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

**Date of Notification (1)**
05/26/2015

**Name of Building Owner/Operator (2)**
The Lilian Booth Actor's Home

**Name of Contact**
Jordan Strohl

**Address Where Abatement is Taking Place (3)**
Percy Williams Wing Lower Level

**Street Address**
155-175 West Hudson Ave

**City**
Englewood

**County**
Bergen

**Square Feet**
10,000

**# of Floors**
2

**Bldg. Age**
50+

**Type of Facility (4)**

**Name of Monitoring Firm**
Environmental Health Investigations, Inc

**ASC No.**
0104

**Name of Abatement Contractor (5)**
Bako Construction & Restoration, Inc

**Street Address**
655 West Shore Trail

**City**
Sparta, NJ 07871

**Telephone No.**
973-651-2041

**License No.**
2016

**Start Date (10)**
06/11/2015

**Scheduled Completion Date (11)**
06/30/2015

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

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

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

- [x] Renovation
- [ ] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempt (1) and Non-Friable Procedure

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

**In Facility (13)**

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

**Percy Wing Interior perimeter walls**
Waterproofing

**Percy Wing Heating/sprinkler pipe**
Firestopping

**Amount (Specify SF or LF)**

<table>
<thead>
<tr>
<th>Description of Asbestos-Containing Material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(i.e. thermal systems insulation, Surfacing, VAT, or other miscellaneous)</td>
</tr>
<tr>
<td>Amount</td>
</tr>
<tr>
<td>2,250 SF</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

**Abatement Type**

- [x] Removal
- [ ] Repair
- [ ] Encapsulate
- [ ] Enclose

**Name of Registered Waste Hauler**
Bako Construction & Restoration, Inc

**NJDEP Waste Hauler ID No.**
20889

**Cubic Yards of Waste**
30 yds

**Disposal Date**
TBD

**City, State**
Totowa, NJ

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

**Completed by**
Damin Jelavic

**Title**
Project Manager

**Signature**

**Date**
05/26/2015

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*Do not use this form for asbestos removal unrelated activities*
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:20)

Date of Notification (1)
5/28/15

Name of Building Owner/Operator (2)
John Cammarata
Private Home

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

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

Street Address
29 West Raritan

City, State, Zip Code
Little Egg Harbor NJ 08087

Name of Contact
John

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement Is Taking Place (3)
John Cammarata
Private Home

Street Address
29 West Raritan

City
Little Egg Harbor
NJ 08087

County
Ocean

County Code (7)
STATE USE ONLY

Current Use (For if being demolished)
Home

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

Project Manager for Monitoring Firm

Telephone No.
856-753-9800

License No.
00727

Start Date (10)
5/29/15

Scheduled Completion Date (11)
6/1/15

Name of OSHA Monitor (12)
Same

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

Scope of Work (Check All That Apply)
☐ ≥3 sf or ≥3 lf
☐ ≥100 sf or ≥260 lf
☐ Renovation
☐ Demolition
☐ Full Containment w/ Negative Pressure
☐ Mini-Enclosure
☐ Glovebox Procedure
☐ Non-Exempt (**) and Non-Friable Procedure

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

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

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

Amount

Abatement Type

Exterior Siding

Amount

Exterior Siding

1000 SF

Name of Registered Waste Hauler
United Containers

Waste Hauler ID No.
22459

Cubic Yards
3

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

Disposal Date
6/1/15

City, State
Elm NJ

Completed by
Anthony T. Perna

Title
President

Signature:

Date
5/28/15

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

## Notification of Asbestos Abatement
(Pursuant to NJAC 8:60 and 5:16)

**Date of Notification (1):** 05/28/15  
**Name of Building Owner/Operator (2):** Charles and Victoria Rappold  
**Street Address:** 1050 Railway Road  
**City, State, Zip Code:** Plainfield, NJ 07060

### FACILITY INFORMATION

**Name of Facility Where Abatement is Taking Place (3):** Private house  
**City (5):** Plainfield  
**County (6):** Union  
**County Code (7):** 1127  
**Current Use (Prior to being demolished):** Condominium  
**Name of Monitoring Firm Hired by Building Owner (8):** Evirovision Consultants, Inc.

**Start Date (16):** 05/29/15  
**Scheduled Completion Data (11):** 05/30/15  
**Name of Abatement Contractor (9):** Gr Tech LLC  
**Telephone No.:** 973-638-1777

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

**Scope of Work: (Check all that apply)**  
- > 3,000 sq ft or > 300 ft  
- > 100 sq ft or > 200 sq ft  
- Renovation or Demolition

### Description of Asbestos-Containing Material (ACM) (12)

- **Location of Asbestos-Containing Material (ACM) TO BE ABATED:** "IN Facility"  
- **Is Location Normally Used Solely by Maintenance/Contractual Staff?** No  
- **Location of asbestos-containing material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous):** Pipe insulation

### Abatement Type

- **Amount (Specify: SIF or LF):** 130 LF  
- **Clean up and decontaminate:** Yes  
- **Decontaminate with negative pressure:** Yes  
- **Min-Enclosure:** Yes  
- **Broshing Procedure:** Yes  
- **Non-Biodegradable:** No  
- **Non-Friable:** No  

**Site generation of hazardous waste (upon and in the course of the abatement activity):** Yes

**Rehab or Remodel:** No  
**End Use:** N/A

### Name of Registered Waste Hauler

- **Name:** Rometta & Sons Inc.  
- **Telephone:** 973-638-1777  
- **Address:** 20-21 Wagon Road, Edinburg, NJ 07040

**Compliance with Corrective Action Program:** Yes

**Compliance with Permits:** Yes

**Owner Signature:**  
**Completed By:** (Print or Type) N.Javits  
**Title:** Owner

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

Date of Notification (1): 5/28/15

Name of Building Owner/Operator (2): ESTATE OF BENJ WOFFORD

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

Street Address: 329 WEBSTER AVE
City, State, Zip Code: ENGLEWOOD, N.J. 07631
Name of Contact: JOSEPH ZISA, ESQ

Telephone Number: [ ]

FACILITY INFORMATION

Name of Facility Where Abatement Is Taking Place (3): ESTATE OF BENJ WOFFORD

Street Address: 329 WEBSTER AVE
City (5): ENGLEWOOD
County (6): BERGEN

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

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

Name of Abatement Contractor (9): Best Removal Inc
Street Address: 450 South River St
City, State, Zip Code: Hackensack, N.J. 07601

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

Project Manager for Monitoring Firm: [ ]
Telephone No.: [ ]

Start Date (10): 6/8/15
Scheduled Completion Date (11): 6/10/15

Occupancy Status During Abatement (Check only one):
[ ] Facility Closed/Vacated During Entire Period of Abatement
[ ] Abatement Performed Outside of Normal Facility Hours
[ ] Other – Describe: 7AM TO 5PM

Scope of Work (Check all that apply):
[ ] M & S or 3 3/4
[ ] 160 sq ft or 200 sq ft

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

BASEMENT

BASEMENT

Is Location Normally Used Solely by Maintenance/Custodial Staff? (12):
[ ] Yes [ ] No [ ] NA

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

Name of Registered Waste Hauler: Best Removal Inc
NJDEP Waste Hauler ID No.: 17109

City, State: HACKENSACK, N.J. 07601

Disposal Date: 6/10/15
Name of Registered Landfill: Minerva Enterprises, LLC

Cubic Yards of Waste: 3/25

Completed by: J. MAIORANO
Title: Estimator

* 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)**
May 28, 2015

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

**Address Information**

<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>

**Street Address**
284 Sheffield Street

**City, State, Zip Code**
Mountainside NJ 07092

**Name of Contact**
Emanuel H. Madvat

**FACILITY INFORMATION**

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

**Street Address**
284 Sheffield Street

**City (5)**
Mountainside NJ 07092

**County (8)**
Union

**ASCM No.**

**Name of Abatement Contractor (9)**
Be Construction Corporation

**Street Address**
140 Boulevard

**City, State, Zip Code**
Mountain Lakes, NJ 07046

**Project Manager for Monitoring Firm**
Leonid Shehrehevsky

**Telephone No.**
973-588-4821

**License No.**
03231

**Start Date (10)**
5/30/2015

**Scheduled Completion Date (11)**
06/01/2015

**Name of OSHA Monitor**
Schneider Laboratories Global Inc.

**Street Address**
2512 W Cary Street

**City, State, Zip Code**
Richmond, VA 23220

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

- [X] ≥300 sf or ≥3,000 ft
- [X] Renovation
- [X] Demolition

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

<table>
<thead>
<tr>
<th>Mezzanine and Sprinkler Room</th>
<th>Pipe fittings</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**
Be Construction Corporation

**NJDEP Waste Hauler ID No.**
0035767

**Cubic Yards of Waste**

**Name of Registered Landfill**
Tullytown 1 Facility

**City, State**
West Orange, NJ 07052

**Disposal Date**

**Name of Contact**
Barbara Reed

**Title**
President

**Signature**

**Date**
05/28/2015

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

<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>Name of Building Owner/Operator</th>
</tr>
</thead>
<tbody>
<tr>
<td>5/29/15</td>
<td>Mr. Chrs Riczowski</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agency Notified</th>
<th>Type Notification</th>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
<td>35 Princeton Ave</td>
<td>MIDLAND PARK, NJ.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mr. Riczowski</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City (5)</th>
<th>County Code (6)</th>
</tr>
</thead>
<tbody>
<tr>
<td>MIDLAND PARK</td>
<td>BERGEN</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner</th>
<th>ASCM No.</th>
<th>Name of Abatement Contractor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Best Removal Inc</td>
<td></td>
<td>450 South River St</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Telephone No.</th>
<th>License No.</th>
<th>City, State, Zip Code</th>
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</thead>
<tbody>
<tr>
<td>201-329-7444</td>
<td>00388</td>
<td>Hackensack, N.J. 07601</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
<th>Name of OSHA Monitor</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/9/15</td>
<td>6/10/15</td>
<td>Omega Environmental Inc</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Description of Asbestos-Containing Material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thermal Insulation</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>95 SF</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
</tr>
</thead>
<tbody>
<tr>
<td>Best Removal Inc</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Waste Hauler</th>
</tr>
</thead>
<tbody>
<tr>
<td>27</td>
<td>Mineria Enterprises, LLC</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Disposal Date</th>
<th>City, State</th>
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</thead>
<tbody>
<tr>
<td>6/10/15</td>
<td>Wavensburg, N.Y. 11971</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed by</th>
<th>Title</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>J. Maiorano</td>
<td>Estimator</td>
<td></td>
</tr>
</tbody>
</table>

