## 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>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 / 25 / 13</td>
<td>Sovereign Bank, N.A.</td>
</tr>
</tbody>
</table>

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

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

### Street Address
1130 Berkshire Boulevard
City, State, Zip Code: Wyomissing, PA

### Name of Contact
Susan Peck

### Telephone Number

### 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>Sovereign Bank</td>
<td></td>
</tr>
</tbody>
</table>

### Street Address
290 Ferry Street
City (5): Newark
County (6): Essex
County Code (7)/STATE USE ONLY:  

### Square Feet
3,000

### # of Floors
1

### Bldg. Age
45

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

### ASCM No.
62252

### Name of Abatement Contractor (9)
JVN Restoration Inc

### Street Address
1600 Route 22 East
City, State, Zip Code: Union NJ 07083

### Project Manager for Monitoring Firm
Brian Nemetz

### Telephone No.
732-616-4092

### Telephone No.
718-605-6256

### License No.
00774

### Start Date (10)

| 07 / 6 / 13 |

### Scheduled Completion Date (11)

| 07 / 12 / 13 |

### Name of OSHA Monitor
Testor Tech

### Occupancy Status During Abatement
- [ ] 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)
- [ ] 2000 sq ft or >
  - [ ] 1600 sq ft or >
  - [ ] 260 sq ft or >

### Renovation
- [ ] Demolition

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

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

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

<table>
<thead>
<tr>
<th>Office 1 and 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Rem. of Carpet&amp;LevelingCompound 500SF</td>
</tr>
</tbody>
</table>

### Name of Registered Waste Hauler
Global Waste Industries, Inc.

### NJ/DEP Waste Hauler ID No.
NJ-22147

### Cubic Yards of Waste
5

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

### Disposal Date
7/12/13

### City, State
Hackettstown, NJ

### Morrisville, PA

### Completed By (Print or Type)
John Tardy

### Title
Senior Project Manager

### Signature

### Date
6/25/13

---

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

## Notification Information

<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>6/21/2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator</td>
<td>Trenton Public Schools District</td>
</tr>
<tr>
<td>Street Address</td>
<td>108 North Clinton Avenue</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Trenton, NJ 08609</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Naimish Kathari</td>
</tr>
</tbody>
</table>

## Facility Information

| Name of Facility Where Abatement is Taking Place | Trenton Central High School West |
| Street Address | 1001 State Street |
| City (5) | Trenton |
| County (6) | Mercer |
| County Code (7) | 00145 |
| Name of Monitoring Firm Hired by Bldg. Owner | T&M Associates |
| Telephone Number | 732-676-4000 |
| Name of Contractor | MTM Metro Corporation |
| Street Address | 136-137 McBride Avenue |
| City, State, Zip Code | Paterson, NJ 07501 |

## Project Information

| Project Manager for Monitoring Firm | Kevin Burns |
| Telephone Number | 732-676-4000 |

## Occupancy Status During Abatement

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

## Source of Work

- Renovation
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) in Facility</th>
<th>Is Location Normally Used Solely by Maint./Custodial Staff?</th>
<th>Description of ACM (i.e., thermal systems insulation, surfacing, VAT, or other non-FRB materials)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crawl Space/Basement</td>
<td>YES</td>
<td>Pipe and Fitting Insulation</td>
<td>8,000 SF</td>
<td>X</td>
</tr>
<tr>
<td>Crawl Space</td>
<td>NO</td>
<td>Insulation</td>
<td>74 SF</td>
<td>X</td>
</tr>
<tr>
<td>Crawl Space</td>
<td>NO</td>
<td>Contaminated Soil</td>
<td>905 SF</td>
<td>X</td>
</tr>
</tbody>
</table>

## Name of Reg. Waste Hauler

<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>MTM Metro Corporation</td>
<td>20552</td>
<td>100</td>
<td>Tullytown</td>
</tr>
</tbody>
</table>

## Completed by

<table>
<thead>
<tr>
<th>Completed by (Print or Type)</th>
<th>Title</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elizabeth Maslarkov</td>
<td>Business Administrator</td>
<td>Elizabeth Maslarkov</td>
<td>6/21/2013</td>
</tr>
</tbody>
</table>

*Do not use this form for asbestos licensure exempted activities.*
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:50 and 13:12D)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>6-20-13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>R. Baker &amp; Son</td>
</tr>
<tr>
<td>Street Address</td>
<td>1 Globe Court</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Red Bank, NJ 07701</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Robert Pena (Engineer)</td>
</tr>
</tbody>
</table>

FACILITY INFORMATION

| Name of Facility Where Abatement Is Taking Place (3) | B-4 Enterprises, LLC (The Clam Hut) |
| Address | 1 Atlantic Street |
| City (6) | Highlands, NJ 07732 |
| County (4) | Monmouth |
| Name of Monitoring Firm Hired by Building Owner (8) | GNPATP, LLC Environmental Services |
| ASCM No | Name of Abatement Contractor (9) | Site Enterprises, Inc. |
| Street Address | 815 12th Street |
| City, State, Zip Code | Hammonton, NJ 08037 |
| Project Manager for Monitoring Firm | Matthew Bianchi |
| Telephone No | 609-567-1250 |
| License No | 01172 |
| Start Date (10) | 6/4/2013 |
| Surched Completion Date (11) | 6-30-13 |

Occupancy Status During Abatement (12)

<table>
<thead>
<tr>
<th>Status</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Renovation</td>
</tr>
<tr>
<td>No</td>
<td>Demolition</td>
</tr>
<tr>
<td>Full Enclosure with Negative Pressure</td>
<td></td>
</tr>
<tr>
<td>Gloves Procedure</td>
<td></td>
</tr>
<tr>
<td>Non-Exempt (*) and Non-Frisable Procedure</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Description</th>
<th>Amount (Explain SF or L)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Between Kitchen and Porch</td>
<td>Brown Linoleum</td>
<td>180 SF</td>
<td>X</td>
</tr>
<tr>
<td>In Kitchen adjacent to Porch</td>
<td>Brown Wall Mastic</td>
<td>400 SF</td>
<td>X</td>
</tr>
<tr>
<td>In Kitchen &amp; Soda Gun Room</td>
<td>Transite Panels</td>
<td>1748 SF</td>
<td>X</td>
</tr>
<tr>
<td>Above Kitchen</td>
<td>Exterior &amp; Interior Roofing</td>
<td>5,000 SF</td>
<td>Y</td>
</tr>
</tbody>
</table>

Name of Registered Waste hauler: Newark Carling, Inc.
N D E P Waste Hauler ID No. 4509
Cubic Yards of Waste |

Disposal Date | Various |
City, State | Newark, NJ |

Complied by | Keli DiNatale |
Title | Office Manager |
Signature | |
Date | 6-20-13 |

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

Date of Notification (1)
10 / 19 / 12

Name of Building Owner/Operator (2)
Willingboro Broad of Education

Agencies Notified
☐ EPA
☐ DOLWD
☐ DHSS
☐ DCA
☒ NJAC 5:23-8
Type Notification
☒ Initial
☐ Amended
☐ Amendment # 4-6/21/13
☐ Emergency (including justification)
☐ Cancellation
Street Address
440 Beverly-Rancocas Rd
City, State, Zip Code
Willingboro, NJ 08046
Name of Contact
Kelvin Smith
Telephone Number

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

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

City (5)
Willingboro

Burlington

County Code (7)(STATE USE ONLY)
Current Use (Prior if being demolished)
High School

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

Name of Abatement Contractor (9)
BRISTOL ENVIRONMENTAL, INC.

Street Address
1253 N. Church St
City, State, Zip Code
Moorestown, NJ 08057

Telephone No.
856-840-8800
License No.
215-788-6040
00509

Project Manager for Monitoring Firm
Jim Guillard

Telephone No.
1123 BEAVER STREET
City, State, Zip Code
BRISTOL, PA 19007

License No.

Start Date (10) 06/24/13
Scheduled Completion Date (11) 06/28/13

Name of OSHA Monitor
BRISTOL ENVIRONMENTAL, INC.

Alamcet 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 4:00PM/PM 1:00AM

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

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

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)

Location of
Waste
Name of Registered Landfill

Location of Asbestos-Containing Material (ACM)

Floors tile and mastic
177 SF

Floors tile and mastic
627 SF

Floors tile and mastic
246 SF

Floors tile and mastic
380 SF

Name of Registered Waste Hauler
SERVICE TRANSPORT GROUP, INC.
NJ/DEP Waste Hauler ID No. 20950

Cubic Yards of Waste

Name of Registered Landfill
MINERVA LANDFILL

City, State
NEW CASTLE, DE 19720

Disposal Date
City, State
WAYNESBURG, OH 44688

Completed By (Print or Type)
Brian Scalfiro
Title
Estimator
Signature

May 11
* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:80 and 5:16)

Date of Notification (1)
10 / 19 / 12

Name of Building Owner/Operator (2)
Willingboro Broad of Education

Agencies Notified
☒ EPA
☒ DOH
☒ DHS
☒ DCA (NJAC 5:23-8)
☒ Initial
☒ Amended
☒ Amendment #3-5/2/13
☒ Emergency (Including justification)
☒ Cancellation

Street Address
440 Beverly-Rancocas Rd

City, State, Zip Code
Willingboro, NJ 08046

Name of Contact
Kelvin Smith

Telephone Number

FACILITY INFORMATION

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

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

Street Address
20 Kennedy Way

City (5)
Willingboro

County (6)
Burlington

Square Feet
75,000

# of Floors
2

Bldg. Age
40+

County Code (?/STATE USE ONLY)

Current Use (Prior if being demolished)
High School

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

ASCM No.

Name of Abatement Contractor (9)
BRISTOL ENVIRONMENTAL, INC.

Street Address
1253 N. Church St

City, State, Zip Code
Moorestown, NJ 08057

BRISTOL, PA 19007

Telephone No.
856-840-8800

License No.
215-788-6040

00509

Name of OSHA Monitor
BRISTOL ENVIRONMENTAL, INC.

Street Address
1123 BEAVER STREET

City, State, Zip Code
BRISTOL, PA 19007

Project Manager for Monitoring Firm
Jim Gullardi

Start Date (10) ON SITE
5 / 3 / 13

Scheduled Completion Date (11)
5 / 6 / 13

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)

<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>Rooms #301A &amp; 302A</td>
<td>☒</td>
<td>☐</td>
<td>Floor tile and mastic</td>
<td>177 SF</td>
</tr>
<tr>
<td>Rooms #405 thru #409</td>
<td>☒</td>
<td>☐</td>
<td>Floor tile and mastic</td>
<td>627 SF</td>
</tr>
<tr>
<td>Rooms #219 &amp; #221</td>
<td>☒</td>
<td>☐</td>
<td>Floor tile and mastic</td>
<td>248 SF</td>
</tr>
<tr>
<td>Boy's and Girl's locker room offices</td>
<td>☒</td>
<td>☐</td>
<td>Floor tile and mastic</td>
<td>380 SF</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
SERVICE TRANSPORT GROUP, INC.

