# Emergency

**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**

(Notice to NJAC 8:08 and 12:29)

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### Date of Notification (1)
3/28/12

### Name of Building Owner/Operator (2)
74 PASSAIC STREET, LLC

### Street Address
74 PASSAIC STREET

### City, State, Zip Code
Ridgefield, NJ 07657

### Name of Contract Firm
SHERBY

### Telephone Number

---

### Name of Facility Where Abatement Is Taking Place (9)
74 PASSAIC ST LLC

### Street Address
74 PASSAIC ST

### City (7)
Ridgefield

### County (7)
 Bergen

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

### ASCM No.

### Name of Abatement Contractor (9)
A. Marc Contracting Inc.

### Street Address
105 Lowell Road

### City, State, Zip Code
Glen Rock, N.J. 07452

### Project Manager for Monitoring Firm

### Telephone No.
201-282-6641

### License No.
00156

### Start Date (10)
3/28/12

### Scheduled Completion Date (11)
3/28/12

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

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

### Abatement Performed Outside of Normal Facility Hours

### Other Description:

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### Scope of Work (Check All That Apply)
2,160 ft or 2,080

### Renovation

### Demolition

---

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

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

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

### Amount (Specify SF or LF)

### Abatement Type

---

### Name of Registered Waste Hauler
Rovic Transport

### NJDEP Waste Hauler ID No.
20785

### Public Yards of Waste
5

### Name of Registered Landfill
IESI PA Bethlehem Landfill Corp.

### City, State
Bethlehem, PA 18015

### City, State, Zip Code
Riverdale, New Jersey 07457

### Completed by
R. McDonald

### Title
President

---

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

**Date of Notification (1):** 3/23/12  
**Name of Building Owner/Operator (2):** PARENT, Thomas 

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Name of Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
<td></td>
</tr>
<tr>
<td>DOH</td>
<td>Emergency (including justification)</td>
<td></td>
</tr>
<tr>
<td>DOL</td>
<td>Amended</td>
<td>Parent, Thomas</td>
</tr>
</tbody>
</table>

**Street Address:** 867 Delsea Avenue  
**City:** Ridgewood  
**County:** Bergen

**Type of Facility (4):** School (K-12)  
**Square Feet:** 3,600  
**Current Use:** 86

**Name of Monitoring Firm Hired by Building Owner (5):** ASCM No.  
**Name of Abatement Contractor (6):** A. MAC Contracting Inc

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>4/1/12</td>
<td>4/12/12</td>
</tr>
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**Project Manager for Monitoring Firm:**  
**Telephone No.:**  
**License No.:** 00155

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

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

**Scope of Work (Check All That Apply):**  
- 23 sf or 23 if
- Renovation
- Demolition

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED (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>Abatement Type</th>
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</thead>
<tbody>
<tr>
<td>Basement</td>
<td>No</td>
<td>Pipe</td>
<td>Removal</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Boiler</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>FLUE</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>TILE</td>
<td></td>
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**Name of Registered Waste Hauler:**  
**Rovic Transport:**  
**Cubic Yards of Waste:** 3  
**Name of Registered Landfill:** IESI PA Bethlehem Landfill Corp.

**Disposal Date:** 4/1/12  
**Completed by:** R. McDonald  
**Title:** President  
**Signature:**  
**Date:** 3/23/12

*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></th>
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<tbody>
<tr>
<td><strong>Date of Notification (1)</strong></td>
<td>3/28/12</td>
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<tr>
<td><strong>Name of Building Owner/Operator (2)</strong></td>
<td>MR. MR02</td>
</tr>
<tr>
<td><strong>Agencies Notified</strong></td>
<td></td>
</tr>
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</table>
| [ ] EPA  
[ ] DEP  
[ ] DOL  
[ ] DOH  
[ ] DCA  
[ ] Initial  
[ ] Amended  
[ ] Emergency (including justification)  
[ ] Cancellation |
| **Type Notification** |  |
| **Street Address** | 57 7th St.  
**City, State, Zip Code** | NORTH ARLINGTON, NJ 07031 |
| **Name of Contact** | RON LUCAS |
| **Telephone Number** |  |  
**FACILITY INFORMATION** |
| **Name of Facility Where Abatement is Taking Place (3)** | MR02 |
| **Street Address** |  |
| **City (5)** | NORTH ARLINGTON |
| **County Code (6)** | 07 |
| **Name of Monitoring Firm Hired by Building Owner (8)** |  |
| **ASCM No.** |  |
| **Name of Abatement Contractor (9)** | A. Mac Contracting Inc. |
| **Street Address** | 105 Lowell Road  
**City, State, Zip Code** | Glen Rock, N. J. 07452 |
| **Telephone No.** | 201-262-5841  
**License No.** | 00156 |
| **Project Manager for Monitoring Firm** |  |
| **Telephone No.** |  |
| **Start Date (10)** | 3/1/12  
**Scheduled Completion Date (11)** | 4/13/12 |
| **Schedule of Work (12)** |  |
| **Scope of Work (Check All That Apply)** |  |
| [ ] ≤ 500 sq. ft.  
[ ] 500 sq. ft. or ≤ 1000 sq. ft.  
[ ] ≤ 1000 sq. ft. or ≤ 2250 sq. ft.  
[ ] ≥ 1600 sq. ft. or ≥ 2250 sq. ft. |  |
| **Type of Facility (4)** |  |
| [ ] School (K-12)  
[ ] Subchapter 8 (Other Than K-12)  
[ ] Other (i.e. private & commercial buildings, homes, etc.) |
| **Square Feet** | 1 6 5 0  |
| **# of Floors** | 0  |
| **Bldg. Age** | 0 8  |
| **Current Use (Prior if being demolished)** | 1 6 5 0  |
| **Occupancy Status During Abatement (Check Only One)** |  |
| [ ] Facility Closed/Vacated During Entire Period of Abatement  
[ ] Abatement Performed Outside of Normal Facility Hours  
[ ] Other - Describe:  |
| **Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)** |  |
| **Amount (Specify SF or LF)** | 2 6 5 0 |
| **Location of Asbestos-Containing Material (ACM) TO BE ABATED** | Basement  
**In Facility (13)** |
| **Is Location Normally Used Solely by Maintenance/Custodial Staff?** | Yes  
**(12)**  
No  
N/A |
| **Name of Registered Waste Hauler** | IESI PA Bethlehem Landfill Corp.  
**Rovic Transport** |
| **NJ/DEP Waste Hauler ID No.** | 20785  
**Cubic Yards of Waste** | 1 |
| **Name of Registered Landfill** |  |
| **City, State, Zip Code** | Bethlehem, PA 18015 |
| **Completed by** | R. McDonald  
**Title** | President  
**Signature** |  |
| **Date** | 3/31/12 |

