**State of New Jersey**  
**Notification of Asbestos Abatement**  
(Pursuant to NJAC 8:20 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>7/14/15</td>
<td>P.S.E.G.</td>
</tr>
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<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
</tr>
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<tbody>
<tr>
<td>EPA</td>
<td>Initial Amendment</td>
</tr>
<tr>
<td>DEP</td>
<td></td>
</tr>
<tr>
<td>DOL</td>
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</tr>
<tr>
<td>DOH</td>
<td></td>
</tr>
<tr>
<td>DCA</td>
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</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>4000 Hadley Road</td>
<td>South Plainfield, NJ 07080</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Name of Contact</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Michael Percarpio</td>
<td>509-128-800</td>
</tr>
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</table>

**Facility Information**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement Is Taking Place (3)</th>
<th>Type of Facility (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>184 Van Keuren Ave.</td>
<td>School (K-12)</td>
</tr>
<tr>
<td></td>
<td>Other than K-12</td>
</tr>
<tr>
<td></td>
<td>Private &amp; Commercial</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>County (5)</th>
<th>County Code (7)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hudson</td>
<td>777</td>
</tr>
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<table>
<thead>
<tr>
<th>Environmental Tactics</th>
<th>Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASCM No. 0046</td>
<td>Unique Systems of America</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>64 Broad Street</td>
<td>Matawan, NJ 07747</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tom Geiger</td>
<td>732-232-2217</td>
</tr>
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<table>
<thead>
<tr>
<th>Start Date</th>
<th>Scheduled Completion Date</th>
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<tbody>
<tr>
<td>7/19/15</td>
<td>7/23/15</td>
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<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check Only One)</th>
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</thead>
<tbody>
<tr>
<td>School</td>
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<tr>
<td>Other</td>
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<table>
<thead>
<tr>
<th>Scope of Work (Check All That Apply)</th>
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</thead>
<tbody>
<tr>
<td>Demolition</td>
</tr>
<tr>
<td>Renovation</td>
</tr>
<tr>
<td>Outdoors</td>
</tr>
<tr>
<td>Full Containment with Negative Pressure</td>
</tr>
<tr>
<td>Mini-Enclosure Glovebox Procedure</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description of Asbestos Containing Material (ACM) - (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transite Dust Bank 1200 SF</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>NJDEP Waste Hauler ID No.</th>
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<tbody>
<tr>
<td>Waste Management</td>
<td>1125</td>
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<table>
<thead>
<tr>
<th>City, State</th>
<th>Disposal Date</th>
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<tbody>
<tr>
<td>Elizabeth, NJ</td>
<td>7/23</td>
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</table>

<table>
<thead>
<tr>
<th>Completed by</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carol Raivo</td>
<td>Office MGR.</td>
</tr>
</tbody>
</table>

*Do not use this form for asbestos license exempted activities.
Date of Notification (3): 7/6/15

Name of Building Owner/Operator (2): P.S.E.G.

Street Address: 4000 HADLEY ROAD
City, State, Zip Code: SOUTH PLAINFIELD, NJ 07080

Date: 7/6/15 Time: 4:28 PM

Name of Contact: MICHAEL PERCARIO
Telephone Number: "

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

Street Address: 186 VAN KEUREN AVE.
City, State, Zip Code: JERSEY CITY, NJ 07307

Name of Monitoring Firm Hired by Building Owner (8)
ENVIRONMENTAL TACTICS
ASCM No. 0046

Name of Abatement Contractor (9)
UNIQUE SYSTEMS OF AMERICA
Street Address: 398 WHITEHEAD AVE.
City, State, Zip Code: SOUTH RIVER, NJ 08882

Telephone No.: 732-232-2217
License No.: 01111

Start Date (10) Scheduled Completion Date (11):
7/9/15 7/9/15

Name of OSHA Monitor
UNIQUE SYSTEMS OF AMERICA
Street Address: 398 WHITEHEAD AVE.
City, State, Zip Code: SOUTH RIVER, NJ 08882

Scope of Work (Check All That Apply)
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebox Procedure
- Non-Exempted (C) and Non-Flexible Procedure

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

Description of Asbestos Containing Material (ACM)
- Thermal systems insulation
- Suffering, VAT, or other miscellaneous

Amount (Specify SF or LF)
1200 SF

Abatement Type
- Removal
- Repair
- Encapsulate
- Endorsement

Name of Registered Waste Hauler: WASTE MANAGEMENT
NJDEP Waste Hauler ID No.: 1125
City, State, Zip Code: ELIZABETH, NJ

Completed by CAROL RAIMO
Title: OFFICE MGR.
Signature: JDOE Date: 7/6/15

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 6:60 and 12:120)

Date of Notification (1) 11/14/15
Name of Building Owner/Operator (2) Richard Leeman

Agencies Notified	Type Notification
☐ EPA
☐ DEP
☐ DOL
☐ Amended #
☐ DOH
☐ Cancellation
☐ Amendment (Including Justification)

Street Address
1254 Paul Blvd.
City, State, Zip Code
Manahawkin, NJ 08050

Name of Contact	Telephone Number
Eric Plackis

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

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

Street Address
1254 Paul Blvd
City (5)
Manahawkin
County (6)
Ocean

Square Feet
6,030
# of Floors
2
Bldg. Age
44

Current Use (Prior if being demolished)
Home

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

Name of Abatement Contractor (9)
Brick Industries Inc.

Street Address
P.O. Box 915
City, State, Zip Code
Brick, New Jersey 08723

Project Manager for Monitoring Firm
Telephone No.
(732)999-7499
License No.
01196

Start Date (10)
7/14/15
Scheduled Completion Date (11)
7/12/15

Name of OSHA Monitor

Occcupancy 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)

☒ 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

Location Normally Used Solely by Maintenance/Custodial Staff

Yes
No
NIA

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
Endorse

Name of Registered Waste Hauler
Brick Industries Inc.
NJDEP Waste Hauler ID No.
21602
Cubic Yards of Waste
7
Name of Registered Landfill
GROWS Inc.

City, State
Brick, New Jersey
Disposal Date
7/12/15
City, State
PA

Completed by
Eric Plackis
Title
President
Signature

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

**State of New Jersey**

**NOTIFICATION OF ASPEROS ABATEMENT**

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

**Check #: 6372**

**Date of Notification:** 07/13/15

**Name of Building Owner/Operator:** Newark Public Schools

**Street Address:** 2 Cedar Street

**City, State, Zip Code:** Newark, NJ 07102

**Name of Contact:** Douglas Bland, Bus. Admin.

### FACILITY INFORMATION

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

Newton Street School

150 Newton Street

City (7)  Essex  County Code (7)  STATE USE ONLY

**Newark, NJ 07103**

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

TTI Environmental Inc.

**Street Address:** 1253 North Church Street

**City, State, Zip Code:** Clifton, NJ 07013

**Project Manager for Monitoring Firm:** Jim Guidardi

**Telephone Number:** 856-840-8800

**Scheduled Start Date:** 07/15/15

**Scheduled Completion Date:** 07/18/15

**Occupancy Status During Abatement:**

- [ ] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility Hours

**Scope of Work:**

- [X] Renovation
- [ ] Full Containment with Negative Pressure
- [X] Mini-Enclosure
- [X] Glovebag Procedure
- [ ] Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Normally Used Solely by Maintenance/Custodial Staff</th>
<th>Description of Asbestos-Containing Material (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>Pipe Insulation w/ associated fittings</td>
<td>80 LF</td>
<td></td>
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</table>

**Name of Registered Waste Hauler:**

**NJDEP Waste Hauler ID No.:**

Four Strong Builders, Inc.

12609

**Cubic Yards of Waste:**

Tullytown, PA

**Disposal Date:**

**Name of Registered Landfill:**

G.R.O.W.S., Inc.

**City, State:**

Clifton, NJ

**Completed By:**

**Title:**

**Signature:**

**Date:**

ASB-61

JUN 95

Nick Zivkovic  President

7/13/15
**State of New Jersey**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60 and 12:128)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>7-15-2015</th>
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<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>City of Paterson</td>
</tr>
<tr>
<td>Street Address</td>
<td>155 Market Street</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Paterson, NJ 07505</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Telephone Number</td>
</tr>
<tr>
<td>EPA</td>
<td>DOL</td>
</tr>
<tr>
<td>Initial</td>
<td>Amended</td>
</tr>
<tr>
<td>Name of Facility Where Abatement Is Taking Place (3)</td>
<td>2 family house for demo</td>
</tr>
<tr>
<td>Street Address</td>
<td>216 Spring Street</td>
</tr>
<tr>
<td>City</td>
<td>Paterson</td>
</tr>
<tr>
<td>County</td>
<td>Passaic</td>
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<tr>
<td>Name of Monitoring Firm Hired by Building Owner (6)</td>
<td>n/a</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>n/a</td>
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<tr>
<td>Start Date (10)</td>
<td>7-15-2015</td>
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<tr>
<td>Scheduled Completion Date (11)</td>
<td>7-20-2015</td>
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<tr>
<td>Occupancy Status During Abatement (Check Only One)</td>
<td>2</td>
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<tr>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
<td>Other - Describe:</td>
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<tr>
<td>Scope of Work (Check All That Apply)</td>
<td>X LINING DUMPSTER + WETTING MATERIALS</td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (12)</td>
<td>Entire house</td>
</tr>
<tr>
<td>Is Location Normally Used Solely by Maintenance/Custodial Staff?</td>
<td>Yes</td>
</tr>
<tr>
<td>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td>To be disposed of as ACM</td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
<td>Unknown</td>
</tr>
<tr>
<td>Name of Registered Waste Handler</td>
<td>Vechkarell Contracting Inc.</td>
</tr>
<tr>
<td>NJDEP Waste Handler ID No.</td>
<td>16510</td>
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<tr>
<td>Name of Registered Landfill</td>
<td>GROWS Landfill</td>
</tr>
<tr>
<td>City, State</td>
<td>Wayne, NJ 07470</td>
</tr>
<tr>
<td>Completed by</td>
<td>E. Cirovic</td>
</tr>
<tr>
<td>Title</td>
<td>Secretary</td>
</tr>
<tr>
<td>Date</td>
<td>7-15-2015</td>
</tr>
</tbody>
</table>

