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

Date of Notification (1) March 08, 2017

Name of Building Owner/Operator (2)
Turkey Island Corporation

Street Address
P.O. Box 426
City, State, Zip Code
Plainsboro NJ 08536

Name of Contact

Project Manager

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Johannes facility

Street Address
31 Shalts Crossing
City (5)
Plainsboro

County (6)
Middlesex

County Code (7) 

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

Street Address
907 Doolittle Drive
City, State, Zip Code
Bridgewater, NJ 08807

Project Manager for Monitoring Firm
Eric Houseknecht

Telephone No.
(908) 218-1108

Start Date (10) 11/7/16

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

Scheduled Completion Date (11) 11/7/17

Other - Describe:

Scope of Work (Check All That Apply)

Renovation

Demolition

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

In Facility

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

Full Containment with Negative Pressure

Mini-Enclosure

Glovebag Procedure

Non-Exempted (*) and Non-Friable Procedure

Name of Registered Waste Hauler

Freehold Carting

Cubic Yards of Waste

5.5

Name of Registered Landfill

Cumberland Co. / BF / GROWS / TRRF

City, State

Newburg / Imperial / Morrisville, PA

Freehold, NJ

Completed by

Michael Cooper

Title
President

* 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)
October 21, 2016

Name of Building Owner/Operator (2)
Turkey Island Corporation

Agency(ies) Notified
EPA
DEP
DOL
DOH
DCA

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

Street Address
P.O. Box 426
Plainsboro NJ 08536

Name of Contact

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
facility
31 Shalks Crossing
Plainsboro

County Code (7)
County (8)
Middlesex

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

Start Date (10)
11/7/16
Scheduled Completion Date (11)
11/7/17

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

Scope of Work (Check All That Apply)
• ≥3 sf or ≥3 if
• ≥100 sf or ≥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)
100 lf

Abatement Type

Name of Abatement Contractor (9)
The MACK Group, LLC.

Name of OSHA Monitor
The MACK Group, LLC.

License No.
00781

Street Address
1500 Kings HWY N, STE 209
Cherry Hill, NJ 08034

Name of Registered Landfill
Cumberland Co. / BFI / GROWS / TRRF

Name of Registered Waste Hauler
NJ DEP Waste Hauler ID No.
15939

Freehold Carting
Freehold, NJ

Freehold, NJ

Disposal Date
11/7/17

Cubic Yards of Waste
TBD

Newburg / Imperial / Morrisville, PA

City, State
City, Zip Code

Signature
Date
10/21/16

Michael Cooper
President

* 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):** 3-7-2017  
**Name of Building Owner/Operator (2):** Gardner Gibson

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
</tr>
<tr>
<td>DEP</td>
<td>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>
</tbody>
</table>

**Street Address:** 4161 East 7th Avenue  
**City, State, Zip Code:** Tampa, FL 33605  
**Name of Contact:** Gerald Eglentowicz

### FACILITY INFORMATION

**Name of Facility Where Abatement is Taking Place (3):** Commercial  
**Street Address:** 80 Jacobus Avenue  
**City (6):** Kearny, NJ  
**County (6):** Hudson  
**County Code (7):** (STATE USE ONLY)  
**Current Use (Prior if being demolished):** 80+  
**Square Feet:** 20000+  
**# of Floors:** 3  
**Bidg. Age:** 80+

**Name of Monitoring Firm Hired by Building Owner (8):**  
**ASCM No.:**  
**Name of Abatement Contractor (9):** Green Environmental Services, LLC  
**Street Address:** 235 Virginia Avenue  
**City, State, Zip Code:** Jersey City, NJ 07304  
**Telephone No.:** 201-3338855  
**License No.:** 01174  
**Name of OSHA Monitor:** Same as above

**Start Date (10):** 3-17-2017  
**Scheduled Completion Date (11):** 3-19-2017  
**Occupy Status During Abatement (Check Only One):**  
- Facility Closed/Vacated During Entire Period of Abatement  
- Abatement Performed Outside of Normal Facility Hours  
- Other – Describe:  

**Scope of Work (Check All That Apply):**  
- ≥3 sf or ≥3 If  
- ≥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**  
<table>
<thead>
<tr>
<th>TO BE ABATED</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tank</td>
<td>x</td>
<td>Tank insulation</td>
<td>2000 SF</td>
<td>x</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler:** Green Environmental Services, LLC  
**N JDEP Waste Hauler ID No.:** 0034889  
**Cubic Yards of Waste:** 7  
**Name of Registered Landfill:** G.r.o.w.s. North Landfill  
**City, State:** Jersey City, NJ  
**Disposal Date:** 3-9-2017  
**Completed by:** Liliana Serrano  
**Title:** Office Manager  
**Signature:**  
**Date:** 3-7-2017

---

*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)**  
02/16/2017

**Name of Building Owner/Operator (2)**  
FLORIAN GLASS SERVICES INC.

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

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

**Street Address**  
3800 BERGEN TURNPIKE

**City, State, Zip Code**  
UNION CITY, NJ. 07087

**Name of Contact**  
WERNER KUENZLE

**Telephone Number**

**FACILITY INFORMATION**

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

**Street Address**

**City (5)**  
UNION CITY NJ. 07087

**County (6)**  
HUDSON

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

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

**ASCM No.**

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

**Square Feet**  
2,000

**# of Floors**  
1

**Bidg. Age**  
56

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

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

**Street Address**  
1126 - 51 ST.

**City, State, Zip Code**  
NORTH BERGEN NJ. 07047

**Project Manager for Monitoring Firm**  
N/A

**Telephone No.**  
201 - 776-0642

**License No.**  
01300

**Start Date (10)**  
02/25/2015

**Scheduled Completion Date (11)**  
02/27/2017

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

**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**

<table>
<thead>
<tr>
<th>In Facility</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>ROOF</td>
<td>X</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1,300 SF.</td>
</tr>
</tbody>
</table>

**Abatement Type**

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

<table>
<thead>
<tr>
<th>Removal</th>
<th>Repair</th>
<th>Encapsulation</th>
<th>Endorsement</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