NJDEP Waste Hauler ID No.
20990

Cubic Yards of Waste

Name of Registered Landfill
MINERVA LANDFILL

City, State
NEW CASTLE, DE 19720

Disposal Date

City, State
WAYNESBURG, OH 44688

Completed By (Print or Type)
Brian Scarfo

Estimator

Signature

Date 5/4/13

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

(Pursuant to NJAC 8:60 and 5:18)

<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>Name of Building Owner/Operator</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/19/12</td>
<td>Willingboro Broad of Education</td>
</tr>
</tbody>
</table>

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

**Facility Information**
- **Name of Facility Where Abatement is Taking Place:** Willingboro High School
- **Street Address:** 20 Kennedy Way
- **City:** Willingboro
- **County:** Burlington
- **Name of Monitoring Firm Hired by Building Owner:** TTI Environmental Inc.
- **Type of Facility:** School (K-12)
- **Square Feet:** 75,000
- **# of Floors:** 2
- **Bldg. Age:** 40+

**Project Manager for Monitoring Firm:** Jim Giulardi
**Telephone No.:** 856-840-8800

**Start Date (10):** 12/7/12
**Scheduled Completion Date (11):** 12/6/12

**Occupancy Status During Abatement:** Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement:__AM-3:00PM/11:30PM-__AM

**Scope of Work:**
- Renovation
- Demolition

**Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility:**
- Rooms #301A & 302A
- Rooms #405 thru #409
- Rooms #219 & #221
- Boy's and Girl's locker room offices

**Description of Asbestos-Containing Material (ACM):**
- Floor tile and mastic
- Floor tile and mastic
- Floor tile and mastic
- Floor tile and mastic

**Amount (Specify SF or LF):**
- 177 SF
- 627 SF
- 246 SF
- 380 SF

**Name of Registered Waste Hauler:** SERVICE TRANSPORT GROUP, INC.
**NJDEP Waste Hauler ID No.:** 20930

**Disposal Date:**
- **City:** WAYNESBURG, OH 44688

**Completed By:** Brian Scafro
**Signature:**

**Date:** 12/6/12

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

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<tbody>
<tr>
<td>10 / 19 / 12</td>
<td>Willingboro Board of Education</td>
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</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPD</td>
<td>Initial</td>
<td>Willingboro High School</td>
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<tr>
<td>DOLWD</td>
<td>Amended</td>
<td></td>
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<tr>
<td>DHSS</td>
<td>Amendment #1-11/5/12</td>
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<tr>
<td>NAC</td>
<td>Emergency (Including justification)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Cancellation</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
<th>Name of Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>440 Beverly-Rancocas Rd</td>
<td>Willingboro, NJ 08046</td>
<td>Kelvin Smith</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Square Feet</th>
<th># of Floors</th>
<th>Bldg. Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>75,000</td>
<td>2</td>
<td>40+</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>County Code (7)</th>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>BTX</td>
<td>BRISTOL ENVIRONMENTAL, INC.</td>
</tr>
</tbody>
</table>

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

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<td>1123 BEAVER STREET</td>
<td>BRISTOL, PA 19007</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Completed Completion Date (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>11 / 2 / 12</td>
<td>ON HOLD</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Occancy Status During Abatement</th>
<th>Scope of Work</th>
</tr>
</thead>
<tbody>
<tr>
<td>Check only one</td>
<td>(Check all that apply)</td>
</tr>
<tr>
<td>Facility Closed/Vacated</td>
<td>2+ tf or 3+ If</td>
</tr>
<tr>
<td>During Entire Period of Abatement</td>
<td>1+60 tf or 2+60 If</td>
</tr>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM-3:00PM/11:30PM-AM</td>
<td></td>
</tr>
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<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM)</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>Rooms #301A &amp; 302A</td>
<td>No</td>
<td>Floor tile and mastic</td>
<td>177 SF</td>
<td>X</td>
</tr>
<tr>
<td>Rooms #405 thru #409</td>
<td>No</td>
<td>Floor tile and mastic</td>
<td>627 SF</td>
<td>X</td>
</tr>
<tr>
<td>Rooms #219 &amp; #221</td>
<td>No</td>
<td>Floor tile and mastic</td>
<td>246 SF</td>
<td>X</td>
</tr>
<tr>
<td>Boy's and Girl's locker room offices</td>
<td>No</td>
<td>Floor tile and mastic</td>
<td>380 SF</td>
<td>X</td>
</tr>
</tbody>
</table>

<table>
<thead>
<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>
</tr>
</thead>
<tbody>
<tr>
<td>SERVICE TRANSPORT GROUP, INC.</td>
<td>208990</td>
<td></td>
<td>MINERVA LANDFILL</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>Disposal Date</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>NEW CASTLE, DE 19720</td>
<td></td>
<td>WAYNESBURG, OH 44688</td>
</tr>
</tbody>
</table>

Completed By (Print or Type) | Title | Signature |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Brian Scaife</td>
<td>Estimator</td>
<td>[Signature]</td>
</tr>
</tbody>
</table>

Date: 11/5/12
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 6:16)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>10 / 19 / 12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Willingboro Board of Education</td>
</tr>
<tr>
<td>Agencies Notified</td>
<td>□ EPA</td>
</tr>
<tr>
<td>Type Notification</td>
<td>□ Initial</td>
</tr>
</tbody>
</table>

| Street Address | 440 Beverly-Rancocas Rd |
| City, State, Zip Code | Willingboro, NJ 08046 |
| Name of Contact | Kelvin Smith |

**FACILITY INFORMATION**

| Name of Facility Where Abatement is Taking Place (3) | Willingboro High School |
| Street Address | 20 Kennedy Way |
| City (5) | Willingboro |
| County (6) | Burlington |
| County Code (7) | STATE USE ONLY |

| Name of Monitoring Firm Hired by Building Owner (8) | TTI Environmental Inc. |
| Telephone No. | 856-840-8300 |

| Start Date (10) | 11 / 2 / 12 |
| Scheduled Completion Date (11) | 12 / 31 / 12 |

| 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 8:00PM - 11:30PM - AM |

| Scope of Work (Check all that apply) | |
| 2,3 sf or 2,3 II | |
| 2,160 sf or 2,160 II | |
| Renovation | |
| Demolition | |
| Full Containment with Negative Pressure | |
| Mini-Enclosure | |
| Glovebag Procedure | |
| Non-Exampled (*) 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 |

| Rooms #301A & 302A | ☐ | ☑ | ☑ |
| Rooms #403 thru #409 | ☐ | ☑ | ☑ |
| Rooms #219 & #221 | ☐ | ☑ | ☑ |
| Boy's and Girl's locker room offices | ☐ | ☑ | ☑ |

| Name of Registered Waste Hauler | NEW CASTLE TRANSPORT GROUP, INC. |
| NJDEP Waste Hauler ID No. | 20050 |
| Cubic Yards of Waste | |

| Abatement Type | Removal | <insert value> | Endurance | <insert value> | Encapsulation | <insert value> |
| Amount (Specify SF or LF) | 177 SF | 627 SF | 248 SF | 380 SF |

| Name of Registered Landfill | MINERVA LANDFILL |
| City, State | WAYNESBURG, OH 44688 |
| Disposal Date | |

| Completed By (Print or Type) | Brian Scafaro |
| Title | Estimator |
| Signature | Brian Scafaro | Date | 10/9/12 |
# NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

## Date of Notification (1)
6/13/2013

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

### Type Notification
- [ ] Initial
- [ ] Amended R#1-6/21/13
- [ ] Emergency
- [ ] Cancellation

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

#### Street Address
One Hess Plaza

#### City, State & Zip Code
Woodbridge, NJ 07095

#### Name of Contact
John Philbin

#### Telephone Number

## FACILITY INFORMATION

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

#### Street Address
123 Derousse Ave.

#### City (5)
Pennsauken

#### County (6)
Camden

#### County Code (7)

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

#### Square Feet

#### # of Floors

#### Bldg. Age

### Current Use (Prior if being demolished)

### Exterior

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

#### Street Address
1123 Beaver Street

#### City, State & Zip Code
Bristol, PA 19007

#### Telephone Number
(215)798-6040

#### License Number
00509

#### Name of OSHA Monitor
Bristol Environmental Inc.

#### Street Address
1123 Beaver Street

#### City, State & Zip Code
Bristol, PA 19007

### Occupancy Status During Abatement (Check only one)
- [ ] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Hours – Describe: Exterior Removal
- [ ] Facility Occupied During Abatement: 7 AM – 3:30 PM

### Scope of Work (Check all that apply)
- [ ] ≥ 3 sf or ≥ 3 lf
- [ ] ≥ 160 sf or ≥ 280 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

### Tank 2021
- [ ] Transite Panel
- [ ] 1,760 SF
- [ ] Yes

### Tank 2022
- [ ] Transite Panel
- [ ] 864 SF
- [ ] Yes

### Name of Registered Waste Hauler
NJDEP Waste Hauler ID No. 20990

### Cubic Yards of Waste
20

### Name of Registered Landfill
GROWS Landfill

#### City, State
Morrisville, PA

#### Disposal Date
6/28/2013

#### Completed By (Print or Type)
Gino Pizzigoni

#### Title
Project Manager

#### Signature
Gino Pizzigoni / P

#### Date
6/21/13

---

GI 13061
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1) 6/13/2013

Name of Building Owner / Operator (2)

Hess Corporation

Street Address
One Hess Plaza
Woodbridge, NJ 07095

Name of Contact
John Philbin

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Hess Corporation

Street Address
123 Derousse Ave.

City (5) Pennsauken

County (6) Camden

County Code (7)

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

Street Address
28 N. Pennell Road

City, State & Zip Code
Media, PA 19063

Project Manager for Monitoring Firm
Dave Turotsy

Telephone Number
800-969-6AET

Scheduled Start Date (10) 6/24/2013

Scheduled Completion Date (11) 6/28/2013

Occupy Status During Abatement (Check only one)

Facility Closed/Vacated During Entire Period of Abatement

Abatement Performed Outside of Normal Hours –
Describe: Exterior Removal

Facility Occupied During Abatement: 7 AM – 3:30 PM

Scope of Work (Check all that apply)

≥3 sf or ≥3 if

≥160 sf ≥260 if

Renovation

Demolition

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

TANK 2021

Yes No N/A Transite Panel

TANK 2022

Yes No N/A Transite Panel

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

Amount (Specify SF or LF)

Abatement Type

Name of Registered Waste Hauler
Service Transport Inc.

