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

Date of Notification (1) X

Name of Building Owner/Operator (2)
35-54 Rector Urban Renewal
120 Albany Street

City, State, Zip Code
New Brunswick, NJ 08961

Name of Contact
Sam Boraie

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
35-54 Rector Street

Street Address
36 Rector Street

City (5)
Newark, New Jersey 07102

County (6)
Essex

County Code (7) (STATE USE ONLY) __________

Square Feet
16,800

# of Floors
6

Bldg. Age
115++

Current Use (Prior if being demolished)
Vacant building

Name of Monitoring Firm Hired by Building Owner (8)
Dynamic Earth LIC

ASCM No.

Name of Abatement Contractor (9)
DAS Industrial

Street Address
245 Main Street, suite 110

City, State, Zip Code
Chester, NJ 07930

Project Manager for Monitoring Firm
Tbd

Telephone No.
9738797095

Start Date (10)
May 31, 2016

Scheduled Completion Date (11)
June 31, 2016

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

Other – Describe:

Scope of Work (Check All That Apply)
- 23 sf or 23 if
- 160 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)

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
Removal Repair Encapsulate Endorse

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement area X</td>
<td></td>
<td>Pipe insulation</td>
<td>3000 lf</td>
<td>X</td>
</tr>
<tr>
<td>First floors X</td>
<td></td>
<td>Pipe insulation</td>
<td>1000 lf</td>
<td>X</td>
</tr>
<tr>
<td>First floor Shaft X</td>
<td></td>
<td>Pipe insulation</td>
<td>200 lf</td>
<td>X</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
Newark Carting inc

NJDEP Waste Hauler ID No.
04509

Cubic Yards of Waste
60

Name of Registered Landfill
G.r.o.w.s

City, State
Newark NJ

Disposal Date
6/30/16

City, State
Morrisville, Pa

Completed by
Vincent Manganiello
Title
Owner

Signature

Date
5/16/16

* Do not use this form for asbestos licensure exempted activities.
Date of Notification (1) May 16th 2016

Name of Building Owner/Operator (2) S&b realty

Street Address 500 Super BLvd

City, State, Zip Code Harrison NJ 07029

Name of Contact Mark Triano

Telephone Number

NAME OF FACILITY WHERE ABATEMENT IS TAKING PLACE (3)

2 Story vacant warehouse

Street Address 1000 Frank E. Rogers Blvd.

City Harrison

County Hudson

County Code (7) (STATE USE ONLY) C

Name of Monitoring Firm Hired by Building Owner (8) EHS Enviromental, Inc

ASCM No.

Name of Abatement Contractor (9) DAS Industrial

Street Address 411 Southgate Court Suite E

City, State, Zip Code Mickleton NJ 08056

Project Manager for Monitoring Firm Tbd

Telephone No. 856224-008

Start Date (10) May 31, 2016

Scheduled Completion Date (11) June 31, 2016

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

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

Removal

Repair

Encapsulation

Enclosure

Name of Registered Waste Hauler Newark Carting inc

NJDEP Waste Hauler ID No. 04509

Cubic Yards of Waste 60

Name of Registered Landfill G.r.o.w.s

City, State Newark NJ

Disposal Date 6/30/16

City, State Morrisville, Pa

Completed by Vincent Manganiello

Title Owner

Signature Date 5/16/16

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

Date of Notification (1)
5/20/2016

Name of Building Owner/Operator (2)
Somerset Business Park LLC

MAY 26 2016

AGENCIES NOTIFIED
EPA
DEP
DOL
DOH
DCA

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

Street Address
152 Rte. 206 South

City, State, Zip Code
Hillsborough, NJ 0884

Name of Contact
Ed Barnes

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Somerset Business Park

Square Feet
1200

# of Floors
1

Bldg. Age
76

Current Use (Prior if being demolished)
unoccupied

NAME OF FACILITY
Somerset

COUNTY
Somerset

(SATE USE ONLY)

NAME OF MONITORING FIRM HIRED BY BUILDING OWNER (8)

NAME OF ABATEMENT CONTRACTOR (6)
Yannuzzi Environmental

Street Address
135 Kinnelon Rd Suite 102

City, State, Zip Code
Kinnelon NJ 07405

Telephone No.
908-218-0880

License No.
01228

NAME OF OSHA MONITOR
Yannuzzi Group

Telephone No.

Street Address
135 Kinnelon Rd Suite 102

City, State, Zip Code
Kinnelon, NJ 07405

Start Date (10)
6/6/16

Scheduled Completion Date (11)
6/17/16

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

Scope of Work (Check All That Apply)

≥ 3 sf or ≥ 3 If
≥ 160 sf or ≥ 260 If
Ranovation
Demolition

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

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

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

Amount
(Specify
SF or LF)

Abatement Type
Removal
Encapsulation
Endorse

Name of Registered Waste hauler
Yannuzzi Group

NJ/DEP Waste Hauler ID No.
17467

Cubic Yards of Waste
40

Name of Registered Landfill
GROWS

Date
05/20/16

Completed by
John Mucha

Title
Sr Project Mang.