**City, State**  
BRONX, N.Y.

**NJDEP Waste Hauler ID No.**  
19951

**Cubic Yards of Waste**  
TBD

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

**City, State**  
WAYNEBURG, OHIO.

**Disposal Date**  
TBD

**Completed by**  
CARLOS ESQUIVEL

**Title**  
SAFETY MANAGER

**Signature**

**Date**  
02/16/2017

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

**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:69 and 12:120)

**Date of Notification (1)**
MARCH 8, 2017

**Name of Building Owner/Operator (2)**
FOX & FOXX DEVELOPMENT, LLC

---

**Agencies Notified**

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

**Type Notification**

- [ ] Initial
- [ ] Amended
- [ ] Amendment #
- [ ] Emergency (Including justication)
- [ ] Cancellation

**Name of Contact**
JIM WIPKOWSKI

---

**FACILITY INFORMATION**

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

**Street Address**
940 AMBOY AVENUE, STE. 101

**City, State, Zip Code**
EIDSON, NJ 08837

**Telephone Number**

---

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

**Name of Abatement Contractor (9)**
Finishing Touch Asbestos Abatement Corp., Inc.

**ASCM No.**

**Street Address**
17 Thompson Street

**City, State, Zip Code**
West Long Branch, NJ 07764

**Telephone No.**
732.222.8372

**License No.**
00040

---

**Start Date (10)**
MARCH 20, 2017

**Scheduled Completion Date (11)**
MARCH 20, 2017

**Name of OSHA Monitor**
N/A

**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
- [ ] ≥180 sf or ≥260 if
- [ ] Renovation
- [ ] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovesbag Procedure
- [ ] Non-Exempted (*) and Non-Frangible Procedure

---

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

<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>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>BASEMENT</td>
<td>X</td>
<td>TSI ON FURNACE</td>
<td>9 SF</td>
<td>Remove</td>
</tr>
</tbody>
</table>

---

**Name of Registered Waste Hauler**
Finishing Touch Asbestos Abatement Corp., Inc.

**NJDEP Waste Hauler ID No.**
12058

**Cubic Yards of Waste**
1 CY

**Name of Registered Landfill**
FAIRLESS LANDFILL

**City, State**
WEST LONG BRANCH, NJ

**Disposal Date**
3/21/17

**City, State**
MORRISVILLE, PA

**Completed by**
JOSEPH P. MILLER

**Title**
PRESIDENT

**Signature**

---

*Do not use this form for asbestos license exempted activities.*
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 6:50 and 12:123)

Date of Notification (1)
3/8/17

Name of Building Owner/Operator (2)
MATT CONSTRUCTION

Agencies Notified
☐ EPA
☑ DOL
☐ DOH
☐ DCA

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

Street Address
14 IRENE CT

City, State, Zip Code
LAKEWOOD, NJ 08701

Name of Contact
MATT GROSS

FACILITY INFORMATION

□ 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)
Home

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

County Code (7) (STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.

Name of Abatement Contractor (6)
AAA LEAD PROFESSIONALS

Street Address
6 WHITE DOVE COURT

City, State, Zip Code
LAKEWOOD, NJ 08701

License No.
1200

Name of OSHA Monitor
AAA LEAD PROFESSIONALS

Telephone No.
732-688-9078

Telephone No.

Project Manager for Monitoring Firm

Start Date (10)
3/18/17

Scheduled Completion Date (11)
3/20/17

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

Other – Describe:

Scope of Work (Check All That Apply)
☒ x3 sf or x3 if
☒ 2+100 sf or 2+200 sf
☒ Demolition

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)

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

Amount (Specify SF or LF)
40LF

Abatement Type
Endorse
Encapsulate
Repair
Removal

Description of Asbestos-Containing Material (ACM)

Name of Registered Waste Hauler
NEWARK CARTING

Cubic Yards of Waste
3

Name of Registered Landfill
IESI

Disposal Date
3/20/17

City, State
BETHLEHEM PA

Name of Registered Waste Hauler ID No.
04509

Completed by
JOSEPH PERLSTEIN
Title
OWN, ER

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 8:09 and 12:120)

Date of Notification (1) 3/7/17
Name of Building Owner/Operator (2) "Halliday"

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

Street Address
City, State, Zip Code "Ocean City, NJ 08226"

Name of Contact
Eric Plackis
Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Street Address
City (5) "Ocean City"
County (6) "Cape May"
County Code (7) "2244"

Name of Monitoring Firm Hired by Building Owner (8)
ASCM No.
Name of Abatement Contractor (9)
Brick Industries Inc.
Street Address P.O. Box 915
City, State, Zip Code "Brick, New Jersey 08723"

Project Manager for Monitoring Firm
Telephone No. (732)899-7499
License No. 01196
Name of OSHA Monitor
Street Address
City, State, Zip Code

Start Date (10) 3/8/17
Scheduled Completion Date (11) 3/15/17

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

Scope of Work (Check All That Apply)
- ≤ 3 sf or ≤ 30 sf
- ≥ 160 sf or ≥ 260 sq 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)
Amount (Specify SF or LF)

Abatement Type
Removal
Repair
Encapsulate
Endorse

Name of Registered Waste Hauler
Brick Industries Inc.
NJDEP Waste Hauler ID No. 21602
Cubic Yards of Waste 3
Name of Registered Landfill
GROWS Inc.
Disposal Date 3/16/17
City, State
PA

Completed by
Eric Plackis
Title President
Signature [Signature]
Date 3/17/17

* 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) 3/6/17

Name of Building Owner/Operator (2) Rocco Valma

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

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

Street Address
31 Columbia Turnpike
Hornam Park, NJ 07932

City, State, Zip Code
Panamus
Beren

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

Square Feet

# of Floors

Bldg. Age

County (5)
Beren

County Code (7)

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.

Name of Abatement Contractor (9)
Brick Industries Inc.

Street Address
P.O. Box 915

City, State, Zip Code
Brick, New Jersey 08723

Project Manager for Monitoring Firm

Telephone No.
(732) 899-7499

License No.
01196

Start Date (10) 3/20/17

Scheduled Completion Date (11) 2/24/17

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
Other – Describe:

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

Location of Asbestos-Containing Material (ACM)

TO BE ABATED
In Facility

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)
- Pipe insulation elbows
- Asbestos flooring
- Asbestos floor tile
- Mastil
- Asbestos caulking
- Asbestos

Amount (Specify SF or LF)
- 60 (quantity)
- 5800 SF
- 4100 SF
- 300 SF

Name of Registered Waste Hauler
Brick Industries Inc.
NJDEP Waste Hauler ID No. 21602

Cubic Yards of Waste
60

Name of Registered Landfill
GROWS Inc.

