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

Date of Notification (1)
07/20/2015

Name of Building Owner/Operator (2)
Stafford Township Ocean County

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

Type Notification
- Initial
- Amended
- Emergency
- Amendment #1

Street Address
260 East Bay Avenue

City, State, Zip Code
Manahawkin, New Jersey 08050

Name of Contact
Nicola Raid

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Bay Avenue Community Center

Street Address
775 East Bay Avenue

City (5)
Stafford

County (6)

County Code (7)

Square Feet
9,000

# of Floors
1

Bldg. Age
1950

Current Use (Prior if being demolished)
Community Center - For Demolition

Name of Abatement Contractor (6)
Incinia Contracting, Inc.

ASCM No.
00079

Name of Abatement Contractor (6)
Incinia Contracting, Inc.

Name of Monitoring Firm Hired by Building Owner (6)
EnviroVision Consultants, Inc.

Street Address
20-21 Wagaware Road, Building 35E

City, State, Zip Code
Fair Lawn, New Jersey 07410

Telephone No.
973-636-9145

License No.
01036

Name of OSHA Monitor
Incinia Contracting, Inc.

Start Date (10)
07/27/2015

Scheduled Completion Date (11)
08/07/2015

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

Scope of Work (Check All That Apply)
- ≥3 sf or ≥3 if
- ≥160 sf or ≥260 if
- Renovation
- Demolition
- Full Containment with Negative Pressure
- 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? (14)
- Yes
- No
- N/A

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

Amount (Specify SF or LF)

Abatement Type

Location Ground Floor

Description Exterior Siding Shingles

Amount 3,595 SF

Abatement Type X

Location Ground Floor

Description Boiler Gasket Insulation

Amount 1 SF

Abatement Type X

Location Ground Floor

Description 9x9 VAT Flooring

Amount 115 SF

Abatement Type X

Name of Registered Waste Hauler
Atlantic Carting

NJDEP Waste Hauler ID No.
NJ 691

Cubic Yards of Waste
40 CY

Name of Registered Landfill
IESI PA Bethlehem Landfill Corp.

Disposal Date
TBD

City, State
Bethlehem, PA

Completed by
Milena Zoric
Title
Executive Director

Signature

Date 07/20/2015

* 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)  
2015 JUN 23 AM 8:13  

Name of Building Owner/Operator (2)  
HGES GLOECKLI  

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

Street Address  
28 Sylamore Ln.  
Fair Haven, NJ 07704  

City, State, Zip Code  
Fair Haven, NJ 07704  

Name of Contact  
Eric Plackis  

Telephone Number  

FACILITY INFORMATION  

Name of Facility Where Abatement is Taking Place (3)  
28 Sylamore Ln.  
Fair Haven  
Monmouth  

Square Feet  
1050  

# of Floors  
2  

Bldg. Age  
112  

Current Use (Prior if being demolished)  
Home  

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

Project Manager for Monitoring Firm  

Telephone No.  
(732)999-7499  

License No.  
01196  

Start Date (10)  
7/21/15  

Scheduled Completion Date (11)  
7/23/15  

Name of OSHA Monitor  

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

Scope of Work (Check All That Apply)  

≥3 sf or ≥3 If  
≥160 sf or ≥260 If  
Renovation  
Demolition  

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

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

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

Amount (Specify SF or LF)  

Abatement Type  
Repair  
Encapsulate  
Enclosure  

Location of Registered Waste Hauler  
Brick Industries Inc.  

Cubic Yards of Waste  
4  

Name of Registered Landfill  
GROWS Inc.  

City, State  
Brick, New Jersey  

Complied by  
Eric Plackis  
Title  
President  

Signature  

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

Date of Notice 7/17/15

Name of Building Owner / Operator (2)
Seals Eastern Co.

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

Type Notification
- Emergency Notification
- Initial Notification
- Amended Notification
- Cancellation

Street Address
134 Pearls Street

City, State & Zip Code
Red Bank, NJ 07701

Name of Contact
Steve Link

Telephone Number
732-290-2217

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Vacant Shed

134 Pearl Street

City (5)
Red Bank

County (6)
Monmouth

County Code (7)

Name of Monitoring Firm Hired by Building Owner (8)
Environmental Tactics, Inc

ASCM No.

