**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:98 and 12:129)

### State of New Jersey

#### Name of Facility Where Abatement Is Taking Place (3)
Pallisades Medical Center

#### Street Address
7600 River Road
North Bergen, NJ 07047

#### Name of Contact
Manuel Mederos

---

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>ASCM No.</th>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Detail Associates, Inc.</td>
<td>ASCM No.</td>
<td>VMC Company, Inc.</td>
</tr>
</tbody>
</table>

#### Street Address
300 Grand Ave
Englewood, NJ 07631

#### Telephone No.
201-569-6708

#### License No.
973-253-8828

#### Name of OSAPA Monitor
VMC Co, Inc.

---

**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**

<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>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Incinerator Room 2nd Fl</td>
<td>Yes</td>
<td>Gasket</td>
<td>10 SF</td>
<td>x</td>
</tr>
</tbody>
</table>

---

**Name of Registered Waste Hauler**

Newark Carting, Inc.

#### Cubic Yards of Waste

- Name of Registered Landfill

GROWS

#### Disposal Date

City, State
Morrisville, PA

---

**Completed by**

Voytek Roszkowski, President

---

*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)

Date of Notification (1): 10/3/11

Name of Building Owner/Operator (2): B L England / J.C. 2011 MAR-5 PM 3:05

Agencies Notified Type Notification
- [ ] EPA
- [X] DEP
- [X] DOL
- [ ] DOH
- [ ] DCA
- [X] Initial Notification
- [ ] Amended Notification
- [ ] Cancellation

Street Address: 900 North Shore

City, State, Zip Code: Beesleys Pt. NJ 08723

Name of Contact: Doug Adolfson

---

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3): B L England Station

Street Address: 900 North Shore Rd

City: Beesleys Pt.

County: Atlantic

Name of Monitoring Firm: N/A

ASCM No. Owner (9): N/A

---

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

Square Feet: 7900

No. of Floors: 1

Bldg. Age: 60

Current Use: (Prior if being demolished): Power Plant

---

**Name of Abatement Contractor (9):** NEW STATES CONTRACTING

Street Address: 2400 Main St Ext Suite 10

City, State, Zip Code: Asbury Park, NJ 07710

Name of OSHA Monitor: TIGER ENVIRONMENT

Street Address: 234 20th Ave

City, State, Zip Code: Brick, NJ 08724

---

**Scheduled Start Date (10):** 10/3/11

Sched. Completion Date (11): 12/19/11

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

Scope of Work (Check all that apply):
- [X] Renovation
- [ ] Demolition
- [ ] 3 sf or 33 lf
- [ ] 160 sf or 260 lf

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

3. A. Heater 4th Floor X

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

- Duct Insulation

Amount: 605 SF

Abatement Type:
- [X] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Friable Procedure

---

Name of Registered Waste Hauler: Freehold Cartage Inc.

Hauler ID No.: 15939

Cubic Yards of Waste: 30

Name of Registered Landfill: Grows Landfill

City, State: Freehold, NJ

Disposal Date: 3-25

City, State: Morrisville, PA

Completed By (Print or Type): Kurt Nolle

Title: Superintendent

Signature: Kent Hale

Date: 3-4-14

---

**Additional Notes:**

- [ ] Other - Describe: N/A

---

**Service:**

- [ ] Demolition
- [X] Renovation
- [ ] 3 sf or 33 lf
- [ ] 160 sf or 260 lf

---

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

3. A. Heater 4th Floor X

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

- Duct Insulation

**Amount:** 605 SF

**Abatement Type:**
- [X] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Friable Procedure

---

**Name of Registered Waste Hauler:** Freehold Cartage Inc.

**Hauler ID No.:** 15939

**Cubic Yards of Waste:** 30

**Name of Registered Landfill:** Grows Landfill

**City, State:** Freehold, NJ

**Disposal Date:** 3-25

**City, State:** Morrisville, PA

**Completed By (Print or Type):** Kurt Nolle

**Title:** Superintendent

**Signature:** Kent Hale

**Date:** 3-4-14
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)
3/3/2014

Name of Building Owner/Operator (2)
Dover VF, LLC

Agency Notified
☐ EPA
☐ DEP
☐ DOL
☐ DOH
☐ DCA

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

Street Address
210 Route 4 East

City, State, Zip Code
Paramus, NJ 07652-0940

Name of Contact
Judith D. Knop, P.E.

