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

Date of Notification (1) 6/10/15

Name of Building Owner/Operator (2)
Worldwide Holdings & Logistics

EPA
DEP
DOL
DOH
DCA

Agencies Notified

Initial
Amended
Amendment #
Emergency (including L.Justification)
Cancellation

Type Notification

Street Address
330 South Front St.

City, State, Zip Code
Elizabeth NJ 07202

Name of Contact
Dave Calender-TransCanada

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Worldwide Holdings & Logistics

Street Address
330 South Front St.

City (5)
Elizabeth NJ 07202

County (6)
Union

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

Square Feet
16

Number of Floors
8

Age
36

Stator Generator

Name of Monitoring Firm Hired by Building Owner (5)
GZA

ASCM No. 00126

Name of Abatement Contractor (9)
WRS Environmental Services

Street Address
17 Old Dock Rd.

City, State, Zip Code
Yaphank NY 11980

Project Manager for Monitoring Firm
Ben Sallehmi

Telephone No. 631-824-5111

Licence No. 01-36

Start Date (10)
5/25/15

Scheduled Completion Date (11)
7/31/15

Name of OSHA Monitor
WRS Environmental Services

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

Other - Describe: turbine structure outside property

Scope of Work (Check All That Apply)
0.3 sq. ft or ≥ 3 ft
≥ 160 sq. ft or ≥ 260 ft

X Renovation
Demolition

X Full Containment with Negative Pressure

MINI-Enclosure
Glovebag Procedure Non-Exempted

-Friable Procedure

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

Location
Stator Turbine South
Stator Turbine North

Yes No N/A

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

Yes No N/A

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

Amount (Specify SF or ft)

20 ft

Abatement Type
Removal
Repair
Encapsulate
Enclose

Name of Registered Waste Hauler
ATC Inc.

NJDEP Waste Hauler ID No.
S-24310

Cubic Yards of Waste
1

Name of Registered Hauler
Minerva Enterprises

City, State
Shirley, NY

Disposal Date
8/10/15

Completed by
Pedro Guerra

Title
Regional Ops. Manager

Signature

Date
8/10/15

ASB-41 (R-06-26)

* Do not use this form for asbestos removal exempted activities.
Date of Notification (1) | June 9, 2015
---|---
Name of Building Owner/Operator (2) | Carter Road V LLC
Agendas Notified | Type Notification
□ EPA | □ Initial
□ DEP | □ Amended
□ DOL | □ Amendment #2
□ DCH | □ Emergency (including justification)
□ DCA | □ Cancellation
Street Address | 770 Township Line Rd.
City, State, Zip Code | Yardley, PA 19067
Name of Contact | Joseph Fallica

FACILITY INFORMATION
Name of Facility Where Abatement is Taking Place (3) | Former Lucent Training Center
Street Address | 353 Carter Rd.
City (5) | Hopewell
County (6) | Mercer
County Code (7) | (STATE USE ONLY)
Current Use | Prenovational
Square Feet | 175,000

Name of Monitoring Firm Hired by Building Owner (8) | ASCM No. 00021
Name of Abatement Contractor (9) | Alliance Environmental Systems, Inc.
Street Address | 550 East Union St.
City, State, Zip Code | West Chester, PA 19380
Project Manager for Monitoring Firm | Eric Houseknet
Telephone No. | 610-701-9000
License No. | 0008
Start Date (10) | 6/22/15
Scheduled Completion Date (11) | 10/15/15
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 sf or ≥3 If
□ ≥160 sf or ≥260 If
Renovation | Demolition

| Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAC, or other miscellaneous) | Amount (Spec. SF or L)
|---|---|---|---|
Basement mechanical room | X | boiler packing | 6 SF
Basement center building | X | VAT/Mastic | 15,600
First Floor center building | X | VAT/Mastic | 2,200
Guest wings | X | VAT/Mastic | 1,600

Name of Registered Waste Hauler: Mercar Group
NJDEP Waste Hauler ID No. 10416
Cubic Yards of Waste 90
Name of Registered Landfill: Indwell
City, State, Trenton, NJ
Disposal Date: Ongoing

Completed by Robert M. Casciato | President

Signature
Date 08/09/2015

*Do not use this form for asbestos liensure exempted activities.
<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount Specify SF or LF</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Guest rooms</td>
<td>X</td>
<td>Mastic on condensate pans</td>
<td>1,800 SF</td>
<td>X</td>
</tr>
<tr>
<td>Basement electric room</td>
<td>X</td>
<td>Transite Board</td>
<td>10 S F</td>
<td>X</td>
</tr>
<tr>
<td>Window panels guest rooms</td>
<td>X</td>
<td>Transite Board</td>
<td>7,000 SF</td>
<td>X</td>
</tr>
<tr>
<td>Tennis Courts</td>
<td>X</td>
<td>1/8&quot; wear surface</td>
<td>37,000 SF</td>
<td>X</td>
</tr>
</tbody>
</table>
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1):
6/11/15

Agencies Notified:
- EPA
- EPD
- DOL
- DOH
- DCA

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

Name of Building Owner/Operator (2):
Hayman

Street Address:
345 East 2nd Street

City, State, Zip Code:
Mooresown, NJ 08057

Name of Contact:
Kristen Kucharczuk

Telephone Number:

FACILITY INFORMATION

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

Street Address:
345 East 2nd Street

City (4):
Mooresown, NJ

County (5):
Burlington

Current Use (Prior to demolition):
90+/-

County Code (7) (STATE USE ONLY):

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

Other - Describe:
8am to 4pm

Scope of Work (Check all that apply):
[ ] ≥3 sft or ≥3 if
[ ] ≥160 sft or ≥260 sft
[ ] Demolition

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

Basement

Is Location Normally Used Solely by Maintenance/Custodial Staff?

Yes [X] No [ ] N/A

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

Amount (Specify SF or Lb):
800

Abatement Type:

Location of Registered Waste Hauler:
Stevens Environmental Services, Inc.

NJDEP Waste Hauler ID No.:
18292

Cubic Yards of Waste:
1 CU

Name of Registered Landfill:
CROWES Landfill

City, State:
Allentown, NJ

Disposal Date:
7/10/15

City, State:
Morrisville, PA

Completed By:
Mahlon E. Stevens

Title:
Project Manager

Signature:

Date:
6/11/15

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

Date of Notification (1)  6/11/15

Name of Building Owner/Operator (2)  GABRELLIAN ASSOCIATES

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

Street Address  95 RT 17S.

City, State, Zip Code  Paramus, NJ 07652

Name of Contact  M. T. Lek

Name of Facility Where Abatement is Taking Place (3)  STRIP MALL

Street Address  790-796 Franklin Ave

City (5)  Franklin Lakes

County (6)  Bergen

County Code (7)  (STATE USE ONLY)

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

Name of Abatement Contractor  A. MAC Contracting Inc

Street Address  165 Vreeland Ave.

City, State, Zip Code  Midland Park, NJ 07432

Project Manager for Monitoring Firm

Telephone No.  201-622-6841

License No.  00166

Start Date (10)  6/22/15  Scheduled Completion Date (11)  7/23/15

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)
☐ 23 sf or 23 if
☒ ≥160 sf or ≥2260 if
☐ Renovation
☒ Demolition

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)  SEE ATTACHED

Amount Specified (Sf or LF)  SEE ATTACHED

Abatement Type  ☒ Removal  ☐ Repair  ☐ Encapsulate  ☐ Endotherm  ☐ Landfill  ☐ Non-Friable Procedure

Name of Registered Waste Hauler  ☒ Landfill  ☐ Non-Friable Procedure

Newark Carting, Inc

NJDEP Waste Hauler ID No. 04508

Cubic Yards of Waste  80

Name of Registered Landfill  IES PA Br

Disposal Date  6/23/15

City, State, Zip Code  Hackensack, NJ 07606

Completed by  R. McDonald

Title  President

Signature  D. C. M. 6/11/15

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

**Date of Notification (1)**  
6 / 11 / 15

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

**Agency(ies) Notified**  
- [X] EPA
- [X] DOLWD
- [X] DOH
- [ ] DCA (NJAC 5:23-E)

**Type Notification**  
- [X] Initial
- [X] Amended
- [ ] Amendment #2
- [ ] Emergency (including justification)
- [ ] Cancellation

**Street Address**  
155 Hazel Street

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

**Name of Contact**  
John L. Conway

**Telephone Number**  

**FACILITY INFORMATION**

**Name of Facility Where Abatement Is Taking Place (3)**  
**Commercial Building**

**Street Address**  
155 Hazel Street

**City**  
Clifton, NJ 07011

**County**  
Passaic

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

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

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

**Detail No.**  
00012

**Name of Abatement Contractor (9)**  
ALL PRO MANAGEMENT LLC

**Street Address**  
300 Grand Avenue

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

**Telephone No.**  
201-569-6708

**Name of OSHA Monitor**  
ALL PRO MANAGEMENT LLC

**Street Address**  
27 Outwater Lane

**City, State, Zip Code**  
Garfield, NJ 07026

**Telephone No.**  
973-928-4888

**License No.**  
11-8

**Start Date (10)**  
5 / 18 / 15

**Scheduled Completion Date (11)**  
9 / 15 / 15

**Occuqancy Status During Abatement (Check only one)**
- [X] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _______AM-_______PM/_______PM-_______AM

**Scope of Work (Check all that apply)**
- [ ] ≥3 sf or ≥3 ft
- [ ] ≥160 sf or ≥260 ft
- [X] Renovation
- [X] Demolition
- [X] Full Containment with Negative Pressure
- [X] Mini-Enclosure
- [X] Glovebag Procedure
- [X] Non-Exempted (* ) and No -Friab Procedure

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
<th>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td></td>
<td></td>
<td></td>
<td>Pipe Insulation</td>
</tr>
<tr>
<td>Basement</td>
<td></td>
<td></td>
<td></td>
<td>VAT &amp; Mastic</td>
</tr>
<tr>
<td>1st Floor</td>
<td></td>
<td></td>
<td></td>
<td>VAT &amp; Mastic</td>
</tr>
<tr>
<td>Connecting Hallway</td>
<td></td>
<td></td>
<td></td>
<td>Pipe Insulation</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>NJDEP Waste Hauler ID No.</th>
<th>Cubic Yards of Waste As Needed</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Newark Carting</td>
<td>04509</td>
<td>7,17 LF</td>
<td>IESI Landfill</td>
</tr>
</tbody>
</table>

**Disposal Date**  
TBD

**Name of Registered Landfill**  
IESI Landfill

**City, State**  
Newark, NJ

**Completed By (Print or Type)**  
Raymond Blum

**Title**  
Project Manager

**Signature**  

**Date**  
10-70-15

*Do not use this form for asbestos licensure exempted activities.*
<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff (12)</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e. thermal systems, insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Windows</td>
<td>Yes</td>
<td>X Window Caulking</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exterior</td>
<td>X</td>
<td>Transite</td>
<td>255 SF</td>
<td></td>
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Completed by: (Print or type) Raymond Blum
Title: Project Manager
Signature: [Signature]
Date: 10-10-15
STATE OF NEW JERSEY DEPARTMENT OF LABOR NOTIFICATION OF ASBESTOS ABATEMENT

**Date of Notification (1):**
06/08/2015

**Name of Building Owner/Operator (2):**
Peter Lerner and Danielle Dallon

**Address:**
640 Palisade Avenue

**City, State, Zip Code:**
Jersey City, NJ 07307

**Name of Contact:**
Sue Francisco (Brinton Brosius Inc.)

**Facility Information:**
- **Name of Facility Where Abatement is Taking Place (3):** Residential Property
- **Street Address:**
  - 640 Palisade Avenue
- **City, State, Zip Code:**
  - Jersey City, NJ 07307
- **Name of Monitoring Firm Hired by Bldg. Owner (8):**
  - N/A
- **ASCM No.:**
  - N/A
- **Telephone Number:**
  - N/A
- **Scheduled Completion Date (11):**
  - 06/10/2015
- **Occupancy Status During Abatement:**
  - Facility Closed/Vacated During Entire Period of Abatement
  - Abatement Performed Outside of Normal Facility Hours
  - Other - Describe: Unoccupied during abatement
- **Source of Work (Check all that apply):**
  - Demolition
  - Renovation
  - Full Containment with Vegetative Pressure
  - Mini-Enclosure
  - Glovebag Procedure
  - Non-Exempted (*) and Non-Removable Procedure
- **Location of Asbestos-Containing Material (ACM) To be Abated in Facility (13):**
  - Used Solely by Maintenance or Custodial Staff? (12):
    - YES
  - TSI Pipe Insulation
  - 80 LF

**Reg. Waste Hauler:**
Newark Carting, Inc

**NJDEP Waste Hauler ID #:**
04509

**Cubic Yards of Waste:**
2

**Disp. Date:**
06/10/2015

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

**Title:**
Project Supervisor

**Signature:**
[Signature]

**Date:**
06/06/2015
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1):
06/10/15

Name of Building Owner/Operator (2):
McAllister Towing Of Philadelphia

Street Address:
4 South King Street

City, State, Zip Code:
GloUCESTER, NJ. 08030

Name of Contact:
George Doms

FACILITY INFORMATION

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

Street Address:
2500 Broadway

City (5):
Camden

County (6):
Camden

Name of Monitoring Firm Hired by Building Owner (8):
AET, Inc.

ASCM No:
107

Name of Abatement Contractor:
ecosystems, LLC

Street Address:
28 Pennel Road

City, State, Zip Code:
Media, PA. 19063

Project Manager for Monitoring Firm:
Dave Turosky

Telephone No.:
510-891-0114

Start Date (10):
06/29/15

Scheduling Completion Date (11):
07/31/15

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):

x ≥ 3 sf or ≥ 3 ft
≥ 160 sf or ≥ 260 ft

Renovation
Demolition

x Full Containment with Mini-Enclosure
x Glovebag Procedure
x Non-Exempted
x Non-Nosible Procedure

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

Galley

TSI

Galley

Tank Insulation

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):

Asbestos, TSI

Cubic Yards of Waste (14):
10

Name of Registered Waste Hauler:
ecosystems, LLC.

NUDEP Waste Hauler ID No.:
13-012785

Disposal Date:
TBD

Name of Registered Landfill:
Grows (A.W. Landfill)

City, State:
Exton, PA.