Street Address
64 Broad Street

City, State & Zip Code
Matawan, NJ 07747

Project Manager for Monitoring Firm
Tom Gelger

Telephone Number
732-290-2217

Scheduled Start Date (10)
7/28/15

Scheduled Completion Date (11)
8/3/15

Type of Facility (4)
School (K-12)

Subchapter B (Other than K-12)

X Other (i.e., private & commercial buildings, homes, etc.

Square Feet
750

# of Floors
1

Bldg. Age
70+

Current Use (Prior if being demolished)
Commercial

Name of Abatement Contractor (9)
Global Abatement Services, LLC

Street Address
443 Schoolhouse Road

City, State & Zip Code
Monroe Township, NJ 08831

Telephone Number
732-605-9062

License Number
00714

Name of OSHA Monitor
Global Abatement Services, LLC

Street Address
443 Schoolhouse Road

City, State & Zip Code
Monroe Township, NJ 08831

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

Abatement Performed Outside of Normal Facility Hours -
Describe: Area Isolated During Abatement

Other - Describe:

Scope of Work (Check all that apply)
X Demolition

Renovation

Large Project

Quantity is ≥ 3 SF or ≥ 3 LF ACM

X Quantity is ≥ 160 SF or ≥ 260 LF ACM

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

Is Location Normally Used Solely by Maintenance or Custodial Staff?

(12)

(13)

(14)

(15)

(16)

(17)

(18)

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

Amount (Specify Square Feet or Linear Feet)

Abatement Type
(X) Other: Non-Friable

Full Containment with Negative Pressure

Mini-Enclosure

Glovebag Procedure

Name of Registered Waste Hauler
Freehold Cartage

Freehold, NJ

Cu. Yds. of Waste
8

Name of Registered Landfill
GROWS

Disposal Date
8/5/15

City, State
Morrisville, PA

Completed By (Print or Type)
Dominick Tringali

Title
Project Manager

Signature
Dominick Tringali

Date
7/18/15
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)
7/20/15

Agency Notified
☐ EPA
☐ DEP
☐ DOH
☐ DCA

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

Name of Building Owner/Operator (2)
H.S. SIGLER

Street Address
25 RANDE DRIVE

City, State, Zip Code
WAYNE, NJ 07470

Name of Contact
H.S. SIGLER

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
H.S. SIGLER

Street Address
25 RANDE DRIVE

City (5)
WAYNE

County (6)
PASSAIC

Square Feet
2500

# of Floors
2

Bid, Age
3707-18

Name of Monitoring Firm Hired by Building Owner (9)
ASCM No.

Name of Abatement Contractor (9)
Best Removal Inc

Street Address
450 S. River St

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

Project Manager for Monitoring Firm

Telephone No.
201-329-7444

License No.
00388

Start Date (10)
7/3/15

Scheduled Completion Date (11)
9/1/15

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

Other – Describe: 7AM-5PM

Scope of Work (Check all that apply)
☐ 23 sf or ± 23 sf
☐ 600 sf or ± 2500 sf

☐ Renovation
☐ Demolition
☐ Full Containment with Negative Pressure
☐ Shrink-Wrap Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Frangible Procedure

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

IN Facility

Location Normally Used Solely by Maintenance Custodians (12)

Yes
No
N/A

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


Amount (SF or LF)

Abatement Type

Name of Registered Waste Hauler
Best Removal Inc

Name of Registered Landfill
Cumberland County Landfill

Cubic Yards of Waste
11/23

Disposal Date
8/4/15

City, State
Newburgh, PA 17240

Completed by
J. MAIORANO
Title
Estimator

Signature

Date
7/20/15

* 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)

Date of Notification (1) July 20, 2015

Name of Building Owner/Operator (2)
Mark Garruto

Street Address
128 Virginia Avenue

City, State, Zip Code
Lavallette, NJ 08735

Name of Contact
Mark Garruto

Telephone Number

---

FACILITY INFORMATION

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

City
Lavallette

County
Ocean

Square feet
1500 sf

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

# of Floors
1
Bldg. Age
60

Current Use (Prior if being demolished)
Residence

Name of Abatement Contractor (5)
Guardian Contracting, Inc.