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

**State of New Jersey**

Data of Notification (1)  
3/25/12

Name of Building Owner/Operator (2)  
Mrs. Englert

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

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

Street Address  
449 First Street

City, State, Zip Code  
Oradell, NJ 07649

Name of Contact  
Mrs. Englert

**FACILITY INFORMATION**

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

Street Address  
449 1st St.

City (6)  
Oradell

County (8)  
Bernard

Name of Monitoring Firm Hired by Building Owner (9)  
ASCM No.

Name of Abatement Contractor (9)  
A. Mac Contracting Inc.

Street Address  
105 Lowell Road

City, State, Zip Code  
Glen Rock, NJ. 07452

Project Manager for Monitoring Firm  
Telephone No.

Telephone No.  
201-262-5841

License No.  
00156

Start Date (10)  
4/16/12

Scheduled Completion Date (11)  
4/18/12

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)  
- 23 sf or < 23 sq ft
- 23.193 sf or < 2290 sq ft
- Renovation
- Demolition
- 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? (12)  
Yes

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

Amount (Specify SF or LF)  
254 sq ft

Abatement Type  
Endorse

Name of Registered Waste Hauler  
Rovic Transport

NJDEP Waste Hauler ID No.  
20735

Cubic Yards of Waste  
1

Name of Registered Landfill  
IESI PA Bethlehem Landfill Corp.

City, State  
Bethlehem, PA 18015

Disposal Date  
4/16/12

Completed by  
R. McDonald

Title  
President

Signature  
[Signature]

Date  
3/25/12

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<thead>
<tr>
<th>Date of Notification (1)</th>
<th>03 / 29 / 12</th>
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</thead>
<tbody>
<tr>
<td>Name of Building Owner / Operator (2)</td>
<td>NOVARTIS PHARMAPEUTICALS CORPORATION</td>
</tr>
<tr>
<td>Street Address</td>
<td>1 HEALTH PLAZA</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>EAST HANOVER, NJ 07936</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>STEPHEN HOTRA</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>12</td>
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**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>NOVARTIS</th>
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<tbody>
<tr>
<td>Type of Facility (4)</td>
<td>School (K-12)</td>
</tr>
<tr>
<td>City (5)</td>
<td>EAST HANOVER</td>
</tr>
<tr>
<td>County (6)</td>
<td>MORRIS</td>
</tr>
<tr>
<td>County Code (7)</td>
<td></td>
</tr>
<tr>
<td>Square Feet</td>
<td>N/A</td>
</tr>
<tr>
<td># Of Floors</td>
<td>N/A</td>
</tr>
<tr>
<td>Building Age</td>
<td>40+</td>
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<tr>
<td>Current Use (Prior if being demolished)</td>
<td>OFFICE/RESEARCH</td>
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<tr>
<td>Name of Monitoring Firm Hired by Bldg. Owner (8)</td>
<td>HILLMAN ENVIRONMENTAL</td>
</tr>
<tr>
<td>Street Address</td>
<td>1600 ROUTE 22 EAST</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>UNION, NJ 07083</td>
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<tr>
<td>Telephone Number</td>
<td>908-696-7800</td>
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<tr>
<td>Name of Abatement Contractor (9)</td>
<td>LVI Environmental Services Inc.</td>
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<tr>
<td>Street Address</td>
<td>462 Getty Avenue</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Clifton, NJ 07011</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>973-772-3660</td>
</tr>
<tr>
<td>License Number</td>
<td>00117</td>
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**Occupy Status During Abatement (Check Only 1)**

- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours - Describe: __MON-FRI - 7:00AM - 3:30PM__
- Other - Describe: __MON-FRI - 7:00AM - 3:30PM__

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

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

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

<table>
<thead>
<tr>
<th>Location of Asbestos Containing Material (ACM) TO BE ABATED in Facility (13)</th>
<th>Is</th>
<th>Description of Asbestos - Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Are</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
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<tbody>
<tr>
<td>EXTERIOR RIDGEDALE AVE</td>
<td>TRANSITE PIPE</td>
<td>40 LF</td>
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**Name of Registered Waste Hauler**

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>NEWARK CARTING</th>
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<tbody>
<tr>
<td>NJDEP Waste Hauler ID No.</td>
<td>4508</td>
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<tr>
<td>Name of Registered Landfill</td>
<td>IESI</td>
</tr>
<tr>
<td>City, State</td>
<td>NEWARK, NJ</td>
</tr>
<tr>
<td>Disposal Date</td>
<td>BETHLEHEM, PA</td>
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**Completed by (Print or Type)**

<table>
<thead>
<tr>
<th>Completed by (Print or Type)</th>
<th>STEVEN STILES</th>
</tr>
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<tbody>
<tr>
<td>Title</td>
<td>PROJECT MANAGER</td>
</tr>
<tr>
<td>Signature</td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td>03/29/12</td>
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**NOTIFICATION OF ASBESTOS ABATEMENT**

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>$200</th>
<th>Name of Building Owner/Operator (2)</th>
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<tbody>
<tr>
<td>03/27/12 Ck# 1652</td>
<td></td>
<td>West Orange Board of Education</td>
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<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Street Address</th>
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<tr>
<td>EPA, DEP, DOL</td>
<td>Initial</td>
<td>179 Eagle Rock Road</td>
</tr>
<tr>
<td></td>
<td>Married</td>
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<td>Emergency</td>
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<tr>
<td></td>
<td>Cancellation</td>
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<thead>
<tr>
<th>City, State, Zip Code</th>
<th>Name of Contact</th>
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<tbody>
<tr>
<td>West Orange, New Jersey 07052</td>
<td>Robert Casigli</td>
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<table>
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<th>FACILITY INFORMATION</th>
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<tbody>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
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<tr>
<td>Saint Cloud Elementary School</td>
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<thead>
<tr>
<th>Street Address</th>
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<tbody>
<tr>
<td>71 Sheridan Avenue</td>
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<table>
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<th>City (5)</th>
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<tbody>
<tr>
<td>West Orange, New Jersey 07052</td>
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<table>
<thead>
<tr>
<th>County (6)</th>
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<tbody>
<tr>
<td>Essex</td>
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<table>
<thead>
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<th>County Code (7)</th>
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<tbody>
<tr>
<td>(STATE USE ONLY)</td>
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<tr>
<th>Type of Facility (4)</th>
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<tbody>
<tr>
<td>School (K-12)</td>
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<tr>
<td>Subchapter 8 (Other than K-12)</td>
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<tr>
<td>Other (i.e. private &amp; commercial buildings, homes, etc.)</td>
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<tr>
<th>Square Feet</th>
<th># of Floors</th>
<th>Bldg. Age</th>
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<tr>
<td>20,000</td>
<td>2</td>
<td>55+</td>
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<tr>
<th>Name of Abatement Contractor (8)</th>
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<tbody>
<tr>
<td>Lillich Corporation</td>
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<table>
<thead>
<tr>
<th>Street Address</th>
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<tbody>
<tr>
<td>PO Box 385</td>
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<tr>
<th>City, State, Zip Code</th>
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<tbody>
<tr>
<td>Oceanville, New Jersey 08231</td>
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<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
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<tbody>
<tr>
<td>John Smoyer</td>
<td>609-652-1833</td>
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<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
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<td>04/09/12</td>
<td>04/13/12</td>
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<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check Only One)</th>
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<tbody>
<tr>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
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<tr>
<td>Abatement Performed Outside of Normal Facility Hours</td>
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<tr>
<td>Other – Describe:</td>
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<thead>
<tr>
<th>Scope of Work (Check All That Apply)</th>
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<tbody>
<tr>
<td>x23 sf or x32 ft</td>
</tr>
<tr>
<td>x190 sf or x260 ft</td>
</tr>
<tr>
<td>xRnovation</td>
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<tr>
<td>xDemolition</td>
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<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)</th>
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<tbody>
<tr>
<td>Crawlspace X</td>
</tr>
<tr>
<td>Pipe Insulation 70 LF x</td>
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<th>Name of Registered Waste Hauler</th>
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<tbody>
<tr>
<td>Lillich Corporation</td>
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<table>
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<th>NUIDEP Waste Hauler ID No.</th>
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<tbody>
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<td>18724</td>
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<thead>
<tr>
<th>Cubic Yards of Waste</th>
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<tr>
<td>2</td>
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<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
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<tbody>
<tr>
<td>G.R.O.W.S Landfill</td>
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<table>
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<tr>
<th>Disposal Date</th>
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<tr>
<td>04/16/12</td>
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<table>
<thead>
<tr>
<th>City, State</th>
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<tbody>
<tr>
<td>Woodland Park, New Jersey 07424</td>
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<thead>
<tr>
<th>Completed by</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tatiana Kalenikova</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Title</th>
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</thead>
<tbody>
<tr>
<td>Vice President</td>
</tr>
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<table>
<thead>
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<th>Signature</th>
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<table>
<thead>
<tr>
<th>Date</th>
</tr>
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<tbody>
<tr>
<td>03/27/12</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 8:69 and 12:120)

