr>
<th>APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:</th>
<th>RACM To Be Removed</th>
<th>LOCATION Nonfriable Asbestos Material Not To Be Removed</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Regulated ACM to be removed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Category I ACM not removed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Category II ACM not removed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pipes (Linear feet):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surface Area (Square feet):</td>
<td>2200 sf</td>
<td>Asbestos siding</td>
</tr>
<tr>
<td>RACM Off Facility Component (Cubic feet):</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| VIII. SCHEDULE DATES ASBESTOS REMOVAL (MM/DD/YY) | Start: 7/19/16 | Complete: 7/20/16 |
x. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED

xi. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE.

Prior to removal, the work area around the building will be roped off with caution tape and warning signs. Plastic sheeting will be placed on the ground below and the asbestos will be removed by non-friable procedures. All waste will be placed in double 6 mil. Bags, sealed and labeled and placed in a locked container for disposal.

xii. WASTE TRANSPORTER #1 Name: Guardian Contracting, Inc.
Address: 1889 Route 9, Unit 61
City: Toms River State: New Jersey Zip: 08755
Contact Person: Nicholas Femicola

WASTE TRANSPORTER #2 Name:
Address:
City: State: Zip:
Contact Person:

xiii. WASTE DISPOSAL SITE Name: T.R.R.F.
Location: Bordentown Road
City: Tullytown State: Pennsylvania Zip: 19007
Telephone: 215-943-9732 Permit #: 101494

xiv. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW AND ATTACH COPY OF ORDER

Name: Title:
Authority:
Date of Order (MM/DD/YY): Date Ordered to Begin (MM/DD/YY):

xv. FOR EMERGENCY RENOVATIONS

Date and Hour of Emergency (MM/DD/YY):
Description of the Sudden, Unexpected Event:

Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:

xvi. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER

xvii. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ONSITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required after November 20, 1991)

Nicholas Femicola / Project Manager
(Printed Name/Title) (Signature of Owner/Operator) July 8, 2016 (Date)

xviii. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

Nicholas Femicola / Project Manager
(Printed Name/Title) (Signature of Owner/Operator) July 8, 2016 (Date)
**NOTIFICATION OF ASBESTOS ABATEMENT**

**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to N.J.A.C. 5:30 and 12:129)

**Date of Notification:** 7/7/16

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

**Name of Building Owner/Operator:** STANLEY DEC

**Street Address:**
- [ ] None
- [ ] Vacated
- [ ] Emergency Evacuation
- [ ] Inevitable
- [ ] Cancellation

**City, State, Zip Code:** EAST RUTHERFORD, NJ 07073

**Facility Information**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (A)</th>
<th>H K DEC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address:</td>
<td>155 K DEC</td>
</tr>
<tr>
<td>City:</td>
<td>EAST RUTHERFORD</td>
</tr>
<tr>
<td>County:</td>
<td>BERGEN</td>
</tr>
</tbody>
</table>

**Name of Monitoring Firm Hired by Building Owner:**

<table>
<thead>
<tr>
<th>Name of Monitoring Firm</th>
<th>ASGID No.</th>
<th>Name of Abatement Contractor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Best Removal Inc</td>
<td></td>
<td>Omega Environmental</td>
</tr>
<tr>
<td>450 South River St</td>
<td></td>
<td>Hackensack, N.J. 07601</td>
</tr>
<tr>
<td>Hackensack, N.J. 07601</td>
<td></td>
<td></td>
</tr>
<tr>
<td>280 Huyler St</td>
<td></td>
<td>B. Hackensack, N.J. 07606</td>
</tr>
</tbody>
</table>

**Project Manager for Monitoring Firm:**

- Telephone No.: 201-329-7444
- License No.: 00388

**Start Date:** 7/13/16

**Estimated Completion Date:** 7/14/16

**Occupancy Status During Abatement:**
- [ ] Vacate
- [ ] Evacuate
- [ ] Emergency
- [ ] Inevitable

**Type of Facility:**
- [ ] Schools (K-13)
- [ ] Apartment buildings (Other than K-13)
- [ ] Other (i.e., private & commercial buildings, farms, etc.)