Signature

Do not use this form for asbestos licensure exempted activities.
Date of Notification (1) 05/23/16

Name of Building Owner/Operator (2) Holmdel Board of Education

Street Address 65 McCampbell Road
City, State, Zip Code Holmdel, NJ 07733-0407

Name of Contact Joseph Hammer Board President
Telephone Number

FACILITY INFORMATION
Name of Facility Where Abatement is Taking Place (3) Village Elementary School
Type of Facility (4) School (K-12)
Subchapter 8 (other than K-12) Other (i.e., private & commercial buildings, homes, etc.)
Sq. Feet: # of Floors: Bldg. Age: 1960's
Current Use (prior if being demolished): High School

Street Address 67 McCampbell Road
City, State, Zip Code

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

Name of Contractor (9) Panoramic Window & Door Systems Inc.

Street Address 712 Sergeantsville Road
City, State, Zip Code Stockton, NJ 08559

License Number: 01237

Scheduled Start Date (10) 05/25/16
Scheduled Completion Date (11) 07/05/16

Name of OSHA Monitor IAQ GURU LLC

Occuancy Status During Abatement (Check only one)
Facility Closed/Vacated During Entire Period of Abatement 
Abatement Performed Outside of Normal Facility Hours -
Describe 3:00pm - 11:00pm Mon-Fri & Sat 7-3:30
Other - Describe:

Project Manager for Monitoring Firm
Telephone Number

Street Address 87 Main Street
City, State, Zip Code Lincoln Park, NJ 07035

Sources of Work (Check all that apply)

Renovation
Mini-Enclosure
Demolition
Glovebag Procedure
Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) in Facility (13)
Location Normally Used Solely by Maint./Custodial Staff? (12)
YES NO NA

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

Amount (Specify SF or LF)

Abatement Type
Remove Repair Encap Enclse

Cubic Yards of Waste
Name of Registered Landfill Chrin Landfill

Disposal Date
City, State

Completed by (Print or Type) Mark M Jovic
Title Project Manager
Signature

Date 05/23/16
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (11) 3 / 11 / 16

Name of Building Owner/Operator (2) Mount Holly Twp. Board Of Education

Agencies Notified
- EPA
- DOLWD
- DHSS
- DCA (NJAC 5:23-8)
- Type Notification
  - Initial
  - Amended
  - Amendment #8-5/23/16
  - Emergency (including justification)
  - Cancellation

Street Address
331 Levis Dr
City, State, Zip Code
Mt. Holly, NJ 08060

Name of Contact
Bill Buffa
Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
FW Holbein Middle School

Street Address
331 Levis Dr
City (5)
Mt. Holly
County (6)
Burlington

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

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

Street Address
1123 BEAVER STREET

City, State, Zip Code
BRISTOL, PA 19007

Project Manager for Monitoring Firm William Weisgarber

Name of OSHA Monitor
BRISTOL ENVIRONMENTAL, INC.

Telephone No.
609-298-4070

TelephoneNumber
215-786-6040

License No.
00509

Start Date (10) 4 / 18 / 16

Scheduled Completion Date (11) ON HOLD

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 3:00 PM - 12:00 AM

Scope of Work (Check all that apply)
- ≥ 3 sf or ≥ 3 lF
- ≥ 160 sf or ≥ 260 lF
- 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>Throughout</td>
<td>No</td>
<td>Pipe Fittings-Wrap and Cut</td>
<td>1,575 LF</td>
<td></td>
</tr>
<tr>
<td>Exterior</td>
<td>No</td>
<td>Louver caulking</td>
<td>516 LF</td>
<td></td>
</tr>
<tr>
<td>Gym, Gym storage, Stage</td>
<td>No</td>
<td>Duct Vibration Cloth</td>
<td>108 SF</td>
<td></td>
</tr>
<tr>
<td>Room 210 &amp; 211</td>
<td>No</td>
<td>Lab Table tops</td>
<td>144 SF</td>
<td></td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.

City, State
NEW CASTLE, DE 19720

Disposal Date

Name of Registered Landfill MINERVA LANDFILL

City, State
WAYNESBURG, OH 44688

Completed By (Print or Type) Brian Scarfo
Title Estimator

Signature Brian Scarfo
Date 5/23/16

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

Date of Notification (1)  3 / 11 / 16

Name of Building Owner/Operator (2)
Mount Holly Twp. Board Of Education

Agencies Notified
☒ EPA
☒ DOLWD
☒ DHSS
☐ DCA
(NJAC 5:23-8)

Type Notification
☒ Initial
☒ Amended
☐ Emergency (including justification)
☐ Cancellation

Street Address
331 Levis Dr

City, State, Zip Code
Mt. Holly, NJ 08060

Name of Contact
Bill Buffa

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
FW Holbein Middle School

Street Address
331 Levis Dr

City (5)
Mt. Holly

County (6)
Burlington

Name of Monitoring Firm Hired by Building Owner (8)
MECS, Inc

ASCN No.

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

Street Address
1123 BEAVER STREET

City, State, Zip Code
BRISTOL, PA 19007

Project Manager for Monitoring Firm
William Weisgarber

Telephone No.
609-298-4070

License No.
00599

Start Date (10)
4 / 18 / 16

Scheduled Completion Date (11) ON HOLD

Name of OSHA Monitor
BRISTOL ENVIRONMENTAL, INC.

