Date of Notification: May 24, 2018

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
Permittal # NJ-AC (R-91) 8a-1 and 12:120

Agency Notified: EPA, DEP, DOL, DOH, OCA

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

Victorian Towers
608 Washington Street
Cape May, NJ

City, State, Zip Code: 608, Washington Street, Cape May, NJ

Name of Contact: Mr. Mike Peronaci
Telephone Number: 908-688-8891

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place:
Victorian Towers
Street Address: 608 Washington Street
City: Cape May
County: Cape May

Square Feet: 120,000
# of Floors: 6
Age: 50+
Current Use: Residential

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

Project Manager for Monitoring Firm:
Dave Turowsy
Telephone No: 610-558-8902

Start Date: December 20, 2017
Scheduled Completion Date: July 31, 2018

Occupancy Status During Abatement: Vacated During Entire Period of Abatement
Other: Work only in segregated, unoccupied areas

Scope of Work (Check All That Apply):
- 3% or 3% if
- 180 sq ft or 260 sq ft
- Renovation
- Demolition

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

Is Location Normally Used Solely by Maintenance/Custodial Staff?

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

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

Amount (Specify SF or LF):

Abatement Type:
- Removal
- Encapsulate
- Enclose

Name of Registered Waste Hauler:
Waste Management

City, State: Trenton, NJ

Completed by: Jack Bally
Title: Sr. Project Manager
Signature: [Signature]
Date: 5/24/18

ASB-41 (R-06-06)

* Do not use this form for asbestos license-exempted activities.
Date of Notification: 5/24/18

Name of Building Owner/Operator: Lukoil North America
Street Address: 505 5th Avenue
City, State, Zip Code: New York, NY 10017
Name of Contact: Rebecca Herbert

Name of Facility Where Abatement is Taking Place:
Former Lukoil Station #57259
Street Address: 1349 Route 9
City: Toms River
County: Ocean

Name of Monitoring Firm Hired by Building Owner:
The Vertex Companies

Name of Abatement Contractor:
ecoservices, LLC
Street Address: 303 E National Road
City, State, Zip Code: Exton, PA 19341
Telephone No.: 484-872-8884
License No.: 01161

Name of OSHA Monitor:
EMSL
Street Address: 200 Route 130
City, State, Zip Code: Cinnaminson, NJ

Start Date: 6/2/18
Scheduled Completion Date: 6/24/18

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

Scope of Work:
- x 3 sf or 33 if
- x 160 sf or 2250 if
- x Renovation
- x Demolition
- x Full Containment with Negative Pressure
- x Mini-Enclosure
- x Glovebag Procedure
- x Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED:
Cashier Kiosk ext.

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

Description of Asbestos-Containing Material (ACM):
Faux brick on metal

Amount (Specify SF or LF):
600 SF

Abatement Type:

Name of Registered Waste Hauler:

Cubic Yards of Waste:
3

Name of Registered Landfill:
GROWS landfill

Disposal Date:
TBD

City, State:
Morrisville, PA

Completed by:
Jack Bally
Title: Sr. Project Manager
Signature: Jack Bally
Date: 5/24/18

* Do not use this form for asbestos licensure exempted activities
Date of Notification (1)
5/23/18

Agencies Notified

☐ EPA
☐ DEP
☐ DOL
☐ DOH
☐ DCA

Type Notification

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

Name of Building Owner/Operator (2)
Christine Sunier

Street Address

City, State, Zip Code
Hillsdale, NJ 07642

Name of Contact
Christine Sunier

Telephone Number

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

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
3000

# of Floors
2

Brdg. Age
60+/-

Name of Abatement Contractor (5)
All Stages Abatement

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

Project Manager

Name of OSHA Monitor

Start Date (10)
5/24/18

Scheduled Completion Date (11)
5/28/18

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 AM to 4 PM

Scope of Work (Check All That Apply)

☐ ≥3 sf or ≥36 if
☐ ≥160 sf or ≥260 sf
☐ 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)
351 SF ☒

Abatement Type
☐ Removal
☐ Repair
☐ Encapsulate
☐ Endorse

Endorse

Name of Registered Waste Hauler
NUDEP Waste Hauler ID No.
0036592

Cubic Yards of Waste
3

Name of Registered Landfill
Grand Central Sanitary Landfill

Disposal Date
TBD

City, State
Saddle Brook, NJ

Completed by
Richard Cristofol
Title
President
Signature
Date
5/24/18

* Do not use this form for asbestos licensure exempted activities.
Date of Notification (1)  
5/22/2018

Name of Building Owner/Operator (2)  
Glenwood Apartments & Country Club

Street Address  
1 Cherry Hill Lane

City, State, Zip Code  
Old Bridge, NJ 08857

Name of Contact  
Eric Prieto

Telephone Number  
732-727-1414

Name of Facility Where Abatement is Taking Place (3)  
Glenwood Apartments

Street Address  
17 & 21 Apple Tree Lane

City (5)  
Old Bridge, NJ

County (6)  
County Code (7) (STATE USE ONLY)  

Type of Abatement Contract (9)  
DIA General Construction, Inc.

Street Address  
1360 Clifton Avenue, PMB Suite 218

City, State, Zip Code  
Clifton, NJ 07012

Project Manager for Monitoring Firm  

Telephone No.  