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

**Date of Notification (1)**
May 28, 2015

**Name of Building Owner/Operator (2)**
Matt’s Construction

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

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

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

**Street Address**
564 Vine Street

**City**
Lakewood

**County**
Ocean

**County Code (7)**
N/A

**ASCM No.**
N/A

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

**Square Feet**
1800 sf

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

**# of Floors**
1

**Bldg. Age**
60

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

**Street Address**
1885 Route 9, Unit 61

**City, State, Zip Code**
Tom River, New Jersey 08755-1271

**Telephone Number**
732-349-9932

**License Number**
00624

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

**Street Address**
1056 Stetson Road

**City, State, Zip Code**
Piscataway, New Jersey 08854

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

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

**Is Location Normally used Solely by Maintenance/Custodial Staff**

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>

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

**Abatement Type**

- [X] Removal
- [ ] Repair
- [ ] Encapsulation
- [ ] Enclosure

**Amount (Specify SF or LF)**
1600 sf

**Abatement #**
X

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

**N/DEP 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**
6/2/15

**City, State**
Tullytown, Pennsylvania

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

**Title**
Project Manager

**Signature**

*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)**  
May 28, 2015

**Name of Building Owner/Operator (2)**  
Matt's Construction

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

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

**Name of Contact**  
Matt's Construction

**Street Address**  
14 Irene Court

**City**  
Lakewood

**State**  
NJ

**Zip Code**  
08701

**Telephone Number**

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

**Street Address**  
108 Melville Street

**City**  
Lakewood

**County**  
Ocean

**County Code**  
STATE USE ONLY

**Square Feet**  
1200 sf

**# of Floors**  
1

**Bldg. Age**  
60 years

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

**Street Address**  
1889 route 9

**Unit**  
61

**City**  
Toms River

**State**  
New Jersey

**Zip Code**  
08755-1271

**License Number**  
06024

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

**Street Address**  
1056 Stelton Road

**City**  
Piscataway

**State**  
New Jersey

**Zip Code**  
08854

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

**ASCM No.**

**Type of Facility (6)**  
- School (k-12)
- Subchapter 8 (other than k-12)
- Other (i.e., private & commercial buildings, homes, etc.) [X]

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

**Occupancy Status During Abatement (Check only one)**  
- 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)**  
- Abatement of ACM
- Renovation
- Demolition

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

- Exterior [X]

**Is Location Normally Used Solely by**

- Staff
- Tenant
- Contracted Workers

**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)**

1000 sf

**Abatement Type**  
- Removal
- Repair
- Encapsulation
- Closure

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

**NIDEH Waste Hauler ID No.**  
20223

**Cubic Yards of Waste**

3

**Name of Registered Landfill**

**City**  
Toms River, New Jersey

**State**  
New Jersey

**Disposal Date**

6/21/15

**Completed by (Print or Type)**

Nicholas Fernicola

**Title**

Project Manager

**Signature**

**Date**

5/28/15

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

Date of Notification (1): May 28, 2015

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

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

Name of Building Owner/Operator (2):
Baron Builders

Street Address: 104 Leonard Street
City, State, Zip Code: Lakewood, NJ 0870

Name of Contact: Alan Streicher
Telephone Number:

FACILITY INFORMATION

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

Street Address: 330 Dewey Avenue
City: Lakewood
County (6): Ocean
County Code (7): Ocean

Square feet: 1200 sf
Number of Floors: 2
Bldg. Age: 65

Current Use (for if being demolished):
Residence

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

ASCM No.:

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

Street Address: 18: 9 Route 9, Unit 61
City, State, Zip Code: Toms River, New Jersey 08755-1271

Telephone Number:

E.I.S.L. Analytical

Name of OSHA Monitor:

Street Address: 10: 6 Stetson Road
City, State, Zip Code: Bethany, New Jersey 08854

Scope of Work (Check all that apply):

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

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

in facility (13):

Is Location Normally used Solely by Maintenance/Custodial Staff (12):
YES NO N/A

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

Amount (Specify SF or LF):

Abatement Type:

Enclosure


Name of Registered Waste Hauler:
Guardian Contracting, Inc.

N.JDEP Waste Hauler ID No.:
20223

Cubic Yards of Waste:
4

City, State:
Toms River, New Jersey

Disposal Date:
06/03/2015

City, State:
Tullytown, Pennsylvania

Completed by (Print or Type):
Nicholas Pernicola
Title: Project Manager

Signature:

Date: 5/28/15

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

Date of Notification (1) May 28, 2015

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

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

Name of Building Owner/Operator (2)
Baron Builders
Street Address
104 Leonard Street
City, State, Zip Code
Lakewood, NJ 08701

Name of Contact
Alan Streicher
Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Residence
Street Address
380 Dewey Avenue
City
Lakewood
County (5)
Ocean
County Code (7)
(State Use Only)

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

Square feet
1833 sf

Number of Floors
2

Bldg. Age
95

Current Use (for if being demolished)
Residence

Name of Abatement Contractor (9)
Guardian Contracting, Inc.
Street Address
189 Route 9, Unit 61
City, State, Zip Code
Toas River, New Jersey 08755-1271
Telephone Number
732-349-9932
License Number
00624

Name of OSHPA Monitor
E.M.S.L. Analytical
Street Address
106 Stetton Road
City, State, Zip Code
Piscataway, New Jersey 08854

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

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

Extérieur
X
Asbestos siding
500 sf

Amount (Specify SF or LF)

Removal
Repair
Encapsulation
Enclosure

Name of Registered Waste Hauler
Guardian Contracting, Inc.
NJDEP Waste Hauler ID No.
20223
Cubic Yards of Waste
4
Name of Registered Landfill
T.R.R.

City, State
Toms River, New Jersey
Disposal Date
06/03/2015

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

Date
5/28/15

*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) MAY 28, 2015

Name of Building Owner/Operator (2) THE WRIGHT GROUP

RECEIVED

28 MAY 2015 2:29 AM

A E P
D E P
D O L
D O H
D C A

Agencies Notified

Type Notification

Initial
Amended
Amendment #_____ Emergency (including justification)
Cancellation

Name of Facility Where Abatement is Taking Place (3)

OLD CHINESE RESTAURANT

Street Address

PO BOX 1908

City, State, Zip Code

MEDIA, PA 19063

Name of Contact

MARISSA PRICE

FACILITY INFORMATION

Type of Facility (1)

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

City (5)

SOMERS POINT

County (6)

ATLANTIC

Square Foot

9054 SF

# of Stories

1 STORY

Bldg. Age

20 YRS +

CURRENT USE (Priv if being demolished)

MIXED USE

Name of Monitoring Firm Hired by Building Owner (8)

N/A

ASCM No.

Name of Abatement Contractor (9)

Finishing Touch Asbestos Abatement Corp., Inc.

Street Address

580 BROADWAY, UNIT A

City, State, Zip Code

LONG BRANCH

Project Manager for Monitoring Firm

N/A

Telephone No.

732-222-8372

License No.

10040

Start Date (10) June 8, 2015

Scheduled Completion Date (11) June 12, 2015

Name of OSHA Monitor

N/A

Occupancy Status During Abatement (Check Only One)

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

Other – Describe:

Scope of Work (Check All That Apply)

23 sf or 23 if
≥160 sf or ≥260 if

Renovation
Demolition

Full Containment with Negative Pressure
Mini-Enclosure
Glovebag Procedure
Non-Exempt (*1) and Non-Friable Procedure

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

In Facility (13)

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

Yes
No
N/A

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

Amount
(Specify
SF or LF)

Abatement Type

Removal
Repair
Encapsulation
Endurance

Location
Basement
2nd floor closet
Provide of Standby Labor
during mechanical roof removal

Asbestos containing flue pacing
Asbestos
VAT
Asbestos Containing Roofing

Location

Cubic Yards

Name of Registered Landfill

NJDEP Waste
Hauler ID No.
60 CY

GROV'S NORTH

Disposal Date
6/12/15

City, Sta
MORRISVILLE, PA

Completed by
Joseph P. Miller

Title
President

Date
5/26/15

Name of Registered Waste Hauler

SAKOUTIS BROS., INC.

City, State
COLTS NECK, NJ 07722
# State of New Jersey

## Notification of Asbestos Abatement

(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>05/26/16</td>
<td>Patricia Recchia</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Notification Type</th>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ EPA</td>
<td>☐ Initial Notification</td>
<td>14 Aspen Court</td>
</tr>
<tr>
<td>☐ DCA</td>
<td>☐ Amended #</td>
<td></td>
</tr>
<tr>
<td>☐ DOL</td>
<td>☐ Emergency notification (including justification)</td>
<td></td>
</tr>
<tr>
<td>☐ DEP</td>
<td>☐ Cancelled</td>
<td></td>
</tr>
<tr>
<td>☐ DOH</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>Name of Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>North Caldwell NJ 07006</td>
<td>Victor Recchia</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FACILITY INFORMATION</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Type of Facility (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residential</td>
<td>☐ School (K-12)</td>
</tr>
<tr>
<td></td>
<td>☐ Subchapter 8 (other than K-12)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other (i.e. private &amp; commercial buildings, homes, etc.)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Current Use (prior if being demolished)</th>
<th>State Residence</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Sldg. Owner (8)</th>
<th>ASCM No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>973-901-0153</td>
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</table>

<table>
<thead>
<tr>
<th>Scheduled Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
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</thead>
<tbody>
<tr>
<td>06/06/15</td>
<td>06/07/15</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Source of Work (Check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ ≥ 3 sf or ≥ 3 lf</td>
</tr>
<tr>
<td>☐ ≥ 150 sf or ≥ 260 lf</td>
</tr>
<tr>
<td>☐ Mini-Enclosure</td>
</tr>
<tr>
<td>☐ Non-Fireproof Procedure</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) in Facility (15)</th>
<th>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</th>
<th>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, V.A.T., or other misc.)</th>
<th>Amount (Specify Si or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>YES</td>
<td>NO</td>
<td>NA</td>
<td>Description</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Exterior Transite</th>
<th>Transite</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2,300sf</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Reg. Waste Hauler</th>
<th>NJDEP Waste Hauler ID #</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Waste Management of Pennsylvania</td>
<td>32684</td>
<td></td>
<td>T.P.F.</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Completed by (Print or Type)</th>
<th>Title</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nedo Vassilić</td>
<td>President</td>
<td>[Signature]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date</th>
<th>Day</th>
</tr>
</thead>
<tbody>
<tr>
<td>5/2</td>
<td>15</td>
</tr>
</tbody>
</table>
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>5/29/15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Frede</td>
</tr>
<tr>
<td>Street Address</td>
<td>159 Library Place</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Princeton, NJ 08540</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Jason Frede</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
</tbody>
</table>

FACILITY INFORMATION

- Name of Facility Where Abatement is Taking Place (3): Residential
- Street Address: 159 Library Place
- City: Princeton, NJ
- County: Mercer
- Current Use (Prior if being demolished): 100++/-
- Square Feet: 8000
- # of Floors: 3
- Blg. Age: 100++/-
- Name of Monitoring Firm Hired by Building Owner: DB Environmental
- Name of Abatement Contractor: Stevens Environmental Services, Inc.
- Street Address: 4 Berkeley Place
- City, State, Zip Code: Freehold, NJ 07728
- Telephone No.: (609) 259-9688
- License No.: 00493
- Name of OSHA Monitor: DB Environmental
- Street Address: 4 Berkeley Place
- City, State, Zip Code: Freehold, NJ 07728

Scope of Work (Check all that apply)
- ≥2 sf or ≥2 if
- ≥160 sf or ≥260 if
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Fitable Procedure

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

| Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) |
| Amount (Specify SF or Ft²) | 60 |

Abatement Type
- Removal
- Encapsulation
- Ventilation

Name of Registered Waste Hauler
- Stevens Environmental Services, Inc.
- NJDEP Waste Hauler ID No: 18292
- Cubic Yards of Waste: 2 CU
- Name of Registered Landfill: GROWS Landfill
- City, State: Allentown, NJ
- Disposal Date: 6/10/15
- City, State: Morrisville, PA
- Signature: [Signature]
- Date: 5/29/15

*Do not use this form for asbestos licensure exempted activities.
Date of Notification (1) 5/27/15

Name of Building Owner/Operator (2) The City of Rahway

A agencies Notified
☐ EPA  ☑ DEP  ☑ DOL  ☐ DOH  ☐ DCA

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

Street Address
One City Hall Plaza
Rahway, NJ 07065

City, State, Zip Code
Rahway, NJ 07065

Name of Contact Daniel C. Lee

Telephone Number

FACILITY INFORMATION

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

Street Address
194 West Grand Avenue

City (5)
Rahway

County (6)
Union

County Code (7) (STATE USE ONLY) ________

Square Feet 1,300

# of Floors 2

Bldg. Age 50+

Condemned

Name of Monitoring Firm Hired by Building Owner (8) ASCM No.
Yannuzzi Environmental Services, Inc. 0000

Name of Abatement Contractor (9) License No.
Yannuzzi Environmental Services, Inc. 00228

Street Address
135 Kinnelon Road

City, State, Zip Code
Kinnelon, NJ 07405

Project Manager for Monitoring Firm

Telephone No.
908-218-0880

Start Date (10) 6/8/15

Scheduled Completion Date (11) 6/11/15

Name of OSHA Monitor
Yannuzzi Environmental Services, Inc.