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: 3:00PM-12:00AM

Scope of Work (Check all that apply)
☐ ≥ 3 sf or ≥ 3 if
☐ ≥ 180 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)

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
Repair
Remove
Encapsulate

Room 210A
☐ ☒ ☐ Transite Foam Hood
90 SF
☒ ☒ ☒ ☒ ☒

Throughout
☐ ☒ ☐ Roof Drain Insulation
9 LF
☒ ☒ ☒ ☒ ☒

Room 202-208
☐ ☒ ☐ Glue dots
1,760 SF
☒ ☒ ☒ ☒ ☒

Name of Registered Waste Hauler
SERVICE TRANSPORT GROUP, INC.

NJDEP Waste Hauler ID No. 20990

Cubic Yards of Waste

Name of Registered Landfill
MINERVA LANDFILL

City, State
NEW CASTLE, DE 19720

Disposal Date

City, State
WAYNESBURG, OH 44688

Completed By (Print or Type)
Brian Scafaro

Title
Estimator

Signature

Date 5/23/16

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

**Date of Notification:** 1/16/2016

**Name of Building Owner/Operator:** mary bulger

**Agency Notified:** DOL, DOH

**Street Address:** CRANFORD, NJ 07016

**Name of Contact:** mary bulger

**Facility Information**

**Name of facility where abatement is taking place:** CRANFORD

**Type of Facility:** Other (Private/Commercial Bldgs./Homes, etc.)

**Square Feet:** N/A

**# of Floors:** N/A

**Bldg. Age:** N/A

**Current Use:** N/A

**Name of Monitoring Firm Hired by Bldg. Owner:** ASCM No.

**Name of Abatement Contractor:** 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:** 06/01/16

**Sched. Completion Date:** 06/20/16

**Occupancy Status During Abatement:** NORMAL HOURS

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>BASEMENT</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>PIPE INSULATION</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>BARE HEATING PIPES</td>
<td></td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Material</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>PIPE INSULATION</td>
<td>64.1 ft</td>
</tr>
<tr>
<td>BARE HEATING PIPES</td>
<td>43.1 ft</td>
</tr>
</tbody>
</table>

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

**NJDEP Hauler ID:** 13505

**Cubic Yards of Waste:** 1 yd.

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

**City, State:** TULLYTOWN, PA

**Disposal Date:** 06/02/16

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

**Signature:** 05/20/2016

**Title:** PRESIDENT

---

*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):
1/1/16

Name of Building Owner/Operator (2):
margaret walker

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

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

Address:
City, State, Zip Code: west orange, NJ 07052

Name of Contact:
margaret walker

FACILITY INFORMATION

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

Street Address

City (5): west orange
County (6): essex
County Code (7): (State use only)

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 Bldge./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

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

Start Date (10):
06/01/16
Scheduled Completion Date (11):
06/20/16

Scope of Work (check all that apply):
- ≥50 sf or ≥50 if
- ≥160 sf or ≥260 if
- Demolition
- Renovation

Location of asbestos-containing material (ACM) to be abated in facility (12):
- Yes
- No
- N/A

Description of asbestos-containing material (ACM):
PIPE INSULATION
76.1 ft

Amount (Specify SF or LF):

Removal: 
Repair: 
Encapsulation: 
Non-Exempted (°) and Non-Friable procedure:

BASEMENT

Registered Waste Hauler:
D & S RESTORATION, INC.

Disposal Date:
06/02/16

Name of Registered Landfill:
TULLYTOWN, RESOURCE RECOVERY

City, State:
PATERSON, NJ 07503

Completed by (Print or Type):
BOGDAN JOLDZIC
Title: PRESIDENT
Signature:
Date: 05/19/16

* 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)
12/15/11

Name of Building Owner/Operator (2)
robert & wendy trobe

Agencies Notified

Type Notification
□ EPA □ Initial
□ DEP □ Amended
□ DOL □ Amendment #: __________
□ DOH □ Emergency (including justification)
□ DCA □ Cancellation

Street Address

City, State, Zip Code
RIDGEWOOD, NJ 07450

Name of Contact
robert & wendy trobe

Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
robert & wendy trobe

Street Address

City (5)
RIDGEWOOD

County (6)
BERGEN

County Code (7)

Name of Monitoring Firm Hired by Bldg. Owner (8)
ASCN 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)
06/23/16

Scheduled Completion Date (11)
07/15/16

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

Scope of Work (check all that apply)
□ >500 SF or >500 LF
□ >1500 SF or >2500 SF
□ Renovation
□ Demolition

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

Is location normally used solely by maintenance/custodial staff (12)
Yes □ No X

Description of asbestos-containing material (ACM)
vermiculite attic insulation

Amount (Specify SF or LF)
120 sq ft

Removal □ Repair X Encapsulation □ Non-Exempted (*) and Non-Irritable procedure □

Registered Waste Hauler

D & S RESTORATION, INC.

NJDEP Hauler ID# 135506

Cubic Yards of Waste
2 yds.