City, State
New Castle, Delaware

Completed By (Print or Type)
Gino Pizzigoni

Title
Project Manager

Signature
Gino Pizzigoni

Date 6/13/13

GI 13061
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:50 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>6/19/13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>NS Redevelopers, LLC</td>
</tr>
<tr>
<td>Street Address</td>
<td>307 Westfield Ave, Ste #202</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Elizabeth, N.J. 07208</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>H. S. Garcia</td>
</tr>
</tbody>
</table>

FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>LOW WESTFIELD AVE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>Roselle Park, NJ</td>
</tr>
<tr>
<td>County Code (7) (STATE USE ONLY)</td>
<td>Union</td>
</tr>
<tr>
<td>Type of Facility (4)</td>
<td></td>
</tr>
<tr>
<td>School (K-12)</td>
<td></td>
</tr>
<tr>
<td>Subchapter 8 (Other than K-12)</td>
<td></td>
</tr>
<tr>
<td>Other (i.e. private &amp; commercial buildings, homes, etc.)</td>
<td></td>
</tr>
<tr>
<td>Square Feet</td>
<td>10,000</td>
</tr>
<tr>
<td># of Floors</td>
<td>1</td>
</tr>
<tr>
<td>Bldg. Age</td>
<td>30</td>
</tr>
<tr>
<td>Current Use (Prior to being demolished)</td>
<td>BID</td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>Novektech, Inc</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>908-238-7500</td>
</tr>
<tr>
<td>License No.</td>
<td>00-806</td>
</tr>
<tr>
<td>Name of OSHA Monitor</td>
<td>Novektech, Inc</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>908-238-7500</td>
</tr>
<tr>
<td>License No.</td>
<td>00-806</td>
</tr>
</tbody>
</table>

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

Scope of Work (Check all that apply)
- X 3 sf or >= 3 sf
- X 160 sf or >= 260 sf
- X Renovation
- X Demolition
- X Full Containment with Negative Pressure
- X Mini-Enclosure
- X Glovebox Procedure
- X Non-Exempted (C) and Non-Friable (F)

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inside &amp; Outside of E&amp;D</td>
<td>X Clean-Up of Loctite, G-Paint, Roof Matelara</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler | Novektech, Inc |
ID No. | 18501 |
Cubic Yards of Waste | 3 |
Name of Registered Landfill | G.R.O.W.S. |
City, State | Old Bridge, N.J. 08857 |
Disposal Date | 07/16/13 |
Signature | (Signed) |
Date | 6/19/13 |

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

Date of Notification: 06/19/2013

Name of Building Owner/Operator: Jersey City Public School District

Address: 346 Chairman Avenue

City, State, Zip Code: Jersey City, NJ 07305

Name of Contact: Dianne Peteleno

Telephone Number: 609-656-8101

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place: William Dickinson High School

Street Address: 2 Palisades Avenue

City: Jersey City

County: Hudson

County Code: (STATE USE ONLY)

USA Environmental Management Inc.

Address: 344 West State Street

Trenton, NJ 08618

Project Manager for Monitoring Firm: Wilhelmina Weingarder

Telephone Number: 609-656-8101

Scheduled State Date (10): 06/06/2013

Scheduled Completion Date (11): 07/06/2013

Occupancy Status During Abatement (Check only one):

[ ] Facility Closed/ Vacated During Entire Period

[ ] Abatement Performed Outside of Normal Facility

Days: 2

Hours: 8:00 a.m. - 3:30 p.m.

Scope of Work (Check all that apply):

[X] Demolition

[X] Renovation

[X] Full Containment With Negative Pressure

[X] Mini-Enclosure

[X] Glovebag Procedure

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

Abatement Type:

Amount (Specify):

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

R: Rooms 331-333-335-337-337

V: VAT

X: Lab Tops

W: Wall Daba

X: Furniture

X: Glue Daba

X: Labor

X: Waste

Name of Registered Waste Hauler: N.J.D.E.P. Waste Hauler 1919

Cubic Yards of Waste: 17819

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

City, State: City, State

Disposal Date: Fair Lawn, NJ 07410

Completed by (Print or Type): Jerry Bijelonic

Project Manager: June 12

Signature: 6/19/2013

ABR 4/13
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:59 and 12:120)

State of New Jersey
APPROVAL: NJDOH 6/21/13

Date of Notification (1)
6/21/13

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

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

Name of Building Owner/Operator (2)
Wells Fargo Bank

Street Address
One Wachovia Center
Charlotte, NC 28288

City, State, Zip Code

Name of Contact
Steve Colton

Telephone Number

FACILITY INFORMATION

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

Street Address
1300 Hamilton Avenue

City (5)
Trenton

County (6)
Mercer

County Code (7) (STATE USE ONLY)_______

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

ASCM No.
000030

Name of Abatement Contractor (9)
Bristol Environmental Inc.

Street Address
120 North Warren Street

City, State, Zip Code
Trenton, NJ 08608

Project Manager for Monitoring Firm
Richard Beach

Telephone No.
609-392-4200

License No.
00509

Start Date (10)
6/22/13

Scheduled Completion Date (11)
6/22/13

Name of OSHA Monitor
Bristol Environmental Inc

Street Address
1123 Beaver Street

City, State, Zip Code
Bristol, PA 19007

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

Scope of Work (Check All That Apply)
☒ ≥33 sf or ≥33 if
☒ ≥160 sf or ≥250 sf
☐ Renovation
☒ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

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

In Facility (13)

Yes
No
N/A

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

Name of Registered Waste Hauler
Bristol Environmental Inc

NJDEP Waste Hauler ID No.
18706

Cubic Yards of Waste

Name of Registered Landfill
GROWS Landfill

City, State
Bristol PA

Disposal Date

City, State
Morrisville PA

Completed by
Gino Pizzigoni

Title
Project Manager

Signature

Date
6/21/13

ASB-41 (R-05-08) C I 13 095

* 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>06 / 11 / 13</th>
<th>Name of Building Owner/Operator (2)</th>
<th>Margie Highbarger</th>
</tr>
</thead>
</table>

Agencies Notified  
☐ EPA  ☒ DOLWD  ☒ DHSS  ☐ DCA  
(NJAC 5:23-8)  
Type Notification  
☒ Initial  ☐ Amended  ☐ Amendment #  ☒ Emergency (including justification)  ☐ Cancellation

Street Address  
401 10th Street  
City, State, Zip Code  
Haddon Heights, NJ 08035

Name of Contact  
Margie Highbarger  
Telephone Number

FACILITY INFORMATION

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

Street Address  
401 10th Street  
City (5)  
Haddon Heights  
County (6)  
Camden

Square Feet  
2100sf  
# of Floors  
3 Floors  
Bldg. Age  
83 yrs.

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

Name of Abatement Contractor (9)  
Graham-Tech Environmental Service, LLC.

Street Address  
1000 Maplewood Drive; Ste 207  
City, State, Zip Code  
Maple Shade, NJ 08052

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

Project Manager for Monitoring Firm  
Katy

Telephone No.  
856-755-9300

City, State, Zip Code  
Sicklerville, NJ 08081

License No.  
01158

Start Date (10)  
06 / 21 / 13  
Scheduled Completion Date (11)  
07 / 03 / 13

Name of OSHA Monitor  
Graham-Tech Environmental Service, LLC.

Scope of Work (Check all that apply)

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

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

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)  
200lf

Abatement Type  
☐ Removal  
☐ Repair  
☐ Encapsulate  
☐ Enclosure

Name of Registered Waste Hauler  
Graham-Tech Environmental Service, LLC.  
NJDEP Waste Hauler ID No.  
0034500

Cubic Yards of Wastes  
Name of Registered Landfill  
G.R.O.W. North Landfill & Tullytown

City, State  
14 Read Drive Sicklerville, NJ 08081  
Disposal Date  
1513 Brodentown Rd. Morrisville, PA

Completed By (Print or Type)  
Vernice Graham  
Title  
President  
Signature  
Date  
10-11-13

ASB-41  
MAY 11

* Do not use this form for asbestos license exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:68 and 12:120)

Date of Notification (1) 6-21-13

Name of Building Owner/Operator (2) Protestant Community Church

Agencies Notified

☐ EPA  ☑ DEP  ☐ DOL  ☐ DOH  ☐ DCA

Type Notification

☐ Initial  ☐ Amended  ☐ Amendment #

☐ Emergency (including justification)  ☑ Cancellation

Street Address

100 Stokes Road

City, State, Zip Code

Medford, NJ 08055

Name of Contact

Allen DeCastro

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Protestant Community Church

Street Address

100 Stokes Road

City (6)

Medford

County (6)

Burlington

County Code (7) (STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8)

EHS Environmental, Inc.

ASCM No.

Name of Abatement Contractor (6)

Plymouth Environmental Co., Inc.

Street Address

411 Southgate Court, Suite E

City, State, Zip Code

Mickleton, NJ 08056

Project Manager for Monitoring Firm

Jack Carney

Telephone No.

856-224-0080

Start Date (10)

7-8-13

Scheduled Completion Date (11)

7-22-13

Square Feet

9,200

# of Floors

2

Bldg. Age

42 yrs.

Current Use (Prior to if being demolished)

church

Name of OSHA Monitor

Plymouth Environmental Co., Inc.

Street Address

923 Haws Avenue

City, State, Zip Code

Norristown, PA 19401

Occupancy Status During Abatement (Check Only One)

☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☒ Other – Describe: work area isolated

Scope of Work (Check All That Apply)

☐ ≥3 sf or ≥3 ft
☒ ≥160 sf or ≥260 sf

☒ Renovation  ☐ Demolition

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

In Facility

(13)

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

Yes  ☑ No  ☐ N/A

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

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

Amount (Specify SF or LF)

Attic

pipe fittings 15 LF

attic

boiler rib gaskets 50 LF

Name of Registered Waste Hauler

Robinson Waste

NJDEP Waste Hauler ID No. 17304

Cubic Yards of Waste

1

Name of Registered Landfill

GROWS, Inc.

