State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:90 and 12:120)

Date of Notification (1):
2/26/16

Name of Building Owner/Operator (2):
Newark Academy

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

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

Street Address:
91 South Orange Avenue

City, State, Zip Code:
Livingston, NJ 07039

Name of Contact:
Brian Stephenson

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3):
91 South Orange Avenue

City (5):
Livingston

County Code (6):
Essex

Name of Monitoring Firm Hired by Building Owner (8):
ASCM No. 00012

Detail Associates

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

Street Address:
350 Grand Avenue

City, State, Zip Code:
Englewood, NJ 07631-4365

Project Manager for Monitoring Firm:
Stephen

Telephone No.:
201-207-6945

Scheduled Completion Date (11):
4/15/16

Start Date (10):
3/13/16

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

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

Renovation
Demolition

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

In Facility (13):
- ground fl hall below science rm
- east room, ground fl below science
- east room, ground fl below science

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):
- TSI

Amount (Specify SF or LF):
- 100 LF
- 30 LF
- 35 LF

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

Name of Registered Waste Hauler:
Freehold Cartage

Freehold Cartage ID No.:
15939

Cubic Yards of Waste:
TBD

Name of Registered Landfill:
Western Berks Landfill

City, State:
Birdsboro, PA

Disposal Date:
TBD

Completed by:
A. Scott Higgins

Title:
President

Signature:

Date:
2/26/16

* Do not use this form for asbestos licensure exempted activities.
**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 (3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>3/2/16</td>
<td>The Salvation Army</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Street Address</th>
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<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
<td>440 West Nyack Road</td>
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<tr>
<td>DEP</td>
<td>Amended</td>
<td>City, State, Zip Code</td>
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<tr>
<td>DOL</td>
<td>Emergency (including justification)</td>
<td>West Nyack, NY</td>
</tr>
<tr>
<td>DOH</td>
<td>Cancellation</td>
<td>Name of Contact</td>
</tr>
<tr>
<td>DCA</td>
<td></td>
<td>Lt. Chas Engel</td>
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<table>
<thead>
<tr>
<th>Telephone Number</th>
<th>FACILITY INFORMATION</th>
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<tbody>
<tr>
<td></td>
<td>Type of Facility (4)</td>
</tr>
<tr>
<td></td>
<td>School (K-12)</td>
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<tr>
<td></td>
<td>Subchapter 8 (Other than K-12)</td>
</tr>
<tr>
<td></td>
<td>Other (i.e. private &amp; commercial buildings, homes, etc.)</td>
</tr>
<tr>
<td></td>
<td>Square Feet 3000</td>
</tr>
<tr>
<td></td>
<td># of Floors 2</td>
</tr>
<tr>
<td></td>
<td>Bidg. Age 85</td>
</tr>
<tr>
<td></td>
<td>Current Use (Prior if being demolished)</td>
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<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>ASCM No.</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>ASCM</td>
</tr>
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</table>

| Street Address          | 436 Mulberry Street |
| City, State, Zip Code   | Trenton, Mercer    |
| Project Manager for Monitoring Firm | Telephone No. |
| Scheduled Completion Date (11) | 7/1/16 |

| Start Date (10) | 3/1/16 |

<table>
<thead>
<tr>
<th>Name of Abatement Contractor (9)</th>
<th>Name of OSHA Monitor</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABS Environmental Services, LLC</td>
<td></td>
</tr>
</tbody>
</table>

| Street Address          | PO Box 483, 4 E Gate Drive |
| City, State, Zip Code   | Glenwood, NJ 07418        |

<table>
<thead>
<tr>
<th>Scope of Work (Check All That Apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>23 sf or 23 sf</td>
</tr>
<tr>
<td>2100 sf or 2250 sf</td>
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</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED</th>
</tr>
</thead>
<tbody>
<tr>
<td>In Facility (13)</td>
</tr>
<tr>
<td>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</td>
</tr>
<tr>
<td>Yes No N/A see attached</td>
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</table>

