Notification of Asbestos Abatement  
(Pursuant to NJAC 8:60 and 12:120)

**Date of Notification:** 03/22/16  
**Time:** 04/08/16

**State of NJ**

**Name of Building Owner/Operator:** paula doyle

**Street Address:**

**City, State, Zip Code:**

**Name of Contact:** paula doyle

**Telephone Number:**

**FACILITY INFORMATION**

**Name of facility where abatement is taking place:** paula doyle

**Street Address:**

**City (5):**

**County (6):** Essex

**County Code (7):** (State use only)

**Name of Monitoring Firm Hired by Bldg. Owner:**

**ASCM No.:**

**Type of Facility:**

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

**Square Feet:**

**# of Floors:**

**Bldg. Age:**

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

**Project Manager for Monitoring Firm:**

**Phone Number:**

**Start Date:** 03/22/16  
**Sched. Completion Date:** 04/08/16

**Occupancy Status During Abatement (Check only one):**

- [ ] Facility closed/vacated during entire period of abatement.
- [X] Abatement performed outside of normal facility hours.
  
  **Describe:** NORMAL HOURS

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

- [X] ≥2 sf or ≥2 If
  
  **Renovation**

- [ ] ≥160 sf or ≥260 If
  
  **Demolition**

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

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

**Description of asbestos-containing material (ACM):**

- [X] ceiling plaster

**Amount (Specify SF or LF):** 152 sq ft

**Registered Waste Hauler:**

**D & S RESTORATION, INC.**

**City, State, Zip Code:**

**Disposal Date:** 03/23/16

**Name of Registered Landfill:**

**TULLYTOWN, RESOURCE RECOVERY**

**City, State:**

**Name:** BOGDAN JOLDZIC

**Title:** PRESIDENT

**Date:** 03/11/16

---

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

### Date of Notification (1)
03/12/11

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

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

### Name of Building Owner/Operator (2)
CAROD MANAGEMENT

### Street Address
212 Walton Avenue

### City, State, Zip Code
RIDGEWOOD, NJ 07450

### Name of Contact
CAROD MANAGEMENT/BOB HEARN

### Telephone Number

### FACILITY INFORMATION

#### Name of facility where abatement is taking place (3)
RESIDENTIAL BUILDING-CAROD MANAGEMENT

### Street Address
212 Walton Avenue

### City (5)
RIDGEWOOD

### County (6)
BERGEN

### County Code (7) (State use only)

### Type of Facility (4)
- [ ] School (K - 12)
- [x] Subchapter 8 (Other than K-12)
- [x] Other (Private/Commercial Bldgs./Homes, etc.)

### Square Feet

### # of Floors

### Bldg. Age

### Current Use (Prior if being demolished)

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

### Street Address
20 California Ave.

### City, State, Zip Code
Paterson, NJ 07503

### Telephone Number
973-345-8602

### License Number
01169

### Name of OSHA Monitor
D & S Restoration, Inc.

### Street Address
20 California Avenue

### City, State, Zip Code
Paterson, NJ 07503

### Scope of Work (check all that apply)
- [x] Renovation
- [ ] Democracy
- [ ] Demolition

### Location of asbestos-containing material (acm) to be abated in facility (13)
- [x] basement left side
- [x] BASEMENT right side

### Description of asbestos-containing material (ACM)

#### Amount (Specify SF or LF)
- [x] pipe insulation
- [x] pipe insulation
- [x] BARE HEATING PIPES

#### 40 LFT

#### 62 LFT

### Registered Waste Hauler
D & S RESTORATION, INC.

### NJDEP Hauler ID# 13506

### Cubic Yards of Waste
2 yds.

### Name of Registered Landfill
TULLYTOWN, RESOURCE RECOVERY

### City, State
TULLYTOWN, PA

### Disposal Date
03/5

### Completed by (Print or Type)
BOGDAN JOLDZIC

### Title
PRESIDENT

### Signature

### Date
03/10/2016

*Do not use this form for asbestos licensure exempted activities.*
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 7:26-2.12)

