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

Date of Notification (1)
2 / 14 / 17

Name of Building Owner/Operator (2)
The Hampshire Companies, LLC

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

Name of Facility Where Abatement is Taking Place (3)
Street Address
22 Maple Avenue
City, State, Zip Code
Morristown, NJ 07907

Name of Contact
Brian Tobiasz
Telephone Number

FACILITY INFORMATION

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

Square Feet
# of Floors
Bldg. Age

Current Use (Prior if being demolished)

Schedule for demolition

Name of Facility Code (5)(STATE USE ONLY)

County Code
Morris County

County
Morris County

Name of Monitoring Firm Hired by Building Owner (8)
Bio Terra Solutions

ASCM No.
0615995

Name of Abatement Contractor (9)
Unipro, Inc.

Street Address
P.O. Box 1224
City, State, Zip Code
Union, NJ

Telephone No.
973-454-3762

License No.
00615

Unipro, Inc.

Start Date (10)
3 / 1 / 17

Scheduled Completion Date (11)
4 / 1 / 17

Name of OSHA Monitor

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

Name of Registered Waste Hauler
Yannuzzi Group Inc.

Cubic Yards of Waste
As Needed

Disposal Date
TBD

Name of Registered Landfill
IESI Landfill

City, State
Hillsborough, NJ

Completed By (Print or Type)
David Tolchin
Title
President

Signature
David Tolchin

Date
2/14/17

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>2 / 14 / 17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>The Hampshire Companies, LLC</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Street Address</th>
<th>22 Maple Avenue</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State, Zip Code</td>
<td>Morristown, NJ 08807</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Brian Tolbaaz</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FACILITY INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
</tr>
<tr>
<td>City (5)</td>
</tr>
<tr>
<td>County (6)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>Bio Terra Solutions</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASCM No.</td>
<td>0615985</td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>Unipro, Inc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>P.O. Box 1224</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State, Zip Code</td>
<td>Union, NJ</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Rick Eustaquio</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone No.</td>
<td>973-494-3762</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 / 1 / 17</td>
<td>4 / 1 / 17</td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (19)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attic</td>
</tr>
<tr>
<td>☐</td>
</tr>
<tr>
<td>☒</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Duct heat shield</td>
</tr>
<tr>
<td>150 SF</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of asbestos materials</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attic</td>
</tr>
<tr>
<td>Garage</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>150 SF</td>
</tr>
<tr>
<td>64 LF</td>
</tr>
<tr>
<td>120 LF</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Removal</td>
</tr>
<tr>
<td>☒ Repair</td>
</tr>
<tr>
<td>☐ Encapsulation</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yannuzzi Group, Inc</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cubic Yards of Waste As Needed</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>NJ DEP Waste Hauler TN No. 17467</td>
<td>IESI Landfill</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Disposal Date</th>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>TBD</td>
<td>Bethlehem, PA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed By (Print or Type)</th>
<th>Title</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>David Tolchin</td>
<td>President</td>
<td>David Tolchin</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>2/14/17</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>2 / 14 / 17</th>
<th>Name of Building Owner/Operator (2)</th>
<th>The Hampshire Companies, LLC</th>
</tr>
</thead>
</table>

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

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

**Street Address**
22 Maple Avenue

**City, State, Zip Code**
Morristown, NJ 08807

**Name of Contact**
Brian Tobiaz

**Telephone Number**

**FACILITY INFORMATION**

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

**City (5)**
Morristown, New Jersey

**County (6)**
Morris County

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

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

**ASCM No.**
0615955

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

**Street Address**
173 Karkus Avenue

**City, State, Zip Code**
Woodbridge, NJ 07095

**License No.**
00615

**Telephone No.**
732-726-3111

**Start Date (10)**
3 / 1 / 17

**Scheduled Completion Date (11)**
4 / 1 / 17

**Name of OSHA Monitor**
Unipro, Inc.

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

**Scope of Work** (Check all that apply)
- [x] 3sf 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)

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st Floor- 173-1 Morris Street</td>
<td>[ ]</td>
<td>VAT</td>
<td>225 SF</td>
<td>[x] Removal</td>
</tr>
<tr>
<td>Foyer- 173-1 Morris Street</td>
<td>[ ]</td>
<td>VAT</td>
<td>225 SF</td>
<td>[x] Removal</td>
</tr>
<tr>
<td>Office Area- 173-1 Morris Street</td>
<td>[ ]</td>
<td>VAT</td>
<td>650 SF</td>
<td>[x] Removal</td>
</tr>
<tr>
<td>2nd Floor- 173-1 Morris Street</td>
<td>[ ]</td>
<td>VAT</td>
<td>650 SF</td>
<td>[x] Removal</td>
</tr>
<tr>
<td>Name of Registered Waste Hauler Yannuzzi Group, Inc.</td>
<td>NJDEP Waste Hauler ID No. 17467</td>
<td>Cubic Yards of Waste As Needed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>City, State</td>
<td>Hillsborough, NJ</td>
<td>Name of Registered Landfill</td>
<td>IESI Landfill</td>
<td></td>
</tr>
<tr>
<td>Completed By (Print or Type)</td>
<td>David Tolchin</td>
<td>Signature</td>
<td>David Tolchin</td>
<td>Date 2/14/17</td>
</tr>
</tbody>
</table>