<table>
<thead>
<tr>
<th>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amount (Specify SF or LF)</td>
</tr>
<tr>
<td>Abatement Type</td>
</tr>
<tr>
<td>Removal Repair Encapsulate Endurance</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler Freehold Cartage</th>
<th>NJDEP Waste Hauler ID No. 15939</th>
<th>Cubic Yards of Waste TBD</th>
<th>Name of Registered Landfill Western Berks Landfill</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Disposal Date</th>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>TBD</td>
<td>Birdsboro, PA</td>
</tr>
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<table>
<thead>
<tr>
<th>Completed by A. Scott Higgins</th>
<th>Title</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>President</td>
<td>3/2/16</td>
</tr>
</tbody>
</table>

* Do not use this form for asbestos licensure exempted activities.
<table>
<thead>
<tr>
<th>Location</th>
<th>Material</th>
<th>Approx. Quantity</th>
<th>Remove</th>
</tr>
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<tbody>
<tr>
<td>Green pipe basement behind boiler</td>
<td>Pipe/joint insulation</td>
<td>8 joints</td>
<td>Yes</td>
</tr>
<tr>
<td>Basement boiler unit</td>
<td>White duct insulation</td>
<td>150 SF</td>
<td>Yes</td>
</tr>
<tr>
<td>Basement left side of boiler red pipe</td>
<td>Pipe/joint insulation</td>
<td>10 joints</td>
<td>Yes</td>
</tr>
<tr>
<td>1st Fl kitchen &amp; lunch room windows</td>
<td>Grey caulking</td>
<td>6, 10x3 windows</td>
<td>Yes</td>
</tr>
<tr>
<td>Closets of first floor</td>
<td>Pipe/joint insulation</td>
<td>45 elbows</td>
<td>Yes</td>
</tr>
<tr>
<td>Recreational/eating area</td>
<td>Pipe/joint insulation above ceiling tile</td>
<td>60 joints</td>
<td>Yes</td>
</tr>
<tr>
<td>Second floor bathroom pipe chase &amp; behind wall</td>
<td>Pipe/joint insulation</td>
<td>10 joints</td>
<td>Yes</td>
</tr>
<tr>
<td>Second floor windows</td>
<td>Grey caulking</td>
<td>45, 8x3 windows</td>
<td>Yes</td>
</tr>
</tbody>
</table>
**State of New Jersey**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60 and 12:120)

**Date of Notification (1)**
3/2/16

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

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

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

**Street Address**

**City, State, Zip Code**
Princeton, NJ 08540

**Name of Contact**
David

**Telephone Number**

**FACILITY INFORMATION**

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

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

**Square Feet**
2100

**# of Floors**
2

**Bldg. Age**
70

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

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

**Name of Monitoring Firm Hired by Building Owner (5)**
ASCM No.

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

**Street Address**

**City, State, Zip Code**
Glenwood, NJ 07418

**Project Manager for Monitoring Firm**

**Telephone No.**
973-583-8500

**License No.**
703

**Start Date (10)**
3/9/16

**Scheduled Completion Date (11)**
4/9/16

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

**Scope of Work (Check All That Apply)**
- 1-23 sf or 1-23 If
- 24-100 sf or 24-100 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>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>basement &amp; crawl space</td>
<td>x</td>
<td></td>
<td></td>
</tr>
<tr>
<td>pipe insulation</td>
<td></td>
<td></td>
<td>120 LF</td>
</tr>
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</table>

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

**Abatement Type**
- Removal
- Repair
- Encapsulate
- Embark

**Name of Registered Waste Hauler**
Freehold Cartage

**NJDEP Waste Hauler ID No.**
159939

**Cubic Yards of Waste**
TBD

**Name of Registered Landfill**
Western Berks Landfill

**City, State, Disposal Date**
Birdsboro, PA

**TBD**

**Completed by**
A. Scott Higgins

**Title**
President

**Signature**

**Date**
3/2/16

*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)
1/29/16 & 3/3/16

Name of Building Owner/Operator (2)
Glen Ridge Country Club

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

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

Street Address
555 Ridgewood Avenue

City, State, Zip Code
Glen Ridge, NJ

Name of Contact
Jim

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Street Address
555 Ridgewood Avenue

City (5)
Glen Ridge

County (6)
Essex

County Code (7)

Square Feet
5000

# of Floors
3

Bldg. Age
70

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8)

ASCN No.