Completed by:
Tom Joiner

Title:
Project Manager

Signature:

Date:
06/10/15

* Do not use this form for asbestos licensure exempted activities.
Date of Notification (1): 6-8-15

Name of Building Owner/Operator (2): Phillips GC

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

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

Street Address: 1400 Park Avenue
City, State, Zip Code: Linden NJ
Name of Contact: Ben Hines
Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Phillips GC
Street Address: 1400 Park Avenue
City (5): Linden
County (6): Union
County Code (7): [STATE USE ONLY]

Name of Monitoring Firm Hired by Building Owner (8): N/A
ASCM No.
Name of Abatement Contractor (9): Contracting LLC
Name of OSHA Monitor: Tiger Environmental

Street Address: 2400 Main St
City, State, Zip Code: Sayreville, NJ
Telephone No.: 732 525 0000
License No.: 00749

Start Date (10): 6-8-15
Scheduled Completion Date (11): 6-22-15

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

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

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

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

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

Amount: 120 SF

Abatement Type: Removal

Name of Registered Waste Hauler: Horizon Trucking, Inc
Name of Registerable Disposal Landfill:

City, State: P.O. Box 7 North Hampton, PA
Disposal Date: 6-23-15

Completed by: Kurt Nale
Title: Superintendent
Signature: Kurt Nale
Date: 6-8-15

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner / Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>6/2/2015</td>
<td>Daniel Conn</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Street Address</th>
<th>City, State &amp; Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
<td>370 Connecticut Ave</td>
<td>Hamilton, NJ</td>
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<table>
<thead>
<tr>
<th>FACILITY INFORMATION</th>
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</thead>
<tbody>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
</tr>
<tr>
<td>Street Address</td>
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<tr>
<td>City (5)</td>
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<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
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<table>
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<tr>
<th>Scheduled Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
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</thead>
<tbody>
<tr>
<td>6/11/2015</td>
<td>6/12/2015</td>
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<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
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</thead>
<tbody>
<tr>
<td>≥3 sf or ≥3 If</td>
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<tr>
<td>≥160 sf ≥260 If</td>
</tr>
<tr>
<td>Renovation</td>
</tr>
<tr>
<td>Demolition</td>
</tr>
<tr>
<td></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) |
| Amount (Specify SF or LF) |
| Abatement Type |

<table>
<thead>
<tr>
<th>Basement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pipe Insulation 10lf</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALPHA ENVIRONMENTAL</td>
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<tr>
<td>City, State</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Completed By (Print or Type)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rod Richardson</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Title</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>PM</td>
<td>Rod Richardson</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date</th>
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<tbody>
<tr>
<td>6/2/2015</td>
</tr>
</tbody>
</table>
### State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12:120-7)
*** Sub Chapter 8 ***

**B & G proj. #:** 2015-106

**Date of Notification (1)**

| 0 | 6 | 1 | 9 | 1 | 1 | 5 |

**Name of Building Owner/Operator (2)**
Wood-Ridge Board of Education

**Street Address**
540 Windsor Road

**Name of Contact**
Peter Catania

**Telephone Number**

### FACILITY INFORMATION

Name of facility where abatement is taking place (3)
Wood-Ridge Middle School (sub-chapter 8)

**Street Address**
258 Hackensack Street

**City (5)**
Wood-Ridge, NJ 07075

**County (6)**
Bergen

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

**ASCM No.**
0079

**Name of Abatement Contractor (6)**
B & G Restoration, Inc.

**Street Address**
105 Ryerson Road

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

**Telephone Number**
(973) 696-8889

**License Number**
00378

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

**Street Address**
105 Ryerson Road

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

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

- [x] Abatement performed outside of normal operating hours-
- [ ] Other-

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

#### Table:

<table>
<thead>
<tr>
<th>Location</th>
<th>Description of asbestos-containing material (ACM)</th>
<th>Amount (Sp. Lf)</th>
</tr>
</thead>
<tbody>
<tr>
<td>gym storage area 1</td>
<td>tar paper &amp; mastic</td>
<td>150</td>
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<tr>
<td>gym storage area 2</td>
<td>tar paper &amp; mastic</td>
<td>150</td>
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</tbody>
</table>

**Registered Waste Hauler**
B & G Restoration, Inc.

**Disposal Date**
06/29/2015

**City, State**
Lincoln Park, NJ

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

**City, State**
Tullytown, PA

**Completed by (Print or Type)**
Gordana Luna

**Title**
Secretary/Treasurer

**Signature**
Gordana Luna

**Date**
06/10/2015
State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12:120-7)

B & G proj. #: 2015-111

Date of Notification (1)
[016/019/115]

Name of Building Owner/Operator (2)
Ruth M. Feeney

Street Address
36 Serven Place

City, State, Zip Code
Clifton, NJ 07011

Name of Contact
Gary Casolaro

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
Ruth M. Feeney

Street Address
36 Serven Place

City (5)
Clifton

County (6)
Passaic

Name of Monitoring Firm Hired by Bldg. Owner (6)
r/n

Type of Facility
School (K - 12)

Square Feet
# of Floors
Bldg. Age

Current Use

Prior if being demolished

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

Street Address
105 Ryerson Road

City, State, Zip Code
Lincoln Park, NJ 07035

License Number
00378

Name of OSHA Monitor
B & G Restoration, Inc.

Street Address
105 Ryerson Road

City, State, Zip Code
Lincoln Park, NJ 07035

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:

Schedule Start Date (10)
06/20/2015

Scheduled Completion Date (11)
06/21/2015

Scope of Work (check all that apply)
☐ Demolition
☐ Renovation
☐ >1 sf or >3 ft
☐ ≥150 sf or ≥250 sf
☐ Full Containment w/negative pressure
☐ Mini-enclosure
☐ Glovebag procedure
☐ Non-friable procedure

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

Location normally used solely by maintenance/custodial staff (12)
Yes ☐ No ☑ N/A ☑

Description of asbestos-containing material (ACM)
VAT/Mastic

Amount (Spec LF)
75 sq

Registered Waste Hauler
B & G Restoration, Inc.

NJDEP Hauler ID
cubic yards of Waste

Disposal Date
06/22/2015

Name of Registered Landfill
Tullytown Resource & Recovery Center

City, State
Tullytown, PA

Completed by (Print or Type)
Gordana Luna

Title
Secretary/Treasurer

Signature

Date
06/09/2015
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 5:60 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>06/05/2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Black Horse Pike Regional School District</td>
</tr>
<tr>
<td>Agencies Notified</td>
<td>EPA</td>
</tr>
<tr>
<td>Type Notification</td>
<td>Initial</td>
</tr>
<tr>
<td>Street Address</td>
<td>560 Erial Road</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Blackwood, NJ 08012</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Telephone Number</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

| Name of Facility Where Abatement is Taking Place (3) | Highland High School |
| Street Address | 450 Erial Road |
| City (6) | Blackwood |
| County (5) | Gloucester |
| County Code (7) (STATE USE ONLY) | |
| Current Use (Prior if being demolished) | |
| Square Feet | |
| # of Floors |
| Age |

| Name of Monitoring Firm Hired by Building Owner (8) | Cardino ATC |
| Street Address | 3 Terri Lane, Suite 4 |
| City, State, Zip Code | Burlington, NJ 08016 |
| Telephone No. | 609-386-8800 |

| Start Date (10) | 06/24/2015 |
| Scheduled Completion Date (11) | 07/10/2015 |

| Project Manager for Monitoring Firm | John R. Lutz |
| Occuancy Status During Abatement (Check Only One) | Facility Closed/Vacated During Entire Period of Abatement |
| Scope of Work (Check All That Apply) | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13) | Corridors, 2nd floor |
| 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) | Ceiling tiles |
| Amount (Specify SF or LF) | 8.17 |

| Name of Abatement Contractor (5) | VMC Company, Inc. |
| Street Address | 208 Piaget Avenue |
| City, State, Zip Code | Clifton, NJ 07011 |
| Telephone No. | 973-253-8828 |
| License No. | 01704 |

| Name of OSHA Monitor | VMC Company, Inc. |
| Street Address | |
| City, State, Zip Code | |

**Abatement Type**

- Full Container with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*), and Rund-Frangible Procedure

| Name of Registered Waste Hauler | Newark Carting, Inc. |
| NJDEP Waste Hauler ID No. | 05409 |
| Cubic Yards of Waste | 100 |
| Name of Registered Disposal Site | Landfill |
| City, State | Bethlehem, PA |
| Disposal Date | 07/10/15 |

| Completed by | Voytek Roszkowski |
| Title | President |
| Signature | |
| Date | 06/05/2015 |

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

Date of Notification (1) 6/9/15

Name of Building Owner / Operator (2) VERIZON COMMUNICATIONS

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

Type Notification
- Initial
- Amended
- Emergency
- Cancellation

Street Address
15 EAST MONTGOMERY PLACE

City, State & Zip Code
PITTSBURGH, PA 15212

Name of Contact
ALEX BAYLOR

Name of Facility Where Abatement is Taking Place (3)
Woodbury Central Office - VERIZON

Street Address
24 Curtis Ave.

City (5) Woodbury
County (6) Camden
County Code (7)

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

ASCM No. 

Project Manager for Monitoring Firm
Mark Jenkins

Telephone Number
267-784-5651

Scheduled Start Date (10) 6/29/15
Scheduled Completion Date (11) 7/13/15

Occupancy Status During Abatement (Check only one)
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal
  Describe: 5:00 PM – 1:30 AM
- Facility Occupied During Abatement

Scope of Work (Check all that apply)
- ≥ 3 sf or ≥ 3 if
- ≥ 160 sf ≥ 250 if
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glove Bag Procedures
- Non-Exempted and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (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 SF or LF)
62 LF
76 SF

Abatement Type

Name of Registered Waste Hauler
SERVICE TRANSPORT GROUP, INC.

Cubic Yards of Waste

Disposal Date

Name of Registered Landfill
MINERVA LANDFILL

City, State
NEW CASTLE, DE 19720

Date 6/9/15

Completed By (Print or Type)
Patrick T. DeCaro

Title Estimator

Signature

PD 15047
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1) 6/9/15

Name of Building Owner / Operator (2)
VERIZON COMMUNICATIONS

Street Address
15 MONTGOMERY PLACE
PITTSBURGH, PA 15212

Name of Contact
ALEX BAYLOR

FACILITY INFORMATION
Name of Facility Where Abatement is Taking Place (3)
Verizon Ewing CO

Street Address
1806 Pennington Road

City (5) Ewing County (6) Mercer County Code (7) 19153

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

ASCM No. 2978-8651

Telephone Number 267-784-8651

Project Manager for Monitoring Firm Mark Jenkins

Street Address
8436 Enterprise Ave

City, State & Zip Code Philadelphia pa 19153

Name of OSHA Monitor
BRISTOL ENVIRONMENTAL INC

Street Address
1123 BEAVER STREET

City, State & Zip Code BRISTOL, PA 19007

Name of Abatement Contractor (9)
BRISTOL ENVIRONMENTAL INC

Street Address
1123 BEAVER STREET

City, State & Zip Code BRISTOL, PA 19007

License Number 00509

Scheduled Start Date (10) 7/1/15
Scheduled Completion Date (11) 7/10/15

Occupancy Status During Abatement (Check only one)
☐ Facility Closed/Vacated During Entire Period of Abatement
☒ Abatement Performed Outside of Normal Hours - 5am to 7pm
Describe: 5:00 PM - 1:30 AM
☐ Facility Occupied During Abatement

Scope of Work (Check all that apply)

☐ ≥3 sf or ≥3 LF
☒ ≥160 sf or ≥260 LF

☐ 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

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

Amount (Specify SF or LF)

Abatement Type

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

Basement Equipment Room ☒ ☐ ☐

Roof ☐ ☐ ☒

Duct Insulation ☒ 70 SF
Wall Roof Flashing ☒ 55 SF

Name of Registered Waste Hauler
GROWS LANDFILL

NJDEP Waste Hauler ID No. 18706

Cubic Yards of Waste

Name of Registered Landfill

City, State BRISTOL, PA

Disposal Date

City, State MORRISVILLE, PA

Completed By (Print or Type) Patrick T. DeCaro
Title Estimator

Signature

Date 6/9/15

PD 15049
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)
6-5-2015

Name of Building Owner/Operator (2)
Cedar Grove Board of Education

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

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

Street Address
520 Pompton Avenue

City, State, Zip Code
Cedar Grove, NJ 07009

Name of Contact
Mario Gaita

Telephone Number

Name of Facility Where Abatement Is Taking Place (3)
Cedar Grove High School

Street Address
90 Rugby Road

City (5)
Cedar Grove

County (6)
Essex

County Code (7)
(State Use Only)

Current Use (Prior to being School)
molished

Name of Monitoring Firm Hired by Building Owner (8)
Ahera Consultants Inc

ASCN No.
00057

Name of Abatement Contractor (9)
GL Group, Inc

Street Address
PO Box 385

City, State, Zip Code
Oceanville, NJ 08231-0385

Telephone No.
(609) 652-1833

License No.
06184

Project Manager for Monitoring Firm
Joseph Capone

Telephone No.
201-710-9725

Start Date (10)
6-19-2015

Scheduled Completion Date (11)
6-25-2015

Name of OSHA Monitor
GL Group, Inc

Street Address
140 Hamburg Turnpike

City, State, Zip Code
Bloomingdale, NJ 07403

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

Scope of Work (Check All That Apply)
☐ ≤5000 sf or ≤500 lf
☐ ≥1600 sf or ≥2600 lf
☐ Renovation
☐ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted C and N
☐ Abatement Procedure
☐ Removal
☐ Repair
☐ Encapsulation
☐ Endorsement
☐ Landfill

Location of Asbestos-Containing Material (ACM)

<table>
<thead>
<tr>
<th>TO BE ABATED</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boiler Room</td>
<td>X</td>
<td>Rib Packing</td>
<td>120 F</td>
<td>X</td>
</tr>
<tr>
<td>Boiler Room</td>
<td>X</td>
<td>Brick</td>
<td>200 F</td>
<td>X</td>
</tr>
<tr>
<td>Boiler Room</td>
<td>X</td>
<td>Gasket</td>
<td>40 F</td>
<td>X</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
GL Group, Inc

NJDEP Waste Hauler ID No.
0033034

Cubic Yards of Waste
TBD

Name of Registered Waste Hauler
Grows

Disposal Date
TBD

City, State
Morristown, NJ

Completed by
Elena Solakov

Title
President

Signature

Date
6-5-2015

* Do not use this form for asbestos exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:90 and 12:129)

Date of Notification (1)
6-4-2015

Name of Building Owner/Operator (2)
Caldwell- West Caldwell Board of Education

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

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

Street Address
104 Gray Street

City, State, Zip Code
West Caldwell, NJ 07006-7696

Name of Contact
Frank Ennis

Telephone Number

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

Street Address
85 Prospect Street

City (5)
West Caldwell

County Code (7)
Essex

County Code (STATE USE ONLY)

Current Use (Prior to being Sold/Sold/712

Name of Monitoring Firm Hired by Building Owner (8)
Ahlera Consultants Inc

ASCM No.
0057

Name of Abatement Contractor (9)
GL Group, Inc

Street Address
PO Box 385

City, State, Zip Code
Oceanville, NJ 08231-0385

Telephone No.
(609) 652-1833

License No.
01-84

Project Manager for Monitoring Firm
Krystoff Liz

Telephone No.
201-710-9725

Name of OSHA Monitor
GL Group, Inc

Street Address
140 Hamburg Turnpike

City, State, Zip Code
Bloomingdale, NJ 07403

Start Date (10)
6-22-2015

Scheduled Completion Date (11)
8-7-2015

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

Minemany of Work (Check All That Apply)
☐ ≥33 sf or ≥33 ft
☐ ≥100 sf or ≥260 ft

Renovation
Demolition

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

Yes
No
N/A

Crawlspace

Thermal System Insulation 6.475

Amount

(Specialty SF or ft)

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

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

Description of

Amount

(Specialty SF or ft)

Abatement Type

Removal
Repair
Encapsulate
Enclosure

Name of Registered Waste Hauler
GL Group, Inc

City, State
Bloomingdale, NJ

Disposal Date
TBD

City, State
Morristown, PA

Name of Registered Hauler

NJDEP Waste Hauler ID No.
0033034

Name of Registered 
Grows

Cubic Yards of Waste
TBD

Completed by
Elena Solakov

Title
President

Signature

Date
6-4-2015

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

Date of Notification (1)
06/19/19

Name of Building Owner/Operator (2)
sinnigan residence

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

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

Street Address
43 post avenue, hawthorne, nj 07506

City, State, Zip Code
hawthorne, nj 07506

Name of Contact
andrew denully

Telephone Number

Name of Facility where abatement is taking place (3)
sinnigan residence

Street Address
43 post avenue,

City (5)
hawthorne

County (6)
PASSAIC

County Code (7)
(only for State use)

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

ASCM No.

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

Street Address
20 California Ave.
PATERN, NJ 07503

City, State, Zip Code

Telephone Number
973-345-8020

License Number
01169

Name of OSHA Monitor
D & S Restoration, Inc.

