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

Date of Notification (1)  June 4, 2015  
February 27, 2015  
Name of Building Owner / Operator (2)  New Jersey Economic Development Authority

Agencies Notified  Type Notification  
☐ EPA  ☑ Initial  
☐ DEP  ☑ Amended  
☐ DOL  Amendment # 5  
☐ DOH  Cancellation

Street Address  36 West State Street  
City, State & Zip Code  Trenton, NJ 08608  
Name of Contact  James Saraceno  
Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  Branford Hall Career Institute

Street Address  651 Route 1 South (Bldg. 651)  
City (5)  North Brunswick

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

Name of Monitoring Firm Hired by Building Owner (8)  ASCM No. 23

Name of Abatement Contractor (9)  Synatech, Inc.

Street Address  1606 Route 22 East, Ste. 107  
City, State & Zip Code  Union, NJ 07083

Project Manager for Monitoring Firm  Tammy Lomax

Telephone Number  908-688-7800

Telephone Number  908-688-7800

Scheduled Start Date (10)  June 3, 2015  
Scheduled Completion Date (11)  June 30, 2015

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

☐ Abatement Performed Outside of Normal Hours

☐ Other - Describe:

Facility Occupied During Abatement

Scope of Work (Check all that apply)  
☐ Renovation

☐ Demolition

☐ Full Containment with Negative Pressure

☐ Mini-Enclosure

☐ Glovebag Procedure

☐ Non-Exempted (and N-Friable Procedure)

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

Is Location Normally Used Solely by Maintenance or 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 or LF)

<table>
<thead>
<tr>
<th>Description of Material</th>
<th>Amount (Specify or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Linoleum &amp; Mastic</td>
<td>30 SF</td>
</tr>
<tr>
<td>Wallboard Glue</td>
<td>0 LF</td>
</tr>
<tr>
<td>VAT</td>
<td>9 SF</td>
</tr>
<tr>
<td>Linoleum &amp; Mastic</td>
<td>0 SF</td>
</tr>
</tbody>
</table>

Abatement Type

Removal  ☑ ☑ ☑  
Repair  ☑ ☑ ☑  
Encapsulation  ☑ ☑ ☑  
Endosuction

Endosuction

<table>
<thead>
<tr>
<th>Endosuction</th>
<th>Removal</th>
<th>Repair</th>
<th>Encapsulation</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ ☑ ☑</td>
<td>☑ ☑ ☑</td>
<td>☑ ☑ ☑</td>
<td></td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler  Freehold Cartage, Inc.

Cubic Yards of Waste  40  
Name of Registered Landfill  Grows Landfill

Disposal Date  July 1, 2015

City, State  Freehold, NJ 07729

Completed By  Diane Aloia  
Title  Executive Administrator

Signature  [Signature]  
Date  February 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) May 29, 2015
February 27, 2016

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

Type Notification
☐ Initial
☐ Amended
☐ Amendment # 5
☐ Cancellation

Name of Building Owner / Operator (2)
New Jersey Economic Development Authority

Street Address
36 West State Street

City, State & Zip Code
Trenton, NJ 08608

Name of Contact
James Saraceno

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Brantford Hall Career Institute

Street Address
651 Route 1 South (Bldg. 651)

City (5)
North Brunswick

County (6)
Middlesex

Municipality

City, State & Zip Code
Union, NJ 07083

Project Manager for Monitoring Firm
Tammy Lomax

Telephone Number
908-888-7809

Scheduled Start Date (10)
June 3, 2015

Scheduled Completion Date (11)
June 30, 2015

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

Scopes of Work (Check all that apply)
☐ Renovation
☐ Demolition

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

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

Location

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

Amount (Specify SI or LF)

Abatement Type

Removal
Repair
Encasement
Endorsement

Endorsement

 strings

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

Date of Notification (1)  May 19, 2015  
February 27, 2015

Name of Building Owner / Operator (2)  
New Jersey Economic Development Authority

Agencies Notified  Type Notification  
☐ EPA  ☐ Initial  
☐ DEP  ☐ Amended  
☐ DOL  ☒ Amendment # 4  
☐ DOH  ☐ Cancellation

Street Address  36 West State Street

City, State & Zip Code  Trenton, NJ 08608

Name of Contact  James Saraceno  
Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  
Branford Hall Career Institute

Type of Facility (4)  
☐ School (K-12)  
XXX Subchapter 8 (Other than 12-13)  
☐ Other (i.e., private & commercial buildings, home, etc.)

Square Feet  60,000  
# of Floors  2 + Basement  
Bldg. Age  70

Current Use (Prior if being discontinued)  
Technical School

County (6)  Middlesex  
USE ONLY

Name of Monitoring Firm Hired by Building Owner (6)  Hillman Consulting

ASCM No. 23

Name of Abatement Contractor (9)  Synatech, Inc.

Street Address  828 Radio Road

City, State & Zip Code  Little Egg Harbor, NJ 08087

Bldg. Age  70

Name of OSHA Monitor (10)  Synatech, Inc.

Scheduled Start Date (10)  May 20, 2015  
Scheduled Completion Date (11)  June 30, 2015

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

☐ Abatement Performed Outside of Normal Hours

☐ Other – Describe:

☐ Facility Occupied During Abatement

Scope of Work (Check all that apply)  
☐ Renovation  ☐ Full Containment with Negative Pressure

☐ Demolition  ☐ Mini-Enclosure

☐ Glovebag Procedure  ☐ Non-Exempted (and N-Friable Procedure

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

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

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

Amount (Specify $ or LF)  
00 SF  X

Abatement Type  
Removal  Encapsulation

Endoscopy

Endoscopy

Name of Registered Waste Hauler  Synatech, Inc.

Cubic Yards of Waste  0

Name of Registered Landfill  Grows Landfill

City, State  Little Egg Harbor, NJ 08087

Disposal Date  June 1, 2015  
City, State  Morrisville, PA

Completed By  Diane Aloia

Title  Executive Administrator  
Signature

Date  May 19, 2015  
027-2016

*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 7, 2015
February 27, 2015

Name of Building Owner / Operator (2): New Jersey Economic Development Authority

Agencies Notified

- EPA
- DEP
- DOL
- DOH
- DCA

Type Notification

- Initial
- Amended
- Amendment # 4
- Cancellation

Street Address: 36 West State Street
City, State & Zip Code: City, State, & Zip Code
Trenton, NJ 08608

Name of Contact: James Saraceno

Telephone Number: Phone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3):
Branford Hall Career Institute

Street Address: 651 Route 1 South (Bldg. 651)

City (5): North Brunswick

County (6): Middlesex

County Code (7): USE ONLY

Name of Monitoring Firm Hired by Building Owner (8): Hillman Consulting

ASCM No.: 223

Name of Abatement Contractor (9): Synatech, Inc.

Street Address: 829 Radio Road
City, State & Zip Code: City, State, & Zip Code
Little Egg Harbor, NJ 08087

Telephone Number: Telephone Number
609-295-6941

Name of OSHA Monitor: Synatech, Inc.

Scheduled Start Date (10): May 20, 2015
Scheduled Completion Date (11): May 27, 2015

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

Scope of Work (Check all that apply):
- ≥ 3 sf or ≥ 50 if
- ≥ 160 sf or ≥ 260 if

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

<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 or 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 in LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement File Storage Room and Adjacent Corridor; Basement Corridor Adjacent to Storage Room; Room Opposite Server Room</td>
<td>Yes</td>
<td>Linoleum &amp; Mastic</td>
<td>1.0 SF</td>
<td>X</td>
</tr>
<tr>
<td>Storage Area North of File Room</td>
<td>Yes</td>
<td>Wallboard Glue</td>
<td>1.0 LF</td>
<td>X</td>
</tr>
<tr>
<td>Storage Area North of File Room</td>
<td>Yes</td>
<td>VAT</td>
<td>1.0 SF</td>
<td>X</td>
</tr>
<tr>
<td>Large Storage Room</td>
<td>Yes</td>
<td>Linoleum &amp; Mastic</td>
<td>1.0 SF</td>
<td>X</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler: Synatech, Inc.

Waste Hauler ID No.: 27429

Cubic Yards of Waste: 12

Name of Registered Landfill: Grows Landfill

City, State: City, State
Morrisville, PA

Disposal Date: June 1, 2015

Completed By: Diane Aloia

Title: Executive Administrator

Signature: June 7, 2015

Date: February 7, 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) April 8, 2015
February 27, 2015

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

Type Notification
☐ Initial
☐ Amended
☐ Amendment # 3
☐ Cancellation

Name of Building Owner / Operator (2)
New Jersey Economic Development Authority

Street Address
36 West State Street

City, State & Zip Code
Trenton, NJ 08608

Name of Contact
James Saraceno

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Branford Hall Career Institute

Street Address
651 Route 1 South (Bldg. 651)

City (5)
North Brunswick

County (6)
Middlesex

County Code (7)
USE ONLY

Name of Monitoring Firm Hired by Building Owner (8)
Hillman Consulting

ASCM No. 23

Name of Abatement Contractor (9)
Synatech, Inc.

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

Square Feet
60,000

# of Floors
2 + Basement

Current Use (Prior to being demolished)
Technical School

Bldg. Age
70

Name of OSHA Monitor
Synatech, Inc.

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

Name of Registered Waste Hauler
Synatech, Inc.

Cubic Yards of Waste
12

Abatement Type

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

IN Facility (13)

Yes No N/A

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

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

Amount (Specify S or LF)

Basement File Storage Room and Adjacent Corridor; Basement Corridor Adjacent to Storage Room; Room Opposite Server Room
x Linoleum & Mastic 100 SF X

Storage Area North of File Room
x Wallboard Glue 3 LF X

Storage Area North of File Room
x VAT S F X

Large Storage Room
x Linoleum & Mastic X

Name of Registered Waste Hauler
NJDEP Waste Hauler ID No. 27429

Dispose of Date
April 13, 2015

City, State
Morrisville, PA

Completed By
Diane Aloia

Executive Administrator

Signature

Site
plated April 7, 2015

Date
February 27, 2015

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

Date of Notification (1)  March 20, 2015  
February 27, 2015  

Name of Building Owner / Operator (2)  New Jersey Economic Development Authority  

Agency Notified  
- EPA  
- DEP  
- DOL  
- DOH  
- DCA  

Type Notification  
- Initial  
- Amended  
- Amendment #3  
- Cancellation  

Street Address  
36 West State Street  

City, State & Zip Code  
Trenton, NJ 08608  

Name of Contact  
James Saraceno  

Telephone Number  


FACILITY INFORMATION  

Name of Facility Where Abatement is Taking Place (3)  
Branford Hall Career Institute  

Street Address  
651 Route 1 South (Bldg. 651)  

City (5)  
North Brunswick  

County (6)  
Middlesex  

Name of Monitoring Firm Hired by Building Owner (9)  
Hillman Consulting  

Name of Abatement Contractor (1)  
Synatech, Inc.  

Street Address  
829 Radio Road  

City, State & Zip Code  
Little Egg Harbor, NJ 08087  

Date of Notification  
March 20, 2015  

Telephone Number  
908-688-7500  

License Number  
00817  

Scheduled Start Date (10)  April 9, 2015  
Scheduled Completion Date (11)  April 12, 2015  

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

Scope of Work (Check all that apply)  
- ≥30 sf or ≥50 lf  
- ≥160 sf or ≥260 lf  

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

Yes  
No  
N/A  

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

Rationale Procedure  
- Full Containment with Negative Pressure  
- Mini-Enclosure  
- Glovebag Procedure  
- Non-Exempted and No Protective Procedure  

Amoun (Specify Lf)  

Abatement Type  
- Removal  
- Repair  
- Encapsulate  
- Enclosure  

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

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

Yes  
No  
N/A  

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

Name of Registered Waste Hauler  
Synatech, Inc.  