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Former Strauss Discount Auto

Former Facility Location

Former Address
419 U.S. Highway 46 East

Former City
Rockaway

Former County
Morris County

Square Feet
10,000

# of Floors
1

Bldg. Age
50

Former Use
Commercial

Former Use 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 of or ≥5 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

Location
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)
Tan/Orange VAT/ Mastic

Amount (Specify SF or LF)
6,200 SF

Abatement Type
☐ Removal
☐ Repair
☐ Encapsulate
☐ Enclosure

Name of Registered Waste Hauler
Atlantic Carting

Disposal Date
3/29/2014

City, State
Wayne, NJ

Completed by
Sean Zoric

Title
President

Signature

Print Form

* Do not use this form for asbestos licensure exempted activities.
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:93 and 8:16)

**Date of Notification (1)**
3/3/14

**Name of Building Owner/Operator (2)**
Pleasantville Mixed Income L.P

**Street Address**
77 Park Street

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

**Name of Contact**
Joel Wallace

**Telephone Number**

### FACILITY INFORMATION

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

**Street Address**
41-49 Main Street

**City (5)**
Pleasantville, NJ

**County (6)**
Atlantic

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

**Square Feet**
13000

**# of Floors**
2

**Engr. Age**
80

**Type of Facility (4)**

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

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

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

**Environmental Tactics**

**ASCN No.**

**Name of Abatement Contractor (9)**
Stevens Environmental Services, Inc.

**Street Address**
P.O. Box 322

**City, State, Zip Code**
Allentown, NJ 08501

**Telephone No.**
(609) 259-9688

**License No.**
00493

**Name of CSHA Monitor**
Environmental Tactics

**Street Address**
64 Broad Street

**City, State, Zip Code**
Matawan, NJ

### Start Date (10)
3/17/14

**Scheduled Completion Date (11)**
4/4/14

**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)**

- [ ] 23 sf or >3 If
- [X] 260 sf or >260 If
- [X] Renovation
- [X] 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

<table>
<thead>
<tr>
<th>Description of Asbestos-Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pipe Insulation</td>
<td>100 LF</td>
<td></td>
</tr>
<tr>
<td>Linoleum</td>
<td>130 SF</td>
<td></td>
</tr>
</tbody>
</table>

### Name of Registered Waste Hauler
Stevens Environmental

**NJDEP Waste Hauler ID No.**
17292

**Cubic Yards of Waste**
3 CU

**Name of Registered Landfill**
GROWS Landfill

**City, State**
Morrisville, PA

**Disposal Date**
4/4/14

**Title**
Project Manager

**Signature**

**Date**
3/3/14

---

*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) 3/3/14

Name of Building Owner/Operator (2)
Pleasantville Mixed Income L.P.

Agencies Notified
- EPA
- DGE
- DOH

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

Street Address
77 Park Street

City, State, Zip Code
Montclair, NJ 07042

Name of Contact
Joel Wallace

Telephone

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Retail Stores

Street Address
35 Main Street

City (5)
Pleasantville, NJ

County (5)
Atlantic

County Code (7) (STATE USE ONLY)

Square Feet
7500

# of Floors
2

Bldg. Age
80

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

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

ASCM No.

Name of Abatement Contractor (9)
Stevens Environmental Services, Inc.

Street Address
64 Broad Street

City, State, Zip Code
Allentown, NJ 08501

Telephone No.
(609) 259-9688

License No.
00493

Name of OSHA Monitor

Environmental Tactics

Street Address
64 Broad Street

City, State, Zip Code
Matawan, NJ

Project Manager for Monitoring Firm
Tom Geiger

Telephone No.
(732) 290-2534

Start Date (10)
3/17/14

Scheduled Completion Date (11)
4/14/14

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 ft
- ≥160 sf or ≥260 ft
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mine-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? (12)
- Yes
- No
- N/A

Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfaced, VAT, or other miscellaneous)
- Transite
- Boiler Insulation
- Air Cell Debris

Amount (Specify SF or LF)
- 40 SF
- 30 SF
- 20 SF

Abatement Type
- Removal
- Repair
- Encapsulate
- Enclosure

Name of Registered Waste Hauler
Stevens Environmental

NJDEP Waste Hauler ID No.
17292

Cubic Yards of Waste
2 CU

Name of Registered Landfill
GROWS Landfill

City, State
Morrisville, PA

Disposal Date
4/4/14

Completed By
Mahlon E. Stevens
Title
Project Manager
Signature

Date
3/3/14

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 8:15)

Date of Notification (1)  3/3/14

Name of Building Owner/Operator (2)  Pleasantville Mixed Income L.P.