Start Date (10)  
06/06/2018

Scheduled Completion Date (11)  
06/09/2018

Occupancy Status During Abatement (Check Only One)  

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

Scope of Work (Check All That Apply)  

a. Sheet or aSF  
b. 3,000 SF or 2,600 if  

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, VAC, or other miscellaneous)  

Amount (Specify SF or LF)  

Abatement Type  

Removal  
Repair  
Encapsulate  
Enclosure  

Name of Registered Waste Hauler  
Service Transport Group  

City, State  
New Castle, DE 19720

Completed by  
Milan Njegic

Title  
Vice President

Signature  

Date  
5/22/2018

ASB-41 (R-06-08)  

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

**Date of Notification (1)**
05/22/2018

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

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

**Name of Building Owner/Operator (2)**
VINCENT BELGIOVINE

**Street Address**

**City, State, Zip Code**
RAMSEY NJ. 07446

**Name of Contact**
MAURO

**Facility Information**

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

**Street Address**

**City (5)**
RAMSEY NJ. 07446

**County (6)**
BERGEN

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

**County Code (7)**

**Number of Floors**
2

**Square Feet**
1,820

**Building Age**
20

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

**Name of Abatement Contractor (9)**
NORTH EAST ENVIRONMENTAL LLC.

**Street Address**
1126 511-ST.

**City, State, Zip Code**
NORTH BERGEN NJ 07047

**Project Manager for Monitoring Firm**
N/A

**Telephone No.**

**License No.**
1300

**Start Date (10)**
05/22/2018

**Scheduled Completion Date (11)**
05/22/2018

**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
- 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)**

**BASEMENT**

**FLOOR TILE 12X12**

930 SF.

**Name of Registered Waste Hauler**
TRI STATE ASSOC.

**City, State**
BRONX NY.

**Completed by**
CARLOS ESQUIVEL

**Title**
SAFETY MANAGER

**Name of Registered Landfill**
MINERVA ENTERPRISE INC

**City, State**
WAYNESBURG, OHIO

**Disposal Date**
TBD

**Compliance Date**
05/18/2018

---

*Do not use this form for asbestos licensure exempted activities.*
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) 5 7 18

Agencies Notified
- EPA
- DOLWD
- DHSS
- DCA (NJAC 5:23-6)

Type Notification
- Initial
- Amended
- Amendment #1-5/21/18
- Emergency (including justification)
- Cancellation

Name of Building Owner/Operator (2) Cape Regional Medical Center

Street Address 2 Stone Harbor Blvd

City, State, Zip Code Cape May Court House, NJ 08210

Name of Contact John Sloan

Telephone Number 609-463-2273

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Cape Regional Medical Center

Street Address 2 Stone Harbor Blvd

City Cape May Court House

County Cape May

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

Square Feet

# of Floors

Bldg. Age

County Code (7) [STATE USE ONLY]

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8) Criterion Laboratories

ASCM No.

Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.

Street Address 1123 BEAVER STREET

City, State, Zip Code BRISTOL, PA 19007

Phone No. 215-788-6040

License No. 00509

Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.

Street Address 1123 BEAVER STREET

City, State, Zip Code BRISTOL, PA 19007

Start Date (10)

Scheduled Completion Date (11)

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/11:00PM-7:00AM

Scope of Work (Check all that apply)
- ≥3 sf or ≥3 if
- ≥150 sf or ≥260 if

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

Hallway

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

Hallway

Mastic

235 SF

Name of Registered Landfill Minerva Landfill

City, State Waynesburg, OH 44688

Disposal Date 5/23/18

Committed By (Print or Type) Gino Pizzigoni

Title Estimator

Signature

Date 5-21-18

* 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)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>5 / 7 / 18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agencies Notified</td>
<td></td>
</tr>
<tr>
<td>☑ EPA</td>
<td>Initial</td>
</tr>
<tr>
<td>☑ DOLWD</td>
<td>Amended</td>
</tr>
<tr>
<td>☑ DHSS</td>
<td>Amendment #</td>
</tr>
<tr>
<td>☑ DCA</td>
<td>Emergency (including justification)</td>
</tr>
<tr>
<td>☑ (NJAC 5:23-8)</td>
<td>Cancellation</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Building Owner/Operator (2)</th>
<th>Cape Regional Medical Center</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>2 Stone Harbor Blvd</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Cape May Court House, NJ 08210</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>John Sloan</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>609-463-2273</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Cape Regional Medical Center</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>2 Stone Harbor Blvd</td>
</tr>
<tr>
<td>City</td>
<td>Cape May Court House</td>
</tr>
<tr>
<td>County</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>ASCM No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Criterion Laboratories</td>
<td>BRISTOL ENVIRONMENTAL, INC.</td>
</tr>
</tbody>
</table>

| Street Address                                      | 1123 BEAVER STREET          |
| City, State, Zip Code                               | BRISTOL, PA 19007           |

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Mike Panepresso</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone No.</td>
<td>215-244-1300</td>
</tr>
</tbody>
</table>

| Start Date (10)                        | 5 / 21 / 18      |
| Scheduled Completion Date (11)         | 5 / 23 / 18      |

