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>7-19-13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agency Notified</td>
<td></td>
</tr>
<tr>
<td>EPA</td>
<td></td>
</tr>
<tr>
<td>DEP</td>
<td></td>
</tr>
<tr>
<td>DOL</td>
<td></td>
</tr>
<tr>
<td>DOH</td>
<td></td>
</tr>
<tr>
<td>DOA</td>
<td></td>
</tr>
<tr>
<td>Type Notification</td>
<td></td>
</tr>
<tr>
<td>Initial</td>
<td></td>
</tr>
<tr>
<td>Amendment</td>
<td></td>
</tr>
<tr>
<td>Emergency (including justification)</td>
<td></td>
</tr>
<tr>
<td>Cancellation</td>
<td></td>
</tr>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Protestant Community Church</td>
</tr>
<tr>
<td>Street Address</td>
<td>100 Stokes Road</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Medford, NJ 08055</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Allen DeCastro</td>
</tr>
<tr>
<td>Telephone/Member</td>
<td></td>
</tr>
</tbody>
</table>

Name of Facility Where Abatement is Taking Place (3)
Protestant Community Church

| Street Address          | 100 Stokes Road |
| City                    | Medford |
| County                 | Burlington |
| Name of Monitoring Firm Hired by Building Owner | EHS Environmental, Inc. |
| ASCM No.               |         |
| Street Address          | 411 Southgate Court, Suite E |
| City, State, Zip Code   | Mickleton, NJ 08056 |
| Project Manager for Monitoring Firm | Jack Carney |
| Telephone No.           | 856-224-0080 |
| Start Date (10)         | 7-8-13 |
| Scheduled Completion Date (11) | 8-12-13 |
| Visibility Status During Abatement (Check only one) | |
| Facility Closed/Vacated During Entire Period of Abatement | |
| Scope of Work (Check all that apply) | |
| ≥ 3 ft or ≥ 3 ft       |         |
| ≥ 160 sf or ≥ 260 sf   |         |
| Renovation              |         |
| Demolition              |         |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (12) | |
| attic                   | x       |
| pipe fittings           |         |
| attic                   | x       |
| boiler rib gaskets      |         |
| Name of Registered Waste Hauler | Robinson Waste |
| ID No.                  | 17304   |
| Cubic Yards of Waste    | 1       |
| Name of Registered Landfill | GROWS, Inc. |
| City, State             | Bellmawr, NJ |
| Disposal Date           | 8-12-13 |
| City, State             | Morrisville, PA |
| Completed by            | Timothy E. Bryan |
| Title                   | Vice-President |
| Signature               |         |
| Date                    | 7-19-13 |

Do not use this form for asbestos license exempted activity.
**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>7-19-13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>United States Postal Service</td>
</tr>
<tr>
<td>Agency Notified</td>
<td>Type Notification</td>
</tr>
<tr>
<td>EPA</td>
<td>Initial</td>
</tr>
<tr>
<td>DEP</td>
<td>Amended</td>
</tr>
<tr>
<td>DOL</td>
<td>Amendment #</td>
</tr>
<tr>
<td>DOH</td>
<td>Emergency (including justification)</td>
</tr>
<tr>
<td>DCA</td>
<td>Cancellation</td>
</tr>
<tr>
<td>Street Address</td>
<td>P.O. Box 27497</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Greensboro, NC 27498</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>David Calkins</td>
</tr>
</tbody>
</table>

### FACILITY INFORMATION

- **Name of Facility Where Abatement is Taking Place (3)**  
  New Egypt Post Office  
- **Street Address**  
  22 N. Main Street  
- **City (5)**  
  New Egypt  
- **County (6)**  
  Ocean  
- **Name of Monitoring Firm Hired by Building Owner (6)**  
  TTI Environmental  
- **Name of Abatement Contractor (9)**  
  Plymouth Environmental Co., Inc.  
- **Type of Facility (4)**  
  School (K-12)  
- **Square Feet**  
  1,400  
- **# of Floors**  
  1  
- **Bldg. Age**  
  51 yrs.  
- **Current Use**  
  (Prior if being demolished)  
- **Telephone No.**  
  856-684-8800  
- **License No.**  
  00398  
- **Street Address**  
  923 Haws Avenue  
- **City, State, Zip Code**  
  Norristown, PA 19401  
- **Project Manager for Monitoring Firm**  
  Jim Guilardi  
- **Name of OSHA Monitor**  
  Plymouth Environmental Co., Inc.  
- **Start Date (10)**  
  8-5-13  
- **Scheduled Completion Date (11)**  
  8-16-13  
- **Occupancy Status During Abatement (Check only one)**  
  Facility Closed/Vacated During Entire Period of Abatement  
- **Type of Work (Check all that apply)**  
  Full Containment, Demolition, Non-Friable Procedure  
- **Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)**  
  Yes  
- **Description of Asbestos-Containing Material (ACM)**  
  Roof flashing  
- **Amount (Specify SF or LF)**  
  290 LF  
- **Abatement Type**  
  Removal  
- **Encapsulate**  
  Yes  
- **Name of Registered Waste Hauler**  
  Robinson Waste  
- **Cubic Yards of Waste**  
  5  
- **Name of Registered Landfill**  
  Ocean County Landfill  
- **City, State**  
  Bellmawr, NJ  
- **Disposal Date**  
  8-16-13  
- **Title**  
  Vice-President  
- **Signature**  
  [Signature]  
- **Date**  
  7-19-13

*Do not use this form for asbestos licensure exempted activities.*
Date of Notification (1)
7/16/2013

Check # 2450

Name of Building Owner/Operator (2)
St Leo's Church

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

Type Notification
- Initial

Street Address
300 Market Street

City, State, Zip Code
Elmwood Park, NJ 07407

Name of Contact
Joseph Canares

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
St Leo's School

Street Address
300 Market Street

City (5)
Elmwood Park, NJ 07407

County Code (7)
BERGEN

County Code (7) (STATE USE ONLY)

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

Square Feet
25,000

# of Floors
2

Bldg. Age
50 *

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

ASCM No.
000118

Name of Abatement Contractor (9)
EA Services Corporation

Street Address
464 Valley Brook Avenue

City, State, Zip Code
Lyndhurst, NJ 07071

Telephone No.
201-364-2746

License No.
01074

Start Date (10)
7/29/2013

Scheduled Completion Date (11)
7/31/2013

Name of OSHA Monitor
Same as above

Occupancy Status During Abatement (Check Only One)
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other – Describe: 6:00 AM

Project Manager for Monitoring Firm
Jim Ruff

Street Address
426 99th Street

City, State, Zip Code
Guttenberg, NJ 07093

Scope of Work (Check All That Apply)
- Renovation
- Demolition

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

In Facility

Music Room

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)
Wrap and cut-2" line pipe

Amount (Specify SF or LF)
20 LF

Abatement Type

Endorse

Waste Management

Name of Registered Landfill

Name of Registered Waste Hauler

Freehold Carting

Cubic Yards of Waste

TBD

Disposal Date
TBD

City, State
Tullytown Landfill

Completed by
Gina Salvador

Title
Office Manager

Signature

Date
7/16/2013

* Do not use this form for asbestos licensure exempted activities.
<table>
<thead>
<tr>
<th>Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location</td>
<td>120 Rte 17 N</td>
</tr>
<tr>
<td>Status</td>
<td>Nonexempt</td>
</tr>
<tr>
<td>Operation</td>
<td>Demolition</td>
</tr>
<tr>
<td>Type</td>
<td>Asbestos Removal</td>
</tr>
<tr>
<td>Quantity</td>
<td>5000 lbs</td>
</tr>
<tr>
<td>Date</td>
<td>7-18-2013</td>
</tr>
<tr>
<td>Reporting Agency</td>
<td>N.J.A.C. 7:25-2.12</td>
</tr>
</tbody>
</table>

**Notification of Asbestos Abatement**

**Abatement Location:** 120 Rte 17 N, 81 Ml High Road, Nonexempt

**Operation:** Demolition, Asbestos Removal

**Quantity:** 5000 lbs

**Date:** 7-18-2013

**Reporting Agency:** N.J.A.C. 7:25-2.12
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1)  7/17/13

Name of Building Owner/Operator (2)  Hudson County

Agencies Notified

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

Street Address  595 Newark Ave.

City, State, Zip Code  Jersey City, NJ 07306

Name of Contact  Kim Riscart

Telephone Number  T

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  Hudson County Admin. Bldg.

Street Address  595 Newark Avenue

City (5)  Jersey City  County (6) Hudson  County Code (7) (STATE USE ONLY)  ASCM No.  00110

Name of Monitoring Firm Hired by Building Owner  Whitman Companies, Inc.

Street Address  7 Pleasant Hill Road

City, State, Zip Code  Cranbury, NJ 08512

Project Manager for Monitoring Firm  Kevin Lovely

Telephone Number  732-390-5858

Scheduled Start Date (10)  2/25/13  Sched. Completion Date (11)  12/31/13*

Occupancy Status During Abatement (Check only one)

[ ] Facility Closed/Abated During Entire Period of Abatement

[x] Abatement Performed Outside of Normal Facility Hours – Describe: evenings and/or weekends

[x] Other - Describe: partially vacated

Scope of Work (Check all that apply)

[ ] Demolition

[ ] ≥3 sf or ≥3 ft

[x] ≥160 sf or ≥260 sf

[x] Renovation

[ ] Full Containment with Negative Pressure

[x] Mini – Enclosure

[ ] Glovebag Procedure

[x] Non – Fiable 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>Is Location</th>
<th>Description of Asbestos – Containing Material (ACM) (i.e., thermal systems or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Various – courtrooms, offices</td>
<td>X</td>
<td>Plaster/spray-on ceiling (to be scraped)</td>
<td>5000 SF</td>
</tr>
<tr>
<td>Various – courtrooms, offices</td>
<td>X</td>
<td>Floor tile*</td>
<td>15000 SF</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler  Jupiter Environmental Services

City, State  Lincoln Park, NJ

Disposal Date  TBD/Various

Name of Registered Landfill  Minerva Landfill

City, State  Waynesburg, OH

Completed By (Print or Type)  Pane Repic

Title  General Manager

Signature  [Signature]