Name of Registered Landfill
TULLY TOWN, RESOURCE RECOVERY

City, State
PATerson, NJ 07503

Disposal Date
06/24/16

Name of Registered Landfill
TULLY TOWN, PA

Completed by (Print or Type) Title
BOGDAN JOLDZIC PRESIDENT

Signature
Date
05/19/16

* 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):**

<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
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</tr>
</tbody>
</table>

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

- nora bishop

**Agencies Notified:**

- EPA
- DOL
- DOH
- DCA

**Type Notification:**

- Initial
- Amended

**Emergency (Including justification):**

- Cancellation

**Street Address:**

[Redacted]

**City, State, Zip Code:**

- VERONA, NJ 07044

**Name of Contact:**

- nora bishop

**Telephone Number:**

[Redacted]

**FACILITY INFORMATION**

- Name of facility where abatement is taking place (3):
  - nora bishop

- Street Address:
  - [Redacted]

- City (5):
  - VERONA

- County (8):
  - Essex

- County Code (7) (State use only):
  - [Redacted]

- 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 Monitoring Firm Hired by Bldg. Owner (8):
  - [Redacted]

- 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):**

- 05/31/16

**Sched. Completion Date (11):**

- 06/20/16

**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):**

- >30 sf or >3 If
- >=160 sf or >=260 If
- Renovation
- Demolition

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

| Location of asbestos-containing material (acm) to be abated in facility (13) | Location normally used solely by maintenance/custodial staff (12) | Description of asbestos-containing material (ACM) | Amount (Specialty SF or LF) | Remov | Repa | Encap | Enccl |
|---|---|---|---|---|---|---|---|---|
| BASEMENT | Yes | X | N/A | PIPE INSULATION | 251 ft | X | | |
| BASEMENT | X | | | BARE HEATING PIPES | 100 LF | | | |

**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:
  - 06/01/16

- Name of Registered Landfill:
  - TULLYTOWN, PA

- Date:
  - 06/01/16

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

- BOGDAN JOLDZIC

**Title:**

- PRESIDENT

**Signature:**

- [Redacted]
**State of NJ**
**Notification of Asbestos Abatement**
(Pursuant to NJAC 8:60 and 12:120)

**Date of Notification (1)**
01/16/16

**Name of Building Owner/Operator (2)**
meg biggins

**Agency Notified**
- [X] DOL (Emergency (including justification))
- [ ] EPA
- [ ] DEP
- [ ] DOH
- [ ] DCA

**Amendment #:** [ ] Initial [ ] Amended

**Street Address**
hawthorne, nj 07506

**City, State, Zip Code**
hawthorne, nj 07506

**Name of Contact**
meg biggins

**Telephone Number**

**FACILITY INFORMATION**

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

**Street Address**

**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 to being demolished)**

**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

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

**Street Address**
20 California Avenue

**City, State, Zip Code**
PATERSON, NJ 07503

**Start Date (10)**
05/27/16

**Sched. Completion Date (11)**
06/10/16

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

**Scope of Work (check all that apply)**
- [ ] >3 sf or >3 if
- [X] Renovation
- [ ] ≥160 sf or ≥260 if
- [ ] Demolition

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

<table>
<thead>
<tr>
<th>BASEMENT</th>
<th>PIPE INSULATION</th>
<th>571 ft</th>
</tr>
</thead>
</table>

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

**Disposal Date**
05/28/16

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

**Cubic Yards of Waste**
1 yd

**Title**
PRESIDENT

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

**Signature**

**Date**
05/17/2016
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

**Date of Notification (1)** 05/23/2016

**Name of Building Owner/Operator (2)** Atlantic Electric

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

**Notification Type**
- Initial x
- Amendment #
- Emergency (Including Justification)
- Cancellation

**Street Address**
- 5100 Harding Highway
- City, State, Zip Co
- Mayo Landing, NJ 08330

**Name of Contact** Bryon Brainard

**Telephone Number**

---

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**
- Street Address
- 5100 Harding Highway
- County (5)
- Gloucester
- City (5)
- Turnersville
- County Code (7) (STATE USE ONLY)
- Current Use (prior if being demolished)
- Electrical Sub-Station

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

**Square Feet** 357

**# of Floors** 1

**Bldg. Age** 60 years

**Name of Monitoring Firm Hired by Bldg. Owner (8)**
- Harvard Environmental Inc.

**ASCN No.**

**Name of Contractor (9)**
- County Environmental

**Street Address**
- 760 Pulaski Highway
- City State, Zip Code
- New Castle, DE 19720

**Telephone No.**
- (302) 326-2333

**License Number**
- 00578

**Project Manager for Monitoring Firm**
- Wesley Morrison

**Telephone Number**
- (302) 322-8946

**City State, Zip Code**
- New Castle, DE 19720

**County Environmental**

**Scheduled Start Date (10)** 06/07/2016

**Scheduled Completion Date** 06/07/2016

**Name of OSHA Monitor**

**Occupancy Status During Abatement (Check only one)**
- X Other – Describe:

**Scope of Work (Check all that apply)**
- ≥ 3 sf or ≥ 3.3 if
- X ≥ 160 sf or ≥ 260 if

- x Renovation
- x Demolition
- Full Containment with Negative Pressure
- x Non-Exempted (*) and Non-Friable Procedure

