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

Date of Notification (1) June 19, 2015
June 10, 2016

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

Agencies Notified Type Notification

Name of Contact
Jim Kalafsky

Street Address
1290 Hooper Avenue

City, State & Zip Code
Toms River, NJ 08753

Name of Abatement Contractor (9)
Synatech, Inc.

Type of Facility (4)

Square Feet
1,100

Current Use (Prior if being demolished)
Bank

City (5)
Toms River

Bank

County (6) County Code (7) USE ONLY

Name of Monitoring Firm Hired by Building Owner (8) ASCM No.
Environmental Testing Consultants, LLC

Name of Abatement Contractor (9)
Synatech, Inc.

Street Address
413 North Black Horse Pike

Street Address
829 Radio Road

City, State & Zip Code
Runnemede, NJ 08078

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

Project Manager for Monitoring Firm Telephone Number
Howard Zenobi 864-482-1311

Telephone Number
609-298-6916

License Number
00817

Scheduled Start Date (10) Scheduled Completion Date (11)
June 27, 2015 July 31, 2015

Name of OSHA Monitor
Synatech, Inc.

Occupancy Status During Abatement (Check only one)

Scope of Work (Check all that apply)

≥3 sf or ≥ 50 lf
≥160 sf or ≥260 lf
Renovation
Demolition

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, VAT or other miscellaneous)

Amount (Specify SF or LF)

Abatement Type

Manager’s Entry Door, Small Door to Teller Area, Coupon Booth, Teller Counter at Wall X Joint Compound 200 SF X

Name of Registered Waste Hauler
Synatech, Inc.

Name of Registered Landfill
Grows Landfill

City, State
Little Egg Harbor, NJ 08087

Disposal Date
August 3, 2015

City, State
Morrisville, PA

Completed By
Diane Aloia

Title
Executive Administrator

Signature

Date
June 19, 2015

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) June 10, 2015

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

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

Type Notification
Initial
Amended
Cancellation

Street Address
1290 Hooper Avenue

City, State & Zip Code
Toms River, NJ 08753

Name of Contact
Jim Kalafsky

Telephone Number

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

Ocean Code (7) USE ONLY

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

ASCM No.

Street Address
413 North Black Horse Pike

City, State & Zip Code Runnemede, NJ 08078

Name of Abatement Contractor (9)
Synatech, Inc.

Street Address
829 Radio Road

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

Telephone Number 609-295-8916

License Number 00817

Name of OSHA Monitor Synatech, Inc.

Scheduled Start Date (10) June 20, 2015

Scheduled Completion Date (11) July 31, 2015

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

Facility Occupied During Abatement

Scope of Work (Check all that apply)

☒ ≥3 sf or ≥ 50 if
☒ ≥100 sf or ≥250 if

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) 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)

Location
NJDPE Waste Hauler ID No.
27429

Cubic Yards of Waste
15

Name of Registered Landfill
Grows Landfill

Disposal Date
August 3, 2015

City, State
Morrisville, PA

Little Egg Harbor, NJ 08087

Completed By
Diane Aloha

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 12:129)

Date of Notification (1) 6/19/2015
Name of Building Owner/Operator (2) UPPPER SADDLE RIVER SCHOOLS 2015 JUN 23 AM 1:35

Agencies Notified Type Notification Street Address 395 W. SADDLE RIVER ROAD
☐ EPA Initial ASPHALT CONTROL
☑ DEP Amended ASBESTOS CONTROL
☐ DOL Amendment #
☐ DOH Emergency (including demolition)
☐ DCA Cancellation

City, State, Zip Code UPPPER SADDLE RIVER, NJ 07458
Name of Contact NJUZI LEKA

Telphone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) CAVALGANI MIDDLE SCHOOL
Street Address 392 W. SADDLE RIVER ROAD
City (5) UPPPER SADDLE RIVER
County (6) BERGEN
County Code (7) 0100

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

Name of Monitoring Firm Hired by Building Owner (8) ASCM No. TWO BROTHERS CONTRACTING, INC.
Street Address 11 VREELAND AVENUE
City, State, Zip Code TOTOWA, NJ 07512
Project Manager for Monitoring Firm Telephone No. 973-956-8700
License No. 00494

Start Date (10) 7/1/2015
Scheduled Completion Date (11) 7/6/2015

Name of OSHA Monitor SAME AS (9) ABOVE
Scope of Work (Check All That Apply)

☐ ≥3 sf or ≥3 if
☐ ≥150 sf or ≥260 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