City, State

Bellmaweir, NJ

Disposal Date

7-22-13

City, State

Morrisville, PA

Completed by

Timothy E. Bryan

Title

Vice-President

Signature

Date

6-21-13

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

**State of New Jersey**

**Date of Notification (1)**  
6/17/2013

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

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

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

**Street Address**
132 Axiffle Ave

**City, State, Zip Code**
Westfield NJ 07090

**Name of Contact**
Hanny

**Telephone Number**

**FACILITY INFORMATION**

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

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

**Square Feet**
850

**# of Floors**
1

**Bldg. Age**
+50

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

**Name of Monitoring Firm Hired by Building Owner (6)**
N/A

**ASCM No.**
N/A

**Name of Abatement Contractor (9)**
First Phase Group Inc

**Street Address**
567-52nd Street Suite#16

**City, State, Zip Code**
West New York NJ 07093

**Telephone No.**
201-758-7158

**License No.**
001144

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

**Street Address**
2333 Route 22 West

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

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

- [ ] 3 or 6 if or 12 if
- [ ] 160 sf or 260 sf
- [ ] Renovation Demolition
- [ ] 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 (15)**

<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>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td></td>
<td></td>
<td>N/A</td>
<td>Asbestos paper</td>
<td>2SF</td>
<td></td>
</tr>
<tr>
<td>Roof</td>
<td></td>
<td></td>
<td>N/A</td>
<td>flashing around chimney</td>
<td>6LF</td>
<td></td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**

**Asbestos Transportation Company**

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>NJ/DEP Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minerva Enterprises</td>
<td>24310</td>
<td></td>
<td>waynesburg OH 44688</td>
</tr>
</tbody>
</table>

**City, State**
Shirley NY 11967

**Disposal Date**

**Completed by**
Edwin Precilla

**Title**
Project Manager

**Signature**

**Date**
6/18/2013

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

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

**Date of Notification:**
- **6/21/13**

**Name of Building Owner/Operator:**
- Bill Bockman

**Facility Information**

- **Name of Facility Where Abatement is Taking Place:**
  - Private house
  - 125 Harvard Road
  - Fair Haven, NJ 07704
  - County: Monmouth

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

- **Square Feet:**
  - 07/02/13

- **# of Floors:**
  - 07/02/13

- **Bldg. Age:**
  - 07/02/13

- **County Code (STATE USE ONLY):**
  - Current Use (Prior if being demolished)

**Name of Monitoring Firm Hired by Building Owner:**
- Gr Tech LLC

**Name of Abatement Contractor:**
- Envirovision Consultants, Inc

**Start Date:**
- 07/07/13

**Scheduled Completion Date:**
- 07/02/13

**Occupancy Status During Abatement:**
- Facility Closed/Vacated During Entire Period of Abatement

**Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility:**
- AM: 06:00
- PM: 06:00

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

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

**Name of Registered Waste Hauler:**
- T.R.R.F. Inc

**Complished By (Print or Type):**
- Owner

**Signature:**
- N Jevtic

**Date:**
- 06/21/2013

*Do not use this form for asbestos licensed exempted activities.*
State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12.120-7)

Date of Notification (1)
06/12/11

Name of Building Owner/Operator (2)
Seminary Urban Renewal

Agencies Notified
- EPA (X)
- DOL (X)
- DOH (X)
- DCA

Type Notification
- Initial
- Amendment
- On hold
- Cancellation

Street Address
120 Albany Street

City, State, Zip Code
New Brunswick, NJ 08901

Name of Contact
Merissa Buczyn

Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
Vacant Building

Street Address
564 George Street

City (5)
New Brunswick, NJ 08901

County (6)
Middlesex

County Code (7) (State use only)

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

Square Feet

# of Floors

Bldg. Age

Current Use (Prior if being demolished)
residential housing

Name of Monitoring Firm hired by Bldg. Owner (8)
The Louis Berger Group, Inc.

ASCM No.

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

Street Address
105 Ryerson Road

City, State, Zip Code
Lincoln Park, NJ 07035

Phone Number
973-407-1000

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/evacuated during entire period of abatement.
- Abatement performed outside of normal facility hours.
- Other:

Describe:

Scheduled Start Date (10)
05/28/2013

Sched. Completion Date (11)
08/03/2013

Scope of Work (check all that apply)
- Demolition
- Renovation
- Full Containment w/negative pressure
- Non-friable procedure

>3 sf or >3 if
>160 sf or >280 if

Location of asbestos-containing material 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)

Amount (Specify SF or LF)

Removal
Repair
Encap

SEE ATTACHED TABLE with Locations & quantities

Registered Waste Hauler
B & G Restoration, Inc.

NJDEP Hauler ID#
19563

Cubic Yards of Waste
250

Name of Registered Landfill
Tullytown Resource & Recovery Center

Disposal Date
5/28/13 - 08/03/13

City, State
Lincoln Park, NJ

Completed by (Print or Type)
Gordana Luna
Title
Secretary/Treasurer

Signature

Date
06/21/2013
<table>
<thead>
<tr>
<th>Yes</th>
<th>4A LF Tar on cap, flashings</th>
<th>N/A Trash enclosure root</th>
<th>N/A Grass on drain</th>
<th>N/A Roof membrane</th>
<th>N/A Trash enclosure root</th>
<th>N/A Roof membrane</th>
<th>N/A Trash enclosure root</th>
<th>N/A Roof membrane</th>
<th>N/A Trash enclosure root</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Yes</td>
<td>1SF</td>
<td>Yes</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

| Remove | Amount (Specify SF or LF) | Description of asbestos | Location of asbestos | Contamination/material to be removed | Maintenance/custodial staff | Is location normally used |

All the following materials shall be removed:

Re: 56A George Street, New Brunswick, NB 08901

Attachment to amended 10-day notification (Amendment #3 dated June 20, 2013)

From: B & G Restoration Inc., 105 Vernon Road, Lincoln Park, NJ 07035
State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:66-7 and 12:120-7)  
**** Additional footage ****  

Date of Notification (1)  
10/16/11  11/12/11  11/13/11  

Name of Building Owner/Operator (2)  
Seminarian Urban Renewal  
Street Address  
120 Albany Street  
City, State, Zip Code  
New Brunswick, NJ 08901  
Name of Contact  
Merissa Buczy  

FACILITY INFORMATION  
Name of facility where abatement is taking place (3)  
Vacant Building  
Street Address  
564 George Street  
City (5)  
New Brunswick, NJ 08901  
County (6)  
Middlesex  
County Code (7)  
(State use only)  
Type of Facility (4)  
☐ School (K - 12)  
☐ Subchapter 8 (Other than K-12)  
☒ Other (Private/Commercial  
Buildings/homes, etc.)  
Square Feet  
# of Floors  
Bldg. Age  
Current Use (Prior if being demolished)  
Residential Housing  

Name of Abatement Contractor (9)  
B & G Restoration, Inc.  
Street Address  
105 Ryerson Road  
City, State, Zip Code  
Lincoln Park, NJ 07035  
Telephone Number  
(973)698-8869  
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:  

Scope of Work (check all that apply)  
☒ Demolition  
☐ Renovation  
☐ Full Containment w/negative pressure  
☐ Other-Describe:  
☐ glovebag procedure  
☐ Mini-Enclosure  
☐ Non-friable procedure  

Location of asbestos-containing material to be abated in facility (13)  
Yes  
No  
N/A  

SEE ATTACHED TABLE  
with Locations & quantities  

Registered Waste Hauler  
B & G Restoration, Inc.  
NJDEP Hauler ID#  
19563  
Cubic Yards of Waste  
250  
Name of Registered Landfill  
Tulltown Resource & Recovery Center  
City, State  
Tulltown, PA  
Disposal Date  
5/28/13 - 8/03/13  

Completed by (Print or Type)  
Gordana Luna  
Title  
Secretary/Treasurer  
Signature  
Gordana Luna  
Date  
06/12/2013
<table>
<thead>
<tr>
<th>Yes</th>
<th>Transite Panels</th>
<th>1,214 SF</th>
<th>N/A</th>
<th>Facade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Window Blazing</td>
<td>3,600 LF</td>
<td>N/A</td>
<td>Facade</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description of asbestos</th>
<th>Amount (specific SF or LF)</th>
<th>Remove</th>
<th>Asbestos containing material (ACM)</th>
<th>Statutory maintenance/custodial</th>
<th>Location normally used</th>
<th>Is asbestos material to be abated in facility</th>
</tr>
</thead>
</table>

All of the following materials shall be removed:

Ref: 64 George Street, New Brunswick, N1J 08001

Attachment to Amend 10-day Notification (Amendment to Date June 12, 2013)

From: B & G Restoration Inc, 105 Vernon Road, Lincoln Park, N1J 07035
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
Pursuant to NJAC 8:90 and 12:120)

Date of Notification (1)  
6/17/2013

Name of Building Owner/Operator (2)  
Private Property

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

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

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

Street Address  
857 Dorian Road

City, State, Zip Code  
Westfield J

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

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

Name of Abatement Contractor (9)  
First Phase Group Inc

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

Square Feet  
850

# of Floors  
2

Bldg. Age  
+50

Current Use (Prior if being demolished)  
N/A

Name of OSHA Monitor  
J&S Environmental Corp

Street Address  
567-52nd Street Suite#16

City, State, Zip Code  
West New York NJ 07093

Occupancy Status During Abatement (Check Only One)  
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours  
- Other - Describe: 8 hours

Start Date (10)  
6/27/2013

Scheduled Completion Date (11)  
6/29/2013

Scope of Work (Check All That Apply)  
- ≥3 sf or ≥3 ft  
- ≥60 sf or ≥600 ft

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

Yes  
No  
N/A

basement  
x

Pipe Insulation  
200LF  
x

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 in SF or LF)  
N/A

Abatement Type  
- Removal
- Repair
- Encapsulation
- Enclosure

Name of Registered Landfill  
Minerva Enterprises

Asbestos Transportation Hauler  
NJDEP Waste Hauler ID No.  
24310

Cubic Yards of Waste  
N/A

Name of Registered Waste Hauler  
Minerva Enterprises

City, State  
waynesburg OH 44688

Completed by  
Edwin Precilla

Title  
Project Manager

Signature  
Edwin Precilla

Disposal Date  
6/18/2013

Date  
6/18/2013

* 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)
06/21/13

Name of Building Owner/Operator (2)
Myrna & Martin Tamny

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

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

Street Address
363 Durie Ave

City, State, Zip Code
Closter, NJ, 07624

Name of Contact
Martin Tamny

Telephone Number

Name of Facility Where Abatement is Taking Place (3)
363 Durie Ave

Street Address
363 Durie Ave

City (5)
Closter

County (6)
Bergen

County Code (7)
(SATE USE ONLY)

Current Use (Prior if being demolished)
Residence

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.