Disposal Date  
April 13, 2015  

Name of Registered Lanie  

Cubic Yards of Waste  
12  

Name of Registered Landfill  

City, State  
Little Egg Harbor, NJ 08087  

Completed By  
Diane Alola  

Executive Administrator  

Signature  

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

**NOTIFICATION OF ASBESTOS ABATEMENT**

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner / Operator (2)</th>
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<td>March 12, 2016</td>
<td>New Jersey Economic Development Authority</td>
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<tr>
<td>EPA</td>
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<tr>
<td>DEP</td>
<td>Amended</td>
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<tr>
<td>DOL</td>
<td>Amendment No. 2</td>
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<tr>
<td>DOH</td>
<td>Cancellation</td>
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<td>OCA</td>
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<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State &amp; Zip Code</th>
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<tbody>
<tr>
<td>36 West State Street</td>
<td>Trenton, NJ 08608</td>
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**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Type of Facility (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Branford Hall Career Institute</td>
<td>School (K-12)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Square Feet</th>
<th># of Floors</th>
<th>Current Use (Prior to being demolished)</th>
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</thead>
<tbody>
<tr>
<td>60,000</td>
<td>2 + B - Semer</td>
<td>Technical School</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check only one)</th>
<th>Scope of Work (Check all that apply)</th>
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</thead>
<tbody>
<tr>
<td>□ Facility Closed / Vacated During Entire Period of Abatement</td>
<td>□ ≥3 sf or ≥50 lf</td>
</tr>
<tr>
<td>□ Abatement Performed Outside of Normal Hours</td>
<td>□ ≥160 sf or ≥260 lf</td>
</tr>
<tr>
<td>□ Other – Describe:</td>
<td>□ Renovation</td>
</tr>
<tr>
<td></td>
<td>□ Demolition</td>
</tr>
<tr>
<td></td>
<td>□ Full Containment with Negative Pressure</td>
</tr>
<tr>
<td></td>
<td>□ Mini-Enclosure</td>
</tr>
<tr>
<td></td>
<td>□ Glovebag Procedure</td>
</tr>
<tr>
<td></td>
<td>□ Non-Exempted (Specify)</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e., thermal system insulation, surfacing, VAT or other miscellaneous)</th>
<th>Amt ($)</th>
</tr>
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<tbody>
<tr>
<td>Basement File Storage Room and Adjacent Corridor; Basement Corridor Adjacent to Storage Room; Room Opposite Server Room</td>
<td>Linoleum &amp; Mastic</td>
<td>100 SF</td>
</tr>
<tr>
<td>Storage Area North of File Room</td>
<td>Wallboard Glue</td>
<td>10 LF</td>
</tr>
<tr>
<td>Storage Area North of File Room</td>
<td>VAT</td>
<td>10 SF</td>
</tr>
<tr>
<td>Large Storage Room</td>
<td>Linoleum &amp; Mastic</td>
<td>10 SF</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Local Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Synatech, Inc.</td>
<td>12</td>
<td>Grows Landfill</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Disposal Date</th>
<th>City, State</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>March 24, 2015</td>
<td>Morrisville, P.</td>
<td>[Signature]</td>
</tr>
</tbody>
</table>

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

Date of Notification (1) March 6, 2015
February 27, 20145
Name of Building Owner / Operator (2)
New Jersey Economic Development Authority

Agencies Notified Type Notification
EPA Initial
DEP Amended
DOL Amendment #1
DOH Cancellation
DCA

Street Address
36 West State Street

City, State & Zip Code
Trenton, NJ 08608

Name of Contact
James Saraceno

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Branford Hall Career Institute

Street Address
551 Route 1 South (Bldg. 551)

City (5)
North Brunswick

County (6)
Middlesex

County Code (7)
USE ONLY

Name of Monitoring Firm Hired by Building Owner (8)
Hillman Consulting

ASCM No.
23

Name of Abatement Contractor (9)
Synatech, Inc.

Street Address
829 Radio Road

City, State & Zip Code
Union, NJ 07083

Named OSHA Monitor
Synatech, Inc.

Project Manager for Monitoring Firm
Tammy Lomax

Telephone Number
908-686-7500

Scheduled Start Date (10)
March 13, 2015

Scheduled Completion Date (11)
March 16, 2015

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

Scope of Work (Check all that apply)

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

Location Normally Used Solely by Maintenance or Custodial Staff? (12)
Yes No NIA

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

Amour SF Specify

Abatement Type
Non-Exempted(*) and Not ribale Procedure

Basement File Storage Room and Adjacent Corridor and Basement Corridor Adjacent to Server Room

Name of Registered Waste Hauler
NJDEP Waste Hauler ID No.
27429

Cubic Yards of Waste
10

Disposal Date
March 24, 2015

City, State
Morrisville, PA

Name of Registered Landfill
Grows Landfill

Completed By
Diane Alota
Title Executive Administrator
Signature

Do not use this form for asbestos license exempted activities.

*Note: This form is for asbestos license-exempted activities.
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

<table>
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<tr>
<th>Date of Notification (1)</th>
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<tr>
<td>February 27, 2015</td>
<td>New Jersey Economic Development Authority</td>
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<td>DCA</td>
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**Street Address**  
36 West State Street

**City, State & Zip Code**  
Trenton, NJ 08608

**Name of Contact**  
James Saraceno

**Telephone Number**

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

**Name of Facility Where Abatement is Taking Place (3)**  
Branford Hall Career Institute

**Type of Facility (4)**
- [X] Subchapter 8 (Other than K-12)
- [ ] Other (i.e., private & commercialofficio)

**Square Feet**  
80,000

**# of Floors**  
2 + Basement

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

**Bldg. Age**  
70

<table>
<thead>
<tr>
<th>County Code (7)</th>
</tr>
</thead>
<tbody>
<tr>
<td>USE ONLY</td>
</tr>
</tbody>
</table>

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

**ASCM No.**  
23

**Name of Abatement Contractor (9)**  
Synatech, Inc.

**Street Address**  
829 Radio Road

**City, State & Zip Code**  
Little Egg Harbor, NJ 08087

**Lic. Number**  
00817

**Project Manager for Monitoring Firm**  
Tammy Lomax

**Telephone Number**  
088-668-7600

**Scheduled Completion Date (11)**  
March 16, 2016

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

**Scope of Work (Check all that apply)**
- [X] ≥3 sf or ≥ 50 if
- [X] ≥160 sf or ≥ 260 if
- [ ] Renovation
- [ ] Demolition
- [X] Full Containment with Negatif Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted(*) an Non-Exempted (†)

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

**IN Facility**

**Is Location Normally Used Solely by Maintenance or 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 (in SF or %)**  
1,000

**Location of Basement File Storage Room and Adjacent Corridor and Basement Corridor Adjacent to Server Room**

**Name of Registered Waste Hauler**  
Synatech, Inc.

**Cubic Yards of Waste**  
10

**Name of Registered Landfill**

**Disposal Date**  
March 24, 2015

**City, State**  
Little Egg Harbor, NJ 08087

**Completed By**  
Diane Aloia

**Title**  
Executive Administrator

**Signature**  
Diane Aloia

**Date**  
February 27, 2015

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

(Pursuant to NJAC 8:50 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>6/5/2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agencies Notified</td>
<td></td>
</tr>
<tr>
<td>- EPA</td>
<td></td>
</tr>
<tr>
<td>- DEP</td>
<td></td>
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<tr>
<td>- DOL</td>
<td></td>
</tr>
<tr>
<td>- DOH</td>
<td></td>
</tr>
<tr>
<td>- DCA</td>
<td></td>
</tr>
<tr>
<td>Type Notification</td>
<td></td>
</tr>
<tr>
<td>- Initial</td>
<td></td>
</tr>
<tr>
<td>- Amended</td>
<td></td>
</tr>
<tr>
<td>- Amendment #</td>
<td></td>
</tr>
<tr>
<td>- Emergency (including justification)</td>
<td></td>
</tr>
<tr>
<td>- Cancellation</td>
<td></td>
</tr>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>ROCKAWAY VALLEY REGIONAL SEWERAGE AUTHORITY</td>
</tr>
<tr>
<td>Street Address</td>
<td>RD#1, 99 GREENBANK ROAD</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>BOONTON, NJ 07005</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>CARRIE D. FEUER</td>
</tr>
<tr>
<td>FACILITY INFORMATION</td>
<td></td>
</tr>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td>VACANT RESIDENCE</td>
</tr>
<tr>
<td>Street Address</td>
<td>111 MONROE STREET</td>
</tr>
<tr>
<td>City (5)</td>
<td>BOONTON</td>
</tr>
<tr>
<td>County (6)</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>TTI ENVIRONMENTAL, INC.</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>856-840-8800</td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>6/15/2015</td>
</tr>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>6/25/2015</td>
</tr>
<tr>
<td>Occupancy Status During Abatement (Check Only One)</td>
<td></td>
</tr>
<tr>
<td>- Facility Closed/Vacated During Entire Period of Abatement</td>
<td></td>
</tr>
<tr>
<td>- Abatement Performed Outside of Normal Facility Hours</td>
<td></td>
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<tr>
<td>Other – Describe: VACANT</td>
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</tr>
<tr>
<td>Scope of Work (Check All That Apply)</td>
<td></td>
</tr>
<tr>
<td>- ≥36 sf or ≥33 lf</td>
<td></td>
</tr>
<tr>
<td>- ≥160 sf or ≥260 lf</td>
<td></td>
</tr>
<tr>
<td>- Renovation</td>
<td></td>
</tr>
<tr>
<td>- Demolition</td>
<td>X</td>
</tr>
<tr>
<td>- Full Container with N</td>
<td></td>
</tr>
<tr>
<td>- Mini-Enclosure</td>
<td></td>
</tr>
<tr>
<td>- Glovebag Process</td>
<td>X</td>
</tr>
<tr>
<td>- Non-Exempted</td>
<td></td>
</tr>
<tr>
<td>- Dry-Exempted</td>
<td></td>
</tr>
<tr>
<td>- n-Friable Procedure</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></td>
</tr>
<tr>
<td>- Yes</td>
<td>N/A</td>
</tr>
<tr>
<td>- No</td>
<td>X</td>
</tr>
<tr>
<td>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td></td>
</tr>
<tr>
<td>Amount (SF of ACM)</td>
<td></td>
</tr>
<tr>
<td>Abatement Type</td>
<td></td>
</tr>
<tr>
<td>SEE ATTACHED</td>
<td></td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
<td>TWO BROTHERS CONTRACTING</td>
</tr>
<tr>
<td>NJDEP Waste Hauler ID No.</td>
<td>18743</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td>2</td>
</tr>
<tr>
<td>Name of Registered Waste Management (14)</td>
<td></td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>PA</td>
</tr>
<tr>
<td>Disposal Date</td>
<td>6/25/2015</td>
</tr>
<tr>
<td>City, State</td>
<td>TOTOWA, NJ</td>
</tr>
<tr>
<td>Completed by</td>
<td>VIVECA RAMOS</td>
</tr>
<tr>
<td>Title</td>
<td>PROJECT COORDINATOR</td>
</tr>
<tr>
<td>Signature</td>
<td></td>
</tr>
</tbody>
</table>

**Do not use this form for asbestos censured exempted activities.**
## 5.0.1 - 111 Monroe Street

<table>
<thead>
<tr>
<th>Material</th>
<th>Location</th>
<th>Approximate Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brown/White Floor Linoleum &amp; Floor Covering Under Brown/White Floor Linoleum</td>
<td>Kitchen/Dining Room - East Side of House</td>
<td>250 SF</td>
</tr>
<tr>
<td>Double Layer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Floor Linoleum</td>
<td>2nd Floor Bath Room - East Side of House</td>
<td>80 SF</td>
</tr>
<tr>
<td>Air-cell/Paper Type Pipe Insulation &amp; Associated Cementitious Pipe Fitting Insulation</td>
<td>Basement</td>
<td>150 LF</td>
</tr>
<tr>
<td>Cementitious Flue Penetration Packing</td>
<td>Basement - On Chimney Around Flue Pipes</td>
<td>2 SF</td>
</tr>
<tr>
<td>Roof Flashing</td>
<td>On Flat Roll-top Roof Over Garage - Along Intersection of Lower &amp; Upper Roof Levels</td>
<td>15 SF</td>
</tr>
</tbody>
</table>
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)
6/4/15

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

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

Name of Building Owner/Operator (2)
Meridian Health System

Street Address
1945 NJ-33

City, State, Zip Code
Neptune City, NJ 07753

Name of Contact
Eric Plackis

Facility Information

Name of Facility Where Abatement is Taking Place (3)
John W. Knox Senior Housing Complex

Street Address
19 Davis Avenue

City (5)
Neptune

County (6)
Monmouth

County Code (7)

Type of Facility (8)
☐ School (K-12)
☐ Subchapter 3 (Other than K-12)
☐ Other (i.e., private & commercial buildings, homes, etc.)