EXTERIOR WINDOW CAULKING 320 LF

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

Abatement Type

Removal Repair Encapsulate Endorse

Name of Registered Waste Hauler TWO BROTHERS CONTRACTING
NJDEP Waste Hauler ID No. 18743
Cubic Yards of Waste 10
Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.S.
City, State TOTOWA, NJ
Disposal Date 7/6/2015
City, State MORRISVILLE, PA
Completed by VIVECA RAMOS
Title PROJECT COORDINATOR
Signature

ASS-41 (R-06-08) * Do not use this form for asbestos licensure exempted activities.
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 5:90 and 12:120)

**Date of Notification (1)**  
6/19/15

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

**Type Notification**  
Initial

**Street Address**  
2015 JUN 23 AM 1:26

**City, State, Zip Code**  
ASBESTOS CONTROL

**Name of Contact**  
Russel Samaroo

**Telephone Number**  

---

**FACILITY INFORMATION**

**Name of Facility Where Abatement Is Taking Place (3)**  
Newark Penn Station

**Project Manager for Monitoring Firm**  
Jeffrey Seaman

**Telephone No.**  
856-840-8800

**License No.**  
00727

**Type of Facility (4)**

**Square Feet**  
1000 +

**No. of Floors**  
2

**Bidg. Age**  
35+

---

**Name of Monitoring Firm Hired by Building Owner (5)**  
TTI Environmental

**Name of Abatement Contractor (9)**  
Pernaco Inc.

**Street Address**  
1253 Church St.

**Street Address**  
PO Box 329

**City, State, Zip Code**  
Moorestown NJ 08057

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

---

**Start Date (10)**  
6/19/15

**Scheduled Completion Date (11)**  
6/20/15

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

- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other – Describe: start time 9:30 PM to 4:00 AM

---

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

- ≥ 3 sf or ≥ 3 if
- ≥ 180 sf or ≥ 260 if
- Renovation
- Demolition

---

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

**In Facility (13)**

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

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

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

**Abatement Type**

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

---

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

**Near McDonalds**

**Pipe Insulation**

---

**Name of Registered Waste Hauler**  
Pernaco Inc.

**Cubic Yards of Waste**  
1

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

**Disposal Date**  
6/22/15

**City, State**  
City, State

**Morrisville PA 19067**

---

**Completed by**  
Anthony T Perna

**Title**  
President

**Signature**  

---

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

Date of Notification (1)
6/19/15
Name of Building Owner/Operator (2)
Allrisk

Agencies Notified

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

Street Address
501 Kennedy Blvd.
City, State, Zip Code
Somerdale NJ 08083

Name of Contact
Tom Messina
Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement Is Taking Place (3)
Hoboken Housing
Street Address
Unit 1G 480 8th street
City (5)
Hoboken NJ 07030
County (6)
Hudson
County Code (7) (STATE USE ONLY)____

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

Name of Abatement Contractor (9)
Pernaco Inc.
Street Address
1253 Church St
City, State, Zip Code
Mooriestown NJ 08057
Project Manager for Monitoring Firm
Jim Galardi
Telephone No.
856-848-9800

Scheduled Completion Date (11)
6/23/15
Name of OSHA Monitor
Same

Start Date (10)
6/22/15
Telephone No.
856-753-9800
License No.
00727

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

Other – Describe: Apt Unit is closed

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

Location of Asbestos-Containing Material (ACM)

TO BE ABATED
In Facility (13)

Yes No N/A
bedroom x
Floor Tile / Mastic
150 SF

Name of Registered Waste Hauler
United Containers
NJDEP Waste Hauler ID No.
22459
Cubic Yards of Waste
2
Name of Registered Landfill
G.R.O.W.S

City, State, Zip Code
Elm NJ 07030
Disposal Date
6/23/15
City, State, Zip Code
Morrisville PA 19067
Completed by
Anthony T Perna
Title
President
Signature