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

Date of Notification (1)
07-16-2015

Name of Building Owner / Operator (2)
UFVS Management Company

Agencies Notified
• EPA
• DEP
• DOL
• DOH
• DCA

Type Notification
• Initial
• Amended
• Emergency
• Cancellation

Street Address
287 Bowman Avenue
City, State & Zip Code
Purchase, NY 10577

Name of Contact

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
600 Washington Street

City (5)
Hoboken, NJ
County (6)
Hudson
County Code (7)

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

Square Feet
3,400
# of Floors
4
Bldg. Age
110 yrs

Current Use (Prior if being demolished)
1st Floor=Commercial, 2 & 3rd Floor = Apartments

Name of Monitoring Firm Hired by Building Owner (8)
ASCM No.
117

Health and Safety Services
Name of Abatement Contractor (9)
Resource Management Group, LLC

Street Address
P.O. Box 365
City, State & Zip Code
Berlin, NJ 08009

City, State & Zip Code
Trenton, NJ 08619

Project Manager for Monitoring Firm
Mr. Jim Proctor
Telephone Number
856-452-1311

Telephone Number
609-914-4279

License Number
01185

Name of OSHA Monitor
J&S Environmental Laboratories Inc

Street Address
2333 Route 22 West
City, State & Zip Code
Union, NJ 07083

Occupancy Status During Abatement (Check only one)
• Facility Closed/Vacated During Entire Period of Abatement
• Abatement Performed during Normal Hours:
  Describe: 8:30pm-5:30pm
• Facility Occupied During Abatement

Scope of Work (Check all that apply)
• ≥3 sf or ≥3 If
• 160 sf ≥280 If
• Renovation
• Demolition

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

Is Location Normally Used Solely by Maintenance or Custodial Staff?
Yes No N/A

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

Basement- Boiler
Heat Shield
6 SF

Name of Registered Waste Hauler
NJDEP Waste Hauler ID No.
0035218

Cubic Yards of Waste
TBD

Name of Registered Landfill
Grows Landfill

City, State
Trenton, NJ 08619

Disposal Date
TBD

Name of Registered Waste Hauler
Resource Management Group, LLC

City, State
Trenton, NJ 08619

Completed By (Print or Type)
Mr. Brian Haney
Title
President
Signature

Date
07/16/2015
Date of Notification (1) 07/14/2015

Name of Building Owner/Operator (2)
MCP Real Estate & Investment Management LLC

Street Address 4 Brighton Road
Clifton, NJ 07012

Name of Contact Len Kanarek
Tel. No. 973-240-1800

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
(Former) Annie Sez Retail Space

Street Address 490 Broad Street
Shrewsbury, Monmouth

Project Manager for Monitoring Firm Gavin Gilmore
Telephone Number 973-240-1800

Scheduled Start Date (10) 07/29/2015
Scheduled Completion Date (11) 08/14/2015

Occupancy Status During Abatement (Check only one)
(X) Facility Closed/Vacated During Entire Period of Abatement
(X) Abatement Performed Outside of Normal Facility Hours - Describe:
Work area is unoccupied during abatement

Source of Work (Check all that apply)
(X) Demolition
(X) Renovation

Location of Asbestos-Containing Material (ACM)
To be Abated in Facility (13)

X YES NO N/A

Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous.) Amount (Specify SF or LF) Abatement Type

Asbestos-Contaminated Carpet/Carpert Glue and Asbestos-Containing Residual Black Mastic ~11,575 SF X

Asbestos-Containing Black Mastic (beneath "floating" laminate flooring) ~1,825 SF

Asbestos-Containing 12" x 12" (brown) Vinyl Floor Tile and Associated Black Mastic ~670 SF

Asbestos-Containing Vinyl Floor Tile and Asbestos-Containing Black Mastic ~425 SF

Name of Reg. Waste Hauler Newark Carting, Inc.
NJDEP Waste Hauler ID # 04509

Cubic Yards of Waste 30
Name of Reg. Landfill Grand Central Sanitation
Address, City, State 1993 Pen Argyll Road
369 Raymond Blvd., Newark, NJ 07105
Disp. Date 08/14/2015
Completed by (Print or Type) Title Signature
David Camacho General Manager 07/14/2015
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>07/14/15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>ST. Peters Episcopal Church</td>
</tr>
<tr>
<td>Street Address</td>
<td>70 Maple Ave.</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Morristown, NJ</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Osh Khublal</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>609-577-1691</td>
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</tbody>
</table>

**FACILITY INFORMATION**

- **Name of Facility Where Abatement is Taking Place (3)**
  - St. Peters Episcopal Church

- **Street Address**
  - 70 Maple Ave.

- **City (5) County (6) County Code (7)**
  - Morristown
  - Morris
  - 07110

- **Name of Monitoring Firm Hired by Bldg. Owner (9)**
  - ASCM No. N/A

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

- **Street Address**
  - 5 Marquerte Lane

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

- **Telephone Number**
  - 973-901-0163

- **License Number**
  - 01268

- **Scheduled Start Date (10)**
  - 07/24/15

- **Scheduled Completion Date (11)**
  - 07/25/2015

- **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 l.f.
  - ☑ ≥ 160 sf or ≥ 260 l.f.
  - ☑ Renovation
  - ☑ Demolition
  - ☑ Mini-Enclosure
  - ☑ Glovebag Procedure
  - ☑ Non-Friable Procedure

- **Location of Asbestos-Containing Material (ACM) in Facility (13)**
  - Is Location Normally Used Solely by Maint./Custodial Staff? (12)
    - YES
    - NO
    - NA
  - Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other misc.)
    - Boiler wrapping
    - 216 SF
  - Amount (Specify SF or L.F.)
    - 1
  - Abatement Type
    - Remove Repair Encap. Enclose

<table>
<thead>
<tr>
<th>Name of Reg. Waste Hauler</th>
<th>NUDEP Waste Hauler ID #</th>
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</thead>
<tbody>
<tr>
<td>Waste Management of Pennsylvania</td>
<td>32604</td>
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<table>
<thead>
<tr>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>T.R.R.F</td>
<td></td>
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<table>
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<tr>
<th>Disposal Date</th>
<th>City, State</th>
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<tbody>
<tr>
<td></td>
<td>Tullytown, PA</td>
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<table>
<thead>
<tr>
<th>Completed by (Print or Type)</th>
<th>Title</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nedo Vasilić</td>
<td>President</td>
<td>Nedo Vasilić</td>
<td>07/14/15</td>
</tr>
</tbody>
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**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 8:60 and 12:20/N.J.A.C. 7:26-2.12)

<table>
<thead>
<tr>
<th>Date of Notification (1):</th>
<th>07/10/2015</th>
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<tbody>
<tr>
<td>Name of Building Owner/Operator (2):</td>
<td>Stepan Company</td>
</tr>
<tr>
<td>Agencies Notified:</td>
<td>E</td>
</tr>
<tr>
<td>Type Notification:</td>
<td>Initial</td>
</tr>
<tr>
<td>Street Address:</td>
<td>100 West Hunter Avenue</td>
</tr>
<tr>
<td>City, State, Zip Code:</td>
<td>Maywood, NJ 07607</td>
</tr>
<tr>
<td>Name of Contact:</td>
<td>Todd Arnold</td>
</tr>
<tr>
<td>Telephone Number:</td>
<td>732-406-3129</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

| Name of Facility Reactor Building: | 100 West Hunter Avenue |
| City/ (5): | Maywood |
| County (6): | Bergen |
| County Code (7): | 07607 |
| Name of Monitoring Firm Hired by Building Owner: | ABE Environmental and Consultant |
| ASCM No.: | |
| 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: | |
| Name of Abatement Contractor (9): | Apex Development, Inc. |
| Street Address: | 658 Rutgers Place |
| City, State, Zip Code: | Paramus, NJ 07652 |

| Project Manager for Monitoring Firm: | Don Anibogu |
| Telephone No.: | 732-406-3129 |
| Start Date (10): | 07/27/15 |
| Scheduled Completion Date (11): | 08/31/15 |
| Name of OSHA Monitor: | Metro Analytical Laboratories |
| Street Address: | 255 West 36th Street, Suite 203 |
| City, State, Zip Code: | New York, New York, 10018 |

