### State of New Jersey
#### NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAQ 18:60 and 12:12)

**Name of Building Owner/Offeror:**
BERGEN COUNTY IMPROVEMENT AUTHORITY

**Street Address:**
1 BERGEN PLAZA, 4TH FLOOR

**City, State, Zip Code:**
HACKENSACK, NJ 07601

**Name of Contact:**
ROBERT S. GARRISON

**Name of Facility Where Abatement is Taking Place:**
BERGEN REGIONAL MEDICAL CENTER

**Street Address:**
230 EAST RIDGWOOD AVENUE

**City:**
PARAMUS

**County:**
BERGEN

**Name of Monitoring Firm Hired by Building Owner:**
BRINKERHOFF ENVIRONMENTAL SERVICES

**Name of Abatement Contractor:**
TWO BROTHERS CONTRACTING, INC.

**Street Address:**
1906 ATLANTIC AVENUE

**City, State, Zip Code:**
MANSQUAN, NJ 08738

**Telephone No.:**
732-232-2225

**License No.:**
673-958-8700

**Name of OSHA Monitor:**
SAME AS (9) ABOVE

**Occupancy Status During Abatement:**
School (K-12)

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

**Soaps of Work (Check All That Apply):**
- Renovation Demolition
- Full Containment with Negative Pressure
- Non-Exempted (*) and Non-Permissible

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

<table>
<thead>
<tr>
<th>Location</th>
<th>ACMs Normally Used</th>
<th>Description of ACMs</th>
<th>Amount (Sft² or L)</th>
</tr>
</thead>
<tbody>
<tr>
<td>BOILER #4</td>
<td>X</td>
<td>PIPE</td>
<td>30 Li</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler:**
TWO BROTHERS CONTRACTING

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

**City, State:**
TOTOWA, NJ

**Disposal Date:**
8/15/2015

**Approved by:**
VIVECA RAMOS

---

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

**State of New Jersey**

**Name of Building Owner/Operator (2): BERGEN COUNTY IMPROVEMENT AUTHORITY**

**Date of Notification (1): 6/1/2015**

**Agencies Notified: X EPA, DEP, DOL, DOH, DCA**

**Type Notification: Initial, Amended**

**Street Address: 1 BERGEN PLAZA, 4TH FLOOR**

**City, State, Zip Code: HACKENSACK, NJ 07601**

**Name of Contact: ROBERT S. GARRISON**

**Telephone Number**

**FACILITY INFORMATION**

**Facility Name: BERGEN REGIONAL MEDICAL CENTER**

**Street Address: 230 EAST RIDGEWOOD AVENUE**

**City (5): PARAMUS**

**County (6): BERGEN**

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

**Type of Facility (8): School (K-12)**

**ASCM No.: ASCM No.**

**Name of Abatement Contractor: TWO BROTHERS CONTRACTING, INC.**

**Street Address: 1805 ATLANTIC AVENUE**

**City, State, Zip Code: MANSQUAN, NJ 08736**

**Name of Monitoring Firm Hired by Building Owner (8): BRINKERHOF ENVIRONMENTAL SERVICES**

**Telephone No.: 732-223-2225**

**License No.: 0494**

**Street Address: 11 VREELAND AVENUE**

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

**Project Manager for Monitoring Firm: JASON P. HOOPER**

**Telephone No.: 973-956-8700**

**Name of OSHA Monitor: SAME AS (9) ABOVE**

**Start Date (10): 6/3/2015**

**Scheduled Completion Date (11): 6/5/2015**

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

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

**Abatement Performed Outside of Normal Facility Hours**

**Other – Describe: X**

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

<table>
<thead>
<tr>
<th>Description</th>
<th>X</th>
<th>Renovation</th>
<th>Demolition</th>
<th>X</th>
<th>Full Containment with Negative Pressure</th>
<th>Mini-Endoscopy</th>
<th>Glovebag Procedure</th>
<th>Non-Exempted (*) and Non-Friable Procedure</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Location</th>
<th>X</th>
<th>BOILER #4</th>
<th>PIPE (WRAP &amp; CUT ONLY)</th>
<th>300</th>
<th></th>
</tr>
</thead>
</table>

**Name of Registered Waste Hauler: TWO BROTHERS CONTRACTING**

**NJ/DEP Waste Hauler ID No.: 18743**

**Cubic Yards of Waste:**

**2**

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

**City, State:**

**TOTOWA, NJ**

**Completed by:**

**VIVECA RAMOS**

**Title:** PROJECT COORDINATOR

**Signature:**

**Date:** 6/1/2015

---

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

## NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:90 and 12:120)

**Date of Notification (1)**

5/7/2015

**CHECK#**

2750

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

ARCHDIOCESE OF NEWARK

**Agency Notified**

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

**Type Notification**

- [ ] Initial
- [ ] Amended
- [ ] Emergency (including justification)
- [ ] Cancellation

**Street Address**

171 Clifton Avenue

**City, State, Zip Code**

Newark, NJ 07104

**Name of Contact**

Frank Vallicciorgo

**Telephone Number**

---

**FACILITY INFORMATION**

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

CATHEDRAL BASILICA OF THE SACRED HEART

**Street Address**

89 Ridge Street

**City (5)**

Newark, NJ 07104

**Square Feet**

30,000

**# of Floors**

3

**Bldg. Age**

60+

**County (6)**

ESSEX

**County Code (7)**

(State Use Only)

**Current Use (If being demolished)**

Cathedral

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

Omega Environmental Services

**ASCM No.**

---

**Name of Abatement Contractor (9)**

EA SERVICES CORPORATION

**Street Address**

426 69TH STREET

**City, State, Zip Code**

GUTTENBERG, NJ 07093

**Telephone No.**

201-295-1700

**License No.**

1074

**Project Manager for Monitoring Firm**

---

**Name of OSHA Monitor**

EA Services

**Street Address**

same as above

**City, State, Zip Code**

---

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

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

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

- [ ] In Facility
- [x] Used Solely by Maintenance/Custodial Staff

**Boiler Room**

- [x] Pipe Insulation
- [ ] Transite Insulation

---

**Name of Registered Waste Hauler**

Freehold Carting Inc

**NJDEP Waste Hauler ID No.**

15939

**Cubic Yards of Waste**

tbd

**Name of Registered Landfill**

GROWS North Landfill

**Disposal Date**

tbd

**City, State**

Freehold, NJ 07728

**Completed by**

Gina Salvador

**Title**

Office Manager

---

**Signature**

Bluets

**Date**

5/7/2015

---

* Do not use this form for asbestos licensure exempted activities.
#NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:66 and 12:128)

**Date of Notification (1):** 5-29-2015

**Name of Building Owner/Operator (2):** Vacant Residential Dwelling

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

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

**Street Address:** 1832 West High Street

**City, State, Zip Code:** Haddon Heights, New Jersey 08035

**Name of Contact:** C. K. McDonald

**Telephone Number:**

###FACILITY INFORMATION

**Name of Facility Where Abatement is Taking Place (3):** Vacant Residential Dwelling

**Street Address:** 1832 West High Street

**City:** Haddon Heights

**County:** Camden

**Square Feet:** 1350

**# of Floors:** 1

**Bldg. Age:** 60 yrs

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

**Current Use (Pr or If being demolished):** Residential Dwelling

**Name of Monitoring Firm Hired by Building Owner (5):** Quality Environmental Concepts

**ASCM No.:** None

**Name of Abatement Contractor (6):** Quality Environmental Concepts

**Street Address:** 1053 North Tuckahoe Road

**City, State, Zip Code:** Williamstown, New Jersey 08094

**Project Manager for Monitoring Firm:** Edward Knorr

**Telephone No.:** 856-629-1186

**License No.:** 01086

**Start Date (10):** June 8, 2015

**Scheduled Completion Date (11):** June 11, 2015

**Name of OSHA Monitor:** Quality Environmental Concepts

**Occuancy 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 1/2
- [ ] ≥160 sf or ≥200 1/2
- [ ] Renovation
- [ ] Demolition
- [ ] Full Container(s) with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

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

**Location:** Basement

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

**Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous):**
- [ ] Asbestos cloth 75 SF
- [ ] exterior ductwork wrap

###Name of Registered Waste Hauler

**Quality Environmental Concepts**

**City, State:** Williamstown, New Jersey

**NJDEP Waste Hauler ID No.:** 19710

**Cubic Yards of Waste:** 4cy

**Name of Registered Landfill:** T. T. F. Recovery

**City, State:** Morrisville PA

**Disposal Date:** 6-11-15

**Signature:** [Signature]

**Comired by:** Edward Knorr

**Title:** Vice President

**Date:** 5-29-15

*Do not use this form for asbestos licensure exempted activities.*
<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>Name of Building Owner/Operator</th>
<th>Street Address</th>
<th>City, State, Zip Code</th>
<th>Type of Abatement Conducted</th>
</tr>
</thead>
<tbody>
<tr>
<td>05-25-2015</td>
<td>Timothy &amp; Marigraece Narcisi</td>
<td>101 Holly Drive</td>
<td>West Deptford New Jersey 08096</td>
<td></td>
</tr>
</tbody>
</table>

**Residential Dwelling (Narcisi)**

- **City:** West Deptford
- **County:** Gloucester
- **House:** 101 Holly Drive
- **Square Feet:** 1,280
- **Age:** 48 yrs
- **Occupancy Status During Abatement:** Renovation
- **Location of Asbestos-Containing Material (ACM) TO BE ABATED:** Crawlspace, A/C, Chimney
- **Amount (Specify 5' or LF):** 3.5 ft

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

Date of Notification (1): 04/27/15
Name of Building Owner/Operator (2): Infante Associates, Inc.

