**State of NJ**
Notification of Asbestos Abatement
(Pursuant to NJAC 8:90 and 12:120)

**Date of Notification (1)**
10/13/12

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

**Address:**
116 LINDEN AVENUE
BLOOMFIELD, NJ 07003

**Name of Contact:**
HELEN TENNESSEN

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

**County:**
ESSEX

**Range:**
03/19/12 to 03/30/12

**Type of Facility:**
Other (Private/Commercial Bidgs. Homes, etc.)

**Location of Asbestos-Containing Materials (ACM) to be abated in facility (13):**

<table>
<thead>
<tr>
<th>Year</th>
<th>No</th>
<th>N/A</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>PIPE INSULATION</td>
<td>7 LFT</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>BOILER INSULATION</td>
<td>30 SQ FT</td>
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</tbody>
</table>

**Location of Registered Waste Handler:**
D & S RESTORATION, INC.

**Name of Registered Waste Handler:**
D & S RESTORATION, INC.

**Disposal Date:** 03/20/12

**City, State:**
PATerson, NJ 07003

**Title:** PRESIDENT

**Date:** 03/15/12

**Do not use this form for asbestos licensure exempted activities.**
State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)  
0 1 3 1/1 15 1/ 2

Name of Building Owner/Operator (2)  
HELEN TENNENSEN

Agencies Notified  
☐ EPA  ☑ DOL  ☑ DOH  ☑ DCA

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

Street Address  
116 LINDEN AVENUE

City, State, Zip Code  
BLOOMFIELD, NJ 07003  
MAR 20 2012

Name of Contact  
HELEN TENNENSEN

FACILITY INFORMATION

Name of facility where abatement is taking place (3)  
HELEN TENNENSEN

Street Address  
116 LINDEN AVENUE

City (5)  
BLOOMFIELD  
County (6)  
ESSEX

County Code (7) (State use only)  

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

Type of Facility (4)  
☐ School: (K - 12)  ☑ Other (Private/Commercial Bldgs./Homes, etc.)

Square Feet  

# of Floors  

Bldg. Age  

Current Use (Prior if being demolished)  

Name of Abatement Contractor (9)  
D & S RESTORATION, INC.

Street Address  
20 California Ave.

City, State, Zip Code  
Paterson, NJ 07503

Telephone Number  
973-345-8020  
License Number  
00159

Name of OSHA Monitor  
D & S Restoration, Inc.

Street Address  
20 California Avenue

City, State, Zip Code  
Paterson, NJ 07503

Scope of Work (check all that apply)  
☐ ≥3 sf or ≥3 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)  
PIPE INSULATION  7 LF

Amount (Specify SF or LF)  

Removal  ☑ ☑ ☑ ☑ ☑

Repair ☑ ☑ ☑ ☑

Encaps ☑ ☑ ☑ ☑

Enc ☑ ☑ ☑ ☑

Registra Waste Hauler  
D & S RESTORATION, INC.

INDEP Hauler ID#  
13506

Cubic Yards of Waste  
1 YD

Name of Registered Landfill  
TULLYTOWN, RESOURCE RECOVERY

City, State  
Paterson, NJ 07503

Disposal Date  
03/20/12

Completed by (Print or Type)  
BOGDAN JOLDZIC

Title  
PRESIDENT

Signature  

Date  
03/15/12

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

**Notification of Asbestos Abatement**

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

**Date of Notification (1)**

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</table>

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

Union County Improvement Authority

**Street Address**

10 Elizabeth Town Plaza, 6th Floor

**City, State, Zip Code**

Elizabeth, NJ 07207

**Name of Contact**

Mike Krupa

**Telephone Number**


**FACILITY INFORMATION**

**Name of facility where abatement is taking place (3)**

Residential Building

**Street Address**

15 Lyon Pl.

**City (5)**

Elizabeth, NJ 07207

**County (6)**

Union

**County Code (7)**

(State use only)

**Type of Facility (4)**

- [ ] School (K - 12)
- [X] Subchapter 8 (Other than K-12)
- [X] Other (Private/Commercial Bldgs./Homes, etc.)