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

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply):</th>
<th>Renovation</th>
<th>Demolition</th>
</tr>
</thead>
<tbody>
<tr>
<td>( \geq 3 \text{ sf or } \geq 3 \text{ lf} )</td>
<td></td>
<td></td>
</tr>
<tr>
<td>( \geq 150 \text{ sf or } \geq 260 \text{ lf} )</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>ROOF</td>
<td>X</td>
<td>ROOF TRANSITE</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Is Location Normally Used Solely by Maintenance/Custodial/Staff? (12):</th>
<th>( \geq 3 \text{ SF or LF} )</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous):</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ROOF TRANSITE</td>
<td>4,600 SF</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Abatement Type:</th>
<th>Removal</th>
<th>Repair</th>
<th>Encapsulation</th>
<th>Enclosure</th>
</tr>
</thead>
<tbody>
<tr>
<td>ROOF TRANSITE</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Name of Registered Waste Hauler: | TRI-STATE TRANSFER ASSOC., INC. |
| NDEP Waste Hauler ID No.: | |
| Cubic Yards of Waste: | 30 |
| Name of Registered Landfill: | MINERVA ASSOC., INC. |
| City, State: | Waynesburg, OH 44688 |

| Completed By: | Sylvester Oraegbunam |
| Title: | President |
| Signature: | |
| Date: | 07/10/2015 |
**State of NJ**  
**Notification of Asbestos Abatement**  
(Pursuant to NJAC 8:60-7 and 12:120-7)  
***EMERGENCY***  

**Date of Notification (1)**  
07/14/2015

**Name of Building Owner/Operator (2)**  
Montclair State University

**Street Address**  
1 Normal Avenue

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

**Name of Contact**  
Amy Ferdinand

**Telephone Number**  
973 000

---

**FACILITY INFORMATION**

**Name of facility where abatement is taking place (3)**  
Montclair State University - Finley Hall

**Street Address**  
1 Normal Avenue

**City (5)**  
Montclair

**County (6)**  
Essex

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

**Type of Facility (4)**  
[X] Subchapter 8 (Other than K-12)

**Square Feet**  

**# of Floors**  

**Bldg. Age**  

**Current Use (Prior if being demolished)**  
School - NON Sub 8

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

**Street Address**  
105 Ryerson Road

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

**Telephone Number**  
(973) 000-000

**License Number**  
00378

**Name of OSHA Monitor**  
B & G Restoration, Inc.

**Street Address**  
105 Ryerson Road

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

---

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

- Facility closed/vacated during entire period of abatement.
- Abatement performed outside of normal facility hours.
- Other: Describe (12)

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Description</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>room 118</td>
<td>pipe insulation debris</td>
<td>100 sf</td>
</tr>
<tr>
<td>room 118</td>
<td>pipe insulation</td>
<td>200 lf</td>
</tr>
</tbody>
</table>

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

- Yes
- No
- N/A

**Location normally used solely by maintenance/custodial staff (14)**

**Registered Waste Hauler**  
B & G Restoration, Inc.

**Cubic Yards of Waste (15)**

<table>
<thead>
<tr>
<th>City, State</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lincoln Park, NJ</td>
<td>Tullytown Resource &amp; Recovery Center</td>
</tr>
</tbody>
</table>

**Disposal Date**  
07/16/2015

**City, State**  
Tullytown, PA

**Completed by (Print or Type)**

**Gordana Luna**

**Title**  
Secretary/Treasurer

**Signature**

Gordana Luna

**Date**  
07/14/2015
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:12.1)

<table>
<thead>
<tr>
<th>Data of Notification (1)</th>
<th>7/15/15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>VALE NEW HOMES LLC</td>
</tr>
<tr>
<td>Agency Notified</td>
<td>EPA</td>
</tr>
<tr>
<td>Type Notification</td>
<td>Initial</td>
</tr>
<tr>
<td>Street Address</td>
<td>15 JUMBO ST</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>HARRISON, N.J. 07029</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>MR. VITALE, VINCENT</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>973-123-4567</td>
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FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>BUILDING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>409 CROSS ST</td>
</tr>
<tr>
<td>City (5)</td>
<td>HARRISON, N.J.</td>
</tr>
<tr>
<td>County (6)</td>
<td></td>
</tr>
<tr>
<td>Current Use (Prior to being demolished)</td>
<td>HOUSE</td>
</tr>
<tr>
<td>Type of Facility (4)</td>
<td></td>
</tr>
<tr>
<td>School (K-12)</td>
<td></td>
</tr>
<tr>
<td>School Chapter 8 (Other than K-12)</td>
<td></td>
</tr>
<tr>
<td>Other (e.g., private &amp; commercial buildings, homes, etc.)</td>
<td></td>
</tr>
<tr>
<td>Square Feet</td>
<td>3,000</td>
</tr>
<tr>
<td># of Floors</td>
<td>2</td>
</tr>
<tr>
<td>Bldg. Age</td>
<td>80</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>ASCM No.</th>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>P.O. BOX 814</td>
<td></td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>OLD BRIDGE, N.J. 08857</td>
<td></td>
</tr>
<tr>
<td>Telephone No.</td>
<td>732-338-7500</td>
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<tr>
<td>Licenses No.</td>
<td>00-806</td>
<td></td>
</tr>
<tr>
<td>Name of OSHA Monitor</td>
<td>NOVATECH INC</td>
<td></td>
</tr>
<tr>
<td>Street Address</td>
<td>P.O. BOX 814</td>
<td></td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>OLD BRIDGE, N.J. 08857</td>
<td></td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
</tr>
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<tbody>
<tr>
<td></td>
<td></td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demolition</td>
</tr>
<tr>
<td>Fines Containing Material (ACM) TO BE ABATED</td>
</tr>
<tr>
<td>IN Facility (19)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM)</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>EXTERIOR</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description of Asbestos-Containing Material (ACM) (Lo., thermal systems insulation, surfacing, V.A.T., or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SIDING</td>
<td>4,900 SF</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>NOVATECH INC</th>
</tr>
</thead>
<tbody>
<tr>
<td>NDEP Waste Handler ID No.</td>
<td>18301</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td>0</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>GROW</td>
</tr>
</tbody>
</table>
# State of New Jersey
## NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

### Date of Notification (1)
05/12/15

### Name of Building Owner/Operator (2)
U.S. Army Corps of Engineers (New York District)

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

### Type Notification
- [ ] Initial
- [ ] Amended
- [ ] Amendment #03
- [ ] Emergency (including justification)
- [ ] Cancellation

### Street Address
26 Federal Plaza

### City, State, Zip Code
New York, NY 10275

### Name of Contact
Mr. Eric Hall

### Telephone Number

### FACILITY INFORMATION

**Name of Facility Where Abatement Is Taking Place (3)**
Caven Point Marine Terminal

**Street Address**
3 Chapel Avenue

**City**
Jersey City

**County (5)**
Hudson

**County Code (7)**

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

**Square Feet**
40,000

**# of Floors**
1

**Bldg. Age**
50 +

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

### Name of Monitoring Firm Hired by Building Owner (8)
PARS Environmental, Inc.

### ASCM No.

### Name of Abatement Contractor (9)
J.R. Contracting & Environmental Consulting, Inc.

### Street Address
1141 Route 23

### City, State, Zip Code
Wayne, NJ 07470

### Telephone No.
973-628-9200

### License No.
00408

### Name of OSHA Monitor
Enviro Vision Consultants, Inc.

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

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

### Start Date (10)
05/26/15

### Completion Date (11)
09/30/15

### 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: Hours: Mon - Fri - 7:00 a.m. - 3:30 p.m.

### Scope of Work (Check All That Apply)
- [ ] 23 sf or 23 ft
- [ ] ≥160 sf or ≥260 ft
- [ ] Renovation
- [x] Demolition
- [ ] Full Containment with Negative Pressure
- [x] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulations, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administration Area - A</td>
<td>X</td>
<td>Transite Panels</td>
<td>3,500 SF</td>
<td>X</td>
</tr>
<tr>
<td>Administration Area - B</td>
<td>X</td>
<td>Transite Panels</td>
<td>1,600 SF</td>
<td>X</td>
</tr>
<tr>
<td>Tool Shop Rm 109/Storage Rm 110</td>
<td>X</td>
<td>Transite Panels</td>
<td>1,200 SF</td>
<td>X</td>
</tr>
</tbody>
</table>