Agencies Notified: DOH, Other
Type Notification: Initial, Amendment # 2
Street Address: 9 Robinson Lane
City, State, Zip Code: Ridgewood, New Jersey 07450

Name of Facility Where Abatement is Taking Place (3): Toyota Building
City (5): Ramsey, New Jersey 07446
County (6): Bergen

Name of Abatement Contractor (6): Lillich Corporation
Street Address: 606 McBride Avenue
City, State, Zip Code: Woodland Park, NJ 07424

Project Manager for Monitoring Firm: Telephone No.

Start Date (10): 6/8/15
Scheduled Completion Date (11): 7/24/15

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

Scope of Work (Check All That Apply): ±3,000 sf or ±3,000 sf
Renovation
Demolition

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

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

Amount (Specify SF or LF)

Abatement Type:

Name of Registered Waste Hauler:
Lillich Corporation
NJDEP Waste Hauler ID No.: 18724

Disposal Date: 06/22/15
City, State: Woodland Park, New Jersey 07424

Completed by: Momo Glavatovic
Title: Vice President
Signature:

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

**State of New Jersey**

**Date of Notification (1)**
06 / 01 / 15

**Name of Building Owner/Operator (2)**
Amy Koeppi

**Agencies Notified**
- [ ] EPA
- [X] DOLWD
- [X] DHSS

**Street Address**
37 Benvenue Avenue

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

**Name of Contact**
Amy Koeppi

**Telephone Number**

### FACILITY INFORMATION

**Type of Facility (+)**
- [X] School (K-12)
- [X] Other (i.e., private and commercial buildings, homes, etc.)

**Square Feet**

**# of Floors**

**Bldg. Age**

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

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

**Street Address**
37 Benvenue Avenue

**City (5)**
West Orange, NJ 07052

**County (5)**
Essex

**County Code (5) (STATE USE ONLY)**

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

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

**Address**

**Telephone No.**
973-638-1777

**License No.**
01127

**Project Manager for Monitoring Firm**

**Name of OSHA Monitor**
Envirovision Consultants, Inc

**Street Address**

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

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

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

**Location of Asbestos-Containing Material (ACM)**
- [X] Normal Used Solely by Maintenance/Custodial Staff (12)

**Amount (Specify Square Footage)**
30 SF

**Abatement Type**
- [ ] Clean up and decontamination with Negative Pressure
- [ ] Full Containment with Negative Pressure
- [X] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Vent (Sheet) with Negative Pressure
- [ ] Non-Exempted (*) and Non-Friable Procedure

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

**Amount (Specify Square Footage)**

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

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

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

**NDEP Waste Hauler ID No.**
00333785

**Cubic Yards of Waste**

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

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

**Disposal Date**

**TBD**

**City, State**

**TBD**

**Tullytown, PA**

**Completed By (Print or Type)**

**Title**

**Signature**

**Date**

06/01/2015

*Do not use this form for asbestos licensure exempted activities.*
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:129)

Date of Notification (1)
06/01/15

Name of Building Owner/Operator (2)
DBH MANAGEMENT LLC

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

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

Street Address
32 DENA COURT

City, State, Zip Code
LAKEWOOD, NJ 08701

Name of Contact
DENA HOCHMAN

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Street Address
528 E. LAKEWOOD AVENUE

City (5)
OCEAN GATE, NJ

County (6)
OCEAN COUNTY

County Code (7)

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

Square Feet
2,000

# of Floors
2

Bidg. Age

Current Use (Prior if being demolished)
HOME

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.

Name of Abatement Contractor (9)
AAA LEAD PROFESSIONALS

Street Address
6 WHITE DOVE COURT

City, State, Zip Code
LAKEWOOD, NJ 08701

Project Manager for Monitoring Firm

Telephone No.
732-666-9078

License No.
1200

Start Date (10)
06/04/15

Scheduled Completion Date (11)
06/04/15

Name of OSHA Monitor
AAA LEAD PROFESSIONALS

Street Address
6 WHITE DOVE COURT

City, State, Zip Code
LAKEWOOD, NJ 08701

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 Container(s) with Negative Pressure
☐ Mini-Enclosure
☒ Glovebag Procedure
☐ Non-Exempted (2) 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)
PIPE INSULATION

Amount (Specify SF or FT)
70

Abatement Type
Removal
Repair
Encapsulate
End Product

Name of Registered Waste Hauler
NEWARK CARTING

NJDEP Waste Hauler ID No.
04509

Cubic Yards of Waste
3 YARDS

Name of Registered Landfill
IESI

City, State
BETHELHEM PA

Disposal Date
06/04/15

Completed by
JOSEPH PERLSTEIN
Title
OWNER

Signature

Date
06/01/15

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>5/8/15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner / Operator (2)</td>
<td>VERIZON COMMUNICATIONS</td>
</tr>
<tr>
<td>Agencies Notified</td>
<td>Type Notification</td>
</tr>
<tr>
<td>EPA</td>
<td>Initial</td>
</tr>
<tr>
<td>DEP</td>
<td>Amended R#2-6/1/15</td>
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<tr>
<td>DOL</td>
<td>Emergency</td>
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<tr>
<td>DOH</td>
<td>Cancellation</td>
</tr>
<tr>
<td>Street Address</td>
<td>119 Washington Street</td>
</tr>
<tr>
<td>City, State &amp; Zip Code</td>
<td>Toms River New Jersey</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Harold Baldwin</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
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</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Toms River Central Office</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>19 Washington Street</td>
</tr>
<tr>
<td>City (5)</td>
<td>Toms River</td>
</tr>
<tr>
<td>County (6)</td>
<td>Ocean</td>
</tr>
<tr>
<td>County Code (7)</td>
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<table>
<thead>
<tr>
<th>Type of Facility (4)</th>
<th>School (K-12)</th>
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<tbody>
<tr>
<td>Subchapter 8 (Other than K-12)</td>
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<tr>
<td>Other (i.e. private &amp; commercial buildings, homes, etc.)</td>
<td></td>
</tr>
<tr>
<td>Square Feet</td>
<td>37000</td>
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<tr>
<td># of Floors</td>
<td>3</td>
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<tr>
<td>Bidg. Age</td>
<td>80</td>
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<tr>
<td>Current Use (Prior if being demolished)</td>
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**COMMUNICATIONS**

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>TTI ENVIRONMENTAL, INC.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>Harold Baldwin</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>856-840-8800</td>
</tr>
<tr>
<td>Scheduled Start Date (10)</td>
<td>6/1/15</td>
</tr>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>6/3/15</td>
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<table>
<thead>
<tr>
<th>Name of Abatement Contractor (9)</th>
<th>BRISTOL ENVIRONMENTAL INC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>1123 BEAVER STREET</td>
</tr>
<tr>
<td>City, State &amp; Zip Code</td>
<td>BRISTOL, PA 19007</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>215-788-6040</td>
</tr>
<tr>
<td>License Number</td>
<td>00509</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of OSHA Monitor</th>
<th>BRISTOL ENVIRONMENTAL INC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>1123 BEAVER STREET</td>
</tr>
<tr>
<td>City, State &amp; Zip Code</td>
<td>BRISTOL, PA 19007</td>
</tr>
</tbody>
</table>

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

- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Hours – 7am to 3pm
  - Describe: 5 PM - 1:30 AM
- Facility Occupied During Abatement

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

- ≥3 sf or ≥3 if
- ≥160 sf ≥260 If
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-En Suits
- Glove Bag Procedures
- Non-Exempted and Non-Friable Procedure

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

**Is Location Normally Used Solely for Maintenance or Custodial Staff? (12)**

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

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

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

**Admin Ramp Area**

<table>
<thead>
<tr>
<th>Vat/Mastic</th>
<th>20 SF</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**