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

(Pursuant to N.J.A.C. 7:26-2.12)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>5/18/15</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Notification Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>(X) Initial Notification</td>
</tr>
<tr>
<td>DEP</td>
<td>() Amended Certification</td>
</tr>
<tr>
<td>DOL</td>
<td>() Canceled</td>
</tr>
<tr>
<td>DOH</td>
<td>() DCAA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Building Owner/Operator (2)</th>
<th>Paulsboro Refining Company</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>800 Billingsport Rd</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Paulsboro, NJ 08066</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Sq. Feet, N/A</th>
<th># of Floors, N/A</th>
<th>Bldg. Age, N/A</th>
<th>Current Use (prior if being demolished)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>N/A</td>
<td>Oil Refinery</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Contractor (9)</th>
<th>K A Industrial Services LLC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>800 Billingsport Rd</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Paulsboro, NJ 08066</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of OSHA Monitor</th>
<th>K A Industrial Services, LLC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>800 Billingsport Rd</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Paulsboro, NJ 08066</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check only one)</th>
<th>Facility Closed/Vacated During Entire Period of Abatement</th>
</tr>
</thead>
<tbody>
<tr>
<td>( ) Abatement Performed Outside of Normal Facility Hours -</td>
<td></td>
</tr>
<tr>
<td>(X) Other – Describe – Removal of ACM within restricted work area in outside areas</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Source of Work (Check all that apply)</th>
<th>() Demolition</th>
<th>(X) Renovation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>() Large Proj. (150 SF or &gt;260 LF ACM)</td>
<td>() Sm Proj. (25-150 SF or &gt;10 &lt;260 LF ACM)</td>
</tr>
<tr>
<td></td>
<td>() Minor Proj. (&lt;25 SF or &lt;10 LF ACM)</td>
<td>() Full Containment with Negative Pressure</td>
</tr>
<tr>
<td></td>
<td>() glovebag Procedure</td>
<td>() Mini-Enclosure</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) in Facility (13)</th>
<th>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</th>
<th>YES</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>LPG Pipe Rack</td>
<td>Pipe Insulation</td>
<td>Approx 1500 LF</td>
<td>X</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Reg. Waste Hauler</th>
<th>NJDEP Waste Hauler ID #</th>
<th>Cubic Yards of Waste</th>
<th>Name of Reg. Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Waste Management, Inc.</td>
<td>17273</td>
<td>6 CY</td>
<td>Gloucester County Landfill</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>South Harrison, NJ</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Completed by (Print or Type)</th>
<th>ANDREW GREEN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
<td>MANAGER - KA Industrial Services</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>6/18/15</td>
</tr>
</tbody>
</table>

Mail to: NJDEP-DSHW-BRTP
401 E. State St., PO 414
Trenton, NJ 08625-0414

Telephone 609-984-6520

C:\WORD\MYDOCS\VSASEBESTOS
9/18/00
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:90 and 12:120)

Date of Notification (1):
06/17/2015

Name of Building Owner/Operator (2):
Faileigh Dickinson University

Type of Notification:

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

Street Address:
1000 River Road

City, State, Zip Code:
Teanack, NJ 07601

Name of Contact:
Craig Gorczyca

Telephone Number:

Name of Facility Where Abatement Is Taking Place (3):
RECTOR HALL

Street Address:
1000 RIVER RD

City (5):
TEANECK

State:
BERGEN

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 demolished):

School:

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

ASCM No.:

Name of Abatement Contractor (9):

VMC Company, Inc.

Street Address:
208 Plagget Ave

City, State, Zip Code:
Clifton, NJ 07011

Telephone No.

License No.:
973-253-8628

00704

Name of OSHA Monitor:

VMC Co. Inc.

Street Address:

City, State, Zip Code:

Scheduled Completion Date (11):
06/22/2015

Note Date (10):
06/21/2015

Occupancy Status During Abatement (Check Only One):

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

Scope of Work (Check All That Apply):

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

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

In Facility (13):

- Yes
- No
- N/A

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

<table>
<thead>
<tr>
<th>Rooms</th>
<th>VAT/MASTIC</th>
<th>90 SF</th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td>101, 102A, 104</td>
<td>PIPE FITTINGS</td>
<td>42 EA</td>
<td>X</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler:

Cartling, Inc

NJDEP Waste Hauler ID No.:
05409

Cubic Yards of Waste:

Name of Registered Landfill:
IESI Landfill

Disposal Date:

City, State:
Bethlehem, PA

Completed by:

President

Signature:

Date:
06/17/2015

* 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): 06/16/2015
Name of Building Owner/Operator (2): Faileigh Dickinson University

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
</tr>
<tr>
<td>DEP</td>
<td>Amendment # 1</td>
</tr>
<tr>
<td>DOL</td>
<td>Emergency (including justification)</td>
</tr>
<tr>
<td>DOH</td>
<td>Cancellation</td>
</tr>
<tr>
<td>DCA</td>
<td></td>
</tr>
</tbody>
</table>

Street Address: 1000 River Road
City, State, Zip Code: Teaneck, NJ 07601
Name of Contact: Craig Gorozycza

Facility Information

FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Type of Facility (4):</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: # of Floors: Bidg. Age: School

Current Use (Prior to being demolished): School

Name of Facility Where Abatement is Taking Place (3): RECTON HALL
City (8): TEANECK
County (9): BERGEN

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8):</th>
</tr>
</thead>
<tbody>
<tr>
<td>EDI</td>
</tr>
</tbody>
</table>