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

Street Address
PO Box 483, 4 E Gate Drive

City, State, Zip Code
City, State, Zip Code
Glenwood, NJ 07418

Project Manager for Monitoring Firm

Telephone No.
973-553-8500

License No.
703

Start Date (10)
3/3/16

Scheduled Completion Date (11)
5/15/16

Name of OSHA Monitor

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

Scope of Work (Check All That Apply)
- ≥3 sf or ≥2 if
- ≥100 sf or ≥250 sf
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

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

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

Amount (Specify SF or LF)
600 LF
120 LF

Abatement Type

Name of Registered Waste Hauler
Freehold Cartage

Freehold ID No.
NJDEP Waste Hauler ID No. 15839

Cubic Yards of Waste
TBD

Name of Registered Landfill
Western Berks Landfill

Disposal Date
City, State
TBD
Birdsboro, PA

Completed by
A. Scott Higgins
Title
President

Signature

Date
3/3/16

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:50 and 12:120)

Date of Notification (1)
3/3/16

Name of Building Owner
Jock H Watkins

Agencies Notified
EPA
DEP
DOL
DOH
DCA

Type Notification
X Initial
Amended
Emergency (including justification)
Cancellation

Street Address

City, State, Zip Code
West Caldwell, NJ 07006

Name of Contact
Jock Watkins

Telephone Number

FACILITY INFORMATION

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

Street Address

City (5)
West Caldwell

County (6)
Essex

County Code (7)

Current Use (Prior to being demolished)

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

Square Feet
2300

# of Floors
2

Bldg. Age
68

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

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

Street Address
4 E Gate Drive, PO Box 483

City, State, Zip Code
Glenwood, NJ 07418

Project Manager for Monitoring Firm

Telephone No.

License No.

Start Date (10)
3/15/16

Scheduled Completion Date (11)
4/15/16

Name of OSHA Monitor

Occuropy 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)
□ < 300 sq. ft.
□ 300 sq. ft. to 2000 sq. ft.
□ Demolition
□ Renovation

Location of Asbestos-Containing Material (ACM) TO BE ABATED
□ In Facility
□ Exposed/Interior/Exposed Exterior
□ Below Deck/Attic
□ Underground
□ Yes
□ No
□ N/A

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)
□ Fully Enclosed
□ Full Containment with Negative Pressure
□ Mini-Endoskeleton
□ Glovebox Procedure
□ Non-Exempted (*) and Non-Friable Procedure

Amount (Specify SF or LF)
100 LF

Abatement Type
□ Removal
□ Repair
□ Reinstate
□ Endorse

Location of Registered Waste Hauler
Freehold Cartage

Name of Registered Landfill
Western Berks Landfill

Disposal Date
TBD

City, State
Birdsboro, PA

Completed by
A. Scott Higgins
Title
President

Signature

Date
3/3/16

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:59 and 12:120)

Date of Notification (1) 2/23/16.
Name of Building Owner/Operator (2) David Lenkowsky Private Home

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

Street Address

City, State, Zip Code Ship Bottom NJ 08008

Name of Contact David

Telephone Number

FACILITY INFORMATION

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

City (5) Ship Bottom NJ 08008

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 08008

Project Manager for Monitoring Firm ___________________________

Telephone No. 856-753-9800

License No. 00727

Start Date (10) 3/17/16

Scheduled Completion Date (11) 3/14/16

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)
- ± 3,000 sf or ± 3 if
- ± 190 sf or ± 280 sf
- ± 200 sf or ± 350 sf
- ± 500 sf or ± 700 sf
- Renovation Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