City, State
Brick, New Jersey

Disposal Date
4/25/17

City, State
PA

Completed by
Eric Plackis
Title
President

Signature
Date
3/6/17

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

**State of New Jersey**

**Name of Building Owner/Operator:** The Think Tank  
**Address:** 189 South Mountain Road, New City, NY 10956  
**Telephone Number:**

<table>
<thead>
<tr>
<th>FACILITY INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Name of Facility Where Abatement is Taking Place:</strong> Residence</td>
</tr>
<tr>
<td><strong>Street Address:</strong></td>
</tr>
</tbody>
</table>
| **City:** Avon  
**County:** Monmouth |
| **Name of Monitoring Firm Hired by Building Owner:** N/A  
**ASCM No.:** |
| **Type of Abatement Contractor:** Guardian Contracting, Inc.  
**Street Address:** 1889 Route 9, Unit 51, Toms River, New Jersey 08755  
**Telephone No.:** 732-349-9932  
**License No.:** 00624 |
| **Name of OSHA Monitor:** E.M.S.L. Analytical  
**Street Address:** 1056 Stelton, Piscataway, New Jersey 08854 |
| **Start Date:** 03/07/17  
**Scheduled Completion Date:** 03/20/17 |
| **Occupancy Status During Abatement:** Facility Closed/Vacated During Entire Period of Abatement  
**Abatement Performed Outside of Normal Facility Hours:** |
| **Scope of Work:** |
| **Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility:** Exterior |
| **Is 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):** asbestos siding  
**Amount (Specify SF or LF):** 1100 sf |
| **Abatement Type:** |

---

**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.  
**Disposal Date:** 3/21/17  
**City, State:** Tullytown, Pennsylvania  
**Completed By (Print or Type):** Nicholas Fernicola  
**Title:** Project Manager  
**Signature:** [Signature]  
**Date:** 3/17/17

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

**Date of Notification (1):**
03 / 07 / 17

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

**City, State, Zip Code:**
Madison, NJ 07940

**Name of Contact:**
Cyndi Kuchler

**FACILITY INFORMATION**

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

<table>
<thead>
<tr>
<th>City (5)</th>
<th>County Code (T/STATE USE ONLY)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Madison</td>
<td></td>
</tr>
<tr>
<td>Morris</td>
<td></td>
</tr>
</tbody>
</table>

**Square Feet: 1200 sf**
**# of Floors: 1**
**Bldg. Age: 65**

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

**Street Address:**
1899 Rte. 9, Unit 61
Toms River, New Jersey 08755

**City, State, Zip Code:**
Toms River, New Jersey 08755

**Telephone No.: 732-349-9932**
**License No.: 00624**

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

**Street Address:**
1056 Stelton
Piscataway, New Jersey 08854

**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:**

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos Containing Material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td>AM:_____ PM:______ AM:_____ PM:______ AM:_____</td>
</tr>
<tr>
<td>basement</td>
<td></td>
<td>75 if</td>
</tr>
</tbody>
</table>

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

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

**Cubic Yards of Waste:**
3

**Disposal Date:**
03/22/17

**City, State:**
Tullytown, Pennsylvania

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

**Title:**
Project Manager

**Signature:**

ASB-41
JAN 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 5:16)

Date of Notification (1) 03 / 07 / 17
Name of Building Owner/Operator (2) Lynx Waste & Recycling

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

Type Notification

Street Address
P O Box 188
City, State, Zip Code
Spring Lake, NJ 07762
Name of Contact
Richard Hyde
Telephone Number

FACILITY INFORMATION

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

City (5)
Spring Lake

Square Feet
2000 sf

County (6)
Monmouth

Bldg. Age
65

County Code (?)(STATE USE ONLY)

Current Use (Prior if being demolished)
Residence

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

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

ASCM No.

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

Street Address
1889 Route 9, Unit 61

Telephone No.
732-349-9932

License No.
00624

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

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

Street Address
1056 Stelton

City, State, Zip Code
Piscataway, New Jersey 08854

Project Manager for Monitoring Firm
Nicholas Fernicola

Scope of Work (Check all that apply)
☐ ≥3 sf or ≥3 l f
☐ ≥150 sf or ≥260 l f
☐ Demolition
☐ Renovation
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Gloves Bag 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
1st floor
basement

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

Amount (Specify SF or LF)

Abatement Type

Amount
168 l f

Abatement Type

Name of Registered Waste Hauler
Guardian Contracting, Inc.

NJ DEP Waste Hauler ID No. 20223

Cubic Yards of Waste
3

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

Disposal Date
03/21/17

City, State
Tullytown, Pennsylvania

Completed By (Print or Type)
Nicholas Fernicola

Title
Project Manager

Signature

Receive Date
MAR 13  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 5:16)

**Date of Notification (1):** 03 / 08 / 17  
**Name of Building Owner/Operator (2):** Schweitzer-Mauduit Int'l Inc.

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

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

**Street Address:** 85 Main Street  
**City, State, Zip Code:** Spotswood, NJ 08884  
**Name of Contact:** Hal Bernstein  
**Telephone Number:**

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3):** Schweitzer-Mauduit-Power House

**Street Address:** 85 Main Street  
**City:** Spotswood  
**County:** Middlesex  
**Current Use (Prior if being demolished):** Power House

**Square Feet:** 20,000 sf  
**# of Floors:** 2  
**Bldg. Age:** 80

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

**Name of Monitoring Firm Hired by Building Owner (5):** Guardian Contracting, Inc.  
**ASCM No.:**

**Name of Abatement Contractor (6):** Guardian Contracting, Inc.  
**Street Address:** 1889 Route 9, Unit 61  
**City, State, Zip Code:** Toms River, New Jersey 08755  
**Telephone No.:** 732-349-9932  
**License No.:** 00624

**Project Manager for Monitoring Firm:** Nicholas Fernicola  
**Telephone No.:** 732-349-9932

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

**Start Date (10):** 03 / 20 / 17  
**Scheduled Completion Date (11):** 03 / 22 / 17

**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):**
- [ ] ≥ 2sf or ≥ 2lf  
- [ ] 2-100 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)**

- [ ] Boiler #5  
- [ ] Boiler #5  
- [ ] Boiler #5  
- [ ] Boiler #5

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

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

**Amount (Specify SF or LF):**  
- 30 sf  
- 20 lf

**Abatement Type:**

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

**Name of Registered Waste Hauler:** Guardian Contracting, Inc.  
**NJDEP Waste Hauler ID No.:** 20223  
**Cubic Yards of Waste:** 5  
**Name of Registered Landfill:** T.R.R.F.