<table>
<thead>
<tr>
<th>SERVICE TRANSPORT GROUP, INC.</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State</td>
</tr>
<tr>
<td>NJDEP Waste Hauler ID No.</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
</tr>
<tr>
<td>City, State</td>
</tr>
</tbody>
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**Completed By (Print or Type)**

<table>
<thead>
<tr>
<th>PATRICK T. DeCARO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
</tr>
<tr>
<td>Signature</td>
</tr>
<tr>
<td>Date</td>
</tr>
</tbody>
</table>

**PD 15050**
# 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>06/01/15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Mr. Michael Dagostino</td>
</tr>
<tr>
<td>Agencies Notified</td>
<td>EPA, DOA, DOL, DEP, DOH</td>
</tr>
<tr>
<td>Notification Type</td>
<td>Initial Notification, Emergency Notification (including justification)</td>
</tr>
<tr>
<td>Street Address</td>
<td>Walnut Rd.</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Dover, NJ</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Uros Spasic</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
</tbody>
</table>

### FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Residential</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>20 Walnut Road</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Morris, MA</td>
</tr>
<tr>
<td>Current Use (prior to being demolished)</td>
<td>Private Residence</td>
</tr>
<tr>
<td>Sq. Ft.</td>
<td>1500</td>
</tr>
<tr>
<td># of Floors</td>
<td>2</td>
</tr>
<tr>
<td>Building Age</td>
<td>1965</td>
</tr>
<tr>
<td>Licensing Information</td>
<td></td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Bldg. Owner (8)</td>
<td>ASCM No.</td>
</tr>
<tr>
<td>Name of Contractor (9)</td>
<td>BL Contracting Inc.</td>
</tr>
<tr>
<td>License Number</td>
<td>235</td>
</tr>
<tr>
<td>Street Address</td>
<td>5 Marquerrite Lane</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Towaco, NJ 07082</td>
</tr>
</tbody>
</table>

### Project Manager for Monitoring Firm
| Telephone Number | 973-901-0153 |

### Scheduled Start Date (10)
| 06/02/15 |

### Occupancy Status During Abatement
| Facility Closed/Vacated During Entire Period of Abatement | Yes |
| Facility Abatement Performed Outside of Normal Facility Hours | |
| Other - Describe: | |

### Source of Work (Check all that apply)
- [ ] 3 sf or ≥ 3 ft
- [ ] ≥ 160 sf or ≥ 260 ft
- [ ] Renovation
- [ ] Demolition
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Friable Procedure

### Location of Asbestos-Containing Material (ACM) in Facility (13)
| Basement | YES | Thermal System Insulation (pipe wrap) | 10 LF |
| 2nd Floor Pipe Chase | YES | Thermal System Insulation (pipe wrap) | 9 LF |

### Name of Reg. Waste Hauler
| NJ/DEP Waste Hauler ID # | 32604 |
| Cubic Yards of Waste | |
| Name of Registered Landfill | |
| Disposal Date | |
| City, State | |
| Tullytown, PA | |

### Completed by (Print or Type)
| Title | President |
| Signature | Ned Vasilic |
| Date | 06/01/15 |
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:80 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>05/27/15</th>
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</thead>
</table>

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

<table>
<thead>
<tr>
<th>Name of Building Owner/Operator (2)</th>
<th>Sheree Dye</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>5 Elliot Farm Road</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>City</th>
<th>Califon</th>
</tr>
</thead>
</table>

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

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

<table>
<thead>
<tr>
<th>Square Feet</th>
<th># of Floors</th>
<th>Bidg. Age</th>
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</thead>
</table>

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

<table>
<thead>
<tr>
<th>Name of Abatement Contractor (6)</th>
<th>Pro Abatement</th>
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</thead>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>1009 87th Street Site A4</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>North Bergen, NJ 07047</th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>201-293-6305</td>
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<table>
<thead>
<tr>
<th>Name of OSHA Monitor</th>
<th>HILMANN CONSULTING LLC</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>06/09/15</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Scheduled Completion Date (11)</th>
<th>06/18/15</th>
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</table>

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

<table>
<thead>
<tr>
<th>Scope of Work (Check All That Apply)</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>x 2a sf or 2a sf</td>
<td></td>
</tr>
<tr>
<td>2150 sf or 260 sf</td>
<td></td>
</tr>
<tr>
<td>Renovation Demolition</td>
<td></td>
</tr>
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</table>

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

<table>
<thead>
<tr>
<th>Description of Asbestos Containing Material (ACM)</th>
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</thead>
<tbody>
<tr>
<td>Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)</td>
<td></td>
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<tr>
<td>x Yes</td>
<td>No</td>
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</table>

<table>
<thead>
<tr>
<th>Roof</th>
<th>Asbestos Slate Shingles</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>SAN TON SERVICES</th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>NJDEP Waste Hauler ID No.</th>
<th>22430</th>
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<table>
<thead>
<tr>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>MEDOWLANDSHES COMMISSION</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
</tr>
</thead>
<tbody>
<tr>
<td>KENILWORTH, NJ</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed by</th>
<th>Bryan Parra</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Title</th>
<th>Project Manager</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Disposal Date</th>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>KEARNY, NJ</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date</th>
<th>05/27/15</th>
</tr>
</thead>
</table>

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

Date of Notification (1)
06/02/15

Name of Building Owner/Operator (2)
BROOKSTONE MANAGEMENT

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

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

Street Address
1970 SWARTHMORE AVENUE

City, State, Zip Code
LAKEWOOD, NJ 08701

Name of Contact
DOV SPITZER

Telephone Number

Name of Facility Where Abatement is Taking Place (3)

Street Address
149 EAST HAND AVENUE

City (5)
LAKEWOOD, NJ

County (6)
CAPE MAY COUNTY

County Code (7)
(STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.

Name of Abatement Contractor (9)
AAA LEAD PROFESSIONAL

Street Address
6 WHITE DOVE COURT

City, State, Zip Code
LAKEWOOD, NJ 08701

License No.
732-668-6078

Telephone No.
1200

Start Date (10)
06/12/15

Scheduled Completion Date (11)
06/12/15

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)
☐ ≥25 sf or ≥2 if
☐ ≥160 sf or ≥250 sf
☐ Renovation
☐ Demolition

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? (12)</th>
<th>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or CF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>EXTERIOR</td>
<td>Yes</td>
<td>SIDING</td>
<td>5000 SF</td>
<td>X</td>
</tr>
<tr>
<td>INTERIOR</td>
<td>Yes</td>
<td>ROOFING</td>
<td>2000 SF</td>
<td>X</td>
</tr>
<tr>
<td>INTERIOR</td>
<td>Yes</td>
<td>TILE</td>
<td>1500 SF</td>
<td>X</td>
</tr>
<tr>
<td>INTERIOR</td>
<td>Yes</td>
<td>MASTIC</td>
<td>1500 SF</td>
<td>X</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
NEWARK CARTING

NJDEP Waste Hauler ID No.
04509

Cubic Yards of Waste
30 YARDS

Name of Registered Waste Facility
IESI

Completed by
JOSEPH PERLSTEIN

Title
OWNER

Signature

Date
06/02/15

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

**State of New Jersey**

**Date of Notification**
05 / 28 / 15

**Name of Building Owner/Operator**
Transformation Life Church

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

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

**Street Address**
190 Valley Blvd.

**City, State, Zip Code**
Wood Ridge, NJ 07075

**Name of Contact**
James Armpriester

**Telephone Number**

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place**
Transformation Life Church

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

**Street Address**
190 Valley Boulevard

**City**
Wood Ridge

**Square Feet**

**County**
Bergen

**County Code**

**Current Use**

**# of Floors**

**Bldg. Age**

**Name of Monitoring Firm Hired by Building Owner**
Detail Associates

**ASCM No.**

**Name of Abatement Contractor**
Lillich Corporation

**Street Address**
300 Grand Ave

**City, State, Zip Code**
Englewood, NJ 07631

**Telephone No.**
201-569-8708

**License No.**
973-225-8400

**NO.**
0110

**Start Date**
06 / 09 / 15

**Scheduled Completion Date**
06 / 13 / 15

**Name of OSHA Monitor**
J&S Environmental Labs

**Occupancy Status During Abatement**
- [x] Facility Closed/ Vacated During Entire Period of Abatement
- [x] Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7AM-3:30PM/ 4PM - 8AM

