State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:126)  

**Date of Notification:** 05/09/14  
**Name of Building Owner/Operator:** Milren Companies  
**Address:** 1177 Raritan Ave, Highland Park, NJ 08904  

**FACILITY INFORMATION**  
**Name of Facility Where Abatement is Taking Place:** 33 George St, Sc. River, NJ  
**County Code:** Middlesex  
**Name of Monitoring Firm Hired by Building Owner:** Novatech Inc  
**Name of Abatement Contractor:** Novatech Inc  
**Address:** P.O. Box 818  
**Telephone No.:** 408-238-7560  
**License No.:** 153869  
**Occupancy Status During Abatement:** Residential  
**Project Manager for Monitoring Firm:**  
**Start Date:** 05/09/14  
**Location of Asbestos-Containing Material (ACM):**  
<table>
<thead>
<tr>
<th>Location</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>Fire Insulation</td>
</tr>
<tr>
<td>Room 5</td>
<td>6.50 LF</td>
</tr>
</tbody>
</table>

**Location of ACM Normally Used Solely by Maintenance/Custodial Staff:** Yes  

**Description of ACM:**  
- Fire Insulation  
- Unused  

**Location of ACM Normally Not Used Solely by Maintenance/Custodial Staff:** No  

**Name of Registered Waste Hauler:** Novatech Inc  
**Waste-Hauler ID No.:** 18501  
**Cubic Yards of Waste:** 6  
**Name of Registered Landlord:** Carroll A. Heid  
**Title:** President  
**Address:** 1177 Raritan Ave, Highland Park, NJ 08904  

**Other:**  
- Not applicable  
- No other miscellaneous ACM  
- No other ACM in non-owner occupied areas  

**Abatement Type:** Demolition  
**Cubic Yards of Waste:** 6  

**Compliance Date:** 05/09/14  
**Signature:**  

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

**Date of Notification (1):** May 08, 2014

**Name of Building Owner/Operator (2):** Ortho Diagnostic / Johnson & Johnson

**Agency(ies) Notified:**
- ◻ EPA
- ◻ DEP
- ◻ DOL
- ◻ DOH
- ◻ DCA

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

**Street Address:** 920 / 1001 Route 202, PO Box 300

**City, State, Zip Code:** Raritan, NJ 08869

**Name of Contact:**

**Project Manager:**

**Telephone:**

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3):** Ortho Diagnostic / Johnson & Johnson

**Street Address:** 920 / 1001 Route 202

**City (5):**

**County (6):** Somerset

**County Code (7):**

**Country Code (STATE USE ONLY):**

**Square Feet:**

**# of Floors:** 3

**Bldg. Age:**

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

**Name of Monitoring Firm Hired by Building Owner (8):** Bulava Environmental, Inc.

**ASCM No.:**

**Name of Abatement Contractor (9):** The MACK Group, LLC.

**Street Address:** 1500 Kings HWY N, STE 209

**City, State, Zip Code:** Cherry Hill, NJ 08034

**Telephone No.:** 908-874-5207

**License No.:** 00781

**Name of OSHA Monitor:** The MACK Group, LLC.

**Street Address:** 1500 Kings HWY N, STE 209

**City, State, Zip Code:** Cherry Hill, NJ 08034

**Start Date (10):** 5/17/14

**Scheduled Completion Date (11):** 5/17/15

**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):**
- ◻ Renovation
- ◻ Demolition

**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>Bld 1003 Mechanical Room</td>
<td>◻</td>
<td>fittings &amp; asbestos pipe</td>
<td>35 lf</td>
<td>x</td>
</tr>
<tr>
<td>Bld 1003 1st Fl. Bathroom</td>
<td>◻</td>
<td>fittings</td>
<td>26</td>
<td>x</td>
</tr>
<tr>
<td>OCD Tunnel #1</td>
<td>◻</td>
<td>fittings &amp; asbestos pipe</td>
<td>773 lf</td>
<td>x</td>
</tr>
</tbody>
</table>

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

**City, State:** Freehold, NJ

**Waste Hauler ID No.:** 22253

**Cubic Yards of Waste:** 8.3

**Name of Registered Landfill:** BFI Imperial Landfill

**City, State:** Imperial, PA 15126

**Disposal Date:** 5/17/15

**Signature:**

**Title:** President

**Date:** 5/8/14

---

* 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):
5/12/14

Name of Building Owner/Operator (2):
Hazella Lapworth Private Home

Agencies Notified:
- [ ] EPA
- [ ] DEP
- [X] DOH
- [ ] DCA

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

Street Address:
206 S. Railroad Ave

City, State, Zip Code:
Rio Grande NJ 08242

MAY 14 2014

Name of Contact:
Chris

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3):
Hazella Lapworth Private Home

Street Address:
206 S. Railroad Ave

City (5):
Rio Grande NJ 08242

Square Feet:
1000+

# of Floors:
1

Bidg. Age:
35+

County (6):

County Code (7):

Current Use (Prior to being demolished):

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.:
856-753-9800

License No.:
00727

Start Date (10):
5/13/14

Scheduled Completion Date (11):
5/15/14

Name of OSHA Monitor:
Same

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] ≥3 sf or ≥3 if
- [ ] ≥180 sf or ≥260 if
- [ ] Renovation
- [X] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [X] Non-Exempted (*) and Non-Fireable Procedure
- [ ] Endurance

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

<table>
<thead>
<tr>
<th>bedrooms living room kitchen</th>
<th>1 x</th>
<th>Floor Tile</th>
<th>1400 SF</th>
<th>x</th>
</tr>
</thead>
<tbody>
<tr>
<td>dinning room</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler:
United Containers

NJ/DEP Waste Hauler ID No.:
22459

Cubic Yards of Waste:
3

Disposal Date:
5/15/14

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

City, State:
Morrsiville PA 19067

Completed by:
Anthony T Perna
Title:
President

Signature:

Date:
5/12/14

* 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 (3) 05 / 08 / 14

Name of Building Owner/Operator (2) New Jersey Turnpike Authority

Agencies Notified
☑ EPA
☑ DEP
☑ DCA (NJAC 5:16)
☑ DHSS
☑ DCA (NJAC 5:23-8)

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

Street Address P O Box 5042
City, State, Zip Code Woodbridge, NJ 07095

Name of Contact Mr. Peter Julo, PE
Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Toll Utility Building

Street Address NJ Turnpike Interchange 9
City (5) Monroe Township
County (5) Middlesex

Current Use (Prior if being demolished)
Utility Building

Square Feet 10,000
# of Floors 2
Bldg. Age 53

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

Name of Abatement Contractor (9)
Diamond Huntbach Construction Corporation

AsCM No. 12

Street Address 300 Grand Avenue
City, State, Zip Code Englewood, NJ 07631

Project Manager for Monitoring Firm Anthony Valentine
Telephone No. 201-569-6708

Start Date (10) 05 / 12 / 14
Scheduled Completion Date (11) 06 / 06 / 14

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: 7AM-5PM/

Scope of Work (Check all that apply)

☐ ≥3 sf or ≥3 lf
☐ ≥160 sf or ≥260 lf
☑ 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 LF)