**Disposal Date:** 03/23/17  
**City, State:** Tullytown, Pennsylvania

**Completed By (Print or Type):** Nicholas Fernicola  
**Title:** Project Manager  
**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):** 03/07/2017

**Name of Building Owner/Operator (2):** Passaic County Weatherization DEPT

**Street Address:** 930 Riverview

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

**Name of Contact:** Allen Stone

**Telephone Number:**

**FACILITY INFORMATION**

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

**Type of Facility (4):**

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

**Square Feet:** N/A

**# of Floors:** N/A

**Bldg. Age:** N/A

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

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

**ASCM No.:**

**Name of Abatement Contractor (9):** EHW ABATEMENT LLC

**Street Address:** 89 FRANKLIN STREET

**City, State, Zip Code:** PATerson, NJ, 07524

**Telephone No.:** 973-333-5144

**License No.:** 01274

**Name of OSHA Monitor:** EHW ABATEMENT LLC

**Street Address:** 89 FRANKLIN STREET

**City, State, Zip Code:** PATerson, NJ, 07524

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

- [X] ≥ 3 sf or ≥ 3 if
- [X] ≥ 100 sf or ≥ 260 if
- [X] Renovation
- [X] Demolition
- [X] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebox 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?**

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

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

**Amount (Specify SF or LF):** 100

**Abatement Type:**

- [X] Removal
- [ ] Repair
- [ ] Encapsulate
- [ ] Enclose

**Name of Registered Waste Hauler:** TRY STATE TRANSFER/YMY BROTHER

**NJDEP Waste Hauler ID No.:** 19551

**Cubic Yards of Waste:** N/A

**Name of Registered Landfill:** MINerva ENTERPRISES

**City, State:** 900 MINerva RD WAYNESBURG OH

**Disposal Date:** TBD

**Completed by:** VICTOR ESPRITU

**Title:** PROJECT MANAGER

**Signature:**

**Date:** 03/07/2017

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

Date of Notification (1)
3/7/2017

Name of Building Owner/Operator (2)
Joseph Scioscia

City, State, Zip Code
Morristown, NJ, 07963

Name of Contact
Joseph Scioscia

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Joseph Scioscia

Street Address

City (5) County (6) County Code (7)
Morristown Morris N/A

Name of Monitoring Firm hired by Building Owner (8)
ASCN No.
N/A

Street Address

City, State, Zip Code

Project Manager for Monitoring Firm
Telephone Number
N/A

Scheduled Start Date (10) Sched. Completion Date (11)
04 01 2017 04 03 2017

Month Day Year Month Day Year

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

Scope of Work (Check all that apply)
[X] >=3 sf or >=1 l f  [X] Renovation
[X] >=160 sf or >=260 l f  [ ] Demolition

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

Location Normally Used
Yes No N/A
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

Basement X Duct Insulation 18 Sq.Ft.X

Name of Registered Waste Hauler
AZTECH MANAGEMENT, INC.

City, State
Montclair, NJ 07042

Disposal Date
04/04/2017

Completed By (Print or Type)
Constantine Vivian

Title
President

Signature

Date 3/7/2017
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:1220-7)

Date of Notification (1) 3/8/2017

Name of Building Owner/Operator (2) Wilmington Savings Fund Society, FSB, DBA Christians Trust

Street Address c/o 465 Washington Street

City, State, Zip Code Newark, NJ, 07102

Name of Contact Nicholas Verdi

FACILITY INFORMATION

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

City (5) Clifton

County (6) Essex

County Code (7) [STATE USE ONLY] N/A

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

Street Address

City, State, Zip Code

Project Manager for Monitoring Firm

Telephone Number N/A

Scheduled Start Date (10) 03 21 2017

Scheduled Completion Date (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 - Describe: OffHours Description

[ ] Other - Describe: Other Occupancy Description

Scope of Work (Check all that apply)

[X] ≥3 sf or ≥3 lf

[X] >160 sq ft or >250 lf

[ ] Demolition

[ ] Renovation

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

Location Normally Used Solely By Maintenance/Custodial Staff

Yes No N/A

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

Amount (Specify SF or LF)

Abatement Type

Location Name of Registered Waste Hauler

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

Cubic Yards of Waste 1.5

Name of Registered Landfill Minerva Enterprise INC

City, State Montclair, NJ 07042

Disposal Date 3/24/17

City, State Waynesburg, Ohio 44688

Completed By (Print or Type) Title Constantine Vivian President

Signature Date 3/8/2017
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:50 and 12:120)

Date of Notification (1) 3-9-17
Agencies Notified
- EPA
- DEP
- DOL
- DOH
- DCA
Type Notification
- Initial
- Amend
- Amendment #
- Emergency (Including
  Justification)
- Cancellation
Name of Building Owner/Operator (2)
Justin Spall
City, State, Zip Code
Hillside NJ 07205
Name of Contact
Justin Spall
Telephone Number
FACILITY INFORMATION
Name of Facility Where Abatement is Taking Place (3)
Single Family Dwelling
City (5)
Hillside NJ 07205
County (6)
County Code (7) (STATE USE ONLY) __________
Square Feet
2
# of Floors
2
Building Age
80+
Name of Monitoring Firm Hired by Building Owner (8)
EPC Technologies
Street Address
P.O. Box 337
City, State, Zip Code
New Egypt, NJ 08533
Project Manager for Monitoring Firm
Steve Schenker
Telephone No.
609 758-3365
License No.
00394
Name of Abatement Contractor (9)
EPC Technologies Inc
Street Address
P.O. Box 337
City, State, Zip Code
New Egypt NJ 08533
Name of OSHA Monitor
EPC Technologies Inc
Street Address
P.O. Box 337
City, State, Zip Code
New Egypt NJ 08533
Start Date (10) 3-15-17
Scheduled Completion Date (11) 3-15-17
Occupancy Status During Abatement (Check Only One)
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other - Describe:
Scope of Work (Check All That Apply)
- 33 sf or 23 sf
- 160 sf or 225 sf
- Demolition
- Renovation
- Asbestos-Containing Material (ACM) TO BE ABATED
- in Facility

