# NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60-7 and 12:120-7)

**Date of Notification:** 3/1/12

**Name of Building Owner/Operator:** Vito Carnazza

**Street Address:** 39 Harriet Street

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

**Name of Contact:** Vito Carnazza

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### FACILITY INFORMATION

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

**Square Feet # of Floors Bldg. Age:**
- 1650
- 2
- 70

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

**Name of Abatement Contractor:** AZTECH MANAGEMENT, Inc.

**Street Address:**
- 86 Christopher St.

**City, State, Zip Code:**
- Montclair, NJ 07042

**Telephone Number:** (973) 744-8800

**License Number:** 00371

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### MONITORING FIRM

**Name of Monitoring Firm hired by Building Owner:** ASCM No. 67

**Street Address:**
- N/A

**City, State, Zip Code:**
- N/A

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### SCOPE OF WORK

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

**Location Normally Used Solely By Maintenance/ Custodial Staff:**
- Yes

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

**Amount (Specify SF or Lf):**
- 110 Lf

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**Name of Registered Waste Hauler:**
- AZTECH MANAGEMENT, INC.

**NJDEP Waste Hauler ID No.:** 17040

**Cubic Yards of Waste:**
- 1.25

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

**City, State:**
- Morrisville, PA 19067

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**Completed By:**
- Constantine Vivian

**Title:**
- President

**Date:**
- 3/1/12

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**Scope of Work (Check all that apply):**
- [x] 3 sf or ≥ 3 lf
- [ ] ≥ 160 sf or ≥ 2600 Lf

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

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

**Location Normally Used Solely By Maintenance/ Custodial Staff:**
- Yes

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

**Amount (Specify SF or Lf):**
- 110 Lf

**Abatement Type:**
- [ ] Pull Containment with Negative Pressure
- [ ] Mini-Enclosure
- [x] Glovebox Procedure
- [ ] Non-Triable Procedure
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)
02-29-2012

Name of Building Owner/Operator (2)
EPEC

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)
EPEC

Street Address
1070 RIVERSIDE AVE

City, State, Zip Code
KEASBEY NJ 08832

Name of Contact
TIM TRACY

Telephone Number

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

Street Address
1070 RIVERSIDE AVE

City, State, Zip Code
KEASBEY NJ 08832

County (6)

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
500

# of Floors
N/A

Bldg. Age
N/A

Current Use (Prior if being demolished)
N/A

Name of Monitoring Firm Hired by Building Owner (5)
N/A

ASCM No.

Name of Abatement Contractor (9)
SHARON QUALITY CO LLC

Street Address
22 VAN ORDEN PL

City, State, Zip Code
HACKENSACK NJ 07601

Project Manager for Monitoring Firm

Telephone No.

Telephone No.
201-708-4270

License No.
01135

Name of OSHA Monitor
J&S ENVIRONMENTAL SERVICES

Street Address
2200 RT 22 WEST

City, State, Zip Code
UNION NJ

Start Date (10)
03-09-2012

Scheduled Completion Data (11)
03-15-2012

Occupancy Status During Abatement (Check Only One)

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

Scope of Work (Check All That Apply)

- ≤3 sf or ≥3 if ≥160 sf or ≥260 if
- Demolition

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

- In Facility
- In Equipment/Used Solely by Maintenance/Custodial Staff

Is Location Normally Used Solely by Maintenance/Custodial Staff?

- Yes
- No

Description of Asbestos-Containing Material (ACM)

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

Amount (Specify SF or LF)
500

Abatement Type

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

Name of Registered Waste Hauler
SHARON QUALITY CO

NJDEP Waste Hauler ID No.
0033967

Cubic Yards of Waste
1

Name of Registered Landfill
TRI STATE TRANSFER SERVICES

Disposal Date
03-15-2012

City, State
BRONX NY 10474

Completed by
CARLOS ESQUIVEL
Title
MANAGER

Signature

Date
02-29-2012

* Do not use this form for asbestos licensure exempted activities.
Notification of Asbestos Abatement
(Pursuant to NJAC 8:50-7 and 12:120-7)

Date of Notification (1):
01/24/2012

Name of Building Owner/Operator (2):
PRIVATE HOUSE

Street Address:
661 Belvidere Rd

City, State, Zip Code:
Philipsburg, NJ 08865

Name of Contact:
Jerry Soltes

FACILITY INFORMATION

Type of Facility (4):