Street Address
20 California Avenue

City, State, Zip Code

Start Date (10)
06/23/15

Scheduled Completion Date (11)
06/30/15

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

Scope of Work (check all that apply)
- >2,000 sf or >2,000 sq ft
- Demolition

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)
PIPE INSULATION
177 LF

Amount (Specify SF or LF)

Removal
Repair
Encapsulation

Registered Waste Hauler
D & S RESTORATION, INC.
NJDEP Hauler ID
13506
Cubic Yards of Waste
2 yds.
Name of Registered Landfill
TULLYTOWN, RESOURCES

City, State
PATERN, NJ 07503
Disposal Date
06/24/15

City, State
TULLYTOWN, PA

Completed by (Print or Type)
BOGDAN JOLDZIC
Title
PRESIDENT
Signature

Date
06/09/2015

* 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)

D&S Proj. #: 2015-196

Date of Notification (1)
[2 16 7/11 9/11 5]

Name of Building Owner/Operator (2)
kelvin williams

Agencies Notified
[ ] EPA [ ] DEP [ ] DOL
[ ] DOH [ ] DCA
Type Notification
[ ] Initial [ ] Amended
[ ] Ancillar

Amendment #: (including justification)
City, State, Zip Code
UNION, NJ 07083

Name of Contact
kelvin williams

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
kelvin williams

Street Address
392 ward street

City, County, County Code (State use only)
(5) UNION UNION

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

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

Square Feet # of Floors Bldg. Age

Current Use

Prior if being demolished

Start Date (10) Sched. Completion Date (11)
06/22/15 06/30/15

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

Scope of Work (check all that apply)
[ ] >3 af or >3 if [ ] Renovation
[ ] >160 af or >260 if [ ] Demolition

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

Description of asbestos-containing material (ACM)

Amount (Spec. L/R)

SF or

Removal
[ ] Reuse [ ] Repair

Encapsulation
[ ] Non-Exempted [ ] and Non-friable procedure

BASEMENT

PIPE INSULATION 66 LF

Registered Waste Hauler
D & S RESTORATION, INC.

Disposal Date
06/23/15

City, State
TULLYTOWN, PA

Name of Registered Landfill
TULLYTOWN, RESO JRC RECOVERY

Registered Waste Hauler
D & S RESTORATION, INC.

NJDEP Hauler ID# 13506

Cubic Yards of Waste
1 yd.

Name of Registered Landfill
TULLYTOWN, RESO JRC RECOVERY

City, State
TULLYTOWN, PA

Completed by (Print or Type)
BOGDAN JOLDZIC

Title PRESIDENT

Signature

Date
06/09/15

ARR-41

* 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)

Date of Notification (1)
10 15 1/10 13 1/15

Name of Building Owner/Operator (2)
MILLIE BRENNER

Street Address
15 ERIE PLACE

City, State, Zip Code
nutley, NJ 07109

Name of Contact
MILLIE BRENNER

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
MILLIE BRENNER

Street Address
15 ERIE PLACE

City (5) County (6) County Code (7)
nutley ESSEX (State use only)

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

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

Street Address
20 California Ave.

City, State, Zip Code
Paterson, NJ 07503

Telephone Number
973-345-8020

License Number
01169

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

Name of OSHA Monitor
D & S Restoration, Inc.

Street Address
20 California Avenue

City, State, Zip Code
Paterson, NJ 07503

Full Containment
						
Non-Exempted (1) and Non-Friable procedure


Scope of Work (check all that apply)

- ≥2 sf or ≥2 ft
- ≥160 sf or ≥260 ft
- Demolition

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

BASEMENT

<table>
<thead>
<tr>
<th>Location normally used solely by maintenance/custodial staff (12)</th>
<th>Description of asbestos-containing material (ACM)</th>
<th>Amount (Specify SF or LFT)</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>PIPE INSULATION</td>
<td>100 L FT</td>
</tr>
<tr>
<td>No</td>
<td>chimney thimble packing</td>
<td>3 SQ FT</td>
</tr>
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</table>

Registered Waste Hauler
D & S RESTORATION, INC.

Disposal Date
06/25/15

City, State
PATERNSON, NJ 07503

TULLY TOWN, RESURC

RECOVERY

Completed by (Print or Type) Title Signature
BOGDAN JOLDZIC PRESIDENT

Date
06/08/2015

* Do not use this form for asbestos licensure exempted activities.
<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>6-11-15</td>
<td>Phillips 66</td>
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<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
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<tr>
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<tr>
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<td>DOH</td>
<td>Emergency (including justification)</td>
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<tr>
<td>DCA</td>
<td>Cancellation</td>
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<table>
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<tr>
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<tr>
<td>1400 Park Ave.</td>
<td>Linden, N.J. 07036</td>
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<tr>
<th>FACILITY INFORMATION</th>
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<td>Subchapter B (Other than K-12)</td>
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<td>Other (i.e. private &amp; commercial buildings, homes, etc.)</td>
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<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Name of Abatement Contractor (9)</th>
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<tr>
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<td>732 523 5010</td>
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<th>Occupancy Status During Abatement (Check Only One)</th>
<th>Name of OSHA Monitor</th>
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<tr>
<td>Abatement Performed Outside of Normal Facility Hours</td>
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</tr>
<tr>
<td>Other – Describe: Normal Facility Hours</td>
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<th>Abatement Type</th>
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<td>Full Containment with Negative Pressure</td>
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<tr>
<td>x Demolition</td>
<td>Mini-Enclosure</td>
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<tr>
<td>x Renovation</td>
<td>Glovebag Procedure</td>
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<tr>
<td>x Non-Exempted (R &amp; N)</td>
<td>In-Frible Procedure</td>
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<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or F)</th>
<th>Abatement Type</th>
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<tr>
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<td>No</td>
<td>Tar Paper - Mag.</td>
<td>150</td>
<td>x</td>
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<tr>
<td>Water Front Sub Station #16</td>
<td>x</td>
<td>Transit Pipe, mini-Enclosure</td>
<td>x</td>
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<table>
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<tr>
<th>Name of Registered Waste Hauler</th>
<th>NJDEP Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
<th>Disposal Date</th>
<th>City, State</th>
<th>Signature</th>
<th>Date</th>
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<tr>
<td>Horwith Trucking</td>
<td>S3110</td>
<td>30</td>
<td>Advanced Disposal</td>
<td>7-3-15</td>
<td>Helena, P.A.</td>
<td>Kurt Male</td>
<td>6-11-15</td>
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* Do not use this form for asbestos censure exempted activities.
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:18)  

<table>
<thead>
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**Agencies Notified**  
- [X] EPA  
- [X] DOLWD  
- [X] DHSS  
- [ ] DCA  

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

**Street Address**  
- 875 New Willow Street  

**City, State, Zip Code**  
- Trenton, NJ 08638  

**Name of Contact**  
- Guy Margiotti  

**Telephone Number**  

**FACILITY INFORMATION**  

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

**Street Address**  
- 237 Oakland Street  

**City (5)**  
- Trenton  

**County (6)**  
- Mercer  

**County Code (7) [STATE USE ONLY]**  
- Current Use (Prior if being demolished)  

**Name of Monitoring Firm Hired by Building Owner (8)**  
- M.E.C.S.  

**Street Address**  
- Po Box 341  

**City, State, Zip Code**  
- Chesterfield, NJ 08515  

**Name of Abatement Contractor (9)**  
- AbateTech, Inc.  

**Street Address**  
- 30 Maple Ave. PO Box 25  

**City, State, Zip Code**  
- Lumberton, NJ 08048  

**Project Manager for Monitoring Firm**  
- William Weisgarber  

**Telephone No.**  
- 609-915-1140  

**Telephone No.**  
- 609-265-2107  

**License No.**  
- 00-129  

**Name of OSHA Monitor**  
- EMSL Analytical  

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

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

**Name of OSH Monitor**  
- EMSL Analytical  

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

**Scope of Work (Check all that apply)**  
- [X] 23 sf or ≥30 ft²  
- [X] 160 sf or ≥200 ft²  
- [ ] Renovation  
- [ ] Demolition  
- [ ] Full Containment with Negative Pressure  
- [ ] Mini-Enclosure  
- [ ] Glovebag Procedure  
- [ ] Non-Exempted (*) and No Friable Procedure  

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

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

**Between Apartments #203 & #204**  
- [ ] ☐ ☐ ☒ Pipe Insulation  

**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)**  
- [ ] Asbestos Insulation  
- [ ] Asbestos Surfacing  
- [ ] Asbestos VAT  
- [ ] Other (Specify)  

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount (SF or LF)</th>
<th>Abatement Type</th>
<th>Removal</th>
<th>Repair</th>
<th>Encapsulation</th>
<th>Endoscopy</th>
<th>Landfill</th>
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<tr>
<td>1 LF</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Between Apartments #203 & #204**  
- [ ] ☐ ☐ ☒ Pipe Insulation  

**Name of Registered Waste Hauler**  
- AbateTech, Inc.  

**NJ/DEP Waste Hauler ID No.**  
- 18750  

**Cubic Yards of Waste**  
- 6  

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

**City, State**  
- Lumberton, NJ  

**Disposal Date**  
- 6/10/15  

**City, State**  
- Tullytown, PA  

**Completed By[Print or Type]**  
- Gwendolyn Trumbetti  

**Title**  
- Operations Coordinator  

**Signature**  
- [Signature]  

**Date**  
- 6/9/15  

---  

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

**Date of Notification:** 6 / 10 / 15

**Name of Building Owner/Operator:** East Brunswick Board of Education / Job #1503-406 Check #7280

---

**Agencies Notified:**  
- [x] EPA  
- [x] DOLWD  
- [ ] DHSS  
- [x] DCA (NJAC 5:23-3)

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

**Name of Facility Where Abatement is Taking Place:**  
**Chittick ES**  
**5 Flagler Street**  
**East Brunswick**

**County:** Middlesex

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

**Name of Abatement Contractor:** AbateTech, Inc.

**Street Address:**  
- **5434 King Avenue**  
- **30 Maple Ave, PO Box 25**  
- **Lumberton, NJ 08048**

**City, State, Zip Code:** Pensauken, NJ 08109

**Telephone No.:** 888-306-4545

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

**Occuancy Status During Abatement (Check only one):**  
- [ ] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ___AM-___PM-___AM

**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 (Sp ft or LF):**

**Abatement Type:**

**Endorse:**

---

**Name of Registered Waste Hauler:** AbateTech, Inc.

**Disposal Date:** 7/20/15

**City, State:** Lumberton, NJ

**Date:** 7/10/15

---

**Gwendolyn Trumbetti**  
**Title:** Operations Coordinator

---

*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 / 10 / 15</th>
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<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>East Brunswick Board of Education / Job #1503-4066 Check #7279</td>
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<td>Agencies Notified</td>
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<td>EPA</td>
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<td>DOLWD</td>
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<td>DHSS</td>
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<td>DCA</td>
<td>(NJAC 5:23-3)</td>
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<td>Type Notification</td>
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<td>Street Address</td>
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<td>City, State, Zip Code</td>
<td>East Brunswick, NJ 08816</td>
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<td>Name of Contact Administration</td>
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<tr>
<td>Telephone Number</td>
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**FACILITY INFORMATION**

| Name of Facility Where Abatement is Taking Place (3) | Irwin ES |
| Street Address | 71 Racetrack Road |
| City (5) | East Brunswick |
| County (6) | Middlesex |
| County Code (7) (STATE USE ONLY) | 
| Current Use (Prior if being demolished) | 
| School | 
| Type of Facility (4) | 
| School (K-12) | ☑ |
| Subchapter 8 (Other than K-12) | 
| Other (i.e., private and commercial buildings, homes, etc.) | 
| Square Feet | 
| # of Floors | 
| Bldg. Age | 

| Name of Monitoring Firm Hired by Building Owner (8) | ASCM No. |
| Environmental Design | 
| Name of Abatement Contractor (9) | AbateTech, Inc. |
| Street Address | 5434 King Avenue |
| City, State, Zip Code | Pensauken, NJ 08109 |
| Project Manager for Monitoring Firm | Tom Pruno |
| Telephone No. | 888-306-4545 |
| License No. | 0059 |
| Start Date (10) | 6 / 23 / 15 |
| Scheduled Completion Date (11) | 7 / 20 / 15 |
| Name of OSHA Monitor | EMSL Analytical |
| Occupancy Status During Abatement (Check only one) | 
| ☑ Facility Closed/Vacated During Entire Period of Abatement | 
| ☑ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ___AM, ___PM, ___AM |
| Scope of Work (Check all that apply) | 
| ☑ Renovation | 
| ☑ Demolition | 
| ☑ Full Containment with Negative Pressure | 
| ☑ Mini-Enclosure | 
| ☑ Glovebag Procedure | 
| ☑ Non-Exempted (*) and Non-Friable Procedure | 

| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | 
| Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | 
| Yes | No | N/A |
| Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | 
| Amount (Specify SF or LF) | 
| Abatement Type | 
| Removal | Repair | Encapsulation | Enclosure |
| 50 Classrooms | ☑ | ☑ | ☑ | ☑ | Heat Shield Insulation | 15 SF | ☑ | ☑ | ☑ | ☑ |
| Corridors | ☑ | ☑ | ☑ | ☑ | Pipe Insulation | 2,500 LF | ☑ | ☑ | ☑ | ☑ |
| 50 Classrooms | ☑ | ☑ | ☑ | ☑ | Pipe Insulation | 20 LF | ☑ | ☑ | ☑ | ☑ |
| 35 Classrooms | ☑ | ☑ | ☑ | ☑ | Floor tile & Masonry | 20 LF | ☑ | ☑ | ☑ | ☑ |
| Name of Registered Waste Hauler AbateTech, Inc. | 
| NJDEP Waste Hauler ID No. | 18750 |
| Cubic Yards of Waste | 40 |
| Name of Registered Landfill G.R.O.W.S. landfi |
| City, State | Lumberton, NJ Tullytown, PA |
| Disposal Date | 7/20/15 |
| Completed By (Print or Type) | Gwendolyn Trumpetti |
| Title | Operations Coordinator |
| Signature | 

**Date** 7/10/15

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

Date of Notification (1)
6/8/15

Name of Building Owner/Operator (2)
The City of Orange Township

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

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

Name of Building Owner/Operator (2)
The City of Orange Township

Street Address
29 No. Day Street

City, State, Zip Code
Orange, NJ 08844

Name of Contact
Marty Mayes

FACILITY INFORMATION

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

Street Address
276 Snyder Street

City (5)
Orange

County (6)
Essex

County Code (7)
(STATE USE ONLY)

Square Feet
2500

# of Floors
2

Bldg. Age
50+

Current Use (Prior to being demolished)
Abandoned

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

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

Street Address
135 Kinnelon Road, Suite 02

City, State, Zip Code
Kinnelon, NJ 07405

Telephone No.
908-281-0880

License No.
C228

Start Date (10)
6/8/15

Scheduled Completion Date (11)
6/10/15

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

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

Location of Asbestos-Containing Material (ACM)

TO BE ABATED
In Facility

(13)

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

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

Amount (Specify SF or LF)

Abatement Type

Removal
Repair
Encapsulation
Endorse

Name of Registered Waste Hauler
Yannuzzi Group, Inc.