* Do not use this form for asbestos licensure exempted activities.
<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED In Faculty (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>Basement- 173-1 Morris Street</td>
<td>X</td>
<td>Wall Plaster</td>
<td>70 SF</td>
<td>X</td>
</tr>
<tr>
<td>Basement- 173-1 Morris Street</td>
<td>X</td>
<td>Aircell pipe insulation</td>
<td>5 LF</td>
<td>X</td>
</tr>
<tr>
<td>Attic- 173-2 Morris Street</td>
<td>X</td>
<td>Duct heat shield</td>
<td>2 SF</td>
<td>X</td>
</tr>
<tr>
<td>Attic- 173-2 Morris Street</td>
<td>X</td>
<td>Duct caulking</td>
<td>6 LF</td>
<td>X</td>
</tr>
<tr>
<td>Attic- 173-2 Morris Street</td>
<td>X</td>
<td>VAT</td>
<td>8 SF</td>
<td>X</td>
</tr>
<tr>
<td>Roof- 173-2 Morris Street</td>
<td>X</td>
<td>Vapor Barrier</td>
<td>200 SF</td>
<td>X</td>
</tr>
<tr>
<td>1st Floor- 173-1 Morris Street</td>
<td>X</td>
<td>VAT</td>
<td>1,050 SF</td>
<td>X</td>
</tr>
</tbody>
</table>

Completed by: (Print or type)  
David Tolchin  
Title: President  
Signature:  
Date: 2/14/2017
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:90 and 12:120)  

**Date of Notification (1):** 3/8/17  
**Agency/Notification:**  
- [X] EPA  
- [X] DEP  
- [X] DOL  

**Name of Building Owner/Operator (2):**  
Maritza Fandino  
**Street Address:** [Redacted]  
**City, State, Zip Code:** Ridgewood, NJ 07450  
**Name of Contact:**  
Maritza Fandino  
**Telephone Number:**  

### FACILITY INFORMATION

**Name of Facility Where Abatement is Taking Place (3):** Residential Home  
**Street Address:** [Redacted]  
**City:** Ridgewood  
**County:** Bergen  
**Square Feet:** 2550  
**# of Floors:** 2  
**Bldg. Age:** 70+/-  
**Current Use:** Prior if being demolished

**Name of Monitoring Firm Hired by Building Owner (8):** ASCM No.  
**Project Manager:**  
**Name of Abatement Contractor (9):** All Stages Abatement  
**Street Address:** 280 N. Midland Ave.  
**City, State, Zip Code:** Saddle Brook, NJ 07663  
**Telephone No.:** 201-600-3184  
**License No.:**  
**Name of OSHA Monitor:**  
**Street Address:**  
**City, State, Zip Code:**  
**Telephone No.:**  
**License No.:**  

**Start Date (10):** 3/17/17  
**Scheduled Completion Date (11):** 3/18/17  
**Occupancy Status During Abatement (Check Only One):**  
- Facility Closed/Vacated During Entire Period of Abatement  
- Abatement Performed Outside of Normal Facility Hours  
- Other – Describer: 8 A.M. to 4 P.M.  

**Scope of Work (Check All That Apply):**  
- [X] Renovation  
- [X] 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):  
  - Basement  
  - VAT  
  - 55 SF  

**Name of Registered Waste Hauler:** Newark Carting  
**NJDEP Waste Hauler ID No.:** 04509  
**Cubic Yards of Waste:** 1 CU  
**Name of Registered Landfill:** IESI Landfill  
**Disposal Date:** TBD  
**City, State:** Bethlehem, PA  

**Completed by:** Richard Cristofoli  
**Title:** President  
**Signature:**  
**Date:** 3/8/17  

*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)** 03/08/2017

**Name of Building Owner/Operator (2)**
Glenwood Apartments & County Club

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

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

**Street Address**
1 Cherry Hill Ln

**City, State, Zip Code**
Old Bridge, NJ 08857

**Name of Contact**
Eric Prieto

**Telephone Number**

### FACILITY INFORMATION

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

**Street Address**
39 Spruce Ln

**City (5)**
Old Bridge, NJ

**County Code (7)**
Middlesex

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

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

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

**Name of Abatement Contractor (9)**
DIA General Construction, Inc

**Street Address**
1360 Clifton Ave, PMB Suite 218

**City, State, Zip Code**
Clifton, NJ 07012

**Project Manager for Monitoring Firm**

**Telephone No.**
973-389-0089

**License No.**
00693

**Start Date (10)**
03/21/2017

**Scheduled Completion Data (11)**
03/23/2017

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

**Scope of Work (Check All That Apply)**
- [X] 23 sf or ≥23 ft
- [X] Renovation
- [X] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mold Encapsulation
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Fiable Procedure

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>39 Spruce Ln- Crawl Space</td>
<td>[X]</td>
<td>Pipe/Elbow Insulation</td>
<td>140 LF</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler Service Transport Group**

<table>
<thead>
<tr>
<th>NJDEP Waste Hauler ID No. 20990</th>
</tr>
</thead>
</table>

**Cubic Yards of Waste**
3 CY

**Disposal Date**
03/23/2017

**City, State**
Waynesburg, OH 44688

**Completed by**
Milan Njezic

**Title**
Vice President

**Signature**

**Date**
03/08/2017

---

*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)
03/08/2017

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

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

Name of Building Owner/Operator (2)
Floor & Decor

Street Address
2233 Lake Park Drive

City, State, Zip Code
Smyrna GA 30080

Name of Contact
Ralph Fredricks

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement Is Taking Place (3)
Former Sport Authority

Street Address
50 A & S Drive

City (5)
Paramus

County (6)
Bergen

County Code (7) (STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8)
ECS Mid Atlantic LLC

ASCM No

Name of Abatement Contractor (9)
VMC Company Inc

Street Address
2 Executive Drive

City, State, Zip Code
Moorestown, NJ 08057

Project Manager for Monitoring Firm
Sean Barnes

Telephone No.
609-632-3910

Telephone No.
973-253-8828

License No.
00704

Start Date (10)
03/08/2017

Scheduled Completion Date (11)
03/18/2017

Name of OSHA Monitor
VMC Company Inc

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

Other – Describe:

Scope of Work (Check All That Apply)
- [x] 23 sf or x3 lf
- [ ] 2160 sf or x260 lf

[ ] 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
- [x] No
- [ ] N/A

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

Transite pipe

Amount (Specify SF or LF)
240 LF

Abatement Type

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

Amount

Location of Registered Waste Hauler

Newark Carting Inc

NJDEP Waste Hauler ID No.
05409

Cubic Yards of Waste

Name of Registered Landfill
IESI Bethlehem Landfill

Disposal Date

City, State
Bethlehem, PA

Completed by
Voytek Roszkowski
Title
President
Signature

Date
03/08/2017

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

Date of Notification (1):
March 2, 2017

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

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

Name of Building Owner/Operator (2):
TAC Enterprises LLC / Todd Cortese

Street Address:
P.O. Box 551
City, State, Zip Code:
Denville, NJ 07834

Name of Contact:
Mike Cervino

FACILITY INFORMATION

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

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

City (5):
Franklin Lakes

City, State, Zip Code:
Towaco, NJ 07082

County (6):

County Code (7) (STATE USE ONLY):

Square Feet:
2000

# of Floors:
2

Bldg. Age:
40

Current Use (Prior if being demolished):
unoccupied

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

ASCM No.:

Name of Abatement Contractor (9):
BL Contracting Inc.

Street Address:
5 Marguerite Lane

License No.:
01265

Telephone No.:
973-901-0153

Start Date (10):
March 11, 2017

Scheduled Completion Date (11):
March 14, 2017

Name of OSHA Monitor:
BL Contracting Inc.

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

Scope of Work (Check All That Apply):
- [ ] ≥3 sf or ≥3 lf
- [ ] ≥160 sf or ≥260 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

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

Amount (Specify SF or LF):
SF

Abatement Type:
Removal
Repair
Encapsulate
Eliminate

Floor Tiles

Amount (Specify SF or LF):

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

Yes
No
N/A

Floor Tiles
SF

Name of Registered Waste Hauler:
Newark Carting

NJDEP Waste Hauler ID No.:

Cubic Yards of Waste:
3

Name of Registered Landfill:
Waste Management

City, State:
Newark, NJ

Disposal Date:
3/4/2017

City, State:
Tullytown, PA

Completed by:
Marko Stankovic
Title:
Project Manager

Signature:

Date:
3/2/2017
### State of New Jersey

**NOTIFICATION OF ASBESTOS ABATEMENT**

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

---

**Date of Notification (1)**
03/01/2017

**Name of Building Owner/Operator (2)**
IBC. IGLESIA BAUTISTA CENTRAL

---

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

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

---

**Facility Information**

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

**Street Address**

**City (5)**
PATERSON NJ. 07513

**County (6)**
PASSAIC

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

**Name of Abatement Contractor (9)**
NORTH EAST. ENVIRONMENTAL LLC.

---

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

**Square Feet**
2,600

**# of Floors**
2

**Bldg. Age**
92

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

---

**Start Date (10)**
03/01/2017

**Scheduled Completion Date (11)**
03/13/2017

---

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

---

**Scope of Work (Check All That Apply)**
- ≥3 sf or ≥3 If
- ≥180 sf or ≥260 If
- Renovation
- Demolition

---

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

**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)**
- **FLOOR TILE**
  - 500 SQ.
- **PIPE INSULATION**
  - 138 LF.

**Abatement Type**
- X

---

**Name of Registered Waste Hauler**
TRI-STATE ASSOCC - INC

**NJDEP Waste Hauler ID No.**
19951

**Cubic Yards of Waste**
TBD

**Name of Registered Landfill**
MINERVA ENTERPRISE INC.

**Disposal Date**
TBD

---

**Received**
MAR 10 2017

---

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

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
<td>The Langfan Company</td>
</tr>
<tr>
<td></td>
<td>Amended</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Amendment # 6</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Emergency (including justification)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Cancellation</td>
<td></td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3): Former Marshall’s Store

Street Address: 1139 - 1151 Hamburg Turnpike

City (5): Waynec

County (6): Passaic

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

Name of Abatement Contractor (9): ecoservices, LLC

Street Address: 1012 Industrial Drive

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

Project Manager for Monitoring Firm: Matt DePalma

Telephone Number: 856-809-1202

Start Date: 12/16/16

Scheduled Completion Date: 3/14/17

Occupancy Status During Abatement (Check One Only):

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

Scope of Work (Check All That Apply):

- [X] 2,391 sf or 2,391 sq ft
- [ ] 2,690 sf or 2,690 sq ft
- [ ] Renovation
- [ ] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Evitable Procedure

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

<table>
<thead>
<tr>
<th>Location of ACM</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Description of ACM (Specify Amount)</th>
</tr>
</thead>
<tbody>
<tr>
<td>零售 Area</td>
<td>[X]</td>
<td>Ceiling Tile, 28,000 SF</td>
</tr>
<tr>
<td>Back Offices</td>
<td>[X]</td>
<td>Floor tile mastic, 31,000 SF</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler:

Waste Management of Central NJ

City State: Trenton, NJ

Completed by: Jack Bally

Title: Sr. Project Manager

*Do not use this form for asbestos in unusual exempted activities*
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) 03 / 08 / 17

Name of Building Owner/Operator (2) Verizon

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

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

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

Street Address
330 Route 10

City, State, Zip Code
Whippany, NJ 07981

Name of Contact
Alex Baylor

FACILITY INFORMATION

County (6)
Morris

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

ASCM No.