In Facility (13)

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) 1800 SF

Abatement Type x

Name of Registered Waste Hauler United Containers

NJ DEP Waste Hauler ID No. 22459

Cubic Yards of Waste 4

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

City, State Elm NJ

Disposal Date 3/14/16

City, State Morrisville NJ 19067

Completed by Anthony T Perna
Title President

Signature ______________________ Date 2/22/16

* 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 #1639**

**Date of Notification (1)**
03/04/2016

**Name of Building Owner/Operator (2)**
VINELAND CONSTRUCTION COMPANY

**Agency Notified**
- [x] EPA
- [x] DEP
- [x] DOH
- [ ] DCA

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

**Street Address**
71 WEST PARK AVE.

**City, State, Zip Code**
VINELAND NJ 08360

**Name of Contact**
TIM FRANCE

**FACILITY INFORMATION**

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

**Street Address**
79 WEST LANDIS AVE.

**City (5)**
VINELAND

**County (6)**
CUMBERLAND

**County Code (7)**

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

**Square Feet**
6000

**# of Floors**
1

**Bldg. Age**
66

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

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

**ASCM No.**

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

**Street Address**
1634 SOUTH DELAWARE STREET

**City, State, Zip Code**
PAULSBORO NJ 08066

**Project Manager for Monitoring Firm**
ED KEEGAN

**Telephone No.**
856-423-5111

**License No.**
01145

**Start Date (10)**
03/17/2016

**Scheduled Completion Date (11)**
03/18/2016

**Name of OSHA Monitor**
EMSL

**Street Address**
200 RT. 130 NORTH

**City, State, Zip Code**
CINNAMINSON NJ 08077

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

**Scope of Work (Check All That Apply)**
- [x] ≥3 sf or ≥3 if
- [x] ≥160 sf or ≥260 If
- [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)**