Street Address
135 Kinnelon Road

City, State, Zip Code
Kinnelon, NJ 07405

Scope of Work (Check All That Apply)

☒ 33 sf or ≥ 3 if
☒ 160 sf or ≥ 260 sf

☐ Renovation
☒ Demolition

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

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

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

Yes  ☑ No  ☐ N/A

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

Amount (Specify SF or LF)

Abatement Type
Removal  ☐ Repair  ☐ Encapsulate  ☐ End Cap

Name of Registered Waste Hauler
Yannuzzi Group, Inc.

NJDEP Waste Hauler ID No. 17467

Cubic Yards of Waste 1 CY

City, State Kinnelon, NJ 07405

Disposal Date 6/11/15

Name of Registered Landfill GROWS

City, State Morrisville, PA

Completed by Anna Bastos

Title Administrative Assistant

Signature

Date 5/27/15

ASB-41 (R-06-06)

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

Date of Notification (1)
5/27/15

Name of Building Owner/Operator (2)
Bed, Bath & Beyond

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

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

Street Address
650 Liberty Avenue
City, State, Zip Code
Union, NJ 07083

Name of Contact
John Purcel

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Former Coffee Distributing Corp.
Street Address
685 Liberty Avenue
City (5)
Union
County (6)
Union

County Code (7)

(State Use Only)

Name of Monitoring Firm Hired by Building Owner (8)
ASCM No.
Name of Abatement Contractor (9)
Yannuzzi Environmental Services, Inc.

Street Address
135 Kinnelon Road, Suite 102
City, State, Zip Code
Kinnelon, NJ 07405

Project Manager for Monitoring Firm
Telephone No.

Telephone No.
908-218-0880
License No.
0 228

Start Date (10)
6/8/15
Scheduled Completion Date (11)
6/30/15

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

Scope of Work (Check All That Apply)
☒ ≥ 36 sf or ≥ 3 ft
☒ ≥ 160 sf or ≥ 260 ft
☐ Renovation
☑ Demolition
☒ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

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

Yes No N/A

In Facility

Is Location Normally Used Solely by Maintenance/Custodial Staff?

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

Amount

Removal

Name of Registered Waste Hauler

Yannuzzi Group, Inc.
NJDEP Waste Hauler ID No.
17467
Cubic Yards of Waste
40
Name of Registered Landfill
IESI
Disposal Date
6/30/15
City, State
Bethlehem, PA

Completed by
Anna Bastos
Title
Administrative Assistant
Signature

Date
5/27/15

* Do not use this form for asbestos licensure exempted activities.
<table>
<thead>
<tr>
<th>Sample ID</th>
<th>Location</th>
<th>Material</th>
<th>Total Quantity</th>
<th>Friability (F/NF)</th>
<th>Cond. (G/F/P)</th>
</tr>
</thead>
<tbody>
<tr>
<td>W103275</td>
<td>1st Floor, Storage Area</td>
<td>9&quot;x9&quot; Vinyl Floor Tile, Gray</td>
<td>10 SF</td>
<td>NF</td>
<td>Good</td>
</tr>
<tr>
<td>W103276</td>
<td>1st Floor Sprinkler Room</td>
<td>Mastic associated with Gray 9&quot;x9&quot; Vinyl Floor Tile, Black</td>
<td></td>
<td>NF</td>
<td>Fair</td>
</tr>
<tr>
<td>Assumed</td>
<td>1st Floor, Martial Arts Studio, under Carpet and Matting</td>
<td>Residual Floor Mastic</td>
<td>20 SF</td>
<td>NF</td>
<td>Good</td>
</tr>
<tr>
<td>W103300</td>
<td>1st Floor, HVAC Ducts</td>
<td>Mastic associated with 12&quot;x12&quot; Light Gray Vinyl Floor Tile, Black</td>
<td>2,400 SI</td>
<td>NF</td>
<td>Good</td>
</tr>
<tr>
<td>TB1740</td>
<td>1st Floor, Comcast Warehouse, East Side</td>
<td>Window Glazing</td>
<td>1,152 TI</td>
<td>NF</td>
<td>Good</td>
</tr>
<tr>
<td>W103341</td>
<td>Roof, Office, Flashing, Fourth Layer*</td>
<td>Roof Flashing (Base)</td>
<td>3,560 SI</td>
<td>NF</td>
<td>Good</td>
</tr>
<tr>
<td>W103343</td>
<td>Roof, Warehouse*</td>
<td>Tar Board (Roof Membrane)</td>
<td>35,000 SI</td>
<td>NF</td>
<td>Good</td>
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<tr>
<td>W103357</td>
<td>Roof, Warehouse, First Layer*</td>
<td>Roof Flashing (Base)</td>
<td>2,240 SI</td>
<td>NF</td>
<td>Good</td>
</tr>
<tr>
<td>W103368</td>
<td>Roof, Warehouse, HVAC Ducts</td>
<td>HVAC Tar on Ducts</td>
<td>10 SF</td>
<td>NF</td>
<td>Good</td>
</tr>
<tr>
<td>W103369</td>
<td>Roof, Warehouse, Vent Pipe</td>
<td>Tar on Vent Pipes</td>
<td>4 SF</td>
<td>NF</td>
<td>Good</td>
</tr>
<tr>
<td>W103370</td>
<td>Throughout Perimeter of Interior and exterior of Building – Up to 4' high on interior and 4' below the 1st floor slab</td>
<td>Vapor Barrier**</td>
<td></td>
<td>NF</td>
<td>N/A</td>
</tr>
</tbody>
</table>

Square Feet = SF  
Good = G  
NF = Non-friable

*ACM is located in at least one layer of a component. For construction purposes, the entire component must be considered ACM.

**Assumed due to inaccessibility – It is recommended material is sampled at a later date when accessibility is provided.

#Samples of pipe and pipe fitting insulation have yielded positive results. Hillmann considers this to be a homogenous material. As such, all aircell and block pipe insulation are considered positive.

##Samples of same color and texture floor tile have yielded positive results. Hillmann considers this to be a homogenous material. As such, some floor tiles have been grouped together and are considered positive.

Hillmann had the layers attached directly to the substrate analyzed first in order to identify the component as ACM. If this layer is identified as ACM, then the remaining layers were no analyzed and are assumed to be ACM as part of that component.

Asbestos Inspection Report  
Bed, Bath & Beyond  
685 Liberty Avenue, Union, NJ
Firestop, red
Flashing Concrete
Flashing Tar, Membrane
Floor Tile, light gray
Floor Tile, light green
Joint Compound, white
Joint Tape, white
Mastic for white & black vinyl floor tile
Paint, tan/off-white
Roof Membrane, Tar Board
Tar
Tar Flashing
Tar from Vent Pipe
Tar with Stone
Tar Membrane
Tar Membrane, Flashing
Tar Paper, Black
Tar Paper Flashing
Tar Paper Insulation
Tar Roof Membrane
Vinyl Floor Tile, black
Vinyl Floor Tile, dark green
Vinyl Floor Tile, off-white
Vinyl Floor Tile, off-white with speckles
Vinyl Floor Tile, orange
Vinyl Floor Tile, tan with speckles
Wallboard
Wallpaper, Tan
Window Glazing
White Board Insulation

3.4 Results Summary Table

The following is a summary of the observed condition of the homogenous materials sampled that were identified as asbestos-containing material. All quantities are approximate and are subject to field verification.

<table>
<thead>
<tr>
<th>Sample ID</th>
<th>Location</th>
<th>Material</th>
<th>Total Quantity</th>
<th>Friability (F/NF)</th>
<th>Cond. (G/F/P)</th>
</tr>
</thead>
<tbody>
<tr>
<td>W103230</td>
<td>2nd Floor, South Offices, Open Area</td>
<td>Mastic for 12&quot;x12&quot; Carpet Tiles, Black</td>
<td>4,800 SF</td>
<td>NF</td>
<td>Good</td>
</tr>
<tr>
<td>W103245</td>
<td>2nd Floor, Server Room, Pipe Vent</td>
<td>Tar</td>
<td>6 LF</td>
<td>NF</td>
<td>Good</td>
</tr>
</tbody>
</table>

Asbestos Inspection Report
Bed, Bath & Beyond
685 Liberty Avenue, Union, NJ
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1)
5 / 29 / 15

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

Type of Notification
- Initial Notification
- Amended Notification
- Cancellation
- On Hold
- EMERGENCY NOTIFICATION

Name of Building Owner/Operator (2)
MERCK SHARP & DOHME CORP.

Street Address
126 E. LINCOLN AVENUE, P.O. BOX 2000, R-28414

City, State, Zip Code
RAHWAY, NEW JERSEY 07085

Name of Contact
SANDRA SCHENK

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
MERCK SHARP & DOHME CORPORATION

Street Address
126 EAST LINCOLN AVENUE - BUILDING 806 (ENTIRE)

City (5)
RAHWAY

County (6)
UNION

County Code (7)
(STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8)
ENVIRONMETAL HEALTH INVESTIGATIONS, INC.

ASCN No.
17

Name of Abatement Contractor (9)
PAR ENVIRONMENTAL CORPORATION

Street Address
313 SPOOK ROCK ROAD

City, State, Zip Code
SPARTA, NEW JERSEY 07871

License Number
1101

Square Feet
9,975

# of Floors
2

Bldg. Age
35

Current Use (Prior to being demolished)
VACANT

Type of Facility (4)
- School (K-12)
- Subchapter 8 (Other than K-12)
- Other (ie. private & comm/ off bldgs., homes, etc.)