Name of Building Owner/Operator (2):
West Orange Board of Education

Name of Contact:
Robert Csigli

Name of Facility Where Abatement is Taking Place (3):
Washington Elementary School

Street Address:
179 Eagle Rock Road
City, State, Zip Code:
West Orange, New Jersey 07052

Square Feet:
20,000

County Code (7):
Essex

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

Current Use (Prior if being demolished):
School

Name of Monitoring Firm Hired by Building Owner (8):
AHERA Consultants Inc.

Telephone No.:
609-652-1833

Name of OSHA Monitor:
J&S Environmental Labs

Street Address:
PO Box 385
City, State, Zip Code:
Oceanville, New Jersey 08231

Project Manager for Monitoring Firm:
John Smoyer

Telephone No.:
973-225-8400

Name of Abatement Contractor (9):
Lillich Corporation

Street Address:
608 McBride Avenue
City, State, Zip Code:
Woodland Park, New Jersey 07424

License No.:
01104

Occupy Status During Abatement (Check Only One):
Facility Closed/Vacated During Entire Period of Abatement

Start Date (10):
04/13/12

Scheduled Completion Date (11):
04/15/12

Scope of Work (Check All That Apply):

- 23 sf or 23 If
- 2100 sf or 2260 If
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Firable 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>Auditorium</td>
<td>X</td>
<td>O&amp;M Ceiling Plaster</td>
<td>18 SF</td>
<td>X</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler:
Lillich Corporation

NUDEP Waste Hauler ID No.:
18724

Cubic Yards of Waste:
2

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

Disposal Date:
04/16/12

City, State:
Woodland Park, New Jersey 07424

Completed by:
Tatiana Kalenikova

Title:
Vice President

Signature:

Date:
03/27/12

* 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):** 03/23/2012  
**Name of Building Owner/Operator (2):** RACHEL MORGAN

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
</tr>
<tr>
<td></td>
<td>Amended</td>
</tr>
<tr>
<td></td>
<td>Amendment #</td>
</tr>
<tr>
<td></td>
<td>Emergency (including justification)</td>
</tr>
<tr>
<td></td>
<td>Cancellation</td>
</tr>
</tbody>
</table>

**Street Address:** 38 ELMIRE LANE  
**City, State, Zip Code:** WILLINGBORO, NJ 08046  
**Name of Contact:** RACHEL MORGAN

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3):</th>
<th>RESIDENTIAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address:</td>
<td>38 ELMIRE LANE</td>
</tr>
<tr>
<td>City:</td>
<td>WILLINGBORO</td>
</tr>
<tr>
<td>County:</td>
<td>BURLINGTON</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Square Feet</th>
<th># of Floors</th>
<th>Bldg. Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>1959</td>
<td>2</td>
<td>44</td>
</tr>
</tbody>
</table>

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

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

**Name of Abatement Contractor (9):** ASSURED ENVIRONMENTAL SERVICES INC.

**Street Address:** 570 CLEMS RUN  
**City, State, Zip Code:** MULLICA HILL, NJ 08062

**Telephone No.:** 610-304-4676  
**License No.:** 01145

**Name of OSHA Monitor:** EMSL

**Street Address:** 200 RT. 130 NORTH  
**City, State, Zip Code:** CINNAMINSON, NJ 08077

**Start Date (10):** 04/11/2012  
**Scheduled Completion Date (11):** 04/17/2012

**Scope of Work (Check All That Apply):**
- [X] Renovation  
- Demolition

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

<table>
<thead>
<tr>
<th>Location Normally Used Solely by Maintenance/Custodial Staff? (12):</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous):</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amount (Specify SF or LF):</td>
<td>400 SF</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abatement Type:</td>
<td>[X] Full Containment with Negative Pressure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mini-Enclosure</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Glovebag Procedure</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-Exempted (*) and Non-Friable Procedure</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Location of Registered Waste Hauler:** NETS

**Name of Registered Landfill:** ALLIED WASTE IMPERIAL LANDFILL

<table>
<thead>
<tr>
<th>CITY</th>
<th>STATE</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>HAZLETON</td>
<td>PA</td>
<td>04/16/2012</td>
</tr>
</tbody>
</table>

**Committed by:** RON SWANSON  
**Title:** PROJECT MANAGER  
**Signature:**

\[Handwritten signature\]

\[Signature Date: 03/23/2012\]

---

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

Date of Notification (1) 3/27/2012

Name of Building Owner/Operator (2) A to Z Site Contractors, Inc.