Date of Notification (1) March 14, 2016
Name of Building Owner/Operator (2) Public Service Electric and Gas Company

Agencies Notified Notification Type
(x) EPA ( ) Initial Notification
( ) DEP (x) Amended Certification
( ) DOL ( ) Cancelled
( ) DOH
( ) DCA

Street Address
80 Park Plaza

City, State, Zip Code
Newark, NJ 07102

Name of Contact
Nicholas Tonzetich
Tel. Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
PSEG – Future Jackson Road Substation

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

Sq. Feet 115,700 # of Floors 1 story
Bldg. Age 29 years
Current Use (prior if being demolished) Warehouse & Office Facility

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

Name of Contractor (9)
Brandenburg Industrial Service Company

Street Address
2217 Spellman Dr.

City, State, Zip Code
Bethlehem, PA 18016

Project Manager for Monitoring Firm
Telephone Number
(610) 651 - 1800

License Number
00721

Scheduled Start Date (10)
Demolition – April 04, 2016
Asbestos – March 21, 2016

Scheduled Completion Date (11)
Demolition – May 14, 2016
Asbestos – April 02, 2016

Name of OSHA Monitor

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

Describe - Removal of ACM in closed/shutdown portion of former Warehouse
facility

Other – Work Hours will be Mon – Fri 7:00 am – 5:30 pm & Sat. 7:00 a.m. – 3:30 p.m.

Source of Work (Check all that apply)

(x) Demolition ( ) Renovation
(x) Large Proj. (>160 SF or >260 LF ACM) ( ) SM Proj. (>25<160 SF or >10 <260 LF ACM) ( ) Minor Proj. (<25 SF or <10 LF ACM)
( ) Full Containment with Negative Pressure ( ) Mini-Enclosure ( ) Glovebag Procedure

Amount (Specify SF or LF)
Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other
miscell.)

Abatement Type

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

<table>
<thead>
<tr>
<th>Location Normally Used Solely by Maint./Custodial Staff? (12)</th>
<th>NO</th>
<th>NA</th>
<th>Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boiler Room</td>
<td>X</td>
<td>Flue Patch</td>
<td>1 SF</td>
</tr>
<tr>
<td>Boiler Room</td>
<td>X</td>
<td>Pipe Insulation</td>
<td>2 LF</td>
</tr>
<tr>
<td>Building, interior &amp; exterior</td>
<td>X</td>
<td>Caulk (w/ precast walls)</td>
<td>1,200 LF</td>
</tr>
<tr>
<td>Building, office</td>
<td>X</td>
<td>Window Caulk</td>
<td>240 LF</td>
</tr>
<tr>
<td>Building, vestibule</td>
<td>X</td>
<td>Transite (soffit)</td>
<td>10 LF</td>
</tr>
<tr>
<td>Building, vestibule</td>
<td>X</td>
<td>Caulk (door frame)</td>
<td>36 LF</td>
</tr>
<tr>
<td>Building, kitchen</td>
<td>X</td>
<td>Floor Tile &amp; Mastic</td>
<td>200 LF</td>
</tr>
<tr>
<td>Building, driver lounge</td>
<td>X</td>
<td>Window Glazing</td>
<td>3 Windows</td>
</tr>
<tr>
<td>Roof flashing</td>
<td>X</td>
<td>Flashing</td>
<td>2430 LF</td>
</tr>
</tbody>
</table>

Name of Reg. Waste Hauler Environmental Trans Group
NDEP Waste Hauler ID # NJDEP 000692061
Cubic Yards of Waste
2 NT

Name of Reg. Landfill
Republic Svrs. – Conestoga Landfill

City, State
Bethlehem, PA

Completed by (Print or Type)
Title
Contract Manager

Jennifer Strobel
Signature

03/14/16

Mail to: NDEP-DH-WBRTP 401 E. State St., PO 414 Telephone 609-984-6620 C:\WORD\MYDOCS\ASBESTOS 9/18/00
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) 03 / 15 / 16
Name of Building Owner/Operator (2) Somohan 195 North Street LLC
Street Address 196 North Street
City, State, Zip Code Teterboro, NJ 07608
Name of Contact Michael Colvin
Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Former AGFA Facility
Street Address 195 North Street
City Teterboro
County Bergen

Name of Monitoring Firm Hired by Building Owner (5)
Bio Terra Environmental Solutions
ASCM No.