Street Address
1889 Route 9, Unit 61

City, State, Zip Code
Toms River, New Jersey 08755-1271

Telephone Number
732-349-9932
License Number
00624

Name of OSHA Monitor
E.M.S.L. Analytical

Street Address
1056 Stelton Road

City, State, Zip Code
Piscataway, New Jersey 08854

---

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

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

---

Location of Asbestos-Containing Material (ACM)

TO BE ABATED
in facility

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 SF or LF)

Abatement Type

<table>
<thead>
<tr>
<th>REMOVAL</th>
<th>REPAIR</th>
<th>ENCLOSURE</th>
<th>ENCLOSURE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Exterior

X
Asbestos siding
1400 sf

Interior

X
Transite pipe
12 sf

Name of Registered Waste Hauler
Guardian Contracting, Inc.

NDEP Waste Hauler ID No.
20223

Cubic Yards of Waste
3

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

---

City, State
Toms River, New Jersey

Disposal Date
7/24/15

City, State
Tullytown, Pennsylvania

Completed by (Print or Type)
Nicholas Fennica
Title
Project Manager
Signature

Date
7/20/15

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

(Pursuant to NJAC 8:80 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>July 22, 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>McAllister Towing of Philadelphia</td>
</tr>
<tr>
<td>Street Address</td>
<td>4 South King Street</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Gloucester, NJ 08030</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>George Dorns</td>
</tr>
</tbody>
</table>

### FACILITY INFORMATION

| Name of Facility Where Abatement is Taking Place (3) | Camden Docks |
| Street Address | 2500 Broadway |
| City (5) | Camden |
| County Code (7) (STATE USE ONLY) | Camden |
| Name of Monitoring Firm Hired by Building Owner (8) | AET, Inc. |
| ASCM No. | 107 |
| Name of Abatement Contractor (9) | ecoservices, LLC |
| Street Address | 407 W. Lincoln Highway Suite 500 |
| City, State, Zip Code | Exton, PA 19341 |
| Telephone No. | 610-891-0114 |
| License No. | 01161 |
| Name of OSHA Monitor | EMSL |
| Street Address | 200 Route 130 North |
| City, State, Zip Code | Cinnaminson, NJ 08077 |

| Start Date (10) | 7/27/15 |
| Scheduled Completion Date (11) | 7/31/15 |

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

- [x] Facility Closed/Vacated During Entire Period of Abatement
- [x] Abatement Performed Outside of Normal Facility Hours
- Other – Describe: Work to recommence on 7/27/15, no work 7/6-7/26/15

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

- [ ] ≥ 3 sf or ≥ 3 ft
- [ ] ≥ 160 sf or ≥ 200 ft
- [x] Renovation
- [x] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Galley</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Galley</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Below Dock</td>
<td>X</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>TSI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td>210 LF</td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
<td>250 SF</td>
</tr>
<tr>
<td>Abatement Type</td>
<td>650 SF</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>ecoservices, LLC</th>
</tr>
</thead>
<tbody>
<tr>
<td>NJDEP Waste Hauler ID No.</td>
<td>13-012785</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td>20</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>Grows (a WM Landfill)</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Exton, PA 19341</td>
</tr>
<tr>
<td>Disposal Date</td>
<td>TBD</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Morrisville, PA</td>
</tr>
<tr>
<td>Completed by</td>
<td>Joe White</td>
</tr>
<tr>
<td>Title</td>
<td>Assistant Project Manager</td>
</tr>
</tbody>
</table>

**Signature** [Handwritten Signature]  
**Date** 7/22/15

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

Date of Notification (1): 7 / 20 / 15
Name of Building Owner/Operator (2): E.I. duPont de Nemours

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

Type Notification:
- Initial
- Amended
- Emergency (including justification)
- Cancellation

Street Address:
250 Cheesquake Road
City, State, Zip Code:
Parlin, NJ 08859

Name of Contact:
Nichol Reinhold
Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3):
DuPont Parlin Facility - Bldg. 190
Street Address:
250 Cheesquake Road
City (5):
Parlin
County (6):
Middlesex
County Code (7)(STATE USE ONLY):

Type of Facility (4):
- School (K-12)
- Subchapter 8 (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):
Cardno ATC
ASCN No.:

Name of Abatement Contractor (9):
BRISTOL ENVIRONMENTAL, INC.
Street Address:
1123 BEAVER STREET
City, State, Zip Code:
BRISTOL, PA 19007
License No.:
00509