Name of Abatement Contractor (9)
Indian Arrow Industries Inc

Street Address
730 Broadway

City, State, Zip Code
Paterson, NJ, 07514

Project Manager for Monitoring Firm

Telephone No.
973-653-9682

License No.
1163

Start Date (10)
07/05/13

Scheduled Completion Date (11)
08/05/13

Name of OSHA Monitor
Indian Arrow Industries

Street Address
730 Broadway

City, State, Zip Code
Paterson, NJ, 07514

Occupy Status During Abatement (Check Only One)
☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☐ Other – Describe: Residential Property, owners will be present.

Scope of Work (Check All That Apply)
☑ ≥3 sf or ≥3 ft
☐ ≥160 sf or ≥250 ft
☑ Renovation
☐ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

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

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

Description of Asbestos Containing Material (ACM)
(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)
Vermiculite  100 sf

Amount (Specify SF or LF)

Abatement Type
Endorse
Repair
Encapsulate
Removal

Name of Registered Waste Hauler
Atlantic Carting

NJDEP Waste Hauler ID No.
26085

Cubic Yards of Waste
TBD

Name of Registered Landfill
Waste Management Inc

City, State
Wayne, NJ

Disposal Date
TBD

City, State
Tullytown, PA

Completed by
Goran Igev
Title
Secretary

Signature
Date 06/21/13

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

**NOTIFICATION OF ASBESTOS ABATEMENT**
(Permitted to BLAC 83:52 and 13:126)

**Date of Notification (1):** 6-19-2013

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

**Street Address:**

- **Address:** 374 ROOSEVELT STREET
- **City:** FAIRVIEW, NJ
- **Zip Code:** 07022

**Type of Facility (4):**
- **School (K-12):** No
- **Other (e.g. private & commercial buildings, homes, etc.):** Yes

**Name of Abatement Contractor (5):**

- **Best Removal Inc**
  - **Telephone:** 201-329-7444
  - **License No.:** 00388
  - **Address:** 280 Huyler St, Hackensack, N.J. 07606

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

- **Location:**ermal Insulation
- **Amount:** 30 LF

**Name of Registered Waste Hauler:**

- **Best Removal Inc**
  - **Hauler's ID No.:** 17109
  - **Cubic Yards of Waste:** 14 YD

**Name of Registered Landfill:**

- **Minerva Enterprises**
  - **Address:** Waynesburg, Oh

**Completed by:**

- **Estimator:** R. Velican
  - **Signature:** R. Velican
  - **Date:** 6-19-13

---

*Do not use this form for asbestos license exempted activities.*
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:36 and 12:120)

Date of Notification (1)
6-19-13

Agency Notified
SPA

Type of Notification
Total

Name of Building Owner/Operator (2)
G. BARNES

Street Address
118 CLAREMONT AVENUE
MONTCLAIR, NJ 07042

City, State, Zip Code

Name of Contact
G. BARNES

Name of Facility Where Abatement is Taking Place (3)
G. BARNES

Street Address
118 CLAREMONT AVENUE
MONTCLAIR

City (5)

County (6)
ESSEX

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

Square Feet
2900

8 of Floors
2

Structural Age
38.40

Current Use (Prior if being demolished)
Residence

Name of Monitoring Firm Hired by Building Owner
Best Removal Inc

ASCM No.

Name of Abatement Contractor (9)
Best Removal Inc

Street Address
450 S. River St
HACKENSACK, N.J. 07601

City, State, Zip Code

Project Manager for Monitoring Firm

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

Name of OSHA Monitor
Omega Environmental Inc

Street Address
280 Huayler St

City, State, Zip Code

Scheduled Completion Date (11)
7-19-13

Other - Description:
8AM 5PM

Scope of Work (Check all that apply)

- Asbestos-X-Ray
- 193 of or to 250 ft
- Dormant
- Decommissioning
- Demolition
- Full Containment with Negative Pressure
- Heating/Plumbing
- Non-Removal (C) and Non-Fireproof Procedure

Amount (Specify SF or LF)
140 LF

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

<table>
<thead>
<tr>
<th>Location</th>
<th>ACM Used/Used by</th>
</tr>
</thead>
<tbody>
<tr>
<td>1F Basement</td>
<td>Yes</td>
</tr>
<tr>
<td>1F Restroom</td>
<td>Yes</td>
</tr>
<tr>
<td>2F Office/Classroom</td>
<td>No</td>
</tr>
<tr>
<td>3F Office/Classroom</td>
<td>No</td>
</tr>
</tbody>
</table>

Description of Asbestos-Containing Material (ACM) (i.e. Ceramils, tiles, insulation, 
sealing, Wat, etc. or other miscellaneous)
ThermaWrap Insulation

Name of Registered Waste Handler
Best Removal Inc

M-DEP Waste Handler ID No.
17109

Cubic Yards of Waste
1/2 yds

Name of Registered Landfill
Minerva Enterprises

City, State
HACKENSACK, N.J. 07601

Disposal Date
7-19-13

City, State
Waynesburg, OH

Completed by
R. VELDRA
Estimator

Signature
R. VelDra

Date
6-19-13

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

Date of Notification (1) 2013.06.28
Name of Building Owner/Operator (2) Leo Clossey

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

Name of Facility Where Abatement Is Taking Place (3)
City (5)
Street Address
Basking Ridge
37 Madisonville Road

City (5)
Basking Ridge
County Code (6)
Somerset
County (7)

County Code (6)
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 Services, LLC
Street Address
4 E Gate Drive, PO Box 483
City, State, Zip Code
Glenwood NJ 07418

Start Date (10)
2013.06.28
Scheduled Completion Date (11)
2013.07.23

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
☐ ≥150 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)

Location Normally Used Solely by Maintenance/Custodial Staff?
Yes
No
X NIA

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

Cubic Yards of Waste
10

Name of Registered Landfill
Minerva Enterprises
Disposal Date
TBD
City, State
Waynesburg OH

Completed by Andrew Scott Higgins
Title President/owner
Signature
Date 2013.06.28

* 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 8:58 and 12:120)

**Date of Notification (1):** 6/20/13

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

**Type Notification**
- [ ] Initial
- [ ] Amended
- [ ] Amendment 6
- [ ] Emergency (including justification)
- [ ] Cancellation

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

**Street Address:** 25 MIDDLESEX ESSEX TPK

**City, State, Zip Code:** ISelin, NJ 08830

**Name of Contact:** Mr. Tom Seeberger

**Telephone Number:**

---

### FACILITY INFORMATION

**Name of Facility Where Abatement is Taking Place (5):** BASF

**Street Address:** 25 MIDDLESEX ESSEX TPK

**City:** ISelin

**County:** MIDDLESEX

**Square Feet:** 100,000

**Floors:** 3

**Bldg. Age:** 60 years

**Current Use (Print if being demolished):** Lab

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

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

**Street Address:** 450 S. River St

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

**Telephone No.:** 201-329-7444

**License No.:** 00388

**Project Manager for Monitoring Firm:** U. Kimmel

**Start Date (10):** 7/10/13

**Scheduled Completion Date (11):** 7/11/13

**Name of OSHA Monitor:** Omega Environmental Inc

**Street Address:** 280 Huely St

**City, State, Zip Code:** South Hackensack, NJ 07606

**Scope of Work (Check all that apply):**
- [x] 3 SF
- [x] 250 SF

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lab A7 A</td>
<td>Transite Panel</td>
<td>100 SF</td>
</tr>
</tbody>
</table>

**Cubic Yards of Waste:** 1/2cy

**Name of Registered Waste Hauler:** Minerva Enterprises

**City, State:** Wayneburg, OH

**Completed by:** J. Maiorano

**Title:** Estimator

**Date:** 6/20/13

---

*Do not use this form for asbestos licensing/regulated activities.*
## Notification of Asbestos Abatement

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

### Date of Notification
06/20/2013

### Name of Building Owner/Operator
CARAVELLA CONTRACTORS

### Street Address
298 FRIENDSHIP RD.

### City, State, Zip Code
SOUTH BRUNSWICK, NJ, 08880

### Name of Contact
MICHAEL DE JESUS

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

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

### Name of Facility Where Abatement is Taking Place
PRIVATE

### Street Address
298 FRIENDSHIP RD

### City
SOUTH BRUNSWICK, NJ

### County
N/A

### Current Use (Prior if being demolished)
N/A

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

### Name of Abatement Contractor
SHARON QUALITY CONSTRUCTION LLC

### Street Address
22 VAN ORDEN PLACE

### City, State, Zip Code
HACKENSACK, NJ, 07601

### Project Manager for Monitoring Firm

### Telephone No.

### Start Date
06/29/2013

### Scheduled Completion Date
07/01/2013

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

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

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Description</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>BASEMENT</td>
<td>PIPE INSULATION</td>
<td>60 LF</td>
<td>X</td>
</tr>
<tr>
<td>BASEMENT</td>
<td>SMALL BOILER</td>
<td>28 SF</td>
<td>X</td>
</tr>
</tbody>
</table>

### Name of Registered Waste Hauler
SHARON QUALITY CONSTRUCTION LLC

### NJDEP Waste Hauler ID No.
0033967

### Cubic Yards of Waste
TBD

### Name of Registered Landfill
MINERVA ENTERPRISE INC.

### City, State
POWHATAN, VA, 23139

### Completed by
CARLOS ESQUIVEL

### Title
SAFETY MANAGER

### Signature

### Date
06/20/2013

---

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

**State of New Jersey**

**Pursuant to NJAC 8:60 and 12:120**

**Project #**

**Date of Notification (1)**
06/19/2013

**Name of Building Owner/Operator (2)**
Bergen Regional Medical Center

**Agencies Notified**

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

**Street Address**
230 East Ridgewood Avenue

**City, State, Zip Code**
Paramus, NJ 07652

**Name of Contact**
John LaRocca

**Telephone Number**

**Name of Facility Where Abatement is Taking Place (3)**
Bergen Regional Medical Center

**Street Address**
230 East Ridgewood Avenue

**City (5)**
Paramus, NJ 07652

**County (6)**
Bergen

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

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

**ASCM No.**

**Name of Abatement Contractor (9)**
Nick Restoration LLC

**Street Address**
72 Brookside Rd

**City, State, Zip Code**
Randolph, NJ 07869

**Project Manager for Monitoring Firm**
John Smoyer

**Telephone No.**
(609) 652-1833

**Telephone No.**
973-933-2550

**License No.**
01133

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

**Street Address**
2333 RT 22

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

**Start Date (10)**
07/01/2013

**Scheduled Completion Date (11)**
07/03/2013

**Occupancy Status During Abatement (Check Only One)**
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other – Describe: 4pm-11.30pm

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

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boiler Room 2nd floor</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

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

**Amount (Specify SF or LF)**
15 elbows

**Abatement Type**

<table>
<thead>
<tr>
<th>Abatement Type</th>
<th>Removal</th>
<th>Repair</th>
<th>Encapsulate</th>
</tr>
</thead>
</table>

**Name of Registered Waste Hauler**
Nick Restoration LLC

**N.DEP Waste Hauler ID No.**
33752

**Cubic Yards of Waste**
TBD

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

**City, State**
Randolph, NJ 07869

**Disposal Date**
TBD

**Completed by**
Elvira Mrda

**Title**
President

**Signature**

**Date**
06/19/2013
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)

State of New Jersey

Date of Notification (1)  
06/19/2013

Name of Building Owner/Operator (2)  
CARAVELLA CONTRACTORS

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

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

Street Address  
1467 FRANKLIN STREET

City, State, Zip Code  
HILLSIDE, NJ, 07205

Name of Contact  
MICHAEL DE JESUS

Telephone Number

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

Street Address  
1467 FRANKLIN STREET

City (5)  
HILLSIDE, NJ

County (6)  

County Code (7)  

Current Use (Prior to being demolished)  
N/A

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

ASCM No.  