Square Feet

# of Floors

Age

Current Use (Prior if being demolished)

Housing Complex

Name of Monitoring Firm Hired by Building Owner (8)
Brick Industries Inc

ASCM No.

Name of Abatement Contractor

Street Address
P.O. Box 915

City, State, Zip Code
Brick, NJ 08723

Telephone No.
732-899-7499

License No.
1196

Start Date (10)
6/5/15

Scheduled Completion Date (11)
7/29/15

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

Scope of Work (Check All That Apply)
☐ ≥3 sf or ≥3 if
☒ ≥180 sf or ≥260 if
☐ Renovation
☒ Demolition
☐ Full Containment with Negative Pressure
☐ Min-Enclosure Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

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

In Facility

Description of Asbestos-Containing Material (ACM)

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

Amount (SF/LF)

Abatement Type

Location

- Removal
- Repair
- Encapsulation
- Endicement
- Landfill
- Disposal

Name of Registered Waste Hauler
Brick Industries Inc.

Waste Hauler ID No.
21602

Cubic Yards of Waste
300

Name of Registered Generator

Name of Registered Abatement Contractor

Disposal Date
7/30/15

City, State
Morrisville, PA

Completed by
Eric Plackis

Title
President

Signature

Date
6/4/15

* Do not use this form for asbestos licensure exempted activities.
<table>
<thead>
<tr>
<th>Location of ACM To Be Abated</th>
<th>Is Location Normally Used Solely By Maintenance/Custodial Staff?</th>
<th>Description of Asbestos Containing Material</th>
<th>Amount (SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Center Boiler Room</td>
<td>No</td>
<td>Asbestos Mud Joints</td>
<td>33 Joints</td>
<td>Removal</td>
</tr>
<tr>
<td>Community Center Boiler Room</td>
<td>No</td>
<td>Asbestos Block Insulation</td>
<td>3 LF</td>
<td>Removal</td>
</tr>
<tr>
<td>All Units-Flooring</td>
<td>No</td>
<td>Brown &amp; Tan Asbestos Floor Tile</td>
<td>37,400 SF</td>
<td>Removal</td>
</tr>
<tr>
<td>All Units-Flooring</td>
<td>No</td>
<td>Black Tile Mastic</td>
<td>34,700 SF</td>
<td>Removal</td>
</tr>
<tr>
<td>All Units-Walls &amp; Ceilings</td>
<td>No</td>
<td>Asbestos Drywall Compound</td>
<td>134,024 SF</td>
<td>Removal</td>
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<tr>
<td>All Units-Exterior Rear Doors</td>
<td>No</td>
<td>Asbestos Caulking</td>
<td>850 LF</td>
<td>Removal</td>
</tr>
</tbody>
</table>
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)
June 4, 2015

Avenues Notified

Name of Building Owner/Operator (2)
Bridgeton Public Schools

Street Address
41 Bank Street

City, State, Zip Code
Bridgeton, NJ 08302

Name of Contact
Nicole Albanese

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Bridgeton High School

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

Subchapter (5) (Other i.e. private &
2

Commercial buildings, homes,

County Code (STATE USE ONLY)
Cumberland

Current Use (Prior if being
Demolished)

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

ASCM No.

Name of Abatement Contractor
Shade Environmental, LLC

Street Address
1930 Brown Road

City, State, Zip Code
Newfield, NJ 08344

Telephone No.
856-205-1077

Name of CSHA Monitor
EMSL Analytical

Start Date (10)
June 29, 2015

Scheduled Completion Date (11)
July 3, 2015

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

Abatement Performed Outside of Normal Facility Hours

Non-Exempted (*) and

Scope of Work (Check All That Apply)

≥ 300 sf or ≥ 25 if

≥ 1600 sf or ≥ 2260 sf if

Renovation

Demolition

Full Containment with

Glovebag Procedure

Non-Exempted (*) and

on-Friable Procedure

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

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

Yes

No

N/A

Asbestos-Containing Material (ACM)

Description of

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

SF

LF

Abatement Type

Removal

Repair

Encapsulate

Enclosure

Name of Registered Waste Hauler

NJDEP Waste Hauler ID No. 02265

Cubic Yards of Waste

Name of Registered Landfill

Cumbe Landfill

Disposal Date
7/3/2015

City, State
Newburg, PA

Completed by
Christina Lynch

Title
Operations Manager

Signature

Date
6/4/2015

* Do not use this form for asbestos licensure exempted activities.
Date of Notification (1)  
June 4, 2015  

Name of Building Owner/Operator (2)  
Rita Amato  

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

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

Street Address  
1916 Brynmawr Avenue  

City, State, Zip Code  
Haddon Heights, NJ 08035  

Name of Contact  
Rita Amato  

FACILITY INFORMATION  

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

Type of Facility (4)  
- School (K-12)  
- Subchapter (Other)  
- Other (e.g., commercial buildings, homes, etc.)  

Street Address  
1916 Brynmawr Avenue  

City (5)  
Haddon Heights  

County (6)  
Camden  

County Code (7)  
(STATE USE ONLY)  

Current Use (Prior to Demolition)  
Residence  

Name of Monitoring Firm Hired by Building Owner (8)  
Management & Enviro. Consulting Services  

ASCM No.  

Name of Abatement Contractor (9)  
Shade Environmental, LLC  

Street Address  
PO Box 341  

City, State, Zip Code  
Chesterfield, NJ 08019  

Project Manager for Monitoring Firm  
Bill Weisgarber  

Telephone No.  
609-298-4070  

Start Date (10)  
June 15, 2015  

Scheduled Completion Date (11)  
June 16, 2015  

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

Scope of Work (Check All That Apply)  
- Renovation  
- Demolition  
- Full Containment with Negative Pressure  
- Non-Exempted (*)  
- Other – Describe:  

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 insulation, surfacing, VAT, or other miscellaneous)  

Abatement Type  
Pipe Insulation  

Air (cub. ft / min.)  

Amount of Waste  
Cubic Yards  
1  

Name of Registered Waste Hauler  
Freehold Cartage  

Freehold Hauler ID No.  
02285  

Disposal Date  
6/16/2015  

City, State, Zip Code  
Newbury, PA  

Completed by  
Christina Lynch  

Title  
Operations Manager  

Signature  

Date  
6/4/2015  

* 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)
June 5, 2015

Name of Building Owner/Operator (2)
Canfield Development LLC

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

Type Notification
- Initial

Street Address
PO Box 664

Name of Facility Where Abatement is Taking Place (3)
3 Story Home for Demolition

City (5)
Orange

County Code (7)
Essex

County (8)

Name of Monitoring Firm Hired by Building Owner (8)
n/a

Name of Abatement Contractor (9)
Loznica Management Corp

ASCM No.
n/a

Street Address
20 Canfield Street

City, State, Zip Code
Ridgewood NJ 07451

Type of Facility (4)
- K-12
- Subchapter 6 (Other industrial/commercial buildings, homes, etc.)

Square Feet
4500

Bidg. Age
50+

I of Flo
3

Current Use (Prior to being occupied)
unoccupied 3 story house for demo

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

Other – Describe:

Start Date (10)
6-15-2015

Scheduled Completion Date (11)
7-15-2015

Project Manager for Monitoring Firm

Street Address
22 Troy Lane

City, State, Zip Code
Lincoln Park NJ 07035

Name of OSHA Monitor
Loznica Management Corp

Telephone No.
9737067950

Telephone No. Lit.

Scope of Work (Check All That Apply)
- 3 or more story
- 1600 sq ft or more

- Renovation
- Demolition

Location of Asbestos-Containing Material (ACM)

Is Location Normally Used Solely by Maintenance/Custodial Staff?

TO BE ABATED
in Facility (12)

Yes No N/A

Exterior below siding
X

Name of Registered Waste Hauler
Rovic Transport

Shingles
3,000

NJ/DEP Waste Hauler ID No.

TBD

1st Floor Kitchen
X

Cubic Yards of Waste
9x9 Tiles & Mastic
300

Name of Registered Hauler
GROWS Landfill

2nd Floor Kitchen
X

Diposal Date
TBD

Description of Asbestos Containing Material (ACM)
(Wall Ceiling Plaster
8,000

Other/miscellaneous)

Abatement Type
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebox Procedure
- Non-Exempted (I and N)

F x
F x

F x

Removed
Repair
Encapsulate
Disposal

Completed by
E. Cirovic

Title
Secretary

Signature

Date 6/15/2015

* Do not use this form for asbestos containment activities.
ADDITIONAL WORK: 20 CANFIELD STREET, ORANGE, NJ

++ BASEMENT RESIDUAL PIPE INSULATION (LAGGING) AND ELBOW FITTING MATERIALS UNKNOWN QUANTITY.
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60 and 12:120)

**Date of Notification (1)**
6/5/2015

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

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

**Name of Building Owner/Operator (2)**
ROCKAWAY VALLEY REGIONAL SEWAGE AGENCY

**Authority**

**Street Address**
RD#1, 99 GREENBANK ROAD

**City, State, Zip Code**
BOONTON, NJ 07005

**Name of Contact**
CARRIE D. FEUER

**FACILITY INFORMATION**

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

**Street Address**
113 MONROE STREET

**City (5)**
BOONTON

**County (6)**
MORRIS

**County Code (7)**

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

**Name of Monitoring Firm Hired by Building Owner (8)**
TTI ENVIRONMENTAL, INC.

**AsCM No.**

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

**Street Address**
1253 NORTH CHURCH STREET

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

**Project Manager for Monitoring Firm**
TIM POPP

**Telephone No.**
858-840-8800

**Start Date (10)**
6/15/2015

**Scheduled Completion Date (11)**
6/25/2015

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

**Scope of Work (Check All That Apply)**
- 330 sf or 330 ft
- 180 sf or 260 ft
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and M-Frangible Procedure