Date  7/17/13

ASB-41
*Note: Work to occur in phases. First phase is removal of some 1700 SF of floor tile from room 220, with expected completion on about 5/3/13. Amendments will be sent for other phases.
**State of NJ**
**Notification of Asbestos Abatement**
(Pursuant to NJAC 8:60-7 and 12:120-7)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/17/19</td>
<td>Fairleigh Dickinson University (FDU)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ EPA</td>
<td>Initial</td>
</tr>
<tr>
<td>☑ DEP</td>
<td>Amendment</td>
</tr>
<tr>
<td>☑ DOL</td>
<td>Amendment # 01</td>
</tr>
<tr>
<td>☑ DOH</td>
<td>Emergency (include justification)</td>
</tr>
<tr>
<td>☑ DCA</td>
<td>Cancellation</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>10 Woodbridge Ave.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>Hackensack, NJ 07601</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of Contact</th>
<th>Dick Frick</th>
</tr>
</thead>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of facility where abatement is taking place (3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>FDU - Madison Campus Science Building</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>County Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>145 Park Ave.</td>
<td>Morris</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>County (6)</th>
<th>County Code (7)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(State use only)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Bldg. Owner (8)</th>
<th>ASCM No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Environmental Design, Inc.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>5434 King Ave., Suite 101</td>
<td>856-616-9516</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>Current Use (Prior if being demolished)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Florham Park, Morris</td>
<td>Public Safety Building</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Abatement Contractor (9)</th>
<th>Name of OSHA Monitor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paragon Contracting, Inc.</td>
<td>Paragon Contracting, Inc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>590 River Rd.</td>
<td>(973) 614-1600</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>License Number</th>
<th>Clifton, NJ 07014</th>
</tr>
</thead>
<tbody>
<tr>
<td>00748</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tullytown/GROWS</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>Disposal Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clifton, NJ 07014</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>Goran Lazevski</td>
<td>President</td>
<td>[Signature]</td>
<td>07/19/2013</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>2nd Floor Bathrooms</th>
<th>1st Floor Bathrooms</th>
<th>Room S, 24A &amp; 25 &amp; Hallway</th>
<th>4 Bathrooms</th>
</tr>
</thead>
<tbody>
<tr>
<td>VAT/Mastic</td>
<td>Pipe Insulation</td>
<td>Pipe Insulation (Repair)</td>
<td>Window Glazing</td>
</tr>
<tr>
<td>20 SF</td>
<td>8 LF</td>
<td>20 LF</td>
<td>11 EA</td>
</tr>
</tbody>
</table>

**Registered Waste Hauler**

<table>
<thead>
<tr>
<th>NJDEP Hauler ID#</th>
<th>Cubic Yards of Waste</th>
</tr>
</thead>
<tbody>
<tr>
<td>22161</td>
<td>4 cyds</td>
</tr>
</tbody>
</table>

**City, State**

<table>
<thead>
<tr>
<th>Clifton, NJ 07014</th>
<th>Clifton, NJ 07014</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Compliance Data**

<table>
<thead>
<tr>
<th>Scope of Work</th>
<th>Location of asbestos-containing material to be abated in facility (13)</th>
<th>Description of asbestos-containing material (AGM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Remove</th>
<th>Repair</th>
<th>Encap</th>
<th>Enc.L</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demolition</td>
<td>2nd Floor Bathrooms, 1st Floor Bathrooms, Room S, 24A &amp; 25 &amp; Hallway, 4 Bathrooms</td>
<td>VAT/Mastic, Pipe Insulation, Pipe Insulation (Repair), Window Glazing</td>
<td>20 SF, 8 LF, 20 LF, 11 EA</td>
<td>☑️</td>
<td>☑️</td>
<td>☑️</td>
<td>☑️</td>
</tr>
</tbody>
</table>
State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60 and 12:120)

**Date of Notification (1)**
07/17/13

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

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

**Type Notification**
- [x] Initial
- [ ] Amended
- [ ] Emergency
- [ ] Cancellation

**Address**
218 MARIAN AVENUE
FANWOOD, NJ 07023

**Name of Contact**
PATTY KIRSCHLING

**Telephone Number**

**Name of facility where abatement is taking place (3)**
PATTY KIRSCHLING

**Street Address**
218 MARIAN AVENUE

**City (5)**
FANWOOD

**State (6)**
UNION

**Zip Code (7)**
07023

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

**Type of Facility (4)**
- [ ] School (K-12)
- [x] Subchapter 8 (Other than K-12)
- [x] Other (Private/Commercial Bldgs., Homes, etc.)

**Square Feet**

**# of Floors**

**Bldg. Age**

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

**Street Address**
20 California Ave.
PATERSON, NJ 07503

**Telephone Number**
973-345-8020

**License Number**
01169

**Name of OSHA Monitor**
D & S Restoration, Inc.

**Street Address**
20 California Avenue

**City, State, Zip Code**
PATERSON, NJ 07503

**Start Date (10)**
08/01/13

**Sched. Completion Date (11)**
08/12/13

**Occupancy Status During Abatement (Check only one)**
- [x] Occupancy Status: Normal Hours

**Scope of Work (Check all that apply)**
- [x] >2 sf or >3 If
- [x] Demolition
- [ ] Renovation

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Description of asbestos-containing material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Rm. Removal</th>
<th>Ret. Recap</th>
<th>Enc. Lc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>BASEMENT</td>
<td>DUCT INSULATION</td>
<td>35 SQ FT</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BASEMENT</td>
<td>DUCT WORK RE-CLEAN</td>
<td>100 SQ FT</td>
<td>X</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Registered Waste Hauler**
D & S RESTORATION, INC.

**NJDEP Hauler ID#**
13506

**Cubic Yards of Waste**
1 YD

**Name of Registered Landfill**
TULLYTOWN, RESOURCE RECOVERY

**City, State**
PATERSON, NJ 07503

**Disposal Date**
08/02/13

**Completed by (Print or Type)**
BOGDAN JOLDZIC

**Title**
PRESIDENT

**Signature**

**Date**
07/17/13

ASB-41

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

Date of Notification (1) 7/18/2013

Name of Building Owner / Operator (2) Hess Corporation

Agencies Notified Type Notification
☐ EPA ☐ Initial
☐ DEP ☐ Amended
☐ DOL ☐ Emergency
☐ DOH ☐ Cancellation
☐ DCA

Address
Street Address
One Hess Plaza
City, State & Zip Code
Woodbridge, NJ 07095

Name of Contact
John Philbin

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Hess Corporation

Street Address
Smith Street & Convery Boulevard

City (5)
Perth Amboy

County (6)
Middlesex

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

# of Floors

Bldg. Age

Current Use (Prior if being demolished)

Boiler Room

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

Street Address
1123 Beaver Street
City, State & Zip Code
Bristol, PA 08007

Project Manager for Monitoring Firm
Dave Turowsky

Telephone Number
800-969-6AET

License Number
(215)788-6040
00509

Name of OSHA Monitor
Bristol Environmental Inc.

Street Address
1123 Beaver Street
City, State & Zip Code
Bristol, PA 08007

Occupancy Status During Abatement (Check only one)
☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Hours –
Describe:
☐ Facility Occupied During Abatement: 8:30 AM – 3:30 PM

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

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

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)

Abatement Type

Full Containment with Negative Pressure ☐
Mini-Enclosure ☐
Glove Bag Procedures ☐
Non-Exempted and Non-Friable Procedure ☒

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

Attic in Main Bldg. ☐

Pipe Insulation ☐

75 LF ☒

Name of Registered Waste Hauler
Bristol Environmental Inc

NJDW Waste Hauler ID No. 18706

Cubic Yards of Waste 3

Name of Registered Landfill
GROWS LANDFILL

City, State
Bristol PA

Disposal Date 7/30/13
City, State
MORRISVILLE, PA

Completed By (Print or Type)
Gino Pizzigoni

Title Project Manager

Signature

Date 7/18/13

GI 13117
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)

**Date of Notification (1)**  
07/19/2013  

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

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

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

**Street Address**  
500 DOREMUS AVENUE  
City, State, Zip Code  
NEWARK, NJ 07105  

**Name of Contact**  
RAMISI BARSOUM  
**Telephone Number**  

**FACILITY INFORMATION**  

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>CARDOLITE CORPORATION</th>
</tr>
</thead>
</table>

**Street Address**  
500 DOREMUS AVE  
City (5)  
NEWARK  
County (6)  
ESSEX  

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

**ASCM No.**  

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

**Square Feet**  

**# of Floors**  

**Bldg. Age**  

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

**Name of Abatement Contractor (9)**  
KIELCZEWSKI CORPORATION  

**Street Address**  
235 WATCHUNG AVE  
City, State, Zip Code  
WEST ORANGE NJ 07052  

**Project Manager for Monitoring Firm**  

**Telephone No.**  

**License No.**  
973-243-9872  
01171  

**Start Date (10)**  

**Scheduled Completion Date (11)**  

**Name of OSHA Monitor**  
N/A  

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

**Scope of Work (Check All That Apply)**  
- [x] ≥23 sf or ≥3 If  
- [x] ≥150 sf or ≥260 ft²  
- [x] Renovation  
- [x] Demolition  
- [x] Full Containment with Negative Pressure  
- [x] Mini-Enclosure  
- [x] Glovebag Procedure  
- [x] Non-Exempted (*) and Non-Friable Procedure  

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

<table>
<thead>
<tr>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>[x] Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
</table>

| Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | metal ring with asb. insulation | 8sf |
|---|---|

| Location of Asbestos-Containing Material (ACM) TO BE ABATED | disposal of facility component | x |
|---|---|

| Name of Registered Waste Hauler | KIELCZEWSKI CORPORATION  
NUDEP Waste Hauler ID No. | Cubic Yards of Waste | Name of Registered Landfill |
|------------------|------------------------|-------------------|--------------------------|

**City, State**  
WEST ORANGE NJ  

**Disposal Date**  

**City, State**  
MORGANTOWN, PA  

**Completed by**  
SLAWOMIR KIELCZEWSKI  
**Title**  
PRESIDENT  
**Signature**  

**Date**  
07/19/2013  

*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)
07/18/2013

Name of Building Owner/Operator (2)
4614-4616 Park Ave, LLC

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

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

Street Address
127 West 24th Street - 2nd Floor

City, State, Zip Code
New York, NY 10011

Name of Contact
Kapahi

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
4614-416 Park Ave - Basement

Street Address
4614-416 Park Ave

City (5)
Weehawken

County (6)
Hudson

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

ASCM No.

Name of Abatement Contractor (9)
Super, LLC

Street Address
168 Arundel Rd

City, State, Zip Code
Paramus, NJ 07652

Project Manager for Monitoring Firm
Carmelo Almonte

Telephone No.
(201)336-0477

License No.
01195

Start Date (10)
07/29/2013

Scheduled Completion Date (11)
08/06/2013

Name of OSHA Monitor
Testor Tech

Street Address
10-59 Jackson Ave

City, State, Zip Code
LIC, NY 11101

Scope of Work (Check All That Apply)

☒  ≥3 sf or ≥3 lf
☐ ≥150 sf or ≥260 lf

☒  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?