Name of Abatement Contractor (9)  
SHARON QUALITY CONSTRUCTION LLC

Street Address  
22 VAN ORDEN PLACE

City, State, Zip Code  
HACKENSACK, NJ, 07601

Telephone No.  
201-708-4270

License No.  
01135

Name of OSHA Monitor  
SAN AIR TECHNOLOGIES LAB

Street Address  
1551 OAKBRIDGE DR., SUITE B

City, State, Zip Code  
POWHATAN, VA, 23139

Facility Closed/Vacated During Entire Period of Abatement

Scope of Work (Check All That Apply)

- [x] >=3,000 sf or >=300 ft
- [x] >=160 sf or >=250 ft
- [x] Renovation
- [x] 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)

Location of Asbestos-Containing Material (ACM)

TO BE ABATED

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)

Pipe Insulation

TBD LF  

X

Name of Registered Waste Hauler  
SHARON QUALITY CONSTRUCTION LLC

NJDEP Waste Hauler ID No.  
0033967

Cubic Yards of Waste  
TBD

Name of Registered Landfill  
MINERVA ENTERPRISE INC.

City, State  
WAYNESBURG, OHIO

Disposal Date  
TBD

Completed by  
CARLOS ESQUIVEL

Title  
SAFETY MANAGER

Signature  

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

**Date of Notification (1)**
6/20/13

**Name of Building Owner/Operator (2)**
April and Ken Dickson Private Home

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

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

**Street Address**
71 Lexington Ave.

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

**Name of Contact**
Ken

**Telephone Number**

### FACILITY INFORMATION

**Name of Facility Where Abatement is Taking Place (3)**
April and Ken Dickson Private Home

**Street Address**
71 Lexington Ave.

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

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

**Square Feet**
1000+

**# of Floors**
2

**Bidg. Age**
35+

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

**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

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

**License No.**
00727

**Start Date (10)**
6/21/13

**Scheduled Completion Date (11)**
6/24/13

**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 ≥250 if
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mity-Enclosure
- Glovesbag Procedure
- Non-Exempted (*) and Non-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>x</td>
<td></td>
</tr>
</tbody>
</table>

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

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

**Amount (Specify SF or LF)**

**Abatement Type**
- Removal
- Repairs
- Encapsulation
- Endorse

**Name of Registered Waste Hauler**
United Containers

**NJDEP Waste Hauler ID No.**
22459

**Cubic Yards of Waste**
3

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

**City, State**
Morrisville PA 19067

**Disposal Date**
6/24/13

**Completed by**
Anthony T. Perna

**Title**
President

**Signature**

**Date**
6/20/13

*Do not use this form for asbestos licensure exempted activities.*
Date of Notification (1) | June 20, 2013
---|---
Name of Building Owner/Operator (2) | Sandvik, Inc.

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

Street Address | 1702 Nevins Road
City, State, Zip Code | FairLawn, NJ 07410
Name of Contact | Telephone Number

Name of Facility Where Abatement is Taking Place (3)
Sandvik
Street Address | 1702 Nevins Road
City (5) | 
FairLawn | Bergen
County (6) | County Code (7) (STATE RUN ONLY)

Name of Monitoring Firm Hired by Building Owner (8) | ASCM No.
Hillmann Consulting, LLC
Street Address | 1600 Route 22 East
City, State, Zip Code | Union, NJ 07083
Project Manager for Monitoring Firm | Telephone No.
Project Manager | 908.688.7800
Starting Date (10) | 6/24/13
Scheduled Completion Date (11) | 7-31-13

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 4pm

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)

<table>
<thead>
<tr>
<th>Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, V.T., or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>pipe insulation</td>
<td>2,835 lf</td>
<td></td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler | NJ DEP Waste Hauler ID No. | Cubic Yards of Waste | Name of Registered Landfill
---|---|---|---
City, State | City, State | Disposal Date | City, State
Riverdale / Newark, NJ | | 7-31-13 | Morrisville, PA / Tullytown, PA
Completed by | Title | Signature | Date
Mike Cooper | President | 6/20/13

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 6:30 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>June 20, 2013</th>
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</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Point Pleasant Board of Education</td>
</tr>
<tr>
<td>Check #</td>
<td>5901</td>
</tr>
<tr>
<td>Agencis Notified</td>
<td>Type Notification</td>
</tr>
<tr>
<td>EPA</td>
<td>Initial</td>
</tr>
<tr>
<td>DEP</td>
<td>Amended</td>
</tr>
<tr>
<td>DOL</td>
<td>Amendment #</td>
</tr>
<tr>
<td>DOH</td>
<td>Emergency (including justification)</td>
</tr>
<tr>
<td>DCA</td>
<td>Cancellation</td>
</tr>
<tr>
<td>Street Address</td>
<td>2100 Panther Path</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Point Pleasant, NJ 08742</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>D. Derosa</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

| Name of Facility Where Abatement is Taking Place (3) | Memorial Middle School |
| Street Address | 808 Laura Herbert Drive |
| City (6) | Point Pleasant, NJ 08742 |
| County (8) | Ocean |
| Current Use (Prior if being demolished) | School |
| Square Feet | 10,000 |
| # of Floors | 2 |
| Bldg. Age | 100 |

| Name of Monitoring Firm Hired by Building Owner (8) | Environmental Design Inc. |
| ASCM No. | |
| Name of Abatement Contractor (9) | Shade Environmental, LLC |
| Street Address | 623 Cutler Ave. |
| City, State, Zip Code | Maple Shade, NJ 08052 |

| Project Manager for Monitoring Firm | Tom Pruno |
| Telephone No. | 888-306-4545 |

| Start Date (10) | June 20, 2013 |
| Scheduled Completion Date (11) | June 28, 2013 |

| 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 |
| Glovebag Procedure |
| Non-Exempted (*) and Non-Friable Procedure |

| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Rooms 102 and 104 |
| Transite Table Tops | 512 SF |

| Name of Registered Waste Hauler | Freehold |
| NJDEP Waste Hauler ID No. | 22253 |
| Cubic Yards of Waste | 5 |
| Name of Registered Landfill | Grows Landfill |

| City, State | Mount Holly, New Jersey 08060 |
| Disposal Date | 6/28/2013 |
| City, State | Tullytown, PA. |
| Completed by | Christina Lynch |
| Title | Operations Manager |
| Signature | |
| Date | June 20, 2013 |

* 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 20, 2013

**Name of Building Owner / Operator (2)**: Sovereign Bank, NA

**Street Address**: 66 River Road

**City, State & Zip Code**: North Arlington, NJ 07031

**Name of Contact**

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Name of Building Owner / Operator</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
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<td>DOL</td>
<td>Initial</td>
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<tr>
<td>DOH</td>
<td>Amended Amendment</td>
<td></td>
</tr>
<tr>
<td>DCA</td>
<td>Cancellation</td>
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</tbody>
</table>

**FACILITY INFORMATION**

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

**Street Address**: 66 River Road

**City**: North Arlington

**County**: Bergen

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

**ASCM No.**

**Type of Facility (4)**

- [x] Other (i.e., private & commercial buildings, home, etc.)

**Square Feet**

- [ ] 5,000

**# of Floors**: 1

**Bldg. Age**: 50

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

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

**Street Address**: 829 Radio Road

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

**Telephone Number**: 609-296-6916

**License Number**: 00817

**Name of OSHA Monitor**: Synatech, Inc.

**Street Address**: 829 Radio Road

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

**Scheduled Start Date (10)**: June 22, 2013

**Scheduled Completion Date (11)**: June 24, 2013

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

- [x] Abatement Performed Outside of Normal Hours

**Other – Describe**: Facility Occupied During Abatement

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

- [ ] ≥ 3 sf or ≥ 50 lf
- [x] ≥ 160 sf or ≥ 260 lf
- [ ] Renovation
- [ ] Demolition
- [x] 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)**

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

- [x] Floor Tile

**Amount (Specify SF or LF)**: 700 SF

**Abatement Type**

- [ ] Removal
- [ ] Repair
- [ ] Encapsulate
- [ ] Envelope

**Cubic Yards of Waste**: 4

**Name of Registered Landfill**: Grows Landfill

**City**: Morrisville, PA

**Disposal Date**: June 25, 2013

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

**NUDEP Waste Hauler ID No.**: 27429

**Completed By**: Diane Alola

**Title**: Executive Administrator

**Signature**: [Signature]

**Date**: June 20, 2013

*Do not use this form for asbestos license exempted activities.*
State of New Jersey
NOTIFICATION OF ASPEROS ABATEMENT
(Pursuant to NJAC 8:59 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>6-5-13</th>
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<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>HR EDISON GUEVARA 2 FLOOR</td>
</tr>
<tr>
<td>Street Address</td>
<td>229 HARRISON AVE</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>HARRISON N.J. 07029-1388</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>MR. GUEVARA</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>229 HARRISON AVE</th>
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</thead>
<tbody>
<tr>
<td>City (5)</td>
<td>HARRISON N.J.</td>
</tr>
<tr>
<td>County Code (6)</td>
<td>HUDSON</td>
</tr>
<tr>
<td>Current Use (Prior to being demolished)</td>
<td>API'S &amp; BUSINESS</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Abatement Contractor (8)</th>
<th>NOVA TECH INC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>P.O. BOX 814</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>OLD BRIDGE N.J. 08852</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>12345678900</td>
</tr>
<tr>
<td>License No.</td>
<td>00000000</td>
</tr>
<tr>
<td>Name of GSA Monthly</td>
<td>NOVA TECH INC</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>OLD BRIDGE N.J. 08852</td>
</tr>
</tbody>
</table>

