State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)
5/19/15

Name of Building Owner/Operator (2)
PSEG

Agency/Notified
<table>
<thead>
<tr>
<th>Type Notification</th>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>PSEG</td>
</tr>
<tr>
<td>DEP</td>
<td></td>
</tr>
<tr>
<td>DOL</td>
<td></td>
</tr>
<tr>
<td>DOH</td>
<td></td>
</tr>
<tr>
<td>DCA</td>
<td></td>
</tr>
</tbody>
</table>

Street Address
472 WESTEN CARNAL ROAD

City, State, Zip Code
SOMERSET, NJ 08873

Name of Contact
MIKE ZIELENSKI

FACILITY INFORMATION

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

Name of Monitoring Firm Hired by Building Owner (5)
ASCM No.
0045

ENVIRONMENTAL TACTICS

Name of Abatement Contractor (9)
UNIQUE SYSTEMS OF AMERICA

Square Feet

# of Floors

Bldg. Age

County Code (7) (STATE USE ONLY)

Current Use (Prior to being demolished)
SUB 574

Subcounty

Name of OSHA Monitor
UNIQUE SYSTEMS OF AMERICA

Street Address
396 WHITEHEAD A'VE.

City, State, Zip Code
SOUTH RIVER, NJ 08882

License No.
01111

Scope of Work (Check All That Apply)

- Renovation
- Demolition
- Full Container
- Mini-Enclosure
- Glovebox Procedure
- Non-Exempted

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

In Facility (13)

Yes
No
N/A

BASEMENT

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

Amount to be Removed (Specify SF or LF)

Abatement Type

Removal

Repair

Encapsulate

Enclosure

Name of Registered Waste Hauler
WASTE MANAGEMENT

City, State
ELIZABETH, NJ

Waste

Cubic Yards

Name of Registered Landfill
GROWS NORTH

Disposal Date
TBD

City, State
MORRISVILLE, PA

Completed by
CAROL RAIMO

Title
OFFICE MGR.

Signature

Date
5/19/15

* 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)  
Check # 24944

**Date of Notification (1)** | **Name of Building Owner/Operator (2)**
---|---
5/18/2015 | BARBARA SILDAT

**Agencies Notified** | **Type Notification** | **Street Address**
---|---|---
☐ EPA | Initial | 108 11TH AVENUE:
☐ DEP | | City, State, Zip Code
☐ DOL | Emergency (including | SEASIDE PARK, NJ 08752
☐ DOH | Justification) | Name of Contact: DAVID J.D'ANDREA
☐ DCA | Cancellation | Telephone Number

**FACILITY INFORMATION**

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

**PRIVATE RESIDENCE**

Street Address | **Type of Facility (4)**
---|---
108 11TH AVENUE | ☐ School (K-12)
SEASIDE PARK, NJ 08752 | ☐ Subchapter I (Other than K-12)
| ☐ Off (i.e., private & commercial buildings)

**City (5)** | **Square Feet** | **# of Floors** | **Bldg. Age**
---|---|---|---
OCEAN | | | |

**County** | **County Code (7) (STATE USE ONLY)** | **Current Use (If being demolished)**
---|---|---
N/A | | |

**Name of Monitoring Firm Hired by Building Owner (8)** | **ASCM No.** | **Name of Abatement Contractor (9)**
---|---|---
N/A | | CREAM RIDGE ENVIRONMENTAL INC.

**Street Address** | **City, State, Zip Code**
---|---
15 BLACK FOREST ROAD | HAMILTON, NJ 08691

**Project Manager for Monitoring Firm** | **Telephone No.** | **License No.**
---|---|---
| 609-890-7110 | 00676

**Start Date (10)** | **Scheduled Completion Date (11)** | **Name of OSHA Monitor**
---|---|---
6/1/2015 | 6/7/2015 | MECS

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

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

**ESSENTIAL PERSONNEL**

**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)**

<table>
<thead>
<tr>
<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>Yes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**THROUGHOUT HOME**

| X | DRYWALL COMPOUND

**Name of Registered Waste Hauler**

NJDEP Waste Hauler ID No. | Cubic Yards of Waste Disposal Date | Name of Registered Landfill
---|---|---
GROW 3 | | |

**PATRIOT ROOFING**

City, State | Disposal Date | City, State
---|---|---
JOBSTOWN, NJ | 6/9/2015 | MORR SVILLI, PA.