Name of Abatement Contractor (9)
Red Roc Materials, LLC
Street Address 20 Ramapo Valley Road
City, State, Zip Code Mahwah, NJ 07430

Project Manager for Monitoring Firm Rick Eustaquio
Telephone No. 973-494-3762

License No. 01248

Start Date (10) 03 / 25 / 16
Scheduled Completion Date (11) 04 / 01 / 16

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

Scope of Work (Check all that apply)

≥3 sf or ≥3 if
≥160 sf or ≥260 if
Renovation
Demolition

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

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

Former Office Area
Former Office Area
Front Office Area

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

VAT/Mastic (9X9) 4,400 SF
VAT (12X12) 4,350 SF
VAT (12X12) 1,600 SF

Name of Registered Waste Hauler
Weigle Trucking
NJDEP Waste Hauler ID No. 17834
Cubic Yards of Waste 60
Name of Registered Landfill Minerva Landfill
City, State Linden, PA
Disposal Date 04/11/16
City, State Waynesburg, OH

Completed By (Print or Type) Michael F. Keith
Title Project Manager
Signature
Date 3-15-16

ASB-41
JAN 13

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:66 and 12:120)

Date of Notification (1)
3/15/2016

Name of Building Owner/Operator (2)
TWO CENTER STREET TOWNE RENEWAL, LLC C/O DRANOFF PROG

Agencies Notified
☑ EPA
☑ DEP
☑ DOL
☑ DOH
☑ DCA

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

Street Address
755 SOUTH BOARD STREET

City, State, Zip Code
PHILADELPHIA PA 19147

Name of Contact
JIM SHERMAN

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
ONE THEATER

Street Address
36 PARK PLACE

City (5)
NEWARK NJ

County (6)
ESSEX

County Code (7) (STATE USE ONLY) __________

Name of Monitoring Firm Hired by Building Owner (8)
PENNONI ASSOCIATES, INC

ASCM No. ASCM No.

Name of Abatement Contractor (9)
DELTA/BJDS, INC

Street Address
1345 INDUSTRIAL BLVD.

City, State, Zip Code
SOUTHAMPTON PA 18966

Project Manager for Monitoring Firm
Raymond Alan Lloyd

Telephone No.
856 547-0505

License No.
215 322-2900 00783

Name of OSHA Monitor
CRITERION LABS

Street Address
3370 PROGRESS AVE

City, State, Zip Code
BENSALEM PA 19020

Start Date (10)
3/29/2016

Scheduled Completion Date (11)
5/31/2016

Occupy Status During Abatement (Check Only One)
☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☐ Other – Describe: MONDAY-SATURDAY 7AM-11PM

Scope of Work (Check All That Apply)
☐ ≥ 3 sf or ≥ 3 if
☐ ≥160 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
In Facility

Yes
No
N/A

Location Normally Used Solely by Maintenance/Custodial Staff?

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)