**Scope of Work**
- [ ] Renovation
- [ ] Demolition

**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>children's church</td>
<td>[x]</td>
<td>[ ]</td>
<td></td>
</tr>
<tr>
<td>service area</td>
<td>[ ]</td>
<td>[x]</td>
<td></td>
</tr>
<tr>
<td>hallway</td>
<td>[ ]</td>
<td>[x]</td>
<td></td>
</tr>
<tr>
<td>recreation room</td>
<td>[ ]</td>
<td>[x]</td>
<td></td>
</tr>
</tbody>
</table>

**Description of Asbestos-Containing Material (ACM)**
- [ ] Thermal insulation
- [ ] Surfacing, VAT, or other miscellaneous

**Amount (Specify SF or FT)**
- pipe insulation
  - children's church: 750 SF
  - service area: 750 SF
  - hallway: 2450 SF
  - recreation room: 4000 SF

**Abatement Type**
- [ ] Removal
- [ ] Encapsulate
- [ ] Enclose

**Location of Registered Waste Hauler**
Lillich Corporation

**Waste Hauler ID No.**
18724

**Cubic Yards of Waste**

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

**City, State**
Woodland Park, NJ

**Disposal Date**
n/a

**Completed By**
Momo Glavatovic
**Title**
vice president

**Signature**

**Date**
05/29/15

*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)**
6/1/15

**Name of Building Owner/Operator (2)**
Leo Lelli

---

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

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

**Street Address**
219 Cypress Drive

**City, State, Zip Code**
Colonia, NJ 07067

**Name of Contact**
Leo

---

**FACILITY INFORMATION**

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

**Street Address**
2084 Pleasant Parkway

**City (5)**
Union

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

**Square Feet**
2200

**# of Floors**
2

**Bldg. Age**
60

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

---

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

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

**ASCM No.**

**Name of Abatement Contractor (9)**
ABS Environmental Services, LLC

**Street Address**
PO Box 483, 4 E Gate Drive

**City, State, Zip Code**
Glenwood, NJ 07411

---

**Project Manager for Monitoring Firm**

**Telephone No.**
973-754-2276

**License No.**
713

**Start Date (10)**
6/17/15

**Scheduled Completion Date (11)**
7/17/15

---

**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)**
- [ ] 23 sf or <32
- [x] >150 sf or >280 sf
- [ ] Renovation
- [ ] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Process
- [ ] Non-Exempted (*) and Non-Friable Procedure

---

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

**TO BE ABATED In Facility (13)**

<table>
<thead>
<tr>
<th>Description of Asbestos-Containing Material (ACM)</th>
<th>Amount (Specify SF or #)</th>
</tr>
</thead>
<tbody>
<tr>
<td>pipe insulation</td>
<td>85 SF</td>
</tr>
</tbody>
</table>

---

**Name of Registered Waste Hauler**

**Freehold Cartage**

**NUDEP Waste Hauler ID No.**
15939

**Cubic Yards of Waste**
10

**Name of Registered Landfill**
Cumberland Landfill

**City, State**
Newburg, PA

**Disposal Date**
TBD

---

**Completed by**
A. Scott Higgins

**Title**
President

**Signature**

**Date**
6/1/15

---

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

Date of Notification (1) 6/11/15
Name of Building Owner/Operator (2) Valerie DuBarro

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

Name of Facility Where Abatement is Taking Place (3)

Street Address
124 Clover Street

City, State, Zip Code
Roselle, NJ 07203

Name of Contact
Valerie DuBarro

FACILITY INFORMATION

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

Name of Abatement Contractor (9) ABS Environmental Services, LLC

Street Address
PO Box 483, 4 E Gage Drive

City, State, Zip Code
Glenwood, NJ 07418

License No.
973-764-2276

Scope of Work (Check All That Apply)

- Renovation
- Demolition
- Full Container with Negative Pressure
- Mini-Enclosure
- Glovebag Process
- Non-Exempted (*) and Non-Friable Procedure

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

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

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

Amount (Specify SF or LF)
8 LF

Abatement Type

- Removal
- Repair
- Encapsulate
- Enclosure

- Name of Registered Waste Hauler
Freehold Cartage
NJDEP Waste Hauler ID No.
15939

- Cubic Yards of Waste
10

- Name of Registered Landfill
Western Berks Landfill

- Disposal Date
TBD

- City, State
Birdsboro PA

Completed by
A. Scott Higgins
Title
President

Signature

Date 6/1/15

* Do not use this form for asbestos abatement exempted activities. Note: The form contains multiple entities, and some fields are left blank or not filled in.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 6/1/15

Name of Building Owner/Operator (2) Bryan Reiss

Agencies Notified
- EPA
- DEP
- DCL
- DOH
- DCA

Type Notification
- Initial

Street Address 58 Midwood Avenue

City, State, Zip Code Allendale, NJ

Name of Contact Bryan Reiss

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) [-]

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

Street Address 58 Midwood Avenue

City (5) Allendale

Square Feet 2200

# of Floors 2

County Code (6) 7A

County Code (7) [STATE USE ONLY] [-]

Bidg. Age 64

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

ASCM No.

Name of Abatement Contractor (9)

Street Address PO Box 483, 4 E Gata Drive

City, State, Zip Code Glenwood, NJ 07418

Project Manager for Monitoring Firm

Telephone No. 973-764-2276

License No. 763

Start Date (10) 6/1/15

Scheduled Completion Date (11) 6/30/15

Name of OSHA Monitor

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

Scope of Work (Check All That Apply)
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (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 CF)

Abatement Type

Location

Name of Registered Waste Hauler

Freehold Cartage

NU/DEP Waste Hauler ID No. 15939

Cubic Yards of Waste 10

Name of Registered Landfill

Western Berks Landfill

Disposal Date TBD

City, State Birdesboro PA

Completed by

A. Scott Higgins

Title President

Signature

Date 6/1/15

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

Date of Notification (1) 6/1/15

Name of Building Owner/Operator (2) Martin Sotto

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

Type Notification
- X Initial
- X Amended
- X Emergency (including justification)
- V Cancellation

Street Address
17 Hollywood Avenue

City, State, Zip Code
Montclair, NJ 07042

Name of Contact
Martin Sotto

Telephone Number

FACILITY INFORMATION

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

Street Address
17 Hollywood Avenue

City (5)
Montclair

County (6)
Essex

County Code (7) (STATE USE ONLY) ______

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

Name of Abatement Contractor (9) ABS Environmental Services, LLC

Street Address
PO Box 483, 4 E Gate Drive

City, State, Zip Code
Glenwood, NJ 07438

Project Manager for Monitoring Firm

Telephone No.
973-764-2276

License No. 713

Start Date (10)
6/12/15

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)

CX 23 sf or 23 if

CX 2100 sf or 2250 if

Renovation
Demolition

Full Containment with Negative Pressure
Miner-Endosulf
Glovebag Procedure
Non-Exempted (*) and Non-Friable Procedure

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

In Facility

(13)

Yes
No
N/A

crawl space

pipe insulation

201 F

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

Amount (Specify SF or IF)

X Abatement Type

Removal
Repair
Encapsulate
Endose

Name of Registered Waste Hauler
Freehold Cartage

NJDEP Waste Hauler ID No. 15939

Cubic Yards of Waste

10

Name of Registered Landfill
Western Berks Landfill

City, State
Birdsboro, PA

Completed by
A. Scott Higgins

Title
President

Signature

Date 8/1/15

* 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)
6/1/15

Name of Building Owner/Operator (2)
Summit Parmley Corporation

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

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

Street Address
133 Summit Avenue

City, State, Zip Code
Summit NJ 07901

Name of Contact
Julie McCutcheon

Name of Facility Where Abatement is Taking Place (3)
Basement Storage Units

Street Address
133 Summit Avenue

City (5)
Summit

County (5)
Essex

County Code (7) (STATE USE ONLY) __________

Current Use (Prior to being demolished)

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

Name of Abatement Contractor (9)
ABS Environmental Services, LLC

Street Address
PO Box 483, 4 E Gate Drive

City, State, Zip Code
Glenwood, NJ 07418

Project Manager for Monitoring Firm

Telephone No.
973-764-2276

License No.
7086

Start Date (10)
6/11/15

Scheduled Completion Date (11)
6/30/15

Name of OSHA Monitor

Occupancy Status During Abatement (Check Only One)

☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☐ Other - Describe: work in basement

Scope of Work (Check All That Apply)

☐ ≥3 s f or ≥160 sf (No ≥260 if)
☐ Renovation, Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebox Procedure
☐ Non-Exempted (N) and Non-Friable Procedure

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

In Facility (13)

Name of Registered Waste Hauler

Freehold Cartage

Freehold NJ

Asbestos-Containing Material in Facility

yes No N/A

Description of Asbestos Containing Material (ACM)

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

Amount (Square Feet) or Amount (Pounds)

Abatement Type

78 L

Removal

Endorse

Encapsulate

Endorse

City, State

Disposal Date

Western Berks Landfill

City, State

TBD

Birdsboro, PA

Completed by
A. Scott Higgins
Title
President

Signature

Date
5/1/15

ASB-41 (R-05-08)

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

Date of Notification (1)
6/1/15

Name of Building Owner/Operator (2)
Bonnie Hicks

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

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

Street Address
17 Hill Street

City, State, Zip Code
Morristown, NJ

Name of Contact
Bonnie Hicks

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Street Address
17 Hill Street

City (5)
Morristown

County Code (6) (STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.