Abatement Type

Location of Registered Waste Hauler

Diamond Huntbach Construction
NJ/DEP Waste Hauler ID No. 19689
Cubic Yards of Waste 2 CY
Name of Registered Landfill Minerva
City, State Philadelphia, PA 19124
Disposal Date 05/30/14
Name of Registered Landfill
City, State Waynesburg, OH 44688

Completed By (Print or Type) Charles F. Imbimbo
Title Project Manager
Signature

* 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)  04 / 24 / 14

Name of Building Owner/Operator (2)
New Jersey Turnpike Authority

Agency Notices
☐ EPA
☐ DEP
☐ DCA (NJAC 5:16)
☐ DHSS
☐ DCA (NJAC 5:23-8)

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

Street Address
P O Box 5042
City, State, Zip Code
Woodbridge, NJ 07095

Name of Contact
Mr. Peter Julo, PE

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Toll Utility Building

Street Address
NJ Turnpike Interchange 9

City (5)
Monroe Township

County (6)
Middlesex

Name of Monitoring Firm Hired by Building Owner (8)
Detail Associates

ASCM No.
12

Name of Abatement Contractor (9)
Diamond Huntbach Construction Corporation

Street Address
300 Grand Avenue

City, State, Zip Code
Englewood, NJ 07631

Project Manager for Monitoring Firm
Anthony Valentine

Telephone No.
201-569-6708

Start Date (10)
04 / 28 / 14

Scheduled Completion Date (11)
05 / 30 / 14

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

Square Feet
10,000

# of Floors
2

Bldg. Age
53

Current Use (Prior if being demolished)
Utility Building

Occasionally 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: 7AM-5PM/___ PM-___ AM

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

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

Is Location Normally Used Solely by Maintenance/Custodial Staff? (19)
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

Removal
Repair
Encapsulate
Enclosure

Mechanical/Boiler Room
☐ ☐ ☐ Boiler Insulation
☐ ☐ ☐ Boiler Rib & Hatch Gaskets

Mechanical/Boiler Room
☐ ☐ ☐ Boiler Insulation
☐ ☐ ☐ Boiler Rib & Hatch Gaskets

Name of Registered Waste Hauler
Diamond Huntbach Construction

NJDEP Waste Hauler ID No. 19689

Cubic Yards of Waste
2 CY

Name of Registered Landfill
Minerva

City, State
Philadelphia, PA 19124

Disposal Date
05/30/14

City, State
Waynesburg, OH 44688

Completed By (Print or Type)
Charles F. Imbimbo

Title
Project Manager

Signature

Date
05/08/14

* 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)
05 / 09 / 14

Name of Building Owner/Operator (2)
Monmouth County Prosecutors Office

Type Notification
☐ Initial
☐ Amended
☐ Amendment #4
☐ Emergency (including justification)
☐ Cancellation

Name of Contact
Tom Aloia

Street Address
132 Jersey Ville Avenue

City, State, Zip Code
Freehold NJ 07728

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Existing Bldg A

Square Feet
46,000 Sf.

# of Floors
1

Bldg. Age
1960

County Code (STATE USE ONLY)

Current Use (Prior if being demolished)
Prosecutor's Office

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

ASCM No.
30

Name of Abatement Contractor (9)
APS Contractors Inc.

Street Address
120 North Warren St.

City, State, Zip Code
Trenton, NJ 08618

Telephone No.
609-352-4200

License No.
00875

Start Date (10)
05 / 06 / 14

Scheduled Completion Date (11)
19 / 11 / 14

Name of OSHA Monitor
EMSL ANALYTICAL, INC

Street Address
1056 SHELTON AVE

City, State, Zip Code
PISCATAWAY NJ 08854

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-PM-AM

Scope of Work (Check all that apply)
☐ 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 (13)

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, surfacing, VAT, or other miscellaneous)

Amount (Specify SF or LF)

Abatement Type

Location

Amount

Throat Bldg
VAT
3,600 sf.

EC Rm 1022
Fiberglass Wall Insulf/Cement Brd Panels
324sf

EC Rm 1038
Mastic/Cork Floor Tile
144sf

EC Rms 1016,1017 & 1040
Cement Piping/Pipe Insulation
553 if

Name of Registered Waste Hauler
Atlantic Carting, Inc.

NJDEP Waste Hauler ID No.
26085

Cubic Yards of Waste
30 Yards

Name of Registered Landfill
Grows Landfill

Disposal Date
06/11/2014

City, State
Morrisville, PA 19067

Completed By (Print or Type)
Svetozar Savreski

Title
President

Signature

Date
5/9/14

* 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) 10/15/11 10/18/11 10/14/11**

**Name of Building Owner/Operator (2)**  
MICHAEL & JENNY SOLOMON

**Street Address**  
9 PROSPECT TERRACE

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

**Name of Contact**  
MONTCLAIR, NJ 07042

**FACILITY INFORMATION**

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

**MICHAEL & JENNY SOLOMON**

**Street Address**

9 PROSPECT TERRACE

**City (5)**

**County (6)**

**County Code (7)**

**Type of Facility (4)**

- [ ] 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)**

**Name of Monitoring Firm Hired by Bldg. Owner (8)**

**ASOM No.**

**Name of Abatement Contractor (9)**

D & S RESTORATION, INC.

**Street Address**

20 California Ave.

**City, State, Zip Code**

Paterson, NJ 07503

**Telephone Number**

973-345-8020

**License Number**

01169

**Name of OSHA Monitor**

D & S Restoration, Inc.

**Street Address**

20 California Avenue

**City, State, Zip Code**

Paterson, NJ 07503

**Start Date (10)**

06/04/14

**Sched. Completion Date (11)**

06/16/14

**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—NORMAL HOURS

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

- [X] Renovation
- [ ] Demolition

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

- [X]PIPE INSULATION 400 L FT

**Registered Waste Hauler**

D & S RESTORATION, INC.

**NJDHA Hauler ID**

13506

**Cubic Yards of Waste**

6 YDS

**Name of Registered Landfill**

TULLYTOWN, RESOURCE RECOVERY

**City, State**

Paterson, NJ 07503

**Disposal Date**

06/05/14

**City, State**

TULLYTOWN, PA

**Completed by (Print or Type)**

BOGDAN JOLDZIC

**Title**

PRESIDENT

**Signature**

**Date**

05/08/2014
State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)
03/14/14

Name of Building Owner/Operator (2)
STACEY SUPRAN

Street Address
73 BLACKBURN ROAD

City, State, Zip Code
SUMMIT, NJ 07901

Name of Contact
STACEY SUPRAN

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

Type of Facility (4)
D & S RESTORATION, INC.
20 California Ave.
PATERSON, NJ 07503

Square Feet
973-345-8020

# of Floors
01169

Bldg. Age

Current Use (Prior to being demolished)

Name of Monitoring Firm Hired by Bldg. Owner (5)
D & S RESTORATION, INC.
20 California Ave.
PATERSON, NJ 07503

Phone Number
973-345-8020

License Number
01169

Start Date (10)
05/23/14

Sched. Completion Date (11)
06/10/14

Occupancy Status During Abatement (Check only one)
Facility closed/vacated during entire period of abatement.
Abatement performed outside of normal facility hours.
Other-Describe: NORMAL HOURS