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

- [X] Clean-up of Asbestos Debris
- [X] Abatement Performed Outside of Normal Facility Hours

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

- [X] Loose Debris
- [X] Bulk Asbestos

<table>
<thead>
<tr>
<th>Name of Registered Waste Handler</th>
<th>NOVA TECH INC</th>
</tr>
</thead>
<tbody>
<tr>
<td>NUDEP Waste Handler ID No.</td>
<td>12345678</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td>3</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>G.R.O.W.S.</td>
</tr>
<tr>
<td>City, State</td>
<td>OLD BRIDGE N.J. 08852</td>
</tr>
<tr>
<td>Disposal Date</td>
<td>6-13-13</td>
</tr>
<tr>
<td>Signature</td>
<td>CHRISS VINE PA</td>
</tr>
<tr>
<td>Completed by</td>
<td>PRESIDENT</td>
</tr>
</tbody>
</table>
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:80 and 5:16)

Date of Notification [1]
06 / 20 / 13

Name of Building Owner/Operator [2]
Richard Renzella

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

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

Street Address
2 Reid Street

City, State, Zip Code
Long Branch, NJ 07740

Name of Contact
Richard Renzella

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place [3]
Private house

Street Address
2 Reid Street

City [8]
Long Branch, NJ 07740

County [9]
Monmouth

County Code (7) (STATE USE ONLY)

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner [8]
ASCM No.
Gr Tech LLC

Name of Abatement Contractor [9]

Project Manager for Monitoring Firm

Telephone No.
973-638-1777

License No.
01127

Start Date [10]
06 / 30 / 13

Scheduled Completion Date [11]
07 / 01 / 13

Name of OSHA Monitor
Envirovision Consultants, Inc

Street Address
576 Valley Rd #283

City, State, Zip Code
Wayne, NJ 07470

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)
☐ >3 sf or >3 if
☒ 160 sf or >260 if
☐ Renovation Demolition
☐ Clean up and decontamination
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Tent with Negative Pressure
☐ Non-Exempted (*) and Non-Friable Procedure

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

Yes No N/A

Location Normally Used Solely by Maintenance/Custodial Staff?
(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 SIF or LF)

Abatement Type

Location
Basement
☐ ☐ ☒
☐ ☐ ☐
☐ ☐ ☐
☐ ☐ ☐

Pipe insulation
60 LF

Crawl space
☐ ☐ ☒
☐ ☐ ☐
☐ ☐ ☐
☐ ☐ ☐

Pipe insulation
120 LF

Abatement Type
☐ ☐ ☐
☐ ☐ ☐
☐ ☐ ☐
☐ ☐ ☐

Name of Registered Waste Hauler
Gr Tech LLC

NJOEP Waste hauler ID No.
0033785

Cubic Yards of Waste
TBD

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

Disposal Date
TBD

City, State
Wayne, NJ 07470

Completed By [Print or Type]

Title
Owner

Signature

Date
06/20/2013

NOTES:

* Do not use this form for asbestos licensure exempted activities.
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:59 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>6/20/13</td>
<td>Ms. Zdanowski</td>
</tr>
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</table>

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

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
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</thead>
<tbody>
<tr>
<td>756 Jefferson Ave</td>
<td>Cliffside Park, NJ, 07010</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>Ms. Zdanowski</td>
<td>Office</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>County Code</th>
</tr>
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<tbody>
<tr>
<td>756 Jefferson Ave</td>
<td>Bergen</td>
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</table>

<table>
<thead>
<tr>
<th>City (5)</th>
<th>County Code (7)</th>
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<tr>
<td>Cliffside Park</td>
<td>State Use Only</td>
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</table>

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

<table>
<thead>
<tr>
<th>Location Normally Used Solely by Maintenance/Control Staff (12)</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
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<tbody>
<tr>
<td>Basement</td>
<td>Thermal Insulation</td>
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</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Handler</th>
<th>NJDEP Waste Handler ID No.</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Lessor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Best Removal Inc</td>
<td>17109</td>
<td>167</td>
<td>Minerva Enterprises</td>
</tr>
</tbody>
</table>

**Completed by**

- **J. Maiorano**  
  **Title**: Estimator  
  **Signature**:  
  **Date**: 6/20/13
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
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<tbody>
<tr>
<td>6/20/13</td>
<td>MS. HINNIE CHO</td>
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<table>
<thead>
<tr>
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<th>City, State, Zip Code</th>
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<tbody>
<tr>
<td>☐ EPA</td>
<td>☐ Final</td>
<td>10 WILLY RD</td>
<td>NORTH ARLINGTON, N.J. 07031</td>
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<tr>
<td>☐ DEP</td>
<td>☐ Amended</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ DOL</td>
<td>☐ Emergency (including Justification)</td>
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<td></td>
</tr>
<tr>
<td>☐ DOH</td>
<td>☐ Cancellation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ DCA</td>
<td>☐ Amendment #</td>
<td></td>
<td></td>
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</table>

Name of Facility Where Abatement is Taking Place (3)

<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>MS. CHO</td>
<td></td>
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<table>
<thead>
<tr>
<th>Street Address</th>
<th>County Code (7) (STATE USE ONLY)</th>
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</thead>
<tbody>
<tr>
<td>10 WILLY RD</td>
<td>Bergen</td>
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</table>

<table>
<thead>
<tr>
<th>City (5)</th>
<th>County Code (7) (STATE USE ONLY)</th>
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</thead>
<tbody>
<tr>
<td>NORTH ARLINGTON</td>
<td>Bergen</td>
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</table>

<table>
<thead>
<tr>
<th>Square Feet</th>
<th># of Floors</th>
<th>Age</th>
</tr>
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<tbody>
<tr>
<td>2200</td>
<td>2</td>
<td>80 yeas</td>
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Name of Monitoring Firm Hired by Building Owner (6)

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (6)</th>
<th>ASCM No.</th>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Best Removal Inc</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Telephone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>450 S. River St</td>
<td>201-329-7444</td>
</tr>
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</table>

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

Name of Monitoring Firm Hired by Building Owner (6)

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
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Start Date (10): 7/11/13

<table>
<thead>
<tr>
<th>Scheduled Completion Date (11)</th>
<th>Name of GSHA Monitor</th>
</tr>
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<tbody>
<tr>
<td>7/12/13</td>
<td>Omega Environmental Inc</td>
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</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Demolition</td>
</tr>
<tr>
<td>☐ Renovation</td>
</tr>
<tr>
<td>☐ Repair</td>
</tr>
<tr>
<td>☐ Replacement</td>
</tr>
<tr>
<td>☐ Decontamination with Negative Pressure</td>
</tr>
<tr>
<td>☐ Mini-Enclosure</td>
</tr>
<tr>
<td>☐ Glovebag Procedure</td>
</tr>
<tr>
<td>☐ Non-Exempted (*) and Non-Removable Procedure</td>
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</table>

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

<table>
<thead>
<tr>
<th>Location Normally Used Solely by Maintenance/ Custodial Staff (12)</th>
<th>Description of Asbestos Containing Material (ACM) (e.g., thermal systems insulation, gaskets, VAC, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>600 SF X</td>
<td></td>
<td></td>
<td></td>
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</table>

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

<table>
<thead>
<tr>
<th>ID No.</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
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<tbody>
<tr>
<td>17109</td>
<td>2</td>
<td>Minerva Enterprises</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>Disposal Date</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hackensack, N.J. 07601</td>
<td>7/13/13</td>
<td>Minerva Enterprises</td>
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</table>

Completed by

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

Date 6/20/13

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

Date of Notification (1) 06 / 19 / 13 Name of Building Owner/Operator (2) Matthew Sullivan

Agencies Notified □ EPA □ DOLWD □ DHSS □ DCA (NJAC 5:23-8)
Type Notification ☑ Initial ☑ Amended Amended # ☑ Emergency (including justification) ☑ Cancellation

Street Address 75 Mine Mount Road
City, State, Zip Code Bernardsville, NJ 07924
Name of Contact Matthew Sullivan
Telephone Number

FACILITY INFORMATION
Name of Facility Where Abatement is Taking Place (3)
Private house
Street Address 75 Mine Mount Road
City (5) Bernardsville, NJ 07924
County (6) Somerset County Code (7) [STATE USE ONLY]

Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9)
Gr Tech LLC
Street Address 576 Valley Rd #283
City, State, Zip Code Wayne, NJ 07470
Name of OSHA Monitor
Envirosion Consultants, Inc
Street Address 20-21 Wagarow Road, Bldg. #35 E
City, State, Zip Code Fair Lawn, NJ 07410

Start Date (10) 06 / 29 / 13 Scheduled Completion Date (11) 06 / 30 / 13
Name of Project Manager for Monitoring Firm Telephone No. License No.
Electrochem Environmental, Inc 973-638-1777 01127

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)
☒ 3+ sf or >3 if
☒ > 160 sf or >260 if
☒ Renovation Demolition

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

Basement ☑ ☐ ☐ ☐ Pipe insulation ☑ 180 LF

Abatement Type ☑ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
Clean up and decontamination
Full Containment with Negative Pressure
Mini-Enclosure
Glovebag Procedure
Tent with Negative Pressure
Non-Exempted (*) and Non-Friable Procedure

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

Amount (Specify SIF or LF)

Name of Registered Waste Hauler
NDEP Waste Hauler # No.

Cubic Yards of Waste
Name of Registered Landfill
Gr Tech LLC 0033785 TBD T.R.R.F. Inc
City, State Wayne, NJ 07470
Disposal Date TBD
City, State Tullytown, PA
Completed By (Print or Type) Title Signature Date
N. Jeovic Owner Bud Ahmad 06/19/2013

* 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 20, 2013

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

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

Name of Building Owner/Operator (2)
Wendy Machos

Street Address
2550 Linden Avenue

City, State, Zip Code
South Plainfield, NJ 07080

Name of Contact
Wendy Machos

FACILITY INFORMATION

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

Street Address
41 Bay Shore Drive

City
Toms River

County (6)
Ocean

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 9, Unit 61

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

Telephone Number
732-349-9932

License Number
00624

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

Square feet
1000 sf

# of Floors
1

Bldg. Age
60

Current Use (Prior if being demolished)
Residence

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

Scheduled Start Date (10)
6/21/13

Scheduled Completion Date (11)
6/24/13

Scope of Work (Check all that apply)
[ ] Full Containment with Negative Pressure
[ ] Mini-Enclosure
[ ] Glovebag Procedure
[ ] Non-Exempted (*) and NonFriable Procedure

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

Exterior
X

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)

Exterior
Asbestos siding

Amount (Specify SF or LF)
800 sf

Abatement Type
REMOVAL
X

Abatement Type
REPAIR
ENCAPSULATION
ENCLOSURE

Name of Registered Waste Hauler
Guardian Contracting, Inc.