ASCM No.: Name of Abatement Contractor (9): VMC Company, Inc.
Street Address: 208 Piaget Ave
City, State, Zip Code: Clifton, NJ 07011

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm:</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOM PRUZO</td>
</tr>
</tbody>
</table>

Telephone No.: 973-253-8828
License No.: 00704

<table>
<thead>
<tr>
<th>Name of OSIA Monitor:</th>
</tr>
</thead>
<tbody>
<tr>
<td>VMC Co. Inc.</td>
</tr>
</tbody>
</table>

Street Address: 208 Piaget Ave
City, State, Zip Code: Clifton, NJ 07011

Start Date (10): ON HOLD
Scheduled Completion Date (11): ON HOLD

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check Only One):</th>
</tr>
</thead>
<tbody>
<tr>
<td>School</td>
</tr>
</tbody>
</table>

Facility Closed/Vacated During Entire Period of Abatement: No
Abatement Performed Outside of Normal Facility Hours: Yes - Describe: 3 PM - 11 PM

Scope of Work (Check All That Apply):
- [x] 23 sf or ≤3 ft
- [ ] ≥160 sf or ≥260 ft
- [x] Renovation
- [ ] Demolition
- [x] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Exhauster Procedure

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

<table>
<thead>
<tr>
<th>ROOMS</th>
<th>101, 102A, 104</th>
</tr>
</thead>
<tbody>
<tr>
<td>VAT/MASTIC</td>
<td>90 SF</td>
</tr>
<tr>
<td>PIPES FITTINGS</td>
<td>42 EA</td>
</tr>
</tbody>
</table>

Location of Asbestos-Containing Material (ACM) 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) (i.e., thermal insulation, surfacing, VAT, or other miscellaneous):
- VAT/MASTIC
- PIPES FITTINGS

Amount (Specify SF or LF):
- 90 SF X
- 42 EA X

Name of Registered Waste Hauler:
Newark Carting, Inc
NJDEP Waste Hauler ID No.: 05409
Cubic Yards of Waste: Name of Registered Landfill: IESI Landfill
City, State: Newark, NJ
Disposal Date: City, State: Bethlehem, PA

Compiled by: Voytek Roszkowski
Title: President
Signature: Date: 06/16/2015

* 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)  

Date of Notification (1)
6/19/15

Name of Building Owner/Operator (2)
Alan Mannherz Private home

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

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

Street Address
313 N 14th St

City, State, Zip Code
Surf City NJ 08008

Name of Contact
Alan

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Alan Mannherz Private home

Street Address
313 N 14th St

City (5)
Surf City NJ 08008

County (6)

Ocean

Current Use (Prior if being demolished)
Home

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

ASCM No.

Name of Abatement Contractor (9)
Pernaco Inc.

Street Address
PO Box 329

City, State, Zip Code
West Berlin NJ 08091

Project Manager for Monitoring Firm

Telephone No.
856-753-9800

License No.
00727

Start Date (10)
6/22/15

Scheduled Completion Date (11)
6/25/15

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

Scope of Work (Check All That Apply)
- ≤3 sf or ≤3 ft
- >100 sf or ≥260 ft

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
Endorsement

Exterior Siding
2000 SF

Name of Registered Waste Hauler
United Containers
NJDEP Waste Hauler ID No.
22459

Cubic Yards of Waste
4

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

City, State
Elm NJ

Completed by
Anthony T Perna
Title
President

Signature

Date
6/13/15

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

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>June 19, 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agencies Notified</td>
<td></td>
</tr>
<tr>
<td>[ ] EPA</td>
<td></td>
</tr>
<tr>
<td>[ ] DEP</td>
<td></td>
</tr>
<tr>
<td>[X] DOL</td>
<td></td>
</tr>
<tr>
<td>[X] DOH</td>
<td></td>
</tr>
<tr>
<td>[ ] DCA</td>
<td></td>
</tr>
<tr>
<td>Type of Notification</td>
<td></td>
</tr>
<tr>
<td>[ ] Initial Notification</td>
<td></td>
</tr>
<tr>
<td>[ ] Amended Notification</td>
<td></td>
</tr>
<tr>
<td>Amendment #</td>
<td></td>
</tr>
<tr>
<td>[X] Emergency (including justification)</td>
<td></td>
</tr>
<tr>
<td>[ ] Cancellation</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Building Owner/Operator (2)</th>
<th>Five Star Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>2 Coles Way</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Lakewood, NJ 08701</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