Yes ☒ No ☐ N/A ☐

Description of Asbestos-Containing Material (ACM)

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

Amount (Specify SF or LF)

Abatement Type

Removal ☒ Repair ☐ Encapsulation ☐

Enclosure ☐

Name of Registered Waste Hauler
Super, LLC

NJDEP Waste Hauler ID No.
034893

Cubic Yards of Waste

Name of Registered Landfill
GROWS Landfill

City, State
Paramus, NJ

Disposal Date
TBD

City, State
Morrisville, PA

Completed by
Tailor Dominguez

Title
Project Manager

Signature

Date
07/18/2013

* Do not use this form for asbestos licensure exempted activities.
State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1)
017/119/113

Name of Building Owner/Operator (2)
Paul Russo

Street Address
17 Sherman Avenue

City, State, Zip Code
Glen Ridge, NJ 07028

Name of Contact
Paul Russo

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
Paul Russo

Street Address
17 Sherman Avenue

City (5)
Glen Ridge, NJ 07028

County (6)
Essex

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

Street Address
105 Ryerson Road

License Number
0378

City, State, Zip Code
Lincoln Park, NJ 07035

Type of Facility (4)
Other (Private/Commercial Bldgs/Homes, etc.)

Square Feet

# of Floors

Bldg. Age

Current Use (Prior if being demolished)
Residential

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

ASCM No.

Scheduled Start Date (10)
07/30/2013

Sched. Completion Date (11)
07/31/2013

Occupancy Status During Abatement (Check only one)
Facility closed/vacated during entire period of abatement.

Scope of Work (check all that apply)
Demolition

Ranovation

>3,000 sq ft or >3,000 sf

≥160 sf or ≥260 sf

=≥00 sf or ≥260 sf

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

Is location normally used solely by maintenance/custodial staff (12)
Yes

No

N/A

Description of asbestos-containing material (ACM)
Pipe insulation

Amount (Specify SF or LF)
80 ft

Removal

Repair

Encapsulation

Enroll

Non-repair

Mini-enclosure

Glovebag procedure

Full Containment, winemetal pressure

Wrap & cut

Registered Waste Hauler
B & G Restoration, Inc.

NJDEP Hauler ID
19563

Cubic Yards of Waste
1 1/2 yards

Name of Registered Landfill
Tullytown Resource & Recovery Center

City, State
Lincoln Park, NJ 07035

Disposal Date
07/31/2013

Completed by (Print or Type)
Gordana Luna

Title
Secretary/Treasurer

Signature

Date
07/19/2013
State of NJ  
Notification of Asbestos Abatement (Pursuant to NJAC 8:60-7 and 12:120)

**B & G proj #: 2013-130**

**Date of Notification:** 10/11/11

**Agency:** DOL

**Type of Notification:** Amendment

**Name of Building Owner/Operator:** Joseph Rispo

**Street Address:** 17 Coolidge Road

**City, State, Zip Code:** Maplewood, NJ 07040

**Name of Contact:** Joseph Rispo

**Telephone Number:**

---

**FACILITY INFORMATION**

**Name of facility where abatement is taking place:** Joseph Rispo

**Street Address:** 17 Coolidge Road

**City, State, Zip Code:** Maplewood, NJ 07040

**County:** Essex

**County Code:**

---

**Type of Facility:**
- School (K - 12)
- Subchapter 8 (Other than K-12)
- Other (Private/Commercial Bldgs./Homes, etc.)

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

---

**Name of Abatement Contractor:** B & G Restoration, Inc.

**Street Address:** 105 Ryerson Road

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

**License Number:** 0378

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

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

**Street Address:** 105 Ryerson Road

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

---

**Scheduled Start Date:** 7/29/13

**Scheduled Completion Date:** 7/30/13

---

**Occupy Status During Abatement:**
- Facility closed/vacated during entire period of abatement.
- Abatement performed outside of normal facility hours.

**Describe:**

- Other/Describe:

---

**Scope of Work (check all that apply):**
- Demolition
- Renovation
- Full Containment w/negative pressure
- Mini-enclosure
- Wrap & cut
- Non-friable procedure
- Glovebag procedure

---

**Location of asbestos-containing material to be abated in facility:**

<table>
<thead>
<tr>
<th>Location</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
<th>Description</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>basement</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>pipe insulation</td>
<td>3 if</td>
</tr>
<tr>
<td>basement</td>
<td></td>
<td></td>
<td></td>
<td>pipe</td>
<td>50 lf</td>
</tr>
</tbody>
</table>

---

**Registered Waste Hauler:**

- B & G Restoration, Inc.
- Hauler ID#: 19563
- Cubic Yards of Waste: 1 yard

**Name of Registered Landfill:** Tullytown Resource & Recovery Center

**City, State:**

- Lincoln Park, NJ 07035

---

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

- Gordana Luna
- Title: Secretary/Treasurer

**Signature:** Gordana Luna

**Date:** 7/19/13
State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1)
07/19/2013

Name of Building Owner/Operator (2)
Sheila O'Neill

Street Address
27 Hewlett Road

City, State, Zip Code
Towaco, NJ 07082

Name of Contact
Sheila O'Neill

FACILITY INFORMATION

Type of Facility (4)
☑ Other (Private/Commercial Bldgs./Homes, etc.

Square Feet
# of Floors
Bldg. Age

Current Use (Prior if being demolished)
residential

Name of facility where abatement is taking place (3)
Sheila O'Neill

Street Address
27 Hewlett Road

City (5)
Towaco, NJ 07082

County (6)
Morris

County Code (7)
(State use only)

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

ASCM No.

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

Street Address
105 Ryerson Road

City, State, Zip Code
Lincoln Park, NJ 07035

License Number
0378

Telephone Number
973-696-6869

Type of Facility (4)
☐ School (K - 12)
☐ Subchapter 8 (Other than K-12)
☐ Other (Private/Commercial Bldgs./Homes, etc.

Name of OSHA Monitor
B & G Restoration, Inc.

Street Address
105 Ryerson Road

City, State, Zip Code
Lincoln Park, NJ 07035

Scheduled Start Date (10)
07/31/2013

Sched. Completion Date (11)
08/1/2013

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:

Scope of Work (check all that apply)
☐ Demolition
☐ Renovation
☐ >3 sf or >3 l.f.
☐ ≥100 sf or ≥260 l.f.
☐ Full Containment w/negative pressure
☐ Mini-enclosure
☐ Glovebag procedure
☐ Non- friable procedure

Description of asbestos-containing material (ACM)

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

Is location normally used solely by maintenance/custodial staff(12) | Description of asbestos-containing material (ACM) | Amount (Specify SF or LF) | Removal | Repair | Encap |
---|---|---|---|---|---|
| Yes | No | N/A | flue pipe | 5 l.f. | ✔ | □ | □ | □ |

Registered Waste Hauler
B & G Restoration, Inc.

NJDEP Hauler ID# 19563

Cubic Yards of Waste
1/2 yard

Name of Registered Landfill
Tullytown Resource & Recovery Center

City, State
Tullytown, PA

Disposal Date
08/1/2013

Completed by (Print or Type)
Gordana Luna

Title
Secretary/Treasurer

Signature

Date
07/19/2013
## Notification of Asbestos Abatement

**Date of Notification (1)**
07/18/2013

**Name of Building Owner/Operator (2)**
Morris School District BOE

**Street Address**
31 Hazel Street

**City, State, Zip Code**
Morristown NJ 07960

**Name of Contact**
Pierre Ibanez

### Facility Information

<table>
<thead>
<tr>
<th>Agency Notified</th>
<th>Type Notification</th>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
<td>Frelinghuysen Middle School</td>
</tr>
<tr>
<td>DOL</td>
<td>Amended</td>
<td></td>
</tr>
<tr>
<td>DOH</td>
<td>Amendment (including justification)</td>
<td></td>
</tr>
<tr>
<td>DCA</td>
<td>Cancellation</td>
<td></td>
</tr>
</tbody>
</table>

**Street Address**
2 Jane Way

**City (5)**
Morristown

**County (6)**
Morris

**County Code (7)**

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

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

**Square Feet**

**# of Floors**

**Bldg. Age**

### Monitoring Firm

**Name of Monitoring Firm**
Environmental Connection, Inc.

**Name ASCM No.**

**Name of Abatement Contractor (9)**
VMC Company, Inc.

**Street Address**
208 Piaget Ave.

**City, State, Zip Code**
Clifton, NJ 07011

### Project Manager for Monitoring Firm

**Name**
Ryan Broadwater

**Telephone No.**
609-392-4200

### Start Date (10)

**07/20/2013**

### Scheduled Completion Date (11)

**07/28/2013**

**Facility Closed/Vacated During Entire Period of Abatement**

**Abatement Performed Outside of Normal Facility Hours**

**Other – Describe:**

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

- ≥ 36 sf or ≥ 3 if
- ≥ 160 sf or ≥ 250 if
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

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

**Yes**

**No**

**N/A**

**Boys/Girls Locker Rooms**

**Vapor Felt Barrier**

**Amount (Specify SF or LF)**
1000 SF

**Pipe/Fitting insulation "wrap&cut"**

**100 LF**

### Name of Registered Waste Hauler

**Newark Carting Inc.**

**NJDEP Waste Hauler ID No.**
05409

**Cubic Yards of Waste**

**Name of Registered Landfill**
GROWS

**City, State**
Morrsville, PA

### Completed by

**Voytek Roszkowski**

**Title**
President

**Signature**

**Date**
07/18/2013

*Do not use this form for asbestos licensure exempted activities.*
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:50 and 12:120)

Date of Notification (1)
07/14/2014

Name of Building Owner/Operator (2)
Scotch Plains/Fanwood BOE

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

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

Street Address
Evergreen Ave.

City, State, Zip Code
Scotch Plains, NJ 07076

Name of Contact
Anthony Miranda

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Park Middle School

City (6)
Scotch Plains

County (6)
Union

County Code (7) (STATE USE ONLY)

Current Use (Prior if being demolished)
School

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

ASCM No.
0079

Name of Abatement Contractor (9)
VMC Company, Inc.

Street Address
20-21 Wagrav Rd

City, State, Zip Code
Fair Lawn, NJ 07410

Project Manager for Monitoring Firm
Fredric Larson

Telephone No.
973-638-9145

Start Date (10)
08/12/2013

Scheduled Completion Date (11)
08/14/2013

License No.
00704

Name of OSHA Monitor
VMC Co. Inc.

City, State, Zip Code
Clifton, NJ 07011

Scope of Work (Check All That Apply)
- ≥3 sf or ≥3 ft
- ≥190 sf or ≥290 ft
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Removable Procedure

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

Yes
No
N/A

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

Boiler Room

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

Yes

Description of Asbestos Containing Material (ACM)

Tank Insulation

Amount (Specify SF or LF)

Abatement Type

Name of Registered Waste Hauler
Freehold Cartage, Inc.