Waste Hauler ID No.
17467

Cubic Yards of Waste
600

Name of Registar
WM - Grow's Landfill

City, State, Zip Code
Kinnelon, NJ

Disposal Date
6/10/15

Name of Registered Landfill
Landfill North

City, State, Zip Code
Morrisville, PA

Completed by
Anna Bastos

Title
Administrative Assistant

Signature

Date
6/8/15

* 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)

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<th>Type Notification</th>
<th>Name of Contact</th>
<th>Telephone Number</th>
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<td>Marty Mayes</td>
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<td>DOL</td>
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**FACILITY INFORMATION**

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<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Type of Facility (4)</th>
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<tr>
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<td>Essex</td>
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<th>Current Use (Prior if being demolished)</th>
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<tr>
<td></td>
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<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>ASCM No.</th>
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<tbody>
<tr>
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<td>Yannuzzi Environmental Services, Inc.</td>
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<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>135 Kinnelon Road, Suite 02</td>
<td>Kinnelon, NJ 07405</td>
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<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
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<tr>
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<td>908-216-0880</td>
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<th>Scheduled Completion Date (11)</th>
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<td>6/8/15</td>
<td>6/10/15</td>
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<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check Only One)</th>
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<tbody>
<tr>
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<td>Abatement Performed Outside of Normal Facility Hours</td>
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<td>Other – Describe:</td>
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<tr>
<th>Scope of Work (Check All That Apply)</th>
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<td>≥3 sf or ≥3 ft</td>
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<tr>
<td>≥150 sf or ≥260 ft</td>
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<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)</th>
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<tbody>
<tr>
<td>Name of Registered Waste Hauler: Yannuzzi Group, Inc.</td>
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<table>
<thead>
<tr>
<th>Cubic Yards of Waste</th>
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<tr>
<td>600</td>
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<thead>
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<th>City, State</th>
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<tr>
<td>6/10/15</td>
<td>Morrisville, PA</td>
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<table>
<thead>
<tr>
<th>Completed by</th>
<th>Title</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anna Bastos</td>
<td></td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Date</th>
<th>6/8/15</th>
</tr>
</thead>
</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 12:120)

Date of Notification (1)
6/8/15

Name of Building Owner/Operator (2)
The City of Orange Township

Agencies Notified

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

Street Address
29 No. Day Street

City, State, Zip Code
Orange, NJ 07844

Name of Contact
Marty Mayes

Telephone Number
(973) 425-2491

FACILITY INFORMATION

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

Street Address
280 Snyder Street

City (5)
Orange

Square Feet
2500

County (6)
Essex

Current Use (Prior to if being demolished)
Abandoned

County Code (7)

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

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

Street Address
135 Kinnelon Road, Suite 02

City, State, Zip Code
Kinnelon, NJ 07405

Project Manager for Monitoring Firm

Telephone No.
908-218-0880

License No.
1228

Start Date (10)
6/8/15

Scheduled Completion Date (11)
6/10/15

Name of OSHA Monitor
Yannuzzi Environmental Services, Inc.

Street Address
135 Kinnelon Road, Suite 02

City, State, Zip Code
Kinnelon, NJ 07405

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

Scope of Work (Check All That Apply)

☐ ≥ 3 sf or ≥ 3 ft
☐ ≥ 180 sf or ≥ 600 ft
☐ Renovation
☐ Demolition
☐ Full Container with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED
In Facility (15)

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

Yes ☐ No ☒ N/A

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

Amount (Specify SF LF)

Abatement Type

Removal ☐ Repair ☐ Encapsulation ☐ Enclosure ☒

Building Being Demolished

Asbestos

Name of Registered Waste Hauler
Yannuzzi Group, Inc.

NJDEP Waste Hauler ID No.
17467

Cubic Yards of Waste
600

Name of Registered Landfill
WM - Grows Landfill North

City, State
Kinnelon, NJ 07405

Disposal Date
6/10/15

City, State
Morrisville, PA

Completed by
Anna Bastos

Title
Administrative Assistant

Signature

Date
6/8/15

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

Date of Notification (1)
6/8/15

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

Type Notification
Amended

Street Address
One City Hall Plaza

Agencies Notified

X DOL

City, State, Zip Code
Rahway, NJ 07065

Name of Contact
Daniel C. Lee

Telephone Number

FACILITY INFORMATION

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

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

Street Address
194 West Grand Avenue

County Code (7)

County (6)
Union

Current Use (Prior if being demolished)
Condemned

Name of Monitoring Firm HIred by Building Owner (8)

ASCM No.

Name of Abatement Contractor (5)
Yannuzzi Environmental Services, Inc.

City, State, Zip Code
Rahway

Project Manager for Monitoring Firm

Telephone No.

Start Date (10)
6/9/15

Scheduled Completion Date (11)
6/12/15

Name of OSHA Monitor
Yannuzzi Environmental Services, Inc.

Street Address
135 Kinnelon Road

City, State, Zip Code
Kinnelon, NJ 07405

Scope of Work (Check All That Apply)

X Renovation

Demolition

Location of Asbestos-Containing Material (ACM)

TO BE ABATED

In Facility (13)

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

Description of Asbestos Containing Material (ACM)

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

Amount (Specify SF or LF)

Abatement Type

Removal

Repair

Encapsulate

Enduse

Throughout Basement

X Grey Pipe Insulation

50

F

X

Name of Registered Waste Hauler
Yannuzzi Group, Inc.

NUDEP Waste Hauler ID No.
17467

Cubic Yards of Waste
1 CY

Name of Registered GROWS

Disposal Date
6/11/15

City, State
Morrisville, PA

Completed by
Anna Bastos

Completed Date
6/8/15

Title
Administrative Assistant

Signature

Company Name

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

Date of Notification (1)
6/11/15

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

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

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

Street Address
428 School Street

City, State, Zip Code
Woodbridge, NJ 08809

Name of Contact
Anthony D'Orsi

Telephone Number__________________________

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

Street Address
100 Delaware Avenue

City (5)
Colonia

County (6)
Middlesex

County Code (7) (STATE USE ONLY)__________

Current Use (Prior if being demolished)
School

Name of Monitoring Firm Hired by Building Owner (6)
Environmental Connection, Inc.

ASCN No.
00030

Name of Abatement Contractor (6)
J.R. Contracting & Environmental Consulting, Inc.

Street Address
120 North Warren Street

City, State, Zip Code
Trenton, NJ 08608

Telephone No.
609-392-4200

License No.
973-628-9200

Name of OSHA Monitor
Enviro Vision Consultants, Inc.

Street Address
1141 Route 23

City, State, Zip Code
Wayne, NJ 07470

Occupancy Status During Abatement (Check Only)

Facility Closed/Vacated During Entire Period of Abatement

Abatement Performed Outside of Normal Facility Hours

Other – Describe: Hours: Mon - Fri - 7:00 a.m. - 3:30 p.m.

Start Date (10)
07/01/15

Scheduled Completion Date (11)
08/15/15

Scope of Work (Check All That Apply)

[ ] ≥3 sf or ≥3 If

[ ] ≥150 sf or ≥250 If

[ ] Renovation

[ ] Demolition

[ ] Full Containment with Negative Pressure

[ ] Mini-Enclosure

[ ] Glovebox Procedure

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

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

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

Yes No N/A

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

Amount (Square Feet/LF)

Abatement Type
Removal Repair Encapsulate Dispose Endure

Custodial Room X

Pipe Fittings 17 LF X

Custodial Room X

Air-Cell Pipe Insulation 25 LF X

Name of Registered Waste Hauler
J.R. Contracting & Environmental Consult., Inc.

NJDEP Waste Hauler ID No.
17819

Cubic Yards of Waste
10

Name of Registered Landfill
Grand Central Landfill

City, State, Pen Argyl, Pennsylvania

Disposal Date

Completed by
Jerry Bijelonic

Title
Project Manager

Signature

Date
6/11/15

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>6/11/15</th>
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<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Woodbridge Township Board of Education</td>
</tr>
<tr>
<td>Agencies Notified</td>
<td>EPA, DEP, DOL, DOH, DCA</td>
</tr>
<tr>
<td>Type Notification</td>
<td>Initial, Amended, Emergency</td>
</tr>
<tr>
<td>Street Address</td>
<td>428 School Street</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Woodbridge, NJ 08860</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Anthony D’Orsi</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
<tr>
<td>FACILITY INFORMATION</td>
<td></td>
</tr>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td>Colonial High School</td>
</tr>
<tr>
<td>Street Address</td>
<td>180 East Street</td>
</tr>
<tr>
<td>City (5)</td>
<td>Colonial</td>
</tr>
<tr>
<td>County (6)</td>
<td>Middlesex</td>
</tr>
<tr>
<td>County Code (7)</td>
<td>(STATE USE ONLY)</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>ASCM No. 00030</td>
</tr>
<tr>
<td>Environmental Connection, Inc.</td>
<td>Name of Abatement Contractor (9)</td>
</tr>
<tr>
<td>Street Address</td>
<td>120 North Warren Street</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Trenton, NJ 08608</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>609-392-4200</td>
</tr>
<tr>
<td>License No.</td>
<td>10-408</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>Mr. Dominick Dercole</td>
</tr>
<tr>
<td>Street Address</td>
<td>1141 Route 23</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Wayne, NJ 07470</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>973-628-9200</td>
</tr>
<tr>
<td>Name of OSHA Monitor</td>
<td>Enviro Vision Consultants, Inc.</td>
</tr>
<tr>
<td>Street Address</td>
<td>20-21 Wagarow Road, Bldg. #34A</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Fair Lawn, NJ 07410</td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>07/01/15</td>
</tr>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>08/15/15</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>
</tr>
<tr>
<td>Other – Describe: Hours: Mon.- Fri. 7:00 a.m. - 3:30 p.m.</td>
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</tr>
<tr>
<td>Scope of Work (Check All That Apply)</td>
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</tr>
<tr>
<td>≥3 s.f. or ≥3 If</td>
<td>Renovation, Demolition</td>
</tr>
<tr>
<td>≥160 s.f. or ≥260 If</td>
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</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (12)</td>
<td></td>
</tr>
<tr>
<td>Is Location Normally Used Solely by Maintenance/ Custodial Staff?</td>
<td>Yes, No, N/A</td>
</tr>
<tr>
<td>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td></td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
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</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
<td>J.R. Contracting &amp; Environmental Consul., Inc.</td>
</tr>
<tr>
<td>NJDEP Waste Hauler ID No.</td>
<td>17819</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td>20</td>
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<tr>
<td>Name of Registered Landfill</td>
<td>Grand Central andfill</td>
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<tr>
<td>City, State</td>
<td>Wayna, New Jersey</td>
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<tr>
<td>Disposal Date</td>
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<tr>
<td>City, State</td>
<td>Penn Argyl, Pennsylvania</td>
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<tr>
<td>Completed by</td>
<td>Jerry Bijelonic</td>
</tr>
<tr>
<td>Title</td>
<td>Project Manager</td>
</tr>
<tr>
<td>Signature</td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td>6/11/15</td>
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*Do not use this form for asbestos licensure exempted activities.*
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)
6/11/15

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

Agencies Notified

☐ EPA
☐ DEP
☐ DOL
☐ DOH
☐ DCA

Type Notification

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

Street Address
428 School Street

City, State, Zip Code
Woodbridge, NJ 08808

Name of Contact
Anthony D'Orsi

Facility Information

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

Street Address
525 Barron Avenue

City (5)
Woodbridge

County (6)
Middlesex

County Code (7)
(STATE USE ONLY)

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

ASCM No.
00030

Name of Abatement Contractor (9)
J.R. Contracting & Environmental Consulting, Inc.

Street Address
1141 Route 23

City, State, Zip Code
Wayne, NJ 07470

Project Manager for Monitoring Firm
Mr. Dominick Dercole

Telephone No.
609-392-4200

Telephone No.
973-628-9200

License No.
04-108

Start Date (10)
07/01/15

Scheduled Completion Date (11)
08/15/15

Occupancy Status During Abatement (Check Only One)
☒ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☐ Other – Describe: Hours: Mon - Fri - 7:00 a.m. – 3:30 p.m.

Scope of Work (Check All That Apply)

☒ 23 sf or < 23 sf
☒ ≥160 sf or ≥260 sf
☐ Renovation
☒ Demolition
☐ Full Container: with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☒ Non-Exempted (*) and Non-Friable Procedure

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

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

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

Amount (Specify SF or LF)

Abatement Type

Boiler Room

Air-Celled Pipe Insulation

300 SF ☒ 300 LF ☐

Boiler Room

Boiler Insulation

850 SF ☒ 850 LF ☐

Boiler Room

Boiler Breaching & Heat Exchanger Insulation

Exchanger Insulation

Name of Registered Waste Hauler
J.R. Contracting & Environmental Consultants, Inc.

NJDEP Waste Hauler ID No.
17819

Cubic Yards of Waste
20

Name of Registered
Grand Central Landfill andfill

City, State
Wayne, New Jersey

Disposal Date

City, State
Pen Argyl, Pennsylvania

Completed by
Jerry Bijelonic

Title
Project Manager

Signature

Date
6/11/15

ASB-41 (R-05-08)

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

Date of Notification (1) 6/11/15

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

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

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

Street Address 426 School Street
City, State, Zip Code Woodbridge, NJ 08608
Name of Contact Anthony D'Orsi
Telephone Number

FACILITY INFORMATION

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

Street Address 200 Washington Avenue
City (5) Iselin
County (6) Middlesex
County Code (7) (STATE USE ONLY) __________

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

Square Feet # of Floors Bldg. Age

Current Use (Prior to being
School

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

ASCN No. 00030
Name of Abatement Contractor (9) J.R. Contracting & Environmental Consulting, Inc.

Street Address 1141 Route 28
City, State, Zip Code Wayne, NJ 07470

Project Manager for Monitoring Firm Mr. Dominick Dercole

Telephone No. 973-628-9200

License No. 00408

Release No. 20-21 Wagaw Road, Bldg. #34A
City, State, Zip Code Fair Lawn, NJ 07410

Start Date (10) 07/01/15
Scheduled Completion Date (11) 08/15/15

Occupy Status During Abatement (Check Only One)
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other - Describe: Hours: Mon. - Fri. 7:30 a.m. - 3:30 p.m.

Scope of Work (Check All That Apply)
- ≥300 sf or ≥3 if
- ≥1600 sf or ≥260 if
- Renovation
- Demolition
- Full Container: with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Location of ACM</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or Lb)</th>
<th>Abatement Type</th>
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<tbody>
<tr>
<td>In Facility (12)</td>
<td>Yes X</td>
<td>X</td>
<td>Air-Cell Pipe Insulation</td>
<td>500 F</td>
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<tr>
<td>Boiler Room</td>
<td>X</td>
<td>X</td>
<td>Boiler Insulation</td>
<td>300 S</td>
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<tr>
<td>Boiler Room</td>
<td>X</td>
<td>X</td>
<td>Boiler Breaching Insulation</td>
<td>900 S</td>
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<tr>
<td>Boiler Room</td>
<td>X</td>
<td>X</td>
<td>Pipe Fittings</td>
<td>53 F</td>
</tr>
<tr>
<td>Name of Registered Waste Hauler J.R. Contracting &amp; Environmental Consul., Inc.</td>
<td>NJDEP Waste Hauler ID No. 17819</td>
<td>Name of Register Grand Central</td>
<td>Landfill</td>
<td></td>
</tr>
<tr>
<td>City, State</td>
<td>Wayne, New Jersey</td>
<td>Disposal Date</td>
<td>City, State, Penn., Pennsylvania</td>
<td></td>
</tr>
<tr>
<td>Completed by</td>
<td>Jerry Bijalonic</td>
<td>Title</td>
<td>Project Manager</td>
<td></td>
</tr>
<tr>
<td>Signature</td>
<td></td>
<td>Date</td>
<td>6/11/15</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 8:50 and 12:120)

Date of Notification (1)
6/11/15

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

Agencies Notified

Type Notification

EPA
Amended

DEP
Amendment #

DOL
Emergency (including

DOH
Justification)

DCA
Cancellation

Street Address
428 School Street

City, State, Zip Code
Woodbridge, NJ 08808

Name of Contact
Anthony D'Orsi

Telephone Number

Facility Information
Name of Facility Where Abatement is Taking Place (3)
Avenel Street School #4 & #5

Street Address
230 Avenel Street

City (5)
Avenel

County (6)
Middlesex

County Code (7)

(STATE USE ONLY)

Current Use (Prior to Being
School)

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

ASCM No.
00030

Name of Abatement Contractor (9)
J.R. Contracting & Environmental Consulting, Inc.

Street Address
120 North Warren Street

City, State, Zip Code
Trenton, NJ 08608

Project Manager for Monitoring Firm
Mr. Dominick Dercole

Telephone No.
609-392-4200

Start Date (10)
07/01/15

Scheduled Completion Date (11)
08/15/15

License No.

0408

Occupancy Status During Abatement (Check Only One)

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

Other – Describe: Hours: Mon - Fri 7:00 a.m. - 3:30 p.m.

Scope of Work (Check All That Apply)

Renovation
Demolition

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

Location of Asbestos-Containing Material (ACM)

TO BE ABATED

In Facility

(13)

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

Yes
No
N/A

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

Amount

SF or LF

Removal
Repair
Encapsulate
Endorse

Boiler Room
X
Air-Cell Pipe Insulation
300

0

x

Boiler Room
X
Boiler Insulation
150

0

x

Boiler Room
X
Boiler Breaching Insulation
520

0

x

Boiler Room
X
Pipe Fitting Insulation
37

0

x

Name of Registered Waste Hauler
J.R. Contracting & Environmental Consult., Inc.