Project Manager for Monitoring Firm:
John Lutz
Telephone No.:
609-386-8800

Name of OSHA Monitor:
BRISTOL ENVIRONMENTAL, INC.
Street Address:
1123 BEAVER STREET
City, State, Zip Code:
BRISTOL, PA 19007

Start Date (10):
7 / 30 / 15
Scheduled Completion Date (11):
7 / 31 / 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: 7:00AM - 3:30PM - 6:00AM

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

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

<table>
<thead>
<tr>
<th>Building 190 MEZZANINE</th>
<th>Pipe Insulation</th>
<th>65 LF</th>
</tr>
</thead>
</table>

<p>| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility |</p>
<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Building 190 MEZZANINE</td>
<td>X</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler:
SERVICE TRANSPORT GROUP, INC.
NJDEP Waste Hauler ID No.:
20990
Cubic Yards of Waste:
2
Name of Registered Landfill:
GROWS Landfill
City, State:
NEW CASTLE, DE 19720
Disposal Date:
7/31/2015
City, State:
Morrisville, PA 19067

Completed By (Print or Type):
Gino Pizzigoni
Title:
Estimator
Signature:
Date: 7/20/15

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

Date of Notification (1)  
7/17/15

Name of Building Owner/Operator (2)  
City of Bridgeton

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

Type of Notification  
☐ Initial  
☐ Amended  
☒ Amendment # 2  
☐ Emergency (including justification)  
☐ Cancellation

Street Address  
181 East Commerce St.

City, State, Zip Code  
Bridgeton, NJ 08302

Name of Contact  
Robert Mulford

Telephone Number  

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  
Old Bridgeton Park Building

Street Address  
20 Mayor Aitken Road

City (5)  
Bridgeton

County (6)  
Cumberland

County Code (7)  

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

Name of Abatement Contractor (9)  
Yannuzzi Environmental Services, Inc.

Street Address  
135 Kinnelon Road, Suite 102

City, State, Zip Code  
Kinnelon, NJ 07405

Project Manager for Monitoring Firm  

Telephone No.  
Telephone No.  
908-218-0880

License No.  
01228

Start Date (10)  
7/21/15

Scheduled Completion Date (11)  
7/23/15

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 ft

☐ x150 sf or ≥2600 sf  
☐ Renovation

☐ Demolition  
☐ Full Containment with Negative Pressure

☐ Glovebag Procedure  
☐ Non-Exempted (*) and Non-Friable Procedure

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

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 SF or LF)  

Abatement Type  

Removal

Repair

Encapsulate

Enclosure

Building Exterior  
Transite Siding  
2,920 SF  

Name of Registered Waste Hauler  
Yannuzzi Group, Inc.

NJDEP Waste Hauler ID No.  
17467

Cubic Yards of Waste  
20

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

City, State  
Kinnelon, NJ

Disposal Date  
7/23/15

City, State  
Morrisville, PA

Completed by  
Anna Bastos

Title  
Administrative Assistant

Signature  

Date  
7/17/15

* 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)
City of Bridgeton

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

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

Street Address
181 East Commerce St.

City, State, Zip Code
Bridgeton, NJ 08302

Name of Contact
Robert Mulford

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Old Bridgeton Park Building

City (5)
Bridgeton

County (6)
Cumberland

County Code (7)

Current Use (Prior if being demolished)
Old Bridgeton Park Building

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

Name of Abatement Contractor (9)
Yannuzzi Environmental Services, Inc.

Street Address
135 Kinnelon Road, Suite 102

City, State, Zip Code
Kinnelon, NJ 07405

Project Manager for Monitoring Firm

Telephone No.
908-218-0880

License No.
01228

Start Date (10)

Scheduled Completion Date (11)
unknown

JOB ON HOLD

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

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

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

In Facility

(13)

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 SF or LF)

Abatement Type

Removal
Repair
Encapsulate
Endorse

Building Exterior
Transite Siding
2,920 SF

Name of Registered Waste Hauler
Yannuzzi Group, Inc.