NJDEP Waste Hauler ID No.
40Y

Cubic Yards of Waste

Disposal Date

Name of Registered Landfill
GROWS

City, State, Zip Code
Freehold, NJ

Completed by
Vytek Roszkowski

Title
President

Signature

Date
07/14/2013

* Do not use this form for asbestos licensure exempted activities.
State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:60 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
<th>RE: 63 GUILDEN STREET</th>
</tr>
</thead>
<tbody>
<tr>
<td>07/1/2013</td>
<td>RU EASY LIVING LLC</td>
<td>JUL 24, 2013</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

Name of facility where abatement is taking place (3)  
RESIDENTIAL BUILDING, FIFI TIAN

<table>
<thead>
<tr>
<th>Street Address</th>
<th>63 GUILDEN STREET</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State, Zip Code</td>
<td>NEW BRUNSWICK, NJ</td>
</tr>
<tr>
<td>County</td>
<td>Middlesex</td>
</tr>
<tr>
<td>County Code (State use only)</td>
<td></td>
</tr>
</tbody>
</table>

Name of Monitoring Firm Hired by Bldg. Owner (8)  
D & S RESTORATION, INC.

<table>
<thead>
<tr>
<th>Street Address</th>
<th>20 California Ave.</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State, Zip Code</td>
<td>Paterson, NJ 07503</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>973-345-8020</td>
</tr>
<tr>
<td>License Number</td>
<td>01169</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Street Address</th>
<th>20 California Avenue</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State, Zip Code</td>
<td>Paterson, NJ 07503</td>
</tr>
</tbody>
</table>

Scope of Work (check all that apply)  
- Renovation
- Demolition

Location of asbestos-containing material (acm) to be abated in facility (13)  
- PIPE INSULATION
- BARE HEATING PIPES

<table>
<thead>
<tr>
<th>Registered Waste Hauler</th>
<th>NJDEP Hauler ID</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>D &amp; S RESTORATION, INC.</td>
<td>13506</td>
<td>1 YD</td>
<td>TULLYTOWN, RESOURCE RECOVERY</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>CITY, STATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>PATERSON, NJ 07503</td>
<td>TULLYTOWN, PA</td>
</tr>
</tbody>
</table>

Completed by (Print or Type)  
BOGDAN JOLDZIC  
PRESIDENT

*Do not use this form for asbestos licensure exempted activities.*
State of NJ  
Notification of Asbestos Abatement  
Pursuant to NJAC 8:60 and 12:120  

**JUL 24 2013**

**Date of Notification (1)**
[07/11/13]

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

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

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

**Street Address**
8 POST ROAD

**City, State, Zip Code**
POMPTON PLAINS, NJ 07444

**Name of Contact**
CARA VANZILE

**Facility Information**

<table>
<thead>
<tr>
<th>Name of facility where abatement is taking place (3)</th>
<th>CARA VANZILE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Street Address</strong></td>
<td>8 POST ROAD</td>
</tr>
<tr>
<td><strong>City (5)</strong></td>
<td>POMPTON PLAINS</td>
</tr>
<tr>
<td><strong>County (6)</strong></td>
<td>PASSAIC</td>
</tr>
<tr>
<td><strong>County Code (7)</strong></td>
<td></td>
</tr>
</tbody>
</table>

**Type of Facility (4)**
- [ ] School (K - 12)
- [ ] Subchapter 8 (Other than K-12)
- [X] Other (Private/Commercial Bldgs./Homes, etc.)

**Square Feet**

<table>
<thead>
<tr>
<th># of Floors</th>
<th>Bldg. Age</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Name of Abatement Contractor (9)</th>
<th>D &amp; S RESTORATION, INC.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Street Address</strong></td>
<td>20 California Ave.</td>
</tr>
<tr>
<td><strong>City, State, Zip Code</strong></td>
<td>Paterson, NJ 07503</td>
</tr>
</tbody>
</table>

**Phone Number**

<table>
<thead>
<tr>
<th>Telephone Number</th>
<th>License Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>973-345-8020</td>
<td>01169</td>
</tr>
</tbody>
</table>

**Name of OSHA Monitor**
D & S Restoration, Inc.

**Street Address**
20 California Avenue

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paterson, NJ 07503</td>
</tr>
</tbody>
</table>

**Start Date (10)**
07/25/13

**Scheduled Completion Date (11)**
07/31/13

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

**Scope of Work (check all that apply)**
- [X] >3 sf or >3 lt
- [X] Renovation
- [ ] >=160 sf or >=260 lf
- [ ] Demolition

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

<table>
<thead>
<tr>
<th>Basement Boiler RM</th>
<th>Description of asbestos-containing material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>PIPE INSULATION</td>
<td></td>
<td>25 LT FT</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Basement Rec. Room</th>
<th>Description of asbestos-containing material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>PIPE INSULATION</td>
<td></td>
<td>33 LT FT</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Basement Rec. RM Closet</th>
<th>Description of asbestos-containing material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>PIPE INSULATION</td>
<td></td>
<td>6 LT FT</td>
</tr>
</tbody>
</table>

**Registered Waste Hauler**
D & S RESTORATION, INC.

<table>
<thead>
<tr>
<th>NJDEP Hauler ID#</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>13506</td>
<td>1 YD</td>
<td>TULLYTOWN, RESOURCE RECOVERY</td>
</tr>
</tbody>
</table>

**Disposal Date**
07/26/13

**City, State**
PATerson, NJ 07503

**Completed by (Print or Type)**
BOGDAN JOLDZIC

**Title**
PRESIDENT

**Signature**

**Date**
07/16/2013

*Do not use this form for asbestos licensure exempted activities.*
State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60 and 12:420)

Date of Notification (1)
[07/11/2013]

Name of Building Owner/Operator (2)
OSCAR GIL

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

Type Notification
☒ Initial
☐ Amended

Name of Building Owner/Operator (2)
OSCAR GIL

Street Address
492 BROAD STREET

City, State, Zip Code
BLOOMFIELD, NJ 07003

Name of Contact
OSCAR GIL

Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
OSCAR GIL

Street Address
492 BROAD STREET

City (5)  County (6)  County Code (7)
BLOOMFIELD  ESSEX

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

ASCM No.

Type of Facility (4)
☐ School (K - 12)
☒ Subchapter 8 (Other than K-12)
☐ Other (Private/Commercial Bldgs./Homes, etc.)

Square Feet  # of Floors  Bldg. Age

Current Use (Prior if being demolished)

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

Street Address
20 California Ave.

City, State, Zip Code
Paterson, NJ 07503

Telephone Number  License Number
973-345-8020  01169

Name of OSHA Monitor
D & S Restoration, Inc.

Street Address
20 California Avenue

City, State, Zip Code
Paterson, NJ 07503

Occuency Status During Abatement (Check only one)
☐ Facility closed/vacated during entire period of abatement.
☐ Abatement performed outside of normal facility hours-
Describe: NORMAL HOURS

Scope of Work (check all that apply)
☒ >3 sf or >3 If
☒ >160 sf or >260 If
☐ Demolition

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

BASEMENT
☐ Yes  ☒ No  N/A

BASEMENT

Is location normally used solely by maintenance/custodial staff(12)

BARE HEATING PIPES
120 LF

BOILER INSULATION
40 SQ LF

Registered Waste Hauler
D & S RESTORATION, INC.
NJDEP Hauler ID# 13506

Cubic Yards of Waste  Name of Registered Landfill
2 YDS  TULLYTOWN, RESOURCE RECOVERY

City, State
PATerson, NJ 07503

Disposal Date  Date
07/29/13  07/16/2013

Title  Signature
PRESIDENT

Completed by (Print or Type)

Bogdan Joldzic

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

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

**Date of Notification (1)**
7/19/13

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

**Street Address**
201 N Front Street

**City, State, Zip Code**
Camden NJ 08091

**Name of Contact**
Nicole

**FACILITY INFORMATION**

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

**Street Address**
800 Erie Street

**City (5)**
Camden City NJ 08102

**County Code (6)**
Camden

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

- **Square Feet**: 1000
- **# of Floors**: 1+
- **Bldg. Age**: 35+

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

**Project Manager for Monitoring Firm**

**Telephone No.**

**Start Date (10)**
7/19/13

**Scheduled Completion Date (11)**
7/20/13

**Occupancy Status During Abatement (Check Only One)**
- **Facility Closed/Vacated During Entire Period of Abatement**
- **Abatement Performed Outside of Normal Facility Hours**
- **Other – Describe**: after 4 PM

**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)

<table>
<thead>
<tr>
<th>Room</th>
<th>Asbestos-Containing Material (ACM)</th>
<th>Is Located Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>234 closet</td>
<td>Glue Dots</td>
<td>Yes</td>
<td>Thermal systems insulation, surfacing, VAT, or other miscellaneous</td>
<td>Removal</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**
United Containers

**City, State**
Elm NJ

**Completed by**
Anthony T Perna
**Title**
President

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

**Disposal Date**
7/22/13

**City, State**
Morrison PA 19067

**Signature**

7/19/13

---

* Do not use this form for asbestos licensure exempted activities.
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:80 and 12:1202)

**State of New Jersey**

**Name of Building Owner/Operator:** Mike Sweeney Private Home

**Street Address:** 160 Morris Blvd

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

**Name of Contact:** Mike

**Date of Notification:** 7/19/13

---

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place:** Mike Sweeney Private Home

**Street Address:** 160 Morris Blvd

**City:** Manahawkin NJ 08050

**County:** Ocean

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

**Street Address:** PO Box 329

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

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

**License No.:** 00727

**Square Feet:** 1000+

**# of Floors:** 1

**Bldg. Age:** 1

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

---

**Start Date:** 7/21/13

**Scheduled Completion Date:** 7/23/13

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

**Scope of Work:**
- 20' x 20' or 250 ft²
- 1600 sf or 2050 sf

---

**Description of Asbestos-Containing Material (ACM):**
- 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>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>700 SF</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td></td>
</tr>
<tr>
<td>N/A</td>
<td></td>
</tr>
</tbody>
</table>

**Location:** Throughout

**Type of Abatement:** Complete

---

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

**City, State:** Morrisville PA 19067

**Disposal Date:** 7/23/13

---

**Completed by:** Anthony T Perna

**Title:** President

**Signature:**

**Date:** 7/19/13

---

*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): 7/19/13
Name of Building Owner/Operator (2): Cheryl Reifiek
Street Address: 205 S. Barber Ave
City, State, Zip Code: Woodbury, NJ 08096
Name of Contact: Andrew Ricco
Telephone Number:

FACILITY INFORMATION
Name of Facility Where Abatement is Taking Place (3): Residence
Street Address: 31 E. Barber Ave
City: Woodbury
County: Gloucester
Name of Monitoring Firm Hired by Building Owner (8): N/A
ASCM No.

