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

Check # 9795

| Date of Notification (1) | May 26, 2015  
|--------------------------|----------------|
|                        | May 13, 2016  

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
</tr>
</thead>
</table>
| EPA               | Initial           
| DEP               | Amended           
| DOL               | Amendment # 1     
| DOH               | Cancellation      
| DCA               |                   

| Name of Building Owner / Operator (2) | MCP 8 King Road LLC  

| Street Address | 250 Franklin Street, Suite 620  
|----------------|----------------------------------|
| City, State & Zip Code | Boston, MA 02110  
| Name of Contact |  
| Telephone Number |  

**FACILITY INFORMATION**

| Name of Facility Where Abatement is Taking Place (3) | Spectra Laboratories  
|--------------------------------------------------------|------------------------|
| Street Address | East Building – 8 King Road  
| City (5) | Rockleigh  
| County (6) | Bergen  
| County Code (7) | USE ONLY  

| Name of Monitoring Firm Hired by Building Owner (8) | Arcadis U.S., Inc.  
|-----------------------------------------------------|---------------------|
| Street Address | 35 Columbia Road  
| City, State & Zip Code | Branchburg, NJ 08876  
| Project Manager for Monitoring Firm | Alex Hernandez  
| Telephone Number | 908-526-1000  
| Scheduled Start Date (10) | May 27, 2015  
| Scheduled Completion Date (11) | June 29, 2015  

| Occupancy Status During Abatement (Check only one) |  
|-----------------------------------------------------|------------------------|
| Facility Vacated During Entire Period of Abatement |  
| Abatement Performed Outside of Normal Hours |  
| Other – Describe: Abatement In Unoccupied Construction Area |  
| Facility Occupied During Abatement |  

| Scope of Work (Check all that apply) |  
|-------------------------------------|-------------------------|
|                                      | Renovation              
|                                      | Demolition              

| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) |  
|--------------------------------------------------------------------------|-----------------|
| 1st Fl. Former Lab and Office Areas | X | Cove Base Mastic | 700 LF | X  
| 2nd Fl. Rear Stairwell | X | Floor Tile and Mastic | 30 SF | X  
| 2nd Fl. MER 6 | X | Pin Mastic | 15 SF | X  

| Name of Registered Waste Hauler | NJDEP Waste Hauler ID #27429  
|--------------------------------|---------------------------------|
| City, State & Zip Code | Little Egg Harbor, NJ 08087  
| Completed By | Diane Alola  
| Title | Executive Administrator  
| Signature |  
| Date | May 26, 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 5:16)

Date of Notification (1)
05 / 26 / 15
Name of Building Owner/Operator (2)
George Tailor

Agencies Notified
☐ EPA
☒ DOLWD
☒ DHSS
☐ DCA
☐ (NJAC 5:23-8)
Type Notification
☒ Initial
☐ Amended
☐ Amendment #
☐ Emergency (including justification)
☐ Cancellation
Street Address
252 Parish Drive
City, State, Zip Code
Wayne, NJ 07470
Name of Contact
George Tailor
Telephone Number

FACILITY INFORMATION
Name of Facility Where Abatement is Taking Place (3)
Private house
Street Address
252 Parish Drive
City (5)
Wayne, NJ 07470
County (6)
Passaic
County Code (7) (STATE USE ONLY)

Type of Facility (4)
☐ School (K-12)
☒ Other than K-1 2)
☒ Other (i.e., private and commercial buildings, homes, etc.)
Square Feet
# of Floors
Bldg. Age

Name of Monitoring Firm Hired by Building Owner (8)
ASCM No.
Gr Tech LLC
Name of Abatement Contractor (9)
Street Address
576 Valley Rd #283
City, State, Zip Code
Wayne, NJ 07470
Project Manager for Monitoring Firm
Telephone No.
Telephone No.
973-638-1777
License No.
01127

Start Date (10)
06 / 05 / 15
Scheduled Completion Date (11)
06 / 06 / 15
Name of OSHA Monitor
Envirosion Consultants, 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 AM AM