**Square Feet**

1,200 sf

**# of Floors**

02

**Bldg. Age**

90

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

Vacant

**Name of Monitoring Firm Hired by Bldg. Owner (6)**

Birdsall Services Group

**Street Address**

65 Jackson Dr.

**City, State, Zip Code**

Cranford, NJ 07016

**Phone Number**

908-497-8900

**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:

**Scheduled Start Date (10)**

04-02-2012

**Scheduled Completion Date (11)**

04-20-2012

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

- [ ] Demolition
- [X] Renovation
- [X] >3 sf or >3 if
- [X] >150 sf or >250 sf

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

<table>
<thead>
<tr>
<th>Location of asbestos-containing material to be abated in facility (13)</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
<th>Description of asbestos-containing material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Remove</th>
<th>Repair</th>
<th>Encap</th>
<th>Encl</th>
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<td>X</td>
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<td>VAT/Mastic</td>
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<td>Basement</td>
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<td>Damproofing</td>
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<td>Attic</td>
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<td>Felt Paper</td>
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<tr>
<td>1st Floor Exterior</td>
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<td></td>
<td></td>
<td>Windows</td>
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<td></td>
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</table>

**Registered Waste Hauler**

Paragon Contracting, Inc.

**NJDEP Hauler ID#**

22161

**Cubic Yards of Waste**

10 cyds

**Name of Registered Landfill**

Tullytown/GROWS

**City, State**

Clifton, NJ 07014

**Disposal Date**

TBD

**Complied by (Print or Type)**

Goran Lazevski

**Title**

President

**Signature**


**Date**

03/16/2012
State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12:120-7)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
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<tr>
<td>-</td>
<td>Union County Improvement Authority</td>
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</table>

- Agencies Notified: EPA, DEP, DOL, DOH, DCA
- Type Notification: Initial
- Amendment: No
- Amendment #: 112
- Emergency (include justification): No
- Cancellation: No

**FACILITY INFORMATION**

- Name of facility where abatement is taking place (3):
  - Abandoned Building
- Street Address:
  - 10 Cherry St.
- City, State, Zip Code:
  - Elizabeth, NJ 07207
- Name of Monitoring Firm Hired by Bldg. Owner (8):
  - Birdsall Services Group

<table>
<thead>
<tr>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paragon Contracting, Inc.</td>
</tr>
</tbody>
</table>

- Street Address:
  - 590 River Rd.
- City, State, Zip Code:
  - Clifton, NJ 07014
- Phone Number:
  - (973) 614-1600
- License Number:
  - 00748

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

- 1st, 2nd & 3rd Floors
  - Yes: VAT, No: Top Layer Roofing & Flashing
- Roof
  - Yes: VAT, No: Roof Flashing
- Garages
  - Yes: VAT, No: Top Layer Roofing & Flashing

**Registered Waste Hauler**

- Name of Registered Landfill:
  - Tullytown/GROWS
- City, State, Zip Code:
  - Clifton, NJ 07014
- Cubic Yards of Waste:
  - 90 cyds
- Disposal Date:
  - TBD

**Completed by (Print or Type)**

- Goran Lazevski
- President

**Date:** 03/16/2012
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1)
3/13/2012

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

Notification Type
(X) Initial Notification
( ) Amended Notification
( ) Emergency (including justification)
( ) Cancellation

Name of Building Owner/Operator (2)
GRAND PROSPECT CENTER

Street Address
PO BOX 979
City, State, Zip Code
LAKEWOOD, NJ 08701

Name of Contact
PAUL PHILLIPS

FACILITY INFORMATION

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

Street Address
5 PROSPECT STREET
City (5)
LAKewood
County (6)
OCEAN
County Code (7)
(State Use Only)

Name of Monitoring Firm
RT ENVIRONMENTAL

Project Manager for Monitoring Firm
TONY ALESSANDRINI

Scheduled Start Date (10)
3/25/2012

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

Other -

Source of Work (Check all that apply)
(X) Demolition
( ) Renovation
(X) Large Proj. (>160 SF or >260 LF ACM)
( ) SM Proj. (>25<160 SF or >10<260 LF ACM)
( ) Minor Proj. (<25 SF or <10 LF ACM)

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

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 miscell.)