See attached Continuation Sheet

### Name of Registered Waste Hauler
J.R. Contracting & Environmental Consul., Inc

### NJDEP Waste Hauler ID No.
17819

### Cubic Yards of Waste
40

### Name of Registered Landfill
Grand Central Landfill

### City, State, Zip Code
Wayne, New Jersey

### Disposal Date
7/14/15

### City, State, Zip Code
Penn Argyl, Pennsylvania

### Completed by
Jerry Bijelonic

### Title
Project Manager

### Signature

### Date

* Do not use this form for asbestos licensure exempted activities.
<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>Bay 8</td>
<td>X</td>
<td>VAT</td>
<td>200 SF</td>
<td>X</td>
</tr>
<tr>
<td>Bay 9</td>
<td>X</td>
<td>Transite Siding</td>
<td>100 SF</td>
<td>X</td>
</tr>
<tr>
<td>Bay 10</td>
<td>X</td>
<td>VAT</td>
<td>1,800 SF</td>
<td>X</td>
</tr>
<tr>
<td>Bay 10</td>
<td>X</td>
<td>Pipe Insulation</td>
<td>20 LF</td>
<td>X</td>
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<tr>
<td>Bay 8</td>
<td>X</td>
<td>Transite Panels</td>
<td>800 SF</td>
<td>X</td>
</tr>
</tbody>
</table>
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)  7/15/15
Agency Notified Type Notification [ ] Initial
[ ] Amended
[ ] Amendment # [ ] Emergency (excluding justification)
[ ] Cancellation
Name of Building Owner/Operator (2) MS JOANNE YANESKI
Street Address 20 PARK VIEW ST
City, State, Zip Code BELLEVILLE, N.J. 0709
Name of Contact MS. YANESKI
Telephone Number 91

FACILITY INFORMATION
Name of Facility Where Abatement is Taking Place (3) MS. YANESKI
Street Address 20 PARK VIEW ST
City (5) BELLEVILLE
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 3000
# of Floors 2
Bldg. Age 1924
Current Use (Prior if being demolished) RESIDENCE

Name of Monitoring Firm Hired by Building Owner (6) Best Removal Inc
City, State, Zip Code Hackensack, N.J. 07601
Project Manager for Monitoring Firm Telephone No. 201-329-7444
License No. 00388
Start Date (10) 7/27/15
Scheduled Completion Date (11) 7/28/15
Name of Abatement Contractor (8)
Omega Environmental
Street Address 280 Huyler St
City, State, Zip Code S. Hackensack, N.J. 07606

Scope of Work (Check all that apply)
[ ] 500 sq ft or less
[ ] Over 500 sq ft and 2,500 sq ft
[ ] 2,500 sq ft and over

Location of Asbestos-Containing Material (ACM) TO BE ABATED
Locations Normally Used Solely by Maintenance/ Custodial Staff? (13)

<table>
<thead>
<tr>
<th>Location</th>
<th>ASCM Used Solely</th>
<th>Description of ACM (i.e., thermal systems insulation, scaffolding, 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>40LF X</td>
</tr>
<tr>
<td>BASEMENT</td>
<td>No</td>
<td>THERMAL SURFACING</td>
<td>45SF X</td>
</tr>
</tbody>
</table>

Location of Registered Waste Hauler
Best Removal Inc
ID No. 17109
Cubic Yards of Waste 3420

Name of Registered Landfill
Cumberland County Landfill
Disposal Date 7/28/15
City, State Newburgh, PA. 17240

Completed by
J. MAIORANO Title Estimator
Signature
Date 7/15/15

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

Date of Notification (7)
7/14/15

Name of Building Owner/Operator (8)
HELEN CHOU

Street Address
53 CREST ROAD

City, State, Zip Code
 Ridgefield, NJ 07657

Name of Abatement Contractor (9)
A. Mac Contracting Inc.

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

Footnote:
* Do not use this form for asbestos license exempted activities.
## State of New Jersey
### NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:80 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>7/15/15</th>
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</thead>
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### Agencies Notified
- [ ] EPA
- [x] DEP
- [ ] DOL
- [x] DOH
- [ ] DCA

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

<table>
<thead>
<tr>
<th>Street Address</th>
<th>612 Park Place</th>
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</table>

<table>
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<tr>
<th>City, State, Zip Code</th>
<th>River Vale, NJ 07675</th>
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<table>
<thead>
<tr>
<th>Name of Contact</th>
<th>Clifford Van Dyk</th>
</tr>
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</table>

### FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Facility Where Abatement is Taking Place (3)</th>
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</thead>
<tbody>
<tr>
<td>Van Dyk</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>612 Park Place</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>City</th>
<th>River Vale</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>County</th>
<th>Bergen</th>
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</thead>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>ASCM No.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of Abatement Contractor (9)</th>
<th>A. Mac Contracting Inc.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>165 Vreeland Ave.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>Midland Park, N.J.</th>
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</thead>
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<table>
<thead>
<tr>
<th>Telephone No.</th>
<th>201-262-5841</th>
</tr>
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<table>
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<tr>
<th>License No.</th>
<th>00156</th>
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<tr>
<th>Start Date (10)</th>
<th>7/15/15</th>
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</table>

<table>
<thead>
<tr>
<th>Scheduled Completion Date (11)</th>
<th>7/17/15</th>
</tr>
</thead>
</table>

### Scope of Work (Check All That Apply)
- [ ] 23 sf or less
- [ ] 23 sf
- [x] 160 sf or greater

### Abatement Type
- [ ] Partial Enclosure
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovesbag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
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</table>

### Description of Asbestos-Containing Material (ACM)

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

<table>
<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>265 sq ft</td>
</tr>
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</table>

### Name of Registered Waste Hauler

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>Newark Carting, Inc.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>NJDEP Waste Hauler ID No.</th>
<th>04509</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
<th>Grand Central Sanitary Landfill</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>Newark, N.J. 07105</th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Disposal Date</th>
<th>7/15/15</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>Pen Argyl, PA 08072</th>
</tr>
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</table>

### Completed by

<table>
<thead>
<tr>
<th>Completed by</th>
<th>R. McDonald</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Title</th>
<th>President</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Separation</th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Date</th>
<th>7/15/15</th>
</tr>
</thead>
</table>

*Do not use this form for asbestos insurance exempted activities.*
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1)

7-13-15

Name of Building Owner/Operator (2)

Ron Travisano

Agency(ies) Notified

[X] DEP
[IDEP]
[DOL]
[DOD]
[DCA]

Type Notification

[X] Initial Notification
[ ] Amended Notification
[ ] EMERGENCY
[ ] Cancellation

Street Address

276 Ridgewood Ave.

City, State, Zip Code

Glen Ridge, NJ, 07028

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Same as above

City (5) Essex

County (6) Essex

County Code (7) N/A

(State Use Only)

Name of Monitoring Firm hired by Building Owner (8)

AZTECH MANAGEMENT, Inc.

Name of Abatement Contractor (9)

AZTECH MANAGEMENT, Inc.

ASCM No.

N/A

Telephone Number

(973) 744-8800

License Number

00371

Name of OSHA Monitor (10)

N/A

Street Address

86 Christopher St.

City, State, Zip Code

Montclair, NJ 07042

Occupancy Status During Abatement (Check only one)

[X] Abatement Performed Inside of Normal Facility

Occupied Hours - Describe: Off Hours Descript.

Other - Describe: Other Occupancy Descript.

Scheduled Start Date (10)

7-23-15

Sched. Completion Date (11)

7-24-15

Month Day Year

Month Day Year

Scope of Work (Check all that apply)

[X] 2,000 sf or ≥ 3,000 sf
[ ] 1,000 sf or < 2,500 sf

[X] Renovation
[ ] Demolition

Type of Facility (4)

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

Square Foot # of Floors Bldg. Age

Current Use (Prior if building demolished)

Name of Registered Waste Hauler (11)

AZTECH MANAGEMENT, INC.

ML/DEP Waste Hauler ID No.

17040

Cubic Yards

1.5

Name of Registered Landfill

G.R.O.W.S.

City, State

Montclair, NJ 07042

Disposal Date

7-27-15

City, State

Morrisville, PA 19067

Completed By (Print or Type)

Constantine Vivian

Title

President

Signature

7-13-15
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

### Date of Notification (1)  
7/15/15

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>X EPA</td>
<td>Initial</td>
<td>Ted Fluhr Private Home</td>
</tr>
<tr>
<td>X DEP</td>
<td>Amended</td>
<td></td>
</tr>
<tr>
<td>X DOL</td>
<td>Amendment #</td>
<td></td>
</tr>
<tr>
<td>X DOH</td>
<td>Cancellation</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>4400 Ocean Blvd.</td>
<td>Brant Beach NJ 08008</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City (5)</th>
<th>County Code (7)</th>
<th>Current Use (Prior if going demolished)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brant Beach NJ</td>
<td>1000+</td>
<td>Home</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Ocean</th>
<th># of Floors</th>
<th>Bldg. Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>2</td>
<td>35+</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>ASCM No.</th>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>ASCM No.</td>
<td>Pernaco Inc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>PO Box 329</td>
<td>West Berlin NJ 08091</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>856-753-9800</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>7/16/15</td>
<td>7/20/15</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check Only One)</th>
</tr>
</thead>
<tbody>
<tr>
<td>X Closed/Vacated During Entire Period of Abatement</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check All That Apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>X ≥23 sf or ≥33 ft</td>
</tr>
<tr>
<td>≥160 sf or ≥260 ft</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (12)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exterior Siding: x</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<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>x</td>
<td>Exterior Siding: 1600 SF</td>
<td>x</td>
<td></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>United Containers</td>
<td>22459</td>
<td>3</td>
<td>G.R.O.W.S.</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>Elm NJ</td>
<td>7/20/15</td>
<td>Morrisville PA 19067</td>
<td>7/15/15</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed by</th>
<th>Title</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anthony T Perna</td>
<td>President</td>
<td>[Signature]</td>
</tr>
</tbody>
</table>

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:80 and 12:120)

Date of Notification (1)
07/07/15

Name of Building Owner/Operator (2)
Werner Deconstruction

AGENCIES NOTIFIED

☐ EPA
☐ DEP
☒ DOL
☒ DOH
☐ DCA

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

Street Address
135 Main Street

City, State, Zip Code
South Amboy, NJ 08879

Name of Contact

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Werner Deconstruction

Street Address
135 Main Street

City (5)
South Amboy

County (6)
Middlesex county

Name of Monitoring Firm Hired by Building Owner (8)
Thomas P. Geiger.