Waste Hauler ID No.
17467

Cubic Yards of Waste
20

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

City, State
Kinnelon, NJ

Disposal Date
unknown

City, State
Morrisville, PA

Completed by
Anna Bastos

Title
Administrative Assistant

Signature

Date
7/14/15

* Do not use this form for asbestos licensure exempted activities.
Date of Notification (1)
7/17/15

Name of Building Owner/Operator (2)
Township of Hopewell

Agency Notified

Type Notification

EPA
DEP
DOL
DOH
DCA

Street Address
201 Washington Crossing-Pennington Road

City, State, Zip Code
Titusville, NJ 08560

Name of Contact
Nancy Canto

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Twin Pines Airport

Street Address
248 Pennington-Lawrenceville Road

City (5)
Pennington

County (6)
Mercer

County Code (7) (STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.

Name of Abatement Contractor (9)
Yannuzzi Environmental Services, Inc.

Street Address
135 Kinnelon Road, Suite 102

City, State, Zip Code
Kinnelon, NJ 07405

Project Manager for Monitoring Firm

Telephone No.
908-218-0880

License No.
01228

Start Date (10)
7/27/15

Scheduled Completion Date (11)
7/29/15

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:

Scope of Work (Check All That Apply)

X ≥3,000 ft² or ≥3,000 sf

≤1,000 sf or ≤1,500 sf

Renovation

Demolition

Description of Abatement (12)

Location of Asbestos-Containing Material (ACM)

In Facility

TO BE ABATED

Is Location Normally Used Solely by Maintenance/Custodial Staff?

Yes

No

N/A

Building (Hangar) Exterior

X Transite Siding

2,920 SF

X

Name of Registered Waste Hauler

Yannuzzi Group, Inc.

NJDEP Waste Hauler ID No.
17467

Cubic Yards of Waste
20

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

City, State
Kinnelon, NJ 07405

Completed by
Anna Bastos

Title
Administrative Assistant

Signature

Date
7/17/15

Abatement Type
Removal
Repair
Encapsulate
Enclosure

* 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)

<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>New Jersey Turnpike Authority</td>
</tr>
<tr>
<td>Street Address</td>
<td>581 Main Street</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Woodbridge, NJ 07095</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Ashraf Abdallah</td>
</tr>
</tbody>
</table>

FACILITY INFORMATION

| Name of Facility Where Abatement is Taking Place (3) | NJSP - Troop D Barracks |
| Street Address | Garden State Parkway MB 153.0 NB |
| City (5) | Bloomfield |
| County (6) | Essex |
| Square Feet | 3000 |
| # of Floors | 2 |
| Bidg. Age | 60 |

| Name of Monitoring Firm Hired by Building Owner (8) | Horizon Environmental |
| ASCM No. | |
| Street Address | PO Box 316 |
| City, State, Zip Code | Thorofare, NJ 08086 |
| Telephone No. | 856-848-0800 |

| Start Date (10) | 7 / 20 / 15 |
| Scheduled Completion Date (11) | 7 / 31 / 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-AM
- Abatement Performed During Normal Facility Hours

Scope of Work (Check all that apply):
- 
- 23 sq ft or 260 sq ft
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mint-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Location Normally Used Solely by Maintenance/ Custodial Staff? (12)</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
<td>2,300 SF</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Abatement Type
- Removal
- Repair
- Encapsulate
- Endosulf

Name of Registered Waste Hauler:
Freehold Cartage, Inc.
NJDEP Waste Hauler ID No. 02265
Cubic Yards of Waste 5
Name of Registered Landfill: GROWS Landfill
City, State | Freehold, NJ | Morrisville, PA 19067
Disposal Date | 7/31/5 |
City, State | 9/19/15 |

Completed By (Print or Type):
Kimberly A. Trumbetti
Title: Office Coordinator
Signature: [Signature]

* Do not use this form for asbestos licensure exempted activities.
STATE OF NEW JERSEY

NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)

| 7 | 20 | 15 |

Name of Building Owner/Operator (2)
New Jersey Museum of Transportation / Job #1507-2000, Chk. #4014

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

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

Street Address
4265 Atlantic Avenue

City, State, Zip Code
Wall Township, NJ

Name of Contact
James Lubrant

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
New Jersey Museum of Transportation/Railroad Locomotive

Street Address
4265 Atlantic Avenue

City (5)
Wall

County (6)
Monmouth

County Code (7) (STATE USE ONLY)

Current Use (Prior to being demolished)
NA

Square Feet
60 SF

# of Floors
NA

Bldg. Age
NA

Type of Facility (4)
- School (K-12)
- Subchapter 6 (Other than K-12)
- Other (i.e., private and commercial buildings, homes, etc.)