**Completed By**

David D'ANDREA | **Title** | **Signature** | **Date**
---|---|---|---
PRESIDENT | | 5/18/2015

---

*Do not use this form for asbestos licensure exempted activities*
## Notification of Asbestos Abatement

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

### Date of Notification (1)
5/19/15

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

### Name of Building Owner/Operator (2)
PSEG

### Street Address
4000 HADLEY ROAD

### City, State, Zip Code
SOUTH PLAINFIELD, NJ 07080

### Name of Contact
JOHN KILLIAN

### Telephone Number

### Facility Information

#### Name of Facility Where Abatement is Taking Place (3)
PSE&G

#### Street Address
193 BERGEN TURNPIKE

#### City (5)

#### County (6)
BERGEN

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

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

#### ASCM No.
0045

#### Name of Abatement Contractor (9)
UNIQUE SYSTEMS OF AMERICA

#### Street Address
64 BROAD STREET

#### City, State, Zip Code
MATAWAN, NJ 07747

#### Project Manager for Monitoring Firm
TOM GEIGER

#### Telephone No.
732-292-2217

#### Scheduled Completion Date (11)
6/11/15

#### Start Date (10)
6/11/15

#### Occupancy 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: outdoors

#### Scope of Work (Check All That Apply)
- X ≥3 sf or ≥3 if
- ≥160 sf or ≥250 lf
- X Renovation
- X Demolition
- X Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Location of ACM TO BE ABATED</th>
<th>Is Location Normaly 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>OUTSIDE</td>
<td>X</td>
<td>ACM PIPE SOMASTIC</td>
<td>200 LF</td>
<td>X</td>
</tr>
</tbody>
</table>

### Name of Registered Waste Hauler
WASTE MANAGEMENT

### NJDEP Waste Hauler ID No.
1125

### Cubic Yards of Waste
APPX. 15

### Name of Registered Landfill
GROW: NORTH

### City, State
MORRISVILLE, PA

### Disposal Date
TBD

### Completed by
CAROL RAIMO

### Title
OFFICE MGR.

### Signature
[Signature]

### Date
5/19/15

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

1/15/15

Name of Building Owner/Operator (2)

heather kennedy

Street Address

299 PARK STREET

City, State, Zip Code

MONTCLAIR, NJ 07042

Name of Contact

heather kennedy

Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3)

heather kennedy

Street Address

299 PARK STREET

City (5)

MONTCLAIR

County (6)

ESSEX

County Code (7)

(State use only)

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

ASCM 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)

06/05/15

Sched. Completion Date (11)

06/26/15

Occupancy Status During Abatement (Check only one)

☑ Facility closed/vacated during entire period of abatement.

☐ Abatement performed outside of normal facility hours-

Describe:

☐ Other (Describe):

NORMAL HOURS

Scope of Work (check all that apply)

☐ ≥3 sf or ≥3 if

☐ ≥160 sf or ≥260 if

☐ Demolition

☐ Renovation

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

Yes ☑ No ☐ N/A ☐

Description of asbestos-containing material (ACM)

PIPE INSULATION

Amount Specified

2 LFT

Removal

Repair

Encapsulation

Non-Encapsulation

Registered Waste Hauler

D & S RESTORATION, INC.

NUDEP Hauler ID# 13506

Cubic Yards of Waste

1 yd.

Name of Registered Land Recovery

TULLYTOWN, RESOURCE RECOVERY

City, State

TULLYTOWN, PA

Disposal Date

06/06/15

Completed by (Print or Type)

BOGDAN JOLDZIC

Title

PRESIDENT

Signature

Date

05/13/2015

* 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):
[ ] Initial  [ ] Revised  [ ] Repealed
Name of Building Owner/Operator (2):
fred canta

Agencies Notified:
☐ EPA  ☑ DEP  ☐ DOL  ☑ DOH  ☐ DCA
Type Notification:
☐ Initial  ☑ Amended  ☑ Amendment:

Street Address:
101 canterbury avenue

City, State, Zip Code:
NORTH ARLINGTON, NJ 07109

Name of Contact:
fred canta

FACILITY INFORMATION

Name of facility where abatement is taking place (3):
fred canta
Street Address:
101 canterbury avenue
City, State, Zip Code:
NORTH ARLINGTON, BERGEN, NJ 07109

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

AsCM 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

Project Manager for Monitoring Firm:

Phone Number:

Start Date (10):
05/27/15
Sched. Completion Date (11):
06/16/15

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

Scope of Work (check all that apply):
☐ >3,000 sf or >3,000 if
☐ >1,600 sf or >260 sf
☐ Demolition
☐ Renovation

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Description of asbestos-containing material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>BASEMENT</td>
<td>PIPE INSULATION 3 LF</td>
<td>3 LF</td>
</tr>
<tr>
<td>BASEMENT BOILER</td>
<td>BOILER INSULATION 9</td>
<td>0 SQ FT</td>
</tr>
</tbody>
</table>

Location normally used solely by maintenance/custodial staff (12):

<table>
<thead>
<tr>
<th>Location</th>
<th>Use by Maintenance/Custodial Staff</th>
<th>Use by Other Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>BASEMENT</td>
<td>Yes</td>
<td>N/A</td>
</tr>
<tr>
<td>BASEMENT BOILER</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

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:
Paterson, NJ 07503
Disposal Date:
05/28/15

Completed by (Print or Type):
BOGDAN JOLDZIC
Title:
PRESIDENT
Signature:

Date:
05/15/2015

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

Date of Notification: 05/16/2015

Name of Building Owner/Operator: Fairleigh Dickinson University

Street Address: 1000 River Road

City, State, Zip Code: Teaneck, NJ 07601

Name of Contact: Craig Gorczyca

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place: RECTON HALL

Street Address: 1000 RIVER RD

City: TEANECK

County Code (STATE USE ONLY): 06109

Name of Monitoring Firm Hired by Building Owner: ENVIROSURVEY INC.

ASCM No.: 560 KING AVE

Name of Abatement Contractor: VMC Company, Inc.

Street Address: 208 Piaget Avenue

City, State, Zip Code: Clifton, NJ 07011

Project Manager for Monitoring Firm: TOM PRUNO

Telephone No.: 973-253-8828

Name of OSHA Monitor: VMC Company, Inc.

Start Date: 05/26/2015

Scheduled Completion Date: 05/29/2015

Occupancy Status During Abatement: Closed/Vacated During Entire Period of Abatement

Scope of Work: Renovation, Demolition

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

Location

Description

Amount

Abatement Type

Full Containment

Removal

Name of Registered Waste Hauler: Newark Carting, Inc.

Cubic Yards of Waste: 100.0 SF

Endorsement

Cubic Yards of Waste: 32.0 SF

Endorsement

Disposal Date: 05/16/2015

City, State: Bethlehem, PA

Completed by: Vojteck Roszkowski

Title: President

Signature: [Signature]

Date: 05/16/2015

* Do not use this form for asbestos licensed activities.
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:00 and 12:120)

Date of Notification (1) 5/18/2015

Name of Building Owner/Operator (2) County of Essex

Agencies Notified Type Notification Name of Facility Where Abatement is Taking Place (3)
- EPA Initial Kip's Castle Park Building
- DEP Amended
- DOL Amendment #
- DOH Emergency (including justification)
- DCA Cancellation

Street Address 900 Bloomfield Avenue
City, State, Zip Code Verona, NJ

Name of Contact Sanjeev Vargheese

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Kip's Castle Park Building

Street Address 22 Crestmont Road
City (5) Verona

County (6) Essex

County Code (7) ________

Type of Facility (4)
X School (K-12)
X Subchapter 8
X Other (i.e. pm etc.)

Square Feet
# of Floors
Bidg. Age
8500
4
90+

Name of Monitoring Firm Hired by Building Owner (8)
Hatch Mott MacDonald

ASCM No.
140

Name of Abatement Contractor (9)
DIA General Construction, Inc.

Street Address
111 Wood Avenue South

City, State, Zip Code Iselin, NJ 08830

Project Manager for Monitoring Firm
Kevin Harrignty

Telephone No. 973-912-2480

Name of OSHA Monitor
DIA General Construction, Inc.