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

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

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

**Amount (Specify SF or LF)**
- Asbestos cement panels (transite) 1,140 SF
- Asbestos building caulk 150 LF

**Abatement Type**

**Location of Reg. Waste Hauler**
- NJDEP Waste Hauler
- ID No. 1A-041

**Cubic Yards of Waste**
- 40

**Name of Reg. Landfill**
- ACUA Landfill

**City State**
- 105 Rivervlew Ave Paulsboro, NJ 08066

**Disposal Date**
- TBA

**Name of Reg. Landfill**
- City State
- 6700 Deliah Rd. Egg Harbor Township, NJ 08234

**Completed by**
- Ben Hodgon

**Title**
- PM

**Signature**

**Date** 05/23/16
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)  5 / 24 / 16
Name of Building Owner/Operator (2)  Muriel Huhn / Job #1605-2084 Chk: #4367 6 2016

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

Street Address
City, State, Zip Code  Brick, NJ 08724

Name of Contact  Muriel Huhn

FACILITY INFORMATION

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

Street Address
City (5)  Brick
County (6)  Ocean

County Code (7)/STATE USE ONLY

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

Square Feet  1200
# of Floors  1
Bldg. Age  60

Current Use (Prior if being demolished)
Vacant

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

Name of Abatement Contractor (9)  Asbestos and Mold Services, Corp.
Street Address  3859 Sylon Boulevard
City, State, Zip Code  Hainesport, NJ 08036

Project Manager for Monitoring Firm  Dave & Steve Flanagan
Telephone No.  856-848-0800

License No.  00862
Name of OSHA Monitor  EMSL Analytical, Inc.
Street Address  200 U.S. Route 130 North
City, State, Zip Code  Cinnaminson, NJ 08077

Start Date (10)  6 / 5 / 16
Scheduled Completion Date (11)  8 / 9 / 16

Time of Abatement: AM PM PM AM

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

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
- Encapsulation
- 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)

Amount (Specify SF or LF)

Abatement Type
- Removal
- Repair
- Encapsulation
- 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)

Amount (Specify SF or LF)

Abatement Type
- Removal
- Repair
- Encapsulation
- Non-Exempted (*) and Non-Friable Procedure

Name of Registered Waste Hauler  Carnevale Disposal
NJDEP Waste Hauler ID No.  17297
Cubic Yards of Waste  5
Name of Registered Landfill  GROWS Landfill
City, State  Hamilton, NJ
Disposal Date  6/9/16
City, State  Morrisville, PA 19067

Completed By (Print or Type)  Kimberly A. Trumbetti
Title  Office Coordinator
Signature
Date  5-24-2016

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

Date of Notification (1)
04/21/2016

Name of Building Owner/Operator (2)
UNION TOWNSHIP BOARD OF EDUCATION

Street Address
239 MORRIS AVE

City, State, Zip Code
UNION, NJ, 07083

Name of Contact
TOM WIGGINS

Name of Facility Where Abatement Is Taking Place (3)
FRANKLIN SCHOOL

Street Address
1550 LINDY TERRACE

City (5)
UNION, NJ, 07083

County (6)
ESSEX

Name of Monitoring Firm Hired by Building Owner (8)
OMEGA ENV SERVICES

ASCM No.
00120

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

Square Feet
N/A

Current Use (Prior if being demolished)
N/A

Type of Abatement Contractor (9)
EHW ABATEMENT LLC

Street Address
89 FRANKLIN STREET

City, State, Zip Code
PATERSON, NJ, 07504

Name of OSHA Monitor
EHW ABATEMENT LLC

Telephone No.
973-333-5144

License No.
01274

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

Telephone No.
201-724-8135

Start Date (10)
4/23/2016

Scheduled Completion Date (11)
4/24/2016

Facility Abatement Performed Outside of Normal Facility Hours

Scope of Work (Check All That Apply)

≥3 sf or ≥5 if

Renovation

≥160 sf or ≥260 if

Demolition

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

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

Amount (Specify SF or LF)
15SF

Abatement Type
Removal

Endorse

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

In Facility (13)

ROOM 12

ROOM 27

Name of Registered Waste Hauler
TRI STATE TRANSFER

City, State
1199 RANDALL AVE BRONX NY 10474

Name of Registered Landfill
MINERVA ENTERPRISES

City, State
900 MINERVA RD WAYNESBURG OH

Completed by
VICTOR ESPiritu

Title
SUP

Signature
4/21/2016
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>10/20/2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>MARILYN CARRETO</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>
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<td>DOL</td>
<td>Amendment #</td>
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<td>DOH</td>
<td>Emergency (including justification)</td>
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<td>DCA</td>
<td>Cancellation</td>
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<tr>
<td>Street Address</td>
<td>[Redacted]</td>
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<tr>
<td>City, State, Zip Code</td>
<td>ELIZABETH, NJ, 07208</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>MARILYN CARRETO</td>
</tr>
</tbody>
</table>

FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>private house</th>
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</thead>
<tbody>
<tr>
<td>Type of Facility (4)</td>
<td></td>
</tr>
<tr>
<td>School (K-12)</td>
<td></td>
</tr>
<tr>
<td>Subchapter B (Other than K-12)</td>
<td></td>
</tr>
<tr>
<td>Other (i.e. private &amp; commercial buildings, homes, etc.)</td>
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</tr>
<tr>
<td>Square Feet</td>
<td>N/A</td>
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<tr>
<td># of Floors</td>
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<tr>
<td>Bldg. Age</td>
<td>N/A</td>
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<tr>
<td>Current Use (Prior if being demolished)</td>
<td>PRIVATE HOUSE</td>
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PRIVATE HOUSE