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

Square Feet: 4000
# of Floors: 2.5
Bldg. Age: 123
Current Use (Prior to being demolished): Vacant

Name of Abatement Contractor (9):
Ricco Construction Corp
Street Address: 282 Creek Road
City, State, Zip Code: Bellmawr, NJ 08031
License No.: 01204
Telephone No.:

Start Date (10): 8/1/13
Scheduled Completion Date (11): 8/31/13

Scopes of Work (Check All That Apply):
- Demolition
- Renovation

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exterior</td>
<td>N/A</td>
<td>Siding</td>
<td>4000 SF</td>
<td>X</td>
</tr>
<tr>
<td>Exterior</td>
<td>N/A</td>
<td>Window Cowl</td>
<td>75 LF</td>
<td>X</td>
</tr>
<tr>
<td>Interior -bathroom</td>
<td>N/A</td>
<td>Floor tiles</td>
<td>100 SF</td>
<td>X</td>
</tr>
<tr>
<td>1st floor -living room+bathroom</td>
<td>N/A</td>
<td>Floor tiles</td>
<td>280 SF</td>
<td>X</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler: Ricco Construction Corp
Hauler ID No.: 2890A
Cubic Yards of Waste: 10
Name of Registered Landfill: Salem County
Disposal Date: TBD
City, State: Bellmawr, NJ

Completed by: Andrew Ricco
Title: Owner
Signature: Andrew Ricco
Date: 8/31/13

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

**Date of Notification (1)**
July 19, 2013

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

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

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

**Street Address**
2156 Complain Road
Hillsborough, NJ 08844

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

**Square feet**
1500 sf

**# of Floors**
1

**Bldg. Age**
60

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

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

**Street Address**
1889 Route 9, Unit 61
Toms River, New Jersey 08755-1271

**Telephone Number**
732-349-9932

**License Number**
00634

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

**Street Address**
1056 Stetson Road
Piscataway, New Jersey 08854

**Scope of Work (Check all that apply)**
- [x] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [x] Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally used Solely by Maintenance/Custodial Staff</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exterior</td>
<td>[x] YES NO N/A</td>
<td>Asbestos siding</td>
<td>1100 sf</td>
<td>X</td>
</tr>
</tbody>
</table>

**Amount (Specify SF or LF)**
1100 sf

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

**NJDAP 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**
07/23/13

**City, State**
Tullytown, Pennsylvania

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

**Title**
Project Manager

**Signature**

**Date**
7/19/2013

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

<table>
<thead>
<tr>
<th>Operator Project #:</th>
<th>Postmark:</th>
<th>Notification:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I. TYPE OF NOTIFICATION (O- Original R- Revised C- Cancelled): O

II. IS ASBESTOS PRESENT? (Yes/No): Y

III. FACILITY INFORMATION (identify owner, removal contractor and other operator)

**OWNER NAME:** DnA Demolition  
**Address:** 2156 Camplain Road  
**City:** Hillsborough  
**State:** NJ  
**Zip:** 08844  
**Contact:** Antonio Dimuzio  
**Tel:** 722-713-4496

**REMOVAL CONTRACTOR:** Guardian Contracting, Inc.  
**Address:** 1889 Route 9, Unit 61  
**City:** Toms River  
**State:** New Jersey  
**Zip:** 08755  
**Contact:** Nicholas Pernicola  
**Tel:** 732-349-9932

IV. TYPE OF OPERATION (D- Demo O- Ordered Demo R- Renovation E- Emergency Renovation): D

V. FACILITY DESCRIPTION (Including building name, number and floor or room number)

**Building Name:** Residence  
**Address:** 13 Sims Avenue  
**City:** Manasquan  
**State:** New Jersey  
**County:** Monmouth  
**Site Location:** Exterior  
**Building Size:** 1500 sf  
**# of Floors:** 1  
**Age in Years:** 60

**Present Use:** Residence  
**Prior Use:** Residence

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

IS MATERIAL ASSUMED TO BE ASBESTOS?

VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:

1. Regulated ACM to be removed  
2. Category I ACM not removed  
3. Category II ACM not removed

<table>
<thead>
<tr>
<th>RACM To Be Removed</th>
<th>LOCATION</th>
<th>Nonfriable Asbestos Material Not To Be Removed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cat I</td>
<td>Cat II</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Pipes (Linear feet):</th>
<th>Surface Area (Square feet): 1100 sf</th>
<th>Asbestos siding</th>
<th>Exterior</th>
</tr>
</thead>
<tbody>
<tr>
<td>RACM Off Facility Component (Cubic feet):</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

VIII. SCHEDULE DATES ASBESTOS REMOVAL (MM/DD/YY)

**Start:** 07/19/13  
**Complete:** 07/22/13
NOTIFICATION OF DEMOLITION AND RENOVATION (continued)

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

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

xiv. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW AND ATTACH COPY OF ORDER  
    Name:  
    Title:  
    Authority:  
    Date of Order (MM/DD/YY):  
    Date Ordered to Begin (MM/DD/YY):  

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

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

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

    Nicholas Fernicola / Project Manager  
    (Printed Name/Title)  
    (Signature of Owner/Operator)  
    July 19, 2013  
    (Date)  

xviii. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.  

    Nicholas Fernicola / Project Manager  
    (Printed Name/Title)  
    (Signature of Owner/Operator)  
    July 19, 2013  
    (Date)
# NOTIFICATION OF ASBESTOS ABATEMENT

**State of New Jersey**

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

---

**Date of Notification (1):**
July 19, 2013

**Name of Building Owner/Operator (2):**
PQ Corporation

**Street Address:**
2 Paddock Street

**City, State, Zip Code:**
Avenel, NJ 07001

**Name of Contact:**
Mike Pingitore

---

**Name of Facility Where Abatement is Taking Place (3):**
PQ Corp Rahway

**Street Address:**
2 Paddock Street

**City (5):**
Avenel

**County (6):**
Middlesex

**County Code (7):**
G47E USE ONLY

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

**ASCM No.:**

**Type of Facility (4):**
Production facility

---

**Name of Abatement Contractor (9):**
The MACK Group, LLC.

**Street Address:**
1500 Kings HWY N, STE 209

**City, State, Zip Code:**
Cherry Hill, NJ 08034

**Telephone No.:**
(973) 759 - 5000

**License No.:**
00781

**Name of OSHA Monitor:**
The MACK Group, LLC.

**Street Address:**
1500 Kings HWY N, STE 209

**City, State, Zip Code:**
Cherry Hill, NJ 08034

---

**Occupy Status During Abatement (Check Only One):**
Facility Closed/Vacated During Entire Period of Abatement

**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 (13):**
tank

**Is Location Normally Used Solely by Maintenance/Custodial Staff? (12):**
No

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

**Amount (Specify SF or LF):**
6200 s/f

---

**Name of Registered Waste Hauler:**
Rovic / Newark Carting / Freehold

**City, State:**
Riverdale / Newark / Freehold NJ

**Disposal Date:**
8-31-13

**Name of Registered Landfill:**

**City, State:**
Morrisville, PA / Tullytown, PA

**Date:**
7/19/13

---

**Completed by:**
Mike Cooper

**Title:**
President

---

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

**State of New Jersey**

**Notification of Asbestos Abatement**

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

**Date of Notification:** 08/21/13

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

**Type of Notification:**
- [ ] Initial
- [ ] Amendment
- [ ] Emergency (including justifications)
- [ ] Cancellation

**Name of Building Owner/Operator:** David & Nancy Turock

**Street Address:** 24 Colt Road

**City, State, Zip Code:** Summit, NJ 07901

**Name of Contractor:** David & Nancy Turock

**FACILITY INFORMATION**

**Name of Facility Where Abatement Is Taking Place:**
- **House**

**Street Address:** 24 Colt Road

**City, State, Zip Code:** Summit, NJ 07901

**County Code (NJ):**

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

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

**ASCM No.:**

**Name of Abatement Contractor:** D&S Abatement, Inc.

**Street Address:** 11 Rosengren Avenue

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

**Telephone No.:**

**License No.:** #00875

**Start Date (10):** 08/23/13

**Scheduled Completion Date (11):**

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

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

**Other – Describe: Occupied:**

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

- [ ] Remediation
- [ ] Demolition
- [ ] Full Containment with Negative Pressure Mini-Enclosure
- [ ] Glovebox Procedure
- [ ] Non-Exempted (C) and Non-Friable Procedure

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

- [ ] Basement

**Amount**

- [ ] Cubic Yards of Waste

**Name of Registered Waste Hauler:**

**Waste Hauler ID No.:**

**Disposal Date:**

**Name of Registered Landfill:**

**Waste Management of PA**

**City, State:**

**Disposal Site:**

**Date:**

**Project Manager:**

**Project Manager’s Signature:**

---

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

### Name of Building Owner/Operator (2)
SOUNDVIEW PAPER COMPANY

### Name of Contact
JOE SZULCZEWSKI

### Name of Facility Where Abatement is Taking Place (3)
SOUNDVIEW PAPER COMPANY - BLDG 37

### Street Address
35 MARKET STREET

### City (5)
ELMWOOD PARK

### County (6)
BERGEN

### 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

### Occupancy Status During Abatement (Check Only One)
- □ Facility Closed/Vacated During Entire Period of Abatement
- □ Abatement Performed Outside of Normal Facility Hours
- □ Other - Describe: 3:30 PM START

### 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
- □ TO BE DEMOLISHED

### 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
- □ Exclude

### Name of Registered Waste Hauler
TWO BROTHERS CONTRACTING

### Cubic Yards of Waste
0.5

### Name of Registered Landfill
WASTE MANAGEMENT G.R.O.W.S.

### City, State
CLIFTON, NJ

### Disposal Date
7/22/2013

### City, State
MORRISVILLE, PA

### Completed by
VIVECA RAMOS

### Title
PROJECT COORDINATOR

### Signature

### Date
7/18/2013

---

* Do not use this form for asbestos licensure exempted activities.
# REMEMBER - MAIL IN HARD COPY

**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 8:92 and 12:130)

**Name of Building Owner/Operator:**

SOUNDVIEW PAPER COMPANY

**Name of Contractor:**

JOE SZULCEWSKI

**Date of Notification:**

7/19/2013

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

SOUNDVIEW PAPER COMPANY - BLDG 37

**Street Address:**

35 MARKET STREET

**City:**

ELMWOOD PARK

**County:**

BERGEN

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

N/A

**Type of Facility:**

School (K-12)

Subchapter B (Other than K-12)

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

**Square Feet:**

**No. of Floors:**

**Bldg. Age:**

**Name of Asbestos Contractor:**

TWO BROTHERS CONTRACTING

**Street Address:**

280 RUTHERFORD BLVD.

**City, State, Zip Code:**

CLIFTON, NJ 07014

**Start Date:**

7/19/2013

**Completion Date:**

7/22/2013

**Ocuppant Status During Abatement:**

Facility Closed/Abandoned During Entire Period of Abatement

Abatement Performed Outside of Normal Facility Hours

Other - Describe: 1:30 PM START

**Scope of Work:**

- Demolition
- Full Containment with Negative Pressure
- Enclosure
- Gravel Bag Procedures
- Non-Exempted (1) and Non-Exempted Procedures

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

- Location Normally Used for Maintenance/Occasional Staff (12)
- Description of Asbestos-Containing Material (ACM) (i.e., thermal, insulation, roofing, siding, paneling, etc.)
- Amount (Specify SF or LF)

**Location of ACM:**

- WAREHOUSE: 15 LF X

**Name of Registered Waste Hauler:**

TWO BROTHERS CONTRACTING

**City, State:**

CLIFTON, NJ

**Disposal Date:**

7/22/2013

**Waste Management:**

WASTE MANAGEMENT G.R.O.W.S.