Scope of Work (check all that apply)
>3 sf or >3 ft
Renovation
>160 sf or >260 sq ft
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

GARAGE BY DOOR
BASEMENT CRAWL SPACE
LAUNDRY ABOVE CEILING
BASEMENT STORAGE ROOM

Is location normally used solely by maintenance/custodial staff (12)

Yes
No
N/A

PIPE INSULATION
PIPE INSULATION
PIPE INSULATION
PIPE INSULATION

Amount (Specify SF or LF)
4 LF
15 LF
19 LF
1 LF

Description of asbestos-containing material (ACM)

Amount

Registered Waste Hauler
D & S RESTORATION, INC.
NUDEP Hauler ID# 13506
Cubic Yards of Waste
1 YD

Name of Registered Landfill
TULLYTOWN, RESOURCE RECOVERY

City, State
PATERSON, NJ 07503

Disposal Date
05/24/14

City, State
TULLYTOWN, PA

Completed by (Print or Type)
BOGDAN JOLDZIC
Title
PRESIDENT
Signature
Date
05/07/2014

Do not use this form for asbestos licensure exempted activities.
<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>05/18/14</td>
<td>JENNIFER HAGERTY</td>
<td>D &amp; S RESTORATION, INC.</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

- **Name of facility where abatement is taking place (3)**: JENNIFER HAGERTY
- **Street Address**: 134 MIDLAND AVENUE
- **City** (5): GLEN RIDGE, **County**: ESSEX
- **Name of Monitoring Firm Hired by Bldg. Owner (8)**: ASCM No.
- **Name of Abatement Contractor (9)**: D & S RESTORATION, INC.

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

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

**Square Feet**

<table>
<thead>
<tr>
<th># of Floors</th>
<th>Bldg. Age</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Occupancy Status During Abatement (Check only one)**
- Facility closed/vacated during entire period of abatement.
- Abatement performed outside of normal facility hours.

**Other-Describe**: NORMAL HOURS

**Scope of Work (check all that apply)**
- ≥2 sf or ≥2 fl
- ≥160 sf or ≥260 sf
- Demolition

**Location of asbestos-containing material (acm) to be abated in facility (13)**
- Basement
- Pipe Insulation

**Description of asbestos-containing material (ACM)**
- 80 L FT

**Registered Waste Hauler**
- D & S RESTORATION, INC.

**City, State**
- PATERNSON, NJ 07503

**Disposal Date**
- 05/21/14

**Name of Registered Landfill**
- TULLYTOWN, RESOURCE RECOVERY

**City, State**
- TULLYTOWN, PA

**Completed by (Print or Type)**
- BOGDAN JOLDZIC

**Title**
- PRESIDENT

**Signature**
- Date 05/2014
**State of NJ**
**Notification of Asbestos Abatement**
(Pursuant to NJAC 8:60 and 12:120)

**Date of Notification (1):** 10/15/19

**Name of Building Owner/Operator (2):** LYNN STENECEK

**Street Address:**

**City, State, Zip Code:** WEST LONG BRANCH, NJ 07764

**Name of Contact:** LYNN STENECEK

**FACILITY INFORMATION**

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

**LYNN STENECEK**

**Street Address:** 511 CEDAR AVENUE

**City (5):** WEST LONG BRANCH

**County (6):** MONMOUTH

**County Code (7):**

**Name of Monitoring Firm Hired by Bldg. Owner (8):**

**ASCM No.:**

**Type of Facility (4):**

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

**Square Feet:**

**# of Floors:**

**Bldg. Age:**

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

**Name of Abatement Contractor (9):**

**D & S RESTORATION, INC.**

**Street Address:** 20 California Ave.

**City, State, Zip Code:** Paterson, NJ 07503

**Telephone Number:** 973-345-8020

**License Number:** 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):**

- Full Containment w/negative pressure
- Mini-enclosure
- Glovebag procedure
- Non-Exempted (*) and Non-removable procedure

**Location of asbestos-containing material (ACM) in bldg.:**

- Asbestos-containing material (ACM) in basement/crawl space
- Asbestos-containing material (ACM) in pipes and/or plumbing fixtures
- Asbestos-containing material (ACM) in floor substrate
- Asbestos-containing material (ACM) in ceiling substrates
- Asbestos-containing material (ACM) in wall substrates
- Asbestos-containing material (ACM) in other locations

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

- Pipe insulation
- Insulation in walls
- Insulation in ceilings
- Insulation in floors
- Insulation in ductwork
- Insulation in machinery and equipment

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

- 150 L. FT.

**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:** 05/23/14

**Completed by (Print or Type):** BOGDAN JOLDZIC

**Title:** PRESIDENT

**Signature:**

**Date:** 05/09/2014

*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) 01/15/14

Name of Building Owner/Operator (2)
SYNRAY CORPORATION
Street Address
209 NORTH MICHIGAN AVENUE
City, State, Zip Code
KENILWORTH, NJ 07033
Name of Contact
AL BANKS
Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3)

SYNRAY CORPORATION-BUILDING #4
Street Address
209 NORTH MICHIGAN AVENUE
City (5) KENILWORTH
County (6) UNION
County Code (7) (State use only)

Type of Abatement Contractor (9)
D & S RESTORATION, INC.
Street Address
20 California Ave.
City, State, Zip Code
Paterson, NJ 07503

Current Use (Prior if being demolished)

Square Feet 3,200  No. of Floors 2  Bidg. Age

Name of Abatement Contractor (9)
D & S RESTORATION, INC.
Street Address
20 California Ave.
City, State, Zip Code
Paterson, NJ 07503

Name of Abatement Contractor (9)
D & S RESTORATION, INC.
Street Address
20 California Ave.
City, State, Zip Code
Paterson, NJ 07503

Street Address
209 NORTH MICHIGAN AVENUE

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

Start Date (10) 05/11/14
Sched. Completion Date (11) 05/23/14
Occupancy Status During Abatement (Check only one)
□ Facility closed/vacated during entire period of abatement.
□ Abatement performed outside of normal facility hours.
□ Other-Describe: NORMAL HOURS

Scope of Work (check all that apply)
□ ≥2 sf or ≥2 ft
□ Renovation
□ ≥160 sf or ≥260 sq ft
□ Demolition

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

GROUND LEVEL-FILE RM

Description of asbestos-containing material (ACM)
ASBESTOS CONTAMINATED AREA

Amount (Specify SF or LF) 400 SQ FT

Registered Waste Hauler
D & S RESTORATION, INC.
NJDEP Hauler ID 13506
Cubic Yards of Waste 4 YDS
Name of Registered Landfill
TULLYTOWN, RESOURCE RECOVERY
City, State
PATERN, NJ 07503
Disposal Date 05/12/14
dated 05/12/14

Completed by (Print or Type)
BOGDAN JOLDZIC
Title PRESIDENT

Signature

Date 05/09/14
**Notification of Asbestos Abatement**
(Pursuant to NJAC 8:60 and 12:1/20)