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

description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)
- Pipe Insulation
- 25 LF

Name of Registered Waste hauler
EPC Technologies
Waste Management of PA
City, State
New Egypt NJ
Waste Management of PA
Disposal Date 3-15-17
City, State Mooresville PA
Completed by
Steve Schenker
Title President
Signature
3-9-17
* Do not use this form for asbestos licensure exempted activities.
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:126)

Date of Notification: 3-2-17  
Name of Building Owner/Operator: Justin Spal

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

Type of Notification: Initial

Street Address: Hillside NJ 07205  
Name of Contact: Justin Spal

Name of Facility Where Abatement is Taking Place: Single Family Dwelling

City: Hillside NJ 07205  
County: New Egypt, NJ 08533

Name of Monitoring Firm Hired by Building Owner: EPC Technologies  
ASCM No.: N/A

EPC Technologies Inc.  
P.O. Box 337  
New Egypt, NJ 08533

Steve Schenker  
Telephone No.: 609-758-3365  
License No.: 00394

Start Date: 3-13-17  
Scheduled Completion Date: 3-13-17

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

Scope of Work:  
- ≥23 sf or ≥260 if  
- Renovation Demolition

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

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

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

Amount (Specify SF or LF): 25 LF

Name of Registered Waste Hauler: EPC Technologies  
NJDEP Waste Hauler ID No.: 17000

Waste Management of PA

Completed by: Steve Schenker  
Title: President  
Signature: Steve Schenker  
Date: 3-2-17

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

**Date of Notification (1)**
03 / 09 / 17

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

**Agencies Notified**
- [x] EPA
- [x] DOLWD
- [x] DOH
- [x] DCA (NJAC 5:23-8)
- [x] Initial
- [ ] Amended
- [ ] Amendment #____
- [x] Emergency (including justification)
- [ ] Cancellation

**Street Address**
74 Spinnaker Court
City, State, Zip Code
Bayville, NJ 08721

**Name of Contact**
Tony

**Telephone Number**

**FACILITY INFORMATION**

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

**Street Address**

**City (5)**
Long Branch

**County (6)**
Monmouth

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

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

**Square Feet**
2500

**# of Floors**
2

**Bldg. Age**
80

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

**Residence**

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

**Street Address**
1889 Route 9, Unit 61

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

**Telephone No.**
732-349-9932

**License No.**
00624

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

**Street Address**
1056 Stelton

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

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

- [x] >3 sf or ≥3 ft
- [x] >160 sf or ≥160 sq ft

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

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

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

- [x] asbesto roofing tar

**Amount (Specify SF or LF)**
400 sf

**Abatement Type**
- [x] Encapsulate
- [ ] Other

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

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

**Completed By (Print or Type)**
Nicholas Femicola

**Title**
Project Manager

**Signature**

**Disposal Date**
3/30/17

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

**City, State**
Tullytown, Pennsylvania

**Date**
3/9/17

*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 / 06 / 17

**Name of Building Owner/Operator (2)**
Alfred Sanzari Construction

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

**Type Notification**
- Initial
- Amended #1
- Emergency (including justification)
- Cancellation

**Street Address**
1 Court House Plaza

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

**Name of Contact**
Glen Poppe

**Telephone Number**

**FACILITY INFORMATION**

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

**Street Address**
1 Essex Street

**City (5)**
Hackensack

**County (6)**
Bergen

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

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

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

**ASCM No.**

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

**Street Address**
27 Outwater Lane

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

**Project Manager for Monitoring Firm**
Rick Eustaquio

**Telephone No.**
973-494-3762

**License No.**
1188

**Start Date (10)**
02 / 28 / 17

**Scheduled Completion Date (11)**
04 / 28 / 17

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

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

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

<table>
<thead>
<tr>
<th>Roof</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Location 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>☐</td>
<td>☐</td>
<td>Built up roofing</td>
<td>7,000 SF</td>
<td>☑ ☐ ☐ ☐ ☐</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>Flashing</td>
<td>500 SF</td>
<td>☑ ☐ ☐ ☐ ☐</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>VAT/Mastic</td>
<td>7,000 SF</td>
<td>☑ ☐ ☐ ☐ ☐</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>Joint Compound</td>
<td>2,000 SF</td>
<td>☑ ☐ ☐ ☐ ☐</td>
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<tr>
<td>☐</td>
<td>☐</td>
<td>Name of Registered Waste Hauler ATC</td>
<td>Name of Registered Landfill</td>
<td></td>
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<tr>
<td>☐</td>
<td>☐</td>
<td>NJDEP Waste Hauler ID No. SW-24310</td>
<td>Minerva Enterprises</td>
<td></td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>Cubic Yards of Waste As Needed</td>
<td>TBD</td>
<td></td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>Disposal Date</td>
<td>City, State, Zip Code</td>
<td></td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>Completed By (Print or Type)</td>
<td>Shirley, NY</td>
<td></td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>Title</td>
<td>Project Manager</td>
<td></td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>Signature</td>
<td>☑</td>
<td></td>
</tr>
</tbody>
</table>