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

<table>
<thead>
<tr>
<th>Square feet</th>
<th># of Floors</th>
<th>Bldg. Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>696</td>
<td>1</td>
<td>65</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Residence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>1480 Tower Street</td>
</tr>
<tr>
<td>City</td>
<td>Lakewood</td>
</tr>
<tr>
<td>County</td>
<td>Ocean</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name of Abatement Contractor (9)</th>
<th>Guardian Contracting, Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>1889 Route 9, Unit 61</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Toms River, New Jersey 08755-1271</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of OSHA Monitor</th>
<th>E.M.S.L. Analytical</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>1056 Stetson Road</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Piscataway, New Jersey 08854</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] 1 ≥5 sf or ≥3 lf</td>
<td></td>
</tr>
<tr>
<td>[X] ≥160 sf or ≥260 lf</td>
<td></td>
</tr>
</tbody>
</table>

| [ ] Renovation                       |               |
| [X] Demolition                       |               |

<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>Exterior</td>
<td>[X]</td>
<td>Asbestos siding</td>
<td>900 sf</td>
<td>X</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>Guardian Contracting, Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>NIDEP Waste Hauler ID No.</td>
<td>20223</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>Toms River, New Jersey</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disposal Date (11)</td>
<td>06/22/2015</td>
</tr>
<tr>
<td>City, State</td>
<td>Tullytown, Pennsylvania</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>T.R.R.F.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed by (Print or Type)</th>
<th>Nicholas Fernicola</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
<td>Project Manager</td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>6-19-15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator</td>
<td>BWJ LLC</td>
</tr>
<tr>
<td>Street Address</td>
<td>62 Lambertville-Hopewell Rd</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Hopewell, NJ 08525</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Kyle Van Arsdale</td>
</tr>
<tr>
<td>FACILITY INFORMATION</td>
<td></td>
</tr>
<tr>
<td>Name of Facility Where Abatement is Taking Place</td>
<td>Single family Dwelling</td>
</tr>
<tr>
<td>Street Address</td>
<td>70 Hart Ave</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Hopewell, NJ 08525</td>
</tr>
<tr>
<td>County (6)</td>
<td>Mercer</td>
</tr>
<tr>
<td>Current Use (Prior to Being Demolished)</td>
<td>Single family Dwelling</td>
</tr>
<tr>
<td>Type of Facility</td>
<td>Single Family Dwelling</td>
</tr>
<tr>
<td>Name of Abatement Contractor</td>
<td>EPC Technologies Inc</td>
</tr>
<tr>
<td>Street Address</td>
<td>P.O. Box 337</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>New Egypt, NJ 08533</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>609-758-3365</td>
</tr>
<tr>
<td>License No.</td>
<td>00.394</td>
</tr>
<tr>
<td>Name of OSHA Monitor</td>
<td>EPC Technologies Inc</td>
</tr>
<tr>
<td>Street Address</td>
<td>P.O. Box 337</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>New Egypt, NJ 08533</td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>7-2-15</td>
</tr>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>7-2-15</td>
</tr>
<tr>
<td>Scope of Work (Check All That Apply)</td>
<td>Renovation or Demolition</td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED</td>
<td>Exterior</td>
</tr>
<tr>
<td>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</td>
<td>Yes</td>
</tr>
<tr>
<td>Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td>Siding, Shingles</td>
</tr>
<tr>
<td>Amount (Specify SF or Lf)</td>
<td>14,005 Lf</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>Waste Management of PA</td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
<td>EPC Technologies</td>
</tr>
<tr>
<td>NJ/DEP Waste Hauler ID No.</td>
<td>17000</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td>8</td>
</tr>
<tr>
<td>Disposal Date</td>
<td>7-2-15</td>
</tr>
<tr>
<td>City, State</td>
<td>Moorestown, PA</td>
</tr>
<tr>
<td>Completed by</td>
<td>Steve Schenk</td>
</tr>
<tr>
<td>Title</td>
<td>President</td>
</tr>
</tbody>
</table>

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

(Pursuant to NJAC 8:80 and 5:16)

**Date of Notification (1):** 06/19/15

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

**State of New Jersey**

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

Private House

- **Street Address:** 94 Cypress Street
- **City:** Millburn, NJ 07041

**Type of Facility (4):**

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

**Square Feet:**

**# of Floors:**

**Bldg. Age:**

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

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

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

Gr Tech LLC

**ASCM No.:**

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

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

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

**License No.:** 01127

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

Envirovision Consultants, Inc

**Street Address:** 20-21 Wagabag Road, Bldg. #35E

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

**Telephone No.:**

**License No.:**

**Name of OSHA Monitor:**

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

- [X] >3 sf or >3 ft
- [ ] ≥ 150 sf or ≥260 ft

**Renovation**

**Demolition**

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

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

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

- **Basement:**
  - [X] Pipe insulation
  - [ ] N/A

- **Location Used Solely by Maintenance/ Custodial Staff? (12):**
  - [ ] Yes
  - [ ] No
  - [X] N/A