NJDEP Waste Hauler ID No.
20223

Cubic Yards of Waste
2

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

City, State
Toms River, New Jersey

Disposal Date
6/25/13

Completed by (Print or Type)
Nicholas Fernicola

Title
Project Manager

Signature

Date
6/20/2013

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

Date of Notification: June 20, 2013

Name of Building Owner/Operator:
John Butler

Street Address:
87 F Dorchester Drive

City, State, Zip Code:
Lakewood, NJ 08701

Name of Contact:
John Butler

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place:
Residence

Street Address:
145 Vanard Drive

City:
Brick

County:
Ocean

Square Feet
1500 sf

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

Current Use (Prior to demolition):
Residence

Quantity of Floors:
1

Bldg. Age:
60

Name of Abatement Contractor:
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 Stetton Road

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

Scope of Work:

- [ x ] Renovation
- [ x ] Demolition
- [ ] 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**

<table>
<thead>
<tr>
<th>Description of Asbestos-Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;3 sf or ≥3 sf</td>
<td>1250 sf</td>
<td>X</td>
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<tr>
<td>≥160 sf or ≥260 sf</td>
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<td>YES</td>
<td></td>
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<tr>
<td>NO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>N/A</td>
<td></td>
<td></td>
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</tbody>
</table>

Exterior:

- [ x ] Asbestos siding

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:
6/25/13

City, State:
Tullytown, Pennsylvania

Completed by (Print or Type):
Nicholas Fernicola

Title:
Project Manager

Signature:

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

Date of Notification (1)  
06/19/13  

Name of Building Owner/Operator (2)  
Beacon Redevelopment LLC  

Agencies Notified  
☐ EPA  
☐ DEP  
☒ DOL  
☐ DOH  
☐ DCA  
☐ Initial  
☐ Amended  
☐ Amended #  
☐ Emergency (Including justification)  
☐ Cancellation  

Street Address  
4 Beacon Way, Suite 16  

City, State, Zip Code  
Jersey City, NJ 07304  

Name of Contact  
Nick Allegretta, P.M.  

Telephone Number  

FACILITY INFORMATION  

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

Street Address  
114-126 Clifton Place  

City (5)  
Jersey City  

County Code (7)  
Hudson County  

Current Use (Prior to being demolished)  

Square Feet  
230,000  

# of Floors  
23  

Bldg. Age  
50+  

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

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

Name of Abatement Contractor (9)  
Pyramid Contracting Corp.  

Street Address  
163 Sargeant Avenue  

City, State, Zip Code  
Clifton, NJ 07013  

Project Manager for Monitoring Firm  

Telephone No.  
973-699-6281  

License No.  
01099  

Name of OSHA Monitor  
J&S Environmental Laboratories LLC  

Street Address  
2333 Route 22 West  

City, State, Zip Code  
Union, NJ 07081  

Start Date (10)  
06/20/13  

Scheduled Completion Date (11)  
06/25/13  

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)  
☐ 33 sf or 33 lf  
☒ 2160 sf or 2260 lf  
☐ 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  

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)  

Abatement Type  
☐ Removal  
☐ Repair  
☒ Encapsulate  
☐ Endure  

Name of Registered Waste Hauler  
Pyramid Contracting Corp.  

NJDEP Waste Hauler ID No.  
32613  

Cubic Yards of Waste  
1  

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

City, State  
Morrisville, Pennsylvania  

Disposal Date  
06/25/13  

Completed by  
Dimo Golcev  
Title  
General Manager  
Signature  

Date  
06/19/13  

Do not use this form for asbestos licensure exempted activities.
**State of New Jersey**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to N.J.A.C. 8:69 and 12:129)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>6/20/13</th>
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<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>MS. THERESA VINCENT</td>
</tr>
<tr>
<td>Agency Notified</td>
<td>EPA</td>
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<tr>
<td>Type Notification</td>
<td>Initial</td>
</tr>
<tr>
<td>Street Address</td>
<td>72 ORCHARD ST</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>RIDGEFIELD PARK, NJ 07660</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>MS. VINCENT</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

| Name of Facility Whose Abatement is Taking Place (3) | MS. T. VINCENT |
|Street Address | 72 ORCHARD ST |
|City | RIDGEFIELD PARK |
|County | BERGEN |
|County Code (STATE USE ONLY) | |
|Type of Facility (4) | |
| Square Foot | 1800 |
| # of Floors | 2 |
| Bldg. Age | 65 YRS |
| Current Use (Prior if being demolished) | RESIDENCE |

| Name of Monitoring Firm Hired by Building Owner (5) | Best Removal Inc |
|Street Address | 450 S. River St |
|City, State, Zip Code | Hackensack, N.J. 07601 |
|Name of Abatement Contractor (6) | Omega Environmental Inc |
|Address | 280 Huyler St |
|City, State, Zip Code | South Hackensack, N.J. 07606 |

| Start Date (10) | 7/12/13 |
|Scheduled Completion Date (11) | 7/13/13 |
|Occupancy Status During Abatement (Check only one) | |
|Facility Closed/Vacated During Entire Period of Abatement | |
|Abatement Performed Outside of Normal Facility Hours | |
|Other – Describe: | 7AM TO 5PM |

| Scopes of Work (Check all that apply) | |
|6 ft or 2 sq ft | |
| ≥ 160 sq ft or ≥ 280 sq ft | |

| Location of Asbestos-Containing Material (ACM) TO BE ABATED |
|IM Facility | |
|Location Normally Used Solely by Maintenance/Custodial Staff (12) | Yes No N/A |
|Description of Asbestos-Containing Material (ACM) (i.e., thermal systems, insulation, gaskets, V.A.T., other miscellaneous) | |
|Amount (Specify SF or LF) | |
|Abatement Type | |
|Rehabilitation | |
|Repair | |
|Removal | |
|Bagging/Encapsulation | |
|Disposal | |
|Name of Registered Waste Handler | Best Removal Inc |
|ID No. | 17109 |
|Cubic Yards of Waste | 14/20 |
|Name of Registered Lessor | Minerva Enterprises |
|Disposal Date | 7/3/13 |
|City, State | Waynesburg, Oh |

| Completed by | J. Maiorano |
|Title | Estimator |
|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)  
June 21, 2013

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

Name of Building Owner/Operator (2)  
DnA Demolition

Name of Contact  
Antonio Dimuzio

Street Address  
2156 Camplain Road

City, State, Zip Code  
Hillsborough, NJ 08844

FACILITY INFORMATION

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

Street Address  
206 Durbrow Avenue

City  Ortley Beach
County (6)  Ocean
County Code (7)  (STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8)  
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

Scope of Work (Check all that apply)  
[ x ] Full Containment with Negative Pressure
[ x ] Mini-Enclosure
[ x ] Glovebag Procedure
[ x ] Non-Exempted (*) and NonFriable Procedure

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

Exterior  
Asbestos siding  700 sf  X

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

Name of Registered Waste Hauler  
Guardian Contracting, Inc.

City, State  
Toms River, New Jersey

Disposal Date  
6/24/13

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

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

**Date of Notification:** June 21, 2013

**Name of Building Owner/Operator:** Elite Construction Corp.

**Street Address:** 49 Linden Avenue

**City, State, Zip Code:** Mantua, NJ 08051

**Name of Contact:** Nick

**Telephone Number:**

---

**FACILITY INFORMATION**

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

**Residence:** 142 E. Hudson Drive

**City:** Little Egg Harbor

**County:** Ocean

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

**Square feet:** 1200 sf

**# of Floors:** 1

**Bldg. Age:** 60

**Current Use:** Prior if being demolished

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

**Name of Abatement Contractor:** 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:**

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

**Scheduled Start Date:** 6/24/13

**Scheduled Completion Date:** 6/25/13

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

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

---

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

**Exterior:** X

Asbestos siding

**Amount (Specify SF or LF):** 1000 sf

**Abatement Type:**

- [ ] Removal
- [ ] Repair
- [ ] Encapsulation

---

**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:** 6/26/13

**City, State:** Tullytown, Pennsylvania

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

**Title:** Project Manager

**Date:** 6/21/13

*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: 6/21/2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator:</td>
</tr>
</tbody>
</table>

**AGENCIES NOTIFIED**

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

**Type of Notification**

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

**Facility Information**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place: 73 Sylvia Lane</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Type of Facility:</strong></td>
</tr>
<tr>
<td>[ ] School (K-12)</td>
</tr>
<tr>
<td>[ ] Subchapter 8 (other than K-12)</td>
</tr>
<tr>
<td>[X] Other (i.e., private &amp; commercial buildings, homes, etc.)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Square Feet: 1200 sf</th>
</tr>
</thead>
<tbody>
<tr>
<td># of Floors: 1</td>
</tr>
<tr>
<td>Bldg. Age: 60</td>
</tr>
<tr>
<td>Current Use (Prior to being demolished): Residence</td>
</tr>
</tbody>
</table>

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

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

**Project Manager for Monitoring Firm**

<table>
<thead>
<tr>
<th>Telephone Number: 732-349-9932</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of OSHA Monitor: E.M.S.L. Analytical</td>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>City, State, Zip Code:</strong> Piscataway, New Jersey 08854</td>
</tr>
</tbody>
</table>

**Occupancy Status During Abatement**

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

**Scope of Work**

- [ ] >3 sf or ≥3 lf
- [X] ≥160 sf or ≥260 lf
- [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**

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

**Exterior**

<table>
<thead>
<tr>
<th>Asbestos siding</th>
</tr>
</thead>
<tbody>
<tr>
<td>1100 sf</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Cubic Yards of Waste: 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Registered Landfill: T.R.R.F.</td>
</tr>
<tr>
<td>City, State: Toms River, New Jersey</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Disposal Date: 6/26/13</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State: Tullytown, Pennsylvania</td>
</tr>
</tbody>
</table>

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

| Signature: Nicholas Fernicola |
| Date: 6/21/2013 |

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