NJDEP Waste Hauler ID No.
17819

Cubic Yards of Waste
30

Name of Registered Landfill
Grand Central Landfill

City, State, Zip Code
Wayne, New Jersey

Disposal Date

City, State
Wayne, New Jersey

Completed by
Jerry Bijelonic

Title
Project Manager

Signature

Date
6/11/15

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

Date of Notification (1)
6/11/15

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

Street Address
428 School Street

City, State, Zip Code
Woodbridge, NJ 08860

Name of Contact
Anthony D'Orsi

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Indiana School # 18

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

Street Address
256 Indiana Avenue

Subchapter 8 & Other (i.e. private & commercial buildings, homes, etc.)

City (5)
Iselin

Square Feet
# of Floors
Bldg. Age
50 +

County (6)
Middlesex

Current Use (Prior to being School

County Code (7)
(State Use Only)

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

Name of Abatement Contractor (9)
J.R. Contracting & Environmental Consulting, Inc.

Street Address
120 North Warren Street

Telephone No.
609-392-4200

City, State, Zip Code
Trenton, NJ 08608

Telephone No.
973-628-9200

License No.
0 408

Name of OSHA Monitor
Enviro Vision Consultants, Inc.

Project Manager for Monitoring Firm
Mr. Dominick Dercole

Street Address
1141 Route 23

Project Manager Telephone No.
609-392-4200

City, State, Zip Code
Wayne, NJ 07470

Name of OSHA Monitor
Enviro Vision Consultants, Inc.

Start Date (10)
07/01/15

Name of OSHA Monitor
Enviro Vision Consultants, Inc.

Scheduled Completion Date (11)
08/15/15

Name of OSHA Monitor
Enviro Vision Consultants, Inc.

Occupancy Status During Abatement (Check Only One)
Facility Closed/Vacated During Entire Period of Abatement
Abatement Performed Outside of Normal Facility Hours
Other – Describe: Hours: Mon - Fri 7:00 a.m. – 3:30 p.m.

Street Address
20-21 Wagaraw Road, Bldg. #34A

City, State, Zip Code
Fair Lawn, NJ 07410

Scope of Work (Check All That Apply)
≥30 sf or ≥3 if
≥100 sf or ≥250 sf

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

Location of
Used Solely by
Custodial Staff

Is Location

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

Amount

Abatement Type

Location

Boiler Room

Black Pipe Wrap

Removal

Repair

Encapsulate

Endoscopically

Yes
No
N/A

75

F

x

17

F

x

13

F

x

450

F

x

Name of Registered Waste Hauler
J.R. Contracting & Environmental Consulting, Inc.

NJDEP Waste Hauler ID No.
17819

Cubic Yards of Waste
20

Name of Registered Waste Hauler
Landfill

City, State
Wayne, New Jersey

Disposal Date
City, State
Pen Argyll, Pennsylvania

Completed by
Jerry Bljelonic

Title
Project Manager

Signature

Date
6/11/15

* Do not use this form for asbestos censured exempted activities.
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:69 and 12:220)

Date of Notification (1)
6/11/15

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

Name of Facility Where Abatement Is Taking Place (3)
Mathew Jago School #28

Street Address
428 School Street

City, State, Zip Code
Woodbridge, NJ 08758

Name of Contact
Anthony D'Orsi

FACILITY INFORMATION

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

Square Feet

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (5)
Environmental Connection, Inc.

ASCN No.
00030

Name of Abatement Contractor (6)
J.R. Contracting & Environmental Consulting, Inc.

Street Address
1141 Route 23

City, State, Zip Code
Wayne, NJ 07470

Telephone No.
973-628-9200

License No.
408

Name of OSHA Monitor
Enviros Vision Consultants, Inc.

Street Address
20-21 Wagarow Rd, Bldg. #34A

City, State, Zip Code
Fair Lawn, NJ 07410

Start Date (10)
07/01/15

Scheduled Completion Date (11)
08/15/15

Occupancy Status During Abatement (Check Only One)

X Facility Closed/Vacated During Entire Period of Abatement

Abatement Performed Outside of Normal Facility Hours

Other – Describe: Hours: Mon - Fri, 7:00 a.m. - 3:30 p.m.

Renovation

Demolition

Scope of Work (Check All That Apply)

\[ \geq 30 \text{ sf or } \geq 33 \text{ if} \]

\[ \geq 180 \text{ sf or } \geq 200 \text{ if} \]

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

Location Normally Used Solely by Maintenance/Custodial Staff?

Yes \( \times \)

No \( X \)

N/A

Description of Asbestos Containing Material (ACM)

Amount (Specify SF or F).

Abatement Type

Removal

Repair

Encapsulation

Endosulf

Non-NFRC

Non-FRABLE

Full Containment with Nontoxic

Mini-Enclosure

Glovebag Procedure

Non-Exempted ( )

Location of Asbestos-Containing Material (ACM)

Description

Amount

Boiler Room
Pipe Fitting Insulation
44

X

Boiler Room
Boiler Insulation
150

X

Boiler Room
Boiler Breaching Insulation
660

X

Name of Registered Waste Hauler
J.R. Contracting & Environmental Consult., Inc.

NJDEP Waste
Hauler ID No. 17819

Cubic Yards of Waste
40

Name of Registered Landfill
Grand Central Landfill

Disposal Date
City, State
Pennsylvania

Completed by
Jerry Bijelonic
Title
Project Manager

Signature

Date
6/11/15

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

**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:96 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>6/01/15</td>
<td>Cyril Olliverre</td>
</tr>
</tbody>
</table>

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

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

**Street Address**
- 174 Cherry Lane
- City, State, Zip Code: Teaneck, NJ 07666

**Name of Contact**
- Cyril Olliverre

**Telephone Number**
- [ ]

**FACILITY INFORMATION**

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

**Street Address**
- 174 Cherry Lane

**City (5)**
- Teaneck

**County (6)**
- Bergen

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

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

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

**Square Feet**
- N/A

**# of Floors**
- N/A

**Bldg. Age**
- N/A

**Current Use (Prior to being a House)**
- [X] Being demolished

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

**Scheduled Completion Date (11)**
- 6/17/15

**Name of Abatement Contractor (9)**
- D&S Abatement, Inc.

**Street Address**
- 11 Rosengren Avenue

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

**Project Manager for Monitoring Firm**
- [ ]

**Telephone No.**
- 973-345-8685

**License No.**
- # 675

**Name of OSHA Monitor**
- D&S Abatement, Inc.

**Street Address**
- 11 Rosengren Avenue

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

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

**Scope of Work (Check All That Apply)**
- [X] ≥ 300 ft² or ≥ 33 if
- [ ] ≥160 st² or ≥220 ft²
- [ ] Renovation
- [ ] Demolition
- [ ] Full Containment with Negative Pressure
- [X] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (I) and n-Friable Procedure

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

<table>
<thead>
<tr>
<th>Location</th>
<th>In Facility (13)</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
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</thead>
<tbody>
<tr>
<td>basement</td>
<td></td>
<td></td>
<td>X</td>
<td></td>
</tr>
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</table>

**Description of Asbestos Containing Material (ACM)**
- (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
- Description: Pipe insulation
- Amount: 200 ft²

**Amount (Specify SF or L.)**
- 200 ft²

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

**Endorse**
- [ ]

**Name of Registered Waste Hauler**
- D&S Abatement, Inc.

**NJDEP Waste Hauler ID No.**
- #20996

**Cubic Yards of Waste**
- TBD

**Name of Registered Waste Management of PA**
- [ ]

**Completed by**
- Deanna Brkusin

**Title**
- Project Manager

**Signature**
- [ ]

**Disposal Date**
- TBD

**City, State**
- Totowa, NJ

**Tullytown, PA**

**Completed by**
- Deanna Brkusin

**Title**
- Project Manager

**Signature**
- [ ]

**Date**
- 6/01/15

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

**Date of Notification (1)**  
6/01/15

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

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

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

**Street Address**  
10 Wardell Road

**City, State, Zip Code**  
LIVINGSTON, NJ 07039

**Name of Contact**  
Irene Yaroush  
**Telephone Number**

**FACILITY INFORMATION**

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

**Street Address**  
10 Wardell Road

**City (5)**  
LIVINGSTON, NJ 07039

**County (6)**  
Essex

**County Code (7)**  
N/A  
**Current Use (Prior to being House)**  
N/A

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

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

**Street Address**  
11 Rosengren Avenue

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

**Project Manager for Monitoring Firm**

**Telephone No.**  
973-345-9685

**Scheduled Completion Date (11)**  
6/19/15

**Start Date (10)**  
6/18/15

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

**Scope of Work (Check All That Apply)**
- ≥ 3 sq ft ≥ 12
- ≥ 100 sq ft ≥ 250 sq ft
- Renovation
- Demolition
- Full Containerization
- Non-Friable Procedure

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

| Basement | pike insulation |

No  

| Name of Registered Waste Hauler |
| D&S Abatement, Inc. |

**NJDEP Waste Hauler ID No.**  
20996

**Cubic Yards of Waste**  
TBD

**Name of Registered Waste Management**  
Landfill

**City, State**  
Totowa, NJ

**Disposal Date**  
TBD

**City, State**  
Tullytown, PA

**Disposal Date**  
TBD

**Completed by**  
Deanna Biskus

**Title**  
Project Manager

**Signature**  
6/01/15

Do not use this form for asbestos licensure exempted activities.
Date of Notification (1) 6-4-15

Name of Building Owner/Operator (2) Montclair S Cloverhill LLC

365 Thomas Blvd.

Montclair, NJ 07042

Name of Contact Nick

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

Square Feet of Bldg. Age Current Use (Priv. or pub.) (5) 0.000 sq ft being demolished

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

FACILITY INFORMATION

5 Cloverhill Place

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

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

ASCM No. Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc.

Street Address 86 Christopher St.

City, State, Zip Code Montclair, NJ 07042

Telephone Number (973) 744-8800

License Number 00371

Name of OSHA Monitor N/A

Street Address

City, State, Zip Code

SCHEDULED START DATE (10) 6-15-15

SCHEDULED COMPLETION DATE (11) 6-16-15

SCOPE OF WORK (Check all that apply) [X]2 sf or >260 sf

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

[ ]Pipe Insulation [X]Renoation [ ]Demolition

Is Location Normally Used Solely By Maintenance/ Custodial Staff (13) Yes No N/A

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

Location Name of Registered Waste Hauler (14)

AZTECH MANAGEMENT, INC.
NJDEP Waste Hauler ID No. 17040

Cubic Yards of Waste 1.5

Name of Registered Wastesand/andfill

City, State Montclair, NJ 07042

Disposal Date 6-17-15

City, State Morrisville, PA 19067

Completed By (Print or Type) Constantine Vivian President

Signature Date 6-4-15
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)  

Date of Notification (1)  
6/9/15  

Name of Building Owner/Operator (2)  
Richard Caramagna  

Agencies Notified  

- EPA  
- DEP  
- DOL  
- DOH  
- DCA  

Type Notification  

- Initial  
- Amended  
- Amendment #6  
- Emergency (including justification)  
- Cancellation  

Street Address  
24 Vernon Terrace  

City, State, Zip Code  
Bloomfield, NJ 07003  

Name of Contact  
Richard Caramagna  

Telephone Number  

FACILITY INFORMATION  

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

Street Address  
24 Vernon Terrace  

City (6)  
Bloomfield  

County (8)  
Somerset  

County Code (7) (STATE USE ONLY)  

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

Name of Abatement Contractor (9)  
ABS Environmental Service LLC  

Street Address  
PO Box 483, 4 E Gate Drive  

City, State, Zip Code  
Glenwood, NJ 07418  

Project Manager for Monitoring Firm  

Telephone No.  
973-784-2276  

License No.  
70  

Start Date (10)  
7/6/15  

Scheduled Completion Date (11)  
7/22/15  

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)  

- 23 sf or <33 ft²  
- 23 sf or ≥33 ft²  
- Renovation  
- Demolition  
- Full Containment with Negative Pressure  
- Mini-Enclosure  
- Glovebag Procedures  
- Non-Exempted ACM and NFR Pyrogallic Procedure  

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specified SF or F)</th>
<th>Abatement Type</th>
<th>Removal</th>
<th>Encapsulate</th>
<th>Endorsement</th>
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</thead>
<tbody>
<tr>
<td>basement</td>
<td>x</td>
<td>pipe insulation</td>
<td>85 F</td>
<td></td>
<td>x</td>
<td></td>
<td></td>
</tr>
<tr>
<td>basement</td>
<td>x</td>
<td>boiler exterior insulation</td>
<td>30 F</td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler  
Freehold Cartage  

NJ DEP Waste Hauler ID No. 15939  

Cubic Yards of Waste  
TBD  

Name of Registered Wastes Handfill  
Western Jersey Landfill  

City, State  
Freehold, NJ  

Completed By  
A. Scott Higgins  
Title  
President  
Signature  

Date  
6/9/15  

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

Date of Notification (1)
06/08/2015

Name of Building Owner/Operator (2)
Morris-Union Jointure Commission

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

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

Street Address
340 Central Ave

City, State, Zip Code
New Providence, NJ 07974

Name of Contact
Erik Hammerdahl

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement Is Taking Place (3)
Developmental Learning Center

Type of Facility (4)

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

Square Feet

# of Floors

Bldg. Age

County Code (7)

Name of Monitoring Firm Hired by Building Owner (8)
Partner Engineering and Science, Inc

ASCM No.

Name of Abatement Contractor (9)
Lillich Corporation

Street Address
611 Industrial Way West

City, State, Zip Code
Eatontown, NJ 07724

Project Manager for Monitoring Firm
Brian Nemetz

Telephone No.
732-380-1700

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)
06/19/2015

Scheduled Completion Date (11)
06/22/2015

Name of OSHA Monitor
J&S Environmental Laboratories

Street Address
2333 Route 22 West

City, State, Zip Code
Union, NJ 07083

Telephone No.
973-225-8400

License No.
0114

Scope of Work (Check All That Apply)

- ≥ 23 sf or ≥ 1 If
- ≥ 160 sf or ≥ 260 lf
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Tireable Procedure

Location of Asbestos-Containing Material (ACM)

TO BE ABATED

In Facility

(12)

Is Location Normally Used Solely by Maintenance/Custodial Staff?

Yes
No
N/A

Description of Asbestos-Containing Material (ACM)

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

boiler room

boiler insulation

200 LF

boiler room

pipe insulation

20 LF

Amour (Specified LF or LF)

Abatement Type

x

Removal

x

Repair

Endorse

Name of Registered Waste Hauler
Lillich Corporation

NJDEP Waste Hauler ID No.
18724

Cubic Yards of Waste
n/a

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

City, State, Zip Code
Woodland Park, NJ 07083

Disposal Date
n/a

City, State
Morrisville, PA

Completed by
Momo Giavatovic

Title
vice president

Signature

Date
06/08/2015

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

Date of Notification (1) 6-9-15

Name of Building Owner/Operator (2) Daniel Rech

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

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

Street Address 2521 Linn Ave

Name of Contact Daniel Rech

City, State, Zip Code Union, NJ, 07083

FACILITY INFORMATION

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

Street Address

City (4) Essex County (6) Essex County Code (7) N/A (STATE USE ONLY)

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

ASCM No. N/A

Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc

Street Address 86 Christopher St

City, State, Zip Code Montclair, NJ 07042

Project Manager for Monitoring Firm N/A

Telephone Number (973) 744-8800

Name of OSHA Monitor N/A

License Number 00371

Scheduled Start Date (10) 6-22-15

Sched. Completion Date (11) 6-23-15

Month Day Year Month Day Year

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

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

[ ] Other - Describe: Other Occupancy Descriptions

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

[ ] >160 sf or >260 l f

[X] Renovation  
[ ] Demolition  

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

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

Yes  No  N/A

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

Amount (Specify) SF or L

Abatement Type

REMOVAL  REPAIR  ENCLOSURE

Location  REPAIR  ENCLOSURE

Basement  X  Boiler  40 SF  X

Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.