Amount (Specify SF or LF)

Abatement Type


SEE ATTACHED

X

Name of Req. Waste Hauler
NJDEP Waste Hauler ID #
17235

Cubic Yards of Waste
Approx. 100

Disp. Date
TBD

City. State
Imperial, PA

Hazleton, PA

Name of Req. Landfill

BFI Imperial

Mail to: NJDEP-DSHW-BRRTP
401 East St. St., PO 414
Trenton, NJ 08625-0414

Telephone 609-984-6620

C:\WORD\MYDOCS\ASBESTOS
9/18/00
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 6:15)

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<thead>
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<th>Date of Notification (1)</th>
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<td>Amendment #</td>
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<td>Emergency (including</td>
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<td>justification)</td>
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<tr>
<td>Cancellation</td>
<td></td>
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<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Ronald Cox</td>
</tr>
<tr>
<td>Street Address</td>
<td>610 Clark Ave.</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Union Beach, NJ 07735</td>
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<tr>
<td>Name of Contact</td>
<td>Ronald Cox</td>
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<td>Telephone Number</td>
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**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement Is Taking Place (3)</th>
<th>Residence</th>
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<tbody>
<tr>
<td>Street Address</td>
<td>610 Clark Ave.</td>
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<td>City (5)</td>
<td>Union Beach</td>
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<td>County (6)</td>
<td>Monmouth</td>
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<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>MECS ASCM No.</td>
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<tr>
<td>Name of Abatement Contractor (9)</td>
<td>Stevens Environmental Services, Inc.</td>
</tr>
<tr>
<td>Street Address</td>
<td>PO Box 341</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Crosswicks, NJ 08515</td>
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<tr>
<td>Project Manager for Monitoring Firm (10)</td>
<td>William Weisgarber Jr.</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>(609) 298-4070</td>
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<tr>
<td>Start Date (10)</td>
<td>3/27/12</td>
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<tr>
<td>Scheduled Completion Date (11)</td>
<td>3/28/12</td>
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<td>Occupancy Status During Abatement (Check only one)</td>
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<td>Facility Closed/Vacated During Entire Period of Abatement</td>
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<td>Abatement Performed Outside of Normal Facility Hours</td>
<td>8 AM-4:30 PM</td>
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<td>Other - Describe</td>
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<td>Scope of Work (Check all that apply)</td>
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<td>X 23 sf or 23 ft</td>
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<td>X 160 sf or 260 ft</td>
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<td>X Renovation Demolition</td>
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<td>X Full Containment with Negative Pressure</td>
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<tr>
<td>X Mini-Enclosure</td>
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<tr>
<td>X Glovebag Procedure</td>
<td></td>
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<tr>
<td>X Non-Exempted (*) and Non-Friable Procedure</td>
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</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)</td>
<td>basement</td>
</tr>
<tr>
<td>Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)</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>pipe insulation 90 LF</td>
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<tr>
<td>Amount (Specify SF or LF)</td>
<td>90 LF</td>
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<td>Abatement Type</td>
<td>X Full Containment with Negative Pressure</td>
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<tr>
<td>X Mini-Enclosure</td>
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<tr>
<td>X Glovebag Procedure</td>
<td></td>
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<tr>
<td>X Non-Exempted (*) and Non-Friable Procedure</td>
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</table>

**Name of Registered Waste Hauler**

| Stevens Environmental Services, Inc. |
| NJDEP Waste Hauler ID No. | 13292 |
| Name of Registered Landfill | T.R.R.F., Inc. Landfill |
| City, State | Allentown, NJ |

**Disposal Date**

| 3/28/12 |

**Completed By**

| Mahlon E. Stevens |
| Project Manager |

**Date**

| 3/16/12 |

---

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:80 and 12:123)

Date of Notification (1)  3/16/12

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

Name of Building Owner/Operator (2)

Street Address

City, State, Zip Code

Name of Contact

Telephone Number

Name of Facility Where Abatement is Taking Place (3)

Street Address

City (5)

County (6)

County Code (7) (STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.

Name of Abatement Contractor (9)

A. MAC Contracting Inc

Street Address

City, State, Zip Code

Project Manager for Monitoring Firm

Telephone No.