Expected State Date (10)
5 / 29 / 15

Month
Day
Year

Sched. Completion Date (11)
6 / 5 / 15

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:
MONDAY-SATURDAY 7AM-3:30 PM

Scope of Work (Check all that apply)
- Demolition
- Gloves
- Non-Friable Procedure
- Renovation
- Full Containment with Negative Pressure

>3SF OR LF

>160 SF OR 260 LF

Description of Asbestos-Containing Material (ACM)

- Description:
- Insulation, surfacing, VAT, or other miscellaneous

Amount
(Specify SF or L)

Abatement Type
- REMOVAL
- REPAIR
- ENCAPSULATE
- ENCLOSURE

LOCATION OF ASBESTOS-CONTAINING MATERIAL (ACM)

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)

- Black Mastic on Metal Roof Decking 6,00 LSF

Amout

Abatement Type

- REMOVAL
- REPAIR
- ENCAPSULATE
- ENCLOSURE

Disposal Date
447 ALEXANDER DRIVE ROUTE 15

City, State
FREEHOLD, NEW JERSEY

Disposal Date
03/03/2015

City, State
MONTGOMERY, PA 17752

Completed by (Print or Type)
BENJAMIN SANCHEZ

Title
DIRECTOR OF OPERATIONS

Signature

Date
5/29/15
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:129)

Date of Notification (1) 5/26/15

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

Name of Building Owner/Operator (2) METROQUEST EQUITIES

Street Address
S30 JOHNSTON AVE.

City, State, Zip Code
JERSEY CITY

Name of Contact
DAVE H.

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Street Address
S30 JOHNSTON AVE.

City (5) JERSEY CITY

County (6) HUDSON

Square Feet
14,600

Current Use (P or F) WAREHOUSE

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

Scope of Work (Check All That Apply)
- 23 sf or 33 ft
- 160 sf or 260 ft
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempt (*) 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) (i.e. thermal systems insulation, surfacing, VAV, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
<th>Removal</th>
<th>Recapital</th>
<th>Encapsulate</th>
<th>End Sealing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boiler Room</td>
<td>Yes</td>
<td>Boiler Insulation</td>
<td>30 SF</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Windows</td>
<td>No</td>
<td>Caulking</td>
<td>300 SF</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>1st Floor</td>
<td>No</td>
<td>Transite</td>
<td>200 SF</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>2nd Floor</td>
<td>No</td>
<td>Tiling</td>
<td>500 SF</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Roofing</td>
<td>No</td>
<td>Roofing</td>
<td>1,200 SF</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
Newark Carting, Inc

NJDEP Waste Hauler ID No. 04509

Cubic Yards of Waste 60

Disposal Date 4/2/15

Name of Registered Landfill
IESI PA Bethlehem Landfill Corp.

City, State, Zip Code
Newark, NJ 07105

Completed by
R. McDonald
Title President

Signature

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

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

**Date of Notification (1)**: 7/1/2015

**Name of Building Owner/Operator (2)**: METROQUEST EQUITIES, LLC

**Agencies Notified (3)**: 
- [ ] EPA
- [ ] DEP
- [ ] DOL
- [ ] DOH
- [ ] DCA

**Type Notification**:
- [ ] Initial
- [x] Amended
- [ ] Amendment #1
- [ ] Emergency (including justification)
- [ ] Cancellation

**Street Address**: 550 JOHNSTON AVE.

**City, State, Zip Code**: JERSEY CITY, NJ 07606

**Name of Contact**: DAVID H.

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place**: 550 JOHNSTON AVE.

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

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

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

**Abatement Type**: Full Containment with Negative Pressure

**Location of Registered Waste Hauler**

**Name of Registered Waste Hauler**: Newark Carting, Inc

**Disposal Date**: 8/15/15

**City, State, Zip Code**: New York, NY 10010

**Completed by**: R. McDonald

**Title**: President

**Signature**: [Signature]

**Telephone Number**: 201-282-8641

**License No.**: 0166

**License Expiration Date**: 04/01/16

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

## State of New Jersey

**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to N.J.A.C. 8:60 and 12:120)

---

### Date of Notification

5/20/2015

### Name of Building Owner / Operator

AR Recycling

2017 JUN 1 AM 1:54

---

### Agencies Notified

- EPA
- DEP
- DOL
- DOH
- DCA

### Type Notification

- Initial
- Amended
- Emergency
- Cancellation

---

### Street Address

1004 Union Landing Road

Cinnaminson, NJ

---

### Name of Contact

Ray Trainor

---

### FACILITY INFORMATION

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

**Type of Facility**

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

**Square Feet**

- 8000

**# of Floors**

- 2

**Bldg. Age**

- 80+

---

### Name of Monitoring Firm Hired by Building Owner

ASCM No.

---

### Name of Abatement Contractor

ALPHA ENVIRONMENTAL

---

### Street Address

PO Box 8297

Trenton, NJ

---

### City, State & Zip Code

Willingboro, Burlington, NJ

---

### Project Manager for Monitoring Firm

Telephone Number

215-295-1004

---

### Telephone Number

---

### License Number

01222

---

### Occupancy Status During Abatement

- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Hours – 7am to 3pm
- Facility Occupied During Abatement

---

### Scope of Work

- ≥3 sf or ≥3 lf
- ≥160 sf or ≥260 lf
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glove Bag Procedures
- Non-Exempt and Non-Friable Procedure

---

### Location of Asbestos-Containing Material (ACM) To Be Abated

- Throughout
- 2nd Floor
- Basement

---

### 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, serving, VAT or other miscellaneous)

---

### Amount

- 3500sf
- 1400sf
- 50sf

---

### Abatement Type

- Removal
- Repair
- Encapsulate
- Enclosure

---

### Name of Registered Waste Hauler

ALPHA ENVIRONMENTAL

---

### NJDEP Waste Hauler ID No.

0033330

---

### Cubic Yards of Waste

1 cubic

---

### Name of Registered Landfill

Grows Landfill

---

### City, State

Trenton, NJ

---

### Disposal Date

Various

---

### City, State

Morrisville, PA

---

### Completed By (Print or Type)

Rod Richardson

---

### Title

PM

---

### Signature

Rod Richardson

---

### Date

5/20/2015
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Name of Building Owner/Operator</th>
<th>County of Camden</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td></td>
<td>[Check]</td>
<td></td>
</tr>
<tr>
<td>DEP</td>
<td></td>
<td>[Check]</td>
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<tr>
<td>DOL</td>
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<td>[Check]</td>
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<tr>
<td>DOH</td>
<td></td>
<td>[Check]</td>
<td></td>
</tr>
<tr>
<td>DCA</td>
<td></td>
<td>[Check]</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place</th>
<th>Type of Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Hadley House</td>
<td>School (K-12)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>County Code (STATE USE ONLY)</th>
</tr>
</thead>
<tbody>
<tr>
<td>5300 North Park Drive</td>
<td></td>
</tr>
<tr>
<td>Camden</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner</th>
<th>ASCM No.</th>
<th>Name of Abatement Contractor</th>
</tr>
</thead>
<tbody>
<tr>
<td>TTI Environmental, Inc.</td>
<td>ASCM No.</td>
<td>Shade Environmental, LLC</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1253 N. Church Street</td>
<td>696-840-6800</td>
<td>00842</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Moorestown, NJ 08057</td>
<td></td>
<td>Maple Shade, NJ 01052</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date</th>
<th>Scheduled Completion Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>June 15, 2015</td>
<td>June 30, 2015</td>
</tr>
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<table>
<thead>
<tr>
<th>Occupancy Status During Abatement</th>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility Closed/Vacated</td>
<td>200 Route 130 North</td>
<td>Cinnaminson, NJ 01077</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work</th>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Renovation</td>
<td>Attic Crawlspace XXX, Tank Insulation 225 SF X</td>
</tr>
<tr>
<td>Demolition</td>
<td>Existing Storage XXX, Wall Plaster 500 SF x</td>
</tr>
<tr>
<td></td>
<td>Existing Storage XXX, Linoleum Flooring 125 SF x</td>
</tr>
<tr>
<td></td>
<td>Existing Cooler XXX, Wall Plaster 500 SF x</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler:
Jack Robinson Waste Disposal
NJ/DEP Hauler ID No. 17304

<table>
<thead>
<tr>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
<th>Disposal Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>80</td>
<td>G.R.O. N.S. North Landfill</td>
<td>6/30/2015</td>
</tr>
</tbody>
</table>

Completed by: Christina Lynch
Title: Operations Manager
Signature: [Signature]
Date: 5/27/2015

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

Date of Notification (1)
5/28/2015

Name of Building Owner/Operator (2)
THE COLLEGE OF NEW JERSEY

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

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

Street Address
2000 PENNINGTON ROAD

City, State, Zip Code
EWING, NJ 08628

Name of Contact
JOHN HAMILTON

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
THE COLLEGE OF NEW JERSEY - NORSWORTHY HALL

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

Street Address
2000 PENNINGTON ROAD

City (5)
EWING

Square Feet

Bldg. Age

County (6)
MERCER

County Code (7) (STATE USE ONLY)

Current Use (Prk. if being demolished)

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

ASCM No.

Name of Abatement Contractor (9)
TWO BROTHERS CONTRACTING, INC.

Telephone No.

License No.
973-956-8700
0494

Project Manager for Monitoring Firm

Telephone No.

Start Date (10)
6/10/2015

Scheduled Completion Date (11)
6/17/2015

Name of OSHA Monitor
SAME AS (9) ABOVE

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

Street Address
11 VREELAND AVENUE

City, State, Zip Code
TOTOWA, NJ 07512

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

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

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

Yes
No
N/A

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

Amount (Specify SF or Lb)
600 SF

Abatement Type
- [X] Removal
- [ ] Repair
- [ ] Encapsulate
- [ ] Endorse

Name of Registered Waste Hauler
TWO BROTHERS CONTRACTING

NJDEP Waste Hauler ID No.
18743

Cubic Yards of Waste
25

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

City, State
TOTOWA, NJ

Disposal Date
6/17/2015

City, State
MORRISVILLE, PA

Completed by
VIVECA RAMOS

Title
PROJECT COORDINATOR

Signature

Date
5/28/2015

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

Date of Notification (1)  
5/29/2015

Name of Building Owner/Operator (2)  
Prestige Companies

Agencies Notified  
□ EPA  
□ DEP  
□ DOL  
□ DOH  
□ DCA  
□ Initial  
□ Amended  
□ Amendment #  
□ Emergency (including Justification)  
□ Cancellation

Street Address  
3 East Stow Road, Suite 200

City, State, Zip Code  
Marlton, NJ 08053

Name of Contact  
Donald Fox

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  
Montgomery Gardens - Building #5

Street Address  
563 Montgomery Street

City (5)  
Jersey City

County (6)  
Hudson

County Code (7)  
01

Current Use (Prior if being demolished)  
housing

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

ASCM No.  
Name of Abatement Contractor (9)  
Neuber Environmental Services, Inc.

Street Address  
42 Ridge Road

City, State, Zip Code  
Phoenixville, PA 19460

Project Manager for Monitoring Firm  
Sarah Calandra

Telephone No.  
973-275-5000

Telephone No.  
610-933-4332

License No.  
0836

Start Date (10)  
6/11/2015

Scheduled Completion Date (11)  
8/24/2015

Name of OSHA Monitor  
Lighthouse Environmental, Inc.