**Square Foot:**
- [ ] Yes
- [ ] No

**Building Age:**
- [ ] Not Available

**Current Use:**
- [ ] Residential
- [ ] Commercial

**Scope of Work:**
- [ ] Renovate
- [ ] Enclose
- [ ] Decontaminate

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

<table>
<thead>
<tr>
<th>Location</th>
<th>ACM</th>
</tr>
</thead>
<tbody>
<tr>
<td>EXIST. 1</td>
<td></td>
</tr>
<tr>
<td>EXIST. 2</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount (Specify Type of ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Amount of ACM:**

<table>
<thead>
<tr>
<th>Type of ACM</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Name of Registered Waste Handler:**

<table>
<thead>
<tr>
<th>Name of Registered Waste Handler</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Best Removal Inc</td>
<td>17109</td>
</tr>
<tr>
<td>Minerva Enterprises, LLC</td>
<td></td>
</tr>
</tbody>
</table>

**City, State:**
- Hackensack, N.J. 07601

**Completed by:**
- J. Majorano
- Estimator

**Date:** 7/7/16

*Do not use this form for asbestos removal projects conducted after September 1, 2016.*
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60 and 12:120)

**Data of Notification (1)**
07/07/2016

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

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

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

**Street Address**

**City, State, Zip Code**
Montclair, NJ 07043

**Name of Contact**
Dave Larkey

**Telemphone Number**

---

**FACILITY INFORMATION**

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

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

**Square Feet**
N/A

**# of Floors**
N/A

**Bldg. Age**
N/A

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

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

**ASCM No.**

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

**Street Address**
11 Rosengren Avenue

**City, State, Zip Code**
Totowa, NJ 07512

**Project Manager for Monitoring Firm**

**Telephone No.**
973-345-9685

**License No.**
00675

---

**Start Date (10)**
07/18/2016

**Scheduled Completion Date (11)**
07/19/2016

---

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

---

**Scope of Work (Check All That Apply)**
- [ ] ≥ 3 SF or ≥ 3 Lf
- [ ] ≥ 100 SF or ≥ 250 Lf
- [ ] Renovation
- [ ] Demolition
- [x] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Firetable Procedure

---

**Location of Asbestos-Containing Material (ACM) TO BE ABATED (13)**
- [ ] In Facility
- [ ] Not Used Solely by Maintenance/Custodial Staff

**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 (Specify SF or LF)**
120 LF

**Abatement Type**
- [ ] Removal
- [ ] Repair
- [ ] Encapsulate
- [ ] Endure

---

**Location of Registered Waste Hauler**
D&S Abatement, Inc.

**Cubic Yards of Waste**
TBD

**Name of Registered Landfill**
Waste Management of PA

**Disposal Date**
TBD

**City, State**
Totowa, NJ

**City, State**
Tullytown, PA

**Completed by**
Ned Jokimovic
**Title**
PM

**Signature**

**Date**
07/07/2016

---

*Do not use this form for asbestos licensure exempted activities.*
<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>Name of Building Owner/Operator</th>
<th>Type Notification</th>
<th>City, State, Zip Code</th>
<th>Street Address</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>07/07/2016</td>
<td>Ann Diver</td>
<td>Initial</td>
<td>Westfield, NJ 07090</td>
<td></td>
<td></td>
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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># of Floors</th>
<th>Bldg. Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>House</td>
<td></td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>County Code (STATE USE ONLY)</th>
<th>Current Use (Prior if being demolished)</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>House</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner</th>
<th>ASCM No.</th>
<th>Name of Abatement Contractor</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td></td>
<td>D&amp;S Abatement, Inc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>D&amp;S Abatement, Inc.</td>
<td>973-345-6665</td>
<td>00675</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date</th>
<th>Scheduled Completion Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>07/19/2016</td>
<td>07/24/2016</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement</th>
<th>Name of OSHA Monitor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
<td>D&amp;S Abatement, Inc.</td>
</tr>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check All That Apply)</th>
<th>Renovation</th>
<th>Demolition</th>
<th>Full Containment with Negative Pressure</th>
<th>Mini-Enclosure</th>
<th>Glovebag Procedure</th>
<th>Non-Exempted (*) and Non-Friable Procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED</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>attic</td>
<td>Yes</td>
<td>vermiculinate</td>
<td>1200 SF</td>
<td>x</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>NJ DEP Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>D&amp;S Abatement, Inc.</td>
<td>20996</td>
<td>TBD</td>
<td>Waste Management of PA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>Disposal Date</th>
<th>City, State</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Totowa, NJ</td>
<td>TBD</td>
<td>Tullytown, PA</td>
<td>07/07/2016</td>
</tr>
</tbody>
</table>

Completed by: Ned Joksimovich

Title: PM

Signature: [Signature]