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

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

**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 (Spray SF or F)**

**Abatement Type**
- Removal
- Repair
- Encapsulation
- Endorsement

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

**Hauler ID No.**
18743

**Cubic Yards of Waste**
140

**City, State**
TOTOWA, NJ

**Disposal Date**
6/25/2015

**Name of Registered Container EMENT OR W.E.**
WASTE

**Completed by**
VIVECA RAMOS

**Title**
PROJECT COORDINATOR

**Signature**

*Do not use this form for asbestos ensure exempted activities.
<table>
<thead>
<tr>
<th>Material</th>
<th>Location</th>
<th>Approximate Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Air-cell/Paper Type Pipe Insulation &amp; Associated Cementitious Pipe Fitting Insulation</td>
<td>Basement</td>
<td>100 LF</td>
</tr>
<tr>
<td>Textured Plaster Ceiling - Base Coat</td>
<td>1st Floor Kitchen</td>
<td>200 SF</td>
</tr>
<tr>
<td>Wall &amp; Ceiling Plaster - Base Coat</td>
<td>Throughout House</td>
<td>6,000 SF</td>
</tr>
<tr>
<td>9&quot;x9&quot; Green Floor Tile &amp; Mastic</td>
<td>1st Floor - Bath Room Off Kitchen</td>
<td>110 SF</td>
</tr>
<tr>
<td>9&quot;x9&quot; Brown Floor Tile &amp; Mastic</td>
<td>1st Floor - Mud Porch - Front of House - West Side</td>
<td>70 SF</td>
</tr>
<tr>
<td>Off-white Linoleum w/ Design</td>
<td>1st Floor Kitchen Under Peel &amp; Stick Tiles</td>
<td>220 SF</td>
</tr>
<tr>
<td></td>
<td>1st Floor Living Room Closet</td>
<td></td>
</tr>
<tr>
<td>Built-up Tar Roof</td>
<td>Flat Roof on Front and West Sides of House</td>
<td>650 SF</td>
</tr>
</tbody>
</table>

Note: Much of Ceiling Plaster Floor has been disturbed and lying on the debris.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)
06/05/15

Name of Building Owner/Operator (2)
RAY BUILDERS

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

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

Street Address
150 James St., Suite 206

City, State, Zip Code
LAKEWOOD NJ 08701

Name of Contact
TELEPHONE

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
CAPITAL HOTEL

Street Address
MADISON AVE CORNER 7TH ST

City (5)
LAKEWOOD

County Code (6) (STATE USE ONLY)

County Name (7)
OCEAN

Square Feet
30000

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 28 sf
☒ 160 sf or 260 sf
☒ Renovation
☒ Demolition
☒ Full Containment with Negative Pressure
☐ Min-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and N

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Age (Specified SF or %)</th>
</tr>
</thead>
<tbody>
<tr>
<td>BASEMENT</td>
<td>☒ Yes</td>
<td>TSI</td>
<td>100</td>
</tr>
<tr>
<td>BASEMENT</td>
<td>☒ Yes</td>
<td>TRANSITE PANELS</td>
<td>50</td>
</tr>
<tr>
<td>ROOF</td>
<td></td>
<td>ROOFING</td>
<td>8000</td>
</tr>
<tr>
<td>SIDING</td>
<td></td>
<td>SIDING</td>
<td>1000</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
NEWARK CARTING

NUDEP Waste Hauler ID No.
04509

Cubic Yards of Waste
50

Name of Registered Hauler for Landfill
IESI

City, State
NEWARK, NJ

Completed by
JOSEPH PERLSTEIN

Title
OWNER

Signature

Date
06/24/15

City, State
BETHLEHEM PA

Disposal Date
06/24/15

Name of Abatement Contractor (9)
AAA LEAD PROFESSIONAL

Telephone No.
732-668-9078

License No.
12

License Expiration

License Type

Abatement Type

FRIABLE PROCEDURE

Spot Test

Encapsulate

Endorse

Pressure

Removal

Repair

% Completion

ASB-41 (R-06-08)

* Do not use this form for asbestos removal in the building forms.
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:69 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>6/4/15</td>
<td>OUR LADY OF GRACE</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Type Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial</td>
</tr>
</tbody>
</table>

**Street Address**  
422 WILLOW AVE

**City, State, Zip Code**  
HOBOKEN, NJ. 07030

**Name of Contact**  
G. LAWRENCE

**FACILITY INFORMATION**

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

**Street Address**  
422 WILLOW AVE

**City**  
HOBOKEN

**County**  
HUDSON

**ASCM No.**  
00012

**Name of Abatement Contractor (8)**  
Best Removal Inc

**Street Address**  
450 South River St

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

**Name of OSHA Monitor**  
Omega Environmental Inc

**Street Address**  
280 Huyler St

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

**Start Date (10)**  
6/27/15

**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)**  
- [ ] 3 ft. or 2 3 ft.
- [ ] 160 sf or 260 sf

**Description of Asbestos-Containing Material (ACM) (I.e., thermal systems insulation, surfacing, V.A.T., or other miscellaneous)**

- [ ] Thermal Insulation

**Name of Registered Waste Hauler**  
Best Removal Inc

**ID No.**  
17109

**Cubic Yards of Waste**  
2 1/2 Y

**Name of Registered L. Enters, LLC**  
Minerva Enterprises, LLC

**Disposal Date**  
6/20/15

**City, State**  
Hackensack, N.J. 07601

**Completed by**  
J. Maiorano

**Title**  
Estimator

**Signature**

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

Date of Notification (1) 6/4/15
Name of Building Owner/Operator (2) Wendy Dondero

Agencies Notified

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

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

Street Address
11 Terrace Ave.
City, State, Zip Code
West Orange, NJ 07084
Name of Contact
Wendy Dondero
Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Residence
Street Address
11 Terrace Ave.
City (5) West Orange
County (6) Essex
County Code (7) 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 Changebri Lane, Suite 100
Pine Brook, N.J. 07058

Telephone Number
973-575-8700

License Number
00852

Name of OSHA Monitor
J & S Environmental Laboratories, LLC
Street Address
2333 Route 22 N
Union, NJ 07083

Scope of Work (Check all that apply)
- [ ] Demolition
- [X] Renovation
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [X] Glove Bag Procedure
- [ ] Non - Friability Procedure

Location of Asbestos - Containing Material (ACM)

<table>
<thead>
<tr>
<th>Material (ACM)</th>
<th>Location Normally Used</th>
<th>Description of Asbestos - Containing Material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>TO BE ABATED</td>
<td>Solely by Maintenance/Custodial Staff (12)</td>
<td>Insulation, surfacing, VAT, or other miscellaneous</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>x</td>
<td></td>
<td></td>
</tr>
<tr>
<td>VAT</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Cubic Yards Of Waste 1

Name of Registered Landfill
Minerva Landfill

City, State
Pine Brook, NJ
Waynesburg, OH

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

Signature

Date 6/4/15
Check # 7844
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Data of Notification (1)
Name of Building Owner/Operator (2)
Mr. Stamper

Agencies Notified
Type Notification

- EPA
- DEP
- DOL
- DOH
- DCA
- Initial
- Amended #
- Emergency (including justification)
- Cancellation

Street Address
73 Cranford Place

City, State, Zip Code
Teaneck, NJ 07666

Name of Contact
Mr. Stamper

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
N/A

Type of Facility (4)

- School (K-12)
- Subchapter 6: Other
- Other (i.e. private & commercial buildings, homes, etc.)

City (5)
Teaneck

Square Feet
1600

# of Floors
2

County Code (6)
Bergen

County Code (7)
(STATE USE ONLY)

Current Use (Prior to being demolished)

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

Name of Abatement Contractor (9)
Turningpoint Contracting Corporation

Street Address
358 Broadway

City, State, Zip Code
Newark, NJ, 07104

Telephone No.
201-433-9788

Telephone No.
973-372-2177

Project Manager for Monitoring Firm
Chinyelu Onagbunam

Street Address
51 Berkeley Terrace

City, State, Zip Code
Irvington, NJ, 07111

Name of OSHA Monitor
JLC Environmental, Inc.

Start Date (10)
6/15/15

Scheduled Completion Date (11)
6/24/15

Occupy Status During Abatement (Check Only One)

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

Scope of Work (Check All That Apply)

- ≤3,000 s f or ≤300 If
- ≥160 s f or ≥260 If
- Renovation
- Demolition
- Full Container with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted and Non-Flexible Procedure

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

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

Amount (SF of ACM) (16)
30

Abatement Type

- Removal
- Encapsulate
- Endosulf

Name of Registered Waste Hauler
Newark Carting Inc.

NJDEP Waste Hauler ID No.
4506

Cubic Yards of Waste
1

Name of Registered Waste Hauler
Tullytown Re. City

Disposal Date

City, State
Tullytown, PA

Completed by
Emeka Okeke

Title
President

Signature

Date
06/23/15

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>6 / 4 / 15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agencies Notified</td>
<td></td>
</tr>
<tr>
<td>- EPA</td>
<td></td>
</tr>
<tr>
<td>- DOLWD</td>
<td></td>
</tr>
<tr>
<td>- DOH</td>
<td></td>
</tr>
<tr>
<td>- DCA (NJAC 5:23-8)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Building Owner/Operator (2)</th>
<th>Hamilton Township Board of Education</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>90 Park Ave</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State, Zip Code</td>
<td>Hamilton, NJ 08690</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Contact</th>
<th>John Miranda</th>
</tr>
</thead>
<tbody>
<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>Grice Middle School</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>901 Whitehorse-Hamilton Square Road</td>
</tr>
<tr>
<td>City (5)</td>
<td>Hamilton</td>
</tr>
<tr>
<td>County (6)</td>
<td>Mercer</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>Pennoni Associates, Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone No.</td>
<td>609-547-0505</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Abatement Contractor (9)</th>
<th>Plymouth Environmental Company, Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone No.</td>
<td>610-239-9920</td>
</tr>
</tbody>
</table>

| Start Date (10) | 6 / 22 / 15 |
| Scheduled Completion Date (11) | 7 / 7 / 15 |

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check only one)</th>
<th>Facility Closed/Vacated During Entire Period of Abatement</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
<th>Full Containment with Negative Pressure</th>
</tr>
</thead>
<tbody>
<tr>
<td>- ≥3 sf or ≥3 If</td>
<td></td>
</tr>
<tr>
<td>- ≥160 sf or ≥260 If</td>
<td></td>
</tr>
<tr>
<td>- Renovation</td>
<td></td>
</tr>
<tr>
<td>- Demolition</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exterior Boiler Insulation</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interior Boiler Insulation</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pipe Insulation</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pipe Fittings</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Boiler Breaching Insulation</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Task Insulation</td>
<td>X</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description of Asbestos Containing Material (ACM) (i.e., thermal system insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (in lbs or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>- F</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Abatement Type</th>
<th>Removal</th>
<th>Repair</th>
<th>Encapsulation</th>
<th>Endorsement</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>F</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler Disposal (12)</th>
<th>Robinson Waste Disposal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Waste Hauler ID No. (17304)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>30</td>
<td>GROWS L Indfill</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>Voorhees, NJ 08043</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disposal Date</td>
<td>7/7/15</td>
</tr>
<tr>
<td>City, State</td>
<td>Mooresville, PA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed By (Print or Type)</th>
<th>James M. Kelly</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
<td>Vice President</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>6/15</td>
</tr>
</tbody>
</table>

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

Date of Notification (1)  
6 / 4 / 15  

Name of Building Owner/Operator (2)  
Hamilton Township Board of Education  

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

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

Street Address  
90 Park Ave  

City, State, Zip Code  
Hamilton, NJ 08690  

Name of Contact  
John Miranda  

Telephone Number  

FACILITY INFORMATION  

Name of Facility Where Abatement is Taking Place (3)  
University Heights Elementary School  

Street Address  
645 Paxson Ave  

City (5)  
Hamilton  

County (6)  
Mercer  

County Code (7)  

Type of Facility (4)  
☑ School (K-12)  
☐ Subchapter 8 (Other than K-12)  
☐ Other (i.e., private homes, etc.)  
☐ Commercial buildings, 
Community centers, etc.  

Square Feet  
50,000  

# of Floors  
1  

Bldg. Age  
50  

Current Use (Prior if being demolished)  

Name of Monitoring Firm Hired by Building Owner (8)  
Pennoni Associates, Inc.  

ASCM No.  
00102  

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

Street Address  
515 Grove Street  

City, State, Zip Code  
Haddon Heights, NJ 08035  

License No.  
610-239-9920  

Telephone No.  
856-547-0505  

Project Manager for Monitoring Firm  
Tom Adams  

Name of OSHA Monitor  
Plymouth Environmental Contractors, Inc.  