**Completions By (Print or Type)**
Allen Munchik

**Title**
Project Manager

**Signature**

**Date**
3/7/17

*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>1st Floor- Office Area (Under carpet)</td>
<td>X</td>
<td>VAT/Mastic</td>
<td>3,000 SF</td>
<td>X</td>
</tr>
<tr>
<td>1st Floor- Utility Room</td>
<td>X</td>
<td>VAT/Mastic</td>
<td>100 SF</td>
<td>X</td>
</tr>
<tr>
<td>1st Floor- Office Area (No access under ceramic tiles)</td>
<td>X</td>
<td>VAT/Mastic</td>
<td>1,000 SF</td>
<td>X</td>
</tr>
<tr>
<td>1st Floor- Throughout (In ceiling void)</td>
<td>X</td>
<td>Pipe insulation elbows</td>
<td>100-200 LF</td>
<td>X</td>
</tr>
<tr>
<td>Basement Boiler Room</td>
<td>X</td>
<td>Pipe insulation elbows</td>
<td>50 LF</td>
<td>X</td>
</tr>
<tr>
<td>Basement- Storage Area (In ceiling void)</td>
<td>X</td>
<td>Pipe insulation elbows</td>
<td>50 LF</td>
<td>X</td>
</tr>
<tr>
<td>Basement- Office Areas</td>
<td>X</td>
<td>Pipe insulation elbows</td>
<td>100 LF</td>
<td>X</td>
</tr>
<tr>
<td>Basement- Office Areas (Exposed and below carpet)</td>
<td>X</td>
<td>VAT/Mastic</td>
<td>2,000 SF</td>
<td>X</td>
</tr>
</tbody>
</table>

Completed by: (Print or type)  
Title: Project Manager  
Signature:  
Date: 3/7/17
### State of New Jersey
### NOTIFICATION OF ASBESTOS ABATEMENT
### (Pursuant to NJAC 8:60 and 5:16)

**Date of Notification (1):**
02 / 14 / 17

**Name of Building Owner/Operator (2):**
Alfred Sanzari Construction

**Street Address:**
1 Court House Plaza
1 Essex Street
Hackensack, NJ 07601

**Name of Contact:**
Glen Poppe

**Telephone Number:**

### FACILITY INFORMATION

**Commercial**

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

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

**Street Address:**
1 Essex Street

**City (5):**
Hackensack

**County (6):**
Bergen

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

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

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

**ASCM No.:**

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

**Street Address:**
27 Outwater Lane

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

**Telephone No.:**
973-494-3762

**License No.:**
1188

**Start Date (10):**
02 / 28 / 17

**Scheduled Completion Date (11):**
04 / 28 / 17

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

**Scope of Work (Check all that apply):**
- ≥ 5 sf or ≥ 1 sf
- ≥ 150 sf or 260 sf
- Demolition
- Renovation
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable 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? (14):**
- 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):**
- Roof: 7,000 SF
- Roof: 500 SF
- 2nd Floor: 7,000 SF
- 3rd Floor: 2,000 SF

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

**ATC:**
NJDEP Waste Hauler ID No. SW-24310

**Cubic Yards of Waste As Needed:**

**Name of Registered Landfill:**

**Disposal Date:**
TBD

**City, State:**
Waynesburg, OH

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

**Title:**
Project Manager

**Signature:**

**Date:** 1/2

*Do not use this form for asbestos licensure exempted activities.
### State of New Jersey
### NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8-60-7 AND 12:120-7)  CONTINUATION SHEET

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (33)</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff (12)</th>
<th>1 Essex Street</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>
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<tbody>
<tr>
<td>1st Floor- Office Area (Under carpet)</td>
<td>X</td>
<td>VAT/Mastic</td>
<td>3,000 SF</td>
<td>X</td>
<td></td>
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<tr>
<td>1st Floor- Utility Room</td>
<td>X</td>
<td>VAT/Mastic</td>
<td>100 SF</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>1st Floor- Office Area (No access under ceramic tiles)</td>
<td>X</td>
<td>VAT/Mastic</td>
<td>1,000 SF</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>1st Floor- Throughout (In ceiling void)</td>
<td>X</td>
<td>Pipe insulation elbows</td>
<td>100-200 LF</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Basement- Boiler Room</td>
<td>X</td>
<td>Pipe insulation elbows</td>
<td>1,000 SF</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Basement- Storage Area (In ceiling void)</td>
<td>X</td>
<td>Pipe insulation elbows</td>
<td>100 LF</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Basement- Office Areas</td>
<td>X</td>
<td>Pipe insulation elbows</td>
<td>100 LF</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Basement- Office Areas (Exposed and below carpet)</td>
<td>X</td>
<td>VAT/Mastic</td>
<td>2,000 SF</td>
<td>X</td>
<td></td>
</tr>
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Completed by: [Print or type]  Allen Monchik
Title: Project Manager  Date: 3/14/17
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)

3 / 9 / 17

Name of Building Owner/Operator (2)
Brixmor

Street Address
1 Fayette St.
Conshohocken, PA 19428

Name of Contact
Ronald Dinger

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Middletown Shopping Center

Street Address
1417 Route 35
Middletown, NJ

County (5)
Monmouth

Name of Monitoring Firm Hired by Building Owner (6)
Accredited Environmental Technologies

ASCM No.
NA

Name of Abatement Contractor (9)
Alliance Environmental Systems

Street Address
28 N. Pennell Rd.
West Chester, PA 19382

City, State, Zip Code
Media, PA 19063

Telephone No.
610-851-0114

License No.
00508

Start Date (10)
3 / 23 / 17

Scheduled Completion Date (11)
3 / 24 / 17

Name of OSHA Monitor
AET

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

Street Address
28 N. Pennell Road

City, State, Zip Code
Media, PA 19063

Scope of Work (Check all that apply)
Yes 

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

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)

Amount (Specify SF or LF)
115 LF

Abatement Type

Exterior Windows/Doors

Name of Registered Waste Hauler
Richard Burns & Co

NJDEP Waste Hauler ID No.
19955

Cubic Yards of Waste
30

Name of Registered Landfill
Western Berks Community Landfill

City, State
Birdsboro, PA

Completed By (Print or Type)
Mark Griffin

Title
Estimator

Signature

Disposal Date
TBD

* Do not use this form for asbestos licensure exempted activities.
## State of New Jersey
### NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:00 and 5:16)

<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>03 / 10 / 17</th>
</tr>
</thead>
</table>

### Agencies Notified
- [ ] EPA
- [ ] DOLWD
- [ ] DHSS
- [ ] DCA (NJAC 5:23-6)

### Type Notification
- [ ] Initial
- [ ] Amended
- [ ] Amendment #1
- [ ] Emergency (Including justification)
- [ ] Cancellation