Start Date (10)  3/10-12

Scheduled Completion Date (11)  2/21/12

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

Scope of Work (Check All That Apply)
☐ ≥3 sf or ≥3 lf □ Renovation □ Demolition
☐ ≥160 sf or ≥290 lf
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Removable Procedure

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

Yes ☐ No ☑ N/A

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

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

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

Amount (Specify SF or LF)

Abatement Type

Encapsulate ☐ Retail ☐ Encourage ☐

Name of Registered Waste Hauler

Rovic Transport

City, State, Zip Code

NJDEP Waste Hauler ID No.

Cubic Yards of Waste

Name of Registered Landfill

Disposal Date

City, State, Zip Code

Completed by

R. McDonald

Title

Signature

Date  3/16/12

* Do not use this form for asbestos licensure exempted activities.
# State of New Jersey
## Notification of Asbestos Abatement
### (Pursuant to NJAC 8:30 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification</th>
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<td></td>
<td>Gauri Harting</td>
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<tr>
<td>Street Address</td>
<td>419 South Chestnut St.</td>
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<tr>
<td>City, State, Zip Code</td>
<td>Westfield, NJ 07090</td>
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<td>Name of Contact</td>
<td>Gauri Harting</td>
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<td>Gauri Harting</td>
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<td>Street Address</td>
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<td>ASCM No.</td>
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<td>Name of Abatement Contractor</td>
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<tr>
<td>A. MAC Contracting Inc</td>
<td></td>
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<tr>
<td>Street Address</td>
<td>105 Lowell Road</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Glen Rock, NJ 07452</td>
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<tr>
<td>Project Manager for Monitoring Firm</td>
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<td>Telephone No.</td>
<td></td>
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<tr>
<td>Telephone No.</td>
<td>201-262-5841</td>
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<tr>
<td>License No.</td>
<td>00195</td>
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<td>Start Date (10)</td>
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<td>2/16/12</td>
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<td>Occupancy Status During Abatement (Check Only One)</td>
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<td>□ Facility Closed/Vacated During Entire Period of Abatement</td>
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<td>□ Abatement Performed Outside of Normal Facility Hours</td>
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<tr>
<td>□ Other - Describe:</td>
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<tr>
<td>Scope of Work (Check All That Apply)</td>
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<tr>
<td>□ 23 sq ft or 23 sf</td>
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<tr>
<td>□ ≥160 sq ft or ≥260 sf</td>
<td></td>
</tr>
<tr>
<td>□ Renovation</td>
<td></td>
</tr>
<tr>
<td>□ Demolition</td>
<td></td>
</tr>
<tr>
<td>□ Full Containment with Negative Pressure</td>
<td></td>
</tr>
<tr>
<td>□ Mini-Enclosure</td>
<td></td>
</tr>
<tr>
<td>□ Glovebag Procedure</td>
<td></td>
</tr>
<tr>
<td>□ Non-Exempted (*) and Non-Friable Procedure</td>
<td></td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) To Be Abated In Facility</td>
<td></td>
</tr>
<tr>
<td>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>✓</td>
</tr>
<tr>
<td>No</td>
<td></td>
</tr>
<tr>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td></td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
<td></td>
</tr>
<tr>
<td>Abatement Type</td>
<td></td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
<td></td>
</tr>
<tr>
<td>Rovic Transport</td>
<td></td>
</tr>
<tr>
<td>NJDEP Waste Hauler ID No.</td>
<td>20785</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td></td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td></td>
</tr>
<tr>
<td>IESI PA Bethlehem Landfill Corp.</td>
<td></td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td></td>
</tr>
<tr>
<td>Riverdale, NJ 07457</td>
<td></td>
</tr>
<tr>
<td>Disposal Date</td>
<td></td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td></td>
</tr>
<tr>
<td>Bethlehem, PA 18015</td>
<td></td>
</tr>
<tr>
<td>Completed by</td>
<td></td>
</tr>
<tr>
<td>R. McDonald</td>
<td></td>
</tr>
<tr>
<td>Title</td>
<td>President</td>
</tr>
<tr>
<td>Signature</td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td>3/16/12</td>
</tr>
</tbody>
</table>