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>ASCM No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td></td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td></td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td></td>
</tr>
<tr>
<td>Telephone No.</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>10/29/2015</th>
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<tbody>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>10/30/2015</td>
</tr>
<tr>
<td>Occupancy Status During Abatement (Check Only One)</td>
<td></td>
</tr>
<tr>
<td>Facilty 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: OCCUPIED</td>
<td></td>
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</tbody>
</table>

Scope of Work (Check All That Apply)

- [ ] ≥ 23 sf or ≥ 25 lf
- [x] ≥ 150 sf or ≥ 250 lf
- [ ] 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

<table>
<thead>
<tr>
<th>Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
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<tbody>
<tr>
<td>BASEMENT</td>
<td>[x]</td>
<td></td>
<td></td>
</tr>
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</table>

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

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>PIPE INSULATION</td>
<td>60 LF</td>
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</table>

Name of Registered Waste Hauler

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>TRI-STATE TRASFER</th>
</tr>
</thead>
<tbody>
<tr>
<td>NJDEP Waste Hauler ID No.</td>
<td></td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td>N/A</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>MINERVA ENTERPRISES</td>
</tr>
<tr>
<td>City, State</td>
<td>1199 randall av bronx ny 10474</td>
</tr>
<tr>
<td>Disposal Date</td>
<td>TBD</td>
</tr>
<tr>
<td>City, State</td>
<td>900 MINERVA RD WAYNESBURG OH</td>
</tr>
<tr>
<td>Completed by</td>
<td>VICTOR ESPIRITU</td>
</tr>
<tr>
<td>Title</td>
<td>SUPERVISOR</td>
</tr>
<tr>
<td>Signature</td>
<td>[Signature]</td>
</tr>
<tr>
<td>Date</td>
<td>10/20/2015</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 8:50 and 12:120)

Date of Notification (1) 08/20/2015

Name of Building Owner/Operator (2) joseph vulpin

Agencies Notified

- EPA
- DEP
- DOL
- DOH
- DCA

Type Notification

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

Street Address

City, State, Zip Code newark

Name of Contact joseph vulpin

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
apartment building

Street Address

City (5) newark

County Code (7) (STATE USE ONLY)

County (6) essex

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

N/A

Name of Abatement Contractor (9)

EHW ABATEMENT LLC

Street Address

89 FRANKLIN ST

City, State, Zip Code

PATerson

Project Manager for Monitoring Firm

Telephone No.

973-333-5144

License No.

01274

Start Date (10) 08/21/2015

Scheduled Completion Date (11) 08/23/2015

Occupyancy Status During Abatement (Check Only One)

- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other – Describe: OCCUPIED

Scope of Work (Check All That Apply)

- ≥3 sf or ≥3 lf
- ≥180 sf or ≥280 lf
- Renovation Demolition

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

In Facility (13)

- BASEMENT

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 insulation
- tank insulation

Amount (Specify SF or LF)

- 160 LF
- 20 SF

Abatement Type

- Removal
- Repair
- Encapsulation
- Endorse

Endorse

Name of Registered Waste Hauler

Tri -STATE Transfer

NUDEP Waste Hauler ID No. 2A-456

Cubic Yards of Waste N/A

Name of Registered Landfill MINERVA ENTERPRISES INC

City, State 1199 Randall av bronx ny 10474

Disposal Date TBD

City, State 9000 MINERVA rd WAYNESBURG OH

Completed by VICTOR ESPIRITU Title SUPERVISOR

Signature [Signature] Date 08/20/2016

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

Date of Notification (1)
12/08/2015

Name of Building Owner/Operator (2)
UNION TOWNSHIP BOARD OF EDUCATION

Street Address
239 MORRIS AVE

City, State, Zip Code
UNION, NJ, 07083

Name of Contact
TOM WIGGINS

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

Square Feet
N/A

# of Floors
N/A

Bldg. Age
N/A

Current Use (Prior to being demolished)
N/A

Name of Facility Where Abatement is Taking Place (3)
LIVINGSTON SCHOOL

Street Address
960 MIDLAN AVE

City (5)
UNION

County (6)
ESSEX

County Code (7)
N/A

Name of Monitoring Firm Hired by Building Owner (8)
OMEGA ENV SERVICES

ASCM No. 00120

Name of Abatement Contractor (9)
EHW ABATEMENT LLC

Street Address
89 FRANKLIN ST

City, State, Zip Code
PATERSON, NJ, 07524

Telephone No. 201-724-8135

License No. 01274

Name of OSHA Monitor
EHW ABATEMENT LLC

Street Address
89 FRANKLIN ST

City, State, Zip Code
PATERSON, NJ, 07514

Start Date (10)
12/11/2015

Scheduled Completion Date (11)
12/13/2015

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)
✓ ≥3 ft or ≥3 if
✓ ≥180 ft or ≥260 ft if

Renovation
Demolition

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

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

Amount (Specify SF or LF)

Abatement Type

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>CRAWL SPACE</td>
<td>X</td>
<td>PIPE INSULATION</td>
<td>150 LF</td>
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<tr>
<td>CRAWL SPACE</td>
<td>X</td>
<td>DEBRIS CLEAN UP</td>
<td>TBD</td>
</tr>
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</table>

Name of Registered Waste Hauler
TRI STATE TRANSFER

NJDEP Waste Hauler ID No.