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

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

**INSIDE VACANT RETAIL SPACE**

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

**Amount (Specify SF or LF)**

| 120 SF |

**Abatement Type**

- [x] Removal
- [ ] Repair
- [ ] Encapsulate
- [ ] Enclose

**Name of Registered Waste Hauler**
ASSURED ENVIRONMENTAL

**Waste Hauler ID No.**
0034895

**Cubic Yards of Waste**

**Name of Registered Landfill**
MINERVA LANDFILL

**Disposal Date**
03/18/2016

**City, State**
WAYNESBURG, OH

**Completed by**
RON SWANSON

**Title**
GENERAL MANAGER

**Signature**

**Date**
03/04/2016

*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>
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<th>Date of Notification (1)</th>
<th>03/03/16</th>
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<td>Name of Building Owner/Operator (2)</td>
<td>[Redacted]</td>
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<tr>
<td>Agencies Notified</td>
<td>EPA, DEP, DOL, DOH, DCA</td>
</tr>
<tr>
<td>Type Notification</td>
<td>Initial</td>
</tr>
<tr>
<td>Street Address</td>
<td>[Redacted]</td>
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<tr>
<td>City, State, Zip Code</td>
<td>Berkeley Heights, NJ 07922</td>
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<tr>
<td>Name of Contact</td>
<td>[Redacted]</td>
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<tr>
<td>Telephone Number</td>
<td>[Redacted]</td>
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### FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Bob Tokash (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>[Redacted]</td>
</tr>
<tr>
<td>City (5)</td>
<td>Berkeley Heights</td>
</tr>
<tr>
<td>County (6)</td>
<td>Union County</td>
</tr>
<tr>
<td>County Code (7)</td>
<td>[STATE USE ONLY]</td>
</tr>
<tr>
<td>Current Use (Prior if being demolished)</td>
<td></td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>ASCM No.</td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>Pre Abatement</td>
</tr>
<tr>
<td>Street Address</td>
<td>1009 87th Street Suite A4</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>North Bergen, NJ 07047</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td></td>
</tr>
<tr>
<td>Telephone No.</td>
<td>201-293-6305</td>
</tr>
<tr>
<td>License No.</td>
<td>01223</td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>03/14/16</td>
</tr>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>03/28/16</td>
</tr>
<tr>
<td>Occupancy Status During Abatement (Check Only One)</td>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
</tr>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours</td>
<td></td>
</tr>
<tr>
<td>Other – Describe:</td>
<td></td>
</tr>
<tr>
<td>Scope of Work (Check All That Apply)</td>
<td>≥360 sf or ≥2600 if Demolition</td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)</td>
<td>Exterior Sidings 200 SF</td>
</tr>
<tr>
<td>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</td>
<td>Yes No N/A</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>Removal</td>
</tr>
<tr>
<td>Endorse</td>
<td></td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
<td>SAN TON SERVICES</td>
</tr>
<tr>
<td>NJDEP Waste Hauler ID No.</td>
<td>22430</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td></td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>MEDOWLANCHES COMMISSION</td>
</tr>
<tr>
<td>City, State</td>
<td>KENILWORTH, NJ KEARNY, NJ</td>
</tr>
<tr>
<td>Completed by</td>
<td>Bryan Parra</td>
</tr>
<tr>
<td>Title</td>
<td>Project Manager</td>
</tr>
<tr>
<td>Signature</td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td>03/03/16</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)**
March 1, 2016

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

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

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

**Address**

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>[REDACTED]</td>
<td>Toms River, NJ 08753</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>City</th>
<th>County Code (7)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Toms River</td>
<td>Ocean</td>
</tr>
</tbody>
</table>

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

**AsCM No.**

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

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>1889 Route 9, Unit 61</td>
<td>Toms River, New Jersey 08755-1271</td>
</tr>
</tbody>
</table>

**Telephone Number**

732-349-9932

**License Number**

00624

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

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>1056 Stelton Road</td>
<td>Piscataway, New Jersey 08854</td>
</tr>
</tbody>
</table>

**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)**
3/02/16

**Scheduled Completion Date (11)**
3/03/16

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

**Square Feet**

900 sf

**# of Floors**

1

**Bldg. Age**

60

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

**Scope of Work (Check all that apply)**
- [ ] >3 sf or ≥3 lf
- [X] ≥160 sf or ≥260 lf
- [ ] Renovation
- [X] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [X] Non-Exempted (*) and Non-Friable Procedure

**Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (15)**

<table>
<thead>
<tr>
<th>Type</th>
<th>Location</th>
<th>Is Location</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></td>
<td>Exteriar</td>
<td>X</td>
<td>Asbestos siding</td>
<td>800 sf</td>
<td>X</td>
</tr>
</tbody>
</table>

**Exterior**

X

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

<table>
<thead>
<tr>
<th>NJDEP Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>20223</td>
<td>3</td>
<td>T.R.R.F.</td>
</tr>
</tbody>
</table>

**City, State**

Toms River, New Jersey

**Disposal Date**

3/04/16

**City, State**

Tullytown, Pennsylvania

**Completed by (Print or Type)**
Nicholas Fomicola

<table>
<thead>
<tr>
<th>Title</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project Manager</td>
<td></td>
<td>3/1/16</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 12:130)

Date of Notification (1)

Name of Building Owner/Operator (2)
320 PC Valley LLC

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

Type Notification
- Initial
- Amended
- Emergency (Including
  Justification)
- Cancellation

Street Address
P.O. Box 515

City, State, Zip Code
South Orange, NJ 07079

Name of Contact
Maximillian Dorne

FACILITY INFORMATION

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

County
Essex

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

City (5)
South Orange

Square Feet
2,400

County Code (7) (STATE USE ONLY)