Name of Abatement Contractor (9)
ABS Environmental Services, LLC

Street Address
PO Box 483, 4 E Gate Drive

City, State, Zip Code
Glenwood, NJ 07418

Project Manager for Monitoring Firm

Telephone No.
973-764-2276

Start Date (10)
6/19/15

Scheduled Completion Date (11)
6/30/15

Name of OSHA Monitor

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

Scope of Work (Check All That Apply)
☐ 23 sf or <23 sf
☐ 100 sf or >200 sf
☐ Renovation
☐ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (') and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM)

TO BE ABATED in Facility (13)

Yes
No
N/A

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

Amount
(Sqft or F)

Abatement Type

Name of Registered Waste Hauler
Freehold Cartage

NJDEP Waste Hauler ID No.
15839

Cubic Yards of Waste
10

Name of Registered Landfill
Western Berks Landfill

City, State
Birdsboro, PA

Completed by
A. Scott Higgins

Title
President

Signature

Date
6/1/15

* Do not use this form for asbestos open space exempted activities.
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:89:5 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>6/1/2015</th>
<th>Name of Building Owner/Operator (2)</th>
<th>Michael Foglietta</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agencies Notified</td>
<td></td>
<td>Type Notification</td>
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</tr>
<tr>
<td>EPA</td>
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<td>Initial</td>
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<td>DEP</td>
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<td>Amended</td>
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<td>DOL</td>
<td>[x]</td>
<td>Amendment #</td>
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<td>DOH</td>
<td>[x]</td>
<td>Cancellation</td>
<td></td>
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<tr>
<td>DCA</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Street Address</td>
<td></td>
<td>County Code (7) (STATE USE ONLY)</td>
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</tr>
<tr>
<td>128 Spruce Avenue</td>
<td></td>
<td>Camden</td>
<td></td>
</tr>
<tr>
<td>City (5)</td>
<td></td>
<td>City, State, Zip Code</td>
<td></td>
</tr>
<tr>
<td>Bellmawr</td>
<td></td>
<td>Bellmawr, NJ 08031</td>
<td></td>
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<tr>
<td>County (6)</td>
<td></td>
<td>Current Use (Prior to demolition)</td>
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</tr>
<tr>
<td>Camden</td>
<td></td>
<td>Vacant</td>
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</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>N/A</td>
<td>Name of Abatement Contractor (9)</td>
<td>Ricco Construction Corp</td>
</tr>
<tr>
<td>Street Address</td>
<td></td>
<td>Street Address</td>
<td>282 Creek Road</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td></td>
<td>City, State, Zip Code</td>
<td>Bellmawr, NJ 08031</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td></td>
<td>Telephone No.</td>
<td>856.466.6452</td>
</tr>
<tr>
<td>Telephone No.</td>
<td></td>
<td>License No.</td>
<td>1204</td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>6/11/2015</td>
<td>Scheduled Completion Date (11)</td>
<td>7/10/2015</td>
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<tr>
<td>Occupancy Status During Abatement (Check Only One)</td>
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</tr>
<tr>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
<td>[x]</td>
<td>Street Address</td>
<td>282 Creek Road</td>
</tr>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours</td>
<td></td>
<td>City, State, Zip Code</td>
<td>Bellmawr, NJ 08031</td>
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<tr>
<td>Scope of Work (Check All That Apply)</td>
<td>[x]</td>
<td>Scope of Work</td>
<td>Vacant</td>
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<tr>
<td>≥20 ft or ≥20 ft²</td>
<td>[x]</td>
<td>Renovation</td>
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<tr>
<td>≥1600 ft² or ≥2600 ft²</td>
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<td>Demolition</td>
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<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED</td>
<td>Exterior</td>
<td>Is Location Normally Used Solely by Maintenance/Custodial Staff?</td>
<td>Transite Siding</td>
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<tr>
<td>In Facility (13)</td>
<td>[x]</td>
<td>Yes</td>
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<tr>
<td>Name of Registered Waste Hauler</td>
<td>Ricco Construction Corp</td>
<td>NJDEP Waste Hauler ID No.</td>
<td>28909</td>
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<tr>
<td>Cubic Yards of Waste</td>
<td>15</td>
<td>Name of Registered Landfill</td>
<td>Salem County</td>
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<tr>
<td>Disposal Date</td>
<td>TBD</td>
<td>City, State</td>
<td>Alloway, NJ</td>
</tr>
<tr>
<td>Completed by</td>
<td></td>
<td>Completed by</td>
<td>Andrew Ricco</td>
</tr>
<tr>
<td>Title</td>
<td>Owner</td>
<td>Signature</td>
<td>Andrew Ricco</td>
</tr>
<tr>
<td>Date</td>
<td>6/1/2015</td>
<td>* Do not use this form for asbestos licensure exempted activities.</td>
<td></td>
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ASS-41 (R-06-08)
**State of New Jersey**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60 and 12:120)

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
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<tbody>
<tr>
<td>Date of Notification (1)</td>
<td>6/1/15</td>
</tr>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Mrs. Lamphier</td>
</tr>
<tr>
<td>Agencies Notified</td>
<td>EPA, DEP, DOL, DOH, DCA</td>
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<tr>
<td>Type Notification</td>
<td>Initial</td>
</tr>
<tr>
<td>Street Address</td>
<td>5 Goodwin Terrace</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Westwood, NJ</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Mrs. Lamphier</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td></td>
</tr>
<tr>
<td>Street Address</td>
<td>5 Goodwin Terrace</td>
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<tr>
<td>City (5)</td>
<td>Westwood</td>
</tr>
<tr>
<td>County Code (7)</td>
<td></td>
</tr>
<tr>
<td>County Code (7)</td>
<td></td>
</tr>
<tr>
<td>County Code (7)</td>
<td></td>
</tr>
<tr>
<td>County Code (7)</td>
<td></td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>ASCM No.</td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>ABS Environmental Services, LLC</td>
</tr>
<tr>
<td>Street Address</td>
<td>PO Box 483, 4 E Gate Drive</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Glenwood, NJ 07416</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td></td>
</tr>
<tr>
<td>Telephone No.</td>
<td>973-784-2276</td>
</tr>
<tr>
<td>License No.</td>
<td>70616</td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>6/10/15</td>
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<td>Scheduled Completion Date (11)</td>
<td>6/30/15</td>
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<tr>
<td>Type of Facility (4)</td>
<td>School (K-12)</td>
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<tr>
<td>Type of Facility (4)</td>
<td>Subchapter B (Other than K-12)</td>
</tr>
<tr>
<td>Type of Facility (4)</td>
<td>Other (i.e., private &amp; commercial buildings, homes, etc.)</td>
</tr>
<tr>
<td># of Floors</td>
<td>2</td>
</tr>
<tr>
<td>Current Use (Prior to being demolished)</td>
<td></td>
</tr>
<tr>
<td>Occupancy Status During Abatement (Check Only One)</td>
<td></td>
</tr>
<tr>
<td>Occupancy Status During Abatement (Check Only One)</td>
<td></td>
</tr>
<tr>
<td>Scope of Work (Check All That Apply)</td>
<td></td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)</td>
<td></td>
</tr>
<tr>
<td>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</td>
<td>Yes</td>
</tr>
<tr>
<td>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td>Pipe insulation</td>
</tr>
<tr>
<td>Amount (Square Footage)</td>
<td>100</td>
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<tr>
<td>Abatement Type</td>
<td>Non-Exempted</td>
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<tr>
<td>Endorsements</td>
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<tr>
<td>Name of Registered Waste Hauler</td>
<td>NJDEP Waste Hauler ID No. 15939</td>
</tr>
<tr>
<td>Freehold Cartage</td>
<td></td>
</tr>
<tr>
<td>City, State</td>
<td>Cumberland Landfill</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>10</td>
</tr>
<tr>
<td>Disposal Date</td>
<td>TBD</td>
</tr>
<tr>
<td>Date</td>
<td>6/1/15</td>
</tr>
<tr>
<td>Completed by</td>
<td>A. Scott Higgins</td>
</tr>
<tr>
<td>Title</td>
<td>President</td>
</tr>
<tr>
<td>Signature</td>
<td></td>
</tr>
</tbody>
</table>

*Do not use this form for asbestos excreta.