**Date of Notification (1):**
- **05/15/14**
- **05/19/14**

**Name of Building Owner/Operator (2):**
- SYNRAV CORPORATION

**Address:**
- 209 NORTH MICHIGAN AVENUE
- KENILWORTH, NJ 07033

**Name of Contact:**
- AL BANKS

**Facility Information:**

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

- **Square Feet:**
- **No. of Floors:**
- **Bldg. Age:**

**Occupancy Status During Abatement: (Check only one):**
- [X] Normal Hours
- [ ] Other (Describe below)

**Scope of Work (Check all that apply):**
- [X] 200 sf or less
- [ ] 200 sf to 2,000 sf
- [ ] More than 2,000 sf
- [ ] Renovation
- [X] 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>
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<tbody>
<tr>
<td>Ground Level</td>
<td>File (RM)</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td></td>
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</tr>
</tbody>
</table>

**Ground Level-File Room:**
- **Description of asbestos-containing material (ACM):**
- **Amount:**
  - **Lb:**
  - **SF:**

**Asbestos Contaminated Area:**
- **400 SQ FT**

**Registered Waste Hauler:**
- D & S RESTORATION, INC.
- N.J. Dep. Hauler Id: 13506
- Public Yards of Waste: 4 YDS
- City, State: PATERSON, NJ 07503

**Name of Registered Landfill:**
- TULLYTOWN, RESOURCE RECOVERY

**City, State:**
- TULLYTOWN, PA

**Disposal Date:**
- 05/12/14

**Completed by:**
- BOGDAN ZOLDZIC
- Signature:

**Date:**
- 05/09/2014
STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT
(PURSUANT TO NJAC 8:60-7 AND 12:120-7)

Name of Building Owner / Operator (2)

INFINEUM

Street Address

1900 EAST LINDEN AVE

City, State, Zip Code

LINDEN, NJ, 07036

Name of Contact

MICHAEL PULSFORD

Telephone Number


FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

INFINEUM

Type of Facility (4)

□ School (K-12)
□ Subchapter 8 (Other than K-12)
□ Other (I.e., private & commercial blgs., homes, etc.)

Square Feet

100,000

# Of Floors

5

Building Age

40 +

Current Use (Prior if being demolished)

OFFICE

Name of Monitoring Firm Hired by Bldg. Owner (8)

ASCM NOT

Street Address

LVI Demolition Services Inc.

City, State, Zip Code

Bridgewater, NJ 08807

Project Mgr. For Monitoring Firm

Street Address

Eric Houseknecht

City, State, Zip Code

East Hanover, NJ 07936

Telephone Number

908-218-1108

Name of OSHA Monitor

LVI Demolition Services Inc.

Telephone Number

973-884-8682

License Number

00860

Occupancy Status During Abatement (Check Only 1)

□ Facility Closed/Vacated During Entire Period of Abatement
□ Abatement Performed Outside of Normal Facility Hours - Describe:
□ Other - Describe: 5:00 PM FRID - 5:00PM SUN

Scope of Work (Check All That Apply)

□ Demolition
□ Renovation
□ Full Containment with Negative Pressure
□ >3sf or >3lf
□ Mini - Enclosure
□ >160 sf or >260 lf
□ Glovebag Procedure
□ Non-Exempted (*) and Non-Friable Procedure
□ Custodial Staff (12)
□

Location of Asbestos Containing

Material (ACM) (I.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)

Amount (Specify SF or LF)

Abatement Type

Description of

REMOVAL

REPAIR

ENCAPSUL

ENCLOS

LOCATION OF

ASBESTOS CONTAINING

MATERIAL (ACM)

IN FACILITY

(13)

TO BE ABATED

IN FACILITY

(13)

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

YES □ NO □ NA □

4TH FLOOR

□ VAT/CONCRETE DEBRIS

280 SF

280 SF

Name of Registered Waste Hauler

NEWARK CARTING

NJDEP Waste Hauler ID No. 4509

Name of Registered Landfill

I.E.S.I.

City, State

NEWARK, NJ

Disposal Date

City, State

BETHLEHEM, PA 18105

Completed by (Print or Type)

Steve Stiles

Title

Project Manager

Signature

Date

05/13/14
### 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>5/18/14</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>FIRST HARTFORD REALTY CORPORATION</td>
</tr>
<tr>
<td>Street Address</td>
<td>449 COLONIAL ST</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Manchester, CT 06045</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>TONY BALLANACCI</td>
</tr>
</tbody>
</table>

### FACILITY INFORMATION

- **Name of Facility Where Abatement is Taking Place (3):** Future CVS
- **Street Address:** 453 Valley Street
- **City:** Maplewood
- **County:** Essex County
- **County Code:** 01
- **Current Use (Prior if being demolished):** Vacant
- **Type of Facility:** Other (i.e. private & commercial buildings, homes, etc.)
- **Square Feet:** 16,000
- **# of Floors:** 1
- **Bldg. Age:** 23

### Monitoring Firm
- **Name of Monitoring Firm Hired by Building Owner (8):** ASCM No.
- **Name of Abatement Contractor (9):** MICROTECH CONTRACTING CORP
- **Street Address:** 38 Keen St
- **City, State, Zip Code:** West Babylon, NY 11704
- **Licence No.:** 01/02

### Site Information
- **Start Date (10):** 5/19/14
- **Scheduled Completion Date (11):** 10/19/14
- **Name of OSHA Monitor:** GEORGE MONCAYO
- **Occupancy Status During Abatement:** Facility Closed/Vacated During Entire Period of Abatement
- **Project Manager for Monitoring Firm:**
- **Telephone No.:**

### Scope of Work
- **Scope of Work:** Check All That Apply
  - [X] 2,160 sf or 2,250 sf
  - [X] Renovation
  - [X] Demolition

### Asbestos-Containing Material (ACM)
- **Is Location Normally Used Solely by Maintenance/Custodial Staff?**
  - [X] Yes
  - [ ] No
  - [ ] N/A

### Description of ACM
- **Description:**
  - [X] VAST-FLF packing
  - [X] VAST, Master
  - [X] Pipe Insulation
  - [X] Roof/Flashing

### Registered Waste Hauler
- **Name of Registered Waste Hauler:** ATC INC
- **Disposal Date:**
  - [X] Site
  - [ ] Disposal Date

### Abatement Sheet
- **Signature:**
  - [X] Completed by VINCENT ADUNCE
  - [ ] Title
  - [ ] Date 5/11/14

---

*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)  5/19/14

Name of Building Owner/Operator (2)  FIRST Herford Realty Corporation

Agencies Notified     Type Notification
☐ EPA ☐ Initial
☐ DEP ☐ Amended
☐ DOL ☐ Amendment # 1
☐ DOH ☐ Emergency (Including
☐ DCA    Justification)
☐ Cancellation

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

Street Address  453 Valley Street

City (5)  Maplewood

County (6)  ESSEX County

Name of Monitoring Firm Hired by Building Owner (8)  ASCM No. 1

Name of Abatement Contractor (9)  Microtech Contracting Corp

Street Address  38 Keen St

City, State, Zip Code  West Babylon, NY 11704

Project Manager for Monitoring Firm  Telephone No.