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check only one)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ Facility Closed/Vacated During Entire Period of Abatement</td>
<td></td>
</tr>
<tr>
<td>☑ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM 11:00PM 7:00AM</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ ≥3 sf or ≥3 if</td>
<td></td>
</tr>
<tr>
<td>☑ ≥150 sf or ≥260 if</td>
<td></td>
</tr>
<tr>
<td>☑ Renovation</td>
<td></td>
</tr>
<tr>
<td>☑ Demolition</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)</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>Hallway</td>
<td>Yes</td>
<td>☑ Full Containment with Negative Pressure</td>
<td>235 SF</td>
<td>☑ ☑ ☑ ☑</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>☑ Mini-Enclosure</td>
<td>235 SF</td>
<td>☑ ☑ ☑ ☑</td>
</tr>
<tr>
<td></td>
<td>N/A</td>
<td>☑ Glovebag Procedure</td>
<td>235 SF</td>
<td>☑ ☑ ☑ ☑</td>
</tr>
<tr>
<td></td>
<td></td>
<td>☑ Non-Exempted (*) and Non-Friable Procedure</td>
<td>235 SF</td>
<td>☑ ☑ ☑ ☑</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)</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>Hallway</td>
<td>Yes</td>
<td>☑ Full Containment with Negative Pressure</td>
<td>235 SF</td>
<td>☑ ☑ ☑ ☑</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>☑ Mini-Enclosure</td>
<td>235 SF</td>
<td>☑ ☑ ☑ ☑</td>
</tr>
<tr>
<td></td>
<td>N/A</td>
<td>☑ Glovebag Procedure</td>
<td>235 SF</td>
<td>☑ ☑ ☑ ☑</td>
</tr>
<tr>
<td></td>
<td></td>
<td>☑ Non-Exempted (*) and Non-Friable Procedure</td>
<td>235 SF</td>
<td>☑ ☑ ☑ ☑</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>SERVICE TRANSPORT GROUP, INC.</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State</td>
<td>NEW CASTLE, DE 19720</td>
</tr>
<tr>
<td>NJDEP Waste Hauler ID No.</td>
<td>20990</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td>3 Cu Yd</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>Minerva Landfill</td>
</tr>
<tr>
<td>City, State</td>
<td>Waynesburg, OH 44688</td>
</tr>
<tr>
<td>Disposal Date</td>
<td>5/23/18</td>
</tr>
</tbody>
</table>

| Completed By (Print or Type)    | Gino Pizzigoni                |
| Title                           | Estimator                     |
| Signature                       |                               |
| Date                            | 5-7-18                        |

*Do not use this form for asbestos licensure exempted activities.*
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

**Date of Notification (1)** 5/17/2018

**Name of Building Owner / Operator (2)** Sunoco Partners Marketing & Terminals, LP - Eagle Point Facility

**Street Address** 1240 Crown Point Road

**City, State & Zip Code** Westville, NJ 08093

**Name of Contact** Ron Rosendorn

**Telephone Number** 856-853-3155

**FACILITY INFORMATION**

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

**Street Address** 1240 Crown Point Road

**City (5)** Westville  
**County (6)** Burlington  
**County Code (7)** n/a

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

**Street Address**

**City, State & Zip Code**

**Project Manager for Monitoring Firm**

**Telephone Number**

**Scheduled Start Date (10)** 5/27/2018  
**Scheduled Completion Date (11)** 6/27/2018

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

- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Hours - 7am to 3pm
- Facility Occupied During Abatement

**Describe:**

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

- ≥3 sf or ≥3 if
- ≥160 sf or ≥260 if
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glove Bag Procedures
- 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 or 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**

| Full Containment with Negative Pressure |
| Mini-Enclosure |
| Glove Bag Procedures |
| Non-Exempted and Non-Friable Procedure |

**Filter Building Interior**

- ☑
- ☐
- ☐

**Pipe Insulation**

- ☑ 1500If
- ☐
- ☐
- ☐

**Name of Registered Waste Hauler** NJDEP Waste Hauler ID No. 00033330

**Service Transport Group** Minerva Landfill

**City, State** Various

**New Castle DE** Waynesburg, OH

**Completed By (Print or Type)** Rod Richardson

**Title** Project Manager

**Signature**

**Date** 5/17/2018
**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 8:60 and 12:120)

**State of New Jersey**

**Date of Notification (1):** 5/21/18

**Name of Building Owner/Operator (2):** Ms. Daryl Ann Ficandaro

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

**Type Notification:**
- [ ] Initial
- [ ] Amended
- [ ] Emergency (Including Justification)
- [ ] Cancellation

**Name of Contact:** Ms. Ficandaro

**FACILITY INFORMATION**

**City:** Mendham, NJ 07945

**County:** Morris

**Street Address:**

**Square Feet:** 2,500

**# of Floors:** 2

**Bldg. Age:** 1925

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

**Current Use (Prior to being demolished):** Residence

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

**Name of Facility Where Abatement is Taking Place (3):** Ms. Ficandaro

**ASCM No.:**

**Telephone No.:** 201-329-7444

**License No.:** 00388

**Name of Atabement Contractor (9):** Best Removal Inc.

**Street Address:** 450 South River Street

**City, State, Zip Code:** Hackensack, NJ 07601

**Telephone No.:** 201-329-7444

**Name of OSHA Monitor:** Omega Environmental

**Street Address:** 280 Huyler Street

**City, State, Zip Code:** South Hackensack, NJ 07604

**Start Date (10):** 5/1/18

**Scheduled Completion Date (11):** 6/8/18

**Occupancy Status During Abatement (Check Only One):**
- [ ] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility Hours
- [ ] Other – Describe: 6:00 AM TO 5:00 PM

**Scope of Work (Check All That Apply):**
- [ ] ≥3 sf or ≥3 if
- [ ] ≥160 sf or ≥260 if
- [ ] Demolition
- [ ] Renovation
- [ ] Removal

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

*BASEMENT*

**In Facility:** Yes

**Location Normally Used Solely by Maintenance/Custodial Staff?** No

**Description of Asbestos Containing Material (ACM):**
- [ ] 70 LF
- [ ] Thermal System Insulation

**Cubic Yards of Waste:**

**Name of Registered Landfill:** Minerva Enterprises, LLC

**City, State:** Waynesburg, OH 44688

**Disposal Date:** 6/8/17

**Name of Registered Waste Hauler:** Best Removal Inc.

**Waste Hauler ID No.:** 17109

**City, State:** Hackensack, NJ 07601

**Completed by:** J. Maiorano

**Title:** Estimator

**Signature:**

**Date:** 5/21/18

*Do not use this form for asbestos licensure exempted activities.*
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60-7 and 12:120-7)