Name of Abatement Contractor (9)
JVN Restoration Inc

Street Address
8435 Enterprise Avenue
Philadelphia, PA 19153

City, State, Zip Code

Project Manager for Monitoring Firm
Mark Jenkins

Telephone No.
215-365-5810

Street Address
47 Foster Road

Staten Island NY 10309

City, State, Zip Code

Start Date (10)
03 / 20 / 17

Scheduled Completion Date (11)
12 / 31 / 17

License No.
718-605-6256

00774

Testor Tech

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/5:00PM-1:30AM

Scope of Work (Check all that apply)
≥3 sf or ≥3 if
≥160 sf or ≥260 if
Renovation
Demolition

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

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

Basement A/C Equipment Room

Pipe Insulation and Fittings
35 LF

Basement A/C Equipment Room

Duct Insulation
80 SF

Location of Registered Waste Hauler

Newark Carting

NUDEP Waste Hauler ID No.
NJ-566

Cubic Yards of Waste
10

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

City, State
Hackettstown, NJ

Disposal Date
03/30/17

City, State
Morrisville, PA

Completed By (Print or Type)
Ralph Barnhardt

Title
Project Manager

Signature

Date
03-08-2017

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

Date of Notification (1)
03 / 07 / 17

Name of Building Owner/Operator (2)
Verizon

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

Street Address
1100 Orange Avenue

City, State, Zip Code
Cranford, NJ 07016

Name of Contact
Alex Baylor

FACILITY INFORMATION

Type of Facility (4)

Square Feet
10,000

# of Floors
3

Bldg. Age
50

Current Use (Prior if being demolished)

Name of Abatement Contractor (9)
JVN Restoration Inc

Scope of Work (Check all that apply)

- °3 sf or °3 ft
- °160 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

Basement A/C Equipment Room

Floor Tile and Mastic
2030 SF

Basement A/C Equipment Room

Pipe Insulation and Fittings
45 LF

Name of Registered Waste Hauler
Newark Cartling

NJDEP Waste Hauler ID No.
NJ-566

Cubic Yards of Waste
10

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

City, State
Hackettstown, NJ

Disposal Date
04/15/17

City, State
Morrisville, PA

Completed By (Print or Type)
Ralph Barnhardt

Title
Project Manager

Signature

Date
03-02-17

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

Date of Notification (1) 3-9-17

 Agencies Notified | Type Notification
------------------|------------------
EPA | Initial
DEP | Amended
DOL | Emergency
DOH | Cancellation
DCA |

Name of Building Owner / Operator (2) Toll Brothers, Inc.

Street Address
100 Willow Brook Road, Suite 200

City, State & Zip Code
Freehold, New Jersey 07728

Name of Contact
David Fultz

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Former Apple Ridge Golf Course

City (5) Mahwah
County (6) Bergen
County Code (7)  

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.

Street Address
269 East Crescent Avenue

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

Square Feet

# of Floors

Bldg. Age

Current Use (Prior if being demolished)
Golf Course Complex (Closed)

Name of Abatement Contractor (9)
Enterprise Network Resolutions Contracting, LLC

Street Address
874 Piney Hollow Road, P. O. Box 70

City, State & Zip Code
Winslow, New Jersey 08095

License Number
01263

Name of OSHA Monitor
EMSL Analytical

Street Address
200 Route 130 North

City, State & Zip Code
Cinnaminson, New Jersey 08077

Scope of Work (Check all that apply)

X 3 sf or 23 ft
X 160 sf or 260 ft

Renovation
Demolition

Location of Asbestos-Containing Material (ACM)

TO BE ABATED in Facility (13)

Bldg #1 Club House Main Roof
Bldg #1 Club House Lower Level
Bldg #21 Bay Garage Roof
Bldg #3 Guard Shack Interior
Bldg #4 Pool House Roof
Bldg #4 Pool House Tennis Court

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 miscellaneous)

Amount (Specify SF or LF)

Abatement Type
Removal
Repair
Encapsulate
Endose

Endose

Name of Registered Waste Hauler
NJDSEP Waste Hauler ID No.
21435

Cubic Yards of Waste

Name of Registered Landfill
Salem County Landfill

City, State
Alloway Township, NJ

Completed By (Print or Type)
Theodore S. Budzynski

Title
Vice President

Signature

Date 3-9-17
**State of New Jersey**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to N.J.A.C. 8:60 and 12:120)