Street Address 940 Park Avenue

City, State, Zip Code Lakewood, New Jersey 08701

Name of Contact Irving Perlstein

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Residence

Street Address 1477 Canterbury Road

City Lakewood

County (6) Ocean

County Code (7) (STATE USE ONLY)

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

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

Street Address 1889 Route 9, Unit 61

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

Telephone Number 732-349-9932

License Number 00624

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

Street Address 1056 Stelton Road

City, State, Zip Code Piscataway, New Jersey 08854

Current Use (Prior if being demolished) Residence

Occupancy Status During Abatement (Check only one)

[ ] Facility Closed/Vacated During Entire Period of Abatement

[ ] Abatement Performed Outside of Normal Facility Hours

[ ] Other – Describe

Scheduled Start Date (10) 3/28/12

Scheduled Completion Date (11) 3/29/12

Scope of Work (Check all that apply)

[ ] >3 sf or ≥160 sf

[ ] ≥160 sf or ≥260 sf

[ ] Renovation

[ ] Demolition

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

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

YES NO N/A

Description of Asbestos-Containing Material (ACM)

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

Amount (Specify SF or L.F.)

Abatement Type

Removal Repair Encapsulation Enclosure

Exterior X Asbestos siding 950 sf X

Name of Registered Waste Hauler Guardian Contracting, Inc.

NIDEP Waste Hauler ID No. 20223

Cubic Yards of Waste 3

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

City, State Toms River, New Jersey

Disposal Date 3/30/12

City, State Tullytown, Pennsylvania

Completed by (Print or Type) Nicholas Fernicola

Title Project Manager

Signature

Date 3/27/2012

*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**: 3/26/12

**Name of Building Owner/Operator**: Montgomery Township

**Street Address**: 2251 Van Home Rd.

**City, State, Zip Code**: Belle Mead N.J. 08012

**Name of Contact**: Gail Smith

**Telephone Number**

### FACILITY INFORMATION

- **Name of Facility Where Abatement is Taking Place**: Skillman Village
- **Street Address**: 1 Main St.
- **City**: Skillman
- **County**: Somerset
- **Current Use (Prior if being demolished)**: Buildings Demolished & abated
- **Type of Abatement Contractor**: Tricon Enterprises Inc.
- **License No.**: 01095

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

### Scope of Work (Check All That Apply)
- **Full Containment with Negative Pressure**
- **Mini-Enclosure**
- **Glovebag Procedure**
- **Non-Exempted (*) and Non-Friable Procedure**

### Scope of Work

- **Renovation**
- **Demolition**

### 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>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>Underground Bldg 15</td>
<td>x</td>
<td>x</td>
<td>Pipe insulation</td>
<td>16 lf</td>
<td>x</td>
</tr>
<tr>
<td>Underground Bldg 15</td>
<td>x</td>
<td>x</td>
<td>Terra Cotta (Residual ACM)</td>
<td>150 lf</td>
<td>x</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**: Horizon Disposal Services Inc.

**Cubic Yards of Waste**: 22612

**Name of Registered Landfill**: Cumberland County Landfill

**Disposal Date**: 11/15/11

**City, State**: Newburg P.A.

**Completed by**: James Mahoney

**Title**: Project Manager

**Signature**: [Signature]

**Date**: 3/26/12

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

Date of Notification (1)
03/27/2012

Name of Building Owner/Operator (2)
ANTHONY MAZZEI

Street Address
3500 BOARDWALK, APT. 225 NORTH

City, State, Zip Code
SEA ISLE CITY, NJ 08243

Name of Contact
JOHN REDDING

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

Type of Facility (4)
□ School (K-12)
□ Subchapter 6 (Other than K-12)
□ Other (i.e., private & commercial buildings, homes, etc.)

Current Use (Prior if being demolished)
REIDENTIAL

Square Feet
1000

□ 0/1 Floors
1

□ Bldg. Age
42

Name of Monitoring Firm Hired by Building Owner (6)
CONNNEL GREENE

ASCM No.

Name of Abatement Contractor (9)
ASSURED ENVIRONMENTAL SERVICES INC.

Street Address
904 KING'S ARMS DRIVE

City, State, Zip Code
DOWNTOWN, PA 19335

Phone No.
484-432-9363

Telephone No.
610-304-4676

License No.
01145

Name of OSHA Monitor
EMSL

Street Address
200 RT. 130 NORTH

City, State, Zip Code
CINNAMINSON, NJ 08077

Scope of Work (Check All That Apply)
□ General Contractor
□ General Contractor
□ Demolition
□ Demolition
□ Full Containment with Negative Pressure
□ Full Containment with Negative Pressure
□ Non-Exempted (*) and Non-Friable Procedure
□ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM)
□ Location Normally Used Solely by Maintenance/Custodial Staff?