NJ/DEP Waste Hauler ID No. 17040

Cubic Yards of Waste 1.5

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

City, State Montclair, NJ 07042

Disposal Date 6-24-15

City, State Morrisville, PA 19067

Completed By (Print or Type) Constantine Vivian

Title President

Signature CV

Date 6-9-15
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>
</thead>
<tbody>
<tr>
<td>6/8/15</td>
<td>Mathew Soska</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Name of Building Owner/Operator (2)</th>
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</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
<td>Mathew Soska</td>
</tr>
<tr>
<td>DOL</td>
<td>Amended</td>
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<tr>
<td>DOH</td>
<td>Emergency (Including Justification)</td>
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</tr>
<tr>
<td>DCA</td>
<td>Cancellation</td>
<td></td>
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</table>

| Street Address     | 273 Tenby Drive   |
| City, State, Zip Code | Delran, NJ        |
| Name of Contact    | Mathew Soska      |

<table>
<thead>
<tr>
<th>FACILITY INFORMATION</th>
<th>Type of Facility (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residence</td>
<td></td>
</tr>
<tr>
<td>Street Address</td>
<td>273 Tenby Drive</td>
</tr>
<tr>
<td>City (5)</td>
<td>Delran, NJ</td>
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<tr>
<td>County (6)</td>
<td>Burlington</td>
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<tr>
<td>Current Use (Prior to or if being demolished)</td>
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<tr>
<td>Square Feet</td>
<td>1900 SF</td>
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<tr>
<td># of Floors</td>
<td>2</td>
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<tr>
<td>Bldg. Age</td>
<td>40 yrs</td>
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<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>ASCM No.</th>
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<tr>
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<table>
<thead>
<tr>
<th>Name of Abatement Contractor (5)</th>
<th>Name of OSHA Monitor</th>
</tr>
</thead>
<tbody>
<tr>
<td>AEI2, LLC</td>
<td>AEI2, LLC</td>
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</tbody>
</table>

| Street Address       | 300 S. Lenola Road   |
| City, State, Zip Code | Maple Shade, NJ 08052 |

<table>
<thead>
<tr>
<th>Telephone No.</th>
<th>License No.</th>
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<tbody>
<tr>
<td>609-481-2122</td>
<td>00122</td>
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<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>6/8/15</td>
<td>6/27/15</td>
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<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check only one)</th>
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<tbody>
<tr>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
</tr>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours</td>
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<tr>
<td>Other - Describe.</td>
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<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>≥3 sf or ≥3 lf</td>
</tr>
<tr>
<td>≥1,000 sf or ≥2800 lft</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Is Location Normally Used Solely by Maintenance/ Custodial Staff (12)</th>
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<tbody>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>X</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>

| Amount |
| SF    |
| 500    |

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<th>Abatement Type</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>
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<tr>
<th>NJ DEP Hauler ID No.</th>
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<tbody>
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<td>21376</td>
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<table>
<thead>
<tr>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Waste Hauler</th>
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<tr>
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<td>AEI2, LLC</td>
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<th>City, State</th>
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<tr>
<td>Maple Shade, NJ</td>
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<table>
<thead>
<tr>
<th>Completed By</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wm. Minnick</td>
</tr>
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<table>
<thead>
<tr>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Mgr.</td>
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Signature: [Signature]

Date: 6/8/15

---

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)
6-9-15

Name of Building Owner/Operator (2)
Heather Gilheany

Agency Notified
[X] DEP
[X] DOL

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

Name of Contact
Heather Gilheany

Facility Information

Same as above

Street Address
92 Plymouth Ave.

City, State, Zip Code
Maplewood, NJ, 07040

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

ASCM No.

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

Street Address
86 Christopher St.

City, State, Zip Code
Montclair, NJ 07042

Project Manager for Monitoring Firm
N/A

Telephone Number
(973) 744-8800

Name of OSHA Monitor
N/A

Scheduled Start Date (10)
6-23-15

Scheduled Completion Date (11)
6-24-15

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

Abatement Performed Outside of Normal Facility Hours—Describe:

Other—Describe:

Scope of Work (Check all that apply)
[X] 3 sq ft or more
[X] Renovation
[ ] Demolition
[ ] Pull Containment with Negative Pressure
[ ] Mini-Enclosure
[ ] Glovebag Procedure
[ ] Non-Friable Procedure

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

In Facility (13)

Yes
No
N/A

Location Normally Used By Maintenance/Custodial Staff (12)

Pipe Insulation

1801f

Name of Registered Waste Hauler
AZTECH MANAGEMENT, INC.

NJDEP Waste Hauler ID No.
17040

Cubic Yards of Waste
1.5

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

City, State
Montclair, NJ 07042

Disposal Date
6-25-15

Completed By (Print or Type)
Constantine Vivian

Title
President

Signature

Date
6-9-15
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) 06/09/15
Name of Building Owner/Operator (2) Kathleen Tuozzolo
Agencies Notified
☐ EPA
☐ DOLWD
☐ DHSS
☐ DCA (NJAC 8:23-8)
Type Notification
☐ Initial
☐ Amended
☐ Amendment #
☐ Emergency (including justifcation)
☐ Cancellation
Address
23 Wildwood Terrace
City, State, Zip Code
Glen Ridge, NJ 07028
Name of Contact
Kathleen Tuozzolo
Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Private house
Street Address
23 Wildwood Terrace
City (6)
Glen Ridge, NJ 07028
County Code (7) (STATE USE ONLY)

County (6)
Essex
Name of Monitoring Firm Hired by Building Owner (8)
ASCM No.
Gr Tech LLC
Name of Abatement Contractor (9)
Street Address
576 Valley Rd #283
City, State, Zip Code
Wayne, NJ 07470
License No.
973-638-1777

Project Manager for Monitoring Firm
Telephone No.
Name of OSHA Monitor
Envirovision Consultants, Inc
Street Address
20-21 Wagaw Road, Bldg. #351
City, State, Zip Code
Fair Lawn, NJ 07410
License No.

Start Date (10) 06/18/15
Scheduled Completion Date (11) 06/19/15
Occuancy Status During Abatement (Check only one)
Facility Closed/Vacated During Entire Period of Abatement
Abatement Performed Outside of Normal Facility Hours - Describe

Scope of Work (Check all that apply)
☐ 3sf or >3sf
☐ 160sf or >260sf
☐ Renovation
☐ Demolition
☐ Clean up and decontamination
☐ Negative pressure
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Test with Negative Pressure
☐ Non-Exempted (*) and Non-Fragile ()
☐ Procedure

Location of Asbestos-Containing Material (ACM)
IN Facility (15)

Basement
☐ Yes
☐ No
☐ Pipe insulation
30 LF
Basement
☐ Yes
☐ No
☐ Boiler insulation
36 SF

Name of Registered Waste Hauler
Gr Tech LLC
City, State
Wayne, NJ 07470
Disposal Date TBD
TBD

Complented By (Print or Type)
Title
Owner
Signature
N Jevtic

ABB-41
MAY 11

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

**State of New Jersey**

**Date of Notification (1)**  
6/9/15

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

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

**Name of Building Owner/Operator (2)**  
Kevin Schuler private home

**Street Address**  
2 East 32nd Street

**City, State, Zip Code**  
Beach Haven Gardens NJ 08008

**Name of Contact**  
Kevin

**Telephone Number**  
856-753-9800

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**  
Kevin Schuler private home

**Street Address**  
2 East 32nd Street

**City**  
Beach Haven Gardens NJ 08008

**County (6)**  
Ocean  

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

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

**Square Feet**  
1000+

**# of Bldg. Age**  
2  
35+

**Current Use (Price if building demolished)**

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

**Scheduled Completion Date (11)**  
6/12/15

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

- Renovation Demolition

**Scope of Work (Check All That Apply)**  
- ≥300 ft or ≥300 ft

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

**In Facility (13)**

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount of ACM (Specify Site or LF)</th>
</tr>
</thead>
</table>

**Exterior Siding**

**Location**  
Exterior Siding

**Cubic Yards of Waste**  
3

**Name of Registered Waste Hauler**

**United Containers**

**Waste Hauler ID No.**  
22459

**Disposal Date**  
6/12/15

**Name of Registered Landfill**

**G.R.O W.S.**

**Disposal Date**  
12/06/15

**Completed by**

**Anthony T. Perna**

**Title**  
President

**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)
6-9-15

Name of Building Owner/Operator (2)
Mrs. Novotny

Street Address
1515 44th Street

City, State, Zip Code
North Bergen, NJ, 07047

Name of Contact
Mrs. Novotny

Telephone Number
(201) 401-0074

FACILITY INFORMATION

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

Same as above

Type of Facility (4)
[X] School (K-12)

[X] Subchapter S (Other than K-12)

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

Square Feet of Floors

Bldg. Age

Current Use (Prior if being demolished)

Name of Monitoring Firm hired by Building
N/A

Owner (8)
N/A

ASCM No.

Name of Abatement Contractor (9)
AZTECH MANAGEMENT, Inc

Street Address
86 Christopher St.

City, State, Zip Code
Montclair, NJ, 07042

License Number
00371

Telephone Number
(973) 744-8800

Project Manager for Monitoring Firm
N/A

Telephone Number

Scheduling Start Date (10)
6-20-15

Scheduling Completion Date (11)
6-22-15

Month Day Year

Month Day Year

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

[ ] Other - Describe:

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

[X] Demolition

[X] Full Containment with Negative Pressure

[X] Minicompliance

[ ] Non-Friable Procedure

Location of Asbestos-Containing Material (ACM)
in Facility

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

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

Amount (Specify SP CF Lb)

Abatement Type

REMOVAL

ENCAPSULATION

ENCLOSURE

Basement

X Boiler

35 F X

Name of Registered Waste Hauler
AZTECH MANAGEMENT, INC.

NJDEP Waste Hauler ID No.
17040

Cubic Yards of Waste
1.5

Name of Registered Waste Hauler
G.R.O.W.S.

City, State
Montclair, NJ, 07042

Disposal Date
6-23-15

City, State
Morrisville, PA 19067

Completed By (Print or Type)
Constantine Vivian

Title
President

Signature

Date
6-9-15
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>06 / 10 / 15</th>
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<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Carlos Cunas</td>
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<tr>
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<td>Type Notification</td>
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<tr>
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<td>Initial</td>
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<td>Amended</td>
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<td>Amendment #</td>
</tr>
<tr>
<td></td>
<td>Emergency (including justification)</td>
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<tr>
<td></td>
<td>Cancellation</td>
</tr>
<tr>
<td>Street Address</td>
<td>199 Belleville Avenue</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Belleville, NJ 07109</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Charley Holmes</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
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<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td></td>
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<tr>
<td>Private House</td>
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<tr>
<td>Street Address</td>
<td>199 Belleville Avenue</td>
</tr>
<tr>
<td>City (5)</td>
<td>Belleville, NJ 07109</td>
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<tr>
<td>County (8)</td>
<td>Essex</td>
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<td>Square Feet</td>
<td># of Stories</td>
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<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>ASCM No.</td>
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<td>Project Manager for Monitoring Firm</td>
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<td>Scheduled Completion Date (11)</td>
<td>06 / 20 / 15</td>
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<td>Occupancy Status During Abatement (Check only one)</td>
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<tr>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
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<tr>
<td>Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM/PM/AM/PM</td>
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<tr>
<td>Scope of Work (Check all that apply)</td>
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<tr>
<td>&gt;3 sf or &gt;3 if</td>
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<td>160 sf or &gt;260 if</td>
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<td>Renovation</td>
<td>Demolition</td>
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<tr>
<td>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</td>
<td>Yes No N/A</td>
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<td>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
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<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)</td>
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<tr>
<td>Basement</td>
<td>Pipe insulation</td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
<td>N.J. EPC Waste Hauler ID No.</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td>Name of Registered Laborer</td>
</tr>
<tr>
<td>Abatement Type</td>
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<td>Abatement Type</td>
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<tr>
<td>Amount (Sp. LF)</td>
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<td></td>
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<tr>
<td>Name of Abatement Contractor (9)</td>
<td>Gr Tech LLC</td>
</tr>
<tr>
<td>Street Address</td>
<td>576 Valley Rd #283</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Wayne, NJ 07470</td>
</tr>
<tr>
<td>License No.</td>
<td>973-638-1777</td>
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<tr>
<td>OSHA Monitor</td>
<td>Envirovision Consultants, Inc</td>
</tr>
<tr>
<td>Street Address</td>
<td>20-21 Wagarow Road, Bldg. # 34 A</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Fair Lawn, NJ 07410</td>
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<tr>
<td>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</td>
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<td>City, State, Zip Code</td>
<td>Wayne, NJ 07470</td>
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<td>License No.</td>
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<td>Fair Lawn, NJ 07410</td>
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<td>Abatement Type</td>
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**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60 and 12:120)

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<tr>
<th>Date of Notification (1)</th>
<th>06/10/15</th>
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</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Brick Twp. Board of Education</td>
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<td>Agencies Notified</td>
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<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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<tr>
<td>DOH</td>
<td>Emergency (including justification)</td>
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<tr>
<td>DCA</td>
<td>Cancellation</td>
</tr>
<tr>
<td>Street Address</td>
<td>101 Hendrickson Avenue</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Brick, NJ 08724</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>James Edwards</td>
</tr>
<tr>
<td>Type of Facility (4)</td>
<td></td>
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<tr>
<td>School (K-12)</td>
<td>x</td>
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<tr>
<td>Subchapter 8 (Other than K-12)</td>
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<tr>
<td>Other (i.e. private &amp; commercial buildings, homes, etc.)</td>
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<tr>
<td>County Code (7)</td>
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<tr>
<td>Current Use (Prior to being a school)</td>
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<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td>Osbornville Elementary School</td>
</tr>
<tr>
<td>Street Address</td>
<td>218 Drum Point Road</td>
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<tr>
<td>City (5)</td>
<td>Brick, NJ 08723</td>
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<tr>
<td>County (6)</td>
<td></td>
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<tr>
<td>Name of Monitoring Firm Hired by Building Owner (5)</td>
<td>McCabe Environmental</td>
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<tr>
<td>ASCM No.</td>
<td></td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>Lillich Corporation</td>
</tr>
<tr>
<td>Street Address</td>
<td>450 Valley Brook Ave</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Lyndhurst, NJ 07071</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>201-638-4839</td>
</tr>
<tr>
<td>License No.</td>
<td>973-225-8400</td>
</tr>
<tr>
<td>Name of GSHA Monitor</td>
<td>J&amp;S Environmental Laboratories</td>
</tr>
<tr>
<td>Street Address</td>
<td>2333 Route 22 west</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Union, NJ 07083</td>
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<tr>
<td>Start Date (10)</td>
<td>06-22-2015</td>
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<tr>
<td>Scheduled Completion Date (11)</td>
<td>07-05-2015</td>
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<tr>
<td>Occupancy Status During Abatement (Check Only One)</td>
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<tr>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
<td>x</td>
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<tr>
<td>Abatement Performed Outside of Normal Facility Hours</td>
<td>x</td>
</tr>
<tr>
<td>Other - Describe:</td>
<td></td>
</tr>
<tr>
<td>Scope of Work (Check All That Apply)</td>
<td></td>
</tr>
<tr>
<td>Renovation</td>
<td>x</td>
</tr>
<tr>
<td>Demolition</td>
<td></td>
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<tr>
<td>Full Containment with Negative Pressure</td>
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<tr>
<td>Mini-Enclosure</td>
<td></td>
</tr>
<tr>
<td>Glovebag Procedure</td>
<td></td>
</tr>
<tr>
<td>Non-Exempted (Not and Non-Friable Procedure</td>
<td>x</td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility</td>
<td></td>
</tr>
<tr>
<td>Location Normally Used Solely by Maintenance Custodial Staff? (12)</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>No</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 (Square SF or ft)</td>
<td></td>
</tr>
<tr>
<td>Abatement Type</td>
<td></td>
</tr>
<tr>
<td>Removed</td>
<td>Repair</td>
</tr>
<tr>
<td>boiler room</td>
<td>x</td>
</tr>
<tr>
<td>exterior boiler insulation</td>
<td>200</td>
</tr>
<tr>
<td>boiler room</td>
<td>x</td>
</tr>
<tr>
<td>interior boiler insulation</td>
<td>200</td>
</tr>
<tr>
<td>boiler room</td>
<td>x</td>
</tr>
<tr>
<td>interior insulation</td>
<td>100</td>
</tr>
<tr>
<td>boiler room</td>
<td>x</td>
</tr>
<tr>
<td>pipe/fitting insulation</td>
<td>100</td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
<td>Lillich Corporation</td>
</tr>
<tr>
<td>NJ/DEP Waste Hauler ID No.</td>
<td>18724</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td>n/a</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>G.R.O.W.3 Landfill</td>
</tr>
<tr>
<td>City, State</td>
<td>Woodland Park, NJ</td>
</tr>
<tr>
<td>Disposal Date</td>
<td>n/a</td>
</tr>
<tr>
<td>Completed by</td>
<td>Momo Glavatovic</td>
</tr>
<tr>
<td>Title</td>
<td>vice president</td>
</tr>
<tr>
<td>Signature</td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td>06/10/2015</td>
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</tbody>
</table>

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

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

**Borough of Penns Grove**

---

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Name of Building Owner/Operator</th>
<th>Street Address</th>
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<td>EPA <strong>X</strong></td>
<td>Initial</td>
<td>Borough of Penns Grove</td>
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<td>DOL <strong>X</strong></td>
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<td>Penns Grove, NJ 08069</td>
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<td>DOH <strong>X</strong></td>
<td>Emergency (including justification)</td>
<td>Andrew Ricco</td>
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<tr>
<td>DCA <strong>X</strong></td>
<td>Cancellation</td>
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<table>
<thead>
<tr>
<th>FACILITY INFORMATION</th>
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</table>

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

Street Address
67-69 Penn Street

City (5)
Penns Grove

County (6)
Salem

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

Name of Abatement Contractor (6)
Ricco Construction Corp

Type of Facility (4)

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

Square Feet

# of Floors

Bldg. Age

Current Use (Prior if being demolished)

Vacant

License No.