Street Address  
3 Vose Avenue

City, State, Zip Code  
South Orange, NJ 07079

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

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

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

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

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

all interior floors  
X  
floor tile and mastic  
66,000 sf  
X

interior doors  
X  
door panel  
450 sq ft  
X

exterior windows  
X  
window caulk  
520 sq ft  
X

roof  
X  
built up roof felt  
6,600 sf  
X

Name of Registered Waste Hauler  
Service Transport Group, Inc.

NJDEP Waste Hauler ID No.  
20990

Cubic Yards of Waste  
400

Name of Registered Landfill  
Minerva Enterprises, LLC.

City, State  
New Castle, DE

Completed by  
Pat Larney

Title  
P.M.

Signature  
[Signature]

Date  
5/29/2015

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

Date of Notification (1)
5/29/2015

Name of Building Owner/Operator (2)
Prestige Companies

Agencies Notified

☐ EPA
☐ DEP
☐ DOH
☐ DCA

Type Notification

☒ Initial
☐ Amended
☐ Amendment #
☐ Emergency (including justification)
☐ Cancellation

Street Address
3 East Stow Road, Suite 200

City, State, Zip Code
Marlton, NJ 08053

Name of Contact
Donald Fox

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Montgomery Gardens - Building #3

Street Address
563 Montgomery Street

City (5)
Jersey City

County (6)
Hudson

County Code (7)

Current Use (Pre or if being demolished)
housing

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

ASCM No.

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

Street Address
3 Vose Avenue

City, State, Zip Code
South Orange, NJ 07079

Project Manager for Monitoring Firm
Sarah Callandra

Telephone No.
973-275-5000

License No.
0836

Start Date (10)
6/11/2015

Scheduled Completion Date (11)
8/24/2015

Name of OSHA Monitor
Lighthouse Environmental, Inc.

Street Address
3 Vose Avenue

City, State, Zip Code
South Orange, NJ 07079

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

Scope of Work (Check All That Apply)

☒ 23 sf or 23 if
☒ 2160 sf or 2260 sf
☐ Renovation
☐ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Endoscopy
☐ Glovebag Procedure
☐ Non-Exempt Fr (I) 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)

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>floor tile and mastic</td>
<td>66,000 sf</td>
<td>x</td>
</tr>
<tr>
<td>door panel</td>
<td>45 ea</td>
<td>x</td>
</tr>
<tr>
<td>window caulking</td>
<td>52 ea</td>
<td>x</td>
</tr>
<tr>
<td>built up roof felt</td>
<td>6,600 sf</td>
<td>x</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler Service Transport Group, Inc.

NJ DEP Waste Hauler ID No.
20590

Cubic Yds of Waste
400

Name of Registered Landfill
Minerv Enterprises, LLC.

City, State
New Castle, DE

Completed by
Pat Larney
Title
P.M.

Date
5/29/2015

Disposal Date
6/7/2015

City, State
Wayne, NJ

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

Date of Notification (1)
5/29/2015

Name of Building Owner/Operator (2)
Prestige Companies

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

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

Name of Contact
Donald Fox

Street Address
3 East Stow Road, Suite 200

City, State, Zip Code
Marlton, NJ 08053

Facility Information

Name of Facility Where Abatement is Taking Place (3)
Montgomery Gardens - Building #6

Street Address
553 Montgomery Street

City (5)
Jersey City

County (6)
Hudson

County Code (7)

Square Feet
80,000

# of Floors
10

Bidg. Age
65

Current Use (Prior to demolition)

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

ASCM No.

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

Street Address
3 Vose Avenue

City, State, Zip Code
South Orange, NJ 07079

Project Manager for Monitoring Firm
Sarah Calandra

Telephone No.
973-275-5000

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

Start Date (10)
6/11/2015

Scheduled Completion Date (11)
9/14/2015

Name of OSHA Monitor
Lighthouse Environmental, Inc.

Street Address
3 Vose Avenue

City, State, Zip Code
South Orange, NJ 07079

Scope of Work (Check All That Apply)
- [ ] Renovation
- [x] Demolition
- [x] Full Containment with Negative Pressure
- [ ] Glovebox Procedure
- [ ] Non-Exempted (1*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>All interior floors</td>
<td>[x]</td>
<td>floor tile and mastic</td>
<td>66,400 sf</td>
</tr>
<tr>
<td>Interior doors</td>
<td>[x]</td>
<td>door panel</td>
<td>45 ea</td>
</tr>
<tr>
<td>Exterior windows</td>
<td>[x]</td>
<td>window caulk</td>
<td>520 ea</td>
</tr>
<tr>
<td>Roof</td>
<td>[x]</td>
<td>built up roof felt</td>
<td>6,600 sf</td>
</tr>
<tr>
<td>Name of Registered Waste Hauler Service Transport Group, Inc.</td>
<td>N.J.DEP Waste Hauler ID No. 205990</td>
<td>Cubic Yards of Waste 400</td>
<td>Name of Registered Landfill Minerva Enterprises, LLC.</td>
</tr>
<tr>
<td>City, State</td>
<td>New Castle, DE</td>
<td>Disposal Date 9/8/2015</td>
<td>City, State</td>
</tr>
</tbody>
</table>

Completed by
Pat Larnay

Title
P.M.

Signature

Date
5/29/2015

ASB-41 (R-06-08)

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

Date of Notification (1) 5 / 13 / 15
Name of Building Owner/Operator (2) E.I. duPont de Nemours

Agyences Notified
- EPA
- DOB
- DHSS
- DCA (NJAC 5:23-8)
Type Notification
- Initial
- Amended
- Amendment #1-5/27/15
- Emergency (including justification)
- Cancellation

Street Address
250 Cheesesquake Road
City, State, Zip Code
Parlin, NJ 08859
Name of Contact
Nichol Reinhold
Telephone Number

FACILITY INFORMATION
Name of Facility Where Abatement is Taking Place (3)
DuPont Parlin Facility - Bldg. 326

Street Address
250 Cheesesquake Road
City (5)
Parlin
County (6)
Middlesex
Name of Monitoring Firm Hired by Building Owner (8)
Cardno ATC
ASCN No.

5/16 JUL 1 2016 M 1:30

2015 JUL 1 2016 M 1:30

Name of Abatement Contractor (9)
BRISTOL ENVIRONMENTAL, INC.
Street Address
1123 BEAVER STREET
City, State, Zip Code
BURLINGTON, NJ 08016

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

License No.
215-788-6040

Start Date (10)
6 / 3 / 15
Scheduled Completion Date (11)
6 / 5 / 15

Name of OSHA Monitor
BRISTOL ENVIRONMENTAL, INC.
Street Address
1123 BEAVER STREET
City, State, Zip Code
BURLINGTON, NJ 08016

Scope of Work (Check all that apply)
- 23 sf or 23 ft
- 160 sf or 260 ft
- Demolition
- Renovation

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

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

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

Amount (Specify Short Tons or LF)

Abatement Type
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure
- Encapsulate
- Removal
- Repair
- Encasulate

Building 325 - Lunch Room
- Floor tile and mastic (non-fri)
- 600 SF

Building 325 - Lunch Room
- Floor tile and mastic (fri - full cont.)
- 800 SF

Name of Registered Waste Hauler
Bristol Environmental Inc
NJDEP Waste Hauler ID No.
18706

Cubic Yards of Waste
8
Name of Registered Landfill
GROWS

City, State
Bristol, PA
Disposal Date
6/3/2015
City, State
MORRISVILLE, PA 18067

Completed By (Print or Type)
Gino Pizzigoni
Title
Estimator
Signature
Date 5/27/15

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

Date of Notification (1)  5 / 13 / 15

Name of Building Owner/Operator (2) E.I. duPont de Nemours

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

Type Notification
☒ Initial
☐ Amended
☐ Emergency (including justification)
☐ Cancellation

Street Address
250 Cheesquake Road

City, State, Zip Code
Parlin, NJ 08859

Name of Contact
Nichol Reinhold

Facility Information

Name of Facility Where Abatement is Taking Place (3)
DuPont Parlin Facility - Bldg. 325

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

Square Feet

# of Floors

Current Use (if Prior to being demolished)

Name of Monitoring Firm Hired by Building Owner (5)
Cardno ATC

Name of Abatement Contractor (6)
BRISTOL ENVIRONMENTAL, INC

Street Address
1123 BEAVER STREET

City, State, Zip Code
BRISTOL, PA 19007

Telephone No.
609-336-8800

License No.
215-788-6040

Name of OSHA Monitor
BRISTOL ENVIRONMENTAL, INC

Street Address
1123 BEAVER STREET

City, State, Zip Code
BRISTOL, PA 19007

Start Date (10)
6 / 1 / 15

Scheduled Completion Date (11)
6 / 3 / 15

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

Time of Abatement: 7:00AM-PM/3:30PM-AM

Scope of Work (Check all that apply)
☒ 3 sf or 3 ft
☒ 160 sf or 280 sf

☒ Renovation
☒ Demolition

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

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

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

Amount
(Specify SF or LF)

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

Abatement Type

Removal
Repair
Encapsulate
Endorse

Location Name of Registered Waste Hauler
Bristol Environmental Inc
NJDEP Waste Hauler ID No.
GROWS Landfill

18706

Disposal Date
6/3/2015

City, State, Zip Code
Morristown, PA 19067

Completed By (Print or Type)
Gino Pizzigoni

Title
Estimator

Signature
Date
5/13/15

* Do not use this form for asbestos-related activities.
Date of Notification (1): 5-28-15

Name of Building Owner/Operator (2): Pennrose Properties, LLC

Street Address: 1301 North 31st Street
City, State, Zip Code: Philadelphia, PA 19121

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): 15 Washington Street

City (5): Newark
County (6): Essex
County Code (7): 6

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

Square Feet: 150,000

Name of Abatement Contractor (8): Plymouth Environmental Co., Inc.

ASCM No.: Name of OSHA Monitor:

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): 5-30-15
Scheduled Completion Date (11): 6-30-15

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

Scope of Work (Check All That Apply):
X 2,500 sf or x 2,300 sf
X Renovation
X Demolition
X Full Containment with Negative Pressure
X Mini-Encapsulation
X Glovebag Procedure
X Non-Exempted (*) and Non-Friable Procedure

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

In Facility (13):

1st floor lobby
1st floor lobby

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

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

Amount (Specify SF or LF): 64 SF

Abatement Type:
Removal
Repair
Encapsulation
Endorsement

Name of Registered Waste Hauler:
Newark Carting
NJDEP Waste Hauler ID No.: 4509

Disposal Date: 6-30-15

Name of Registered Landfill:
IES: Bethlehem

City, State: Bethlehem, PA

Completed by:
James Kelly
Title: President

Signature: [Signature]

(City, State, Date):
Newark, NJ 5-28-15

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

Date of Notification: May 27, 2015

Name of Building Owner/Operator: V Rose Excavating, LLC
Street Address: 30 Wood Haven Road
City, State, Zip Code: Toms River, NJ 08755

Name of Contact: Vic Rose
Telephone Number: 732-349-9932

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place: 127 Seminole Drive

Type of Facility: School (K-12)

Square footage: 800 sf

Current Use (Primary if demolished): Residence

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

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

Name of Abatement Contractor: Guardian Contracting, Inc.
Street Address: 188 Route 9, Unit 61, Toms River, New Jersey 08755-1271
Telephone Number: 732-349-9932
License Number: 00624

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

Project Manager for Monitoring Firm: Telephone Number

Scheduled Start Date: 5/27/15
Scheduled Completion Date: 5/28/15

Occupancy Status During Abatement: Abatement Performed Outside of Normal Facility Hours

Scope of Work: Demolition

Abatement Type: Encapsulate

Amount: 40 sf

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

Exterior: X Asbestos siding

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):

Name of Registered Waste Hauler: Guardian Contracting, Inc.
NJDEP Waste Hauler ID No.: 20223

Telephone Number: 732-349-9932
Name of Registered Landfill: T.R.R.F.