Name of OSHA Monitor  GEORGE MONCAYO

Start Date (10)  5/19/14

Scheduled Completion Date (11)  10/19/14

Current Use (Prior if being demolished)  VACANT

Occupy 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 25 ft
☐ 160 SF or greater
☐ Renovation
☐ Demolition
☐ Removal
☐ Full Replacement with No Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Fireable Procedure

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM)</th>
<th>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-Rest Room, North Wall</td>
<td>Yes</td>
<td>VCT-FW Packing</td>
<td>1683 SF</td>
<td>X</td>
</tr>
<tr>
<td>1st FL-Planes / 1st Floor</td>
<td>Yes</td>
<td>VCT, Mason</td>
<td>1681 SF</td>
<td>F</td>
</tr>
<tr>
<td>1st FL-Absor Ceiling</td>
<td>Yes</td>
<td>Pipe Insulation</td>
<td>92 LF</td>
<td>F</td>
</tr>
<tr>
<td>Exterior Roof</td>
<td>Yes</td>
<td>Roofing/Flash</td>
<td>20,000 SF</td>
<td>F</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler  NJDEP Waste Hauler ID No.  Cubic Yards of Waste  Name of Registered Landfill

ATC INC.  0123456789012345678901234567890  0.123456789012345678901234567890  Minerva Enterprises

City, State  Long Island, NY  NY

Disposal Date  SHEET 8/8/2014

Completed by  Signature

VINCENT ADACHE  5/19/14

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

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

**State of New Jersey**

**Date of Notification (1)**
5/8/14

**Name of Building Owner/Operator (2)**
Cherry Hill Public Schools

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

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

**Name of Facility Where Abatement is Taking Place (3)**
Bret Harte Elementary School

**Street Address**
1909 Queen Anne Drive

**City (5)**
Cherry Hill NJ 08002

**County (6)**
Camden

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

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

**ASCM No.**

**Name of Abatement Contractor (9)**
Pernaco Inc.

**Street Address**
1253 North Church Street

**City, State, Zip Code**
Mooresstown NJ 08057

**Project Manager for Monitoring Firm**
James Gullardi

**Telephone No.**
856-840-8800

**Start Date (10)**
5/8/14

**Scheduled Completion Date (11)**
5/10/14

**Occupancy Status During Abatement (Check Only One)**
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other - Describe: After 5 pm

**Scope of Work (Check All That Apply)**
- ≥3 sf or ≥3 if
- ≥100 sf or ≥250 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 (13)

<table>
<thead>
<tr>
<th>Name of 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>Boiler Room</td>
<td>X</td>
<td>Boiler Gasket</td>
<td>20 sf</td>
<td>x</td>
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</table>

**Name of Registered Waste Hauler**
United Containers

**NJDEP Waste Hauler ID No.**
22459

**Cubic Yards of Waste**
1

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

**City, State**
Morrisville PA 19067

**Disposal Date**
5/12/14

**Completed by**
Anthony T Perna
**Title**
President

**Signature**

**Date**
5/8/14

*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)**  
05/09/14

**Name of Building Owner/Operator (2)**  
1707 Realty LLC

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

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

**Street Address**  
PO Box 2

**City, State, Zip Code**  
Morganville, NJ 07751

**Name of Contact**  
c/o Dan Materese

**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**  
16,000

**# of Floors**  
3

**Bldg. Age**  
50+

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

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

**Street Address**  
1707 69th St

**City**  
North Bergen

**County**  
Union

**County Code (7)**  
(State Use Only)

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

**ASCM No.**  
America Enterprise Corp

**Name of Abatement Contractor (9)**  
America Enterprise Corp

**Street Address**  
106 Gold St

**City, State, Zip Code**  
Green Brook, NJ 08812

**Telephone No.**  
677-977-9516

**License No.**  
01203

**Name of OSHA Monitor**  
America Enterprise Corp

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

**Start Date (10)**  
Scheduled Completion Date (11)

**Scope of Work (Check All That Apply)**
- 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                  | Is Location Normally Used Solely by Maintenance/Custodial Staff? | Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAC, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type |
|---------------------------|------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|---------------------------|----------------|----------------|
| Wall south side bldg      | No                                                               | Vapor barrier                                                                                                           | 1500 sf                   | X             |
| Interior windows-2nd & 3rd fl | X                                                             | caulking                                                                                                                | 165 sf                    | X             |
| Roof                      | X                                                                | roofing material                                                                                                        | 15000 sf                  | X             |
| Roof perimeter and penetrations | X                                                      | roof flashing & tar                                                                                                     | 650 sf                    | X             |

**Name of Registered Waste Hauler**  
America Enterprise Corp

**Cubic Yards of Waste**  
TBD

**Disposal Date**  
TBD

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

**City, State**  
Green Brook, NJ

**Completed by**  
eli Brito

**Title**  
Proj. mgr

**Signature**

**Date**  
05/09/14

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)
05-02-14

Name of Building Owner/Operator (2)
Chris Krall

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

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

Street Address
20 Suttie Ave.

City, State, Zip Code
Piscataway NJ 08854

Name of Contact
Chris Krall

Telephone No. ([redacted])

FACILITY INFORMATION

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

Street Address
20 Suttie Ave.

City (5)
Piscataway

County (6)
Middlesex

County Code (7)
[STATE USE ONLY]

Current Use (Prior if being demolished)

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

Square Feet

# of Floors

Bldg. Age

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

Name of Abatement Contractor (9)
Delfa Contracting LLC

Street Address
522 7th Street

City, State, Zip Code
Union City NJ 07087

Project Manager for Monitoring Firm

Telephone No.
[redacted]

License No.
01206

Start Date (10)
05-14-14

Scheduled Completion Date (11)
05-15-14

Name of OSHA Monitor
Delfa Contracting LLC

Occupancy Status During Abatement (Check Only One)
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other – Describe: 8:00 AM - 4:00 PM

Scope of Work (Check All That Apply)
- 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)

Is Location Normally Used Solely by Maintenance/ Custodial Staff?

Yes

No

N/A

Description of Asbestos-Containing Material (ACM)
- Thermal systems insulation, surfacing, VAT, or other miscellaneous

Amount (Specify SF or LF)
30 SF

Abatement Type
- Removal
- Encapsulation
- Endoscope

Name of Registered Waste Hauler
Delfa Contracting LLC

NJDEP Waste Hauler ID No.
35240

Cubic Yards of Waste
1

Name of Registered Landfill
Tullytown Resource Recovery Facility

City, State
Union City NJ 07087

Disposal Date
05-16-14

City, State
Tullytown, PA

Completed by
Jaime Delgado

Title
Proj. Manager

Signature

Date
05-02-14

* 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)**  
05-02-14

**Name of Building Owner/Operator (2)**  
Calore Carpenters Co. Inc

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Street Address</th>
<th>City, State, Zip Code</th>
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<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
<td>221 Columbia Ave.</td>
<td>Jersey City nj 07307</td>
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<td>DEP</td>
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<tr>
<td>DOL</td>
<td>Amendment #</td>
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<td></td>
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<td>DOH</td>
<td>Emergency (including justification)</td>
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<tr>
<td>DCA</td>
<td>Cancellation</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