Date: 07/07/2016

* 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):** 07/26/16

**Name of Building Owner/Operator (2):** VERTICAL PROPERTY MANAGEMENT

**Address (3):**
- **Street Address:** 301 ROUTE 17 SOUTH SUITE 800
- **City, State, Zip Code:** RUTHERFORD, NJ 07470

**Name of Contractor:** SANTHAL WIELKOCZ

**Telephone Number:** 877-959-0005

---

#### FACILITY INFORMATION

**Name of Facility Where Abatement is Taking Place (3):** 875 BOUQUANA EAST

**Street Address:** 875 BOUQUANA EAST

**City (5):** WEHAWKEN

**County (6):** HUDSON

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

**Square Feet:** 5,000

**# of Floors:** 3

**Bldg. Age:** 1919

**Current Use (Prior to being demolished):** BLOG APART

---

**Name of Abatement Contractor (9):** Best Removal Inc

**Name of OSHA Monitor:** Omega Environmental

**License No.:** 00388

---

**Start Date (10):** 07/26/16

**Scheduled Completion Date (11):** 08/01/16

**Project Manager for Monitoring Firm:** ERIC GELMAN

**Telephone No.:** 201-489-8700

**Street Address:** 450 South River St

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

---

**Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (15):**

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e., thermal insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>BASEMENT</td>
<td>Yes</td>
<td>THERMAL INSULATION</td>
<td>330 LF</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler:** Best Removal Inc

**ID No.:** 17109

**Name of Registered Landfill:** Minerva Enterprises ,LLC

**Disposal Date:** 08/15/16

**City, State:** Waynesburg, Oh. 44688

**Completed by:** J. Maiorano

**Title:** Estimator

**Signature:** [Signature]

**Date:** 07/26/16

---

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

Date of Notification (1):
07 / 07 / 16

Name of Building Owner/Operator (2):
Andrea Munez

Street Address:
Woodcliff Lake, NJ 07677

City, State, Zip Code:
Woodcliff Lake, NJ 07677

Telephone Number:

Name of Contact:
Jose Tola

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

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

City (5):
Woodcliff Lake, NJ 07677

County (6):
Bergen

County Code (7) (STATE USE ONLY):

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

Name of Abatement Contractor (9):
Gr Tech LLC

Street Address:
576 Valley Rd #283

City, State, Zip Code:
Wayne, NJ 07470

License No.:
973-638-1777

License No.:
01127

Name of OSHA Monitor:
Envirovision Consultants, Inc

Street Address:
20-21 Nagara Road, Bldg. # 3SE

City, State, Zip Code:
Fair Lawn, NJ 07410

Scope of Work (Check all that apply):

- 3.5 ft or > 3 ft
- 30-180 sf or > 260 sf

Renovation
Dismantlement

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, V.A.T. or other miscellaneous):

Amount (Specify SIF or LF):

Abatement Type:

Demolition

Location of Asbestos-Containing Material (ACM):

NOT TO BE ABATED:

IN Facility (13):

Disposal Date:
TBD

Cubic Yards of Waste:
TBD

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

City, State:
Wayne, NJ 07470

Name of Registered Waste Hauler:
Gr Tech LLC

0033785

City, State:
Wayne, NJ 07470

Disposal Date:
TBD

Tullytown, PA

Signature:
N. Jevtic

Owner

MAY 11

* 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)
7/07/2016

Name of Building Owner/Operator (2)
Chris Davis

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

Street Address

City, State, Zip Code
Dumont, NJ 07628

Name of Contact
Chris Davis

ASBESTOS CONTROL &
Telephone Number

FACILITY INFORMATION

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

Square Feet
n/a

# of Floors
n/a

Bldg. Age
n/a

County Code (7) (STATE USE ONLY)

Current Use (Prior to being demolished)
Private Dwelling

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/Hired by Building Owner (8)
Standart Enviroimental Services

ASCM No.

Name of Abatement Contractor (9)
Amax Contracting LLC

Project Manager for Monitoring Firm
Kayode Adefisoye

Telephone No.
347-241-7673

Street Address
2108 Fulton Ave Suite 2A

City, State, Zip Code
Brooklyn NY 11233

License No.
01266

Start Date (10)
07/18/2016

Scheduled Completion Date (11)
07/20/2016

Name of OSHA Monitor
Amax Contracting LLC

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

Scope of Work (Check All That Apply)
☒ 23 sf or 23 If
☐ ≥160 sf or ≥260 sf
☒ Renovation
☑ Demolition

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

Is Location
normally Used Solely by
Maintenance/Custodial Staff?

Location Description
Is Location
normally Used Solely by
Maintenance/Custodial Staff?

BASEMENT

No

Pipe insulation

50 LF

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

Name of Registered Waste Hauler
Amax Contracting LLC

NJDEP Waste Hauler ID No.
0036184

Cubic Yards
2 CY

Name of Registered Landfill
GROWS

City, State
Woodland Park New Jersey 07424

Disposal Date
07/26/2016

City, State
Morrisville, PA

Completed by
Tomiaslaskov

Title
Project Manager

Signature

Date
07/07/2016

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)
6/27/2016

Name of Building Owner/Operator (2)
Nora Williams

Agencies Notified
EPA
DEP
DOL
DOH
DCA

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

Street Address
City, State, Zip Code
Ridgewood, NJ 07450

Name of Contact
Nora Williams

FACILITY INFORMATION

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

Street Address

City (5)
Ridgewood

County (6)
Bergen

County Code (7)
STATE USE ONLY

Current Use (Prior if being demolished)
Residential

Square Feet
2,500

# of Floors
2

Bldg. Age
80

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 Hired by Building Owner (8)
TBD

ASCM No.