ASB-41 (R-06-08)
# State of New Jersey
## NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>6/1/15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Bonnie Hicks</td>
</tr>
<tr>
<td>Agencies Notified</td>
<td>EPA, DEP, DOL, DOH, DCA</td>
</tr>
<tr>
<td>Type Notification</td>
<td>Initial, Amended, Cancellation</td>
</tr>
<tr>
<td>Street Address</td>
<td>17 Hill Street</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Morristown, NJ</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Bonnie Hicks</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>ASCM No.</td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>ABS Environmental Services, LLC</td>
</tr>
<tr>
<td>Street Address</td>
<td>PO Box 483, 4 E Gate Drive</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Glenwood, NJ 07418</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td></td>
</tr>
<tr>
<td>Telephone No.</td>
<td>973-764-2276</td>
</tr>
<tr>
<td>License No.</td>
<td>70-563</td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>6/19/15</td>
</tr>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>6/30/15</td>
</tr>
<tr>
<td>Occupancy Status During Abatement (Check Only One)</td>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
</tr>
<tr>
<td>Scope of Work (Check All That Apply)</td>
<td>Full Containment with Negative Pressure</td>
</tr>
<tr>
<td>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</td>
<td>Yes, No, N/A</td>
</tr>
<tr>
<td>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td>120 SF</td>
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<tr>
<td>Amount of Asbestos-Containing Material (ACM) (SF or Lb)</td>
<td>120 SF</td>
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<tr>
<td>Abatement Type</td>
<td>Removal</td>
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<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED</td>
<td>In Facility (13)</td>
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<tr>
<td>Name of Registered Waste Hauler</td>
<td>NDEP Waste Hauler ID No. 15939</td>
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<tr>
<td>Freehold Cartage</td>
<td>Cubic Yards of Waste 10</td>
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<tr>
<td>Name of Registered Landfill</td>
<td>Western Berks Landfill</td>
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<tr>
<td>Disposal Date</td>
<td>TBD</td>
</tr>
<tr>
<td>City, State</td>
<td>Birdsboro PA</td>
</tr>
<tr>
<td>Completed by</td>
<td>A. Scott Higgins</td>
</tr>
<tr>
<td>Title</td>
<td>President</td>
</tr>
<tr>
<td>Signature</td>
<td></td>
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<tr>
<td>Date</td>
<td>6/1/15</td>
</tr>
</tbody>
</table>

* Do not use this form for asbestos exemptions or exempted activities.
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:126)

Date of Notification (1) 6/1/15

Name of Building Owner/Operator (2) Charles Wunnenberg, Private Home

Agencies Notified
- EPA
- DEP
- DOH
- DCA

Type Notification
- Initial
- Amended
- Amendment #
- Cancellation

Street Address 297 O'hanlon Ave.,

City, State, Zip Code Bayville NJ 08721

Name of Contact Travis

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Charles Wunnenberg, Private Home

Street Address 297 O'hanlon Ave.

City (5) Bayville NJ 08721

County (6) Ocean

County Code (7) N/A

Current Use (Prior to being demolished) 35+

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

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.

Telephone No.

License No. 860-753-9600 00727

Start Date (10) 6/2/15

Scheduled Completion Date (11) 6/3/15

Name of OSHA Monitor 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 if
- ≥ 100 sf or ≥ 200 sf
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

Location of Asbestos-Containing Material (ACM)

Name of Registered Waste Hauler United Containers

NJDEP Waste Hauler ID No. 22459

Cubic Yards of Waste 2

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

Disposal Date 6/3/15

City, State Elm NJ, Morris Twp. PA

Completed by Anthony T. Perna Title President

Date 6/1/15

ASB-41 (R-06-06)

* 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):** 6/1/15

---

**Name of Building Owner/ Operator (2):** Bob Bonesteel  
**Private Home:**

---

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

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

---

**Street Address:** 311 W 18th Street  
**City, State, Zip Code:** Ship Bottom NJ 08008

---

**Name of Contact:** Bob  
**Telephone Number:**

---

**Name of Facility Where Abatement Is Taking Place (3):** Bob Bonesteel  
**Private Home:**

---

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

---

**Square Feet:** 1000  
**Current Use (Prior to being demolished):** 35+

---

**Name of Monitoring Firm Hired by Building Owner (5):** ASCM No.  
**Name of Abatement Contractor (8):** 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):** 6/2/15  
**Scheduled Completion Date (11):** 6/4/15

---

**Occupancy Status During Abatement:**  
- [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] 2,3 sf or 2,3 ft²  
- [X] 2,600 sf or 2,600 ft²  
- [X] Renovation  
- [X] Demolition

---

**Location of Asbestos-Containing Material (ACM) TO BE ABATED:**  
**In Facility:** (10)

---

**Is Location Normally Used Solely by Maintenance/Custodial Staff? (12):**
- [X] Yes  
- [ ] No  
- [ ] N/A  
**Description of Asbestos Containing Material (ACM):** (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)

---

**Amount of Asbestos (Specify SF or LF):**
- Exterior Siding: 1400 SF

---

**Location of Registered Waste Hauler:**

---

**Name of Registered Waste Hauler:** United Containers  
**NJDEP Waste Hauler ID No.:** 22459  
**Cubic Yards of Waste:** 3  
**Name of Registered Landfill:** G.R.O.W.S.

---

**City, State:** Elm NJ  
**Disposal Date:** 6/4/15  
**City, State:** Morrisville PA 19067

---

**Completed by:** Anthony T. Perna  
**Title:** President  
**Signature:**  
**Date:** 6/1/15

---

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

**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**

**Pursuant to NJAC 5:80 and 5:16**

**Date of Notification:** JUN 30, 2016

**Name of Building Owner/Operator:** Veriset

**Agency(s) Notified:**
- [ ] EPA
- [ ] DOH
- [ ] NJAC 5:80
- [ ] DOA (NJAC 5:16)

**Location:**
- **Type:**突发
- **Street Address:** 116 Mountain Avenue
- **City, State, Zip Code:** West Field, NJ
- **Name of Contact:** Alex Baylor

**Facility Information**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (5)</th>
<th>Type of Facility (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Veriset</td>
<td>School (K-12)</td>
</tr>
<tr>
<td></td>
<td>Subdivision (Other K-12)</td>
</tr>
<tr>
<td></td>
<td>Other (i.e., private homes, commercial buildings, etc.)</td>
</tr>
</tbody>
</table>

**Square Feet** 5,000

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

**Address:**
- **Street Address:** 1255 North Church Street
- **City, State, Zip Code:** Moorestown, NJ 08057

**Project Manager for Monitoring Firm:** Harold Baldwin

**Telephone No. (908) 812-8742**

**Scheduled Completion Date:** 06 / 06 / 16

**Name of Abatement Contractor:** JVN Restoration Inc.

**Address:**
- **Street Address:** 47 Poste Road
- **City, State, Zip Code:** Staten Island, NY 10308

**Certificate No.:** 0074

**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:

**Location of Abatement:**
- **Location:**
  - **Asbestos-containing Material (ACM) To Be Abated In Facility:**
  - **Location:**
    - Yes
    - No
    - N/A
    - Rooms Insulation

**Description of Abatement:**
- **Asbestos-containing Material (ACM):**
  - Term limits, systems, insulation, surfacing, V.A.T., or other miscellaneous

**Abatement Type:**
- **Amount:**
  - **Removal:**
  - **Reduction:**
  - **Encapsulation:**
  - **Eligible:**

**Name of Registered Waste Hauler:**
- **Name:** Newark Carting
- **ID No.:** NJ-WB-11

**Disposal Date:** 6/3/15

**Signature:**

**Date:** 6-3-15

---

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

**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**

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

<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>6</th>
<th>3</th>
<th>16</th>
</tr>
</thead>
</table>

- **Agencies Notified**
  - [ ] EPA
  - [ ] DOLWD
  - [ ] DHSS
  - [X] DCA (NJAC 8:23-48)

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

<table>
<thead>
<tr>
<th>Name of Building Owner/Operator</th>
<th>Verizon</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State, Zip Code</td>
<td>N.J. Dept. of Health &amp; Senior Services</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Alex Baylor</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>718-605-6256</td>
</tr>
</tbody>
</table>

### Facility Information

- **Type of Facility**
  - [ ] School (K-12)
  - [ ] Other (K-12)
  - [ ] Other (i.e., private and commercial buildings, homes, etc.)