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

- (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
- [X] Clean up and decontamination with negative pressure
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Tent with Negative Pressure
- [ ] Non-Exempted (*) or Non-Friable Procedure

**Abatement Type:**

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

**Location of Registered Waste Hauler:**

**NDEP Waste Hauler #:** 0033785

**Cubic Yards of Waste:** TBD

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

**City, State:** Tullytown, PA

**Disposal Date:** TBD

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

**Title:** Owner

**Signature:**

**Date:** 06/19/2015

*Do not use this form for asbestos licensure exempted activities.*
Date of Notification (1) 6-18-2015

Name of Building Owner/Operator (2) Debra Smith

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

Street Address 27 Wade Street

City, State, Zip Code Jersey City, NJ 07305

Name of Contact Debra Smith

Telephone Number

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

Street Address 27 Wade Street

City (5) Jersey City, NJ 07305

County (6) Hudson

County Code (7) (STATE USE ONLY) __________

Name of Monitoring Firm HIred by Building Owner (8) ASCM No. Green Environmental Services, LLC

Name of Abatement Contractor (9)

Street Address 235 Virginia Avenue

City, State, Zip Code Jersey City, NJ 07304

Telephone No. 201-333-8855 License No. 01174

Project Manager for Monitoring Firm

Telephone No.

Start Date (10) 6-17-2015

Scheduled Completion Date (11) 6-17-2015

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

Scope of Work (Check All That Apply)
☒ ≥3 sf or ≥3 if
☐ ≤150 sf or ≤260 if
☒ Renovation
☐ Demolition
☐ Fx 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)
pipe insulation

Amount (Specify SF or LF) 180 LF

Abatement Type

Enclosure ☒ Removal ☒ Repair ☒

Name of Registered Waste Hauler Green environmental Services, LLC

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

City, State Jersey City, NJ

Completed by Liliana Serrano Title Office Manager

Date 6-18-2015

Signature

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th></th>
<th>15</th>
<th>15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tom's River Board of Education</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Type Notification</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>[X] Initial</td>
<td></td>
</tr>
<tr>
<td>[ ] Amended</td>
<td></td>
</tr>
<tr>
<td>[ ] Amendment #</td>
<td></td>
</tr>
<tr>
<td>[ ] Emergency (including justification)</td>
<td></td>
</tr>
<tr>
<td>[ ] Cancellation</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1144 Hooper Avenue</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Tom's River, New Jersey 08753</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Contact</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Drahmin Bhatt</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Hooper Avenue Elementary School</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1517 Hooper Avenue</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City (5)</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Tom's River, NJ</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>County Code (7) (STATE USE ONLY)</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>County Code (7) (STATE USE ONLY)</td>
<td>89083</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Square Feet</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>89083</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (s)</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Health &amp; Safety Services, Inc</td>
<td>00117</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Abatement Contractor (9)</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>New American Restoration</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>421-423 Straight Street</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Paterson, NJ 07501</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Jim Proctor</td>
<td>856-452-1311</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Telephone No.</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>973-925-1303</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>License No.</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>00805</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ 3 sf or ≥3 ft</td>
<td>☑ Renovation</td>
<td>Full Containment with Negative Pressure</td>
</tr>
<tr>
<td>☑ ≥160 sf or ≥260 ft</td>
<td>☑ Demolition</td>
<td>Mini-Enclosure</td>
</tr>
<tr>
<td>☑ Full Containment with Negative Pressure</td>
<td>☑ Gangway Procedure</td>
<td>Non-Exempted (*) and Non-Friable Procedure</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Boiler Room</td>
<td>TSI (Pipe Insulation/Fittings)</td>
<td>122 LF</td>
<td>☑</td>
<td></td>
</tr>
<tr>
<td>Boiler Room</td>
<td>Silver Paint on Exterior Boiler Jacket &amp; Doors</td>
<td>1280 SF</td>
<td>☑</td>
<td></td>
</tr>
<tr>
<td>Boiler Room</td>
<td>Hatch Gasket</td>
<td>12 LF</td>
<td>☑</td>
<td></td>
</tr>
<tr>
<td>Boiler Room</td>
<td>Tank Insulation &amp; Boiler Breaching</td>
<td>490 SF</td>
<td>☑</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>New American Restoration, Inc</td>
<td>NDEP Waste Hauler ID No. 30399</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cubic Yards of Waste (20)</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>20</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>Completed By (Print or Type)</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Igor Jazdimirovic</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>Date</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>06/15/15</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

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

(State of New Jersey)