Name of Abatement Contractor (9)
Pro Abatement

ASCM No.
0045

License No.
01223

Project Manager for Monitoring Firm

Telephone No.

Name of OSHA Monitor
HILMAMM CONSULTING LLC

Street Address
1009 87th Street Suite A4

City, State, Zip Code
North Bergen, NJ 07047

Start Date (10)
07/08/15

Scheduled Completion Date (11)
08/07/15

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

Scope of Work (Check All That Apply)
☐ ≥3 sf or ≥3 if
☐ ≥160 sf or ≥280 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 (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, serving, VAT, or other miscellaneous)

Amount (Specify SF or LF)
13,000 SF

Abatement Type

☐ Removal
☐ Repair
☐ Encasement
☐ Endorsement

Name of Registered Waste Hauler
SAN TON SERVICES

City, State
KENILWORTH, NJ

Waste Hauler ID No.
22430

Cubic Yards of Waste

Name of Registered Landfill
MEDOWLANCHES COMMISION

City, State
KEARNY, NJ

Disposal Date

City, State
Date

Signature

Completed by
Bryan Parra
Title
Project Manager

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

**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:56E and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>Name of Building/Operator</th>
<th>Name of Person Responsible</th>
</tr>
</thead>
<tbody>
<tr>
<td>7/16/15</td>
<td>LAUREN SCHARABI</td>
<td>President</td>
</tr>
</tbody>
</table>

**AGENCIES NOTIFIED**
- [ ] EPA
- [ ] DEP
- [ ] DOL
- [ ] DOH
- [ ] DCA

**FACILITY INFORMATION**
- **Name of Facility Where Abatement is Taking Place:** SCHARABI
- **Street Address:** 458 CAMBRIDGE ST
- **City:** CAMBRIDGE
- **County Code:** 1205
- **Name of Abatement Contractor:** A. Mac Contracting Inc.
- **Address:** 185 Freston Ave.
- **Telephone No.:** 201-252-5841
- **License No.:** 00156

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

**Location of Asbestos-Containing Material (ACM) to be Abated**

<table>
<thead>
<tr>
<th>Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>-</td>
</tr>
</tbody>
</table>

**Amount (Specify SF or LF):** 773 SF

**Name of Registered Waste Hauler**
- **Newark Carting, Inc.**
- **MUID Waste Hauler ID No.:** 04609
- **Cubic Yards of Waste:** 2
- **Name of Registered Landfill:** Grand Central Sanitary Landfill

**Disposal Date:** 7/16/15

**Completed by:**
- **R. McDonald**
- **Title:** President

*Do not use this form for asbestos licensure exempted activities.*
<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>7-17-15</th>
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<tbody>
<tr>
<td>Agencies Notified</td>
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</tr>
<tr>
<td>DEP</td>
<td></td>
</tr>
<tr>
<td>DOL</td>
<td></td>
</tr>
<tr>
<td>DOH</td>
<td></td>
</tr>
<tr>
<td>DCA</td>
<td></td>
</tr>
<tr>
<td>Type Notification</td>
<td>Initial</td>
</tr>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Kelly Construction</td>
</tr>
<tr>
<td>Street Address</td>
<td>3 Kelly Court</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Green Brook, NJ 08812</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Mike Murray</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td>Single Family Farm House</td>
</tr>
<tr>
<td>Street Address</td>
<td>443 Route 31 North</td>
</tr>
<tr>
<td>City (5)</td>
<td>Ringoes, NJ 08551</td>
</tr>
<tr>
<td>County (6)</td>
<td>Hunterdon</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>EPC Technologies</td>
</tr>
<tr>
<td>ASCM No.</td>
<td>N/A</td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>EPC Technologies Inc</td>
</tr>
<tr>
<td>Street Address</td>
<td>P.O. Box 337</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>New Egypt, NJ 08533</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>Steve Schenkea</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>609-758-3365</td>
</tr>
<tr>
<td>Name of OSHA Monitor</td>
<td>EPC Technologies Inc</td>
</tr>
<tr>
<td>Street Address</td>
<td>P.O. Box 337</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>New Egypt, NJ 08533</td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>7-27-15</td>
</tr>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>8-14-15</td>
</tr>
<tr>
<td>Occupancy Status During Abatement (Check Only One)</td>
<td></td>
</tr>
<tr>
<td>□ Facility Closed/Vacated During Entire Period of Abatement</td>
<td></td>
</tr>
<tr>
<td>□ Abatement Performed Outside of Normal Facility Hours</td>
<td></td>
</tr>
<tr>
<td>□ Other – Describe:</td>
<td></td>
</tr>
<tr>
<td>Scope of Work (Check All That Apply)</td>
<td></td>
</tr>
<tr>
<td>□ Renovation</td>
<td></td>
</tr>
<tr>
<td>□ Demolition</td>
<td></td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)</td>
<td>Exterior Walls</td>
</tr>
<tr>
<td>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</td>
<td>Yes</td>
</tr>
<tr>
<td>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td>Siding Shingles</td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
<td>2000 SF x</td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
<td>EPC Technologies</td>
</tr>
<tr>
<td>NJDEP Waste Hauler ID No.</td>
<td>17000</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td>10</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>Waste Management of PA</td>
</tr>
<tr>
<td>City, State</td>
<td>New Egypt, NJ</td>
</tr>
<tr>
<td>Disposal Date</td>
<td>8-14-15</td>
</tr>
<tr>
<td>City, State</td>
<td>Moosicville, PA</td>
</tr>
<tr>
<td>Completed by</td>
<td>Steve Schenkea</td>
</tr>
<tr>
<td>Title</td>
<td>President</td>
</tr>
<tr>
<td>Signature</td>
<td>Steve Schenkea</td>
</tr>
<tr>
<td>Date</td>
<td>7-17-15</td>
</tr>
</tbody>
</table>

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

**State of New Jersey**

**Notification of Asbestos Abatement**

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>7-17-15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>J Vinch &amp; Sons</td>
</tr>
<tr>
<td>Street Address</td>
<td>P.O. Box 5465</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Trenton, NJ 08638</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Gary Vinch</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>609-775-6365</td>
</tr>
<tr>
<td>FACILITY INFORMATION</td>
<td></td>
</tr>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td>Single Family Dwelling</td>
</tr>
<tr>
<td>Street Address</td>
<td>11 Green Street E</td>
</tr>
<tr>
<td>City</td>
<td>Princeton, NJ 08542</td>
</tr>
<tr>
<td>County</td>
<td>Mercer</td>
</tr>
<tr>
<td>County Code</td>
<td>N/A</td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>EPC Technologies Inc</td>
</tr>
<tr>
<td>Street Address</td>
<td>P.O. Box 337</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>New Egypt, NJ 08533</td>
</tr>
<tr>
<td>Project Manager for Abatement Firm</td>
<td>Steve Schenker</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>609-775-3365</td>
</tr>
<tr>
<td>Start Date (13)</td>
<td>7-27-15</td>
</tr>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>8-14-15</td>
</tr>
<tr>
<td>Occupancy Status During Abatement (Check Only One)</td>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
</tr>
<tr>
<td>Scope of Work (Check All That Apply)</td>
<td>Renovation</td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) To Be Abated</td>
<td></td>
</tr>
<tr>
<td>In Facility (13)</td>
<td>Exterior Walls</td>
</tr>
<tr>
<td></td>
<td>Front Porch Roof</td>
</tr>
<tr>
<td></td>
<td>Siding Shingles</td>
</tr>
<tr>
<td></td>
<td>Roof Tar</td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
<td>2000 SF</td>
</tr>
<tr>
<td>200 SF</td>
<td></td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
<td>EPC Technologies</td>
</tr>
<tr>
<td>NJDEP Waste Hauler ID No.</td>
<td>17000</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td>12</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>Waste Management of PA</td>
</tr>
<tr>
<td>City, State</td>
<td>New Egypt, NJ</td>
</tr>
<tr>
<td>Disposal Date</td>
<td>8-14-15</td>
</tr>
<tr>
<td>City, State</td>
<td>Moania, PA</td>
</tr>
<tr>
<td>Completed by</td>
<td>Steve Schenker</td>
</tr>
<tr>
<td>Title</td>
<td>President</td>
</tr>
<tr>
<td>Signature</td>
<td>Steve Schenker</td>
</tr>
<tr>
<td>Date</td>
<td>7-17-15</td>
</tr>
</tbody>
</table>

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

Date of Notification (1)
07/14/2015

Name of Building Owner/Operator (2)
Trinity Lutheran Church

Street Address
167 Palisades Avenue

City, State, Zip Code
Bogota, NJ 07603

Name of Contact
Mr. Marcus Grasso/Rev Peter Olsen

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Trinity Lutheran Church

Square Feet
unknown

Bldg. Age
50 plus

Type of Facility (4)

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

Name of Abatement Contractor (9)
Incinia Contracting, Inc.