**State of New Jersey**

**Date of Notification (1):** 5/22/18

**Name of Building Owner/Operator (2):** Elena Russu

**Agency Notified:** [ ] EPA  
[ ] DEP  
[ ] DOL  
[ ] DOH  
[ ] DCA  
[ ] Initial Notification  
[ ] Amended Notification  
[ ] Emergency  
[ ] Cancellation

**Street Address:**

**City, State, Zip Code:** Verona, NJ 07044

**Name of Contact:** Elena

**Telephone Number:**

**FACILITY INFORMATION**

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

**Street Address:**

**City (5):** Verona

**County (6):** Essex

**County Code (7):** [STATE USE ONLY]

**Type of Facility (4):**

[ ] School (K-12)  
[ ] Subchapter 8 (Other than K-12)  
[X] Other (i.e., private & commercial buildings, homes, etc.)

**Square Feet:**  
**# of Floors:**  
**Bldg. Age:**

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

**ASCN No.:**

**Street Address:**

**City, State, Zip Code:**

**Project Manager for Monitoring Firm:** N/A

**Telephone Number:** N/A

**Scheduled Start Date (10):** 06-02-18

**Sched. Completion Date (11):** 06-04-18

**Month Day Year:**

**Month Day Year:**

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

[X] Facility Closed/Vacated During Entire Period of Abatement

[ ] Abatement Performed Outside of Normal Facility Hours - Describe: Off Hours Description

[ ] Other - Describe: Other Occupancy Description

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

[ ] ≥3 sf or ≥3 lf

[X] Renovation  
[ ] Demolition

**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:**

**Abatement Type:**

[X] Full Containment with Negative Pressure  
[ ] Mini-Enclosure  
[ ] Glove-bag Procedure  
[ ] Non-Friable Procedure

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

**Yes**  
**No**  
**N/A**

**Basement:**  
**X** Pipe Insulation  
**70 LF**  
**X**

**Location of Registered Waste Hauler:**

**Name:** AZTECH MANAGEMENT, INC.

**Waste Hauler ID No.:** 17040

**Cubic Yards of Waste:** 1.0

**Name of Registered Landfill:** Minerva Enterprise INC

**City, State:** Waynesburg, Ohio 44688

**Disposal Date:** 6/5/18

**Name of Registered Waste Hauler:**

**AZTECH MANAGEMENT, INC.**

**Hauler ID No.:** 17040

**Name of Registered Landfill:** Minerva Enterprise INC

**City, State:** Waynesburg, Ohio 44688

**Disposal Date:** 6/5/18

**Completed By (Print or Type):** Constantine Vivian

**Title:** President

**Signature:**

**Date:** 5/22/18
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

State of New Jersey

Date of Notification (1)
5/22/18

Name of Building Owner/Operator (2)
John Kardashian

Agencies Notified
[X] EPA
[X] DOL
[X] IDA

Type Notification
[X] Initial Notification

Street Address
Montclair, NJ, 07043

City, State, Zip Code

Name of Contact
John

Type of Facility (4)
[X] Other (i.e., private & commercial buildings, homes, etc.)

FACILITY INFORMATION

Facility Where Abatement is Taking Place (3)
John Kardashian

County
Essex

City
Montclair

County Code (7)

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

ASCM No.

Name of Abatement Contractor (9)
AZTECH MANAGEMENT, Inc.

Street Address
86 Christopher St.

City, State, Zip Code
Montclair, NJ 07042

Telephone Number
(973) 744-8800

License Number
00371

Name of OSHA Monitor
N/A

Square Feet

# of Floors

Bldg. Age

Current Use (Prior if being demolished)

Scheduled Start Date (10)
06-05-18

Month
06

Day
05

Year
18

Scheduled Completion Date (11)
06-07-18

Month
06

Day
07

Year
18

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:

Scope of Work (Check all that apply)
[X] Renovation

[X] Demolition

Location of Asbestos-Containing Material (ACM)

TO BE ABATED

IN FACILITY

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

Locations

Pipe Insulation

120 LF

[ ] Full Containment with Negative Pressure

[x] Mini-Enclosure

[x] Glove-bag Procedure

[x] Non-Pliable Procedure

Location of Asbestos-Containing Material (ACM)

Name of Registered Waste Hauler
AZTECH MANAGEMENT, INC.

Waste Hauler ID No.
17040

Cubic Yards of Waste
1.0

Name of Registered Landfill
Minerva Enterprise INC

City, State
Montclair, NJ 07042

Disposal Date
6/8/18

City, State
Waynesburg, Ohio 44688

Completed By (Print or Type)
Constantine Vivian

Title
President

Signature

Date
5/22/18
**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>5/21/18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>MS. RUTH SCHMEECK</td>
</tr>
<tr>
<td>Agencies Notified</td>
<td>Type Notification</td>
</tr>
<tr>
<td>□ EPA</td>
<td>□ Initial</td>
</tr>
<tr>
<td>□ DEP</td>
<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>☒</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>DUMONT, NJ 07628</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>MS. SCHMEECK</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

| Name of Facility Where Abatement is Taking Place (3) | MS. RUTH SCHMEECK |
| City (5) | DUMONT |
| County (6) | BERGEN |
| Square Feet | 2000 |
| # of Floors | 2 |
| Bldg. Age | 1940 |