PLEASE SEE ATTACHED

SERVICE TRANSPORT GROUP

Name of Registered Waste Hauler

NJDEP Waste Hauler ID No.
20990

Cubic Yards of Waste

Name of Registered Landfill
MINERVA LANDFILL

City, State
WAYNESBURG, OH 44688

Disposal Date

Completed by
DAMIAN LAVELLE/CDV
Title
PROJECT MANAGER

Signature

Date 3/15/2016

* Do not use this form for asbestos licensure exempted activities.
<table>
<thead>
<tr>
<th>Description</th>
<th>Location</th>
<th>Material</th>
<th>Scope of Work</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st Floor Hallway</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1st Floor Bottom Layer</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Elevator Floor</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Entrance Overhang</td>
<td>Overhangs at Building</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exterior Plaster Overhang</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pipe Fittings</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Basement Throughout</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Existing Adjacent Rooms</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Basement Boiler and Equipment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exposure to Basement Boiler</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2nd Floor Under Carpet</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Roof, West and South</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes/No N/A</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Other Miscellaneous
- Custom Made Stairs
- Supply, Vent, or Other Systems Insulation
- Asbestos Containing Material (ACM)
- Description of Location
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:80 and 8:16)  

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>03 / 11 / 16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Madison Urban Renewal LLC/KRE Madison NJ Urban Renewal LLC</td>
</tr>
</tbody>
</table>
| Type Notification | Initial  
Amended  
Cancellation |
| Address | Street Address  
520 US Route 22  
City, State, Zip Code  
Bridgewater, NJ 08807 |
| Name of Contact | Name of Contact  
Noah Crimser |

FACILITY INFORMATION

| Name of Facility Where Abatement is Taking Place (3) | N/A Former Elementary School |
| City (5) | Madison |
| County (6) | Essex |
| County Code (7)(STATE USE ONLY) | |

Name of Monitoring Firm Hired by Building Owner (8)  
Environmental Health Investigations, Inc.  

Name of Abatement Contractor (9)  
East Coast Haz Mat Removal, Inc.  

License No. | 00507 |
| Street Address | 655 West Shore Trail  
494 E. 41 Street |

City, State, Zip Code  
Sparta, NJ 07871  
Pateron, NJ 07504 |

Project Manager for Monitoring Firm  
John Sekelsky  
Telephone No. | 973-729-5649  
973-345-0022 |

Start Date (10) | 01 / 06 / 16  
Scheduled Completion Date (11) | 04 / 15 / 16 |

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

Scope of Work (Check all that apply)  
- Yes  
- No  
- N/A  

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

| Exterior Perimeter | Yes  
No  
N/A  
| See attached sheets | |

Name of Registered Waste Hauler  
Newark Carting  

Name of Registered Landfill  
GROWS, Inc.  

Cubic Yards of Waste  
300  
Disposal Date  
03-31-2016  
City, State  
Newark, NJ 07105  
Morrisville, PA 12506 |

Completed By (Print or Type)  
James Unger  
Title  
Sr. Estimator/Project Manager  
Signature |

*Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 9:50 and 12:120)

Date of Notification (1)
3/14/16

Name of Building Owner/Operator (2)
Cooper Operating, LLC

Agencies Notified
X EPA
X DEP
DOL
X DOH
DCA

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

Street Address
2 Cooper Plaza

City, State, Zip Code
Camden, NJ 08103

Name of Contact
Tom Plutti

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Majestic Center for Rehabilitation

Street Address
2 Cooper Plaza

City (5)
Camden

County (6)
Camden

County Code (7)
(SATE USE ONLY)

Square Feet
30,000

# of Floors
3

Bldg. Age
+/− 50

Current Use (Prior to being demolished)
rehab center

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

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

Street Address
2251 Fraley Street

City, State, Zip Code
Philadelphia, PA 19137

Project Manager for Monitoring Firm
Andrew McMahon

Telephone No.
215-755-2305

License No.
01166

Start Date (10)
3-18-16

Scheduling Completion Date (11)
3-18-16

Name of OSHA Monitor
Synertech Environmental Consulting

Name of Registeed Waste Hauler Service Transport Group

Name of Registered Landfill
Minerva Landfill

Name of Registered Waste Hauler

Name of Registered Landfill
Minerva Landfill

City, State
Philadelphia, PA 19148

New Castle, DE

Completed by

Director of Operations

Signature

Date
3-14-16

Scope of Work (Check All That Apply)

≥3 sf or ≥3 ft
≥150 sf or ≥250 ft

Renovation
Demolition

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

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

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)
mastic
mastic

Amount (Specify SF or LF)
200SF
360SF

Abatement Type
Removal
Repair
Endorseable

* 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)
3-8-16

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

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

Name of Building Owner/Operator (2)
Cooper Operating, LLC

Name of Contact
Tom Pitucci

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Majestic Center for Rehabilitation

Street Address
2 Cooper Plaza

City (5)
Camden

County (6)
Camden

County Code (7) (STATE USE ONLY)

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

ASCM No.