**City, State:**

MORRISVILLE, PA

**Signature:**

VIVIANA RAMOS

**Project Coordinator:**

VIVIANA RAMOS

**Date:**

7/19/2013

---

*(Do not use this form for asbestos license exempted activities)*
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:69-7 and 12:120-7)

Date of Notification (1): 7/17/13
Name of Building Owner/Operator (2): Hudson County

Agencies Notified
- [ ] EPA
- [x] DEP
- [x] DOL
- [x] DOH
- [ ] DCA
Type of Notification
- [x] Initial Notification
- [ ] Emergency Amended Notification
- [ ] Amended Notification
- [ ] Cancellation

Street Address: 595 Newark Ave.
City, State, Zip Code: Jersey City, NJ 07306

Name of Contact: Ray Galager
Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Hudson County Public Safety Building
Street Address: 555 Duncan Avenue
City (5): Jersey City
County (6): Hudson
County Code (7): (STATE USE ONLY) ASCM No. 00110

Name of Monitoring Firm Hired by Building Owner: Whitman Companies, Inc.
Street Address: 7 Pleasant Hill Road
City, State, Zip Code: Cranbury, NJ 08512
Project Manager for Monitoring Firm: Kevin Lovely
Phone Number: 732-390-5858
Scheduled Start Date (10): 8/2/13
Scheduled Completion Date (11): 8/6/13

Occupancy Status During Abatement (Check only one):
- [x] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility Hours – Describe:
  [ ] Other – Describe: partially vacated
Scope of Work (Check all that apply):
- [ ] Demolition
- [x] Renovation
- [ ] ≥ 3 sf or ≥ 3 sf
- [ ] ≥160 sf or ≥260 sf

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):
- Full Containment with Negative Pressure
- [ ] Mini – Enclosure
- [ ] Glovebag Procedure
- [ ] Non – Fribale Procedure

Amount (Specify SF or LF): 24 SF

Narcotics Division Office:
- [x] Plaster/spray-on ceiling

Name of Registered Waste Hauler: Jupiter Environmental Services
Waste Hauler ID No.: 04782

Name of Registered Landfill: Minerva Landfill
City, State: Lincoln Park, NJ
Disposal Date: 8/9/13
City, State: Waynesburg, OH

Completed By (Print or Type): Pane Repic
Title: General Manager
Signature:
Date: 7/17/13

ASB-41
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-2)

State of New Jersey

Date of Notification (1)
7/17/13

Name of Building Owner/Operator (2)
County College of Morris

County Code
State
NJ

[ ] EPA
[ ] DEP
[ ] DOL
[ ] DOH
[ ] DCA

Type of Notification
Initial
Emergency
Amended
Cancellation

Name of Facility Where Abatement is Taking Place (3)
LRC Building - CCM

Street Address
214 Center Grove Road

City
Randolph

County
Morris

Square Feet
40000

City, State, Zip Code
Randolph, NJ 07869

Name of Monitoring Firm Hired by Building Owner
Whitman Companies, Inc.

ASCM No.
00110

Street Address
7 Pleasant Hill Road

City, State, Zip Code
Cranbury, NJ 08512

Project Manager for Monitoring Firm
Kevin Lovely

Telephone Number
732-390-5858

Scheduled Start Date (10)
7/29/13

Occupancy Status During Abatement (Check only one)
[x] Facility Closed/Vacated During Entire Period of Abatement

Sched. Completion Date (11)
8/12/13

[ ] Abatement Performed Outside of Normal Facility Hours – Describe:

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

Street Address
3 Lynn Court

City, State, Zip Code
Lincoln Park, NJ 07035

Telephone Number
973-709-0200

License Number
00852

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

Name of OSHA Monitor
J & S Environmental Laboratories, LLC

Street Address
2333 Route 22 W

City, State, Zip Code
Union, NJ 07083

Scope of Work (Check all that apply)
[ ] Demolition

[x] ≥3 sf or ≥3 lf

[ ] ≥160 sf or ≥260 lf

Renovation

Full Containment with Negative Pressure

Renovation

[x] Minis - Enclosure

[ ] Glovebag Procedure

[x] Non - Fugible Procedure

Amount (Specify SF or LF)
205 LF

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)

TO BE ABATED IN FACILITY

Throughout building
X
Pipe Insulation

Name of Registered Waste Hauler
Jupiter Environmental Services

Waster Hauler ID No.
04782

Cubic Yards
10

Name of Registered Landfill
Minerva Landfill

Disposal Date
8/12/13

City, State
Waynesburg, OH

Completed By (Print or Type)
Pane Repic

Title
General Manager

Signature

Date
7/17/13

ASB-41
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)
07/15/2013

Name of Building Owner/Operator (2)
SANTOS RODRIGUEZ

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

Type Notification

Street Address
2 COURSEN ST.

City, State, Zip Code
STANHOPE N.J. 07874

Name of Contact
TONY NORIEGA

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

City (5)
STANHOPE N.J.

County (6)

County Code (7)

Current Use (Prior if being demolished)
N/A

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

ASCM No.

Name of Abatement Contractor (9)
SHARON QUALITY CONSTRUCTION LLC.

Street Address
22 VAN ORDEN PL.

City, State, Zip Code
HACKENSACK N.J.

Project Manager for Monitoring Firm
N/A

Telephone No.

Name of OSHA Monitor
EMSL ANALYTICAL, INC

Street Address
307 - WEST 38TH STREET.

City, State, Zip Code
NEW YORK NY. 10018

Start Date (10)
07/17/2013

Scheduled Completion Date (11)
07/18/2013

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)
- ≤ 150 sq ft or 23 if
- > 160 sq ft or ≤ 260 ft²
- Renovation
- Demolition

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

Yes No N/A

BASEMENT X

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

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

Name of Registered Waste Hauler
SHARON QUALITY CONSTRUCTION LLC.

Hauler ID No.
0033967

Cubic Yards of Waste
TBD

Name of Registered Landfill
MINERVA ENTERPRISE INC.

Disposal Date
TBD

City, State
WAYNESBURG OHIO.

Completed by
CARLOS ESQUIVEL

Title
SAFETY MANAGER

Signature

Date
07/16/2013

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>07/18/13</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
</tr>
<tr>
<td>DEP</td>
<td>Amended</td>
</tr>
<tr>
<td>DOL</td>
<td>Amendment #</td>
</tr>
<tr>
<td>DOH</td>
<td>Emergency (including justification)</td>
</tr>
<tr>
<td>DCA</td>
<td>Cancellation</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Building Owner/Operator (2)</th>
<th>Spectrum Construction &amp; Development Co., Inc</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>P.O. Box 275</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>Succasuna, NJ 07876</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of Contact</th>
<th>Mr. Donald J. Dynness</th>
</tr>
</thead>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Residential Property</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>94 Washington Avenue</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>City (5)</th>
<th>Morristown</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>County (6)</th>
<th>Morris</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>County Code (7)</th>
<th>(STATE USE ONLY)</th>
</tr>
</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>Type of Facility (4)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>School (K-12)</td>
<td></td>
</tr>
<tr>
<td>Subchapter 8 (Other than K-12)</td>
<td></td>
</tr>
<tr>
<td>Other (i.e. private &amp; commercial buildings, homes, etc.)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Abatement Contractor (9)</th>
<th>Pyramid Contracting Corp.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>163 Sargeant Avenue</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>Clifton, NJ 07013</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>973-689-6281</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of OSHA Monitor</th>
<th>J&amp;S Environmental Laboratories LLC</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Square Feet</th>
<th>1,900 +</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th># of Floors</th>
<th>2</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Bldg. Age</th>
<th>50+</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>07/20/13</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Scheduled Completion Date (11)</th>
<th>07/22/13</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Scope of Work (Check All That Apply)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>x ≥30 sf or ≥3 if</td>
<td>R</td>
</tr>
<tr>
<td>x ≥160 sf or ≥260 sf</td>
<td>D</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mechanical Room</td>
</tr>
<tr>
<td>First Floor Room</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</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>Mechanical Room: White Duct Insulation 8 LF</td>
</tr>
<tr>
<td>First Floor Room: Black Mastic 155 SF</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
<th>G.R.O.W.S., Inc.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>Clifton, New Jersey</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Disposal Date</th>
<th>07/22/13</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>Montrossville, Pennsylvania</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>Pyramid Contracting Corp.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>NJDEP Waste Hauler ID No.</th>
<th>32613</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Cubic Yards of Waste</th>
<th>1</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
<th>G.R.O.W.S., Inc.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Cubic Yards of Waste</th>
<th>1</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Completed by</th>
<th>Dimo Golcev</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>07/18/13</td>
</tr>
</tbody>
</table>

* Do not use this form for asbestos licensure exempted activities.
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:29 and 12:120)

State of New Jersey

Name of Building Owner/Operator (2):

GU REALTY

Address of Notification (3):

204 WEST PALM INT STREET

City, State, Zip Code:

Rockville Park, N.J. 07650

Name of Contact:

ED or MIKE

FACILITY INFORMATION

Type of Facility (4):

School (K-12)

Other (e.g., private & commercial buildings, homes, etc.)

City (5):

ENGLEWOOD

County (6):

BERGEN

Square Feet:

2,400

# of Floors:

3

Abt. Age:

60

Name of Abatement Contractor (5):

A. Mac Contracting Inc.

Name of Asbestos Abatement Contractor (6):

 Omega Environmental Services Inc.

Street Address:

105 Lowell Road

Glen Rock, N.J. 07452

Street Address:

280 Huyler Street

Hackensack, NJ 07606

Telephone No.:

201-262-5841

License No.:

00156

Name of OSHA Monitor:

Scope of Work (Check All That Apply):

Renovation

Demolition

Full Containment with Negative Pressure

Min-Enclosure

Gluebag Procedure

Non-Exempted (*) and Non-Friable Procedure

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

Location

FRONT ROOF

FLAT ROOF

1ST FLOOR

1ST FLOOR STAIRS

2ND FLOOR

3RD FLOOR

4TH FLOOR

5TH FLOOR

6TH FLOOR

7TH FLOOR

8TH FLOOR

Description of Asbestos-Containing Material (ACM)

Amount

SF or LF

Removal

Repairs

Endorsement

Description of ACM

Sheetrock

Tiles

Plaster

Amount

20.5 SF

40.5 SF

19.0 SF

Expanded

Emeritus

Endorsement

Name of Registered Waste Handler:

IESI PA Bethlehem Landfill Corp.