| Name of Monitoring Firm Hired by Building Owner (8) | ASCM No. |
| Best Removal Inc. |  |
| Street Address | 450 South River Street |
| City, State, Zip Code | Hackensack, NJ 07601 |
| Telephone No. | 201-329-7444 |
| License No. | 00388 |
| Name of OSHA Monitor | Omega Environmental |
| Street Address | 280 Huyler Street |
| City, State, Zip Code | South Hackensack, NJ 07606 |

| Start Date (10) | 6/4/18 |
| Scheduled Completion Date (11) | 6/5/18 |
| Occupancy Status During Abatement (Check Only One) |
| Facility Closed/Vacated During Entire Period of Abatement |
| Abatement Performed Outside of Normal Facility Hours |
| Other – Describe: 8:00AM TO 5:00PM |

| Scope of Work (Check All That Apply) |
| ≥3 sf or ≥3 ft | Inspection |
| ≥160 sf or ≥250 sq ft | Demolition |

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (14)</th>
<th>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) (14)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>BASEMENT</td>
<td>X</td>
<td>THERMAL INSULATION</td>
<td>70 LF</td>
<td>X</td>
</tr>
<tr>
<td>BASEMENT</td>
<td>X</td>
<td>TRANSITE</td>
<td>60 SF</td>
<td>X</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>NJDEP Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
</tr>
</thead>
<tbody>
<tr>
<td>Best Removal Inc</td>
<td>17109</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
<th>City, State</th>
<th>Disposal Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minerva Enterprises, LLC</td>
<td>Waynesburg, OH 44688</td>
<td>6/5/18</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed by</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>J. Maiorano</td>
<td>Estimator</td>
</tr>
</tbody>
</table>

* Do not use this form for asbestos licensure exempted activities.
Date of Notification (1) | 5/21/18
---|---
Name of Building Owner/Operator (2) | M.S. HAHNER

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ EPA</td>
<td>Initial</td>
</tr>
<tr>
<td>□ DEP</td>
<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>
</tbody>
</table>

Street Address | ELIZABETH, NJ 07206
City, State, Zip Code | ELIZABOTH, NJ 07206
Name of Contact | M.S. HAHNER

FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>M.S. HAHNER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>ELIZABETH</td>
</tr>
<tr>
<td>City (5)</td>
<td>ELIZABETH</td>
</tr>
<tr>
<td>County (6)</td>
<td>UNION</td>
</tr>
<tr>
<td>County Code (7)</td>
<td>STATE USE ONLY</td>
</tr>
</tbody>
</table>

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

Name of Abatement Contractor (9) | Best Removal Inc. |
Street Address | 450 South River Street |
City, State, Zip Code | Hackensack, NJ 07601 |
Telephone No. | 201-329-7444 |
License No. | 00388 |
Name of OSHA Monitor | Omega Environmental |
Street Address | 280 Hurley Street |
City, State, Zip Code | South Hackensack, NJ 07606 |

Start Date (10) | 6/12/18 |
Scheduled Completion Date (11) | 6/13/18 |
Occupancy Status During Abatement (Check Only One) |
| Facility Closed/Vacated During Entire Period of Abatement |
| Abatement Performed Outside of Normal Facility Hours |
| Other – Describe: 8:30 AM TO 5:00 PM |
Scope of Work (Check All That Apply) |
| □ ≥ 300 sf or ≥ 3,000 sf |
| □ ≥ 160 sf or ≥ 1,600 sf |
| □ ≥ 80 sf or ≥ 800 sf |
| □ Renovation |
| □ Demolition |
| □ Full Containment with Negative Pressure |
| □ Mini-Enclosure |
| □ Glovebox Procedure |
| □ Non-Exempted (*) and Non-Priable Procedure |

Location of Asbestos-Containing Material (ACM) TO BE ABATED |
| In Facility |
| Location Normally Used Solely by Maintenance/Custodial Staff? |
| Yes | No | N/A |

Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) |
| Thermal Insulation |
| 65 LF |

Name of Registered Waste Hauler | NJDEP Waste Hauler ID No. |
|-------------------|-------------------|

Best Removal Inc | 23109 |
City, State | Hackensack, NJ 07601 |
Disposal Date | 6/13/18 |
Name of Registered Landfill | Minerva Enterprises, LLC |
City, State | Waynesburg, OH 44688 |
Completed by | J. Maiorano |
Title | Estimator |
Signature | 5/21/18 |

ASB-41 (R-06-08)
# NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60-7 and 12:120-7)

**State of New Jersey**

**Date of Notification (1)**
5/22/18

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

**Type Notification**
- [X] Initial Notification
- [ ] Amended Notification
- [ ] Emergency
- [ ] Cancellation

**Name of Building Owner/Operator (2)**
Orlando Santiago

**Street Address**

**City, State, Zip Code**
Paterson, NJ, 07504

**Name of Contact**
Orlando

**Telephone Number**

---

**FACILITY INFORMATION**

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

**Street Address**

**City**
Paterson

**County**
Passaic

**County Code (7)**

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

**Square Feet**

**# of Floors**

**Bldg. Age**

---

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

**ASCM No.**

**Name of Abatement Contractor (9)**
AZTECH MANAGEMENT, Inc.

**Street Address**
86 Christopher St.

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

**Telephone Number**
(973) 744-8800

**License Number**
00371

**Name of OSHA Monitor**
N/A

**Street Address**

**City, State, Zip Code**

---

**Scheduled Start Date (10)**
06-01-18

**Sched. Completion Date (11)**
06-04-18

**Month**

**Day**

**Year**

---

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

---

**Scope of Work (Check all that apply)**
- [X] ≥3 sf or ≥3 l f
- [ ] ≥160 sf or ≥260 l f
- [X] 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**
Basement