City, State: Toms River, New Jersey
Disposal Date: 5/29/15

Completed by: Nicholas Pernicola
Title: Project Manager
Signature: [Signature]

Date: 5/27/15

*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
- **May 27, 2015**

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

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

### Name of Building Owner/Operator
- Pombal Builders

### Street Address
- 1471 Saint George Avenue

### City, State, Zip Code
- Roselle, NJ 07203

### Name of Contact
- Adelino Pereira

### Telephone Number
- 8

### FACILITY INFORMATION

#### Name of Facility Where Abatement is Taking Place
- Residence

#### Street Address
- 116 6th Avenue

#### City
- Ortley Beach

#### County (6)
- Ocean

#### County Code (7)
- N/A

#### County Code (STATE USE ONLY)
- ASCM No.

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

#### Square footage
- 800 sf

#### # Floors
- 1

#### Bldg. Age
- 60

#### Current Use (Prior if being demolished)
- Residence

#### Name of Monitoring Firm Given to Building Owner
- Guardian Contracting, Inc.

#### Street Address
- 188 Route 37, Unit 61

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

#### Telephone Number
- 732-349-9932

#### License Number
- 00624

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

#### Street Address
- 105 S Stetton Road

#### City, State, Zip Code
- Pisctaway, New Jersey 08854

#### Scope of Work (Check all that apply)
- [x] Facility Closed/Vacated During Entire Period of Abatement
- [x] Abatement Performed Outside of Normal Facility Hours
- [x] Renovation
- [x] Demolition

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

#### Is Location Normally used Solely by Maintenance/Custodial Staff
- [x] YES
- [ ] NO
- [ ] N/A

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

#### Exterior
- Asbestos siding

#### Cubic Yards of Waste
- 2

#### Name of Registered Licensed Disposal Facility
- T.R.R.F.

#### Name of Registered Waste Hauler
- Guardian Contracting, Inc.

#### NJDEP Waste Hauler ID No.
- 20223

#### Disposal Date
- 5/29/15

#### City, State
- Toms River, New Jersey

#### Completed by (Print or Type)
- Nicholas Fernicola

#### Title
- Project Manager

#### Signature
- [Signature]

---

*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)

<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>Name of Building Owner/Operator</th>
</tr>
</thead>
<tbody>
<tr>
<td>5/27/15</td>
<td>MOTHER SETON REGIONAL HIGH SCHOOL</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Agency Notified</th>
<th>Type Notification</th>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
<td>1 VALLEY RD</td>
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<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>Name of Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>CLARK, N. J. 07066</td>
<td>MAUREEN CONNELL</td>
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</table>

<table>
<thead>
<tr>
<th>FACILITY INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Facility Where Abatement is Taking Place</td>
</tr>
<tr>
<td>MOTHER SETON REGIONAL HIGH SCHOOL</td>
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</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City (5)</th>
<th>County Code (7)</th>
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<tbody>
<tr>
<td>1 VALLEY RD</td>
<td>CLARK</td>
<td>UNION</td>
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<table>
<thead>
<tr>
<th>Square Foot</th>
<th># of Floors</th>
<th>Bldg. Age</th>
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</thead>
<tbody>
<tr>
<td>90,000</td>
<td>2</td>
<td>1963</td>
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<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner</th>
<th>Name of Abatement Contractor</th>
</tr>
</thead>
<tbody>
<tr>
<td>DETAIL ASSOCIATES 00012</td>
<td>Best Removal Inc</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>STEFAN JAKCZEWSCI</td>
<td>201-569-6708</td>
<td>00388</td>
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<table>
<thead>
<tr>
<th>Start Date</th>
<th>Scheduled Completion Date</th>
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<tbody>
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<td>6/12/15</td>
<td>7/3/15</td>
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</table>

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facilitiy Closed/Vacated During Entire Period of Abatement: No</td>
</tr>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours: No</td>
</tr>
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<table>
<thead>
<tr>
<th>Scope of Work</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff</th>
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</thead>
<tbody>
<tr>
<td>Full Containment w/ Negative Pressure</td>
<td>No</td>
</tr>
<tr>
<td>Mini-Enclosure</td>
<td>No</td>
</tr>
<tr>
<td>Glovebag Procedure</td>
<td>No</td>
</tr>
<tr>
<td>Non-Exempted (*) d Non-Residential Procedure</td>
<td>No</td>
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<table>
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<tr>
<th>Location of Asbestos-Containing Material (ACM)</th>
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</thead>
<tbody>
<tr>
<td>Boiler Room</td>
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<tr>
<td>Boiler Room</td>
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<table>
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<tr>
<th>Description of Asbestos Containing Material (ACM)</th>
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</thead>
<tbody>
<tr>
<td>THERMAL SYSTEMS INSULATION</td>
</tr>
<tr>
<td>THERMAL SURFACING</td>
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<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
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<tbody>
<tr>
<td>GLOBAL WASTE SERVICES</td>
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<table>
<thead>
<tr>
<th>NJ/DEP Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Waste Hauler</th>
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<tbody>
<tr>
<td>22171</td>
<td>40 CY</td>
<td>GLOBAL WASTE SERVICES</td>
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<table>
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<tr>
<th>City, State</th>
<th>Disposal Date</th>
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<tbody>
<tr>
<td>HACKENTOWN, N. J. 07840</td>
<td>7/3/15</td>
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<table>
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<tr>
<th>Completed by</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>J. MAIORANO</td>
<td>Estimator</td>
</tr>
</tbody>
</table>

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

Date of Notification (1)  
5/27/2015

Name of Building Owner/Operator (2)  
Beyer Brothers GMC

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

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

Street Address  
109 Broad Ave

City/State/Zip Code  
Fairview, NJ 07022

Name of Contact  
Michelle Beyer

Telephone Number  

Name of Facility Where Abatement is Taking Place (3)  
Structure Associates with Route 1 & 9

Street Address  
155 Broad Avenue Parcel 11A

City (5)  
Fairview

County (6)  
Bergen

County Code (7) (STATE USE ONLY)  

Name of Monitoring Firm Hired by Building Owner (8)  
Health and Safety Services

ASCM No.  

Name of Abatement Contractor (9)  
Site Enterprises, Inc.

Street Address  
211 East Essex Ave

City, State, Zip Code  
Linwood, NJ 08221

License No.  
01172

Project Manager for Monitoring Firm  
James Proctor

Telephone No.  
856-452-1311

Name of OSHA Monitor  
Health & Safety Services, Inc.

Street Address  
316 12th Street

City, State, Zip Code  
Hammonton, NJ 08037

Scheduled Completion Date (11)  
6/17/2015

Type of Facility (4)  
[ ] School (K-2)  [ ] Subchapter 8 (Other than K-12)  
[ ] Other (i.e., private & commercial buildings, homes, etc.)

Square Feet  

# of Floors  

Bldg. Age  
25+

Current Use (If building is being demolished, n/a)  

Facility Closed/Vacated During Entire Period of Abatement  

Abatement Performed Outside of Normal Facility Hours  

Other – Describe: Vacant

Start Date (10)  
6/10/2015

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

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

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

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

Amount (Specify SF or CY)  

Abatement Type  

Endorsement  

Encapsulate  

Repair  

Removal

Yielding

Compliance Date

Disposal Date  
4/14/2015

City, State  
Bristol, PA

Name of Registered Waste Hauler  
Tullytown Landfill

Cubic Yards of Waste  
20 cy

Name of Registerd Waste Hauler  
NJ DEP Waste Hauler No. 0035220

Name of Registered Waste Hauler  
Site Enterprises Inc.

Cubic Yards of Waste  

Disposal Date  

Date

Signature

Completed by  
Eric Keys

Title  
OM

ASB-41 (R-06-06)

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

**Date of Notification (1)**
5/27/2015

**Name of Building Owner/Operator (2)**
Beyer Brothers GMC

**Street Address**
109 Broad Ave

**City, State, Zip Code**
Fairview, NJ 07022

**Name of Contact**
Michelle Beyer

**ASBESTOS CONTROL & LICENSING**

**Telephone Number**
- (-)

### FACILITY INFORMATION

**Name of Facility Where Abatement is Taking Place (3)**
Structure Associates with Route 189

**Street Address**
155 Broad Avenue Parcel 11A

**City (5)**
Fairview

**County (6)**
Bergen

**County Code (7)**
(n/a)

**Name of Monitoring Firm Hired by Building Owner (8)**
Health and Safety Services

**ASCM No.**

**Name of Abatement Contractor (9)**
Site Enterprises, Inc.

**Street Address**
PO Box 365

**City, State, Zip Code**
Berlin, NJ 08009

**Telephone No.**
856-452-1311

**License No.**
609-567-1250

**Name of OSHA Monitor**
Health & Safety Services, Inc.

**Street Address**
316 12th Street

**City, State, Zip Code**
Hammonton, NJ 08037

**Start Date (10)**
6/10/2015

**Scheduled Completion Date (11)**
6/17/2015

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

**Other – Describe:**
Vacant

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

- [ ] ≥30 sf or ≥3 if
- [ ] ≥100 sf or ≥260 if
- [x] Renovation
- [x] Demolition

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

**In Facility (13)**

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

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

**Amount (Specify SF or CY)**
2,250 sf

**Abatement Type**

- [x] Full Container w/ Negative Pressure
- [x] Mini-Enclosure
- [x] Glovebag Procedure
- Non-Exempted (x) AND Non-Firable Procedure

<table>
<thead>
<tr>
<th>Description</th>
<th>Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Floor Tile</td>
<td>x</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**
Site Enterprises Inc.

**NJDEP Waste Hauler ID No.**
0035220

**Cubic Yards of Waste**
20 cy

**Name of Registered Landfill**
Tullytown Landfill

**Disposal Date**
4/1/2015

**City, State**
Bristol, PA

**Completed by**
Eric Keys

**Title**
OM

**Signature**

**Date**
5/27/2015

---

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

**NOTIFICATION OF ASBESTOS ABATEMENT**

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

**Date of Notification**: 05/27/15

**Name of Building Owner/Operator**: David King

**Street Address**: 445 Bunn Road

**City, State, Zip Code**: Bedminster, NJ 07921

**Name of Contact**: David King

**Telephone Number**: 973-638-1777

---

**Facility Information**

**Type of Facility**: Gr Tech LLC

**Street Address**: 576 Valley Rd #283

**City, State, Zip Code**: Wayne, NJ 07470

**License No.**: 0112

**Name of OSHA Monitor**: Enviroprecision Consultants, Inc

**Street Address**: 20-21 Wager Road, Blvd. # 15E

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

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

---

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

- Clean up and decontamination with negative pressure
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glove bag procedure
- Tent with Negative Pressure
- Non-Exempted (*) and Non-N-Fiable Procedure

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

**Yes**

- Pipe insulation: 110 LF
- Pipe insulation: 140 LF
- Pipe insulation: 180 LF
- Pipe insulation: 70 LF

---

**Name of Registered Waste Hauler**: Gr Tech LLC

**Cubic Yards of Waste**: TBD

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

**Disposal Date**: TBD

**City, State**: Tullytown, PA

**Completed By (Print or Type)**

**Title**: Owner

**Signature**: [Signature]

**Date**: 05/27/2015

---

*Do not use this form for asbestos licensure exempted activities.*
NOTIFICATION OF ASPEROS ABATEMENT
(Pursuant to NJAC 8:66 and 12:126)

Date of Notification (1)
05-25-15

Name of Building Owner/Operator (2)

Agencies Notified
□ EPA
□ DEP
□ DOL
□ DOH
□ DCA

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

Street Address
240 Central Ave

City, State, Zip Code
Hasbrouck Heights, NJ, 07604

Name of Contact

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
240 Central

Street Address
240 Central Ave.