Cubic Yards of Waste:

6

Disposal Date:

7/20/13

City, State:

Bethlehem, PA 18015

Complied by:

R. McDonald

Title:

President

Signature:

Date:

7/19/13

* Do not use this form for asbestos in moisture-exposed activities.
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:50 and 12:120)

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Facility Name Where Abatement Is Taking Place (0)</th>
<th>Type of Facility (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>HOUSE 1840</td>
<td>School (K-12)</td>
</tr>
<tr>
<td>19 JAMES ST.</td>
<td>Subchapter 6 (Other than K-12)</td>
</tr>
<tr>
<td>ENGLEWOOD</td>
<td>Other (i.e., private &amp; commercial buildings, homes, etc.)</td>
</tr>
<tr>
<td>BERGEN</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (0)</th>
<th>ASCM No.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Abatement Contractor (0)</th>
<th>A. Mac Contracting Inc.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Telephone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1840</td>
<td>106 Lowell Road</td>
</tr>
<tr>
<td></td>
<td>201-262-5841</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Glen Rock, N.J. 07452</td>
<td>00156</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of OSHA Monitor</th>
<th>Omesa Environmental Services Inc.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Telephone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>280 Huyler Street</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hackensack, NJ 07606</td>
<td>IESI PA Bethlehem Landfill Corp.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check All That Apply)</th>
<th>Full Containment with Negative Pressure</th>
</tr>
</thead>
<tbody>
<tr>
<td>x 25% or 30% if</td>
<td>Mini-Site Containment</td>
</tr>
<tr>
<td>x 20% or 25% if</td>
<td>Glovebag Procedure</td>
</tr>
<tr>
<td>x 15% or 20% if</td>
<td>Non-Exempted (1) and Non-Fragile Procedure</td>
</tr>
</tbody>
</table>

<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)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1ST FLOORS HALL</td>
<td>Yes</td>
<td>FLOORING</td>
</tr>
<tr>
<td>1ST FLOOR RM 2, 3, 4</td>
<td>No</td>
<td>FLOORING</td>
</tr>
<tr>
<td>2ND FLOOR RM 3</td>
<td>Yes</td>
<td>FLOORING</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Handler</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rovia Transport</td>
<td>IESI PA Bethlehem Landfill Corp.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>County</th>
<th>Name of Registered Waste Handler</th>
</tr>
</thead>
<tbody>
<tr>
<td>Riverdale, New Jersey 07457</td>
<td>BERGEN</td>
<td>Rovia Transport</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Disposal Date</th>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>7/19/13</td>
<td>Bethlehem, PA 18015</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed by</th>
<th>Title</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>R. McDonald</td>
<td>President</td>
<td>7/19/13</td>
</tr>
</tbody>
</table>

* Do not use this form for asbestos to次要 exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:50 and 12:12)

Date of Notification: 7/19/13
Name of Building Owner/Operator: GLF Realty
Address: 47 JANE ST
City, State, Zip Code: ROCHELLE PARK, NJ 07662

Agency Notified:
- [ ] DEP
- [ ] DOL
- [ ] DOH
- [ ] DEC

Type Notification:
- [ ] Initial
- [ ] Amendments
- [ ] Emergency (including justification)

Name of Facility Where Abatement is Taking Place:
Address: 47 JANE ST
City: ROCHELLE PARK
County: BERGEN
County Code (STATE USE ONLY): __________

Name of Monitoring Firm Hired by Building Owner:
Name of Abatement Contractor:
A. Mac Contracting Inc.

Project Manager for Monitoring Firm:
Street Address: 105 Lowell Road
City, State, Zip Code: GLEN ROCK, NJ 07452
Telephone No.: 201-282-5841
License No.: 001556

Name of OSHA Monitor:
Omega Environmental Services Inc.
Street Address: 280 Huyler Street
City, State, Zip Code: HACKENSACK, NJ 07601

Start Date: 7/24/13
Scheduled Completion Date: 8/30/13

Type of Facility:
- School (K-12)
- Chapter 5 (Other than K-12)
- Other (i.e. private & commercial buildings, homes, etc.)

Square Feet of Building:
300

Eligible Pool:
60

Current Use (Plan if being demolished):

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

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

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, VAC, or other materials):
- Roof

Amount (Specify SF or LF):
- 400 SF

Abatement Type:
- Removal
- Encapsulation
- Eradication

Completed by:
Name: R. McDonald
Title: President
Sign: [signature]
Date: 7/19/13

* 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 18, 2013
Name of Building Owner/Operator (2)  Fred Van Dyk
Name of Contact  Fred Van Dyk

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

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  N/A
Street Address  323 North 4th Avenue
City (5)  Hawthorne, NJ 07506-1544
County (6)  Bergen  County Code (7)  (STATE USE ONLY)

Type of Facility (4)  [ ] School (K-12)  [ ] Subchapter 8 (Other than K-1 2)  [X] Other (i.e., private & commercial buildings, homes, etc.)
Square Feet (1,500)  # of Floors  2  Bldg. Age  45 +/-
Current Use (Prior if being demolished)  Residential

Name of Abatement Contractor (9)  B&N&K Restoration Co., Inc., 22-2674200
Street Address  223 Randolph Avenue
City, State, Zip Code  Clifton, N.J 07011
Telephone No.  973-478-4681  License No.  00120
Name of OSHA Monitor  McCabe Environmental Services, L.L.C.
Street Address  464 Valley Brook Avenue
City, State, Zip Code  Lyndhurst, NJ 07071-1998

Start Date (10)  July 29, 2013  Scheduled Completion Date (11)  July 31, 2013

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

Scope of Work (Check all that apply)  
[ ] ≥ 3 sf or ≥ 3 lt
[ ] ≥ 160 sf or ≥ 260 lt

Renovation  Demolition

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

| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Thermal Systems Insulation</td>
<td>Yes</td>
<td>113 Lin ft</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler  B&N&K Restoration Co., Inc., 22-2674200
NJDEP Waste Hauler ID No.  12695

Name of Registered Landfill  Minerva Enterprises, Inc.
City, State  Clifton, N.J 07011
Disposal Date  7/14/2013
City, State  Waynesburg, OH

Completed by  Aleksandar Kuridza  Title  Vice-President

Signature  Date  7/18/2013

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

Date of Notification (1)  
7/19/13

Name of Building Owner/Operator (2)  
Robert DeCristofano Private Home

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

Type Notification  
- Initial
- Amended

Street Address  
143 Morton Drive

City, State, Zip Code  
Manahawkin NJ 08050

Name of Contact  
Robert

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  
Robert DeCristofano Private Home

Street Address  
143 Morton Drive

City (5)  
Manahawkin NJ 08050

County (6)  
Ocean

Square Feet  
1000+

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.)

# of Floors  
1

Bldg. Age  
35+

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

ASCM No.  
Name of Abatement Contractor (9)  
Pernaco Inc.

Street Address  
PO Box 329

City, State, Zip Code  
West Berlin NJ 08091

Telephone No.  
856-753-9800

License No.  
00727

Start Date (10)  
8/1/13

Scheduled Completion Date (11)  
8/9/13

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

Scope of Work (Check All That Apply)  
- ≥3sf or ≥3 if
- ≥160sf or ≥250 if
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glidebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

Exterior Siding

Exterior Siding  
1100

Exterior Siding  
N/A

Abatement Type  
Removal

Name of Registered Waste Hauler  
United Containers

NJDEP Waste Hauler ID No.  
22459

Cubic Yards of Waste  
2

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

City, State  
Morrisville PA 19067

Disposal Date  
7/23/13

Completed by  
Anthony T Perna

Title  
President

Signature  
Date  
7/19/13

* Do not use this form for asbestos licensure exempted activities.
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJC 8:69-7 and 12:120-7)

Date of Notification (1)
7-18-2013

Agencies Notified
[ ] EPA
[ ] DEP
[X] DOL
[X] DOH
[ ] IDCA

Type Notification
[X] Initial Notification
[X] Amended Notification
[ ] Emergency
[ ] Cancellation

Name of Building Owner/Operator (2)
Arie Wilensky
Street Address
339 Mt. Pleasant Ave. / 341 Pleasant Ave.
City, State, Zip Code
Livingston, NJ, 07039
Name of Contact
Arie Wilensky

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Same as above
Street Address

City (5)
ESSEX
County (6) Essex
County Code (7) (STATE USE ONLY)

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

Telephone Number
N/A

Scheduled Start Date (10)
7-28-2013

Sched. Completion Date (11)
7-30-2013

Month Day Year
Month Day Year

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

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

Name of Abatement Contractor (9)
AZTECH MANAGEMENT, INC.
Street Address
86 Christopher St.
City, State, Zip Code
Montclair, NJ 07042

Telephone Number
(973) 744-8800

License Number
00371

Name of OSHA Monitor
N/A

Telephone Number

Street Address

City, State, Zip Code

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

Location Normally Used Solely By Maintenance/Custodial Staff (12)

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

Amount (Specify SF or LF)

Abatement Type

[X] Full Containment with Negative Pressure

[X] Non-Friable Procedure

[X] Demolition

[X] Renovation

Location

Basement @ 341
1st Fl. Kitchen @ 341
2nd Fl. Bathroom @ 341
1st Fl. Bathroom @ 339

Amount

Pipe Insulation
2 LF

25 SF

85 SF

Name of Registered Waste Hauler
AZTECH MANAGEMENT, INC.

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

City, State
Montclair, NJ 07042

MURP Waste Hauler ID No.
17040

Disposal Date
City, State
Morrisville, PA 19067

Completed By (Print or Type)
Constantine Vivian

Title
President

Signature

Date
7-18-2013
Date of Notification (1)

7-18-2013

Agencies Notified

[X] EPA
[X] DEP
[X] DOH
[X] DCA
[ ] N/A

Type Notification

[ ] Initial Notification
[X] Amended Notification
[ ] Emergency Notification
[ ] Cancellation

Name of Building Owner/Operator (2)

Rosemary McCloskey

Street Address

56 Church Street

City, State, Zip Code

Bloomfield, NJ, 07003

Name of Contact

Rosemary McCloskey

Type of Facility (4)

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

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Same as above

Street Address

City (5) County (6) Essex

County Code (7) NJ

Square Feet (8) 1200

# of Floors (9) 1

Bldg. Age (10) 77

Current Use (Prior if being demolished)

Name of Building Owner/Operator (2)

N/A

Name of Monitoring Firm hired by Building Owner (8)

N/A

Name of Abatement Contractor (9)

AZTECH MANAGEMENT, Inc.