Street Address
1360 Clifton Avenue, Unit 365

City, State, Zip Code
Clifton, New Jersey 07012-1343

Telephone No.
973-450-9500

License No.
01036

Name of OSHA Monitor
Incinia Contracting, Inc.

Street Address
1360 Clifton Avenue, Unit 365

City, State, Zip Code
Clifton, New Jersey 07012

Scope of Work (Check All That Apply)

- 23 sf or ≥ 23 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

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)

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount (SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Designated Wall and ceiling plaster</td>
<td>2,327 SF</td>
</tr>
<tr>
<td>Designated VAT ceiling plaster</td>
<td>550 SF</td>
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</tbody>
</table>

Name of Registered Waste Hauler
Atlantic Carting

Cubic Yards of Waste
40

Name of Registered Landfill
IESI PA Bethlehem Landfill Corp.

City, State
Bethlehem, PA

Completed by
Milena Zoric

Title
Executive Director

Signature

Date
07/14/2015

* 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>7/15/15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Rutherford BOE</td>
</tr>
<tr>
<td>Agencies Notified</td>
<td>Notification Type</td>
</tr>
<tr>
<td>☐ EPA</td>
<td>☐ Initial Notification</td>
</tr>
<tr>
<td>☐ DCA</td>
<td>☐ Amended #</td>
</tr>
<tr>
<td>☐ DOL</td>
<td>☐ Emergency notification (including justification)</td>
</tr>
<tr>
<td>☐ DEP</td>
<td>☐ Cancelled</td>
</tr>
<tr>
<td>☐ DOH</td>
<td></td>
</tr>
<tr>
<td>Street Address</td>
<td>176 Park Ave</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Rutherford, NJ 07070</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Mr. Gary Novosolski</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3)  
Pierrepont School  
70 East Pierrepont Ave  
City (5) | County (6) | County Code (7)  
Rutherford | Bergen | (State Use Only) |

Name of Monitoring Firm Hired by Bldg. Owner (8)  
McCabe Environmental Services LLC  
Street Address | Telephone Number |
464 Valley Brook Ave | 201-438-4839 |
City, State, Zip Code | License Number |
Lyndhurst NJ 07071 | 01237 |

Scheduled Start Date (10) | 07/27/15 |
Scheduled Completion Date (11) | 08/10/15 |

Name of Contractor (9)  
Panoramic Window & Door Systems Inc.  
Street Address | Telephone Number | Name of OSHA Monitor |
712 Sergeantsville Road | P (732)926-0900 x102 | IAQ GURU LLC |

Street Address | City, State, Zip Code |
87 Main Street | Lincoln Park, NJ 07035 |

Source of Work (Check all that apply)  
☑ ≥ 3 sf or ≥ 3 if  
□ ≥ 160 sf or ≥ 260 if  
☐ Renovation  
☐ Demolition  
☐ Mini-Enclosure  
☐ Glovebag Procedure  
☐ Non-Friable Procedure  

Location of Asbestos-Containing Material (ACM) in Facility (13)  
Lower Level  
First Floor  
Second Floor  
Lower Level storage room  
First Floor Main Office  

<table>
<thead>
<tr>
<th>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other misc.)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
</table>
| Asbestos Ceiling Plaster 24  
½ inch Holes to be drilled for electrical | 1 SF | ☑ |
| Asbestos Ceiling Plaster 48  
½ inch Holes to be drilled for electrical | 2 SF | ☑ |
| Asbestos Ceiling Plaster 48  
½ inch Holes to be drilled for electrical | 2 SF | ☑ |
| 1’X2’ Hole in Ceiling plaster 1 location | 2SF | ☑ |
| 1’X2’ Hole in Ceiling plaster 1 location | 2SF | ☑ |

Name of Reg. Waste Hauler  
Panoramic Window & Dr Sys Inc  
NUDEP Waste Hauler ID # | Cubic Yards of Waste | Name of Registered Landfill |
0036057 | | Chrin Landfill |

Disposal Date | City, State |
<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td></td>
<td>Allentown, PA</td>
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</tbody>
</table>

Completed by (Print or Type)  
Mark M Jovic  
Title | Signature | Date |
Consultant | | 7-15-15 |

PAGE 1 OF 2
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:80 and 12:120)

Date of Notification (1) 07/16/15

Name of Building Owner/Operator (2) BROOKSTONE MANAGEMENT

Street Address 1970 SWARTHMORE AVENUE

City, State, Zip Code LAKEWOOD, NJ 08701

Name of Contact DOV SPITZER

TELEPHONE NUMBER

Name of Facility Where Abatement is Taking Place (3)

Street Address 276 CRESTVIEW AVENUE

City (5) GLOUCESTER, NJ

County (6) GLOUCESTER COUNTY

County Code (7) [STATE USE ONLY] __________

Current Use (Prior if being demolished) HOME

Type of Facility (4)

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

Square Feet 1200

# of Floors 1

Bldg. Age

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

ASCM No. __________

Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS

Street Address 6 WHITE DOVE COURT

City, State, Zip Code LAKEWOOD, NJ 08701

Telephone No. 732-688-9078

License No. 1200

Start Date (10) 07/28/15

Scheduled Completion Date (11) 07/28/15

Name of OSHA Monitor AAA LEAD PROFESSIONALS

Street Address 6 WHITE DOVE COURT

City, State, Zip Code LAKEWOOD, NJ 08701

Occupyancy 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 or Demolition
□ Full Containment with Negative Pressure
□ Mini-Enclosure
□ Glovebag Procedure
□ Non-Exempted (*) and Non-Friable Procedures

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) 500 SF

Abatement Type

Removal □ Repair □ Encapsulate □ Endure □

Name of Registered Waste Hauler NEWARK CARTING

NJDEP Waste Hauler ID No. 04509

Cubic Yards of Waste 10 YARDS

Name of Registered Landfill IESI

City, State NEWARK, NJ

Disposal Date 07/28/15

City, State BETHLEHEM PA

Completed by JOSEPH PERLSTEIN

Title OWNER

Signature __________

Date 07/16/15

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

**NOTIFICATION OF ASBESTOS ABATEMENT**

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>07/16/15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>RIVEREDGE MANAGEMENT LLC</td>
</tr>
<tr>
<td>Street Address</td>
<td>65 KINGSLAND AVENUE, SUITE 2</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>CLIFTON, NJ 07014</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>SARAH HEIMOWITZ</td>
</tr>
<tr>
<td>Telephone</td>
<td>732-668-9079</td>
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**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>11 GARDNER AVENUE</th>
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</thead>
<tbody>
<tr>
<td>City (5)</td>
<td>JERSEY CITY, NJ</td>
</tr>
<tr>
<td>County Code (7)</td>
<td>HUDSON COUNTY</td>
</tr>
<tr>
<td>County Code (7)</td>
<td>(STATE USE ONLY)</td>
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</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>ASCM No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>AAA LEAD PROFESSIONALS</td>
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<table>
<thead>
<tr>
<th>Street Address</th>
<th>6 WHITE DOVE COURT</th>
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</thead>
<tbody>
<tr>
<td>City, State, Zip Code</td>
<td>LAKEWOOD, NJ 08701</td>
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**Project Manager for Monitoring Firm**

<table>
<thead>
<tr>
<th>Telephone No.</th>
<th>License No.</th>
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<tr>
<td>732-668-9078</td>
<td>1200</td>
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<table>
<thead>
<tr>
<th>Start Date (10)</th>
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<tbody>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>07/27/15</td>
</tr>
</tbody>
</table>

**Occupancy Status During Abatement (Check Only One)**

- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours

<table>
<thead>
<tr>
<th>Scope of Work (Check All That Apply)</th>
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<tbody>
<tr>
<td>23 sf or 23 ft</td>
<td></td>
</tr>
<tr>
<td>1600 sf or 2560 sf</td>
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</tr>
<tr>
<td>Renovation</td>
<td></td>
</tr>
<tr>
<td>Demolition</td>
<td></td>
</tr>
<tr>
<td>Full Containment with Negative Pressure</td>
<td></td>
</tr>
<tr>
<td>Mini-Enclosure</td>
<td></td>
</tr>
<tr>
<td>Glovebag Procedure</td>
<td></td>
</tr>
<tr>
<td>Non-Exempted (*) and Non-Friable Procedure</td>
<td></td>
</tr>
</tbody>
</table>

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

<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>
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</thead>
<tbody>
<tr>
<td>BASEMENT</td>
<td></td>
<td>ACM PIPE INSULATION</td>
<td>230 LF</td>
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<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>
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</thead>
<tbody>
<tr>
<td>NEWARK CARTING</td>
<td>04509</td>
<td>5 YARDS</td>
<td>IESI</td>
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<table>
<thead>
<tr>
<th>Completed by</th>
<th>Title</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>JOSEPH PERLSTEIN</td>
<td>OWNER</td>
<td></td>
<td>07/16/15</td>
</tr>
</tbody>
</table>

*Do not use this form for asbestos licensure exempted activities.*
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:80 and 12:120)

Date of Notification (1)
7/14/15

Name of Building Owner/Operator (2)
Joe Giunta

Agencies Notified

<table>
<thead>
<tr>
<th>Agency</th>
<th>Type Notification</th>
<th>Notification</th>
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<tbody>
<tr>
<td>EPA</td>
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<tr>
<td>DEP</td>
<td>Amended</td>
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<tr>
<td>DOL</td>
<td>Emergency (including justification)</td>
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</tr>
<tr>
<td>DOH</td>
<td>Cancellation</td>
<td></td>
</tr>
</tbody>
</table>

Street Address
838 Jordalmon Street

City, State, Zip Code
Belleville, NJ 07109

Name of Contact
Joe Giunta

FACILITY INFORMATION

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

Street Address
54 Montgomery Street

City (5)
Bloomfield

County (6)
Essex

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

Square Feet N/A

# of Floors N/A

Bldg. Age N/A

Current Use (Prior if being demolished)
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.
#00875

Start Date (10)
7/28/15

Scheduled Completion Date (11)
7/29/15

Name of OSHA Monitor
D&S Abatement, Inc.