BED ROOM 1
POPPOPCEILING
120 SF

BED ROOM 2
POPPOPCEILING
120 SF

LIVING ROOM
POPPOPCEILING
390 SF

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

City, State
HAZLETON, PA

Disposal Date
04/13/2012

Name of Registered Landfill
ALLIED WASTE

City, State
IMPERIAL, PA

Completed by
RONALD SWANSON

Title
PROJECT MANAGER

Signature

Date
03/27/2012

* Do not use this form for asbestos license exempted activities.
**NOTIFICATION (Pursuant to NJAC 8:60 and 12:14j)**

**Date of Notification (1):** 3-26-12

**Name of Building Owner/Operator (2):** Lambertville Public Schools  
**Street Address:** 300 North Main Street  
**City, State, Zip Code:** Lambertville, NJ 08530

**Date:** MAR 30 2012

**Name of Facility Where Abatement is Taking Place (3):** Lambertville Public School Class Room

**Street Address:** 300 North Main Street

**City (5):** Lambertville  
**State:** NJ  
**Zip Code:** 08530

**County (6):** Hunterdon  
**County Code (7):** [STATE USE ONLY]

**Name of Abatement Contractor (8):** K+A Environmental

**Street Address:** 20 Lauck Road  
**City, State, Zip Code:** Monson, PA 19540

**Telephone No.:** 610-856-7760  
**License No.:** 01102

**Name of OSHA Monitor:** CET Labs

**Street Address:** 107 New Britain Court  
**City, State, Zip Code:** Ledy, NC 27511

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

**Name of Monitoring Firm Hired by Building Owner (8):** K+A Environmental

**Street Address:** 20 Lauck Road  
**City, State, Zip Code:** Monson, PA 19540

**Telephone No.:** 610-856-7760  
**License No.:** 01102

**Name of OSHA Monitor:** CET Labs

**Street Address:** 107 New Britain Court  
**City, State, Zip Code:** Ledy, NC 27511

**Project Manager for Monitoring Firm:** Mike Karl

**Start Date (10):** 3-7-12  
**Scheduled Completion Date (11):** 3-12-12

**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] Renovation
- [X] Demolition

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

- Class Room #1

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

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

- Floor Tile and Mastic 450sf

**Name of Registered Waste Hauler:** K+A Environmental

**NJDEP Waste Hauler ID No.:** 00915

**Cubic Yards of Waste:** 5

**Name of Registered Landfill:** Imperial Landfill

**City, State:** Imperial, PA

**Disposal Date:** 5-31-12

**Title:** Operation  
**Signature:** [Signature]

**Completed by:** Anthony J. Santarelli

**Date:** 3-26-12

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

NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:68-7 and 12:129-7)

Date of Notification (1) 03/12/2012

Name of Building Owner/Operator (2) Dumont School District

Agency Notified Type Notification
[X] EPA (X) Initial Notification
[X] DEP

Street Address 25 Depew Street

City, State, Zip Code Dumont, NJ 07628

Name of Contact Kevin Dunn

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Dumont High School

Street Address 101 New Milford Avenue

City, State, Zip Code Bergen, NJ 07628

Name of Monitoring Firm Hired by Building Owner (8)

TBD

Name of Abatement Contractor (9)

Four Strong Builders, Inc.

Street Address 180 Sargent Avenue

City, State, Zip Code Clifton, NJ 07013

Project Manager for Monitoring Firm Telephone Number

Name of OSHA Monitor

973-614-0377 00807

Scheduled Start Date (10) 01/4/12

Sched. Completion Date (11) 01/3/12

Occupancy Status During Abatement (Check only one)

[X] Facility Closed/Vacated During Entire Period of Abatement

Abatement Performed Outside of Normal Facility

Hours - Describe: Other - Describe:

Scope of Work (Check all that apply)

[X] Demolition

[X] 160 sf or > 250 sf

[X] Renovation

Pull containment with Negative Pressure

Mini-Enclosure

Glovebag Procedure

Non-Friable Procedure

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

1960's Wing of the School

In Facility (13)

Description of Asbestos-Containing Material (ACM)

Location Normally Used Solely by Maintenance/Custodial Staff(14)

Interior Window Caulk

Yes No/A

Amount (Specify SF or LF)

Removal Repair Encapsulation Closure

Abatement Type

Name of Registered Waste Hauler

Four Strong Builders, Inc.

City, State

Clifton, NJ

Cubic Yards of Waste 450 LF

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

Disposal Date 3/23/12

City State

Tullytown, PA

Completed By (Print or Type) Title

Bilyana Kulakowska Office Administrator

Signature

Assist

JUN '12
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

Initial Notification
Check #: 4671

Date of Notification (1):
10/3/2012

Name of Building Owner/Operator (2):
BOE of the Vocational School in the County of Sussex

Street Address:
105 North Church Road
Sparta, NJ 07871

City, State, Zip Code:
Sparta, NJ 07871

Name of Contact:
Russ Masker

Type of Notification:
[X] Initial Notification
[ ] Amended Notification
[ ] Cancellation

Agencies Notified:
[X] EPA
[X] DEP
[ ] NJDOE
[ ] DCA

Name of Facility Where Abatement is Taking Place (3):
Sussex County Technical School

122 North Church Road

City (5): Sparta
County (6): Sussex

County Code (7): 000

FACILITY INFORMATION

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

Square Feet:
40,000

# of Floors:
2

Building Age:
50

Current Use (Prior to Being Demolished):

School

Name of Abatement Contractor (9):
Four Strong Builders, Inc.