Agencies Notified
- EPA
- DEP
- DOH
- DCA

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

Street Address  77 Park Street

City, State, Zip Code  Montclair, NJ 07042

Name of Contact  Joel Wallace

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  Retail Stores

Street Address  27-29 Main Street

City  Pleasantville, NJ

County  Atlantic

Square Feet  6200

# of Floors  2

Bidg. Age  80

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

Name of Monitoring Firm Hired by Building Owner (5)  Environmental Tactics

ASCM No.

Name of Abatement Contractor (9)  Stevens Environmental Services, Inc.

Street Address  64 Broad Street

City, State, Zip Code  Matawan, NJ 07747

Project Manager for Monitoring Firm  Tom Geiger

Telephone No.  (732) 290-2534

Start Date (10)  3/17/14

Scheduled Completion Date (11)  4/4/14

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 or less sf or 3 floors
- 100 to 199 sf or 1 to 260 sf
- Demolition

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

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

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

Amount (Specify SF or LF)

Abatement Type

Location of Asbestos-containing Material to be Abated

VAT/ Mastic  2700 SF

Abatement Contractor

Environmental Tactics

Name of Registered Waste Hauler  Carnavale Disposal

NJDEP Waste Hauler ID No.  17292

Cubic Yards of Waste  10 CU

Name of Registered Landfill  GROWS Landfill

City, State  Hamilton, NJ

Disposal Date  4/4/14

City, State  Morrisville, PA

Completed By  Mahlon E. Stevens

Title  Project Manager

Signature  

Date  3/3/14

* 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)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>3/3/14</td>
<td>Jeff Salmon</td>
</tr>
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<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Street Address</th>
<th>City, State, Zip Code</th>
<th>Name of Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
<td>PO Box 67</td>
<td>MATH - 9 2014</td>
<td>Netcong, NJ 07875</td>
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<tr>
<td>DOL</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>DOH</td>
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</tr>
<tr>
<td>DCA</td>
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<table>
<thead>
<tr>
<th>FACILITY INFORMATION</th>
<th>Type of Facility (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>School (K-12)</td>
</tr>
<tr>
<td></td>
<td>Subchapter B (Other than K-12)</td>
</tr>
<tr>
<td></td>
<td>Other (i.e., private &amp; commercial buildings, homes, etc.)</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
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</thead>
<tbody>
<tr>
<td>House</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>24 Ledgewood Avenue</th>
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</thead>
<tbody>
<tr>
<td>City (5)</td>
<td>Netcong</td>
</tr>
<tr>
<td>County Code (6)</td>
<td>Morris</td>
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<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (6)</th>
<th>ASCM No.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<table>
<thead>
<tr>
<th>Name of Abatement Contractor (9)</th>
<th>ABS Environmental Services, LLC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>4 E Gate Drive, PO Box 483</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Glenwood, NJ 07418</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>973-583-8500</td>
</tr>
<tr>
<td>License No.</td>
<td>703</td>
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<table>
<thead>
<tr>
<th>Name of OSHA Monitor</th>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check All That Apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>- 23 sf or 23 ft</td>
</tr>
<tr>
<td>- 2100 sf or 2260 ft</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pipe insulation 70 LF</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
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</thead>
<tbody>
<tr>
<td>70 LF</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
</tr>
</thead>
<tbody>
<tr>
<td>Freehold Cartage</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cubic Yards of Waste</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>GROWS</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Morrisville, PA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed by</th>
<th>Title</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Andrew Scott Higgins</td>
<td>President</td>
<td>[Signature]</td>
</tr>
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<table>
<thead>
<tr>
<th>Disposal Date</th>
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<tbody>
<tr>
<td>TBD</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>3/3/14</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)
3-3-2014

Name of Building Owner/Operator (2)
Amy L. Garrander

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

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

Street Address
10 Poplar Street

City, State, Zip Code
Port Monmouth, NJ 07758

Name of Contact
Amy L. Garrander

FACILITY INFORMATION

Name of Facility Where Abatement Is Taking Place (3)
Residential

Street Address
10 Poplar Street

City (5)
Port Monmouth, NJ 07758

County (6)
Monmouth

Square Feet
1345

# of Floors
1

Bldg. Age
76+

Current Use (Prior if being demolished)

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

Project Manager for Monitoring Firm

Telephone No.