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

Scope of Work (Check all that apply)  
☐ ≥3 sf or ≥3 ft²  
☐ ≥160 sf or ≥260 ft²  
☐ Renovation  
☐ Demolition  
☐ Full Containment with Negative Pressure  
☐ Mini-Enclosure  
☐ Glovebag Procedure  
☐ Non-Exempted (*) and Non-Friability  

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

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

(13)  

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

Amount Specify:  
SF ft²  
LF  

Abatement Type  
SF  

Endorsement  

Interterior Boiler Insulation  
☐ ☐ ☐  
☐ ☐ ☐  
☐ ☐ ☐  
☐ ☐ ☐  
☐ ☐ ☐  

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

Cubic Yards of Waste  
30  

Name of Registered Disposal Site  
GROWS I Sandfill  

City, State  
Voorhees, NJ 08043  

Disposal Date  
7/7/15  

Completed By (Print or Type)  
James M. Kelly  
Title  
Vice President  
Signature  

Date  
6/4/15  

* 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)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>6 / 4 / 15</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agencies Notified</td>
<td></td>
<td>Hamilton Township Board of Education</td>
</tr>
<tr>
<td>☑ EPA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☑ DOLWD</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☑ DOH</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☑ DCA (NJAC 5:23-8)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Type Notification</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☑ Initial</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☑ Amended Amendment #</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☑ Emergency (including justification)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☑ Cancellation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td></td>
<td>Nottingham High School - North</td>
</tr>
<tr>
<td>Street Address</td>
<td>1055 Klockner Road</td>
<td></td>
</tr>
<tr>
<td>City (5)</td>
<td>Hamilton</td>
<td></td>
</tr>
<tr>
<td>County (6)</td>
<td>Mercer</td>
<td></td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>Pennoni Associates, Inc.</td>
<td></td>
</tr>
<tr>
<td>ASCM No.</td>
<td>00102</td>
<td>Name of Abatement Contractor (9)</td>
</tr>
<tr>
<td>Plymouth Environmental Contractor</td>
<td>Inc.</td>
<td></td>
</tr>
<tr>
<td>Street Address</td>
<td>515 Grove Street</td>
<td></td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Haddon Heights, NJ 08035</td>
<td>Norristown, PA 19401</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>Tom Adams</td>
<td>Telephone No.</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>856-547-0505</td>
<td>610-239-9920</td>
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<tr>
<td>Start Date (10)</td>
<td>6 / 22 / 15</td>
<td>Scheduled Completion Date (11)</td>
</tr>
<tr>
<td>Occupancy Status During Abatement (Check only one)</td>
<td>☑ Facility Closed/Vacated During Entire Period of Abatement</td>
<td></td>
</tr>
<tr>
<td>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)</td>
<td>Interior Boiler Insulation</td>
<td>☑</td>
</tr>
<tr>
<td></td>
<td>Boiler Breaching Insulation</td>
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<td></td>
<td>Boiler Vibration Dampers</td>
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<tr>
<td></td>
<td>Name of Registered Waste Hauler Robinson Waste Disposal</td>
<td>NJDEP Waste Hauler ID No. 17304</td>
</tr>
<tr>
<td></td>
<td>City, State Voorhees, NJ 08043</td>
<td></td>
</tr>
<tr>
<td>Completed By (Print or Type)</td>
<td>James M. Kelly</td>
<td>Title</td>
</tr>
</tbody>
</table>

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

Date of Notification (1)  
6/4/15

Name of Building Owner/Operator (2)  
Maria Morin

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

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

Street Address  
72 Overpack Ave.

City, State, Zip Code  
Ridgefield Park, NJ 07650

Name of Contact  
Maria Morin

FACILITY INFORMATION

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

Street Address  
72 Overpack Ave.

City (5)  
Ridgefield Park

County (6)  
Bergen

County Code (7)  
ASCM No. 000

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

Street Address  
323 Change ridge Road, Suite 100

City, State, Zip Code  
Pine Brook, NJ 07018

Telephone Number  
973-575-8701

Current Use (If Different from residence)  
Office

Type of Facility  
[ ] School (K-12)  
[ ] Other (i.e., private home, etc.)

Square Feet  
2000

Floors  
2

License Number  
00652

Build. Age  
-85

Rights Reserved

4. Other than K-12 schools and commercial buildings,

5. Name of OSHA Monitor  
J & S Environmental Laboratories, LLC

Street Address  
2333 Route 28W

City, State, Zip Code  
Union, NJ 07083

[ ] Renovation

Scope of Work (Check all that apply)  
[x] Demolition  
[ ] ≥3 sf or ≥1 If  
[ ] ≥160 sf or ≥260 If

Amount (Specify SF or LF)  
120 SF

Abatement Type  
Dry Double Bagging Procedure

© 2002

ASB-41  
JUN 95

Name of Registered Waste Hauler  
Jupiter Environmental Services

Waste Hauler ID No.  
04732

Cubic Yards Of Waste  
1

Name of Registered Landfill  
Minerva Landfill

Disposal Date  
6/15/15

Name of Building Owner/Operator  
Maria Morin

City, State  
Ridgefield Park, NJ

Completed By (Print or Type)  
Pane Repic

Title  
General Manager

Date  
6/4/15

Signature  
[Signature]

G4967
<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
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<tr>
<td>Date of Nomination (1)</td>
<td>6/12/15</td>
</tr>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>BASF</td>
</tr>
<tr>
<td>Street Address</td>
<td>2655 ROUTE 22 W</td>
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<tr>
<td>City, State, Zip Code</td>
<td>UNION, NJ 07083</td>
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<tr>
<td>Name of Contractor</td>
<td>STUART SANDERS</td>
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<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td>BASF</td>
</tr>
<tr>
<td>Street Address</td>
<td>2655 ROUTE 22 W</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>UNION, NJ 07083</td>
</tr>
<tr>
<td>County Code (7)</td>
<td>UNION</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>EHI</td>
</tr>
<tr>
<td>Street Address</td>
<td>450 South River St.</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>HACKENSACK, N.J. 076</td>
</tr>
<tr>
<td>Name of OSHA Monitor</td>
<td>Omega Environment LLP</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>D. Korsch</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>201-329-744</td>
</tr>
<tr>
<td>Telepheno No.</td>
<td>973-662-2041</td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>6/12/15</td>
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<tr>
<td>Scheduled Completion Date (11)</td>
<td>6/17/15</td>
</tr>
<tr>
<td>Occupancy Status During Abatement (Check only one)</td>
<td></td>
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<tr>
<td>Hazardous Material During Entire Period of Abatement</td>
<td></td>
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<tr>
<td>Abatement Performed Outside of Negligible Facility Hours</td>
<td></td>
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<tr>
<td>Scope of Work (Check All That Apply)</td>
<td></td>
</tr>
<tr>
<td>3. Asbestos Removal</td>
<td></td>
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<td>4. Asbestos Abatement</td>
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</tr>
<tr>
<td>5. Asbestos Insulation</td>
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</tr>
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<td>6. Asbestos Encapsulation</td>
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<td>7. Asbestos Removal and Encapsulation</td>
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<td>8. Asbestos Insulation and Encapsulation</td>
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<tr>
<td>9. Asbestos Abatement and Encapsulation</td>
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</tr>
<tr>
<td>10. Asbestos Removal, Insulation, and Encapsulation</td>
<td></td>
</tr>
<tr>
<td>11. Asbestos Removal, Insulation, and Encapsulation</td>
<td></td>
</tr>
<tr>
<td>12. Asbestos Abatement, Insulation, and Encapsulation</td>
<td></td>
</tr>
<tr>
<td>13. Asbestos Removal, Insulation, and Encapsulation</td>
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<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED</td>
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<tr>
<td>Location Normally Used for:</td>
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</tr>
<tr>
<td>1. Storage</td>
<td></td>
</tr>
<tr>
<td>2. Processing</td>
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<td>3. Machining</td>
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<td>4. Demolition</td>
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<td>5. Dust Extraction (Check All That Apply)</td>
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<tr>
<td>6. Dust Collection</td>
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<td>7. Dust Control</td>
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<td>8. Dust Collection and Control</td>
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<td>Description of Asbestos-Containing Material (ACM)</td>
<td>TYPE</td>
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<tr>
<td>R.A. Structural Insulation,</td>
<td></td>
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<tr>
<td>R.A. Reinforcing Material,</td>
<td></td>
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<td>Asbestos-Containing Material,</td>
<td></td>
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<tr>
<td>Description of Asbestos-Containing Material (ACM)</td>
<td>TYPE</td>
</tr>
<tr>
<td>R.A. Structural Insulation,</td>
<td></td>
</tr>
<tr>
<td>R.A. Reinforcing Material,</td>
<td></td>
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<tr>
<td>Asbestos-Containing Material,</td>
<td></td>
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<tr>
<td>Name of Registered Waste Hauler</td>
<td>EHI</td>
</tr>
<tr>
<td>Number of Haulers (14)</td>
<td>17109</td>
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<tr>
<td>Name of Person Responsible for Waste</td>
<td></td>
</tr>
<tr>
<td>Disposal Date</td>
<td>6/12/15</td>
</tr>
<tr>
<td>Disposal Location</td>
<td>HANOVER</td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
<td>MINERVA ENTERPRISES, LLC</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>HACKENSACK, N.J. 076</td>
</tr>
<tr>
<td>Signature</td>
<td>J. Mayerllo</td>
</tr>
<tr>
<td>Date</td>
<td>6/12/15</td>
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</tbody>
</table>
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1): 6/5/15

Name of Building Owner/Operator (2):
NJ DOT

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

Type of Notification:
- Initial Notification
- Amended Notification
- Emergency
- Cancellation

Street Address:
1035 Parkway Ave.

City, State, Zip Code:
Trenton, NJ 08625-0600

Name of Contact:
Anthony Pellegrino

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3):
NJ DOT Maintenance Yard

Street Address:
1255 Pleasant Valley Way

City (5):
West Orange

County (6):
Essex

County Code (7) (STATE USE ONLY):

Name of Monitoring Firm Hired by Building Owner:
Environmental Connection, Inc.

ASCM No.:
000

Name of Abatement Contractor (9):
Jupiter Environmental Services

Street Address:
323 Changebridge Rd

City, State, Zip Code:
Pine Brook, NJ 07070

Telephone Number:
973-575-8700

License Number:
000852

Type of Facility (10):
School (<12)
Subch (12+)
Other (i.e., private homes, etc.)