**Date of Notification (1)**
3-9-17

**Name of Building Owner / Operator (2)**
Toll Brothers, Inc.

**Street Address**
100 Willow Brook Road, Suite 200

**City, State & Zip Code**
Freehold, New Jersey 07728

**Name of Contact**
David Fultz

**FACILITY INFORMATION**

**Name of Facility Where Abatement Is Taking Place (3)**
Former Apple Ridge Golf Course

**Street Address**
269 East Crescent Avenue

**City (5)**
Mahwah

**County (6)**
Bergen

**County Code (7)**

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

**ASCM No.**

**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)**

**Golf Course Complex (Closed)**

**Name of Abatement Contractor (9)**
Enterprise Network Resolutions Contracting, LLC

**Street Address**
874 Pinney Hollow Road, P. O. Box 70

**City, State & Zip Code**
Winslow, New Jersey 08095

**Telephone Number**

**License Number**
01263

**Name of OSHA Monitor**
EMSL Analytical

**Street Address**
200 Route 130 North

**City, State & Zip Code**
Cinnaminson, New Jersey 08077

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

- 3 sf or 3 if
- 160 sf or 260 if
- Renovation
- Demolition

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

TO BE ABATED in Facility

**(13)**

**Is Location Normally Used Solely by Maintenance or Custodial Staff?**

Yes | No | N/A
--- | --- | ---

**Bldg #5 Hse by Club Hse Bedroom 1**

**Bldg #5 Hse by Club Hse Basement**

**Bldg #8 White House Kitchen**

**Bldg #12 Green House Garage Roof**

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

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

**Amount (Specify SF or LF)**

**Abatement Type**

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

**Name of Registered Waste Hauler**

**Bull Waste & Recycling, Inc.**

**NJDEP Waste Hauler ID No.**
21435

**Cubic Yards of Waste**
60

**Name of Registered Landfill**
Salem County Landfill

**City, State**
Alloway Township, NJ

**Disposal Date**
12-29-17

**Completed By (Print or Type)**
Theodore S. Budzynski

**Title**
Vice President

**Signature**

**Date**
3-9-17
**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 8:60 and 12:200)

**State of New Jersey**

**Date of Notification:** Mar 10, 2017

**Name of Building Owner/Operator:** UE Bergen Mall Owner LLC

**Address:** Bergen Town Center, Paramus, NJ 07652

**Name of Contact:**

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

**Facility Information:**
- **Square Feet:** 4,100
- **# of Floors:** 2
- **Bidg Age:** 60 yrs.
- **Current Use (Prior to being demolished):** Vacant

**Name of Facility Where Abatement is Taking Place:** 1 Bergen Town Center

**Street Address:**
- Bergen Town Center
- County Code: ASCM No.

**County:** Bergen

**Name of Monitoring Firm Hired by Building Owner:** Whitestone Associates, Inc.

**Site Address:** 1500 Manor Drive, Chalfont, PA 18914

**Project Manager for Monitoring Firm:** Jeremy Hassett

**Start Date:** 3-8-17

**Occupancy Status During Abatement:**
- Tenant Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours

**Scope of Work:**
- Demolition

**Location of Asbestos-Containing Material (ACM) TO BE ABATED**
- **1st Floor-Unit E-3** pipe fittings

**Name of Registered Waste Hauler:** Newark Carting

**N/DEP Waste Hauler ID No:** 4509

**Cubic Yards of Waste:** 5

**Name of Registered Landfill:** Minerva Landfill

**City, State:** Waynesburg, OH

**Disposal Date:** 3-9-17

**Signature:**

**Title:** President

**Name:** James Kelly

---

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

Date of Notification (1)
3/7/17

Name of Building Owner/Operator (2)
Bob Lefevre Private Home

Street Address
City, State, Zip Code
West Creek NJ 08092

Name of Contact
Bob

FACILITY INFORMATION

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

City (5)
West Creek NJ 08092

County Code (7)

Name of Abatement Contractor (9)
Pernaco Inc.

Current Use (Prior if being demolished)
House

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

Square Feet
1000+

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

Scope of Work (Check All That Apply)
Renovation
Demolition

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

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

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

Amount (Specify SF or LT)
1000 SF

Abatement Type

Location of Registered Waste Hauler
United Roll Off

Cubic Yards of Waste
3

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

City, State
Morrilton PA 19067

Disposal Date
3/24/17

Completed by
Anthony T. Perna
President

Signature

Printed for asbestos fiber removal activities.
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 7:26-2.12)

Data of Notification (1)
3/2/17

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

Notification Type
() Initial Notification
() Amended Certification
() Cancelled

Name of Building Owner/Operator (2)
Paulsboro Refining Company

Street Address
800 Billsport Rd

City, State, Zip Code
Paulsboro, NJ 08066

Name of Contact
Tel Number
Ravi Jarecha

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Paulsboro Refining Company

Street Address
800 Billsport Rd

City (5)
Paulsboro

County (6)
Gloucester

County Code (7)
(State Use Only)

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

Project Manager for Monitoring Firm

Telephone Number

Scheduled Start Date (10)
3/16/17

Scheduled Completion Date (11)
3/24/17

Occupy Status During Abatement (Check only one)
( ) Facility Closed/Vacated During Entire Period of Abatement
( ) Abatement Performed Outside of Normal Facility Hours
(X) Other – Describe – Removal of ACM within restricted work area in outside area

Source of Work (Check all that apply)
(X) Demolition
(X) Renovation
() Large Proj. (160 SF or >280 LF ACM) (X) SM Proj. >25<160 SF or >10 <280 LF ACM)
() Minor Proj. (<25 SF or <10 LF ACM)
() Full Containment with Negative Pressure - PDA
() Mini-Enclosure
() Glovebag Procedure

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

Is Location Normally Used Solely by Maint/Custodial Staff? (12)
YES NO NA

Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other misc.)

Amount (Specify SF or LF)

Abatement Type


Pipe in Rack by Reactor Bldg of Utilities Unit
X

TSI

Approx 100 LF

Name of Reg. Waste Hauler
Waste Management, Inc.

NJDEP Waste Hauler ID #
17273

Cubic Yards of Waste
1 CY

Disp. Date

City, State
South Harrison, NJ

Name of Reg. Landfill
Gloucester County Landfill

Completed by (Print or Type)
ANDREW GREEN

Title
MANAGER – Mansfield Industrial, Inc

Signature

Date
3-2-17

Mail to: NJDEP-DSH-W-BRRT
401 E. State St., PO 414
Telephone 609-984-6620

C:\WORD\MYDOCS\VASBESTO
9/1/00
**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>3/8/2017</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Essex County</th>
</tr>
</thead>
</table>

**Street Address**

<table>
<thead>
<tr>
<th>900 Bloomfield Avenue</th>
</tr>
</thead>
</table>

**City, State, Zip Code**

<table>
<thead>
<tr>
<th>Verona, NJ 07044</th>
</tr>
</thead>
</table>

**Name of Contact**

<table>
<thead>
<tr>
<th>Rasheed Yusuf</th>
</tr>
</thead>
</table>

**FACILITY INFORMATION**

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

<table>
<thead>
<tr>
<th>Residential</th>
</tr>
</thead>
</table>

**Type of Facility (4)**

<table>
<thead>
<tr>
<th>School (K-12)</th>
</tr>
</thead>
</table>

**Square Feet**

<table>
<thead>
<tr>
<th>1,800</th>
</tr>
</thead>
</table>

**# of Floors**

<table>
<thead>
<tr>
<th>3</th>
</tr>
</thead>
</table>

**Built Date**

<table>
<thead>
<tr>
<th>1953</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Residential</th>
</tr>
</thead>
</table>