Name of Abatement Contractor (9)
Asbestos and Mold Services, Corp.

Street Address
3859 Sylon Boulevard

City, State, Zip Code
Hainesport, NJ 08036

Project Manager for Monitoring Firm
Kelly Walton

Telephone No.
(908) 862-4301

License No.
00862

Name of OSHA Monitor
EMSL Analytical, Inc.

Start Date (10)
7 / 22 / 15

Scheduled Completion Date (11)
7 / 23 / 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

Name of Registered Waste Hauler
Freehold Cartage, Inc.

Cubic Yards of Waste
5

Name of Registered Landfill
GROWS Landfill

City, State
Freehold, NJ

Disposal Date
7/24/15

Completed By (Print or Type)
Kimberly A. Trumbetti

Title
Office Coordinator

Signature

Date
1/30/15

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

Date of Notification (1) 7 / 20 / 15

Name of Building Owner/Operator (2) Patricia R. Dinsen / Job #1507-2003 Chk. #4015

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

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

Street Address
1401 Springdale Road

City, State, Zip Code
Cherry Hill, NJ 08003

Name of Contact
Chip Longo

Telephone Number

FACILITY INFORMATION

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

Street Address
208 Buckner

City (6)
Haddon Township

County (6)
Camden

County Code (7) (STATE USE ONLY)

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

ASCM No.

Name of Abatement Contractor (9)
Asbestos and Mold Services, Corp.

Street Address
16 W Elizabeth Ave # 2

City, State, Zip Code
Linden, NJ 07036

Project Manager for Monitoring Firm
Kelly Walton

Telephone No.
(908) 862-4301

Start Date (10) 7 / 29 / 15

Scheduled Completion Date (11) 7 / 30 / 15

Name of OSHA Monitor
EMSL Analytical, Inc.

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

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)

Location Of Asbestos-Containing Material (ACM)

Cubics Yards of Waste
5

Name of Registered Landfill
GROWS Landfill

Name of Registered Waste Hauler
Freehold Cartage, Inc.

NJDEP Waste Hauler ID No.
02265

Disposal Date
City, State
7-30-15 Morrisville, PA 19067

Completed By (Print or Type)
Kimberly A. Trumbetti

Title
Office Coordinator

Signature

Date
1-30-15

Scope of Work (Check all that apply)
☐ ≥ 3 sf or ≥ 3 if
☐ ≥150 sf or ≥260 if
☐ Renovation ☐ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure ☐ Wrap / Cut and Mastic Intact Removal
☐ non-exempted () and Non-Friable Procedure

Abatement Type
Removal ☒ Repair ☒ Encapsulate ☒ Enclose ☒

* 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)  07/20/2015

Name of Building Owner/Operator (2)  Tenafly School District

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

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

Street Address  500 Tenafly Road

City, State, Zip Code  Tenafly, NJ 07670

Name of Contact  Tom Lepore  
Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  J. Spencer Smith ES

Street Address  101 Downey Drive

City (5)  Tenafly, NJ 07670

County (6)  Bergen

County Code (7)  (STATE USE ONLY)

Current Use (Prior to being demolished)  School

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

Name of Abatement Contractor (9)  SMAC CORP

Street Address  27 East 33rd Street

City, State, Zip Code  Paterson, NJ 07514

Project Manager for Monitoring Firm  
Telephone No.  
License No. 01110

Start Date (10)  07/31/2015  
Scheduled Completion Date (11)  08/07/2015

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

Scope of Work (Check All That Apply)  
- ≥3 sf or ≥3 if  
- ≥150 sf or ≥260 if  
- Renovation  
- Demolition

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

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

<table>
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<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance &amp; Custodial Staff? (12)</th>
<th>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Roof</td>
<td>Yes</td>
<td>Transite Material-boards</td>
<td>16 SqFt</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler  
SMAC CORP

City, State  Paterson, NJ 07514

Name of Registered Landfill  
GROWS Landfill

Disposal Date  09/07/2015

Completed by  Borce Gjorsoski  
Title  President  
Signature  
Date  07/20/2015

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