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

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

- basement storage unit

- pipe & pipe insulation

60 LF

Amount (Specify SF or LF)

Abatement Type

Removal

Repair

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

City, State
Tullytown, PA

Completed by
Deanna Brkusanin

Title
Project Manager

Signature

Date
7/14/15

ASB-41 (5-06-08)

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

Date of Notification (1)
7/14/15

Name of Building Owner/Operator (2)
Regina & Lewis Hanson

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

Type Notification
- Initial

Street Address
59 South Second Street

City, State, Zip Code
Fords, NJ 08863

Name of Contact
Gina Hanson

Telephone Number
(732) 556-1390

FACILITY INFORMATION

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

Street Address
59 South Second Street

County (9)
Middlesex

County Code (7)
N/A

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

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

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

Square Feet
N/A

Bldg. Age
N/A

Current Use (Prior to being demolished)
House

# of Floors
N/A

License No.
#00675

Start Date (10)
7/27/15

Scheduled Completion Date (11)
7/28/15

Name of OSHA Monitor
D&S Abatement, Inc.

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

Other - Describe: Occupied

Scope of Work (Check All That Apply)
- ≥ 3 ft or ≥ 3 sf
- ≥ 160 sf or ≥ 260 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

<table>
<thead>
<tr>
<th>In Facility (13)</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td>pipe insulation</td>
<td>48 LF</td>
<td>x</td>
</tr>
<tr>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
<td></td>
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Name of Registered Waste Hauler
D&S Abatement, Inc.

NUDEP 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

City, State
Tullytown, PA

Completed by
Deanna Bruscanin

Title
Project Manager

Signature

Date
7/14/15

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>7/14/15</th>
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<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Leonard Oxley</td>
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</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
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<tbody>
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<td>Initial</td>
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<tr>
<td>X DEP</td>
<td>Amended</td>
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<td>X DOL</td>
<td>Amendment #</td>
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<td>X DOH</td>
<td>Emergency (including justification)</td>
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<td>X DCA</td>
<td>Cancellation</td>
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<table>
<thead>
<tr>
<th>Street Address</th>
<th>178 Pinewood Place</th>
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<tbody>
<tr>
<td>City, State, Zip Code</td>
<td>Teaneck, NJ 07666</td>
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<tr>
<td>Name of Contact</td>
<td>Leonard Oxley</td>
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<table>
<thead>
<tr>
<th>FACILITY INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Facility Where Abatement Is Taking Place (3)</td>
</tr>
<tr>
<td>Street Address</td>
</tr>
<tr>
<td>City (5)</td>
</tr>
<tr>
<td>County (6)</td>
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<tr>
<td>County Code (7)</td>
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<table>
<thead>
<tr>
<th>Type of Facility (4)</th>
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<tbody>
<tr>
<td>School (K-12)</td>
</tr>
<tr>
<td>Other (i.e. private &amp; commercial buildings, homes, etc.)</td>
</tr>
</tbody>
</table>

| Square Feet | 0/0 |
| # of Floors | N/A |
| Bldg Age | N/A |
| Current Use (Prior if being demolished) | House |

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>ASCM No.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of Abatement Contractor (9)</th>
<th>D&amp;S Abatement, Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>11 Rosengren Avenue</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Totowa, NJ 07512</td>
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<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
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</thead>
<tbody>
<tr>
<td>-------------------------------------</td>
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| Start Date (10) | 7/29/15 |
| Scheduled Completion Date (11) | 7/30/15 |

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check Only One)</th>
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<tbody>
<tr>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
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<tr>
<td>Abatement Performed Outside of Normal Facility Hours</td>
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<tr>
<td>Other - Describe: Occupied</td>
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</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check All That Apply)</th>
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</thead>
<tbody>
<tr>
<td>≥ 3 sf or ≥ 3 if</td>
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</tr>
<tr>
<td>Renovation</td>
</tr>
<tr>
<td>Demolition</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
</tr>
</thead>
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<tr>
<td>Yes</td>
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<tr>
<td>------------------------------------------</td>
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<tr>
<td>basement</td>
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<table>
<thead>
<tr>
<th>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
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<tbody>
<tr>
<td>pipe insulation</td>
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<tr>
<td>90 LF</td>
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<table>
<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
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</thead>
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<tr>
<td>90 LF</td>
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</table>

<table>
<thead>
<tr>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full Containment with Negative Pressure</td>
</tr>
<tr>
<td>Mini-Enclosure</td>
</tr>
<tr>
<td>Glovebag Procedure</td>
</tr>
<tr>
<td>Non-Exempted (*) and Non-Friable Procedure</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>D&amp;S Abatement, Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/DEP Waste Hauler ID No.</td>
<td>#20996</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td>TBD</td>
</tr>
<tr>
<td>Disposal Date</td>
<td>TBD</td>
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</table>

<table>
<thead>
<tr>
<th>Endorsement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weight Management of PA</td>
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</table>

<table>
<thead>
<tr>
<th>Completed by</th>
<th>Deanna Bhusanin</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
<td>Project Manager</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Signature</th>
<th>7/14/15</th>
</tr>
</thead>
</table>

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

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

### Date of Notification (1)
07 / 16 / 15

### Name of Building Owner/Operator (2)
Barbara Holmes

### Agencies Notified
- [ ] EPA
- [x] DOLWD
- [x] DHSS
- [ ] DCA
  (NJAC 5:23-8)
- [ ] Emergency (including justification)
- [ ] Cancellation

### Type Notification
- [ ] Initial
- [x] Amended

### Amendment #

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

#### Private home
155 Wildwood Avenue

#### City (5)
Montclair, NJ 07043

#### County (6)
Essex

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

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

#### ASCM No.

### Name of Abatement Contractor (9)
Gr Tech LLC

### Street Address
576 Valley Rd # 283

### City, State, Zip Code
Wayne, NJ 07470

### Project Manager for Monitoring Firm

#### Telephone No.

### Name of OSHA Monitor
Envirosion Consultants, Inc

### Street Address
20-21 Wagarow Road, Bldg. # 35E

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

### Start Date (10)
07 / 27 / 15

### Scheduled Completion Date (11)
07 / 28 / 15

### 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 AM-PM AM

### Scope of Work (Check all that apply)
- [x] 3 sf or >3 sf
- [ ] 160 sf or >260 sf
- [ ] Renovation
- [ ] Demolition
- [x] Duct insulation
- [ ] Roofing

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

#### Location Normally Used Solely by Maintenance/Custodial Staff?
Yes [ ] No [ ] N/A [ ]

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

#### Amount (Specify SFL or LF)

### Abatement Type

<table>
<thead>
<tr>
<th>Clean up and decontamination with negative pressure</th>
<th>Full containment with Negative Pressure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Renovation</td>
<td>Mini-Enclosure</td>
</tr>
<tr>
<td>Demolition</td>
<td>Gloveset Procedure</td>
</tr>
<tr>
<td>Duct insulation</td>
<td>Tent with Negative Pressure</td>
</tr>
<tr>
<td>Roofing</td>
<td>Non-Exempted (*) and Non-Friable Procedure</td>
</tr>
</tbody>
</table>

### Name of Registered Waste Hauler
Gr Tech LLC

### NJDEP Waste Hauler ID No.
0033785

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

### Disposal Date
TBD

### City, State
Wayne, NJ 07470

### Completed By (Print or Type)
N. Jevtic

### Owner

### Signature

### Date
07/16/2015

---

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

MO#227427389872

Date of Notification (1) 07/16/15

Name of Building Owner/Operator (2) Sasha Patterson

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

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

Street Address
75 Orchard Road
City, State, Zip Code
Maplewood, NJ 07040

Name of Contact
Sasha Patterson

Facility Information

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

Street Address
75 Orchard Road
City (5)
Maplewood, NJ 07040

County (6)
Essex

County Code (7) [STATE USE ONLY]

Type of Facility (4)
- School (K-12)
- Subchapter 3 (Other than K-12)
- Other (i.e., private and commercial buildings, homes, etc.)