*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)
03/09/2012

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

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

Street Address
11 Foxcroft Drive
City, State, Zip Code
Livingston NJ 07039

Name of Building Owner/Operator (2)
Livingston Board of Education

Name of Contact
Paul Ko

FACILITY INFORMATION

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

Street Address
67 Martin Road

City (5)
Livingston

County (6)
Essex

County Code (7)

Public School

Name of Abatement Contractor (9)
Savic Construction Corp

Street Address
205 Route 46 Suite 15

City, State, Zip Code
Totowa, NJ 07512

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)

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

ASCM No.
00073

Telephone No.
856-848-0800

License No.
01034

Project Manager for Monitoring Firm
Steve Flanagan

Telephone No.
973-339-9735

Name of OSHA Monitor
Savic Construction Corp

Street Address
205 Route 46 Suite 15

City, State, Zip Code
Totowa, NJ 07512

Start Date (10)
03/09/2012

Scheduled Completion Date (11)
03/10/2012

Occupancy Status During Abatement (Check Only One)
☒ Facility Closed/Vacated During Entire Period of Abatement
☒ Abatement Performed Outside of Normal Facility Hours
☐ Other – Describe: from 8am

Scope of Work (Check All That Apply)

☒ Renovation
☒ Demolition

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

Classrooms #8, 20,21,22,23A,24

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

Description of Asbestos-Containing Material (ACM)
4x4 Caulk boards glue dots

Amount (Specify SF or LF)
170 sf

Abatement Type
☐ Removal
☐ Repair
☒ Encapsulate
☐ Endorse

Location of Registered Waste Hauler
Savic Construction Corp
NUDEP Waste Hauler ID No. 32253

Cubic Yards of Waste
10 yr

Name of Registered Landfill
GROWS

City, State
Morrisville, PA

Disposal Date

Completed by
Sava Savic

Title
President

Signature

Date
03/09/2012

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

Date of Notification (1)
3 / 19 / 12

Name of Building Owner/Operator (2)
Meridian Teterboro

Street Address
485 Industrial Avenue
Teterboro, NJ 07608

Name of Contact
Karol Kulesza

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Meridian Teterboro

Street Address
125 Industrial Avenue
Teterboro, NJ 07608

County Code (7) (STATE USE ONLY)
Bergen

Square Feet
25,640

# of Floors
1

Bldg. Age
56

Name of Abatement Contractor (9)
JVN Restoration Inc

Street Address
55 Lane Drive Suite 407
Fairfield, NJ 07004

Name of OSHA Monitor
Testor Tech

Project Manager for Monitoring Firm
Benjamin Sallenli

Telephone No.
973-774-3300

License No.
00774

Start Date (10)
4 / 02 / 12

Scheduled Completion Date (11)
4 / 16 / 12

Occupy 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)

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

Location of Asbestos-Containing Material (ACM)

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

Boiler Room
☐ ☑ ☑ ☑

Pipe Insulation
200 LF

Canopy Roof
☐ ☑ ☑ ☑

Roofing
224 SF

Location of Registered Waste Hauler

Express Waste Services LLC

NJDEP Waste Hauler ID No.
NJ-804

Cubic Yards of Waste
10

Name of Registered Landfill
Minerva Enterprises Inc

City, State
Waynesburg, OH

Disposal Date
4/16/12

Completed By (Print or Type)
John Tardy

Title
Senior Project Manager

Signature

Date
3/19/12

ASB-41
MAY 11

* 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)

Check # 1328
Date of Notification (1) 03/16/2012

Agency Notified Type Notification
☑ EPA ☑ Initial
☑ DEP ☑ Amended
☒ DOL ☑ Amendment #
☒ DOH ☑ Emergency (including justification)
☒ DCA ☑ Cancellation

Name of Building Owner/Operator (2) Richard Walton
Street Address 11 Water Street
City, State, Zip Code Clinton, NJ 08809
Name of Contact Richard Walton
Telephone No. Telephone Number

FACILITY INFORMATION
Name of Facility Where Abatement is Taking Place (3)
Private home
Street Address 11 Water Street
City (5) Clinton, NJ 08809
County (6) Hunterdon
County Code (7) [STATE USE ONLY]

Hunterdon
Name of Monitoring Firm Hired by Building Owner(8) ASCM No.
Gr Tech LLC
Name of Abatement Contractor (9)