- **Name of Facility Where Abatement is Taking Place**
  - 115 Mountain Avenue

- **City**
  - Westfield, NJ

- **County**
  - Union

- **Square Foot**
  - 6,000

- **Current Use**
  - [ ] If being demolished

### Name of Monitoring Firm Used by Building Owner

- **Name of Abatement Contractor**
  - JVN Restoration Inc

- **Street Address**
  - 1253 North Church Street

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

### Project Manager for Monitoring Firm

- **Telephone No.**
  - (908) 812-6742

### Start Date

- **Scheduled Completion Date**
  - 08/08/15

### Occupancy Status During Abatement

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

### Scope of Work

- [ ] Renovation
- [X] Demolition

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

- **Location Normally Used Solely by Maintenance/Custodial Staff**
- **Description of Asbestos-Containing Material (ACM)**
  - (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)

### Printed or Typed

- **Name of Registered Waste Hauler**
  - Newark Carting

- **Name of Registered LBE**
  - G.R.O.W.S., Inc.

### Completed By

- **Signature**
- **Date**
  - 6-3-15

---

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

Date of Notification (1)
6 / 3 / 15

Name of Building Owner/Operator (2)
Verizon

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

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

Street Address
115 Mountain Avenue

City, State, Zip Code
West Field, NJ

Name of Contact
Alex Baylor

Telephone Number

FACILITY INFORMATION

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

Street Address
115 Mountain Avenue

City (5)
West Field

County (6)
Union

Square Feet
8,000

Current Use (Prior if being demolished)

County Code (7) (STATE USE ONLY)

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

ASCN No.

Name of Abatement Contractor (9)
JVN Restoration Inc

Street Address
47 Foster Road

City, State, Zip Code
Staten Island NY 10309

Telephone No.
(908) 812-6742

License No.
718-605-6256

Project Manager for Monitoring Firm
Harold Baldwin

Telephone No.

Name of OSHA Monitor
Testor Tech

Start Date (10)
06 / 04 / 15

Scheduled Completion Date (11)
06 / 05 / 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: 9AM-9PM

Scope of Work (Check all that apply)

- ≥3 sf or ≥3 if
- ≥160 sf or ≥250 if

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

IN Facility (13)

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 if other than 0) SF

Abatement Type

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

- Removal
- Repair
- Encapsulate
- Enclosure

Name of Registered Waste Hauler
Newark Carting

NJDEP Waste Hauler ID No.
NJ-569

Cubic Yards of Waste
1

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

City, State
Morrisville, PA

Completed By (Print or Type)
Ignatius Marraccino

Title
Project Manager

Signature

Disposal Date
6/06/15

City, State
Hacketstown, NJ

MAY 11

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

Date of Notification (1)
05/29/15

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

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

Type Notification
Initial
Amended
Amendment #
Emergency (including justification)

Street Address
225 Glenwild Avenue

City, State, Zip Code
Bloomingdale, NJ 07403

Name of Contact
George Hagl

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Walter T. Bergen School

Street Address
225 Glenwild Avenue

City (5)
Bloomingdale

County (6)
Passaic

County Code (7) (STATE USE ONLY) [Not specified]

Square Feet
60,000

# of Floors
2

Bldg. Age
60

Current Use (Prior to being demolished)
School

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

ASCM No.
0090

Name of Abatement Contractor (9)
Bako Construction & Restoration, Inc.

Street Address
403 St. James Avenue

City, State, Zip Code
Phillipsburg, NJ 08865

Project Manager for Monitoring Firm
Patrick D. McGuinness

Telephone No.
908 454 6316

License No.
0666

Start Date (10)
07/01/15

Scheduled Completion Date (11)
07/09/15

Name of OSHA Monitor
Bako Construction & Restoration, Inc.

Street Address
265 Route 46 Ste 3D

City, State, Zip Code
Totowa, NJ 07512

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 Renovation

X 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)
Breeching Insulation
TSI

Amount (Specify SF or LF)
23 SF
12 LF

Abatement Type
Removal
Repair
 encapsulate
Endanger

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

NJ/DEP Waste Hauler ID No.
20889

Cubic Yards of Waste
TBD

Disposal Date
TBD

City, State
Totowa, NJ

Completed by
Goran Kojic

Title
Project Manager

Signature

Date
05/29/15

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:66 and 12:120)

Date of Notification (1)  
05/29/15

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

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

Street Address  
225 Glenwild Avenue

City, State, Zip Code  
Bloomingdale, NJ 07403

Name of Contact  
George Hagi

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  
Martha B. Day School

Street Address  
225 Raffkind Road

City (5)  
Bloomingdale

County (6)  
County Code (7)  
(SSTATE USE ONLY)

Passaic

Square Feet  
60,000

# of Floors  
2

Bidg. Age  
63

Current Use (Prior to being Abandoned or School)

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

ASCM No.  
0090

Name of Abatement Contractor (9)  
Bako Construction & Restoration, Inc.

Street Address  
403 St. James Ave.

City, State, Zip Code  
Phillipsburg, NJ 08865

Project Manager for Monitoring Firm  
Patrick D. McGuinness

Telephone No.  
908 454 6316

Street Address  
265 Route 46 Ste 3D

City, State, Zip Code  
Totowa, NJ 07512

Telephone No.  
973 256 7010

License No.  
00666

Name of OSHA Monitor  
Bako Construction & Restoration, Inc.

Start Date (10)  
06/23/15

Scheduled Completion Date (11)  
06/30/15

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)

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

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

In Facility (13)

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

Yes ☒ No ☐

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

Yes ☒ No ☐

Amount (Specify SF or F)

Abatement Type

Removal ☒ Repair ☐ Encapsulate ☐ Eradicate ☐

Boiler Room ☒ Breaching Insulation 200 ft2

Boiler Room ☒ TSI 545 ft2

Boiler Room Lavatory ☒ TSI 60 ft2

Boiler Room Electric Room ☒ TSI 85 ft2

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

NJDEP Waste Hauler ID No. 20689

Cubic Yards of Waste  
TBD

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

City, State  
Totowa, NJ

Disposal Date  
TBD

City, State, Zip Code  
Morrisville, PA

Completed by  
Goran Kojic

Title  
Project Manager

Signature  
Date 05/29/15

ASB-41 (R-06-06)

* Do not use this form for asbestos hazardous exemptions activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:129)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>05/29/15</td>
<td>MR Zalman Chein</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agencies Notified (3)</th>
<th>Type Notification (4)</th>
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</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
</tr>
<tr>
<td>DEP</td>
<td></td>
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<tr>
<td>DOL</td>
<td>Amended</td>
</tr>
<tr>
<td>DOH</td>
<td>Emergency (including</td>
</tr>
<tr>
<td>DCA</td>
<td>Cancellation</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address (5)</th>
<th>City, State, Zip Code (6)</th>
</tr>
</thead>
<tbody>
<tr>
<td>55 Onderdonk Avenue</td>
<td>Ridgewood NY 11385</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Contact (7)</th>
<th>Telephone Number (8)</th>
</tr>
</thead>
<tbody>
<tr>
<td>MR Zalman Chein</td>
<td></td>
</tr>
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FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (9)</th>
<th>Type of Facility (10)</th>
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<tbody>
<tr>
<td>N/A</td>
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<table>
<thead>
<tr>
<th>Street Address (11)</th>
<th>County Code (12)</th>
</tr>
</thead>
<tbody>
<tr>
<td>738 Schuyler Avenue</td>
<td>Bergen</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>County Code (13)</th>
<th>Name of Abatement Contractor (14)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bergen</td>
<td>Turningpoint Contracting Corporation</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm (15)</th>
<th>Street Address (16)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Divine Environmental</td>
<td>51 Berkeley Terrace</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code (17)</th>
<th>Street Address (18)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Newark NJ</td>
<td>30 West 25th Street</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm (19)</th>
<th>Telephone No. (20)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chinyelu Oraegbunam</td>
<td>2014839788</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Start Date (21)</th>
<th>Scheduled Completion Date (22)</th>
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</thead>
<tbody>
<tr>
<td>06/10/2015</td>
<td>12/30/2015</td>
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<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (23)</th>
<th>Name of OSHA Monitor (24)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
<td>JLC Environmental Inc</td>
</tr>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours</td>
<td></td>
</tr>
<tr>
<td>Other – Describe:</td>
<td></td>
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<table>
<thead>
<tr>
<th>Scope of Work (25)</th>
<th>Renovation</th>
<th>Demolition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full Containment it with Negative Pressure</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Mini-Enclosure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Glovebag Procedure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-Exempted (*) and Non-Friable Procedure</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) (26)</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (27)</th>
</tr>
</thead>
<tbody>
<tr>
<td>TO BE ABATED</td>
<td>Yes/No</td>
</tr>
<tr>
<td>(13)</td>
<td>N/A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description of Asbestos-Containing Material (ACM) (28)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) (29)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>first floor</td>
<td>pipe insulation 456 LF</td>
</tr>
<tr>
<td>2nd floor</td>
<td>corrugated transite roof 180 SF</td>
</tr>
<tr>
<td>boiler room</td>
<td>pipe and tank insulation 400 LF</td>
</tr>
<tr>
<td>2nd floor duct room</td>
<td>pipe insulation 10 LF</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler (30)</th>
<th>Cubic Yards of Waste (31)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Newark Carting Inc</td>
<td>40</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler (32)</th>
<th>Disposal Date (33)</th>
</tr>
</thead>
<tbody>
<tr>
<td>NJDEP Waste Hauler ID No. 4506</td>
<td>City, State, PA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State (34)</th>
<th>Name of Registered Waste Hauler (35)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Newark NJ</td>
<td>Newark Carting Inc</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed by (36)</th>
<th>Title (37)</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chika Onwukaife</td>
<td>Project Manager</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date (38)</th>
<th>Name (39)</th>
</tr>
</thead>
<tbody>
<tr>
<td>05/29/15</td>
<td>Mr. Farley Taylor</td>
</tr>
</tbody>
</table>