Square Feet:
5000

# of Doors:
1

Bidg. Age:
~55

Current Use (PRI):
demolished

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

Scope of Work (Check all that apply):
- Demolition
- [X] ≥3 sf or ≥3 lf
- [X] ≥180 sf or ≥260 lf

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 (13):

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
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</thead>
<tbody>
<tr>
<td>Main Building offices</td>
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<td></td>
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<tr>
<td>Volatile Building</td>
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VAT and window expansion joint caulk

VAT and window caulk

Name of Registered Waste Hauler:
Jupiter Environmental Services

NJDEP Waste Hauler ID No.:
04762

Cubic Yards Of Waste:
3

Name of Registered Landfill:
Minerva Landfill

City, State:
Pine Brook, NJ

Disposal Date:
6/29/15

City, State:
Waynesburg, OH

Completed By (Print or Type):
Pane Repic

Title:
General Manager

Signature:
[Signature]

Amount (Specify SF or LF):
710 SF

[ ] Full containment system with Negative Pressure

[ ] Mini-Enclosure Procedure

710 SF

27 SF

Date:
6/5/15
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 8:16)

Date of Notification (1): 06/05/15

Name of Building Owner/Operator (2): Viki Powell

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

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

Street Address: 33 Brooklawn Drive
City, State, Zip Code: Short Hills, NJ 07078

Name of Contact: Viki Powell

FACILITY INFORMATION

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

Private house

Street Address: 33 Brooklawn Drive
City: Short Hills
County: Essex

Square Feet: # of stories: 1crs

County Code (7) (STATE USE ONLY): 0112

Current Use (Prior if being demolished): Commercial buildings

Name of Monitoring Firm Hired by Building Owner (6):

ASCN:

Name of Abatement Contractor (9): Gr Tech LLC

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

Telephone No.: 973-638-1777

Name of OSHA Monitor: Envirowision Consultants, Inc

Street Address: 20-21 Wagare Road, Bldg. #5E
City, State, Zip Code: Fair Lawn, NJ 07410

Start Date (10): 06/15/15

Scheduled Completion Date (11): 06/16/15

Occancy Status During Abatement (Check only one):
☒ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement:

Scope of Work (Check all that apply):
☐ 3+sf or 3+lf
☐ 150 to 280 sf

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

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):

Clean-up and decontamination without negative pressure
Full Containment with Negative Pressure
Mini-Endosulf
Glovebag Procedure
Entrapment
Non-Exempted (*) and Non-Friable

Abatement Type:

Location of Registered Waste Hauler:

Name of Registered Waste Hauler: Gr Tech LLC
NDEP Waste Hauler ID No: 0033785
City, State: Wayne, NJ 07470

Completed By (Print or Type):

Title: Owner

Signature: Nevei Watan

Date: 06/05/2015

* 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) June 4, 2015

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

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

Name of Building Owner/Operator (2) Lynx Waste & Recycling, c.
Street Address PO Box 188
City, State, Zip Code Spring Lake, NJ 07762
Name of Contact Richard Hyde

Telephone Number

FACILITY INFORMATION
Name of Facility Where Abatement is Taking Place (3) Residence
Street Address 105 Prospect Ave
City Neptune County (6) Monmouth County Code (7) (STATE USE ONLY) 1401 sf
Square feet

Type of Facility (4)  [ ] [ ] [X]

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

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

Name of Asbestos Consultant (5) Guardian
Street Address 1829 Rons Road, Unit 61
City, State, Zip Code Toms River, New Jersey 08755-1271
License Number 00624

Project Manager for Monitoring Firm Telephone Number 732-349-9932

Scheduled Start Date (10) Scheduled Completion Date (11) 06/06/2015 06/08/2015

Scope of Work (Check all that apply)

[X] ≤3 sf or ≤3 if
[X] ≤160 sf or ≤260 if

Abatement Type

Amount

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 (13)

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

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

Asbestos siding

[ ] Renovation  [X] Demolition

Exterior

Name of Registered Waste Hauler Guardian Contracting, Inc.
NJDEP Waste Hauler ID No. 20223
Cubic Yards of Waste 3
Name of Registered T.R.R.

City, State Toms River, New Jersey
Disposal Date 06/09/2015

City, State 

Tullytown, Pennsylvania

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

Date 6/4/15

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>6/8/15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>JOSEPH SCHAEFER</td>
</tr>
</tbody>
</table>

**Agencies Notified**

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

**Type Notification**

- [ ] Amended Amendment # 1
- [ ] Emergency (including justification)
- [ ] Cancellation

**Street Address**

108 MONTEREY DRIVE

**City, State, Zip Code**

BRICK, NJ 08723

**Name of Contact**

JOSEPH SCHAEFER

**Telephone Number**


**FACILITY INFORMATION**

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

Private Residence

**Street Address**

8 SANTIAGO DRIVE

**City (5)**

BRICK, NJ 08723

**County**

Ocean

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

AIRPORT

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

N/A

**Name of Abatement Contractor (6)**

CREAM RIDGE ENVIRONMENTAL INC.

**ASCN No.**

**Project Manager for Monitoring Firm**

**Telephone No.**

609-890-7110

**Start Date (10)**

6/16/15

**Scheduled Completion Date (11)**

6/17/15

**Name of OSHA Monitor**

AMERITECH SERVICES

**Street Address**

15 BLACK FOREST ROAD

**City, State, Zip Code**

HAMILTON, NJ 08691

**License No.**

00676

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

[ ] Facility Closed/Vacated During Entire Period of Abatement

[ ] Abatement performed outside of working hours

**EXTERIOR WORK**

[ ] Yes

[ ] No

[ ] N/A

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

CINDER BLOCK

900 SF

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

[ ] Renovation

[ ] Demolition

**Extent of Work**

[ ] 3 sf or ≥3 if

[ ] ≤160 sf or ≥260 if

**Abatement Type**

[ ] Removal

[ ] Repair

[ ] Encapsulate

[ ] Endoscope

**Location**

[ ] Full Containment with Negative Pressure

[ ] Mill-Enclosure Procedure

[ ] Gluebag Procedure

[ ] Non-Exempted (*) & Non-Friable Procedure

**Name of Registered Waste Hauler**

NJDEP Waste Hauler ID No.

35149

**Cubic Yards of Waste**

40 YDS

**Name if Registered Landfill**

GROWS LANDFILL

**City, State**

ALLENTOWN, NJ

**Disposal Date**

**Completed By**

DAVID D'ANDREA

**Title**

PRESIDENT

**Signature**

[Signature]

**ASB-41**

*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. 9:6G and 12:13G)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>1-16-15</th>
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</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Exxon Mobil Environmental Services</td>
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<tr>
<td>Agencies Notified (3)</td>
<td>EPA</td>
</tr>
<tr>
<td>Type Notification</td>
<td>Initial</td>
</tr>
<tr>
<td>Address (8)</td>
<td>52 Beacham Street</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Everett, MA 02148</td>
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</table>

### FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (6)</th>
<th>Former ExxonMobil Lubricants Refinery Plant</th>
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<tbody>
<tr>
<td>City (10)</td>
<td>Everett</td>
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<tr>
<td>County (11)</td>
<td>Suffolk</td>
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<tr>
<td>County Code (7) (STATE USE ONLY)</td>
<td>30</td>
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<tr>
<td>Current Use (if different from facility)</td>
<td>Storage Tank</td>
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<tr>
<td>Square Feet</td>
<td>1,500</td>
</tr>
<tr>
<td>Floors</td>
<td>2</td>
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<tr>
<td>Bldg. Age</td>
<td>1969</td>
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### Asbestos-Containing Material

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)</th>
<th>Pad 5 EEW</th>
</tr>
</thead>
</table>

**Description of Asbestos-Containing Material (ACM)**
- Insulation, surfacing, and other miscellaneous

**Location of Asbestos-Containing Material (ACM) Normally Used Solely by Maintenance/Custodial Staff (12)**
- Yes

**Name of Registered Waste Hauler**
- Hazard Environmental Group

**Waste Hauler ID No.**
- 1601

**Cubic Yards of Waste**
- 120

**Name of Regulated Landfill**
- High Acres Landfill

**Name of Completion**
- Terry A. Holm

**Title**
- Director of Abatement

**Signature**
- [Signature]

**Date**
- 1-16-15

---

**Notes:**
- Asbestos-containing material found in Pad 5 EEW.
- Insulation, surfacing, and other miscellaneous materials.

---

**Additional Information:**
- Storage Tank with 1,500 square feet, 2 floors, 1969 building age, located in Everett, Suffolk County, MA.
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 6/5/15

Name of Building Owner/Operator (2) Steven Miller Private Home

Agencies Notified

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

Type Notification

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

Street Address

136 Lenape Trail

City, State, Zip Code

Medford lakes NJ 08055

Name of Contact

T Tal

FACILITY INFORMATION

Name of Facility Where Abatement Is Taking Place (3) Steven Miller Private Home

Street Address

136 Lenape Trail

City (5)

Medford lakes NJ 08055

County (5)

Burlington

County Code (7) (STATE USE ONLY) 01

Current Use (Prior if demolished)

Type of Facility 4)

- [ ] School (K-12)
- [X] Subchapter 8 (Commercial buildings, homes, etc.)

Square Feet

1000+

# of Floors

1

Bldg. Age

35+

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

ASCM No.

Name of Abatement Contractor

Pernaco Inc.

Street Address

PO Box 329

City, State, Zip Code

West Berlin NJ 08191

Project Manager for Monitoring Firm


Telephone No.

856-753-9800

Start Date (10)

6/8/15

Scheduled Completion Date (11) 6/10/15

Name of OSHA Monitor

Same

Occancy 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
- [ ] Demolition
- [X] Full Container with Negative Pressure

Renovation (Specify * x LF)

Glovebag Procedure Non-Exempted (*)

Non-Friable Procedure

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

In Facility (13)

Name of Registered Waste Hauler

United Containers

NJDEP Waste Hauler ID No.

22459

Cubic Yards of Waste

3

Name of Registered Landfill

G.R.C.W.S.

Disposal Date

6/10/15

City, State

Elm NJ

Morristown

Completed by

Anthony T Perna

Title

President

Signature

Date

6/5/15

Abatement Type

SF

x

* Do not use this form for asbestos licensure exempted activities.
<table>
<thead>
<tr>
<th>Column 1</th>
<th>Column 2</th>
<th>Column 3</th>
<th>Column 4</th>
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</thead>
<tbody>
<tr>
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<td>Value 2</td>
<td>Value 3</td>
<td>Value 4</td>
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<tr>
<td>Value 5</td>
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<td>Value 7</td>
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<tr>
<td>Value 9</td>
<td>Value 10</td>
<td>Value 11</td>
<td>Value 12</td>
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- Table continues...
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:66 and 12:120)

Date of Notification (1)
6/4/15

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

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

Name of Building Owner/Operator (2)
Kathleen Markey Private Home

Street Address
1817 Hawser Drive

City, State, Zip Code
Forked River NJ 08731

Name of Contact
Danielle

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Kathleen Markey Private Home

Street Address
1817 Hawser Drive

City (5)
Forked River NJ 08731

County (6)
Ocean

Current Use (7) (fill in if building demolished)
Home

Project Manager for Monitoring Firm

Telephone No.

Start Date (10)
6/4/15

Scheduled Completion Date (11)
6/8/15

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)
☒ 33 sq ft or 33 if
☐ 160 sq ft or 260 if
☒ Renovation
☒ Demolition
☐ Non-Friable Procedure
☐ Negative Pressure
☐ Full Containerment with Mini-Enclosure, etc.

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)

Location of Registered Waste Hauler

United Containers NJDEP Waste Hauler ID No. 22459

Cubic Yards of Waste (13)
3

City, State
Elm NJ

Completed by
Anthony T Perna

Title
President

License No.
00727

License expiration date

Telephone Number

Abatement Type

Excess Excavated Material
Removal
Regulate
Enclosure
Landfill

Disposal Date
8/8/15

City, State
Morristown, NJ

Date
6/4/15

ASB-41 (R-06-05)
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1):
JUNE 5, 2015

Name of Building Owner/Operator (2):
ALEXA RAE PROPERTIES, LLC

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

Type Notification:
☐ Initial  ☐ Amended

Amendment #:
☐ Emergency (including justification)
☐ Cancellation

Street Address:
14 EDWARDS POINT ROAD

City, State, Zip Code:
RUMSON, NJ 07760

Name of Contact:
JOE PUCCI

Telephone Number:
732-222-8372

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

Street Address:
325 325 1/2 PARK PLACE AVENUE

City (5):
BRADLEY BEACH

County (6):
MONMOUTH

County Code (7):
N/A

Current Use (Prior or if being demolished):
ABANDONED RESIDENCES

Square Feet:
1500 / 900

Floors:
2

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

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

Name of Abatement Contractor:
FINISHING TOUCH AS

Street Address:
580-A BROADWAY

City, State, Zip Code:
LONG BRANCH, NJ 07740

License No.:
00040

Project Manager for Monitoring Firm:

Telephone No.:
732-222-8372

Start Date (10):
JUNE 15, 2015

Scheduled Completion Date (11):
JUNE 15, 2015

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

Scope of Work (Check All That Apply):
☐ ≥3 sf or ≥3 if
☐ ≥150 sf or ≥250 if
☐ Renovation
☐ Demolition
☐ Full Containment with Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempt (1) a

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>Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount Specify or LF</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>325 BASEMENT</td>
<td>X</td>
<td>TSI</td>
<td></td>
<td>N/A</td>
<td>Removal</td>
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<tr>
<td>325/1/2 1ST 2ND FLOORS</td>
<td>X</td>
<td>SURFACING</td>
<td></td>
<td>N/A</td>
<td>Repair</td>
</tr>
</tbody>
</table>

Amount of Waste:
N/A

Name of Registered Waste Hauler:
FTAA

NJDEP Waste Hauler ID No.:
12058

Name of Local Regulated Landfill:
G.R.C.W.S.