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

## Date of Notification (1)
June 18, 2015

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

## Street Address
1105 Crystal Ridge Drive

## City, State, Zip Code
Watchung, NJ 07069

## Name of Contact
Dave Barr

## Telephone Number

### FACILITY INFORMATION

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

- **Residence**

#### Street Address
45 Captains Drive

#### City
Brick

#### County (6)
Ocean

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

### Type of Facility (4)

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

#### Square feet
1100 sf

#### # of Floors
1

#### Bldg. Age
60

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

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

#### ASCM No.

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

#### Street Address
1889 Route 9, 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 Stelton Road

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

### 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 ft
- [x] ≥160 sf or ≥2500 ft
- [x] Demolition
- [ ] Renovation
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [x] Non-Exempted (*) and Non-Friable Procedure

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

#### in facility (13)

<table>
<thead>
<tr>
<th>Exterior</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asbestos siding</td>
<td>1050 sf</td>
</tr>
</tbody>
</table>

### 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>REMOVAL</th>
<th>REPAIR</th>
</tr>
</thead>
</table>

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

### NJDEP Waste Hauler ID No.
20223

### Cubic Yards of Waste
3

### Name of Registered Landfill
T.R.R.F.

### City, State
Toms River, New Jersey

### Disposal Date
6/23/15

### City, State
Tullytown, Pennsylvania

### Completed by (Print or Type)
Nicholas Fornicola

### Title
Project Manager

### Signature

### Date
6/18/15

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

### Agencies Notified

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

### Type Notification

- [X] Initial
- [X] Emergency (including justification)

### Street Address

1409 Barnegat Ave.

### City, State, Zip Code

Surf City NJ 08008

### Name of Building Owner/Operator

Alan Mannherz Private Home

### Name of Facility Where Abatement is Taking Place

Alan Mannherz Private Home

### Square Feet

1000 +

### # of Floors

2

### Bidg. Age

35+

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

[ ] Yes

### Abatement Performed Outside of Normal Facility Hours

[ ] Yes

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

- [ ] ≥ 300 sf or ≥ 3 if
- [ ] ≥ 100 sf or ≥ 250 sf
- [X] Renovation
- [X] Demolition

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

- TO BE ABATED
- In Facility

### Is Location Normally Used Solely by Maintenance/Custodial Staff?

- [N/A]

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

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

### Amount (Specify SF or LF)

1900 SF

### Abatement Type

- [ ] Removal
- [ ] Repair
- [ ] Encapsulate
- [ ] Return

### Name of Registered Waste Hauler

United Containers

### NJDEP Waste Hauler ID No.

22459

### Cubic Yards of Waste

4

### Name of Registered Landfill

G.R.O.W.S.

### City, State

Elm NJ

### Disposal Date

6/25/15

### Completed by

Anthony T Perna

### Title

President

### Signature

Date

6/19/15

---

*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) 6/19/15

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

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

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

Street Address 33 Channel Road

City, State, Zip Code Toms River NJ 08753

Name of Contact Danielle Telephone Number ___-___-___

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) ___________

(STATE USE ONLY) Current Use (Prior if being demolished) Home

Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Pernaco Inc.

Street Address PO Box 329

City, State, Zip Code West Berlin NJ 08091

Project Manager for Monitoring Firm Telephone No. 856-753-9800 License No. 00727

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

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 ft
- 2160 sf or 2260 ft
- Renovation Demolition
- Full Containment with Negative Pressure Mini-Enclosure
- Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure

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

In Facility

TO BE ABATED in Facility

Yes No N/A on slab

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

Normal Used Solely by Maintenance/Custodial Staff?

Amount (Specify SF or LF) 300 SF

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

Abatement Type - Removal

Name of Registered Waste Hauler United Containers

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

City, State, Zip Code Elm NJ

Disposal Date Morristown PA 19067

Completed by Anthony T Perna Title President

Signature Date 6/18/15

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>6 / 18 / 15</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>EAST AMWELL TOWNSHIP SCHOOL DISTRICT</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
</tr>
<tr>
<td>DOLWD</td>
<td>Amended</td>
</tr>
<tr>
<td>DOH</td>
<td>Amendment #</td>
</tr>
<tr>
<td>DCA (NJAC 5:23-8)</td>
<td>Emergency (including justification)</td>
</tr>
<tr>
<td></td>
<td>Cancellation</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>43 WERTSVILLE ROAD</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State, Zip Code</td>
<td>RINGOES, NJ 08544</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>JUDY HOLLADAY</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>4</td>
</tr>
</tbody>
</table>

FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Type of Facility (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>EAST AMWELL TOWNSHIP ELEMENTARY SCHOOL</td>
<td>School (K-12) Non-Sub 8</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>County Code (7)</th>
<th>Current Use (Prior if being demolished)</th>
</tr>
</thead>
<tbody>
<tr>
<td>HUNTERDON</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>ASCM No.</th>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>BRISTOL ENVIRONMENTAL, INC.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>1123 BEAVER STREET</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State, Zip Code</td>
<td>BRISTOL, PA 19007</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>JAMES FRISBEE</td>
<td>267-991-9212</td>
<td>00509</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 / 18 / 15</td>
<td>6 / 19 / 15</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of OSHA Monitor</th>
</tr>
</thead>
<tbody>
<tr>
<td>BRISTOL ENVIRONMENTAL, INC.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check only one)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
</tr>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM-3:00PM-11:30PM-AM</td>
</tr>
</tbody>
</table>

Scope of Work (Check all that apply)

<table>
<thead>
<tr>
<th>≥3 sf or ≥3 if</th>
<th>≥160 sf or ≥260 if</th>
<th>Renovation</th>
<th>Demolition</th>
<th>Full Containment with Negative Pressure</th>
<th>Mini-Enclosure</th>
<th>Glovebag Procedure</th>
<th>Non-Exempted (*) and Non-Friable Procedure</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Location Normally Used Solely by Maintenance/ Custodial Staff?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>240 SF</td>
</tr>
</tbody>
</table>

Abatement Type

<table>
<thead>
<tr>
<th>Removal</th>
<th>Repair</th>
<th>Encapsulate</th>
<th>Endorse</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

THROUGHOUT OFFICES

<table>
<thead>
<tr>
<th>GLUE DOTS</th>
<th>SF</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>NJDEP Waste Hauler ID No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>SERVICE TRANSPORT GROUP INC</td>
<td>20950</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>MINERVA LANDFILL</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>Disposal Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>NEW CASTLE, DE</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed By (Print or Type)</th>
<th>Title</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>GINO PIZZIGONI</td>
<td>ESTIMATOR</td>
<td>[Signature]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date</th>
<th>6/18/15</th>
</tr>
</thead>
</table>

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

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

<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>6/18/15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator</td>
<td>American Properties Realty Inc.</td>
</tr>
<tr>
<td>Agencies Notified</td>
<td>EPA, DEP, DOH, DCA</td>
</tr>
<tr>
<td>Type Notification</td>
<td>Initial, Amendment, Emergency</td>
</tr>
<tr>
<td>Street Address</td>
<td>517 Route 1 South, Suite 2100, Iselin, NJ 08830</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Iselin, NJ 08830</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Zac Csik</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

### Facility Information

| Street Address | 425-455 Inman Avenue |
| City | Colonia |
| County | Middlesex |
| Current Use (Prior to being demolished) | 3200 SF, 1 level, 50 years |
| Square Feet | 3200 |
| # of Floors | 1 |
| Bldg. Age | 50 |

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner</th>
<th>ASCM No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABS Environmental Services, LLC</td>
<td></td>
</tr>
<tr>
<td>Street Address</td>
<td>PO Box 483, 4 E Gate Drive</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Glenwood, NJ 07418</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>Telephone No.</td>
</tr>
<tr>
<td>Name of Abatement Contractor</td>
<td>Telephone No.</td>
</tr>
<tr>
<td>License No.</td>
<td>703</td>
</tr>
<tr>
<td>Name of OSHA Monitor</td>
<td></td>
</tr>
</tbody>
</table>

### Scope of Work

- 23 sf or 23 if
- 160 sf or 260 if
- Renovation or Demolition
- Full Containment with Negative Pressure
- Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED</th>
</tr>
</thead>
<tbody>
<tr>
<td>roof</td>
<td>roof bottom</td>
</tr>
<tr>
<td></td>
<td>3200 SF</td>
</tr>
</tbody>
</table>

### Freehold Cartage

<table>
<thead>
<tr>
<th>Freehold Cartage</th>
<th>NJDEP Waste Hauler ID No.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>15939</td>
</tr>
</tbody>
</table>

### Cumberland Landfill

<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
<th>Cumberland Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State, Zip Code</td>
<td>Newburg, PA</td>
</tr>
<tr>
<td>Disposal Date</td>
<td>TBD</td>
</tr>
<tr>
<td>Completed by</td>
<td>A. Scott Higgins</td>
</tr>
<tr>
<td>Title</td>
<td>President</td>
</tr>
<tr>
<td>Signature</td>
<td>[Signature]</td>
</tr>
<tr>
<td>Date</td>
<td>6/18/15</td>
</tr>
</tbody>
</table>

---

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