**Street Address**  
42 Zabriskie St.

**City (5)**  
Jersey City

**County (6)**  
Hudson

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

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

**ASCM No.**  

**Name of Abatement Contractor (9)**  
Delfa Contracting LLC

**Street Address**  
522 7th Street

**City, State, Zip Code**  
Union City NJ 07087

**Project Manager for Monitoring Firm**  

**Telephone No.**  

**Telephone No.**  
201 216-9603

**License No.**  
01206

**Start Date (10)**  
05-13-14

**Scheduled Completion Date (11)**  
05-15-14

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

**Abatement Performed Outside of Normal Facility Hours**  
Other – Describe: 8:00 AM - 4:00 PM

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

- 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)

<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>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>x</td>
<td>pipe insulation</td>
<td>200 LF</td>
<td>x</td>
</tr>
<tr>
<td>Basement</td>
<td>x</td>
<td>boiler insulation</td>
<td>24 SF</td>
<td>x</td>
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</tbody>
</table>

**Name of Registered Waste Hauler**  
Delfa Contracting LLC

**NJDEP Waste Hauler ID No.**  
35240

**Cubic Yards of Waste**  
2

**Name of Registered Landfill**  
Tullytown Resource Recovery Facility

**City, State**  
Union City NJ 07087

**Disposal Date**  
05-16-14

**Comleted by**  
Jaime Delgado  
Title  
Proj. Manager

**Signature**  

**Date**  
05-02-14

*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>May 7th, 2014</th>
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</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>THE PERTH AMBOY SELF STORAGE, LLC</td>
</tr>
<tr>
<td>Agencies Notified</td>
<td>Type Notification</td>
</tr>
<tr>
<td>---------------------</td>
<td>-----------------</td>
</tr>
<tr>
<td>EPA</td>
<td>Initial</td>
</tr>
<tr>
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<td>Amended</td>
</tr>
<tr>
<td>DOL</td>
<td>Amendment #</td>
</tr>
<tr>
<td>DOH</td>
<td>Emergency (including justification)</td>
</tr>
<tr>
<td>DCA</td>
<td>Cancellation</td>
</tr>
<tr>
<td>Street Address</td>
<td>22 Maple Ave.</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Morristown, New Jersey 07960</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>John Tedona</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
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</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Perth Amboy Self Storage, LLC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>900 State Street</td>
</tr>
<tr>
<td>City (5)</td>
<td>Perth Amboy</td>
</tr>
<tr>
<td>County (6)</td>
<td>Middlesex</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>EWMA</td>
</tr>
<tr>
<td>ASCM No.</td>
<td></td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>Slavco Construction Inc.</td>
</tr>
<tr>
<td>Street Address</td>
<td>164 Getty Ave.</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Clifton, New Jersey 07011-1802</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>Mr. Alfred Moffit</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>973-560-1400</td>
</tr>
<tr>
<td>License No.</td>
<td>00724</td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>May 21, 2014</td>
</tr>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>December 31, 2014</td>
</tr>
<tr>
<td>Name of OSHA Monitor</td>
<td>Slavco Construction Inc.</td>
</tr>
<tr>
<td>Street Address</td>
<td>164 Getty Ave.</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Clifton, New Jersey 07011-1802</td>
</tr>
</tbody>
</table>

**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 7:00am-3:30pm

**Scope of Work (Check All That Apply)**
- ≥3 sf or ≥3 ft
- ≥180 sf or ≥260 ft
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Area</th>
<th>Location Noramlly 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>
</tr>
</thead>
<tbody>
<tr>
<td>Eastern Office Area</td>
<td>x</td>
<td>VAT &amp; MASTIC</td>
<td>3,560SF</td>
</tr>
<tr>
<td>Central Office Area</td>
<td>x</td>
<td>VAT &amp; MASTIC</td>
<td>144SF</td>
</tr>
<tr>
<td>Boiler Room</td>
<td>x</td>
<td>CORRUGATED INSULATION</td>
<td>40SF</td>
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<tr>
<td>Boiler Room</td>
<td>x</td>
<td>FURNACE GASKET</td>
<td>49SF</td>
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</table>

**Name of Registered Waste Hauler**

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>N.J. DEP Waste Hauler ID No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Slavco Construction Inc.</td>
<td>18508</td>
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</table>

**Cubic Yards of Waste**

<table>
<thead>
<tr>
<th>Disposal Date</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>TBD</td>
<td>G.R.O.W.S Landfill</td>
</tr>
</tbody>
</table>

**Completed by**

<table>
<thead>
<tr>
<th>Vivian D. Jurcovic</th>
<th>Title</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office Manager</td>
<td></td>
<td></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)**
5/9/14

**Name of Building Owner/Operator (2)**
Dave Donachy Private Home

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

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

**Street Address**
312 Chestnut

**City, State, Zip Code**
Moorrestown NJ 08057

**Name of Contact**
Dave

**Telephone**

---

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**
Dave Donachy Private Home

**Street Address**
312 Chestnut

**City (5)**
Moorrestown NJ 08057

**County (6)**
Burlington

**County Code (7)**
(hotel only)

**Square Feet**
1000+

**# of Floors**
2

**Bidg. Age**
35+

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

---

**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

**License No.**
00727

**Telephone No.**
856-753-9800

**Project Manager for Monitoring Firm**

**Telephone No.**

**Name of OSHA Monitor**
Same

**Start Date (10)**
5/19/14

**Scheduled Completion Date (11)**
5/23/14

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

**Scope of Work (Check All That Apply)**
- [x] ≥3 sf or ≥3 ft²
- [ ] ≥150 sf or ≥260 ft²
- [ ] Renovation
- [ ] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [x] Non-Exempted (*) and Non-Perifiable 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>Basement</td>
<td>[x]</td>
<td>Pipe Insulation</td>
<td>100 LF</td>
<td></td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**
United Containers

**N/D/E P Waste Hauler ID No.**
22459

**Cubic Yards of Waste**
2

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

**City, State**
Morrisville PA 19067

**Disposal Date**
5/23/14

**Completed by**
Anthony T Perna

**Title**
President

**Signature**

**Date**
5/9/14

---

*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): 05 09 14

Name of Building Owner/Operator (2): Tammy DiCosmo

Agencies Notified:
- DOLWD
- DHSS
- DCA

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

Street Address:
52 Archanga Avenue

City, State, Zip Code:
Colonia, NJ 07067

Name of Contact:
Tammy DiCosmo

Facility Information

Name of Facility Where Abatement is Taking Place (3):
Private home

Street Address:
52 Archanga Avenue

City:
Colonia, NJ 07067

County:
Middlesex

County Code (7) (STATE USE ONLY):

Current Use (Prior to being demolished):

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

Square Feet:

# of Floors:

Bldg. Age:

Name of Monitoring Firm Hired by Building Owner (5):

ASCM No.:

Name of Abatement Contractor (9):
Gr Tech LLC

Street Address:
576 Valley Rd #283

City, State, Zip Code:
Wayne, NJ 07470

Project Manager for Monitoring Firm:

Telephone No.:
973-638-1777

License No.:
01127

Name of OSHA Monitor:
Envirovision Consultants, Inc

Street Address:
20-21 Wagaraw Road, Bldg. # 34A

City, State, Zip Code:
Fair Lawn, NJ 07410

Start Date (10):
05 19 14

Scheduled Completion Date (11):
05 20 14

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

Scope of Work (Check all that apply):
- >3 sf or >3 if
- ≥ 160 sf or ≥260 if
- Renovation
- Demolition
- Clean up and decontamination with negative pressure
- Full Containment with Negative Pressure
- Glove bag Procedure
- Tent with Negative Pressure
- Non-Exempted (*) and Non-Friable Procedure