Square Feet

# of Floors

Bldg. Age

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

Name of Abatement Contractor (9)
Gr Tech LLC

Street Address
576 Valley Rd #283
City, State, Zip Code
Wayne, NJ 07470

Project Manager for Monitoring Firm
Telephone No.
Name of OSHA Monitor
Envirovision Consultants, Inc

Telephone No.
973-638-1777

License No.
01127

Start Date (10)
07/29/15
Scheduled Completion Date (11)
07/30/15

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

Scope of Work (Check all that apply)
- >3 sf or >3 lf
- >=160 sf or >=260 sf
- > Demolition
- Renovation
- Clean up and decontamination with negative pressure
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Tent with Negative Pressure
- Non-Exempted (*) and Non-Friable Procedure

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 SFL or LF)

Abatement Type
- Removal
- Repair
- Encapsulate
- Endicaplace

Basement

Pipe insulation 25 LF

Name of Abatement Contractor (9)
Gr Tech LLC

Name of Registered Waste Hauler (10)
NDEP Waste Hauler No.

Cubic Yards of Waste

TBD

Name of Registered Landfill (11)
T.R.R.F. Inc

City, State
Wayne, NJ 07470

Disposal Date
TBD

Tullytown, PA

Completed By (Print or Type)
Title
Owner

Signature
Date
07/16/2015

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

Date of Notification (1)
07/16/15

Name of Building Owner/Operator (2)
Philip Zuev

Agencies Notified
☐ EPA
☒ DOLWD
☒ DHSS
☐ DCA (NJAC 5:23-8)
Type Notification
☒ Initial
☐ Amended
☐ Amendment #
☐ Emergency (including justification)
☐ Cancellation

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

Street Address
638 36th Street

City (5)
Union City, NJ 07087

County (5)
Hudson

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

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

Name of Abatement Contractor (9)
Envirovision Consultants, Inc

Project Manager for Monitoring Firm

Telephone No.

Start Date (10)
07/30/15

Scheduled Completion Date (11)
07/31/15

Facility Closed/Vacated During Entire Period of Abatement

☐ Abatement Performed Outside of Normal Facility Hours - Describe

Time of Abatement: AM- PM/ PM- AM

Occupancy Status During Abatement (Check only one)

☐ 3 sf or >3 sf
☐ 180 sf or >260 sf

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

Yes No N/A

Basement

☐ ☐ ☒ Pipe insulation

Location

Is Location Normally Used Solely by Maintenance/Custodial Staff?

☐ Yes ☐ No ☐ N/A

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

Amount (Specify SIF or LF)

Abatement Type

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

Name of Registered Waste Hauler
Gr Tech LLC

Cubic Yards of Waste
0033785

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

Disposal Date
TBD

City, State
Wayne, NJ 07470

Completed By (Print or Type)
N.Jevtic

Title
Owner

Signature

Date
07/16/2015

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NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:15)

Date of Notification (1) 07 / 16 / 15

Name of Building Owner/Operator (2) Christine Haverick

Agency/ies Notified

- EPA
- DOLWD
- DHSS
- DCA (NJAC 5:23-8)

Type of Notification

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

FACILITY INFORMATION

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

Street Address
81 Sherman Place

City (4)
Jersey City, NJ 07307

County (5)
Hudson

Name of Monitoring Firm Hired by Building Owner (6)
Gr Tech LLC

ASCM No.

Name of Abatement Contractor (7)
Envirospection Consultants, Inc

Street Address
576 Valley Rd #283

City, State, Zip Code
Wayne, NJ 07470

Project Manager for Monitoring Firm

Telephone No.
973-638-1777

License No.
01127

Start Date (9) 08 / 01 / 15

Scheduled Completion Date (10) 08 / 03 / 15

Current Use (Prior to being demolished)

Type of Facility

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

Square Feet

# of Floors

Bldg. Age

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

Time of Abatement: AM PM PM AM

Scope of Work (Check all that apply)

- < 3 sf or > 3 sf
- < 160 sf or > 260 sf
- Renovation
- Demolition
- Clean up and decontamination with negative pressure
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Tent with Negative Pressure
- Non-Exempted (*) and Non-Friable Procedure

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

IN FACILITY

Is Location Normally Used Solely by Maintenance/Custodial Staff? (11)

Yes No N/A

Location Normally Used

Scoping of Asbestos-Containing Material

Location

Date

Name of Registered Waste Hauler
Gr Tech LLC

NJDEP Waste Hauler ID No
0033785

Disposal Date
TBD

Cubic Yards of Waste
TBD

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

City, State
Wayne, NJ 07470

Completed By (Print or Type)

Title
Owner

Signature
N. Jevtic

07/16/2015

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
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<tbody>
<tr>
<td>07 / 16 / 15</td>
<td>Vivian Worthy</td>
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<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Name of Contact</th>
<th>Telephone Number</th>
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<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
<td>Charles Holmes</td>
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<tr>
<td>DOLWD</td>
<td>Amended</td>
<td></td>
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<tr>
<td>DHSS</td>
<td>Amendment #</td>
<td></td>
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<td>DCA (NJAC 5:23-8)</td>
<td>Emergency (including justification)</td>
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<td>Cancellation</td>
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**FACILITY INFORMATION**

<table>
<thead>
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<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Type of Facility (4)</th>
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<td>Private house</td>
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<th>Street Address</th>
<th>City (5)</th>
<th>Newark, NJ 07106</th>
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<tbody>
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<td>31 Melrose Avenue</td>
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<tr>
<th>County (6)</th>
<th>County Code (7) (STATE USE ONLY)</th>
<th>Current Use (Prior if being demolished)</th>
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<tbody>
<tr>
<td>Essex</td>
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<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>ASCM No.</th>
<th>Name of Abatement Contractor (9)</th>
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</thead>
<tbody>
<tr>
<td>Gr Tech LLC</td>
<td></td>
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<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
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</thead>
<tbody>
<tr>
<td>576 Valley Rd #283</td>
<td>Wayne, NJ 07470</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
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<tbody>
<tr>
<td></td>
<td></td>
<td>01127</td>
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<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
<th>Name of OSHA Monitor</th>
</tr>
</thead>
<tbody>
<tr>
<td>08 / 04 / 15</td>
<td>08 / 05 / 15</td>
<td>Envirovision Consultants, Inc</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check only one)</th>
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</thead>
<tbody>
<tr>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
</tr>
<tr>
<td>✗ Abatement Performed Outside of Normal Facility Hours - Describe</td>
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<table>
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<tr>
<th>Time of Abatement: AM-PM-PM-AM</th>
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<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
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<tbody>
<tr>
<td>✗ Renovation</td>
</tr>
<tr>
<td>Demolition</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
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<tbody>
<tr>
<td>Yes</td>
</tr>
<tr>
<td></td>
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</table>

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

<table>
<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>28 LF</td>
<td></td>
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<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>N.J. DEP Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gr Tech LLC</td>
<td>0033785</td>
<td>TBD</td>
<td>T.R.R.F. Inc</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>Disposal Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wayne, NJ 07470</td>
<td>TBD</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed By (Print or Type)</th>
<th>Title</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>N. Jevtic</td>
<td>Owner</td>
<td></td>
<td>07/16/2015</td>
</tr>
</tbody>
</table>

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

Date of Notification: 07 / 16 / 15

Agencies Notified:
- EPA
- DOL/WD
- DHSS
- DCA
- NJAC 5:23-6

Type Notification: Initial

Name of Building Owner/Operator: Neal Dick

Street Address:
25 Crescent Road
City, State, Zip Code:
Livingston, NJ 07039

Name of Contact: Neal Dick

Name of Facility Where Abatement is Taking Place:
Private house
25 Crescent Road
Livingston, NJ 07039

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

Square Feet: [Not Specified]

County Code (STATE USE ONLY): [Not Specified]

Current Use (Prior to being demolished): [Not Specified]

ASCM No.: [Not Specified]

Name of Abatement Contractor:
Gr Tech LLC

Street Address:
576 Valley Rd #283
Wayne, NJ 07470

License No.: 01127

Telephone No.: 973-638-1777

Name of OSHA Monitor:
Envirovision Consultants Inc

20-21 Wagaw Road, Bldg. # 35 E
Fair Lawn, NJ 07410

Scope of Work (Check all that apply):
- Clean up and decontamination with negative pressure
- Full containment with negative pressure
- Mini-Enclosure
- Glovebag Procedure
- Tent with Negative Pressure
- Non-Exempted (*) and Non-Friable Procedure

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

Location Normally Used Solely by Maintenance/Custodial Staff:

Yes
No
N/A

Pipe insulation

80 LF

Abatement Type:
- Removal
- Repair
- Encapsulate
- Endorse

Location of Registered Waste Hauler:
N.J.D.H.P. Waste Hauler ID No.: 0033785
Cubic Yards of Waste:
TBD

Name of Registered Landfill:
T.R.R.F. Inc
Tullytown, PA

City, State:
Wayne, NJ 07470

Completed By:

Title: Owner

Signature: [Signature]

Date: 07/16/2015

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