Street Address
1360 Clifton Avenue

City, State, Zip Code
Clifton, NJ 07012

Start Date (10) 6/2/2015
Scheduled Completion Date (11) 7/2/2015

Scope of Work (Check All That Apply)
X Renovation
X Demolition

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

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

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

Amount: (Specify SF or CY) $650 LF $<

X Full Container with Negative Pressure
X Mini-Enclosure
X Glovebag Procedure
X Non-Exempted and No Fritile Procedure

Abatement Type
X Removal
X Repair
X Encapsulation
X End Result

Name of Registered Waste Hauler
NJDEP Waste Hauler ID No.
20990

Cubic Yards of Waste
60 CY

Name of Registered Landfill
Minerva Landfill

City, State
New Castle, DE 19720

Disposal Date 7/2/2015

City, State Waynesburg, OH 44688

Completed by
Krutarth Jagad
Title Project Manager

Signature

Printed Form

* Do not use this form for asbestosimmune exempted activities.
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)  
5 / 18 / 15

Name of Building Owner/Operator (2)  
Holly Fitzpatrick

Agencies Notified  
- EPA  
- DOLWD  
- DOH  
- DCA (NJAC 5:23-8)  
Type Notification  
- Initial  
- Amended  
- Emergency (including justification)  
- Cancellation

Street Address  
224 Oak Parkway

City, State, Zip Code  
Dunellen, NJ 08812

Name of Contact  
Holly Fitzpatrick

FACILITY INFORMATION

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

Street Address  
224 Oak Parkway

City (5)  
Dunellen, NJ 08812

County (8)  
Middlesex

County Code (7)  
STATE USE ONLY

Name of Monitoring Firm Hired by Building Owner (8)  
Bio Terra Solutions

ASCM No.  
ALL PRO MANAGEMENT I LLC

Name of Abatement Contractor (6)  
ALL PRO MANAGEMENT I LLC

Street Address  
P.O. Box 1224

City, State, Zip Code  
Union, NJ

Project Manager for Monitoring Firm  
Rick Eustaquio

Telephone No.  
973-494-3762

License No.  
11/8

Start Date (10)  
5 / 31 / 15

Scheduled Completion Date (11)  
06 / 15 / 15

Name of OSHA Monitor  
ALL PRO MANAGEMENT I LLC

Street Address  
27 Outwater Lane

City, State, Zip Code  
Garfield, NJ 07026

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)  
- Yes
- No
- N/A

Basement  
- Pipe Insulation

- Cubic Yards of Wastes  
0.0034860

- Name of Registered Landfill  
All Pro Management LLC

City, State  
Garfield, NJ

Completed By (Print or Type)  
Zvonko Veskov

Title  
President

Signature  

Date  
5/18/15

* 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):** 4/21/15

**Name of Building Owner/Operator (2):** GARDEN STATE DIRT, INC.

**Address:** 8 CLEMMONS AVE.

**City, State, Zip Code:** GLENSHOTT, W.V., 2974

**Name of Contact:** V. I. M.

### FACILITY INFORMATION

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

**Street Address:** 307 YALE AVE.

**City:** CAMELOT POINT

**County:** COWAN

**Name of Monitoring Firm Hired by Building Owner (6):** N/A

**Name of Abatement Contractor (9):** KLEEMCO INC.

**Street Address:** 369 S. SPRING AVE.

**City, State, Zip Code:** MAPLE SHADE, N.J., 08052

**License No.:** 856-772-36-77

**Telephone No.:** 856-772-60-77

**Name of OSHA Monitor:** JOSEPH KLEMM

**Street Address:** 3605, SPRING AVE.

**City, State, Zip Code:** MAPLE SHAD, N.J., 08052

**License No.:** 856-772-36-77

**Telephone No.:** 856-772-60-77

**Name of OSHA Monitor:** JOSEPH KLEMM

**Telephone No.:** 856-772-60-77

**Name of Registering Waste Hauler:** KLEEMCO INC.

**Disposal Date:** 4/21/15

**Name of Registered Landfill:** C.M.C., M., U.A.

**City, State:** WOODS, N.J.

### ABATEMENT

- **Type of Facility:** (X) School (K-12)
- **Type of Work:** (X) Renovation Demolition
- **Location of Abatement-Containing Material (ACM) TO BE ABATED:** Roofing
- **Is Location Normally Used Solely by Maintenance/ Custodial Staff:** (X) Yes
- **Description of Abatement-Containing Material (ACM):** (i.e., thermal systems insulation, surfacing, VTA, or other miscellaneous)
- **Quantity:** 100 sq ft

### OWNERSHIP

- **Name of Building Owner/Operator:** GARDEN STATE DIRT, INC.
- **Name of Contact:** V. I. M.