Street Address:
180 Sargent Avenue
Clifton, NJ 07013-1935

License Number:
973-614-0377

City, State, Zip Code:
Clifton, NJ 07013

Telephone Number:
908.688.7800

Name of Abatement Contractor (9):
Hillman Consulting, LLC

Street Address:
1600 Route 22 East
Union, NJ 07083

Telephone Number:
908.688.7800

Schedule Start Date (ID):
01/4/2012

Schedule Completion Date (IL):
01/15/2012

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

Other - Describe:

Scope of Work (Check all that apply):
[X] Demolition
[X] Renovation

[ ] Full Containment with Negative Pressure
[ ] Mini-Enclosure
[ ] Gloves Bag Procedure
[ ] Non-Friable Procedure

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

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

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

Amount (Specify SF or LF):

Abatement Type:

REMOVAL
REPAIR
ENCAPSULATION
CLOSURES

Location:

Second Floor Room 207

Name of Registered Waste Hauler:
NJDEP Waste Hauler ID No.:

Cubic Yards of Waste:

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

Disposal Date:

Clifton, NJ

City, State:

Completed By (Print or Type) Title:
Bilyana Kulakovska Office Administrator

Signature:

Date:
3/27/12

JUN 95

G4667
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:50-7 and 12:120-7)

**State of New Jersey**

**Date of Notification (L):** 03/27/12

**Name of Building Owner/Operator:** BOE of the Vocational School in the County of Sussex

**Address:** 105 North Church Road

**City:** Sparta, NJ 07871

**Telephone Number:**

**Name of Contact:** Russ Masker

**Agency Notified:**
- XKEA
- XDEP
- XDOH
- XDOH
- XDOB

**Type Notification:**
- Initial Notification
- Amended Notification
- Cancellation

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

**Sussex County Technical School**

**Street Address:** 122 North Church Road

**City:** Sparta, NJ 07871

**County:** Sussex

**Contact Number:** 908.688.7800

**Name of Monitoring Firm Hired by Building Owner:** Hillman Consulting, LLC

**Telephone Number:** 00023

**Address:** 1600 Route 22 East

**City:** Union, NJ 07083

**License Number:** 973-614-0377

**Name of Abatement Contractor:** Four Strong Builders, Inc.

**Street Address:** 180 Sargeant Avenue

**City:** Clifton, NJ 07013-1935

**Telephone Number:** 00807

**Facility Information:**

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

- Square Feet: 40,000
- # of Floors: 2
- Bldg. Age: 50
- Current Use (Prior if being demolished): School

**Scope of Work (Check all that apply):**
- Demolition
- Renovation
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Friable Procedure

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

- Second Floor Corridor: Joint Compound (812 SF)
- Second Floor Corridor: VAT and mastic (2,200 SF)

**Name of Registered Waste Hauler:**

**KDEP Waste Hauler ID No.:** 12609

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

**City:** Tullytown, PA

**Disposal Date:**

**Completed By:**

**Title:** Office Administrator

**Signature:**

**Date:** 3/27/12

**Check #:** 4671
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:80 and 12:120)

Check # 1344
Date of Notification (1)
03/28/2012

Name of Building Owner/Operator (2)
Donna King

Address
35 Harvard Street
City, State, Zip Code
Montclair, NJ 07042

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

FACILITY INFORMATION
Name of Facility Where Abatement is Taking Place (3)
Private home
Street Address
35 Harvard Street
City (5)
Montclair, NJ 07042
County (6)
Essex

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.
Name of Abatement Contractor (9)

Gr Tech LLC
Street Address
576 Valley Rd #283
City, State, Zip Code
Wayne, NJ 07470

License No.
973-638-1777 01127

Name of OSHA Monitor
Envirovision Consultants, Inc
Street Address
20-21 Wagaraw Road, Bldg. # 34A
City, State, Zip Code
Fair Lawn, NJ 07410

Project Manager for Monitoring Firm

Telephone No.

Start Date (10)
04/06/2012
Scheduled Completion Date (11)
04/07/2012

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

Scope of Work (Check all that apply)
[X] Renovation [ ] Demolition

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

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

IN Facility (13)

Basement

Yes No N/A
Pipe insulation 35 LF X

Name of Registered Waste Hauler
Gr Tech LLC
ID No.
0033785

Cubic Yards of Waste
Name of Registered Landfill

T R R F, Inc

Disposal Date

City, State

Tullytown, PA
Date
03/28/2012

N Jevtic
ASB.41

* Do Not Use This Form for asbestos license exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 3/27/2012
Check#2180

Name of Building Owner/Operator (2) ALTO Realty LLC

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

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

Street Address
4211 West New York

City, State, Zip Code
Union City, NJ 07087

Name of Contact
Norma Almanza

Telephone Number

FACILITY INFORMATION

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

City (5)
Union City, NJ

County (6)
Hudson

County Code (7) (STATE USE ONLY) _______

Current Use (Prior if being demolished)
Vacant Garage

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

ASCM No. _______

Name of Abatement Contractor (9)
EA Services Corporation

Start Date (10) 04/07/2012
Scheduled Completion Date (11) 04/10/2012

Project Manager for Monitoring Firm

Telephone No. _______

License No. 01074

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

Facility Closed: [ ] Yes [ ] No [ ] N/A

Scope of Work (Check All That Apply)
- [x] 3 sf or 33 if
- [ ] ≥160 sf or ≥260 if
- [ ] Renovation
- [ ] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mint-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