City (5)
Hasbrouck Heights

County (6)
Bergen

County Code (7) (STATE USE ONLY) ______

Current Use (Prior if being demolished)
Residence

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

Name of Abatement Contractor (9)
Indian Arrow Industries Corp.

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

Square Feet
2500

# of Floors
2

Bldg. Age
50

Street Address
144 Mill St.

City, State, Zip Code
Paterson NJ 07501

Project Manager for Monitoring Firm

Telephone No.
973-653-9652

License No.
1257

Start Date (10)
06-06-15

Scheduled Completion Date (11)
07-06-15

Name of OSHA Monitor
Indian Arrow Industries Corp.

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

Scope of Work (Check All That Apply)
☑ ≥3 sf or ≥3 lf
☑ ≥160 sf or ≥260 lf
☐ Renovation
☑ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedures
☐ Non-Exempted (*) Any Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED
In Facility (12)

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

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

Amount
SF or LF

Abatement Type
Removal Repair Encapsulation

Full Containment with Negative Pressure

Name of Registered Waste Hauler
Atlantic Carting

Location of Disposal
TBD

Name of Registered Landfill
GROWS

Completed by
Goran Igev

Title
Secretary

Signature

Date
05-25-15
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

Name of Building Owner/Operator (2)
SETON HALL UNIVERSITY

Street Address
400 SOUTH ORANGE AVENUE

City, State, Zip Code
SOUTH ORANGE, NEW JERSEY 07079

Name of Contact
PATRICK DECELESIS

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

SETON HALL UNIVERSITY

Street Address
400 SOUTH ORANGE AVENUE

City (5)
SOUTH ORANGE

County (6)
ESSEX

County Code (7)

(State Use Only)

Current Use (Prior to being demolished)
SCHOOL

Type of Facility (4)

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

Name of Monitoring Firm Hired by Building Owner (8)
OMEGA ENVIRONMENTAL

ASCM No.
17

Name of Abatement Contractor (9)
PAR ENVIRONMENTAL CORPORATION

Street Address
SOUTH HACKENSACK, NEW JERSEY 07063

City, State, Zip Code
SUFFERN, NEW YORK 10901

Project Manager for Monitoring Firm
ANTON REZIN

Telephone Number
201-489-6700

Telephone Number
845-369-7500

License Number
1101

Expected State Date (10)
5/28

Sched. Completion Date (11)
9/30

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

Other - Describe:
MONDAY - FRIDAY 7AM-3:30PM

City, State, Zip Code
WAPPINGERS FALLS, NY 12590

Scope of Work (Check all that apply)

Demolition
X Renovation

Glovebag Procedure (WRAP AND CUT)
Non-Friable Procedure

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

EXTERIOR - BOLAND HALL

X PIPE INSULATION

Amount (Specify SF or LF)
230 LF

Removal Type
ENCLOSURE

Name of Registered Waste Hauler
GLOBAL WASTE INDUSTRIES, INC.

Disposal Date
2/27-3/2015

City, State
HACKETTSTOWN, NEW JERSEY 07840

Cubic Yards of Waste
20

Name of Registered Landfill
IESI PA BETHLEHEM LANDFILL

City, State
3335 APPLEBLITTER ROAD BETHL
HEM, PA 15015

Completed by (Print or Type)
BENJAMIN SANCHEZ

Title
DIRECTOR OF OPERATIONS

Signature

Date
### State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:90-7 and 12:120-7)

**Date of Notification (1)**

<table>
<thead>
<tr>
<th>4</th>
<th>14</th>
<th>15</th>
</tr>
</thead>
</table>

**Name of Building Owner/Operator (2)**
SETON HALL UNIVERSITY

**Street Address**
400 SOUTH ORANGE AVENUE

**City, State, Zip Code**
SOUTH ORANGE, NEW JERSEY 07079

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

**Street Address**
400 SOUTH ORANGE AVENUE

**City (5)**
SOUTH ORANGE

**County (6)**
ESSEX

**County Code (7)**
N/A

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

**ASCN No. (STATE USE ONLY)**
17

**Name of Abatement Contractor (9)**
PAR ENVIRONMENTAL CORPORATION

**Street Address**
280 HUYLER STREET

**City, State, Zip Code**
SOUTH HACKENSACK, NEW JERSEY 07606

**Project Manager for Monitoring Firm**
ANTON REZIN

**Telephone Number**
201-489-8700

**Telephone Number**
313 SPOOK ROCK ROAD

**City, State, Zip Code**
SUCCOM, NEW YORK 13901

**Expected State Date (10)**
5 / 15

**Month**
9

**Day**
30

**Year**

**Name of OSHA Monitor**
QUALITY ENVIRONMENTAL SOLUTIONS & TECH.

**Occupancy Status During Abatement (Check only one)**
X Facility Closed/ Vacated During Entire Period of Abatement
X Abatement Performed Outside of Normal Facility Hours - Describe:
   MONDAY - FRIDAY 7AM - 3:30PM

**Street Address**
1376 ROUTE 9

**City, State, Zip Code**
WAPPINGERS FALLS, NY 12560

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

- Demolition
- X Renovation
- >350 SF OR LF
- >100 SF OR LF
- X Non-Frangible Procedure
- Gloves Procedure
- WRAP AND CUT

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

**Is Location normally used solely by Main Custodian Staff (12)**

- Yes
- No
- N/A

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

- Amount
  - Specify SF or LF
  - REMOVAL
  - REPAIR
  - ENCLOSURE

**EXTERIOR - BOLAND HALL**

**Location**

**PIPE INSULATION**

**Cubic Yards of Waste**

20

**Name of Registered Hauler**
NUDEP Waste

**Hauler ID No.**
22147

**Name of Registered Landfill**
RESI PA BETHLEHEM LANDFILL

**Disposal Date**
5/27 - 9/30/2015

**City, State**
HACKETTSTOWN, NEW JERSEY 07840

**Completed by (Print or Type)**
BENJAMIN SANCHEZ

**Title**
DIRECTOR OF OPERATIONS

**Name of Contact**
PATRICK DECELESI

**Signed**

**Date**
7/1/15
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

**Date of Notification (1)** 5/26/15

Name of Building Owner/Operator (2) 200 Route 46 West Little Ferry LLC

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

<table>
<thead>
<tr>
<th>Street Address</th>
<th>PO Box 624</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State, Zip Code</td>
<td>Alpine, NJ 07620</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Lou Tolerico</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3)

<table>
<thead>
<tr>
<th>Street Address</th>
<th>200 Route 46 West</th>
</tr>
</thead>
<tbody>
<tr>
<td>City (5)</td>
<td>Little Ferry</td>
</tr>
<tr>
<td></td>
<td>Bergen</td>
</tr>
<tr>
<td>County Code (6)</td>
<td></td>
</tr>
<tr>
<td>Current Use (Prior if Demolished)</td>
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</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>ASCM No.</th>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>ASCM</td>
<td>ABS Environmental Services, LLC</td>
</tr>
<tr>
<td></td>
<td>No.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>4 E Gate Drive, PO Box 48</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State, Zip Code</td>
<td>Glenwood, NJ 07418</td>
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</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>6/3/15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>7/3/15</td>
</tr>
</tbody>
</table>

| Name of OSHA Monitor | |
|----------------------| |

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

Other - Describe: 

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

X 23 sf or 23 if

X 180 sf or 2260 sf if

X Renovation

X Demolition

Renovation Demolition

Full Container with Negative Pressure

Mini-Enclosure

Glovebox Procedure

Non-Exempted (*) and Non-Friable Procedure

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF on SF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>roof</td>
<td>X</td>
<td>roofing flashing/tar</td>
<td>750 SF x</td>
</tr>
<tr>
<td>roof</td>
<td>X</td>
<td>roofing membrane</td>
<td>8000 SF x</td>
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</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler Freehold Cartage</th>
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</thead>
<tbody>
<tr>
<td>NJDEP Waste Hauler ID No. 15939</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
</tr>
<tr>
<td>Name of Registered Waste Hauler Freehold Cartage</td>
</tr>
<tr>
<td>Landfill</td>
</tr>
<tr>
<td>Western Berks, PA</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State Freehold</th>
<th>Disposal Date</th>
<th>City, State</th>
<th>Birdboro, PA</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>TSD</td>
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<td></td>
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</table>

Complied by A. Scott Higgins

<table>
<thead>
<tr>
<th>Title</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>President</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date</th>
<th>5/27/15</th>
</tr>
</thead>
</table>

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

Date of Notification (1) 05/22/2015

Name of Building Owner/Operator (2) AVITAL MASLATON

Agencies Notified Type Notification

- EPA
- DEP
- DOL
- DOH
- DCA

Street Address
28 FARVIEW RD.

City, State, Zip Code TENAFLY NJ.07670

Name of Contact AVITAL MASLATON

FACILITY INFORMATION

Type of Facility 4)

- School (K- 2)
- Subchapter 8 (Other than K-12)
- Other (i.e. private & commercial buildings, homes, etc.)

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

Street Address
28 FARVIEW RD

City (5) TENAFLY NJ.07670

County (6) N/A

Square Feet
2,200

Current Use (If property is being demolished) N/A

Bldg. Age 81

# of Stories 2

Name of Monitoring Firm HIred by Building Owner (8) ASCM No.
N/A

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

Street Address
22 VAN ORDEN F.

City, State, Zip Code HACKENSACK N. 07601

License No. 1135

Project Manager for Monitoring Firm Telephone No.

Start Date (10) 05/26/2015

Scheduled Completion Date (11) 05/27/2015

Name of OSHA Monitor J&S ENVIRONMENTAL LABORATORIES, LLC

Occupancy Status During Abatement (Check Only One)

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

Scope of Work (Check All That Apply)

- ≥3 sf or ≥3 If
- ≥160 sf or ≥260 if

- Renovation
- Demolition

- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempt 1(*) and Non-Friable Procedure

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

- In Facility (13)

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

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

Location

Amount (Sf or Ft2)

Abatement Type

Ground Floor (Entertainment Room)

VAT- Floor Tile 9X9

150 sf.

Name of Registered Waste Hauler NJDEP Waste Hauler ID No. 1991

Cubic Yards of Waste TBD

Name of Registered Landfill MINEVA ENTERPRISE INC.