Cubic Yards of Waste

Name of Registered Landfill
MINERVA ENTERPRISES

City, State
1199 RANDALL AV BRONX NY 10474

Disposal Date
TBD

City, State
900 MINERVA RD WAYNESBURG OH

Completed by
VICTOR ESPIRITU
Title
PROJECT MANAGER
Signature

12/08/2015

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

Date of Notification (1)
10/20/2015

Name of Building Owner/Operator (2)
MELISA HERRERA

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

Type Notification
- Initial

Street Address [redacted]

City, State, Zip Code
EAST ORANGE NJ

Name of Contact
MELISA HERRERA

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

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

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

County Code (7) (STATE USE ONLY) [redacted]

CURRENT USE (Prior if being demolished)
PRIVATE HOUSE

Name of Abatement Contractor (9)
EHW ABATEMENT LLC

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

ASCM No.

Street Address
89 FRANKLIN ST

City, State, Zip Code
PATERSON,NJ,07524

Project Manager for Monitoring Firm
Telephone No.
973-333-5144
License No.
01274

Start Date (10)
10/30/2015

Scheduled Completion Date (11)
10/31/2015

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

Scope of Work (Check All That Apply)
- [X] ≥30 sf or ≥3 lf
- ≥160 sf or ≥260 lf
- 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

BASEMENT

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

Amount (Specify SF or LF)
110 LF

Abatement Type
[ ] Removal
[ ] Repair
[ ] Encapsulate
[ ] Enclose

Name of Registered Waste Hauler
TRI-STATE TRASFER

N J DEP Waste Hauler ID No.

Cubic Yards of Waste
N/A

Name of Registered Landfill
MINERVA ENTERPRISES

Disposal Date
TBD

City, State
900 MINERVA RD WAYNESBURG OH

Completed by
VICTOR ESPiritu
Title
SUPERVISOR
Signature
[Signature]

Completed Date
10/20/2015

* 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)
12/21/2015

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

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

#### Name of Building Owner/Operator (2)
Irvington Board of Education

#### Street Address
844 Chancellor Avenue

#### City, State, Zip Code
Irvington, NJ 07111

#### Name of Contact
Zarana Figueroa

#### Telephone Number

### FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Type of Facility (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chancellor Avenue School</td>
<td>School (K-12)</td>
</tr>
</tbody>
</table>

#### Street Address
844 Chancellor Avenue

#### City (5)
Irvington

#### County (6)
Essex

#### Square Feet
10,000

#### # of Floors
2

#### Bldg. Age
53

#### Name of Monitoring Firm Hired by Building Owner (8)
Westchester Enviromental LLC

#### ASCM No.
00127

#### Name of Abatement Contractor (9)
EHW Abatement LLC

#### Street Address
307 N. Walnut Street

#### City, State, Zip Code
West Chester, PA 19380

#### Project Manager for Monitoring Firm
Mathew Abraham

#### Telephone No.
610-431-7545

#### Telephone No.
973-333-5144

#### License No.
01274

#### Start Date (10)
12/26/2015

#### Scheduled Completion Date (11)
12/29/2015

#### Name of OSHA Monitor
EHW Abatement LLC

#### Street Address
89 Franklin Street

#### City, State, Zip Code
Paterson, NJ 07524

#### Scope of Work (Check All That Apply)
- [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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Boiler Room</strong></td>
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<tr>
<td><strong>Boiler Room</strong></td>
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<tr>
<td><strong>Boiler Room</strong></td>
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<table>
<thead>
<tr>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
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</thead>
<tbody>
<tr>
<td>Yes</td>
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<td>-----</td>
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<td>x</td>
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<table>
<thead>
<tr>
<th>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
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</thead>
<tbody>
<tr>
<td>Boiler Insulation</td>
</tr>
<tr>
<td>Breeding</td>
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<tr>
<td>Pipe Insulation</td>
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<table>
<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
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<tbody>
<tr>
<td>250 SF</td>
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<tr>
<td>45 SF</td>
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<tr>
<td>25LF</td>
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</table>

#### Name of Registered Waste Hauler
TRI State Transfer

#### NJDEP Waste Hauler ID No.

#### Cubic Yards of Waste

#### Name of Registered Landfill
Minerva Enterprises

#### City, State
900 Minerva RD Wayneburg OH

#### Disposal Date

#### Completed by
Victor Espiritu

#### Title
Project Manager

#### Signature

#### Date
12/21/2015

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

**State of New Jersey**

**Pursuant to NJAC 8:60 and 12:120**

**Date of Notification (1):** 02/02/2015

**Name of Building Owner/Operator (2):** YORKIM PEREZ

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

**Street Address:**

**City (5):** NEWARK

**County (6):** ESSEX

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

**ASCM No.:**

**Name of Abatement Contractor (9):** EHW ABATEMENT LLC

**Street Address:** 89 FRANKLIN ST

**City, State, Zip Code:** PATERNSON, NJ, 07524

**Telephone No.:** 973-333-5144

**License No.:** 01274

**Name of OSHA Monitor:** EHW ABATEMENT LLC

**Street Address:** 89 FRANKLIN ST

**City, State, Zip Code:** PATERNSON, NJ, 07524

**Occupancy Status During Abatement (Check Only One):**

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

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

- [x] 23 sf or ±3 if
- [x] 160 sf or ±260 if
- [x] Renovation
- [ ] Demolition

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

<table>
<thead>
<tr>
<th>basement</th>
<th>pipe insulation</th>
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**Amount (Specify SF or LF):** 80LF