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

Street Address
2251 Fraley Street

City, State, Zip Code
Philadelphia, PA 19137

Project Manager for Monitoring Firm
Andrew McMahon

Telephone No.
215-755-2305

License No.
01166

Start Date (10)
3-18-16

Scheduled Completion Date (11)
3-18-16

Name of OSHA Monitor
SynderTech Environmental Consulting

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

Scope of Work (Check All That Apply)
- Renovation

Demolition

- Full Containment with Negative Pressure

- Mini-Enclosure

- Glovebag Procedure

- Non-Exempted (*) and Non-Flexible Procedure

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

<table>
<thead>
<tr>
<th>Floor</th>
<th>Do Not Apply</th>
<th>Renovation</th>
<th>Full Containment with Negative Pressure</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st floor</td>
<td>No</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>3rd floor</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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)

VAT VAT

Amount (Specify SF or LF)

200SF 360 SF

Abatement Type

- Removal

- Encapsulate

- Endorse

Name of Registered Waste Hauler
Service Transport Group

Name of Registered Landfill
Minerva Landfill

City, State
New Castle, DE
Waynesburg, OH

Completed by
Jennifer Niven
Dir. of Operations

Signature

Date
3-8-16

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:00 and 12:120)

**Date of Notification (1):** 03/10/2016  
**Name of Building Owner/Operator (2):** Fort Lee Assistance and Support Housing Corporation

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Name of Contact</th>
<th>Telephone Number</th>
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<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
<td>Peggy McQuade</td>
<td></td>
</tr>
<tr>
<td>DEP</td>
<td>Amended</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DOL</td>
<td>Amendment #</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DOH</td>
<td>Emergency (including justification)</td>
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<td></td>
</tr>
<tr>
<td>DCA</td>
<td>Cancellation</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Street Address:** 1403 Teresa Drive  
**City, State, Zip Code:** Fort Lee, NJ 07024

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3): Residential Structure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address:</td>
</tr>
<tr>
<td>City (5): Fort Lee, NJ 07024</td>
</tr>
<tr>
<td>County (6): Bergen</td>
</tr>
</tbody>
</table>

**Square Feet:** 2,999  
**# of Floors:** 2  
**Age, Blg:** 150

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

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

**Name of Abatement Contractor (9):** GK Contractors LLC

**Street Address:** 55 Wanaque Ave Suite 115  
**City, State, Zip Code:** Pompton Lakes, NJ 07442

**Start Date (10):** 03/24/2016  
**Scheduled Completion Date (11):** 04/01/2016

**Project Manager for Monitoring Firm:**

**Telephone No.:** 973 513-4245  
**License No.:** 01236

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)</th>
<th>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st Fl. L.R., Stairway &amp; 2nd Fl. Hall</td>
<td>No</td>
<td>Plaster</td>
<td>1340SF</td>
</tr>
<tr>
<td>2nd Fl. Right Rear &amp; Front Bedroom</td>
<td>No</td>
<td>Plaster</td>
<td>950SF</td>
</tr>
</tbody>
</table>

**Location of Registered Waste Hauler:**

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>NJDEP Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Atlantic Carting LLC</td>
<td>A901 #250385</td>
<td>40</td>
<td>Grand Central Sanitary Landfill</td>
</tr>
</tbody>
</table>

**Complated by:**

**Name:** Toni Kocevski  
**Title:** Project Manager  
**Signature:** [Signature]  
**Date:** 03/10/2016

**Endorsement:** [Endorsement]

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