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

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)
Flashing material

Amount (Specify SF or LF) 100 SF

Abatement Type
- [ ] Removal
- [ ] Repair
- [ ] Encapsulation
- [ ] Endorse

Name of Registered Waste Hauler
Atlantic Carting

NJDEP Waste Hauler ID No. 26085

Cubic Yards of Waste tbd

Name of Registered Landfill
IESI-Bethlehem Landfill Corp

City, State
Bethlehem, PA

Disposal Date tbd

Completed by
Gina Salvador

Title Office Manager

Signature

Date 3/27/2012

* Do not use this form for asbestos licensure exempted activities.
Date of Notification (1): 03/26/12
Name of Building Owner/Operator (2): Our Lady of the Valley

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

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

Street Address: 630 Valley Road
City, State, Zip Code: Wayne, NJ 07470
Name of Contact: Chris DeLilah
Telephonic Number: [Redacted]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Benway School
Street Address: 630 Valley Road
City (5): Wayne, NJ 07470
County (6): Passaic
County Code (7) (STATE USE ONLY): [Redacted]
Current Use (Prior if being demolished): [Redacted]

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

Square Feet: [Redacted] # of Floors: [Redacted] Bldg. Age: [Redacted]

Name of Monitoring Firm Hired by Building Owner (8): Birdshall Services Group
ASCM No.: 017
Name of Abatement Contractor (9): Nick Restoration LLC
Street Address: 72 Brookside Rd
City, State, Zip Code: Randolph, NJ 07869
Telephone No.: 973 933-2550 License No.: 001133

Project Manager for Monitoring Firm: Michael Krupa
Telephone No.: 908-497-9103
Name of OSHA Monitor: J&S Environmental

Start Date (10): 04/09/2012
Scheduled Completion Date (11): 04/13/2012

Occupancy Status During Abatement (Check only one):
- [ ] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility Hours
- [ ] Other - Describe: Monday- Friday 7am - 4pm

Street Address: 2333 Rt 22 W
City, State, Zip Code: Union, NJ 07083

Scope of Work (Check all that apply):
- [x] 23 sf or < 23 sf
- [ ] 260 sf or > 260 sf
- [x] Renovation
- [x] Demolition
- [x] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

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

<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>
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</thead>
<tbody>
<tr>
<td>Boiler Room</td>
<td>[x] Yes</td>
<td>Duct insulation</td>
<td>80 SF</td>
<td>[Redacted]</td>
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Name of Registered Waste Hauler:
Nick Restoration LLC
NJDEP Waste Handler ID No.: 00337182
Cubic Yards of Waste: [Redacted]
Name of Registered Landfill: G.R.O.W.S
City, State: Randolph, NJ 07869
Disposal Date: TBD
City, State: Tullytown, PA

Completed By: [Redacted]
Title: President
Signature: [Redacted]
Date: 03/26/2012

* Do not use this form for asbestos licensure exempted activities.
Date of Notification (1)  
3-28-2012

Name of Building Owner/Operator (2)  
Newark Housing Authority

Agencies Notified | Type Notification | Street Address | City, State, Zip Code | Name of Contact |
<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
<td>500 Broad Street</td>
<td>Newark, NJ 07102</td>
<td>LaMark Tillery</td>
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<tr>
<td>DOL</td>
<td>Amended</td>
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<tr>
<td>DOH</td>
<td>Emergency (including justification)</td>
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<tr>
<td>DCA</td>
<td>Cancellation</td>
<td></td>
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</tbody>
</table>

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  
Unoccupied Apt. Units Under Renovations

Street Address  
991 Frelinghuysen Ave.

City (5)  
Newark

County (6)  
Essex

County Code (7)  (STATE USE ONLY)  

Housing Units

Name of Monitoring Firm Hired by Building Owner (8)  
J & S Environmental

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

Square Feet  
15

No. of Floors  
15

Bldg. Age  
50+

Name of Abatement Contractor (9)  
Jadar Contracting, LLC

Street Address  
22 Troy Lane

City, State, Zip Code  
Lincoln Park, NJ 07035

Name of OSHA Monitor  
Jadar Contracting, LLC

Street Address  
22 Troy Lane

City, State, Zip Code  
Lincoln Park, NJ 07035

Start Date (10)  
4-9-2012

Scheduled Completion Date (11)  
5-9-2012

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

Scope of Work (Check All That Apply)  
Renovation

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

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)  

Amount (Specialty 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  
Global Waste Services

Waste Hauler ID No.  
22171

Disposal Date  
TBD

Name of Registered Landfill  
110 Sand Co.

City, State  
Hackettstown, NJ 07840

City, State  
Melville, NY 11701

Completed by  
Lillie Lazarevich

Title  
Secretary

Signature  
Lillie Lazarevich

Date  
3-28-2012

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