Street Address 576 Valley Rd #283
City, State, Zip Code Wayne, NJ 07470
Project Manager for Monitoring Firm Telephone No.
Envirovision Consultants, Inc Telephone No. 973-638-1777
License No. 01127

Start Date (10) 03/26/2012
Scheduled Completion Date (11) 03/27/2012

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

Scope of Work (Check all that apply)
☒ ≥8 sf or ≥3 fl
☒ ≥100 sf or ≥250 sf
☒ Renovation
☒ Demolition

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

Location
Basement
Pipe insulation

Yes No N/A

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

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

Amount (Specify SF or LF)

Abatement Type

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) 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>Basement</td>
<td>x</td>
<td>Pipe insulation</td>
<td>160 LF</td>
<td></td>
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</tbody>
</table>

Name of Registered Waste Hauler
Gr Tech LLC

NJDEP Waste Hauler ID No. 0033785
Cubic Yards of Waste
Name of Registered Landfill T.R.R.F., Inc.

City, State Wayne, NJ 07470
Disposal Date
Tullytown, PA
Completed by N.Jević
Title Owner
Signature
Date 03/16/2012

*Do not use this form for asbestos licensure exempted activities.*
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:660-7 and 12:120-7)

check #: 4651

Date of Notification (1) | Name of Building Owner/Operator (2)
---|---
03/1/12 | Newark Public Schools

Agencies Notified | Type Notification
---|---
(X) DEP | [X] Initial Notification
(X) DOL | [ ] Amended Notification
(X) DOH | [ ] Cancellation

Name of Facility Where Abatement is Taking Place (3)

Wilson Avenue School
19 Wilson Avenue
Newark, NJ 07102

Name of Monitoring Firm Hired by Building Owner (4)

TII Environmental, Inc.
1253 North Church Street
Moorestown, NJ 08057

Name of Abatement Contractor (5)

Four Strong Builders, Inc.
180 Sargeant Avenue
Clifton, NJ 07013

Schedule Start Date (10) | Schedule Completion Date (11)
---|---
03/1/12 | 03/1/12

Occupancy Status During Abatement (Check only one)

(X) Facility Closed/Vacated During Entire Period of Abatement

Abatement Performed Outside of Normal Facility Hours - Describe:

Scope of Work (Check all that apply)

[X] Renovation

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance Custodial Staff (12)</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, V.A.T., or other miscellaneous)</th>
<th>Amount (Specify Spec or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
</table>

"Dumpster Door" Room | Pipe Insulation | 6 LF |
Gym | Pipe Insulation | 20 LF |

Name of Registered Waste Hauler

Four Strong Builders, Inc.
Clifton, NJ

Completed By (Print or Type) Title

Nick Zivkovic, President

June 95
**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60 and 12:129)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>10/3/2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Town of Morristown</td>
</tr>
<tr>
<td>Name of Abatement Contractor (6)</td>
<td>First Phase Group Inc.</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>McCabe Environmental Services</td>
</tr>
<tr>
<td>Name of OSHA Monitor</td>
<td>J &amp; S Environmental Laboratories LLC</td>
</tr>
<tr>
<td>Street Address</td>
<td>4 Airport Road</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Morristown, NJ 07960</td>
</tr>
<tr>
<td>County Code (7)</td>
<td>Morris County</td>
</tr>
<tr>
<td>Square Feet</td>
<td>6000</td>
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<tr>
<td>Type of Facility (4)</td>
<td>School (K-12)</td>
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<tr>
<td>Type Notification</td>
<td>Initial</td>
</tr>
<tr>
<td># of Floors</td>
<td>5</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>John Bayonne</td>
</tr>
<tr>
<td>License No.</td>
<td>001144</td>
</tr>
<tr>
<td>Building Age</td>
<td>+50</td>
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<td>License No.</td>
<td>201-755-7518</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>Status</td>
<td>11/30/2011</td>
</tr>
<tr>
<td>Scope of Work (Check All That Apply)</td>
<td>Renovation</td>
</tr>
<tr>
<td>Description of Asbestos Containing Material (ACM)</td>
<td>Stove-tile &amp; Mastic 120 SF</td>
</tr>
<tr>
<td>Abatement Type</td>
<td>Full Containment with Negative Pressure</td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM)</td>
<td>2nd Floor Electrical March</td>
</tr>
<tr>
<td>Is Location Normally Used Solely by Maintenance/Custodial Staff</td>
<td>No</td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
<td>DJM</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>Cumberland County Landfill</td>
</tr>
<tr>
<td>City, State</td>
<td>142 Vaughn Rd Shippensburg PA</td>
</tr>
<tr>
<td>Complained by</td>
<td>Edwin Precilla</td>
</tr>
<tr>
<td>Title</td>
<td>Project Manager</td>
</tr>
<tr>
<td>Signature</td>
<td>Edwin Precilla</td>
</tr>
<tr>
<td>Date</td>
<td>10/14/2011</td>
</tr>
</tbody>
</table>