Name of Abatement Contractor (9)
Sky Contracting, LLC

Street Address
1385 Valley Road, Suite K

City, State, Zip Code
Wayne, New Jersey 07470

Telephone No.
(973) 928-5040

License No.
00874

Start Date (10)
7/6/2016

Scheduled Completion Date (11)
7/15/2016

Name of OSHA Monitor
Sky Contracting, LLC

Street Address
1385 Valley Road, Suite K

City, State, Zip Code
Wayne, New Jersey 07470

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
- ≥150 sf or ≥250 sf
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Frible Procedure

Location of Asbestos-Containing Material (ACM)

LOCATION TO BE ABATED

TO BE ABATED IN FACILITY

(13)

Attic

Yes
No
N/A

Vermiculite Insulation

660 SF

Description of Asbestos-Containing Material (ACM)

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

Amount

(Specify SF or LF)

Removal

Repair

Encapsulation

Disposal

Endure

Name of Registered Waste Hauler

Service Transport Group, Inc.

NJ DEP Waste Hauler ID No.
20990

Cubic Yards of Waste
10

Name of Registered Landfill
Minerva Enterprises, LLC

City, State
Waynesburg, Ohio

Completed by
Predrag Sarcev
Title
Vice President

Signature

Date
6/27/2016

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:69 and 12-120)

Date of Notification (1):
07/07/2016

Name of Building Owner/Operator (2):
Mindy Kenny

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

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

Street Address:

City, State, Zip Code:
Montclair, NJ 07043

Name of Contact:
Mindy Kenny

Telephone Number:

FACILITY INFORMATION

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

Street Address:

City (5):
Montclair

County (5):
Essex

County Code (7): (STATE USE ONLY)

Square Feet:
N/A

# of Floors:
N/A

Bldg. Age:
N/A

Current Use (Prior if being demolished):
House

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

ASCM No.:

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

Street Address:
11 Rosengren Avenue

City, State, Zip Code:
Totowa, NJ 07512

Project Manager for Monitoring Firm:

Telephone No.:
973-345-8885

License No.:
00675

Start Date (10):
07/18/2016

Scheduled Completion Date (11):
07/19/2016

Name of OSHA Monitor:
D&S Abatement, Inc.

Street Address:
11 Rosengren Avenue

City, State, Zip Code:
Totowa, NJ 07512

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

Scope of Work (Check All That Apply):
☒ ≥30 sf or ≥3 If
☒ ≥150 sf or ≥250 If
☐ Renovation
☒ Demolition

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

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

Yes ☒
No
N/A

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

Amount (Specify SF or LF):
115 LF

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

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

NJDEP Waste Hauler ID No.:
20996

Cubic Yards of Waste:
TBD

Name of Registered Landfill:
Waste Management of PA

City, State:
Totowa, NJ

Completed by:
Ned Joksimovic

Title:
PM

Signature:

Date:
07/07/2016

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

**Name of Building Owner/Operator**: Rob Smith Private Home

**City, State, Zip Code**: Manahawkin NJ 08050

**Name of Contact**: Rob

**Telephone Number**: [Redacted]

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place</th>
<th>Type of Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rob Smith Private Home</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Square Feet</th>
<th># of Floors</th>
<th>Bldg. Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>1000</td>
<td>1</td>
<td>35+</td>
</tr>
</tbody>
</table>

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

**Name of Abatement Contractor**: Pernaco Inc.

**Street Address**

**City, State, Zip Code**: PO Box 329

West Berlin NJ 08091

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

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

**License No.**: 00727

**Start Date**: 7/21/16

**Scheduled Completion Date**: 7/27/16

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

**Other – Describe**: Same

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

- [ ] ≥ 3 sf or ≥ 3 if
- [ ] ≥ 160 sf or ≥ 260 if
- [ ] Renovation
- [ ] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Exterior Siding</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
</table>

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

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

<table>
<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1000 SF</td>
</tr>
</tbody>
</table>

**Abatement Type**

<table>
<thead>
<tr>
<th>Removal</th>
<th>Repair</th>
<th>Encapsulate</th>
<th>Endorse</th>
</tr>
</thead>
</table>

**Name of Registered Waste Hauler**

United Containers

NUDEP Waste Hauler ID No.: 22459

Cubic Yards of Waste: 3

**Name of Registered Landfill**

G.R.O.W.S.

**City, State**

Morrisville PA 19067

**Disposal Date**: 7/27/16

**Completed by**: Anthony T Perna

**Title**: President

**Signature**: [Signature]

**Date**: 7/8/16

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