Completed by:
JOSEPH P. MILLER
Title:
PRESIDENT

Date:
6/5/15
**NOTIFICATION OF ASBESTOS ABATEMENT**

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

---

**Date of Notification (1):** 6/5/15

**Name of Building Owner/Operator (2):** Russ Diminni

**Agencies Notified:**

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

**Type Notification:**

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

**Street Address:** 84 Farly Rd

**City, State, Zip Code:** Short Hills, New Jersey 07078

**Name of Contact:** Larry

**Telephone Number:**

---

**FACILITY INFORMATION**

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

**Diminni Residence**

**Street Address:** 84 Farly Rd

**City:** Short Hills

**County:** Essex

**Square Feet:** 5800

**# of Floors:** 3

**Current Use (If Prior to being residence):**

---

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

ASCNM No.

**Name of Abatement Contractor (9):**

Ace Insulation Co., Inc.

**Street Address:** 95 Montrose Road

**City, State, Zip Code:** Colts Neck, N.J. 07722

**Project Manager for Monitoring Firm:**

**Telephone No.:** 732-294-1757

**Telephone No.:** 329

---

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

**Scheduled Completion Date (11):** 6/22/15

---

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

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

**Other – Describe:** 7am-7pm

---

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

- [ ] >=3 sf or >=3 If
- [X] >=160 sf or >=260 sf
- [X] Demolition
- [ ] Renovation

---

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

- [ ] in Facility

**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):**

roof flashing

**Amount (Sf or F):** 10

---

**Name of Registered Waste Hauler:**

Ace Insulation Co., Inc.

**NUDEP Waste Hauler ID No:** 12096

**Cubic Yards of Waste:** 1

**Name of Registered Hauler:**

Chrin

**Disposal Date:** 6/22/15

**City, State:** Easton, PA

---

**Completed by:** Bree McGuire

**Title:** Secretary Treasurer

**Date:** 6/5/15

---

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

State of New Jersey

Date of Notification (1) 6/5/2015

Name of Building Owner/Operator (2) All GGG

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

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

City, State, Zip Code Toms River, NJ 08755

Street Address 2031 Route 9

Name of Contact Dan Quinn

FACILITY INFORMATION

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

City Fair Lawn

County (6) Bergen

County Code (7) (STATE USE ONLY) ASCM No.

Name of Monitoring Firm Hired by Building Owner (8) Guardian Contracting, Inc.

Street Address 19-01 Pollard Drive

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

City, State, Zip Code Toms River, NJ 08755-1271

Street Address 1889 Route 9 Unit 61

License Number 00624

City, State, Zip Code Toms River, NJ 08755-1271

City, State, Zip Code Toms River, NJ 08755-1271

Telephone Number 732-649-9932

Telephone Number 732-349-9932

Telephone Number 732-349-9932

Residence

Current Use (Prior if building demolished) 60

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 li

[ ] ≥160 sf or ≥260 li

[ ] Renovation

[ ] Demolition

[ ] Full Containment with Negative Pressure

[ ] Mini-Enclosure

[ ] Glovebag Procedure

[ ] Non-Exempted (*) and Non-Friable Procedure

Abatement Type

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)

mount (ccy SF or LF)

interior X Floor tile 1 5 sf X

interior X Pipe insulation 1 0 lf

Name of Registered Waste Hauler Guardian Contracting, Inc.

N/DEP Waste Hauler IDNo. 20223

Cubic Yards of Waste 10

Name of Registered T.R.R.F. 5

Disposal Date 6/13/2015

City, State, Zip Code Toms River, New Jersey

City, State, Zip Code Toms River, New Jersey

Completed by (Print or Type) Nicholas Fernicola

Title Project Manager

Signature

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
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<tbody>
<tr>
<td>6/5/15</td>
<td>Diane Gallagher</td>
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<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
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<tr>
<td>DEP</td>
<td>Amended</td>
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<tr>
<td>DOL</td>
<td>Amendment #</td>
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<td>DOH</td>
<td>Emergency (including</td>
</tr>
<tr>
<td></td>
<td>Justification)</td>
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<tr>
<td>DCA</td>
<td>Cancellation</td>
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<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
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<tbody>
<tr>
<td>23 Beaver Drive</td>
<td>Barrington, NJ 08007</td>
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<table>
<thead>
<tr>
<th>Name of Contact</th>
<th>Telephone Number</th>
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<tbody>
<tr>
<td>Diane Gallagher</td>
<td></td>
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<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Type of Facility (4)</th>
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<tbody>
<tr>
<td>Residence</td>
<td>School (K-12)</td>
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<tr>
<td></td>
<td>Subchapter 8 (Other)</td>
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<tr>
<td></td>
<td>Other (i.e., private</td>
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<tr>
<td></td>
<td>buildings, etc.)</td>
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<table>
<thead>
<tr>
<th>County Code (7)</th>
<th>Current Use (if not Bldg demolished)</th>
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<tbody>
<tr>
<td>(STATE USE ONLY)</td>
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<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>ASCM No.</th>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>AEI2, LLC</td>
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<table>
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<tr>
<th>Street Address</th>
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<tbody>
<tr>
<td>300 S. Lenola Road</td>
<td>Maple Shade, NJ 08052</td>
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<tr>
<th>Telephone No.</th>
<th>License No.</th>
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<tr>
<td>609-481-2122</td>
<td>00</td>
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<th>Start Date (10)</th>
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<td>6/17/15</td>
<td>6/21/15</td>
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<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check only one)</th>
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<tbody>
<tr>
<td>X Facility Closed/Vacated During Entire Period of Abatement</td>
</tr>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours</td>
</tr>
<tr>
<td>Other - Describe:</td>
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<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
<th>Full Containment with Negative Pressure</th>
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<tbody>
<tr>
<td>X 3 sf or 3 If</td>
<td>X Renovation Demolition</td>
</tr>
<tr>
<td>≥160 sf or ≥260 If</td>
<td>X Glovebag Procedure</td>
</tr>
<tr>
<td>X Other - Describe:</td>
<td>X Non-Exempted (#) and Non-Fri Procedure</td>
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<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED</th>
</tr>
</thead>
<tbody>
<tr>
<td>IN Facility (13)</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
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</thead>
<tbody>
<tr>
<td>Yes  No  N/A</td>
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<table>
<thead>
<tr>
<th>Description of Asbestos Containing Material (ACM)</th>
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<tbody>
<tr>
<td>(i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
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<table>
<thead>
<tr>
<th>Amount (Specify Slurry or LF)</th>
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<tr>
<td>100</td>
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<table>
<thead>
<tr>
<th>Abatement Type</th>
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<tr>
<td>X</td>
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<table>
<thead>
<tr>
<th>Crawl Space</th>
<th>Duct Wrap</th>
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<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
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<tbody>
<tr>
<td>AEI2, LLC</td>
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<table>
<thead>
<tr>
<th>NJDEP Waste Hauler ID No.</th>
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<tbody>
<tr>
<td>21376</td>
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<table>
<thead>
<tr>
<th>Cubic Yards of Waste</th>
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<tbody>
<tr>
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<tr>
<th>Name of Registered Waste Hauler</th>
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<tbody>
<tr>
<td>Handfill</td>
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<table>
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<th>Disposal Date</th>
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<tr>
<th>Completed By</th>
<th>Title</th>
<th>Signature</th>
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</thead>
<tbody>
<tr>
<td>Wm. Minnick</td>
<td>Program Mgr.</td>
<td></td>
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</tbody>
</table>

Date 6/5/15

Do not use this form for asbestos licensure exempted activities.
State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:50 and 12:120)

Date of Notification (1) 06/08/15

Name of Building Owner/Operator (2) STEPHEN HOLT

Address
47 CENTER AVENUE
LITTLE FALLS, NJ 07424

Name of Contact ANDREA PARRIS

FACILITY INFORMATION

Name of facility where abatement is taking place (3)

STEPHEN HOLT

Street Address
47 CENTER AVENUE

City (8) LITTLE FALLS
County (8) PASSAIC
County Code (7) (State use only) 07424

Name of Monitoring Firm Hired by Bldg. Owner (6) ASCM No.

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

Street Address 20 California Ave.
City, State, Zip Code Paterson, NJ 07503

Telephonic Number 973-343-8020

License Number 01169

Start Date (10) 06/08/15
Sched. Completion Date (11) 06/26/15

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

Scope of Work (Check all that apply)

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

2nd floor & 3RD FLOOR

2nd floor & 3RD FLOOR

Registered Waste Hauler
D & S RESTORATION, INC.

Disposal Date 06/11/15

Completed by (Print or Type) BOGDAN JOLDZIC
Title PRESIDENT

Signature
State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:60 and 12:120)

<table>
<thead>
<tr>
<th>Data of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
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<tr>
<td>1/16/2013</td>
<td>STEPHEN HOLT</td>
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<thead>
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<th>Agencies Notified</th>
<th>Type Notification</th>
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<tbody>
<tr>
<td>DOL</td>
<td>Emergency (including justification)</td>
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</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>CITY</th>
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<tbody>
<tr>
<td>47 CENTER AVENUE</td>
<td>LITTLE FALLS, NJ 07424</td>
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</table>

| Name of Contact     | ANDREA PARRIS        |

<table>
<thead>
<tr>
<th>Telephone Number</th>
<th></th>
</tr>
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<tbody>
<tr>
<td></td>
<td>1</td>
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</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of facility where abatement is taking place (3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>STEPHEN HOLT</td>
</tr>
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</table>

<table>
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<tr>
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<tbody>
<tr>
<td>47 CENTER AVENUE</td>
<td>LITTLE FALLS, NJ 07424</td>
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<table>
<thead>
<tr>
<th>County (6)</th>
<th>County Code (7)</th>
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<tr>
<td>PASSAIC</td>
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<thead>
<tr>
<th>Name of Monitoring Firm Hired by Bldg. Owner (8)</th>
<th>ASCM No.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of Abatement Contractor (6)</th>
</tr>
</thead>
<tbody>
<tr>
<td>D &amp; S RESTORATION, INC.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>CITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>20 California Ave.</td>
<td>Paterson, NJ 07503</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>20 California Avenue</td>
<td>973-345-8020</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of OSHA Monitor</th>
</tr>
</thead>
<tbody>
<tr>
<td>D &amp; S Restoration, Inc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>CITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>20 California Avenue</td>
<td>Paterson, NJ 07503</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Current Use:</th>
</tr>
</thead>
<tbody>
<tr>
<td>School (K-12)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th># of Floors</th>
<th>Bldg. Age</th>
<th>License Number</th>
</tr>
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<tbody>
<tr>
<td>1</td>
<td>1</td>
<td>01169</td>
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<table>
<thead>
<tr>
<th>Scope of Work (check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full Containment w/negative pressure</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Is location normally used solely by maintenance/custodial staff (12)</th>
<th>Description of asbestos-containing material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>TRANSITE PANELS</td>
</tr>
<tr>
<td>No</td>
<td>4800 Sq Ft</td>
</tr>
<tr>
<td>N/A</td>
<td>2nd floor &amp; 3RD FLOOR</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of asbestos-containing material (acm) to be abated in facility (19)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
</tr>
<tr>
<td>N/A</td>
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</table>