**Abatement Type:**

<table>
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<tr>
<th>Removal</th>
<th>Repair</th>
<th>Encapsulation</th>
<th>Enduse</th>
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**Name of Registered Waste Hauler:** TRI STATE TRANSFER

**City, State:** 1199 RANDALL AV BRONX NY 10474

**Name of Registered Landfill:** MINERVA ENTERPRISES

**City, State:** 900 MINERVA RD WAYNESBURG OH

**Completed by:** VICTOR ESORITU

**Title:** PROJECT MANAGER

**Signature:**

**Date:** 02/02/2016

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

Date of Notification (1)
05/19/2016

Name of Building Owner/Operator (2)
stevens institute of technology

Name of Facility Where Abatement is Taking Place (3)
stevens institute of technology

Address
morton rm 324/325 & peirce rm 308

City (5)
hoboken nj

County (6)
hudson

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

ASCM No.

Name of Abatement Contractor (9)
EHW ABATEMENT LLC

Street Address
88 FRANKLIN STREET

City, State, Zip Code
PATerson,NJ ,07504

Name of Project Manager for Monitoring Firm

Telephone No.

License No.
01274

Start Date (10)
06/03/2016

Scheduled Completion Date (11)
06/05/2016

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

Location of Asbestos-Containing Material (ACM)

TO BE ABATED

IN Facility

(13)

Yes No N/A

MORTON RM 324/325

PEIRCE RM 308

Description of Asbestos Containing Material (ACM)

(MAStIC)

Amount

SPECify SF or LF

(14)

680SF

X

312SF

X

Location of Registered Waste Hauler

TRI STATE TRANSFER

Cubic Yards of Waste

Disposal Date

City, State

1199 RANDALL AVE BRONX NY 10474

Name of Registered Landfill

MINERVA ENTERPRISES

City, State

Disposal Date

900 MINERVA RD WAYNESBURG OH

Completed by
VICTOR ESPIRITU

Signature

Date
05/19/2016

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

Date of Notification (1)  
5/24/2016  

Name of Building Owner/Operator (2)  
TWO CENTER STREET URBAN RENEWAL LLC/ODONOFF PROP  

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

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

Street Address  
755 SOUTH BOARD STREET  

City, State, Zip Code  
PHILADELPHIA PA 19147  

Name of Contact  
JIM SHERMAN  

FACILITY INFORMATION  

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

Street Address  
36 PARK PLACE  

City (5)  
NEWARK NJ  

County (6)  
ESSEX  

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

Square footage  
>50,000  

# of Floors  
2  

Bldg. Age  
>50  

Current Use (Prior if being demolished)  

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

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

Street Address  
515 GROVE STREET SUITE 1B  

City, State, Zip Code  
HADDON HEIGHTS, NJ 08035  

 телефон No.  
856 547-0505  

License No.  
00783  

Start Date (10)  
3/29/2016  

Scheduled Completion Date (11)  
08/31/2016  

Name of OSHA Monitor  
CRITERION LABS  

Street Address  
3370 PROGRESS AVE  

City, State, Zip Code  
BENSALEM, PA 19020  

Scope of Work (Check All That Apply)  
☐ ≥3 sf or ≥30 ft²  
☐ ≥160 sf or ≥2,000 ft²  
☐ Renovation  
☐ Demolition  

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

In Facility  

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

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

Amount (Specify SF or LF)  

Abatement Type  

Endorsement  

Repair  

Removal  

Name of Registered Waste Hauler  
SERVICE TRANSPORT GROUP  

City, State  
58 PYLES LANE, NEW CASTLE DE 19720  

Disposal Date  
City, State  
NAME OF REGISTERED LANDFILL  
MINERVA LANDFILL  

Name of Registered Landfill  
MINERVA LANDFILL  

Cubic Yards of Waste  

disposal Date  

City, State  
WAYNESBURG, OH 44688  

Completed by  
DAMIAN LAVELLE/CDV  

Title  
PROJECT MANAGER  

Date  
5/24/2016  

Signature  

* Do not use this form for asbestos licensure exempted activities.
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<tr>
<th>Description</th>
<th>Location</th>
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<tbody>
<tr>
<td>1st Floor / Mastic</td>
<td>110 SF</td>
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<td>2nd Floor / Mastic</td>
<td>20 SF</td>
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<tr>
<td>Exterior Plaster Over Hanging</td>
<td>110 SF</td>
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<td>Pipe Emissions</td>
<td>141 LF</td>
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<td>Insulated Pipe Insulation</td>
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<tr>
<td>Exterior Insulated Plaster/Breathing</td>
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<td>Floor Tile / Mastic</td>
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<td>Pitch Pocket Tar</td>
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