Name of facility where abatement is taking place (3):
HOUSE

Street Address:
661 Belvidere Rd

City (5):
Philipsburg

County (6):
NJ

Name of Abatement Contractor (9):
NICK RESTORATION LLC

Street Address:
3 Brookside Rd

City, State, Zip Code:
Randolph, NJ 07869

Telephone Number:
973-993-2550

License Number:
11133

Name of OSHA Monitor:
JFS ENVIRONMENTAL

Street Address:
2335 RT 22 W

City, State, Zip Code:
Union, NJ 07083

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):
3-10-12

Scheduled Completion Date (11):
3-12-12

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

Yes
No
N/A

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
Encapsulation

Registered Waste Hauler:
NICK RESTORATION

NJDEP Hauler ID:

Cubic Yards of Waste:

Name of Registered Landfill:

Completed by (Print or Type):
EUIRA HRDA
Title:
PRESIDENT

Signature:
EUIRA HRDA
Date:
2-29-12
**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to N.J.A.C. 8:60 and 12:120)

**Date of Notification:** 3/2/12  
**Name of Building Owner / Operator:** Hamilton Township BOE  
**Type of Facility:** School (K-12)  
**Square Feet:**  
**Current Use:** School  
**Name of Abatement Contractor:** AbateTech, Inc.  
**Type of Work:** Renovation

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**Facility Information**

**Name of Facility Where Abatement is Taking Place:** Reynolds MS  
**Street Address:** 2145 Yardville-Hamilton Square Road  
**City:** Hamilton Twp.  
**County:** Mercer  
**Name of Monitoring Firm Hired by Building Owner:** Pars Environmental  
**Street Address:** 6 A South Gold Drive  
**City, State & Zip Code:** Robbinsville, NJ 08691  
**Project Manager for Monitoring Firm:** Roberto Felix  
**Scheduled Start Date:** 3/5/12  
**Occupancy Status During Abatement:** Facility Closed/Vacated During Entire Period of Abatement  
**Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility:**  
**Is Location Normally Used Solely by Maintenance or Custodial Staff?** No  
**Amount (Specify SF or LF):** >1 SF  
**Abatement Type:** Mastic (Hole Drilling)  
**Name of Registered Waste Hauler:** AbateTech, Inc.  
**Cubic Yards of Waste:** 1  
**Name of Registered Landfill:** TRRF Landfill

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**Completion Details**

**Name of Contact:** Marco Fernandez  
**Telephone Number:** 90 Park Ave.  
**City, State & Zip Code:** Hamilton, NJ 08690  
**Telephone Number:** 609-890-7277  
**License Number:** 00529  
**E-mail:**  
**City, State & Zip Code:** Lumberton, NJ 08048  
**Name of OSHA Monitor:** EMSL Analytical  
**Street Address:** 108 Haddon Ave.  
**City, State & Zip Code:** Westmont, NJ 08108  
**Disposal Date:** 3/9/12  
**Repair:**  
**Name:** Gwen Trumbetti  
**Disposal Date:** 3/2/12  
**City:**  
**Name:** Tullytown, PA  
**Date:** 3/9/12  
**Signature:**  
**Title:** Opps. Coord.
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1)  
2/27/12

Name of Building Owner / Operator (2)  
Princeton University

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

Type Notification  
- Initial
- Amended #4
- Emergency
- Cancellation

Street Address  
Trustees of Princeton University E.A. MacMillan Bldg.

City, State & Zip Code  
Princeton, NJ 08544

Name of Contact  
Robert Ortego, P.E.

Facility Information

Name of Facility Where Abatement is Taking Place (3)  
Princeton University – Firestone Library

Street Address  
One Washington Road

City, County & Zip Code  
Princeton, Mercer, Princeton, NJ 08544

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

Square Feet  

# of Floors  

Bldg. Age

Current Use (Prior to being demolished)  
University Library

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

ASCM No.  

Name of Abatement Contractor (9)  
AbateTech, Inc.

Street Address  
Bromley Corporate Center 3 Terri Lane, Suite 12

City, State & Zip Code  
Burlington, NJ 08016

Telephone Number  
609-386-8800

License Number  
00529

Name of OSHA Monitor  
EMSL Analytical

Street Address  
108 Haddon Ave.