<table>
<thead>
<tr>
<th>2nd floor &amp; 3RD FLOOR</th>
<th>VAT</th>
<th>90 SQ FT</th>
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</table>

<table>
<thead>
<tr>
<th>Registered Waste Hauler</th>
</tr>
</thead>
<tbody>
<tr>
<td>D &amp; S RESTORATION, INC.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NJDEP Hauler ID #</th>
<th>Cubic Yards of Waste</th>
</tr>
</thead>
<tbody>
<tr>
<td>13506</td>
<td>50 YDS</td>
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</table>

<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>TULLYTOWN, RESOURCES RECOVERY</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>PATERNON, NJ</td>
<td>06/11/15</td>
</tr>
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<table>
<thead>
<tr>
<th>Completed by (Print or Type)</th>
<th>Title</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>BOGDAN JOLDZIC</td>
<td>PRESIDENT</td>
<td></td>
</tr>
</tbody>
</table>

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

### Date of Notification (1)
6/8/15

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

### Agencies Notified
- [X] EPA
- [X] DEP
- [X] COL
- [X] DOH
- DCA

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

### Street Address
290 Goat Hill Rd.

### City, State, Zip Code
Lambertville, NJ 08530

### Name of Contact
Kristen Kucharzuk

### Telephone Number

### FACILITY INFORMATION

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

#### Street Address
290 Goat Hill Rd.

#### City (6)
Lambertville, NJ

#### County (6)
Hunterdon

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

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

#### ASCM No.

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

#### Street Address
PO Box 327

#### City, State, Zip Code
Allentown, NJ 08501

#### Telephone No.
(609) 259-9688

#### License No.
00493

#### Name of Project Manager for Monitoring Firm
Dave Bunocore

#### Telephone No.
(732) 740-8408

#### Start Date (10)
7/6/15

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

#### Occupancy Status During Abatement (Check only one)
- [ ] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility Hours
- [X] Other - Describe: 8am to 4pm

#### Scope of Work (Check all that apply)
- [X] ≥8 sf or ≥33 ft²
- [X] ≥160 sf or ≥280 ft²
- [ ] Renovation
- [X] Demolition

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

<table>
<thead>
<tr>
<th>TO BE ABATED IN Facility (13)</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>Crawl space</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thermal Pipe Insulation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Debris in crawl space</td>
<td></td>
<td></td>
<td>50g</td>
</tr>
</tbody>
</table>

#### Is Location Normaly 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)
- Amout (SF or CU)

#### Name of Registered Waste Hauler
Stevens Environmental Services, Inc.

#### NJDEP Waste Disposal Date
18292

#### Name of Registered Landfill
SCU

#### Name of Registered Landfill
GROW

#### City, State
Allentown, NJ

#### Completed By
Mahlon E. Stevens

#### Title
Project Manager

#### Signature

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>10/16/15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>CAROLYN LOTHIAN</td>
</tr>
<tr>
<td>Street Address</td>
<td>153 CARLISLE TERRACE</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>RIDGEWOOD, NJ 07450</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>CAROLYN LOTHIAN</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

| Name of facility where abatement is taking place (3) | CAROLYN LOTHIAN |
| Street Address | 153 CARLISLE TERRACE |
| City (5) | RIDGEWOOD |
| County (6) | BERGEN |

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

| Name of Abatement Contractor (9) | D & S RESTORATION, INC. |
| Street Address | 20 California Ave. |
| City, State, Zip Code | Paterson, NJ 07503 |

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Phone Number</th>
</tr>
</thead>
</table>

| Start Date (10) | 06/16/15 |
| Sched. Completion Date (11) | 06/29/15 |

<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. Describe:</td>
<td>NORMAL HOURS</td>
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</table>

<table>
<thead>
<tr>
<th>Scope of Work (check all that apply)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>&gt;=3 sf or &gt;=3 if</td>
<td>Renovation</td>
</tr>
<tr>
<td>&gt;=160 sf or &gt;=260 if</td>
<td>Demolition</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description of asbestos-containing material (ACM)</th>
<th>PIPE INSULATION</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Location of asbestos-containing material (ACM) (10) to be abated in facility (4)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>basement storage room</td>
<td>X</td>
</tr>
</tbody>
</table>

| Name of Registered Landfill (12) | TULLYTOWN, RESOURCES |
| Disposal Date | 06/17/15 |
| City, State | Paterson, NJ 07503 |

<table>
<thead>
<tr>
<th>Completed by (Print or Type)</th>
<th>BOGDAN JOLDZIC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
<td>PRESIDENT</td>
</tr>
<tr>
<td>Signature</td>
<td></td>
</tr>
</tbody>
</table>
# Notification of Asbestos Abatement

**State of NJ**

**Notification of Asbestos Abatement**
(Pursuant to NJAC 8:60 and 12:120)

**Date of Notification (1)**

| 10 | 16 | 11 | 15 |

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

ALICE HOLZAPFEL

**Street Address**

1000 MAGIE AVENUE

**City, State, Zip Code**

ELIZABETH, NJ 07207

**Name of Contact**

RUTH BREWSTER

**Facility Information**

**Type of Facility (4)**

- School (K-12)
- Non-school chapter 8 (Other than K-12)
- Other (Private/Commercial: Bldg./Homes, etc.)

**Square Feet (5)**

Current Use

Prior if being demolished

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

ALICE HOLZAPFEL

1000 MAGIE AVENUE

**City (5)**

ELIZABETH

**County (6)**

UNION

**County Code (7)**

(State use only)

**Type of Firm Hired by Bldg. Owner (8)**

ASCM No.

**Name of Abatement Contractor (9)**

D & S RESTORATION, INC.

20 California Ave.

Paterson, NJ 07503

**Telephone Number**

973-345-8020

**License Number**

01169

**Name of OSHA Monitor**

D & S Restoration, Inc.

**Street Address**

20 California Avenue

Paterson, NJ 07503

**Project Manager for Monitoring Firm**

**Phone Number**

**Start Date (10)**

06/16/15

**Scheduled Completion Date (11)**

06/28/15

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

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

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

- >2 sf or >3 ft
- >160 sf or >260 ft
- Renovation
- Demolition

**Location of asbestos-containing material (acm) to be abated in facility (15)**

<table>
<thead>
<tr>
<th>Basement</th>
<th>Pipe Insulation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>X</td>
</tr>
</tbody>
</table>

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

Amot (Spec LF)

20 Lb

**Registered Waste Hauler**

D & S RESTORATION, INC.

NJDEP Hauler ID# 13506

Cubic Yards of Waste 3 YDS

TULLY TOWN, RESOURC

**Disposal Date**

06/17/15

**City, State**

PATTERSON, NJ 07503

**Name of Registered Landfill**

TULLY TOWN, RESOURC

**City, State**

TULLY TOWN, PA

**Completed by (Print or Type)**

BOGDAN JOLDZIC

**Title**

PRESIDENT

**Date**

06/04/15

**ASR-41**

*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>6-9-15</th>
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</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
</tr>
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<tbody>
<tr>
<td>☒ EPA</td>
<td>Initial</td>
</tr>
<tr>
<td></td>
<td>Amended</td>
</tr>
<tr>
<td></td>
<td>Emergency</td>
</tr>
<tr>
<td></td>
<td>Cancellation</td>
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</table>

<table>
<thead>
<tr>
<th>Name of Building Owner / Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>State of New Jersey Dept. of Transp.</td>
</tr>
<tr>
<td>Street Address</td>
</tr>
<tr>
<td>1035 Parkway Avenue, CN600</td>
</tr>
<tr>
<td>City, State &amp; Zip Code</td>
</tr>
<tr>
<td>Trenton, New Jersey 08625</td>
</tr>
<tr>
<td>Name of Contact</td>
</tr>
<tr>
<td>Victor Akpu</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FACILITY INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
</tr>
<tr>
<td>Residence</td>
</tr>
<tr>
<td>320 White Horse Pike</td>
</tr>
<tr>
<td>City (5)</td>
</tr>
<tr>
<td>Magnolia</td>
</tr>
<tr>
<td>County (6)</td>
</tr>
<tr>
<td>Camden</td>
</tr>
<tr>
<td>County Code (7)</td>
</tr>
<tr>
<td>NA</td>
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</table>

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

<table>
<thead>
<tr>
<th>Street Address</th>
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</thead>
<tbody>
<tr>
<td>320 White Horse Pike</td>
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<table>
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<th>City, State &amp; Zip Code</th>
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<tbody>
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<td>Camden</td>
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<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
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</table>

<table>
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<tr>
<th>Telephone Number</th>
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<tbody>
<tr>
<td>609-567-0600</td>
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<table>
<thead>
<tr>
<th>Scheduled Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
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</thead>
<tbody>
<tr>
<td>6-20-15</td>
<td>7-20-15</td>
</tr>
</tbody>
</table>

| Occupancy Status During Abatement (Check only one) |
| Facility Closed/Vacated During Entire Period of Abatement |
| Abatement Performed Outside of Normal Hours — 7am to 3pm |
| Describe:                                                 |
| Facility Occupied During Abatement                        |

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☒ ≥3 sf of ≥3 if</td>
</tr>
<tr>
<td>☒ ≥160 sf ≥260 sf</td>
</tr>
<tr>
<td>☒ Renovation</td>
</tr>
<tr>
<td>☒ Demolition</td>
</tr>
</tbody>
</table>

| Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13) |
| Is Location Normally Used Solely by Maintenance or Custodial Staff? (12) |
| Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous) |

<table>
<thead>
<tr>
<th>Outside Siding</th>
</tr>
</thead>
<tbody>
<tr>
<td>☒ Transite Shingle Siding</td>
</tr>
<tr>
<td>☒ Duct Wrap Insulation</td>
</tr>
<tr>
<td>☒ Other</td>
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</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
</tr>
</thead>
<tbody>
<tr>
<td>NUDEP Waste Hauler ID No.</td>
</tr>
<tr>
<td>21435</td>
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<table>
<thead>
<tr>
<th>Cubic Yards of Waste</th>
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</thead>
<tbody>
<tr>
<td>20</td>
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<table>
<thead>
<tr>
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<tbody>
<tr>
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<table>
<thead>
<tr>
<th>Number of OSHA Monitor</th>
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<table>
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<tr>
<th>Telephone Number</th>
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<table>
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<tr>
<th>License Number</th>
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<tbody>
<tr>
<td>01263</td>
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<table>
<thead>
<tr>
<th>Address</th>
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</thead>
<tbody>
<tr>
<td>107 Haddon Ave.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State &amp; Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Westmont, NJ 08108</td>
</tr>
</tbody>
</table>

| Full Containment with Negative Pressure |
| Mini-Encapsulate |
| Glow Bag |
| Non-Exempted |

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

<table>
<thead>
<tr>
<th>Amount</th>
</tr>
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<tbody>
<tr>
<td>Specify</td>
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<tr>
<td>F or LF</td>
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<table>
<thead>
<tr>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Removal</td>
</tr>
<tr>
<td>Repair</td>
</tr>
<tr>
<td>Encapsulate</td>
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<td>Endorse</td>
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<table>
<thead>
<tr>
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<td>Undfill</td>
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<table>
<thead>
<tr>
<th>Disposal Date</th>
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<tbody>
<tr>
<td>8-15-15</td>
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<table>
<thead>
<tr>
<th>City, State</th>
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<tbody>
<tr>
<td>Alloway, New Jersey</td>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Completed By (Print or Type)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Theodore S. Budzynski</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Signature</th>
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</table>

<table>
<thead>
<tr>
<th>Date</th>
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<tbody>
<tr>
<td>6-9-15</td>
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<table>
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<th>Check #</th>
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<tbody>
<tr>
<td>16844</td>
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