**Name of Abatement Contractor (9)**

<table>
<thead>
<tr>
<th>Unicorn Contracting Corp.</th>
</tr>
</thead>
</table>

**Street Address**

<table>
<thead>
<tr>
<th>32 Willow Way</th>
</tr>
</thead>
</table>

**City, State, Zip Code**

<table>
<thead>
<tr>
<th>Woodland Park, NJ 07424</th>
</tr>
</thead>
</table>

**Telephone No.**

<table>
<thead>
<tr>
<th>973-333-9176</th>
</tr>
</thead>
</table>

**License No.**

<table>
<thead>
<tr>
<th>01232</th>
</tr>
</thead>
</table>

**Name of OSHA Monitor**

<table>
<thead>
<tr>
<th>Envirosion Consultants, Inc.</th>
</tr>
</thead>
</table>

**Street Address**

<table>
<thead>
<tr>
<th>20-21 Waegarow Rd., Bldg. 35 E</th>
</tr>
</thead>
</table>

**City, State, Zip Code**

<table>
<thead>
<tr>
<th>Fair Lawn, NJ 07410</th>
</tr>
</thead>
</table>

**Type of Abatement**

<table>
<thead>
<tr>
<th>Full Containment with Negative Pressure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mini-Endosule</td>
</tr>
<tr>
<td>Glovebag Procedure</td>
</tr>
<tr>
<td>Non-Exempted (*) and Non-Friable Procedure</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Entire House</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Yes</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
</tr>
</thead>
</table>

**Amount (Specify UF or LF)**

<table>
<thead>
<tr>
<th>1,800 SF</th>
</tr>
</thead>
</table>

**Abatement Type**

<table>
<thead>
<tr>
<th>Removal</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Repair</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Encapsulate</th>
</tr>
</thead>
</table>

**Name of Registered Landfill**

<table>
<thead>
<tr>
<th>Fairless Landfill</th>
</tr>
</thead>
</table>

**Name of Registered Waste Hauler**

<table>
<thead>
<tr>
<th>Unicorn Contracting Corp.</th>
</tr>
</thead>
</table>

**City, State, Zip Code**

<table>
<thead>
<tr>
<th>Woodland Park, New Jersey, NJ 07424</th>
</tr>
</thead>
</table>

**Cubic Yards of Waste**

<table>
<thead>
<tr>
<th>450 CY</th>
</tr>
</thead>
</table>

**Disposal Date**

<table>
<thead>
<tr>
<th>TBD</th>
</tr>
</thead>
</table>

**Completed by**

<table>
<thead>
<tr>
<th>Dimo Golcev</th>
</tr>
</thead>
</table>

**Title**

<table>
<thead>
<tr>
<th>General Manager</th>
</tr>
</thead>
</table>

**Signature**

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

*Do not use this form for asbestos licensure exempted activity.*
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:126)

**Name of Building Owner/Operator:**  
American Demolition Corp

**Address:**  
2 English Lane  
Egg Harbor Township, NJ 08234

**Name of Contact:**  
Bernard Stigler

**Telephone Number:**  
TBD

<table>
<thead>
<tr>
<th>Agency</th>
<th>Notification Type</th>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DEP</td>
<td>Amended #</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DOL</td>
<td>Amendment #</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DOH</td>
<td>Emergency (including justification)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DCA</td>
<td>Cancellation</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

**Street Address:**  
Resident  
City: Brigantine  
County: Atlantic

**Square Feet:**  
3200

**# of Floors:**  
2

**Bldg Age:**  
70

**Name of Abatement Contractor:**  
APlus Joe Abatement Demolition LLC

**Address:**  
1212 Bridgeton Ave  
City: Atlantic City  
NJ 08401

**License No:**  
OBE 07620

<table>
<thead>
<tr>
<th>Name of Monitoring Firm HIred by Building Owner</th>
<th>ASCM No</th>
<th>Name of Abatement Contractor</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASCM LLC</td>
<td></td>
<td>APlus Joe Abatement Demolition LLC</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Amount (Specify SF or LF):**  
2500 SF

**Name of Registered Waste Hauler:**  
APlus Joe LLC

**NI/DEP Waste Hauler ID No.:**  
26447

**Cubic Yards of Waste:**  
TBD

**Name of Registered Landfill:**  
WM of PA

**City, State:**  
Atlantic City, NJ

**Completed by:**  
Joseph T. Hall  
Title: President

**Signature:**  
TBD

**Date:**  
3/7/17

**Facility Information:**

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

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

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

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

- 23 sf or ≥30 sf
- 160 sf or ≥360 sf
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Cave-in Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

- In Facility
- Outside

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

**Location:**  
Siding

**Amount:**  
2500 SF

**Abatement Type:**

- Removal
- Encapsulation
NOTIFICATION OF NON-FRIABLE ASBESTOS WORK ACTIVITIES

Must be submitted 10 days prior to the beginning of work. Please type or print legibly.