Telephone No.
856.466.6452

License No.
204

Start Date (10)
06/20/15

Scheduled Completion Date (11)
07/20/15

Name of OSHA Monitor
Andrew Ricco

---

Occupancy Status During Abatement (Check Only One)

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

Scope of Work (Check All That Apply)

- ≥3 sf or ≥3 If
- ≥160 sf or ≥260 If
- Renovation
- Demolition
- Full Container w/ Negative Pressure
- Mini-Enclosure
- Gloves Bag Procedure
- Non-Exempted (*) and x-asbestos Procedure

---

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED</th>
</tr>
</thead>
<tbody>
<tr>
<td>In Facility (13)</td>
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<table>
<thead>
<tr>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
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<th>Description of Asbestos-Containing Material (ACM)</th>
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<td>(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
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<table>
<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
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<td>Repair</td>
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<tr>
<td>Encapsulate</td>
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<tr>
<td>Endoscope</td>
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<table>
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*Do not use this form for asbestos licensure exempted activities.*
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 5:66 and 12:120)

**Date of Notification (1)**  
6/10/2015

**Name of Building Owner/Operator (2)**  
Point Pleasant Board of Education

**Agencies Notified**  
☐ EPA  
☐ DEP  
☐ DOT  
☐ DOH  
☐ DCA

**Type Notification**  
☒ Initial

**Street Address**  
2100 Panther Path

**City, State, Zip Code**  
Point Pleasant, NJ 08742

**Name of Contact**  
Steven Corso

**Telephone Number**  

**FACILITY INFORMATION**

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

**Street Address**  
809 Laura Harbert Drive

**City (5)**  
Point Pleasant

**County (6)**  
Ocean

**County Code (7)**  

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

**ASCM No.**  

**Name of Abatement Contractor (9)**  
Lilich Corporation

**Street Address**  
5434 King Ave Suite 101

**City, State, Zip Code**  
Pennington, NJ 08534

**License No.**  
011

**Street Address**  
606 McBride Ave

**City, State, Zip Code**  
Woodland Park, NJ 07424

**Telephone No.**  
973-225-8400

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

**Street Address**  
2333 Route 22 West

**City, State, Zip Code**  
Union, NJ 07083

**Project Manager for Monitoring Firm**  
Jay Murray

**Telephone No.**  
800-306-4545

**Start Date (10)**  
06-20-2015

**Scheduled Completion Date (11)**  
06-23-2015

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

**Other – Describe:**

**Scope of Work (Check All That Apply)**  
☒ ≥ 30 ft or ≥ 10 if

☐ ≥ 100 sq ft or ≥ 250 if

☐ Renovation

☒ Demolition

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

<table>
<thead>
<tr>
<th>Location Normal</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount Specify $F or LF</th>
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<tbody>
<tr>
<td>6th grade wing(classrooms)</td>
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<td>pipe insulation-wrap/cut</td>
<td>18LF</td>
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**Name of Registered Waste Hauler**  
Lilich Corporation

**NJDEP Waste Hauler ID No.**  
18724

**Cubic Yards of Waste**  

**Name of Registered Lead Abatement Firm**  
G.R.O.W.S.

**Disposal Date**  
N/A

**City, State**  
Woodland Park, NJ

**Completed by**  
Momo Glavatovic

**Title**  
vice president

**Signature**  

**Date**  
06/10/2015

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

Date of Notification (1) June 10, 2015

Name of Building Owner / Operator (2)
Bank of America

Agencies Notified Type Notification
☐ EPA
☐ DEP
☒ DOH
☒ DCA
☐ Initial
☐ Amended
☐ Amendment #_
☐ Cancellation

Street Address
1290 Hooper Avenue

City, State & Zip Code
Toms River, NJ 08753

Name of Contact
Jim Kalafsky

Telephone Number
Bank

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Bank of America

Street Address
1290 Hooper Avenue

City (5)
Toms River

County (6)

Ocean

Name of Monitoring Firm Hired by Building Owner (8)
Environmental Testing Consultants, LLC

Name of Abatement Contractor (9)
Synatech, Inc.

Street Address
413 North Black Horse Pike

City, State & Zip Code
Runnemede, NJ 08078

Project Manager for Monitoring Firm
Howard Zenoobi

Telephone Number
856-482-1311

License Number
006587

Scheduled Start Date (10)
June 20, 2015

Scheduled Completion Date (11)
July 31, 2015

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 Hours
☐ Other – Describe:

Scope of Work (Check all that apply)
☐ >3 sf or >50 if
☐ >150 sf or >260 if
☐ Renovation
☐ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted and on-Friable Procedure

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

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

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

Amount (Specify F or LF) 200 SF

Abatement Type
Endoscope
Repair
Encapsulate
Removal

Manager's Entry Door, Small Door to Teller Area, Coupon Booth, Teller Counter at Wall

Name of Registered Waste Hauler
Synatech, Inc.

Cubic Yards of Waste
15

Waste Hauler ID No.
27429

Disposal Date
August 3, 2015

City, State
Grows Landfill

Name of Registered Landfill
Little Egg Harbor, NJ 08087

Completed By
Diane Aloia

Title
Executive Administrator

Signature

Date
June 10, 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): 6/9/15

Name of Building Owner/Operator (2): Guttenberg Board of Education

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

Type Notification: X Initial, X Amended

Street Address: 301 69th Street

City, State, Zip Code: Guttenberg, NJ 07093

Name of Contact: Sal Albenese

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Anna L. Klein Elementary School

Street Address: 301 69th Street

City: Guttenberg

County: Hudson

Name of Monitoring Firm Hired by Building Owner (8): ASCM No. 00149

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

Name of Abatement Contractor (5): J.R. Contracting & Environmental Consulting, Inc.

Street Address: 1141 Route 23

City, State, Zip Code: Wayne, NJ 07470

Name of OSHA Monitor: Enviro Vision Consultants, Inc.

Telephone No.: 973-628-9200

Project Manager for Monitoring Firm: Mr. James Frisbee

Telephone No.: 609-392-4200

Start Date (10): 06/26/15

Scheduled Completion Date (11): 07/17/15

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

Other – Describe: Hours: Mon - Fri - 7:30 a.m. - 3:30 p.m.

Scope of Work (Check All That Apply):

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

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

- X Stairwell/Cove Base and Riser

Floors: 1 thru 4

Name of Registered Waste Hauler: J.R. Contracting & Environmental Consultants, Inc.

J.R. Contracting & Environmental Consultants, Inc.

NUDEP Waste Hauler ID No.: 17819

Cubic Yards of Waste: 20

Name of Registered Landfill: Grand Central Landfill

City, State: Wayne, New Jersey

Disposal Date: N/A

Name of Registered Landfill: Grand Central Landfill

City, State: Wayne, New Jersey

Completed by: Jerry Bijelonic

Title: Project Manager

Signature: [Signature]

Date: 6/9/15

AS8-41 (R-08-08)

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:86 and 12:120)

Date of Notification (1)
June 10, 2015

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

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

Name of Building Owner/Operator (2)
Family Connections

Street Address
7 Glenwood Avenue Suite 101
City, State, Zip Code
East Orange NJ 07017

Name of Contact
Jacques Hryshko

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Family Connections

Street Address
48 13th Street
City (5)
Paterson
County (6)
Passaic
County Code (7) (STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8)
Sky Environmental Services Inc.

Name of Abatement Contractor (9)
Be Construction Corporation

Street Address
140 Boulevard
City, State, Zip Code
Mountain Lakes, NJ 07046

Telephone No.
973-588-4821

License No.
C 231

Start Date (10)
June 12, 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
[ ] 100 sf or ≥200 if
[ ] Renovation
[ ] Demolition
[ ] Full Containment w/ Negative Pressure
[ ] Mini-Endos
[ ] Glovebag Procedure
[ ] Non-Exempted

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

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

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

Amount (Specify SF or LF)

Abatement Type

Location
Removal
Repair
Encapsulate
Endorse

Landfill

Name of Registered Waste Hauler
Be Construction Corporation

NJDEP Waste Hauler ID No.

Cubic Yards of Waste

Name of Registered
Tullytown 1 Facility

Disposal Date
City, State
Tullytown, PA

Completed by
Barbara Reed
Title
President
Signature

Date
03/11/2015

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

Date of Notification: 6-20-15

Name of Building Owner/Operator: E. Edward Construction

Name of Facility Where Abatement is Taking Place:

Residential: X

Street Address: 29-77th Street

City, State, Zip Code: Sea Isle City, NJ 08243

Name of Contact: Frank

FACILITY INFORMATION

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

Residential

Street Address: 29-77th Street

City: Sea Isle City

County: Cape May

Name of Monitoring Firm Hired by Building Owner: Ani Joe LLC

ASCM No:

Name of Abatement Contractor: Ani Joe LLC

Street Address: 1212 Boulder St, Delanco NJ 08075

City, State, Zip Code: Delanco, NJ 08075

Project Manager for Monitoring Firm: Self

Telephone No.:

License No.:

License Expiration Date:

Scheduled Completion Date: 6-25-15


Occupancy Status During Abatement (Check only one):

Facility Closed/Occupied During Entire Period of Abatement

Abatement Performed Outside of Normal Facility Hours

Other - Describe:

Scoops of Work (Check all that apply):

- 25 sf or 25 ft
- 250 sf or 250 ft

- Demolition
- Bins
- ABATEMENT
- Full Containment with Negative Pressure
- OSHA-Approved
- OSHA-Procedures
- Non-Removal (i.e., Sealing, Stabilization, or other miscellaneous)

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

Yes No N/A

Inside the Facility

Outside

ACM Siding

2000 sf

Abatement Type:

- MOBILIZATION
- REPAIR
- DEMOLITION
- BIOMEDICAL
- OTHER

Name of Registered Waste Hauler: Ani Joe LLC

City, State: Delanco NJ

Cubic Yards of Waste:

Name of Registered Landfill:

City, State: Delanco NJ

Disposal Date:

Signature:

Completed By:

This form is 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 10, 2015

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

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<thead>
<tr>
<th>Agency</th>
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<td>4005 Highway 9 North @ Aldrich Road</td>
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<td>DOH</td>
<td>Amended Amendment</td>
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<td>DCA</td>
<td>Cancellation</td>
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**Name of Contact:** Jim Kalafsky

**Telephone Number:**

---

**FACILITY INFORMATION**

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

Bank of America

**Street Address:**

4005 Highway 9 North @ Aldrich Road

**City (5):**

Howell

**County (6):**

Monmouth

**County Code (7):**

USE ONLY

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

Environmental Testing Consultants, LLC

**ASCM No.:**

Name of Abatement Contractor (9):

Synatech, Inc.

**Street Address:**

829 Radio Road

**City, State & Zip Code:**

Little Egg Harbor, NJ 08087

**Project Manager for Monitoring Firm:**

Howard Zanobi

**Telephone Number:**

856-482-1311

**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

**Location of Asbestos-Containing Material (ACM) TO BE ABATED 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, VAP or other miscellaneous):**

Yes

**Amount (Specify F or LF):**

100 LF

**Abatement Type:**

- Yes
- No

**Endoscope:**

- Yes
- No

**Completed By:**

Diane Aloia

**Executive Administrator:**

**Title:**

**Signature:**

Diane Aloia

**Date:**

June 10, 2015

---

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

**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 850 and 12:123)

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<th>Name of Building Owner/Operator (2)</th>
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<td>M. Morose</td>
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<th>Type Notification</th>
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<th>City, State, Zip Code</th>
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<th>Name of Building Owner/Operator (2)</th>
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<tbody>
<tr>
<td>M. Morose</td>
<td>M. Morose</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>
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<td>M272</td>
<td>School (K-12)</td>
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<th>Street Address</th>
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<td>622 Hackensack Ave</td>
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<table>
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<th>City, State, Zip Code</th>
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<td>186 Westland Ave.</td>
<td>Woodbridge NJ 07096</td>
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<thead>
<tr>
<th>Telephone No.</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>201-232-5641</td>
<td>M. Morose</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Cancellation Date (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>6/9/15</td>
<td>6/11/15</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>186 Westland Ave.</td>
<td>Woodbridge NJ 07096</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work: (Check All That Apply)</th>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extension only</td>
<td>Basement</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Situation</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Renovation</td>
<td>Demolition</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Location Normaly Used Solely by Maintenance/Custodial Staff? (12)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAC, or other miscellaneous)</th>
<th>Amount (Spec. SF or m2)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>52.4</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Asbestos Type</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
</tr>
</thead>
<tbody>
<tr>
<td>Newark Carting, Inc.</td>
<td>04899</td>
<td>1</td>
</tr>
</tbody>
</table>

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

**ASB-41 (R-06-06) **

*Do not use this form for asbestos abatement exemptions.*

*Signature*:

R. McDonald
Title: President
Date: 6/9/15
**State of New Jersey**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60 and 12:120)

**Date of Notification (1)**
9/10/15

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

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

**Name of Building Owner/Operator (2)**
Susan Delouya Private Home

**Street Address**
33 Channel Road

**City, State, Zip Code**
Toms River NJ 08753

**Name of Contact**
Danielle

**Facility Information**

**Name of Facility Where Abatement is Taking Place (3)**
Susan Delouya Private Home

**Street Address**
33 Channel Road

**City (5)**
Toms River NJ 08753

**County (6)**
Ocean

**County Code (7)**
1

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

**Type of Facility (4)**
- School (< K-12)
- Subchapter 8 (Commercial)
- Other (i.e. private etc.)

**Square Feet**
1000

**Number 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 08091

**Project Manager for Monitoring Firm**

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

**License No.**
00727

**Start Date (10)**
6/11/15

**Completion Date (11)**
6/15/15

**Name of OSHA Monitor**
Same

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

**Scope of Work (Check All That Apply)**
- 23 sf or 23 if
- 160 sf or 2600 sf if
- Renovation
- Demolition
- Full Containment
- Negative Pressure
- Min-Endorse
- Glovebag Procedure
- Non-Exempted
- 1st Non-Friable Procedure

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

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

**Location Normally Used by Maintenance/Custodial Staff?**
No

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

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

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

**Amount Specify F or LF**

**Abatement Type**
- Removal
- Encapsulation
- Eradication

**Amount Specify F or LF**

**Exterior Siding**

**Abatement Type**
- Exterior Siding 350 SF

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

**Name of Registered Waste Hauler**
NJDEP Waste Hauler ID No.
22459

**Cubic Yards of Waste**
3

**Name of Registered Waste Hauler**
G.R. D.W.S.

**City, State**
Elm NJ

**Disposal Date**
6/15/15

**City, State**
Morrsville

**Name of Registered Waste Hauler**
A 19067

**Completed by**
Anthony T Perna

**Title**
President

**Signature**

**Date**
6/10/15

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

Date of Notification (1) June 9, 2015  
Name of Building Owner/Operator (2) Max Fluss, Inc.