City, State 1199 RANDALL AVE, BRONX NY.

Disposal Date TBD

City, State WAYN EBURG, OHIO

Completed by CARLOS ESQUIVEL Title SAFETY MANAGER

Signature

Date 05/22/15

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 5:90 and 12:120)  

Date of Notification (1)  
5/26/15  

Name of Building Owner/Operator (2)  
John Cammarata Private Home  

Agencies Notified  
☐ EPA  
☐ DEP  
☐ DOL  
☐ DOH  
☐ DCA  
☐ Initial  
☐ Amended  
☐ Emergency (including Justification)  
☐ Cancellation  

Street Address  
34 West Dory  

City, State, Zip Code  
Little Egg Harbor NJ 08087  

Name of Contact  
John  

FACILITY INFORMATION  

Name of Facility Where Abatement Is Taking Place (3)  
John Cammarata Private Home  

Street Address  
34 West Dory  

City (5)  
Little Egg Harbor NJ 08087  

County (6)  
Ocean  

County Code (7)  
STATE USE ONLY  

Square Feet  
1000  

Recent Use  
Home  

Type of Facility (4)  
□ School (1-12)  
□ Subchapter B (Other than K-12)  
□ Other (i.e. private commercial buildings, homes, etc.)  
□ (Check Only One)  

Current Use  
Home  

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

Name of Abatement Contractor (9)  
Pernaco Inc.  

Project Manager for Monitoring Firm  
N/A  

Telephone No.  
856-753-9800  

Start Date (10)  
5/27/15  

Scheduled Completion Date (11)  
6/2/15  

License No.  
00727  

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)  
□ ≥2,000 SF or ≥3,000 LF  
□ ≥160 sf or ≥250 if  
□ Renovation Demolition  
□ Full Containment with Negative Pressure  
□ Mini-Enclosure  
□ Glovebag Procedure  
□ Non-Exempted (*)  
□ Other  

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

□ Exterior Siding  

□ 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)  

Abatement Type  
□ Amount Specify P or LF  
□ Removal  
□ Repair  
□ Encapsulate  
□ Endorse  

Name of Registered Waste Hauler  
United Containers  

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

Name of Registered Waste Hauler ID No.  
22459  

Cubic Yards of Waste  
3  

Disposal Date  
6/2/15  

City, State  
Mortisville PA 19067  

Completed by  
Anthony T Perna  

Title  
President  

Signature  
Date 5/26/15  

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

ASB-41 (R-06-09)
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1) 5/28/15
Name of Building Owner/Operator (2) Kimberley LaRose

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

Street Address:
64 Clairmont Drive
City, State, Zip Code:
Woodcliff Lake, NJ 07677
Name of Contact:
Kimberley LaRose

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Residence
Street Address:
64 Clairmont Drive
City (5) Woodscliff Lake
County (6) Bergen
County Code (7) ASCM No. N/A

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

Name of Abatement Contractor (9):
Jupiter Environmental Services, Inc.
Street Address:
323 Changebridge Road, Suite 100
City, State, Zip Code:
Pine Brook, NJ 07058

Project Manager for Monitoring Firm:

Telephone Number:

Scheduled Start Date (10) 6/6/15
Scheduled Completion Date (11) 6/15/15

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

Scope of Work (Check all that apply):

[ ] Renovation
[ ] Demolition
[ ] ≥3 sf or ≥3 if
[ √] ≥150 sf or ≥250 if

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

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

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

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

Amount (Specify SF or LF):

Full Containment with Negative Pressure
Mini Enclosure
Closure
Non- Fibrous Procedure
[ √] Glovebag Procedure

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

Cubic Yards Of Waste:
3

Name of Registered Landfill:
Minerva Landfill

City, State:
Pine Brook, NJ

Disposal Date:
6/15/15
City, State:
Waynesburg, OH

Completed By (Print or Type):
Pame Repic
Title:
General Manager
Signature:

Date:
5/28/15

ASB-41
JUN 95
G4667
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1) 5/28/15
Name of Building Owner/Operator (2) Dave Kane

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

Type of Notification
- Initial Notification [x]
- Amended Notification [ ]
- Cancellation [ ]

Street Address
17 Brookshire Drive
City, State, Zip Code
Cedar Grove, NJ 07009

Name of Contact
Dave Kane

FACILITY INFORMATION

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

Street Address
17 Brookshire Dr.

City (5) Cedar Grove
County (6) Essex
County Code (7) (STATE USE ONLY) N/A

Name of Monitoring Firm Hired by Building Owner
N/A

ASCM No. 000

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

Street Address
323 Changebridge Road, Suite 100

City, State, Zip Code
Pine Brook, NJ 07008

Square Feet 2500
Type of Facility ( )
- School (1-12)
- Subchapter B (Other) (i.e., private homes, etc.)
- Other than K-12

# of Floors 2
Bldg. Age ~65

Current Use (Pur if being demolished)

Name of OSHA Monitor
J & S Environmental Laboratories, LLC

Street Address
2333 Route 22 W

City, State, Zip Code
Union, NJ 07083

Telephone Number 973-575-8700

Type of Work (Check all that apply)
- [ ] Demolition
- [ ] Renovation
- [ ] ≥3 sf or ≥23 if
- [x] ≥180 sf or ≥260 sf

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

Yes No N/A

Location of Asbestos - Containing Material (ACM)

- Basement
- Yes

Name of Registered Waste Hauler
Jupiter Environmental Services

NJDEP Waste Hauler ID No. 04752

Cubic Yards Of Waste 3

Name of Registered Landfill
Minerva Landfill

City, State
Waynesburg, OH

Completed By (Print or Type)
Pane Repic
Title General Manager

Signature

Date 5/28/15
**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>05 / 26 / 15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Ron Andretta</td>
</tr>
<tr>
<td>Agencies Notified</td>
<td>EPA</td>
</tr>
<tr>
<td>Type Notification</td>
<td>Initial</td>
</tr>
<tr>
<td>Amended</td>
<td>Amendment #</td>
</tr>
<tr>
<td>Emergency (including justification)</td>
<td></td>
</tr>
<tr>
<td>Cancellation</td>
<td></td>
</tr>
<tr>
<td>Street Address</td>
<td>39 Roland</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Palmyra, N.J.</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Ron Andretta</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>715-5252</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Resident</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>39 Roland Street</td>
</tr>
<tr>
<td>City</td>
<td>Palmyra, N.J.</td>
</tr>
<tr>
<td>County</td>
<td>US: Camden CO.</td>
</tr>
<tr>
<td>Current Use (If being demolished)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Type of Facility (4)</th>
<th>School (K-2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subchapter 8 (Other than K-12)</td>
<td></td>
</tr>
<tr>
<td>Other (i.e., private and commercial buildings, homes, etc.)</td>
<td></td>
</tr>
<tr>
<td>Square Feet</td>
<td>1600SF</td>
</tr>
<tr>
<td># of Floors</td>
<td>3</td>
</tr>
<tr>
<td>Bldg. Age</td>
<td>80 yrs.</td>
</tr>
<tr>
<td>County Code (7)(STATE USE ONLY)</td>
<td></td>
</tr>
</tbody>
</table>

| Name of Monitoring Firm Hired by Building Owner (8) | Environmental Management International. |
| ASCM No. | |
| Name of Abatement Contractor (9) | Graham-Tech Environmental Services, LLC. |
| Street Address | 14 Read Drive |
| City, State, Zip Code | Sicklerville, NJ 08081 |
| Telephone No. | 610-277-0405 |
| License No. | 856-318-1341 |

| Name of OSHA Monitor | Graham-Tech Environmental Services, LLC. |
| Street Address | 14 Read Drive |
| City, State, Zip Code | Sicklerville, NJ 08081 |

| Start Date (10) | 06 / 05 / 15 |
| Scheduled Completion Date (11) | 06 / 08 / 15 |

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

| Facility Closed/Vacated During Entire Period of Abatement | |
| Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7AM-11:30PM PM AM |

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

| ≥3 sf or ≥3 sf | Renovation |
| ≥160 sf or ≥260 sf | Demolition |
| Full Containment with Negative Pressure | |
| Mini-Enclosure | |
| Glovebag Procedure | |
| Non-Exempted (*) and Non-Friable Procedure | |

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pipe Installation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Name of Registered Waste Hauler | Graham-Tech Environmental Services, LLC |
| NJDEP Waste Hauler ID No. | 00354600 |
| Cubic Yards of Waste | 0.00 |
| Name of Registered Landfill | G.R.O.W. North Landfill & City |
| City, State | Sicklerville, NJ 08081 |
| Disposal Date | 1513 Brantford Rd. Morrisville, PA |

**Completed By (Print or Type)**

<table>
<thead>
<tr>
<th>Vernice Graham</th>
<th>President</th>
</tr>
</thead>
</table>

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

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

<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>Name of Building Owner/Operator</th>
<th>Name of Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>5/25/15</td>
<td>Mary Distantislae</td>
<td>Paul</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Street Address</th>
<th>City, State, Zip Code</th>
<th>Name of Facility Where Abatement is Taking Place</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA, DEP, DOL</td>
<td>Initial Amended</td>
<td>112 Chestnut St.</td>
<td>Haddonfield NJ 08033</td>
<td>Mary Distantislae Private Home</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>County Code</th>
<th>FACILITY INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>Type of Facility</td>
</tr>
<tr>
<td></td>
<td>School (K-12)</td>
</tr>
<tr>
<td></td>
<td>Subchapter 8 (Other than K-12)</td>
</tr>
<tr>
<td></td>
<td>Other (i.e. private and commercial buildings, homes, etc.)</td>
</tr>
<tr>
<td></td>
<td>Square Feet: 1000+</td>
</tr>
<tr>
<td></td>
<td># of Floors: 2</td>
</tr>
<tr>
<td></td>
<td>Bidg. Age: 35+</td>
</tr>
<tr>
<td></td>
<td>Current Use:</td>
</tr>
<tr>
<td></td>
<td>(If building being demolished)</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>856-753-9800</td>
<td>00727</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Start Date</th>
<th>Scheduled Completion Date</th>
<th>Name of OSHA Monitor</th>
</tr>
</thead>
<tbody>
<tr>
<td>6/8/15</td>
<td>6/11/15</td>
<td>Samé</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement</th>
<th>Scope of Work</th>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (specify ST or LF)</th>
<th>Abatement Type</th>
<th>Endorsement</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility Closed/Abandoned</td>
<td>Renovation</td>
<td>Living Room</td>
<td>Yes</td>
<td>Floor Tile</td>
<td>200 SF</td>
<td>Full Containment with Negative Pressure</td>
<td></td>
<td>6/11/15</td>
</tr>
<tr>
<td>Other - Describe:</td>
<td>Demolition</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Mini-Enclosures &amp; Glovebag Procedures</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Non-Exempted (*) and Non-Friable Procedure</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>Eagle Containers</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Disposal Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>NUDEP Waste</td>
<td>2</td>
<td>G.R. 3.W.S.</td>
</tr>
<tr>
<td></td>
<td>Hauler ID No. 22459</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>Completed by</th>
<th>Title</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elm NJ</td>
<td>Anthony T. Perna</td>
<td>President</td>
<td></td>
</tr>
</tbody>
</table>

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