City, State & Zip Code  
Westmont, NJ 08108

Scope of Work (Check all that apply)  

- ≥3 sf or ≥3 lf
- ≥160 sf ≥260 lf
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glove Bag Procedures
- Non-Exempted and Non-Friable Procedure

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

Work Area #1 Level A  
- Work Area #1 & #2 Level A
- Work Area #3 Level A
- Work Area #4 Level B

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)  

Floor tile & Mastic (NF Removal)  

Amount (Specify SF or LF)  

Abatement Type  

Work Area #1 Level 1A  

400 SF

Center

Work Area #1 Level 1A  

39,600 SF

Name of Registered Waste Hauler  
AbateTech, Inc.

Hauler ID No.  
18750

Number of Cubic Yards of Waste  
14

Disposal Date  
3/16/12

Name of Registered Landfill  
TRRF Landfill

City, State  
Lumberton, NJ  
Tullytown, PA

Completed By (Print or Type)  
Gwen Trumbetti

Title  
Opps. Coord.

Signature  

Date  
2/27/12
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to N.J.A.C. 8:60 and 12:120)

**Date of Notification:** 2/27/12  
**Name of Building Owner / Operator:** Princeton University

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

**Street Address:** Trustees of Princeton University E.A. MacMillan Bldg.

**City, State & Zip Code:** Princeton, NJ 08544  
**Name of Contact:** Robert Ortigo, P.E.

### FACILITY INFORMATION

**Name of Facility Where Abatement is Taking Place:** Princeton University – Firestone Library  
**Street Address:** One Washington Road  
**City:** Princeton  
**County:** Mercer  
**County Code:** NA

**Type of Facility:** Subchapter 8 (Other than K-12)  
**Square Feet:** # of Floors  
**Bidg. Age:**

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

**Name of Monitoring Firm Hired by Building Owner:** ATC Associates, Inc.  
**ASCM No.:**  
**Name of Abatement Contractor:** AbateTech, Inc.

**Street Address:** Bromley Corporate Center 3 Terri Lane, Suite 12  
**City, State & Zip Code:** Burlington, NJ 08016  
**Street Address:** PO Box 25  
**City, State & Zip Code:** Lumberton, NJ 08048

**Project Manager for Monitoring Firm:** Mike Koehn  
**Telephone Number:** 609-386-8800

**Telephone Number:** 609-265-2107  
**License Number:** 00529

**Scheduled Start Date:** 10/17/11  
**Scheduled Completion Date:** 3/16/12

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

**Describe:** Facility Occupied During Abatement

**Scope of Work (Check all that apply):**  
- ≥3 sf or ≥3 lsf  
- ≥160 sf or ≥260 lsf  
- Renovation  
- Demolition  
- Full Containment with Negative Pressure  
- Mini-Enclosure  
- Glove Bag Procedures  
- Non-Exempted and Non-Frangible Procedure

**Location of Asbestos-Containing Material (ACM) TO BE ABATED:**  
- In Facility (13)  
- Floor tile & Mastic (Full Containment)  
- 450 SF

**Is Location Normally Used Solely by Maintenance or Custodial Staff?** Yes  
**Number of Level A Elevator Lobby:**

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

**NJDEP Waste Hauler ID No.:** 18750  
**Cubic Yards of Waste:** 4  
**Name of Registered Landfill:** TRRF Landfill

**City, State:** Lumberton, NJ

**Disposal Date:** 3/16/12  
**City, State:** Tullytown, PA

**Completed By (Print or Type):** Gwen Trumbetti  
**Title:** Opps. Coord.

**Signature:**

**Date:** 2/27/12
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 02/29/2012
Name of Building Owner/Operator Estate of Natalie Jamros
Agency Notified EPA
Type Notification Initial
Street Address 325 3rd Street
City, State, Zip Code City, State, Zip Code
Name of Facility Where Abatement is Taking Place (3)
FACILITY INFORMATION

Street Address 325 3rd Street
City, State, Zip Code City, State, Zip Code
County (6) Bergen
County Code (7) (STATE USE ONLY) N/A
Name of Monitoring Firm Hired by Building Owner (8) Envirovision
Name of Abatement Contractor (9) RICI CORP