* Do not use this form for asbestos licensure exempted activities.*
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:80 and 12:120)

---

**Date of Notification (1)**  
2/16/2012

**Name of Building Owner/Operator (2)**  
Stickley Furniture Co. E.C.A. Paramus LLC

**Street Address**  
PO Box 483/ One Stickley Drive

**City, State, Zip Code**  
Paramus, NY 11304

---

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

**Private Property**

**Street Address**  
55 West Route 4

**City (5)**  
Paramus

**County Code (6)**  
Bergen

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

**ASCM No.**

---

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

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

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

**Project Manager for Monitoring Firm**

**Telephone No.**

201-758-7158

**License No.**

001144

---

**Start Date (10)**  
2/28/2012

**Scheduled Completion Date (11)**  
3/23/2012

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

**Abatement Performed Outside of Normal Facility Hours**

---

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

- ☑ 23 sf or ≥23 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 (13)**

**Main floor**

**Floor**  
Tile & mastic

---

**Cubic Yards of Waste**

24310

---

**Name of Registered Lien Holder**

Minerva Enterprises

**Name of Registered Landfill**

Minerva Enterprises

**City, State**  
Waynesburg OH 44688

---

**Completed by**  
Edwin Precilla

**Title**  
Project Manager

**Signature**

- [Signature]

**Date**  
2/16/2012

---

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### State of New Jersey
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:69 and 12:120)

#### Date of Notification (1)
3/14/2012

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

#### Street Address
298 Terminal Ave

#### City, State, Zip Code
Clark NJ

#### Name of Contact
Danny Matarase

#### Telephone Number

---

### FACILITY INFORMATION

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

#### Street Address
298 Terminal Ave

#### City (5)
Clark NJ

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

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

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

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

#### Street Address
567 52nd st Suite #16

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

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

#### Telephone No. Telephone No.
N/A 201-758-7158

#### License No.
001144

#### Start Date (10)
3/28/2012

#### Scheduled Completion Date (11)
4/12/2012

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

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

#### Other – Describe: 9 Hours

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

- ≥3 sf or ≥3 ft
- ≥160 sf or ≥2260 sf

- Renovation
- Demolition

---

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

<table>
<thead>
<tr>
<th>In Facility</th>
<th>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>main floor</td>
<td>T 300</td>
<td>floor tile and mastic</td>
<td>2780 SF</td>
<td>x</td>
</tr>
<tr>
<td>main floor</td>
<td>T300</td>
<td>cove molding mastic</td>
<td>350 LF</td>
<td>x</td>
</tr>
<tr>
<td>main floor</td>
<td>T298</td>
<td>floor tile</td>
<td>2020 SF</td>
<td>x</td>
</tr>
<tr>
<td>Main floor</td>
<td>T 292 and 285</td>
<td>Floor tile</td>
<td>577 SF</td>
<td>x</td>
</tr>
</tbody>
</table>

#### Name of Registered Waste Hauler
Freehold Cartage Inc

#### Hauler ID No.
NJDEP Waste Hauler ID No. NJD054126164

#### Cubic Yards of Waste

#### Name of Registered Landfill
G.R.O.W.s. North Landfill

#### City, State, Disposal Date
Morrissville, PA

#### Name of Registered Landfill
G.R.O.W.s. North Landfill

#### City, State, Disposal Date
Morrissville, PA

#### Completed by
Edwin Precilla

#### Title
Project Manager

#### Signature

#### Date
3/14/2012

---

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