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

IN Facility:

Yes
No
N/A

Le 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 S/F or LF):

Abatement Type:

Crawl Space:

Pipe insulation
110 LF

Name of Registered Waste Hauler:
Gr Tech LLC

Cubic Yards of Waste:
TBD

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

Disposal Date:
TBD

City, State:
Wayne, NJ 07470

Completed By (Print or Type):
N. Jevtic

Title:
Owner

Signature:

Date:
05/09/2014

* Do not use this form for asbestos license renewal or sampled activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:18)

Date of Notification: 05/08/14

Name of Building Owner/Operator: Gretchen Brewer
Street Address: 74 Mountainview Road
City, State, Zip Code: Millburn, NJ 07041

Name of Facility Where Abatement is Taking Place:
Private home
Street Address: 74 Mountainview Road
City, State, Zip Code: Millburn, NJ 07041
County: Essex

Name of Monitoring Firm Hired by Building Owner:

Name of Abatement Contractor: Gr Tech LLC
Street Address: 576 Valley Rd #283
City, State, Zip Code: Wayne, NJ 07470

Project Manager for Monitoring Firm: Envirovision Consultants, Inc
Street Address: 20-21 Wagaraw Road, Bldg. # 34A
City, State, Zip Code: Fair Lawn, NJ 07410

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

Square Feet: # of Floors: Bldg. Age:

Current Use (Prior if being demolished):

Type of Abatement:
Clean up and decontamination with negative pressure
Full Containment with Negative Pressure
Mini-Enclosure
Glovebag Procedure
Tent with Negative Pressure
Non-Exempted (*) and Non-Friable Procedure

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

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

Amount: [Specify SIF or LF]
Abatement Type:
Repair
Removal
Encapsulate

Name of Registered Waste Hauler:
Gr Tech LLC
City, State: Wayne, NJ 07470

Cubic Yards of Waste: TBD
Name of Registered Landfill: T.R.R.F. Inc.
City, State: Tullytown, PA

Disposal Date: TBD

Committed By (Print or Type):
N. Jevtic
Title: Owner
Signature: [Signature]
Date: 05/08/2014

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

Date of Notification (1):
5/8/14

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

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

Name of Building Owner/Operator (2):
Jeff Tarantino

Street Address:
214 Walnut Street

City, State, Zip Code:
Middlesex, NJ

Name of Contact:
Jeff Tarantino

Telephone Number:

FACILITY INFORMATION

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

City (5):
Middlesex

County (5):
Middlesex

Square Feet:
2100

# of Floors:
2

Bldg. Age:
60

Current Use (Prior if being demolished):

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

ASCM No.:

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

Street Address:
PO Box 483

City, State, Zip Code:
Glenwood, NJ 07418

Project Manager for Monitoring Firm:

Telephone No.:
973-583-8500

License No.:
703

Start Date (10):
5/14/14

Scheduled Completion Date (11):
6/3/14

Occupy 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 ≥2260 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 (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):
pipe fittings/insulation

Amount (Specify SF or LF):
20 LF

Abatement Type
- Removal
- Encapsulate
- Enclose

Name of Registered Waste Hauler:
Freehold Cartage

NJDEP Waste Hauler ID No.:
15939

Cubic Yards of Waste:
10

Name of Registered Landfill:
GROWS

City, State:
Freehold, NJ

Disposal Date:
TBD

City, State:
Morrisville, PA

Completed by:
A. Scott Higgins
Title:
President
Signature:
Date:
5/8/14

* Do not use this form for asbestos licensure exempted activities.
## State of New Jersey
### NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:99 and 12:128)

<table>
<thead>
<tr>
<th>Date of Notification (8)</th>
<th>Name of Building Owner/Operator (2)</th>
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<tbody>
<tr>
<td>5-7-2014</td>
<td>VILLA WALSH</td>
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<table>
<thead>
<tr>
<th>Agency Notified</th>
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<tbody>
<tr>
<td>J.B. EPA</td>
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<table>
<thead>
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<tbody>
<tr>
<td>Initial</td>
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<table>
<thead>
<tr>
<th>Street Address</th>
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<tbody>
<tr>
<td>455 WESTERN AVENUE</td>
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<table>
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<tbody>
<tr>
<td>MORRISTOWN, NJ 07960-4928</td>
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<table>
<thead>
<tr>
<th>Name of Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>SISTER HELEN SHULANDER</td>
</tr>
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</table>

<table>
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<tr>
<th>Telephone Number</th>
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### FACILITY INFORMATION

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

<table>
<thead>
<tr>
<th>Street Address</th>
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<tbody>
<tr>
<td>455 WESTERN AVENUE</td>
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</table>

<table>
<thead>
<tr>
<th>City (5)</th>
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</thead>
<tbody>
<tr>
<td>MORRISTOWN</td>
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</table>

<table>
<thead>
<tr>
<th>County Code (6) (STATE USE ONLY)</th>
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</thead>
<tbody>
<tr>
<td>MURRIS</td>
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</table>

<table>
<thead>
<tr>
<th>Current Use (Prior to being demolished)</th>
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</thead>
<tbody>
<tr>
<td>CLASSROOM, TEACHER RESIDENCE</td>
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</table>

<table>
<thead>
<tr>
<th>Name of Maintaining Firm Hired by Building Owner</th>
</tr>
</thead>
<tbody>
<tr>
<td>DETAIL ASSOCIATES INC</td>
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<table>
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<table>
<thead>
<tr>
<th>Name of Abatement Contractor (8)</th>
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<tbody>
<tr>
<td>Best Removal Inc</td>
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<thead>
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<th>Street Address</th>
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</thead>
<tbody>
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<td>300 GRAND AVENUE</td>
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<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
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<tbody>
<tr>
<td>ENGLEWOOD, N.J. 07631</td>
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<table>
<thead>
<tr>
<th>Project Manager for Maintaining Firm</th>
</tr>
</thead>
<tbody>
<tr>
<td>T. VALENTINE</td>
</tr>
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<table>
<thead>
<tr>
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<tbody>
<tr>
<td>201-569-6708</td>
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<tbody>
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<table>
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<td>7-14-2014</td>
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<table>
<thead>
<tr>
<th>OSHA Inspector</th>
</tr>
</thead>
<tbody>
<tr>
<td>Omega Environmental Inc</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>280 RYLER ST</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>South Hackensack, N.J. 07606</td>
</tr>
</tbody>
</table>

### NOTES

- **Type of Facility (9)**
  - School (K-12)
  - Subchapter S (Other than K-12)
  - Other (i.e., private & commercial buildings, hospitals, etc.)