Start Date (10) 03/10/2012
Scheduled Completion Date (11) 03/10/2012

Occupancy Status During Abatement (Check only one)
- Facility Close/Notated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other - Describe

Scope of Work (Check all that apply)
- ~ 3 ft or ~ 3 ft
- 1 600 sf or ~ 260 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)

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>BASEMENT</td>
<td>x</td>
<td>PIPE INSULATION</td>
<td>200 SF</td>
<td>x</td>
</tr>
<tr>
<td>BASEMENT</td>
<td>x</td>
<td>Tile/Mastic</td>
<td>50 SF</td>
<td>x</td>
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</tbody>
</table>

Name of Registered Waste Hauler RICI CORP
ID No. 29051

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

City, State MORRISVILLE, PA

Completed by RISTO TRAIKOV
Title PRESIDENT

Signature [Signature] Date 02/29/2012
# NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

**Date of Notification (1):**
February 24, 2012

**Name of Building Owner/Operator (2):**
Mr. & Mrs. Stratton Health

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

**Type Notification:**
- Initial

**Street Address:**
27 Greenview Way

**City, State, Zip Code:**
Montclair, NJ 07042

**Name of Contact:**
Rhonda Health

**Telephone Number:**

### FACILITY INFORMATION

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

**Street Address:**
27 Greenview Way

**City:**
Montclair

**County:**
Essex

**Square Feet:**
N/A

**# of Floors:**
N/A

**Bldg. Age:**
N/A

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

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

**ASCM No.:**

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

**Address:**
11 Rosengren Avenue

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

**License No.:**
#00675

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

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

**Street Address:**
11 Rosengren Avenue

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

**Start Date (10):**
2/25/12

**Scheduled Completion Date (11):**
2/26/12

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

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

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

- ≥3 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):**
basement

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

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

**Abatement Type:**
- Removal
- Repair
- Encapsulate
- Endure

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

**NJ/DEP Waste Hauler ID No.:**
#20996

**Cubic Yards of Waste:**
TBD

**Name of Registered Landfill:**
Waste management of PA

**City, State:**
Totowa, NJ

**Disposal Date:**
TBD

**Tullytown, PA**

**Completed by:**
Deanna Brkusin

**Title:**
Project Manager

**Signature:**

**Date:**
2/24/12

*Do not use this form for asbestos licensure exempted activities.*
**REMEMBER - MAIL IN HARD COPY**

Date of Notification (1)
February 24, 2012

Name of Building Owner/Operator (2)
Mr. & Mrs. Stanton Health

Type Notification (3)

Agent(s) Notified (4)

1. EPA
2. DEP
3. DOL
4. DCA

Type of Facility (4)

- Single Family Home
- Multi-Unit (K-12)
- Other (commercial, public, etc.)

Name of Facility Where Abatement is Taking Place (5)

- House
- School (K-12)
- Other (commercial, public, etc.)

Street Address
27 Greenview Way

City, State, Zip Code
Montclair, NJ 07042

Name of Contact
Rhonda Health

Current Use (Prior to being demanisioned)

- House

Name of Monitoring Firm Hired by Building Owner (6)

D&S Abatement, Inc.

Street Address
11 Rosenbren Avenue

City, State, Zip Code
Totowa, NJ 07512

Start Date (10)
2/25/12

Scheduled Completion Date (11)
2/28/12

Occupancy Status During Abatement (Check Only One)

- Facility Closed/Sealed During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other - Occupied

Scope of Work (Check All That Apply)

- Renovation
- Demolition
- Full Containment with Negative Pressure
- Wet-up
- Shovel Procedure
- None Exempted (*) and Non-Flexible Procedure

Location of Asbestos-Containing Material (ACM)

- TO BE ABATED
- In Facility

<table>
<thead>
<tr>
<th>Location Normally Used Solely by Maintenance/Custodial Staff (12)</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Duct Insulation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
<td>15 SF</td>
<td></td>
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</tr>
</tbody>
</table>

Name of Registered Waste Hauler (13)

D&S Abatement, Inc.

City, State
Totowa, NJ

Disposal Date
TBD

Name of Registered Landfill (14)

Waste management of PA

City, State
Tullytown, PA

TBD

Completed by
Deanna Britsamin

Title
Project Manager

Signature

Date
2/24/12

* Do NOT use this form for asbestos license exempted activities.