### General Electric Company

#### General Information
- Street Address: 6001 Tonelle Avenue
- City, State, Zip Code: North Bergen, NJ 07047
- Name of Contact: Tiina Olsson
- Telephone Number:

#### FACILITY INFORMATION
- **Name of Facility Where Abatement Is Taking Place**: Former General Electric Facility
- **Square Feet**: 127,000
- **# of Floors**: 2
- **Bldg. Age**: 61
- **Current Use (Prior if being demolished)**: Vacant
- **Type of Facility**: Subchapter 8 (Other than K-12)
- **License No.**: 00411

#### Monitoring Firm
- **Name**: Health and Safety Services, Inc.
- **ASCM No.**: 00117
- **Street Address**: PO Box 365
- **City, State, Zip Code**: Berlin, NJ 08009
- **Project Manager for Monitoring Firm**: Jim Proctor
- **Telephone No.**: 856-452-1311

#### Abatement Contractor
- **Name**: Superior Abatement Inc
- **Street Address**: 2 Henderson Drive
- **City, State, Zip Code**: East Caldwell, NJ 07006

#### Scope of Work
- **Facility Closed/Vacated During Entire Period of Abatement**: Yes
- **Abatement Performed Outside of Normal Facility Hours**: No
- **Time of Abatement**: AM- PM, PM- AM
- **Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility**: Manufacturing Area

#### Description of Abatement Material
- **Amount (Specify SF or LF)**: 55,000 SF

#### Abatement Type
- [ ] Removal
- [ ] Repair
- [ ] Encapsulate
- [ ] Endure

#### Disposal
- **Cubic Yards of Waste**: 800
- **Name of Registered Landfill**: Minerva Landfill
- **Disposal Date**: 4/21/17
- **City, State**: Waynesburgh, OH

### ASB-41
MAY 11

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>03 / 03 / 17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>General Electric Company</td>
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<tr>
<td>Agencies Notified</td>
<td>Type Notification</td>
</tr>
<tr>
<td>□ EPA</td>
<td>□ Initial</td>
</tr>
<tr>
<td>□ DOLWD</td>
<td>□ Amended</td>
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<tr>
<td>□ DHSS</td>
<td>□ Amendment #</td>
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<tr>
<td>□ DCA (NJAC 5:23-8)</td>
<td>□ Emergency (Including Justification)</td>
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<tr>
<td>□ Cancellation</td>
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<tr>
<td>Street Address</td>
<td>6001 Tonelle Avenue</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>North Bergen, NJ 07047</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Tiina Olsson</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
</tbody>
</table>

### FACILITY INFORMATION

- **Name of Facility Where Abatement is Taking Place (3): Former General Electric Facility**
- **Street Address**: 6001 Tonelle Avenue
- **City**: North Bergen
- **County**: Hudson
- **Name of Monitoring Firm Hired by Building Owner (8)**: Health and Safety Services, Inc.
- **ASCM No.**: 00117
- **Name of Abatement Contractor (9)**: Superior Abatement Inc
- **Street Address**: 2 Henderson Drive
- **City, State, Zip Code**: West Caldwell, NJ 07006
- **Telephone No.**: (973) 808-1616
- **License No.**: 00411

- **Project Manager for Monitoring Firm**: Jim Proctor
- **Telephone No.**: 856-452-1311
- **Start Date (10)**: 3 / 13 / 17
- **Scheduled Completion Date (11)**: 4 / 14 / 17
- **Name of OSHA Monitor**: Superior Abatement Inc
- **Street Address**: 2 Henderson Drive
- **City, State, Zip Code**: West Caldwell, NJ 07006

- **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

- **Scope of Work (Check all that apply)**:
  - □ 3 sf or ≥3 If
  - □ 160 sf or ≥200 If
  - □ Renovation
  - □ Demolition
  - □ Full Containment with Negative Pressure
  - □ Mini-Enclosure
  - □ Glovebag Procedure
  - □ Non-Exempted (*) and Non-Friable Procedure

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</td>
</tr>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>Wood Block Floor and Mastic</td>
</tr>
<tr>
<td>TSI Pipe Insulation</td>
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</tbody>
</table>

- **Name of Registered Waste Hauler**
  - Service Transport Group, Inc
  - NJDEP Waste Hauler ID No. SW2117
  - Cubic Yards of Waste: 800
  - Name of Registered Landfill: Minerva Landfill
  - City, State: New Castle, DE, Waynesburgh, OH

- **Disposal Date**: 4/11/17
- **Completed By (Print or Type)**: Mary Petrovski
- **Title**: President
- **Signature**: [Signature]
- **Date**: 3/3/17

*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): 3/9/17

Name of Building Owner/Operator (2): Western Environmental Solutions, LLC

Agency Notified: EPA, DEP, DOL, DOH, DCA

Type Notification: Initial

Street Address: 2535 JFK Blvd.,

City, State, Zip Code: Jersey City, NJ

Name of Contact: Frank Degrazio

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Alaris Healthcare at Newport

Street Address: 198 Stevens Rd.,

City: Jersey City

County: Hudson

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

Type of Facility (4): Assisted Living & Rehab Center

Square Feet: 40,000

# of Floors: 4

Bldg. Age: 70

Current Use (Prior to being demolished): Assisted Living & Rehab Center

Name of Monitoring Firm Hired by Building Owner (5): Enviro-Pro UnLTD Corp.