- **Square Foot**
  - 66000

- **# of Floors**
  - 7

- **Age**
  - Yes

### Work Details

- **Shape of Work (Check all that apply)**
  - Abatement Performed Overnight or Normal Facility Hours

### Abatement Details

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM)</th>
<th>In Location Normally Used Solely by Maintenance/ Custodial Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>WATER TOWER</td>
<td>Yes</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, coating, VAC, or other miscellaneous)</th>
</tr>
</thead>
<tbody>
<tr>
<td>THERMAL INSULATION</td>
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<table>
<thead>
<tr>
<th>Amount (Specify SF or LFT)</th>
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<td>1550 SF X</td>
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<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED</th>
</tr>
</thead>
<tbody>
<tr>
<td>WATER TOWER</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Thermally Insulated Material Name</th>
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</thead>
<tbody>
<tr>
<td>THERMAL INSULATION</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Amount (Specify SF or LFT)</th>
</tr>
</thead>
<tbody>
<tr>
<td>600 LFT X</td>
</tr>
</tbody>
</table>

### Landfill Disposal

<table>
<thead>
<tr>
<th>Header (13)</th>
<th>Header (19)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Best Removal Inc</td>
<td>17109</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Cubic Yards of Waste</th>
</tr>
</thead>
<tbody>
<tr>
<td>40 YDS</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hackensack, N.J. 07601</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Disposal Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>7-14-2014</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Waynesburg, Oh</td>
</tr>
</tbody>
</table>

###Completed by

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>R. VELDREN</td>
<td>Estimator</td>
<td>5-7-2014</td>
</tr>
</tbody>
</table>

* Do not use this form for asbestos removal excepted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:69 and 12:126)

<table>
<thead>
<tr>
<th>Date of Notification (3)</th>
<th>5-8-2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>H. HENDLIN</td>
</tr>
<tr>
<td>Agency/Method</td>
<td>Type Notification</td>
</tr>
<tr>
<td>[ ] EPA [ ] DEP [ ] DOL [ ] DOH [ ] DCA</td>
<td></td>
</tr>
<tr>
<td>[ ] Initial [ ] Amended [ ] Amendment 6 [ ] Emergency (Including Notification) [ ] Cancellation</td>
<td></td>
</tr>
<tr>
<td>Street Address</td>
<td>5 LAUREL DRIVE</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>SPRINGFIELD, NJ 07081</td>
</tr>
<tr>
<td>Name of Contractor</td>
<td>H. HENDLIN</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
</tbody>
</table>

FACILITY INFORMATION

| Name of Facility Where Abatement is Taking Place (3) | 5 LAUREL DRIVE |
| City (6) | SPRINGFIELD |
| County (6) | UNION |
| County Code (7) (STATE USE ONLY) |
| Type of Facility (4) |
| [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [ ] Other (i.e., private & commercial buildings, homes, etc.) |
| Square Feet | |
| # of Floors | |
| Bldg. Age | |

| Name of Remediating Firm Hired by Building Owner (8) |
| ASCM No. |
| Name of Abatement Contractor (9) |
| Telephone No. | 201-329-7444 |
| License No. | 00388 |
| Name of OSHA Monitor |
| Street Address | 450 S.River St |
| City, State, Zip Code | Hackensack, N.J. 07601 |
| Project Manager for Remediating Firm |
| Start Date (10) | 5-19-2014 |
| Calculated Completion Date (11) | 5-21-2014 |
| Scope of Work (Check all that apply) |
| [ ] Renovation [ ] Demolition [ ] Full Containment with Negative Pressure |
| [ ] Manual-Supported [ ] Shrouding Procedures [ ] Non-Erupted (F) and Non-Fireable Procedures |
| Location of Asbestos-Containing Material (ACM) TO BE ASATED In Facility (12) |
| Yes | No |
| Location Normally Used Solely by Maintenance/Custodial Staff (13) |
| Description of Asbestos Containing Material (ACM) (i.e., thermal, acoustic insulation, covering, VAT, or other asbestiform) |
| Amount (square ft or ft²) |
| Abatement Type |
| Equipment |
| Method |
| Required |

| Name of Registered Waste Handler |
| Telephone Number |
| Title |

| Name of Registered Waste Handler | Best Removal Inc |
| Telephone Number | 201-329-7444 |
| Title | Estimator |
| Signature | R. VELDRAAN |
| Date | 5-8-2014 |

*Do not use this form for asbestos removal excepted facilities.*
**State of New Jersey**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:69 and 12:129)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>5-7-2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Legow Management</td>
</tr>
<tr>
<td>Agencies Notified</td>
<td>EPA, DEP, DCL</td>
</tr>
<tr>
<td>Type Notification</td>
<td>Initial</td>
</tr>
<tr>
<td>Street Address</td>
<td>160 S. Livingston Ave.</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Livingston, NJ 07039</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>John</td>
</tr>
<tr>
<td>FACILITY INFORMATION</td>
<td></td>
</tr>
<tr>
<td>Name of Facility Where Abatement Is Taking Place (3)</td>
<td>Chilton Towers Apt. 5A</td>
</tr>
<tr>
<td>Street Address</td>
<td>220 W. Jersey Street</td>
</tr>
<tr>
<td>City (6)</td>
<td>Elizabeth</td>
</tr>
<tr>
<td>County (6)</td>
<td>Union</td>
</tr>
<tr>
<td>Current Use (Prior to being demolished)</td>
<td>Apartment Building</td>
</tr>
<tr>
<td>Square Foot</td>
<td>10,000</td>
</tr>
<tr>
<td># of Floors</td>
<td>15</td>
</tr>
<tr>
<td>Bldg. Age</td>
<td>50+</td>
</tr>
<tr>
<td>Name of Monitoring Firm Listed by Building Owner (8)</td>
<td>n/a</td>
</tr>
<tr>
<td>Street Address</td>
<td>n/a</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>n/a</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>n/a</td>
</tr>
<tr>
<td>Name of Abatement Contractor (8)</td>
<td>Lorzics Management Corporation</td>
</tr>
<tr>
<td>Street Address</td>
<td>22 Troy Lane</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Lincoln Park, NJ 07035</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>973-706-7950</td>
</tr>
<tr>
<td>License No.</td>
<td>01183</td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>5-9-2014</td>
</tr>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>5-9-2014</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>Scopes of Work (Check All That Apply)</td>
<td>Renovation, Demolition</td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED</td>
<td>Kitchen Apt 5A</td>
</tr>
<tr>
<td>Is Location Normally Used Solely by Maintenance/ Custodial Staff?</td>
<td>Yes</td>
</tr>
<tr>
<td>Description of Asbestos-Containing Material (ACM) (i.e., Insulation, surfacing, MVR, or other miscellaneous)</td>
<td>VAT 74 SF</td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
<td>74 SF</td>
</tr>
<tr>
<td>Abatement Type</td>
<td>Removal, Replacing</td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
<td>Lorzics Management Corporation</td>
</tr>
<tr>
<td>City, State</td>
<td>Lincoln Park, NJ 07035</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>GROWS Landfill</td>
</tr>
<tr>
<td>Disposal Date</td>
<td>TBD</td>
</tr>
<tr>
<td>City, State</td>
<td>Morrisville PA 19067</td>
</tr>
<tr>
<td>Completed by</td>
<td>E. Cirovic</td>
</tr>
<tr>
<td>Title</td>
<td>Secretary</td>
</tr>
<tr>
<td>Signature</td>
<td>E. Cirovic</td>
</tr>
<tr>
<td>Date</td>
<td>5-7-2014</td>
</tr>
</tbody>
</table>

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