License No.
01174

Start Date (10)
3-4-2014

Scheduled Completion Date (11)
3-4-2014

Name of OSHA Monitor
Same as above

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

<table>
<thead>
<tr>
<th>Location</th>
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<th>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
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<th>Abatement Type</th>
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</thead>
<tbody>
<tr>
<td>Basement (Crawl space)</td>
<td>X</td>
<td>pipe insulation</td>
<td>90 LF</td>
<td></td>
</tr>
<tr>
<td>Attic</td>
<td>X</td>
<td>pipe insulation</td>
<td>90 LF</td>
<td></td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
NJDEP Waste Hauler ID No.
0034885

Cubic Yards of Waste
5

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

City, State
Coraopolis, P.A.

Disposal Date
3-4-2014

Completed by
Liliana Pedraza
Title
Office Manager

Signature

Date
3-3-2014
**State of New Jersey**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60 and 12:120)

**Date of Notification (1)** 3/14/14

**Name of Building Owner/Operator (2)** Echavarria Industries  
**Street Address** 5600 Kennedy Blvd  
**City, State, Zip Code** West New York, New Jersey 07093

**Name of Facility Where Abatement is Taking Place (3)** 6813-17 Polk St, LLC

**County** Hudson

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

**Name of Abatement Contractor (9)** Ace Insulation Co., Inc.

**Street Address** 90 Montrose Road  
**City, State, Zip Code** Colts Neck, N.J. 07722

**Project Manager for Monitoring Firm**

**Telephone No.** Telephone No. 732-294-1757

**License No.** 000029

**Start Date (10)** 3/13/14

**Completion Date (11)** 3/19/14

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

**Scope of Work (Check All That Apply)**
- ≥3 sf or ≥3 If
- ≥180 sf or ≥280 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>Facility</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outdoor</td>
<td>Yes</td>
<td>(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td>1000</td>
<td>Removal</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**

Ace Insulation Co., Inc.

**NJDEP Waste Hauler ID No.** 12086

**Disposal Date** 3/19/14

**City, State** Easton, Pa

**Name of Registered Landfill**

Chrieks

**Completed by**

George Wuest

**Title** President

**Signature** 3/14/14

*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)
3/3/14

Name of Building Owner/Operator (2)
Christine Krentz
Private Home

Agencies Notified
- EPA
- DEP
- DOH
- DCA

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

Street Address
77 Sylvia Lane

City, State, Zip Code
Manahawkin NJ 08050

Name of Contact
Christine

FACILITY INFORMATION

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

Street Address
77 Sylvia Lane

City (5)
Manahawkin NJ 08050

County (6)
Ocean

County Code (7) (STATE USE ONLY)

Current Use (Prior to if being demolished)
Home

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

ASCM No.

Name of Abatement Contractor (9)
Pernaco Inc.

Street Address
PO Box 329

City, State, Zip Code
West Berlin NJ 08091

Project Manager for Monitoring Firm

Telephone No.

License No.
00727

Start Date (10)
3/4/14

Scheduled Completion Date (11)
3/7/14

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-Frangible 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)

Amount (Specify SF or LF)

Abatement Type

Endoscope

Enclosure

Removal

Repair

Endoscope

Enclosure

Name of Registered Waste Hauler
United Containers

NJ DEP Waste Hauler ID No.
22459

Cubic Yards of Waste
2

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

City, State
Elm NJ

Disposal Date
3/7/14

City, State
Morrisville PA 19067

Completed by
Anthony T Perna
Title
President

Signature 📑

Date
3/3/14

* 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)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>3-4-14</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Carl Pflanzer</td>
</tr>
<tr>
<td>Street Address</td>
<td>50 Gates Ave</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Gillette, NJ 07933</td>
</tr>
</tbody>
</table>

Name of Facility Where Abatement is Taking Place (3)
- Single Family Dwelling

Street Address: 50 Gates Ave
City, State, Zip Code: Gillette, NJ 07933

Name of Monitoring Firm Hired by Building Owner (8)
- Morris EPC Technologies

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

Start Date: 3-24-14
Scheduled Completion Date: 3-25-14

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Normal Location</th>
<th>Usage</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>Yes</td>
<td>Pipe Insulation</td>
<td>100 LF</td>
<td>x</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
- EPC Technologies

Disposal Date: 3-25-14
City, State: Morrisville, PA

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