I. NOTIFICATION INFORMATION

Date of Notification: 3 / 6 / 2017
☐ Initial ☐ Amended ☐ Cancellation ☐ Emergency (must include justification)
Type of Work: ☐ Demolition ☑ Renovation

II. BUILDING INFORMATION

Name of Building Owner/Operator: Ira Andrews
Street Address: [Redacted]
City: Voorhees
State: NJ
Zip: 08043

III. FACILITY INFORMATION

Name of Facility Where Work Activity is to Take Place: Andrews Residence
Description: Residence
Street Address: [Redacted]
City: Voorhees
State: NJ
Zip: 08043
County Name: Camden
County Code (State Use Only): [Redacted]
Scheduled Start Date: 3 / 18 / 2017
Scheduled Completion Date: 3 / 20 / 2017
Occupancy Status During Activity (check only one):
☑ Facility Closed/Vacated During Entire Activity
☐ Activity Performed Outside Normal Facility Hours—Describe:
☐ Other—Describe:
Scope of Work (check all that apply):
☐ Floor Tile
☐ Mastic
Square Footage: 210 SF
Square Footage: 210 SF
Percentage Asbestos: %
Percentage Asbestos: %

IV. CONTRACTOR INFORMATION

Company Name: Shade Environmental, LLC
Street Address: 623 Cutler Avenue
City: Maple Shade
State: NJ
Zip: 08052
New Jersey Asbestos License Number (if applicable): 00842
Monitoring Firm (if applicable): Mgmt. & Enviro. Consulting Services
Telephone No.: 856-755-0099

V. SIGNATURE

Completed By: Christina Lynch
Title: Vice President of Operations
Date: March 6, 2017
Signature: [Signature]
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:80 and 12:120)

ASBESTOS CONTROL & LICENSING

Project #

Date of Notification (1)
03/07/2017

Name of Building Owner/Operator (2)
Princeton Day School

Street Address
650 Great Rd

City, State, Zip Code
Princeton, NJ 08540

Name of Contact
Steve Storey

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Princeton Day School

Street Address
650 Great Rd

City (5)
Princeton, NJ

County (6)
Mercer County

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

Name of Abatement Contractor (9)
Nick Restoration LLC

ASCM No.

Start Date (10)
03/17/2017

Scheduled Completion Date (11)
03/21/2017

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

Scope of Work (Check All That Apply)

Renovation
Demolition

Location of Asbestos-Containing Material (ACM)

Location of Asbestos-Containing Material (ACM)

TO BE ABATED

In Facility

No

Yes

N/A

7 LF

Abatement Type

Endorsement
Removal
Repair
Encapsulation

Cubic Yards of Waste

Disposal Date

Name of Registered Landfill

Name of Registered Waste Hauler

City, State

Randolph, NJ 07869

Nick Restoration LLC

City, State

Princeton, NJ 08540

Completed by

Elvira Mrda

Signed

Elvira Mrda

Date
03/07/2017
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)  
3/7/17

Name of Building Owner/Operator (2)  
Lucy Diaz

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

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

Street Address  
[Redacted]

City, State, Zip Code  
Kenilworth, NJ 07033

Name of Contact  
Lucy

Telephone Number

FACILITY INFORMATION

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

Street Address  
[Redacted]

City (5)  
Kenilworth

County (6)  
Union

County Code (7)  
[STATE USE ONLY]  
[Blank]

Current Use (Prior if being demolished)  
[Blank]

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

Square Feet  
1900

# of Floors  
2

Bldg. Age  
70

Name of Abatement Contractor (9)  
ABS Environmental Services, LLC

Street Address  
PO Box 483, 4 E Gate Drive

City, State, Zip Code  
Glenwood, NJ 07418

Telephone No.  
973-764-2276

License No.  
703

Name of OSHA Monitor

Start Date (10)  
3/16/17

Scheduled Completion Date (11)  
4/16/17

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

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

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

Yes  
No  
N/A

crawl space  
[Blank]

pipe insulation  
75 LF  
[Blank]

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

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

Amount (Specify SF or LF)  
[Blank]

Abatement Type  
[Blank]

Name of Registered Waste Hauler  
NJDEP Waste Hauler ID No. 15939  
Western Berks Landfill

Freehold Cartage  
Cubic Yards of Waste TBD  
City, State  
Birdsboro, PA

Disposal Date TBD

Completed by  
A. Scott Higgins  
Title  
President  
Signature  
[Signature]

Date  
3/7/17

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

**Date of Notification:** 2/23/17

**Name of Building Owner / Operator:** VERIZON COMMUNICATIONS

**Street Address:**

15 East Maple Avenue

**City, State & Zip Code:** Merchantville, New Jersey

**Name of Contact:** ALEX BAYLOR

## Facility Information

**Name of Facility Where Abatement is Taking Place:** Merchantville Central Office

**Street Address:**

15 East Maple Avenue

**City:** Merchantville

**County:** Camden

**County Code:**

- ASCM No.

**Name of Monitoring Firm Hired by Building Owner:** USA ENVIRONMENTAL MANAGEMENT, INC.

**Street Address:**

8436 ENTERPRISE AVE

**City, State & Zip Code:** PHILADELPHIA PA 19153

**Project Manager for Monitoring Firm:** MARK JENKINS

**Telephone Number:** 215-365-5810

**Scheduled Start Date:** March 7, 2017

**Scheduled Completion Date:** March 8, 2017

**Occupancy Status During Abatement:**

- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Hours – 7am to 3pm
- Describe: (5 PM - 1:30 AM)
- Facility Occupied During Abatement

**Scope of Work:**

- Renovation
- Demolition

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

- Location Normally Used Solely by Maintenance or Custodial Staff?
  - 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): 28 LF