Name of Abatement Contractor (9): Sunn Enterprise Group, LLC

Street Address: 2721 Kings Highway #6L

City, State, Zip Code: Brooklyn, NY 11229

Telephone No.: 718-801-2231

License No.: 01229

Name of OSHA Monitor: Sunn Enterprise Group, LLC

Start Date (10): 3/20/17

Scheduled Completion Date (11): 3/27/17

Occupancy Status During Abatement (Check Only One): Room Vacated

Scope of Work (Check All That Apply): Renovation, Demolition

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

1st Floor - Therapy Room

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

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

VAT

Amount (Specify SF or LP): 2,500 SF

Abatement Type:

Endeavor

Name of Registered Waste Hauler: Sunn Enterprise Group, LLC

Disposal Date: TBD

City, State: Hackensack, NJ 07601

Name of Registered Landfill: 110 Sand Company

City, State: West Babylon, NY

Completed by: Bogdan Markovski

Title: Dir. of Operations

Signature: [Signature]

Date: 3/9/17

ASB-41 (R-09-08)

* 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</th>
<th>3/10/17</th>
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<tbody>
<tr>
<td>Name of Building Owner/Operator</td>
<td>Sastokas</td>
</tr>
<tr>
<td>Street Address</td>
<td>[Redacted]</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Manasquan NJ 08736</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Mike Sastokas</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>[Redacted]</td>
</tr>
<tr>
<td><strong>FACILITY INFORMATION</strong></td>
<td></td>
</tr>
<tr>
<td>Name of Facility Where Abatement is Taking Place</td>
<td>Residential</td>
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<tr>
<td>Street Address</td>
<td>[Redacted]</td>
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<tr>
<td>City</td>
<td>Freehold, NJ 07728</td>
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<tr>
<td>County</td>
<td>Monmouth</td>
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<tr>
<td>County Code</td>
<td>[STATE USE ONLY]</td>
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<tr>
<td>Name of Monitoring Firm Hired by Building Owner</td>
<td>MECS</td>
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<tr>
<td>Street Address</td>
<td>PO Box 341</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Crosswick, NJ 08515</td>
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<tr>
<td>Project Manager for Monitoring Firm</td>
<td>Bill Weisgarber</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>(609) 298-4070</td>
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<tr>
<td>Start Date</td>
<td>3/20/17</td>
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<tr>
<td>Scheduled Completion Date</td>
<td>3/24/17</td>
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<tr>
<td>Occupancy Status During Abatement</td>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
</tr>
<tr>
<td>Scope of Work</td>
<td>Renovation</td>
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<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility</td>
<td>Basement</td>
</tr>
<tr>
<td>Is Location Normally Used Solely by Maintenance/Custodial Staff?</td>
<td>No</td>
</tr>
<tr>
<td>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td>Thermal Pipe Insulation</td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
<td>130 lf</td>
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<tr>
<td>Name of Registered Waste Hauler</td>
<td>Stevens Environmental Services, Inc.</td>
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<tr>
<td>NJDEP Waste Hauler ID No.</td>
<td>18292</td>
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<tr>
<td>Cubic Yards of Waste</td>
<td>2 CU</td>
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<td>Name of Registered Landfill</td>
<td>Fairless Landfill</td>
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<tr>
<td>City, State</td>
<td>Allentown, NJ</td>
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<td>Disposal Date</td>
<td>3/24/17</td>
</tr>
<tr>
<td>City, State</td>
<td>Morrisville, PA</td>
</tr>
<tr>
<td>Completed By</td>
<td>Mahlon E. Stevens</td>
</tr>
<tr>
<td>Title</td>
<td>Project Manager</td>
</tr>
<tr>
<td>Signature</td>
<td>[Redacted]</td>
</tr>
<tr>
<td>Date</td>
<td>3/10/17</td>
</tr>
</tbody>
</table>

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

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

**State of New Jersey**

**Date of Notification**

03 / 10 / 17

**Name of Building Owner/Operator**

Verizon

**Street Address**

3090 Highway 27

**City, State, Zip Code**

South Brunswick, NJ 08852

**Name of Contact**

Alex Baylor

**Telephone Number**


**FACILITY INFORMATION**

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

Verizon

**Street Address**

3090 Highway 27

**City**

South Brunswick, NJ

**County**

Middlesex

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

ASCM No.

JVN Restoration Inc

**License No.**

718-505-5256

00774

**Type of Facility**

School (K-12)

Subchapter 8 (Other than K-12)

Other (i.e., private and commercial buildings, homes, etc.)

**Square Feet**

10,000

**# of Floors**

3

**Bldg. Age**

50

**Projects Manager for Monitoring Firm**

Mark Jenkins

**Telephone No.**

215-365-5810

**Start Date**

03 / 22 / 17

**Scheduled Completion Date**

12 / 31 / 17

**Occupancy Status During Abatement**

Yes

**Abatement Performed Outside of Normal Facility Hours - Describe**

Time of Abatement: 5:00 AM - 1:30 AM

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

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

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

TO BE ABATED

IN Facility

**Amount (Specify SF or LF)**

400SF

**Abatement Type**

Removal

Repair

Encapsulate

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

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

**Amount (Specify SF or LF)**

400SF

**Abatement Type**

Removal

Repair

Encapsulate

**Name of Registered Waste Hauler**

Newark Carting

NJDEP Waste Hauler ID No. NJ-566

Cubic Yards of Waste

10

**Name of Registered Landfill**

G.R.O.W.S., Inc.

**City, State**

Morrisville, PA

**Completed By (Print or Type)**

Ralph Barnhardt

**Title**

Project Manager

**Signature**

**Date**

03-10-17

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

(State of New Jersey)

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

**Date of Notification (1)**
March 6, 2017

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

**Street Address**
781 Maiden Choice Lane
Catonsville, MD 21228

**Name of Contact**
Marko Stankovic, Project Manager

---

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**
Lantern Hill Phase III

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

**Square Feet**

**# of Floors**

**Bldg. Age**

**County (8)**
Union

**County Code (7)**

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

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

**ASCM No.**

**Name of Abatement Contractor (9)**
BL Contracting Inc

**Street Address**
5 Marguerite Lane

**City, State, Zip Code**
Towaco, NJ 07082

**Telephone No.**
973-901-0153

**License No.**
01265

**Start Date (10)**
February 24, 2017

**Scheduled Completion Date (11)**
3/20/2017

**Name of OSHA Monitor**
BL Contracting Inc

**Street Address**
5 Marguerite Lane

**City, State, Zip Code**
Towaco, NJ 07082

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

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

- [ ] Boiler

**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)**
Boiler Packing
approx. 25 SF

**Abatement Type**
- [X] Removal

**Amount (Specify SF or LF)**

**Name of Registered Waste Hauler**
Weigle Trucking Co.

**NJDEP Waste Hauler ID No.**

**Cubic Yards of Waste**
300

**Name of Registered Landfill**
Minerva Landfill

**City, State**
Linden, PA

**Disposal Date**

**City, State**
Minerva, Ohio

**Completed by**
Marko Stankovic

**Title**
Project Manager

**Signature**

**Date**
3/8/2017

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