**X Pipe Insulation**
16 LF

---

**Name of Registered Waste Hauler**
AZTECH MANAGEMENT, INC.

**NZEDP Waste Hauler ID No.**
17040

**Cubic Yards of Waste**
0.5

**Name of Registered Landfill**
Minerva Enterprise INC

**City, State**
Waynesburg, Ohio 44688

**Disposal Date**
6/5/18

---

**Completed By (Print or Type)**
Constantine Vivian

**Title**
President

**Signature**

**Date**
5/22/18
State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1) 5/22/18

Name of Building Owner/Operator (2) Joe Petito

Name of Contact Joe

City, State, Zip Code Verona, NJ, 07044

Telephone Number

Name of Facility Where Abatement is Taking Place (3)

City (5) Verona

County (6) Essex

County Code (7) (STATE USE ONLY)

Type of Facility (4)

[X] School-K-12

Subchapter 8 (Other than K-12)

[X] Other (i.e., private & commercial buildings, homes, etc.)

Square Feet # of Floors Bldg. Age

Current Use (Prior if being demolished)

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

ASCN No.

Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc.

Street Address 86 Christopher St.

City, State, Zip Code Montclair, NJ 07042

Telephone Number (973) 744-8800

License Number 00371

Name of OSHA Monitor N/A

Street Address

City, State, Zip Code

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:

Scheduled Start Date (10) 06-04-18

Sched. Completion Date (11) 06-06-18

Month Day Year Month Day Year

Scope of Work (Check all that apply)

[X] 50 or 250 SF

[X] Renovation

[X] Demolition

[X] Full Containment with Negative Pressure

[X] Mini-Enclosure

[X] Glove-bag Procedure

[ ] Non-Friable Procedure

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

In Facility (13)

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)

Location Normal Used Solely

By Maintenance/ Custodial Staff (12)

Basement X Pipe Insulation 50 LF X

Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.

NJDEP Waste Hauler ID No. 17040

Cubic Yards of Waste 1.0

Name of Registered Landfill Minerva Enterprise INC

City, State Montclair, NJ 07042

Disposal Date 6/7/18

City, State Waynesburg, Ohio 44688

Completed By (Print or Type) Constantine Vivian

Title President

Signature Constantine Vivian

Date 5/22/18
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1): 5/22/18

Name of Building Owner/Operator (2): Luke Taylor

Agency Notified: [X] EPA
[X] DOL
[X] DOH
[DPA]
[DC]
[CDL]
[DO]
[CEM]
[EMERGENCY]

Street Address: Maplegrove, NJ, 07040

Name of Contact: Luke

FACILITY INFORMATION

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

Luke Taylor

Street Address: [REDACTED]

City: Maplewood
County: Essex

Square Feet: N/A
# of Floors: N/A
Bldg. Age: N/A

Type of Facility (4):
[X] Other (i.e., private & commercial buildings, homes, etc.)

Name of Abatement Contractor (5):
AZTECH MANAGEMENT, Inc.

Street Address: 86 Christopher St.

Name of OSHA Monitor:

Project Manager for Monitoring Firm:

Telephone Number: (973) 744-8800

License Number: 00371

Scheduled Start Date (10): 06-16-18
Scheduled Completion Date (11): 06-18-18

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

Other Occupancy Descriptions:

Scope of Work (Check all that apply):
[X] > 300 LF
[X] Renovation
[X] Demolition

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used</th>
<th>Description of Asbestos-Containing Material (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 (specify SF or LF)</td>
<td>40 LF</td>
<td>X</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler:
AZTECH MANAGEMENT, INC.

Cubic Yards of Waste: 1.0

City, State: Montclair, NJ 07042

Disposal Date: 6/19/18

Name of Registered Landfill:
Minerva Enterprise INC

City, State: Waynesburg, Ohio 44688

Completed By (Print or Type): Constantine Vivian
Title: President

Signature: [REDACTED]
Date: 5/22/18
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:69 and 12:120)

Date of Notification (1):
05-20-2018

Name of Building Owner/Operator (2):
Morris Plains Board of Education

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

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

Street Address:
500 Speedwell Ave

City, State, Zip Code:
Morris Plains NJ 07950

Name of Contact:
Mark Maire

Telephone Number:
973-538-1650

FACILITY INFORMATION

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

Street Address:
500 Speedwell Ave

City (5):
Morris Plains NJ 07950

County (6):
County Code (7) [STATE USE ONLY]:

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

ASCM No.:

Name of Abatement Contractor (9):
Amax Contracting LLC

Street Address:
300 Kimball Drive
Parasippany NJ 07054

PO BOX 734
City, State, Zip Code:
Woodland Park NJ 07424

Name of OSHA Monitor:
Amax Contracting LLC

Telephone No.:
973-992-6268

License No.:
01266

Start Date (10):
05-21-2018

Scheduled Completion Date (11):
08-30-2018

Occupancy Status During Abatement (Check Only One):
- Facility Closed/ Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other - Describe: 4am til 12pm

Scope of Work (Check All That Apply):
- 
- 

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

Exterior

Yes No:
N/A

In Location Normally Used Safely by Maintenance/ Custodial Staff (12):

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

Amount (Specify SF or LF):

Abatement Type:

Name of Registered Waste Hauler:
Amax Contracting LLC

NJ/DEP Waste Hauler ID No.:
0036164

Cubic Yards of Waste:
60 CY

Name of Registered Landfill:
Fairless Hills

City, State:
Woodland Park NJ 07424

Disposal Date:
09-06-2018

City, State:
Morristown NJ 07052

Completed By:
Tome Maslakovic

Title:
Project Manager

Signature:

Date:
05-20-2018

Do not use this form for asbestos licensure exempted activities.
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:69 and 12:120)

State of New Jersey

Date of Notification (1)
5-18-2018

Name of Building Owner/Operator (2)
270-272 Newark Avenue, LLC

Agencies Notified
☐ EPA
☐ DEP
☒ DOL
☐ DOH
☐ DCA

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

Street Address
100 Challenger Road, Suite 401

City, State, Zip Code
Ridgefield, NJ 07660

Name of Contact
Gerald Eglientowicz

FACILITY INFORMATION

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

Street Address
270-272 Newark Avenue

City (5)
Jersey City, NJ 07302

County (6)
Hudson

County Code (7)

Current Use (Prior if being demolished)

Square Feet
2500

# of Floors
3

Bldg. Age
75+

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.

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

Street Address
235 Virginia Avenue

City, State, Zip Code
Jersey City, NJ 07304

License No.
01174

Telephone No.
201-333-8865

Name of OSHA Monitor
Same as above

City, State, Zip Code

Project Manager for Monitoring Firm

Telephone No.

Start Date (10)
5-18-2018

Scheduled Completion Date (11)
5-18-2018

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)
☒ ≥ 350 sf or ≥ 350 ft
☒ ≥ 160 sf or ≥ 260 ft
☐ Renovation
☐ Demolition

Location of Asbestos-Containing Material (ACM)

In Facility

Location of Asbestos-Containing Material (ACM)

TO BE ABATED

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

Yes
No
N/A

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

Amount
1835 SF

(13)

Roofing Material

(14)

Abatement Type

Encapsulation

Excavation

Exindrome

Name of Registered Waste Hauler
Green Environmental Services, LLC

NJDEP Waste Hauler ID No.
0034889

Cubic Yards of Waste
10

Name of Registered Landfill
Grows North Landfill

Disposal Date
5-18-2018

City, State
Morrisville, PA

Completed by
Liliana Serrano

Title
Office Manager

Signature

Date
5-18-2018

* 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)
5/21/19

Name of Building Owner/Operator (2)
Mr. Edwin Dan

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

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

Name of Facility Where Abatement is Taking Place (3)
Mr. Edwin Dan

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
2,200
# of Floors
2
Bldg. Age
1940

Current Use (Prior if being demolished)
Residential

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

Best Removal Inc.

Name of Abatement Contractor (9)
Streem Address
450 South River Street
City, State, Zip Code
Hackensack, NJ 07601

Telephone No.
201-329-7444
License No.
00388

Name of OSHA Monitor
Omega Environmental
Street Address
280 Huyler Street
City, State, Zip Code
South Hackensack, NJ 07606

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 to 5:00 PM

Scope of Work (Check All That Apply)
☐ 23 sf or 23 lf
☐ 160 sf or 260 lf
☐ Demolition
☐ Renovation

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

Yes
No
N/A

Location Normally Used Solely by Maintenance/Custodial Staff

In Location Normally Used Solely by Maintenance/Custodial Staff?

Y
N

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
Engineer

Name of Registered Waste Hauler
Best Removal Inc

Waste Hauler ID No.
7109

Cubic Yards of Waste
8

Name of Registered Landfill
Minerva Enterprises, LLC

City, State
Waynesburg, OH 44688

Disposal Date
6/4/18

Completed by
J. Maiorano
Title
Estimator

Signature
J. Maiorano
Date
3/21/18

ASB-41 (R-06-08)

*Do not use this form for asbestos licensure exempted activities.
**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 8:30 and 12:120)

State of New Jersey

**Date of Notification (1)**
05-20-2018

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

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

**Type Notification**
- [ ] Initial
- [ ] Amended
- [ ] Amendment #5
- [ ] Emergency (Including Justification)
- [ ] Cancellation

**Street Address**
765 Broad St

**City, State, Zip Code**
Newark NJ 07102

**Name of Contact**
Christopher Cerf

**Telephone Number**
973-733-7333

**FACILITY INFORMATION**

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

**Street Address**
301 W Kinney St

**City (5)**
Newark NJ 07103

**County (6)**
Essex

**County Code (7)**
N/A

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

**ASCN No.**

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

**Street Address**
PO BOX 734

**City, State, Zip Code**
Woodland Park NJ 07424

**Name of OSHA Monitor**
Amax Contracting LLC

**Street Address**
PO BOX 734

**City, State, Zip Code**
Woodland Park NJ 07424

**License No.**
01266

**Start Date (10)**
05-28-2018

**Scheduled Completion Date (11)**
06-17-2018

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

**Scope of Work (Check All That Apply)**
- [x] Renovation
- [x] 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)**

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**

**Ground Floor Office Area**

- [x] Accoustical ceiling

- 1600 SF

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

**NJDEP Waste Hauler ID No.**
0036184

**Name of Registered Landfill**
Fairless Hills

**City, State**
Woodland Park NJ 07424

**Completed by**
Tome Mastarkov

**Title**
Project Manager

**Signature**

**Date**
05-20-2018

*Do not use this form for asbestos licensure exempted activities.*
**New Jersey Department of Health**

Consumer, Environmental and Occupational Health Service,
PO Box 369 -
Trenton, NJ 08625-0369
Telephone: 609-826-4950 Fax: 609-826-4975

**NOTIFICATION OF NON-FRIABLE ASBESTOS WORK ACTIVITIES**

Must be submitted 10 days prior to the beginning of work. Please type or print legibly.