No. of Floors
2 1/2

Current Use (Prior to being demolished)
Vacant Residence

Bldg. Age
136

Name of Abatement Contractor (9)
Red Rock Materials, LLC

Name of Monitoring Firm Hired by Building Owner (6)
Bloterra Solutions

Street Address
1130 West Chestnut Street

Telephone No.
973-494-3762

City, State, Zip Code
Union, NJ 07083

License No.
01248

Telephone No.
201-529-4700

City, State, Zip Code
Mahwah, NJ 07430

Start Date (10)

Scheduled Completion Date (11)

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)
- ≥30 sf or ≥5 if
- ≥160 sf or ≥250 sf
- Demolition
- Renovation
- Full Containment with Negative Pressure
- Min-Eclosure
- Glovebag Procedure
- Non-Exempted (x) and Non-Friable Procedure

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

in Facility (13)

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>X</td>
<td>Thermal System Insulation</td>
<td>75 LF</td>
<td>X</td>
</tr>
<tr>
<td>Throughout 1st, 2nd, Attic</td>
<td>X</td>
<td>Plaster</td>
<td>2,720 SF</td>
<td>X</td>
</tr>
<tr>
<td>Throughout 1st, 2nd Floor</td>
<td>X</td>
<td>Floor Tile</td>
<td>750 SF</td>
<td>X</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler

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

City, State
Hampton Bays, NY

Completed by
Michael F. Keith
Title
Project Manager

Signature
Date
3-2-16

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

**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 8:19-1 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>02/26/16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>132 ELM ASSOCIATES, LLC</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>DAVE HUNTERTON</td>
</tr>
<tr>
<td>Street Address</td>
<td>132 ELM RD, NAISSON</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>PRINCETON, NJ, 08540</td>
</tr>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td>ELM RD. NAISAN</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>ASCM No.</td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>ASBESTOS ROTATIONS, L.C. OF INDIAN ARROW</td>
</tr>
<tr>
<td>Street Address</td>
<td>144 MILL ST</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>144 MILL ST, NJ, 07501</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>Telephone No.</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>973-633-6507</td>
</tr>
<tr>
<td>License No.</td>
<td>1257</td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>03/07/16</td>
</tr>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>03/27/16</td>
</tr>
<tr>
<td>Name of OSHA Monitor</td>
<td>INDIAN ARROW</td>
</tr>
<tr>
<td>Occupancy Status During Abatement (Check Only One)</td>
<td></td>
</tr>
<tr>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
<td></td>
</tr>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours</td>
<td></td>
</tr>
<tr>
<td>Scope of Work (Check All That Apply)</td>
<td></td>
</tr>
<tr>
<td>≥ 5 sq or ≥ 24 if</td>
<td>Renovation</td>
</tr>
<tr>
<td>≥ 160 sq or ≥ 260 if</td>
<td>Demolition</td>
</tr>
<tr>
<td>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)</td>
<td></td>
</tr>
<tr>
<td>BASEMENT</td>
<td>TSI</td>
</tr>
<tr>
<td>2RD FLOOR</td>
<td>VAT</td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
<td>1200 LF</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>Name of Registered Waste Hauler</td>
<td>ASBESTOS ROTATIONS, L.C. OF INDIAN ARROW</td>
</tr>
<tr>
<td>NJDEP Waste Hauler ID No.</td>
<td>011010016050</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td>TBD</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>G.R. DILLIS</td>
</tr>
<tr>
<td>Disposal Date</td>
<td>TBD</td>
</tr>
<tr>
<td>City, State</td>
<td>NORRISTOWN, PA</td>
</tr>
<tr>
<td>Completed by</td>
<td>GORAN T. GETV</td>
</tr>
<tr>
<td>Title</td>
<td>SECRETARY</td>
</tr>
<tr>
<td>Signature</td>
<td></td>
</tr>
</tbody>
</table>

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