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

**B & G proj. #: 2015-103**

### Date of Notification (11)

[01/06/2015]

### Agencies Notified

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

### Type Notification

- [x] Initial
- [ ] Amendment
- [ ] Cancellation

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

Daniel Chorney

### Street Address

18 Fairmount Avenue

### City, State, Zip Code

Montclair, NJ 07042

### Name of Contact

Daniel Chorney

### Telephone Number

**Check # 7242**

### Name of facility where abatement is taking place (3)

Daniel Chorney

### Street Address

18 Fairmount Avenue

### City, State, Zip Code

Montclair, NJ 07042

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

n/a

### Name of Abatement Contractor (9)

B & G Restoration, Inc.

### Street Address

105 Ryerson Road

### City, State, Zip Code

Lincoln Park, NJ 07035

### Telephone Number

(973)696-6869

### License Number

00378

### Name of OSHA Monitor

B & G Restoration, Inc.

### Street Address

105 Ryerson Road

### City, State, Zip Code

Lincoln Park, NJ 07035

### Sched. Completion Date (11)

06/11/2015

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

- [x] Facility closed/vacated during entire period of abatement.
- [ ] Abatement performed outside of normal facility hours.

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

- [ ] Demolition
- [x] Renovation
- [ ] Full Containment w/negatve pressure
- [x] Glovebag procedure
- [ ] Non-frangible procedure

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

- [x] basement
  - Description of asbestos-containing material (ACM)
  - pipe insulation
  - Amount (Specify SF or LF): 10
  - X
  - R
  - E
  - C

### Registered Waste Hauler

B & G Restoration, Inc.

### NJ/DEP Hauler ID

19563

### Cubic Yards of Waste

V/2

### Name of Registered Landfill & Recovery Center

Tullytown Resource & Recovery Center

### City, State

Tullytown, PA

### Disposal Date

06/12/2015

### Completed by (Print or Type)

Gordana Luna

### Title

Secretary/Treasurer

### Signature

Gordana Luna

### Date

06/01/2015
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:50 and 12:120)

Date of Notification (1)  
Name of Building Owner/Operator (2)  
Carter Road V LLC

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

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

Street Address  
770 Township Line Rd.

City, State, Zip Code  
Yardley, PA 19067

Name of Contact  
Joseph Fallos

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  
Former Lucent Training Center

Former Location Address  
353 Carter Rd.

City (5)  
Hopewell

County (6)  
Mercer

County Code (7)  
[STATE USE ONLY]

Square Feet  
175,000

# of Floors  
2

Bldg. Age  
500

Current Use (Prior to being demolished)  
Training center vacant for 16 years

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

ACSM No.  
00021

Name of Abatement Contractor (9)  
Alliance Environmental Systems, Inc.

Street Address  
28 N. Pennell Rd.

City, State, Zip Code  
Media, PA 19063

Street Address  
550 East Union St.

City, State, Zip Code  
West Chester, PA 19382

Project Manager for Monitoring Firm  
Eric Houseknett

Telephone No.  
908-296-1132

Telephone No.  
610-701-9000

License No.  
00-608

Name of OSHA Monitor  
AET

Start Date (10)  
6/15/15

Scheduled Completion Date (11)  
10/15/15

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

Scope of Work (Check All That Apply)  
[ ] ≥3 sf or ≥5 if  
[ ] ≥150 sf or ≥200 sf  
[ ] Renovation  
[ ] Demolition  
[ ] Full Containment with Negative Pressure  
[ ] Mini-Enclosure  
[ ] Glovebag Procedure  
[ ] Non-Exempted (1) and Non-Frible Procedure

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or L)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement mechanical room</td>
<td>X</td>
<td>boiler packing</td>
<td>6 SF</td>
</tr>
<tr>
<td>Basement center building</td>
<td>X</td>
<td>VAT/Mastic</td>
<td>15,500 SF</td>
</tr>
<tr>
<td>First Floor center building</td>
<td>X</td>
<td>VAT/Mastic</td>
<td>2,200</td>
</tr>
<tr>
<td>Guest wings</td>
<td>X</td>
<td>VAT/Mastic</td>
<td>1,600</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler  
Marcor Group

NJ/DEP Waste Hauler ID No.  
10416

Cubic Yards of Waste  
90

Name of Registered Landfill  
Grows Landfill

City, State  
Trenton, NJ

Complited by  
Robert M. Casciato

Title  
President

Signature  
[Signature]

Completed Date  
05/19/2015

ASB-41 (R-06-08)

*Do not use this form for asbestos abatement exempted activities.
<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 or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Guest rooms</td>
<td>X</td>
<td>Mastic on condensate pans</td>
<td>1,800 SF</td>
<td>X</td>
</tr>
<tr>
<td>Basement electric room</td>
<td>X</td>
<td>Transite Board</td>
<td>10 SF</td>
<td>X</td>
</tr>
<tr>
<td>Window panels guest rooms</td>
<td>X</td>
<td>Transite Board</td>
<td>7,000 SF</td>
<td>X</td>
</tr>
<tr>
<td>Tennis Courts</td>
<td>X</td>
<td>1/8&quot; wear surface</td>
<td>31,000 SF</td>
<td>X</td>
</tr>
</tbody>
</table>

**Date:** Jul 4, 2013
STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT
(PURSUANT TO NJAC 8:60-7 AND 12:120-7)

Date of Notification (1)
06 / 03 / 15

Name of Building Owner / Operator (2)
FIRST STATES INVESTORS 5200 LLC

Street Address
550 BLAIR MILL ROAD

City, State, Zip Code
HORSHAM, PA 19044

Name of Contact
BRUCE WILSON

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
BANK OF AMERICA

Street Address
3109 BERGENLNE AVE

City (5)
UNION CITY

County (6)
HUDSON

County Code (7)

Square Feet
5,000

# Of Floors
1

Building Age
50+

Current Use (Prior if being demo ished)
BANK

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

ASCM NO

Type of Facility (4)

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

building, homes, etc.)

Street Address
167 BALLARDVALE STREET

City, State, Zip Code
WILMINGTON, MA 01887

Project Mgr. For Monitoring Firm
SEAN CASSIDY

Telephone Number
978-888-3736

Occupancy Status During Abatement (Check Only 1)

□ Facility Closed/Vacated During Entire Period of
Abatement

□ Abatement Performed Outside of Normal Facility

□ Hours - Describe: __6:00 Pm to 2:00 Am

□ Other - Describe: _______________________________

North Star Contracting Group, Inc.

Street Address
32 Williams Parkway

City, State, Zip Code
East Hanover, NJ 07936

License Number
00860

Name of OSHA Monitor

North Star Contracting Group, Inc.

Street Address
32 Williams Parkway

City, State, Zip Code
East Hanover, NJ 07936

Scope of Work (Check All That Apply)

□ Demolition

□ Renovation

□ Full Containment with Negative Pressure

□ Mini Enclosure

□ Glovebag Procedure

□ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos Containing

TO BE ABATED

in Facility

(13)

Is

Location

 Normally Used

Solely

by Maintenance/Custodial Staff

Location

Amount

(Specify
SF or LF)

R

E

N

E

C

A

L

O

S

U

R

Description of Material (ACM)

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

Name of Registered Waste Hauler

NEWARK CARTING

Name of Registered Landfill

I.E.S.I.

Hauler ID No.
4609

Cubic Yards
of Waste

Completed by (Print or Type)

Title

Signature

Date

Steven Stiles
Project Manager

06/03/15

ASB-41