Street Address

86 Christopher St.

City, State, Zip Code

Montclair, NJ 07042

Phone Number

(973) 744-8800

License Number

00371

Name of OSHA Monitor

N/A

Project Manager for Monitoring Firm

N/A

Telephone Number

Sched. Start Date (10)

7-27-2013

Sched. Completion Date (11)

7-29-2013

Month Day Year

Month Day Year

Occupancy Status During Abatement (Check only one)

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

[ ] Abatement Performed Outside of Normal Facility Hours - Describe:

[ ] Other - Describe:

Scope of Work (Check all that apply)

[X] Repairs

[X] Renovation

[X] Demolition

[X] Full Containment with Negative Pressure

[ ] Mini-Enclosure

[X] Glovebag Procedure

[ ] Non-Friable Procedure

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

In Facility

Basement

Pipe Insulation

Location

Pipe Insulation

Normal Location

Yes

No

N/A

Location

Pipe Insulation

Removal

120 LF

Abatement Type

X

Name of Registered Waste Hauler

AZTECH MANAGEMENT, INC.

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

7-30-13

City, State

Morrisville, PA 19067

Completed By (Print or Type)

Constantine Vivian

Title

President

Signature

Date

7-18-2013
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:69 and 12:120)

Date of Notification (1)
7-23-13

Name of Building Owner/Operator (2)
NJSDA

Agency Notified
☐ EPA
☐ DEP
☐ DOL
☐ DOH
☐ DCA

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

Street Address
1 West State Street

City, State, Zip Code
Trenton, NJ 08625

Name of Contact
Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
H.B. Wilson School

Street Address
855 Woodland Street

City (5)
Camden, NJ

County (6)
Camden

County Code (7) (STATE USE ONLY)

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

Square Feet
30,000

# of Floors
3

Bldg. Age
55 yrs.

Current Use (Prior to being demolished)
vacant

Name of Monitoring Firm Hired by Building Owner
McCabe Environmental

ASOM No.
00118

Name of Abatement Contractor (9)
Plymouth Environmental Co., Inc.

Street Address
464 Valley Brook Avenue

City, State, Zip Code
Lyndhurst, NJ

Project Manager for Monitoring Firm
John McCabe

Telephone No.
201-438-4839

Telephone No.
610-239-9920

License No.
00398

Name of OSHA Monitor
Plymouth Environmental Co., Inc.

Street Address
923 Haws Avenue

City, State, Zip Code
Norristown, PA 19401

Project Manager for Monitoring Firm
John McCabe

Telephone No.
201-438-4839

License No.
00398

Name of OSHA Monitor
Plymouth Environmental Co., Inc.

Street Address
923 Haws Avenue

City, State, Zip Code
Norristown, PA 19401

Start Date (10)
8-5-13

Scheduled Completion Date (11)
11-8-13

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

Scope of Work (Check all that apply)
☐ ≥ 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-Fireable Procedure

Abatement Type

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

IN Facility

(13)

Yes No N/A

Is Location Normally Used Solely by Maintenance/Custodial Staff?

(12)

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

Amount
(Specify SF or LF)

Name of Registered Waste Hauler
Minerva Landfill

Service Transport
NJDEP Waste Hauler ID No.
Sw2117

Cubic Yards of Waste
300 cy

Disposal Date
10-31-13

City, State
Waynesburg, OH

Completed by
James Kelly
Title
President

Signature

Date
7-23-13

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

**Date of Notification**: 10/17/11

**Name of Building Owner/Operator**: Clara Maass Medical Center

**Site Address**: 1 Clara Maass Drive

**City, State, Zip Code**: Belleville, NJ 07109

**Name of Contact**: Rachel Byrnes

### FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Type of Facility</th>
<th>School (K-12)</th>
<th>Subchapter B (Other than K-12)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Square Feet**: # of Floors

**Type of Abatement Contractor**: B & G Restoration, Inc.

**Street Address**: 106 Ryerson Road

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

**License Number**: 00378

**Telephone Number**: (973) 896-8960

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

**Address**: 106 Ryerson Road

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

**Location of Asbestos-Containing Material to be Abated**

- **Location**: 2nd floor
- **Material**: Pipe fittings, Drilling damaged ceiling plaster
- **Location**: 3rd floor
- **Material**: Door and wall
- **Location**: 4th floor
- **Material**: Door and wall

**Amount of Asbestos-Containing Material to be Abated**: 23 sq ft

**Other Information**

- **Safety Measures**: Full Containment and negative pressure, Glove box procedure, Non-Movable procedure

---

**Completed by (Print or Type)**: Gordanine Luna

**Signature**

**Date**: 07/16/2013
**FACILITY INFORMATION**

Name of facility where abatement is taking place (3):
Main Hospital, Kiddie Hall (NON SUB 8)

Street Address:
1 Clara Maass Drive
City: Belleville, County: Essex

Name of Building Owner/Operator (2):
Clara Maass Medical Center

Street Address:
1 Clara Maass Drive
City, State, Zip Code: Belleville, NJ 07109

Name of Contact:
Rachel Byrnes

**Type of Facility (4):**
- School (K-12)
- Subchapter 8 (Other than K-12)
- Other (Private/Commercial Bldgs./Homes, etc.)

Square Feet: [Blank]  
# of Floors: [Blank]  
Bldg. Age: [Blank]

Current Use (Prior if being demolished):
Hospital 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) 936-9869
License Number: 00378

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

Street Address:
105 Ryerson Road
City, State, Zip Code: Lincoln Park, NJ 07035

**Scheduled Start Date (10):**
07/18/2013

**Sched. Completion Date (11):**
07/19/2013

**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 & start 4:30pm

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

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

<table>
<thead>
<tr>
<th>Location of asbestos-containing material to be abated in facility (13)</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st floor payroll dept.</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1st floor payroll dept.</td>
<td>X</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Description of asbestos-containing material (ACM):**
- pipe fittings
- scraping damaged ceiling plaster

**Amount (Specify SF or LF):**
- 2 fittings
- 23 sf

**Registerd Waste Hauler:**
B & G Restoration, Inc.

**Disposal Date:**
07/20/2013

**Name of Registered Landfill:**
Tullytown Resource & Recovery Center

**City, State:**
Tullytown, PA

**Complete by (Print or Type):**
Gordana Luna
**Title:**
Secretary/Treasurer
**Signature:**

**Date:**
07/16/2013
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1) 7-17-2013

Name of Building Owner/Operator (2) Sandra Grabowski

Agencies Notified [ ] EPA [X] DOL
[ ] IDEP [ ] DOH [ ] DCAC
[ ] Emergency [ ] Cancellation

Street Address 12 Thomas Street
City, State, Zip Code Caldwell, NJ, 07006
Name of Contact Sandra Grabowski

Name of Facility Where Abatement is Taking Place (3)
Same as above

City (5) County (6) Essex
County Code (7) (STATE USE ONLY) ESSEX

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

ASCM No.

Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc.

Street Address 86 Christopher St.
City, State, Zip Code Montclair, NJ 07042

Telephone Number (973) 744-8800
License Number 00371

Scheduled Start Date (10) 7-26-13
Sched. Completion Date (11) 7-27-13

Month Day Year Month Day Year

Occupancy Status During Abatement (Check only one)
[X] Abatement Performed Outside of Normal Facility Hours - Describe: 8 Hours
[ ] Other - Describe: Other Occupancy Descriptions

Scope of Work (Check all that apply)
[X] ≥ 30 sf or ≥ 1lf [ ] Renovation
[ ] ≥ 160 sf or ≥ 260 lsf [ ] Demolition

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

In Facility (13) Location

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

Basement

CLEAN PIPE FITTINGS

ASBESTOS DEBRIS

27 ft²

30 SF

X

CR A W L S PA CE

Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.
NUDEP Waste Hauler ID No. 17040

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

City, State Montclair, NJ 07042

Disposal Date 7-29-13
City, State Morrisville, PA 19067

Completed By (Print or Type) Constantine Vivian
Title President

Signature

Date 7-17-13
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

State of New Jersey

Date of Notification (1)
07/12/2013

Name of Building Owner/Operator (2)
Monmouth University

Agencies Notified

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

Street Address
400 Cedar Ave

City, State, Zip Code
West Long Branch, NJ 07764

Name of Contact
Timothy Orr

Facility Information

Name of Facility Where Abatement Is Taking Place (3)
Monmouth University

Street Address
590 Ocean Blvd

City (5)
Long Branch, NJ 07764

County (6)
Monmouth

County Code (7)
STATE USE ONLY

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

ASCM No.

Name of Abatement Contractor (9)
Nick Restoration LLC

Street Address
P.O. BOX 385

City, State, Zip Code
Oceanville, NJ 08231

Telephone No.
(609) 652-1833

Name of OSHA Monitor
J&S Environmental

Telephone No.
973-933-2550

License No.
011133

Project Manager for Monitoring Firm
John Smoyer

Start Date (16)
07/16/2013

Scheduled Completion Date (11)
07/22/2013

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

Scope of Work (Check All That Apply)
- ≥33 sf or ≥3 if
  - Renovation
  - Demolition
- ≥160 sf or ≥260 if
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

In Facility (19)

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

Location 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

Apartment 41 A&B

Joint Compound

260 SF

Apartment 42 A&B / 43 A&B

Joint Compound

469 SF

Apartment 44A&B / 45 A&B

Joint Compound

552 SF

Apartment 43A&B / 44A&B / 45A&B

Flooring

340 SF

Name of Registered Waste Hauler

NJ/DEP Waste Hauler ID No.

Cubic Yards of Waste

Disposal Date

Name of Registered Landfill

Minerva Enterprises

TBD

City, State

Shirley, NY 11967

ATC

Completed by
Elvira Mrda

Title
President

Signature

Date
07/12/2013
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 7:25-2.12)

Date of Notification (1)
07/22/2013

Agencies Notified
(X) EPA
(X) DOL
(X) DOH
( ) DCA

Notification Type
(X) Initial Notification
( ) Amended Certification
( ) Cancelled

Name of Building Owner/Operator (2)
Exxon-Mobil Technology Corp

Street Address
600 Billingsport Road

City, State, Zip Code
Paulsboro, NJ 08066

Name of Contact
Bill Nelson

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Exxon-Mobil Technology

Street Address
600 Billingsport Road

City (5) County (6) County Code (7) (State Use Only)
Paulsboro Gloucester

Environmental Management International

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

Name of Contractor (9)
NCM Demolition and Remediation, LP

Environmental Management International

Street Address
395 Turner Industrial Way

City State, Zip Code
Aston, PA 19014

Project Manager for Monitoring Firm
Ray Giordano

Telephone Number
610-277-0405

Telephone Number
484-480-8931

License Number
01066

City, State, Zip Code
Long Island, NY 11101

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

Outside Shed NA

Transite Panels

140

X

Abatement Type

Name of Reg. Waste Hauler
NJDEP Waste Hauler ID # 20990

Cubic Yards of Waste
1 cyds

Name of Reg. Landfill
Imperial Landfill

Service Transport Group

City, State
New Castle, DE

Disp. Date
09/12/2013

City, State
Imperial, PA

Completed by (Print or Type)
Russell King

Title
Project Manager

Signature

Date
07/22/2013