### I. NOTIFICATION INFORMATION

<table>
<thead>
<tr>
<th>Date of Notification:</th>
<th>05 / 22 / 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial</td>
<td>✔</td>
</tr>
<tr>
<td>Amended</td>
<td></td>
</tr>
<tr>
<td>Cancellation</td>
<td></td>
</tr>
<tr>
<td>Emergency (must include justification)</td>
<td></td>
</tr>
<tr>
<td>Type of Work:</td>
<td>Demolition</td>
</tr>
<tr>
<td></td>
<td>Renovation</td>
</tr>
</tbody>
</table>

### II. BUILDING INFORMATION

<table>
<thead>
<tr>
<th>Name of Building Owner/Operator:</th>
<th>Chris Dearing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address:</td>
<td></td>
</tr>
<tr>
<td>City:</td>
<td>Ocean View</td>
</tr>
<tr>
<td>State:</td>
<td>NJ</td>
</tr>
<tr>
<td>Zip:</td>
<td>08230</td>
</tr>
<tr>
<td>Name of Contact:</td>
<td>Chris Dearing</td>
</tr>
<tr>
<td>Telephone No.:</td>
<td></td>
</tr>
</tbody>
</table>

### III. FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Work Activity is to Take Place:</th>
<th>Dearing Residence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Describe Facility Use:</td>
<td>Residence</td>
</tr>
<tr>
<td>Street Address:</td>
<td></td>
</tr>
<tr>
<td>City:</td>
<td>Ocean View</td>
</tr>
<tr>
<td>State:</td>
<td>NJ</td>
</tr>
<tr>
<td>Zip:</td>
<td>08230</td>
</tr>
<tr>
<td>County Name:</td>
<td>Cape May</td>
</tr>
<tr>
<td>County Code (State Use Only):</td>
<td></td>
</tr>
<tr>
<td>Scheduled Start Date:</td>
<td>06 / 02 / 2018</td>
</tr>
<tr>
<td>Scheduled Completion Date:</td>
<td>06 / 04 / 2018</td>
</tr>
<tr>
<td>Occupancy Status During Activity (check only one):</td>
<td></td>
</tr>
<tr>
<td>Facility Closed/Vacated During Entire Activity</td>
<td></td>
</tr>
<tr>
<td>Activity Performed Outside Normal Facility Hours—Describe:</td>
<td></td>
</tr>
<tr>
<td>Other—Describe:</td>
<td></td>
</tr>
<tr>
<td>Scope of Work (check all that apply):</td>
<td></td>
</tr>
<tr>
<td>□ Floor Tile</td>
<td></td>
</tr>
<tr>
<td>Square Footage:</td>
<td>144 SF</td>
</tr>
<tr>
<td>Percentage Asbestos:</td>
<td></td>
</tr>
<tr>
<td>□ Mastic</td>
<td></td>
</tr>
<tr>
<td>Square Footage:</td>
<td></td>
</tr>
<tr>
<td>Percentage Asbestos:</td>
<td></td>
</tr>
</tbody>
</table>

### IV. CONTRACTOR INFORMATION

<table>
<thead>
<tr>
<th>Company Name:</th>
<th>Shade Environmental, LLC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone No.:</td>
<td>856-755-0099</td>
</tr>
<tr>
<td>Street Address:</td>
<td>623 Cutler Avenue</td>
</tr>
<tr>
<td>City:</td>
<td>Maple Shade</td>
</tr>
<tr>
<td>State:</td>
<td>NJ</td>
</tr>
<tr>
<td>Zip:</td>
<td>08052</td>
</tr>
<tr>
<td>New Jersey Asbestos License Number (if applicable):</td>
<td>00842</td>
</tr>
<tr>
<td>Monitoring Firm (if applicable):</td>
<td>Mgmt. &amp; Enviro. Consulting Services</td>
</tr>
<tr>
<td>Telephone No.:</td>
<td>609-298-4070</td>
</tr>
</tbody>
</table>

### V. SIGNATURE

<table>
<thead>
<tr>
<th>Completed By (type or print legibly):</th>
<th>Christina Lynch</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title:</td>
<td>Vice President of Operations</td>
</tr>
<tr>
<td>Signature:</td>
<td></td>
</tr>
<tr>
<td>Date:</td>
<td>May 22, 2018</td>
</tr>
</tbody>
</table>
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 5-14-2018

Name of Building Owner/Operator (2) Monticello Equity Properties, LLC

Agencies Notified Type Notification

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

Street Address 219 Monticello Avenue

City, State, Zip Code Jersey City, NJ

Name of Contact Gerald Eglenowitz

Telephone Number 732-991-1173

FACILITY INFORMATION

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

Street Address 170 Monticello Avenue

County (6) Hudson

County Code (7) [STATE USE ONLY] ______

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

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

Street Address 235 Virginia Avenue

City, State, Zip Code Jersey City, NJ

Project Manager for Monitoring Firm Telephone No.

Start Date (10) 5-14-2018

Scheduled Completion Date (11) 5-17-2018

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

Scope of Work (Check All That Apply)
- ≥3 sf or ≥3 if
- ≥150 sf or ≥260 if
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

In Facility (13)

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

Yes No N/A

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

Amount (Specify SF or LP) 1500 SF

Abatement Type

Name of Registered Waste Hauler

Green Environmental Services

City, State Jersey City, NJ

Name of Registered Landfill Grows North Landfill

Disposal Date 5-17-2018

Name of Registered Landfill Grows North Landfill

City, State Jersey City, NJ

Completed by Liliana Serrano Title Office Manager

Signature

Date 5-14-2018

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