**Abatement Type:**

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

**Air Conditioner Room:**

- Pipe insulation: 5 SF

**Air Conditioner Room:**

- Pipe insulation

**Name of Registered Waste Hauler:** SERVICE TRANSPORT GROUP, INC.

**City, State:** NEW CASTLE, DE 19720

**Completed By (Print or Type):** PATRICK T. DeCARO

**Title:** Estimator

**Signature:**

**Disposal Date:** TBD

**Name of Registered Landfill:** MINERVA LANDFILL

**City, State:** WAYNESBURG, OH 44688

**Date:** 2/23/17
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification 2/23/17

Name of Building Owner / Operator VERIZON COMMUNICATIONS

Verizon Communications

Street Address 15 East Maple Avenue

City, State & Zip Code Merchantville, New Jersey

Name of Contact ALEX BAYLOR

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place Merchantville Central Office

Street Address 15 East Maple Avenue

City (5) Merchantville

County (6) Camden

County Code (7)

33100

Square Feet

# of Floors 4

Bldg. Age 70

COMMUNICATIONS

Name of Abatement Contractor BRISTOL ENVIRONMENTAL INC

Street Address 1123 BEAVER STREET

City, State & Zip Code BRISTOL, PA 19007

Project Manager for Monitoring Firm MARK JENKINS

Telephone Number 215-365-5810

Name of OSHA Monitor BRISTOL ENVIRONMENTAL INC

Street Address 1123 BEAVER STREET

City, State & Zip Code BRISTOL, PA 19007

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

Basement Boiler Room

Basement Boiler Room

Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.

City, State NEW CASTLE, DE 19720

Completed By (Print or Type) PATRICK T. DeCARO

Title Estimator

Name of Registered Landfill MINERVA LANDFILL

City, State WAYNESBURG, OH 44688

Disposal Date TBD

Signature Patrick T. DeCaro

Date 2/23/17
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1)
2/23/17

Name of Building Owner / Operator (2)
VERIZON COMMUNICATIONS

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

Type Notification
☒ Initial
☐ Amended R#2-3/6/17
☐ Emergency
☐ Cancellation

Street Address
15 East Maple Avenue
City, State & Zip Code
Merchantville, New Jersey
Name of Contact
ALEX BAYLOR

Name of Facility Where Abatement is Taking Place (3)
Merchantville Central Office
Street Address
15 East Maple Avenue

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

Name of Monitoring Firm Hired by Building Owner (8)
USA ENVIRONMENTAL MANAGEMENT, INC.
Street Address
8436 ENTERPRISE AVE
City, State & Zip Code
PHILADELPHIA PA 19153

Project Manager for Monitoring Firm
MARK JENKINS
Telephone Number
215-365-5810

Scheduled Start Date (10)
March 7, 2017
Scheduled Completion Date (11)
March 9, 2017

Occupancy Status During Abatement (Check only one)
☐ Facility Closed/Vacated During Entire Period of Abatement
☒ Abatement Performed Outside of Normal Hours - 7am to 3pm
Describe: (5 PM - 1:30 AM)
☐ Facility Occupied During Abatement

Scope of Work (Check all that apply)
☒ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf
☐ Renovation
☒ Demolition

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

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

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

Amount (Specify SF or LF)
Pipe insulation
28 LF
Pipe fittings
5 SF

Name of Registered Waste Hauler
SERVICE TRANSPORT GROUP, INC.
City, State
NEW CASTLE, DE 19720

Completed By (Print or Type)
PATRICK T. DeCARO
Title
Estimator
Signature

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

Abatement Type
Removal ☐
Repair ☒
Encapsulate ☐
Endoscope ☐

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

Disposal Date
TBD

Name of Abatement Contractor (9)
BRISTOL ENVIRONMENTAL INC
Street Address
1123 BEAVER STREET
City, State & Zip Code
BRISTOL, PA 19007

Telephone Number
215-788-6040
License Number
00509

Name of OSHA Monitor
BRISTOL ENVIRONMENTAL INC
Street Address
1123 BEAVER STREET
City, State & Zip Code
BRISTOL, PA 19007

PD17014
2/23/17
# Notification of Asbestos Abatement

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

**Date of Notification:** 2/23/17

**Name of Building Owner / Operator:**

VERIZON COMMUNICATIONS

**Street Address:**

15 East Maple Avenue

**City, State & Zip Code:**

Merchantville, New Jersey

**Name of Contact:**

ALEX BAYLOR

## Facility Information

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

Merchantville Central Office

**Street Address:**

15 East Maple Avenue

**City:**

Merchantville

**County:**

Camden

**County Code:**


---

**Type of Facility:**

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

**Square Feet:**

33100

**# of Floors:**

4

**Bldg. Age:**

70

---

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


---

**Communications**

**Name of Abatement Contractor:**

BRISTOL ENVIRONMENTAL INC

**Street Address:**

1123 BEAVER STREET

**City, State & Zip Code:**

BRISTOL, PA 19007

**Telephone Number:**

215-789-6010

**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):**

- [X] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Hours – 7am to 3pm
  
  Description: (5 PM - 1:30 AM)
- [ ] Facility Occupied During Abatement

---

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

- [X] Basement Boiler Room
- [X] Basement Boiler Room

---

**Location of Asbestos-Containing Material (ACM) Normally Used Solely by Maintenance or Custodial Staff?:**

- [X] Yes
- [ ] No
- [ ] N/A

---

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

Pipe insulation

Pipe fittings

---

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

- [ ] 28 LF
- [ ] 5 SF

**Abatement Type:**

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

**Name of Registered Landfill:**

MINERVA LANDFILL

**Disposal Date:**

TBD

**City, State:**

WAYNESBURG, OH

**Name of Registered Waste Hauler:**

SERVICE TRANSPORT GROUP, INC.

**City, State:**

IEW CASTLE, DE

**Waste Hauler ID No.:**

20990

**Cubic Yards of Waste:**

2

---

**Title:**

Estimator

**Signature:**

Patrick T. DeCaro

**Date:**

2/23/17