- **Signature:**

- **Date:** 4/21/15

---

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>May 1, 2015</td>
<td>Ralph DeSimone</td>
</tr>
<tr>
<td></td>
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<tr>
<td>Agencies Notified</td>
<td>Type Notification</td>
</tr>
<tr>
<td></td>
<td>Initial Amended Emergency (including justication) Cancellation</td>
</tr>
<tr>
<td></td>
<td></td>
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<tr>
<td>Street Address</td>
<td></td>
</tr>
<tr>
<td></td>
<td>14 6th Terrace</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Seaside Heights, NJ 08751</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Telephone Number</td>
</tr>
<tr>
<td></td>
<td>Ralph DeSimone</td>
</tr>
<tr>
<td></td>
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<tr>
<td>FACILITY INFORMATION</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td></td>
</tr>
<tr>
<td>House</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
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<tr>
<td>Street Address</td>
<td></td>
</tr>
<tr>
<td></td>
<td>14 6th Terrace</td>
</tr>
<tr>
<td>City (5)</td>
<td></td>
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<tr>
<td></td>
<td>Seaside Heights</td>
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<td>County (6)</td>
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<td></td>
<td>Ocean</td>
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<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>ASCM No.</td>
</tr>
<tr>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>Lozinka Management Corp</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>Telephone No.</td>
</tr>
<tr>
<td>n/a</td>
<td>n/a</td>
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<tr>
<td>Street Address</td>
<td></td>
</tr>
<tr>
<td></td>
<td>22 Troy Lane</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Lincoln Park NJ 07005</td>
</tr>
<tr>
<td>Start Date (10)</td>
<td></td>
</tr>
<tr>
<td>5-9-2015</td>
<td></td>
</tr>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>5-10-2015</td>
</tr>
<tr>
<td>Occupancy Status During Abatement (Check Only One)</td>
<td></td>
</tr>
<tr>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
<td></td>
</tr>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours</td>
<td></td>
</tr>
<tr>
<td>Other – Describe:</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Scope of Work (Check All That Apply)</td>
<td></td>
</tr>
<tr>
<td>≥ 3 ft or ≥ 30 if</td>
<td>x</td>
</tr>
<tr>
<td>≥ 160 ft or ≥ 260 if</td>
<td></td>
</tr>
<tr>
<td>Renovation Demolition</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>exterior</td>
</tr>
<tr>
<td>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td>transite shingles</td>
</tr>
<tr>
<td>Amount (Specified SF or lb)</td>
<td>700 Sf</td>
</tr>
<tr>
<td>Abatement Type</td>
<td>Removal</td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
<td>Lozinka Management Corp</td>
</tr>
<tr>
<td>Lincoln Park, NJ 07035</td>
<td>9737067950</td>
</tr>
<tr>
<td>Completed by</td>
<td>Title</td>
</tr>
<tr>
<td>E. Cirovic</td>
<td>Secretary</td>
</tr>
</tbody>
</table>

* Do not use this form for asbestos licensed exempted activities.
Date of Notification (1):
May 1, 2015

Name of Building Owner/Operator (2):
Ralph DeSimone

State Address:
14 6th Terrace

City, State, Zip Code:
Seaside Heights, NJ 08751

Name of Contact:
Ralph DeSimone

FACILITY INFORMATION

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

Street Address:
14 6th Terrace

City (5):
Seaside Heights

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

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

Square Feet:
1000

Of Floor:
1

Bldg Age:
50+

Current Use (Prior if being demolished):
House

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

ASCM No.: n/a

Name of Abatement Contractor (9):
Loznica Management Corp

Street Address:
22 Troy Lane

City, State, Zip Code:
Lincoln Park, NJ 07035

Project Manager for Monitoring Firm:
n/a

Telephone No.: n/a

Name of OSHA Monitor:
Loznica Management Corp

Street Address:
22 Troy Lane

City, State, Zip Code:
Lincoln Park, NJ 07035

Start Date (10):
5-9-2015

Scheduled Completion Date (11):
5-10-2015

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):

- 32 sf or <33 sf
- 160 sf or >260 sf
- Renovation
- Demolition

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

In Facility

Yes | No | N/A
--- | --- | ---

Exterior: X
transite shingles: 700 sf

Amount (Specify SP or LF):

Abatement Type:
Removal

Name of Registered Waste Hauler:
Loznica Management Corp

NJDEP Waste Hauler ID No.:

Cubic Yards of Waste:
TBD

Name of Registered Landfill:
GROWS

Disposal Date:
TBD

City, State:
Morristown, PA 19137

Committed by:
E. Cirovic

Title:
Secretary

Signature:

Completion Date:
5/1/2015

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