Agencies Notified  
[ ] EPA  
[ ] DEP  
[ X ] DOL  
[ X ] DOH  
[ ] DCA  
Type of Notification  
[ ] Initial Notification  
[ ] Amended Notification  
[ ] Emergency (including justification)  
[ ] Cancellation  
Street Address  
709 Cedar Lane  
City, State, Zip Code  
Teaneck, NJ 07666  
Name of Contact  
Amy Lohman  
Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  
Raven Hill Apartment  
Street Address  
82 Walraven Street  
City  
Teaneck  
County (6)  
Bergen  
County Code (7) (STATE USE ONLY)  
Name of Monitoring Firm Hired by Building Owner (8)  
N/A  
ASCM No.  
Name of Abatement Contractor (9)  
Guardian Contracting, Inc.  
Street Address  
1889 Route Unit 61  
City, State, Zip Code  
Toms River, New Jersey 08755-1271  
Telephone Number  
732-349-9932  
License Number  
00624  
Name of OSHA Monitor  
E.M.S.L. Atypical  
Street Address  
1056 Beltoria Road  
City, State, Zip Code  
Piscataway, New Jersey 08854

Scheduled Start Date (10)  
6/10/15  
Scheduled Completion Date (11)  
6/16/15  
Current Use (Prior to Abatement)  
[ ] School (k-12)  
[ ] Subchapter 8 (other than k-12)  
[ X ] Other (i.e., private & commercial buildings, homes, etc.)  
Square feet  
10,000 sf  
[ ] Floors  
2  
[ ] Bldg. Age  
50  
[ ] Demolished

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

Scope of Work (Check all that apply)  
[ ] >3 sf or >3 lb  
[ X ] Renovation  
[ ] Demolition

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

<table>
<thead>
<tr>
<th>Basement 126</th>
<th>X</th>
<th>boiler/breeching/pipe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement 82</td>
<td>X</td>
<td>boiler/breeching/pipe</td>
</tr>
<tr>
<td>Basement 92</td>
<td>X</td>
<td>boiler/breeching/pipe</td>
</tr>
</tbody>
</table>

Abatement Type  

| R | E | M | O | V | A | L | R | E | P | A | R | E | N | C | P | A | S | S | U | L | E | E | N | C | L | O | S | E |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

Cubic Yards of Waste  
Name of Registered Waste Hauler  
Guardian Contracting, Inc.  
NJDEP Waste Hauler ID No.  
20223  
Disposal Date

Completed by (Print or Type)  
Nicholas Fernicola  
Title  
Project Manager  
Signature  
Date  
6/9/2015

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

Date of Notification: June 9, 2015

Agencies Notified: [x] EPA, [x] DOH
Type of Notification: [x] Emergency (including justification)

Name of Building Owner/Operator: Township of Warren
Street Address: 46 Mountain Blvd.
City, State, Zip Code: Warren, NJ 07059
Name of Contact: Doug Buro

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place: Codington House
Street Address: 15 Mt. Horeb Road
City: Warren
County: Somerset
County Code: (STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner: Guardian Contracting, Inc.
ASCM No.

Name of Abatement Contractor: Guardian Contracting, Inc.
Street Address: 1889 Rte, 9, Unit 61
City, State, Zip Code: Toms River, NJ 08755

Telephone Number: 732-349-9932
Name of OSHA Monitor: E.M. L. Alysical

Occupancy Status During Abatement: [x] Facility Closed/Vacated During Entire Period of Abatement
Scope of Work: [x] Renovation

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

<table>
<thead>
<tr>
<th>Location of</th>
<th>Is Location</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normaly used</td>
<td>Solely by Maintenance/Custodial Staff</td>
<td>(i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
</tr>
</tbody>
</table>

YES NO N/A

Basement: X Asbestos pipe insulation

Cubic Yards of Waste: 2

Name of Registered Waste Hauler: Guardian Contracting, Inc.
NJDEP Waste Hauler ID No.: 20223
Name of Registered L.R.F: T.R.R.F.

City, State: Toms River, New Jersey
Disposal Date: 6/11/15

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

Abatement Type

<table>
<thead>
<tr>
<th>R</th>
<th>E</th>
<th>M</th>
<th>O</th>
<th>V</th>
<th>A</th>
<th>L</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>R</th>
<th>E</th>
<th>P</th>
<th>A</th>
<th>I</th>
<th>R</th>
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<tbody>
<tr>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| E | N | C | A | P | S | U | L | E |
|---|---|---|---|---|---|---|
| | | | | | | |

| E | N | C | L | O | S | E |
|---|---|---|---|---|---|
| | | | | | |

*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 9, 2015

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

**Street Address**  
4569 S. Broad Street

**City, State, Zip Code**  
Yardville, NJ 08620

**Name of Contact**  
John Oliver

### FACILITY INFORMATION

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

**Street Address**  
650 Strawberry Street

**City**  
Trenton

**County (6)**  
Mercer

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

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

**ASCM No.**  

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

**Street Address**  
1889 Route Unit 61

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

**Telephone Number**  
732-349-9932

**License Number**  
00624

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

**Street Address**  
1056 Julington Road

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

### Occupancy Status During Abatement

**Occupancy Status**

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

**Scheduled Start Date (10)**  
6/9/15

**Scheduled Completion Date (11)**  
6/19/15

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

- >3 sf or ≥3 lf [ ]
- 160 sf or ≥260 lf [X ]
- Renovation [X ]
- Demolition [ ]
- Non-Exempted (L) and Non-Friable Procedure [X ]
- Full Container with Negative Pressure [ ]
- Mini-Enclosure [ ]
- Glovebag Procedure [ ]
- Removal [ ]
- Repair [ ]
- Encapsulation [ ]
- Enclosure [ ]

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

- Insulation, surfacing, or other miscellaneous

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

<table>
<thead>
<tr>
<th>Exterior</th>
<th>Asbestos Roofing</th>
<th>63</th>
</tr>
</thead>
</table>

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

**NJDEP Waste Hauler ID No.**  
20223

**Cubic Yards of Waste**  
15

**Name of Registered L.R.F.**  
T.R.R.F.

**City, State**  
Toms River, New Jersey

**Disposal Date**  
6/22/15

**City, State**  
Tullytown, Pennsylvania

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

**Title**  
Project Manager

**Signature**  

---

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

Date of Notification (1)  
6/10/15

Name of Building Owner/Operator (2)  
Menza & Beissel, Inc

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

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

Street Address  
41 Stonehouse Rd

City, State, Zip Code  
Basking Ridge, NJ 07920

Name of Contact  
Howard

Telephone Number

FACILITY INFORMATION

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

Street Address  
57 Dogwood Lane

City (5)  
Berkley Heights

County (6)  
Union

County Code (7)  
(State Use Only)

Square Feet  
1800

# of Floors  
1

Current Use (Prior to being vacated house)  
800

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

Bldg. Age  
60+

Name of Monitoring Firm Hired by Building Owner (8)  
ASCM 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.

Telephone No.  
732-294-1757

License No.  
0029

Start Date (10)  
6/19/15

Scheduled Completion Date (11)  
6/24/15

Name of OSHA Monitor  
Renovation  ☑ Demolition  ☐

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

Other – Describe:  ☑ Partial

Scope of Work (Check All That Apply)  

≥3 sf or ≥3 If  ☑  ≥100 sf or ≥200 If  ☐

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

Is Location Normally Used Solely by Custodial Staff? (14)  
Yes ☑ No ☐ N/A

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

Amount (Specify SF or LF)  
15 sf

Abatement Type

<table>
<thead>
<tr>
<th>Location of</th>
<th>Is Location</th>
<th>Description of</th>
<th>Amount</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asbestos-Containing Material (ACM)</td>
<td>Normally Used Solely by Custodial Staff?</td>
<td>Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td>(Specify SF or LF)</td>
<td></td>
</tr>
<tr>
<td>TO BE ABATED</td>
<td>(13)</td>
<td>(14)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>kitchen</td>
<td>Yes</td>
<td>linoleum</td>
<td>15 sf</td>
<td></td>
</tr>
</tbody>
</table>

Location of Registered Waste Hauler  
ACE Insulation Co., Inc.

Name of Registered Waste Hauler  
NJDEP Waste Hauler ID No. 12068

Cubic Yards of Waste  
2

Disposal Date  
6/24/15

Name of Registered Waste Hauler  
Chirns

City, State  
Colts Neck, N.J. 07722

Completed by  
Bree McGuire  
Secretary Treasurer

Date  
8/10/15

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

Date of Notification (1)
06/10/15

Name of Building Owner/Operator (2)
JOE REDZINAK

Agencies Notified

<table>
<thead>
<tr>
<th>Agency</th>
<th>Notification Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
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<tr>
<td>DEP</td>
<td></td>
</tr>
<tr>
<td>DOL</td>
<td></td>
</tr>
<tr>
<td>DOH</td>
<td></td>
</tr>
<tr>
<td>DCA</td>
<td></td>
</tr>
</tbody>
</table>

Street Address
191 KNOLL CREST AVENUE
BRICK, NJ 08723

Name of Contact
JOE

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
191 KNOLL CREST AVENUE

City (5)
BRICK, NJ

County Code (6)
COUNTY

County (8)
OCEAN COUNTY

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

Name of Abatement Contractor (9)
AAA LEAD PROFESSIONALS

Type of Facility (4)

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

Square Feet
1500

# of Floors
2

Bldg. Age

Current Use (Prior and/or demolished)
HOME

Name of OSHA Monitor
AAA LEAD PROFESSIONALS

Street Address
6 WHITE DOVE COURT
LAKEWOOD, NJ 08731

License No.
1234

Telephone No.
732-688-9078

Project Manager for Monitoring Firm

Start Date (10)
06/21/15

Scheduled Completion Date (11)
06/21/15

Occupancy Status During Abatement (Check Only One)

<table>
<thead>
<tr>
<th>Status Description</th>
<th>Checkmark</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes, Facility Closed/Vacated During Entire Period of Abatement</td>
<td>☑</td>
</tr>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours</td>
<td></td>
</tr>
<tr>
<td>Other -- Describe:</td>
<td></td>
</tr>
</tbody>
</table>

Scope of Work (Check All That Apply)

<table>
<thead>
<tr>
<th>Description</th>
<th>Checkmark</th>
</tr>
</thead>
<tbody>
<tr>
<td>Renovation</td>
<td>☑</td>
</tr>
<tr>
<td>Demolition</td>
<td></td>
</tr>
<tr>
<td>Full Containment with Negative Pressure</td>
<td>☑</td>
</tr>
<tr>
<td>Mini-Enclosure</td>
<td></td>
</tr>
<tr>
<td>Glovebag Procedure</td>
<td></td>
</tr>
<tr>
<td>Non-Exempted (1) and N-Friable Procedure</td>
<td></td>
</tr>
</tbody>
</table>

Asbestos-Containing Material (ACM) TO BE ABATED

Location

<table>
<thead>
<tr>
<th>Location</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>2ND FLOOR BATHROOM</td>
<td>PLASTER</td>
</tr>
</tbody>
</table>

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

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

Amount of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAC, or other miscellaneous) (Specify SF or L)

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>PLASTER</td>
<td>200 SF</td>
</tr>
</tbody>
</table>

Abatement Type

<table>
<thead>
<tr>
<th>Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
NEWARK CARTING

NJ/DEP Waste Hauler ID No.
04509

Cubic Yards of Waste
3 YARDS

Name of Registered Tank/landfill
IESI

Disposal Date
06/21/15

City, State
NEWARK, NJ

Completed by
JOSEPH PERLSTEIN
Title
OWNER

Signature

Date
06/10/15

* Do not use this form.*
Date of Notification: 06/08/2015

Name of Building Owner/Operator: 506 Jefferson St. LLC
Street Address: 1125 Maxwell Ln, Apt 304
City, State, Zip Code: Hoboken, NJ 07030

Facility Information:
Name of Facility Where Abatement is Taking Place:
Residential Property
Street Address: 506 Jefferson St., NJ 07030
City: Hoboken
County: Hudson
County Code: ASCM No.

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

Sq. Feet: 5,000
# of Floors: 1
Building Age: 60

Current Use (prior if being demolished):
Restaurant

Occupancy Status During Abatement:
Facility Closed/Vacated During Entire Period of Abatement
Abatement Performed Outside of Normal Facility Hours
Other - Describe: Unoccupied abandoned building

Source of Work:
Demolition
Renovation

Location of Asbestos-Containing Material (ACM) to be Abated in Facility:
Is Location Normally Used Solely by Maintenance or Custodial Staff?
YES NO N/A

Description of ACM (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous):
Amount SF: 800

Abatement Type:
Removal
Repair
Encapsulate
Endource

Roof Main Surface and Side Flashing:
X

Name of Reg. Waste Hauler:
Atlas Disposal Options, Inc.
NJDEP Waste Hauler ID #: 50452
Cubic Yards of Waste: 30

Disp. Date: 06/09/2015
City, State: Dover, NJ 07801
Completed by (Print or Type):
Title: Project Supervisor
Signature: Date: 06/08/2015
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:90 and 12:120)

Date of Notification (1)  
JUNE 18TH 2015

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

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

Name of Building Owner/Operator (2)  
MIKE REGINA

Street Address  
356 NORTH AVE.

City, State, Zip Code  
RAMSEY, NJ 07446

Name of Contact  
MIKE REGINA

FACILITY INFORMATION

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

Street Address  
356 NORTH AVE.

City (5)  
RAMSEY, NJ 07446

County (6)  
BERGEN COUNTY

County Code (7)  
00

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

Square Feet  
3271

# of Floors  
2

Bldg. Age  
1927 - 1962

Current Use (Prior to being demolished)  
HOME

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

ASCM No.  
146

Name of Abatement Contractor (9)  
GOLD CAST ABATEMENT & DEMO

Street Address  
25 CAMBRIDGE WAY

City, State, Zip Code  
WEHAWKEN, NJ 07086

Telephone No.  
201-820-0302

Name of OSHA Monitor  
ERICK BENAIIDE

Start Date (10)  
JUNE 20TH 2015

Scheduled Completion Date (11)  
JUNE 24TH 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 ≥5 if
☐ ≥160 sf or ≥260 if
☐ Renovation
☐ Demolition

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

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

Location  
BASEMENT  
PIPE INSULATION  

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

Amount  
SF or LF

Abatement Type  
Removal  
Repair  
Encapsulate  
Endorse

Name of Registered Waste Hauler  
ATLANTIC CARTING

NJDEP Waste Hauler ID No.  
#26085

Cubic Yards of Waste  
20

Name of Registered Landfill  
GROWTH SANITARY LANDFILL

Disposal Date  
1965

City, State  
WAYNE, NJ 07470

Completed by  
ANTHONY RAMSEY

Title  
PRESIDENT

Signature  

Date  
JUNE 18TH 2015

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