Scope of Work (Check all that apply)
☐ >3 sf or >3 If
☐ ≥ 180 sf or ≥260 If
☐ Renovation
☐ Demolition
☒ Clean up and decontamination with negative pressure
☐ 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, V.A.T., or other miscellaneous)

Amount (Specify SF or LF)
6 SF

Abatement Type
☐ Removal
☐ Repair
☐ Encapsulate
☐ Mitigate

Name of Registered Waste Hauler
Gr Tech LLC
NDEP Waste Hauler ID No.
0033785
Cubic Yards of Waste
TBD
Name of Registered Landfill
T.R.R.F. Inc
City, State
Wayne, NJ 07470
Disposal Date
TBD
City, State, Zip Code
Tullytown, PA

Completed By (Print or Type)
N.Jevtic
Title
Owner
Signature
Date
05/26/2015

* Do not use this form for asbestos licensure exempted activities.
**STATE OF NEW JERSEY DEPARTMENT OF LABOR NOTIFICATION OF ASBESTOS ABATEMENT**

**Date of Notification (1)**
05/23/2015

**Agencies Notified**: (X) EPA  (X) N.J.DEP  (X) N.J. DOL  (X) DOH  ( ) DCA  

**Type of Notification**: (X) Initial Notification  ( ) Amended  ( ) Amendment #  ( ) Emergency (including justification)  ( ) Cancellation

**Name of Building Owner/Operator**
Ark Management Corp.

**Street Address**
2035 Kennedy Blvd.

**City, State, Zip Code**
North Bergen, NJ 07047

**Name of Contact**
Ken Afarian

**FACILITY INFORMATION**

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

**Street Address**
9 Elmwood Ct

**City, State, Zip Code**
Elmwood Park, NJ 07407

**Name of Monitoring Firm Hired by Bldg. Owner**
ACSM No. N/A

**Name of Contractor (9)**
ISED, Inc.

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

**Sq. Feet**
10,000

**# of Floors**
2

**Bldg. Age**
60

**Current Use (prior if being demolshed)**

**name of monitoring firm hired by bldg. owner**
ACSM No. N/A

**Name of OSHA Monitor**
ISED, Inc.

**Street Address**
3300 Hudson Avenue

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

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

**Telephone Number**
(201)325-0055

**License Number**
01124

**Scheduled Start Date (10)**
06/01/2015

**Scheduled Completion Date (11)**
06/12/2015

**Occupyancy Status During Abatement (Check only one)**
( ) Facility Closed/Vacated During Entire Period of Abatement  (X) Abatement Performed Outside of Normal Facility Hours - Other - Describe: Crawl space unoccupied during abatement

**Source of Work (Check all that apply)**
( ) Demolition  ( ) Renovation

- (X) Full Containment with Negative Pressure
- ( ) Mini-Enclosure
- (X) Glove-bag Procedure
- ( ) Non-Exempted (*) and Non-Removable Procedure

**Location of Asbestos-Containing Material (ACM) To be Abated in Facility (13)**

| Building 3: Units 8A, 8B, 4A, 4B | YES | N/A | 20 | Name of Reg. Landfill: Cumberland County Landfill |

**Name of Reg. Waste Hauler**
Vision Transport 22393

**Cubic Yards of Waste**
20

**Name of Contractor**
ISED, Inc.

**Street Address**
3300 Hudson Avenue

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

**Disp. Date**
06/12/2015

**City, State**
Newburg, PA 17242

**Completed by (Print or Type)**
David Camacho

**Title**
Project Supervisor

**Signature**

**Date**
05/23/2015
## Statement

### General Information

**Date of Notification:** 05/26/2015

**Name of Building Owner/Operator:** Shane Murphy

**Street Address:** 68-70 Isabella Avenue

**City, State, Zip Code:** Newark, NJ 07106

**Telephone Number:** (201)325-0055

**License Number:** 01124

### Facility Information

**Residential Property Status:** Yes

**Type of Facility:** (X) Subchapter 8 (other than K-12)

**Sq. Feet:** 5,000

**Current Use (if being demolished):** Industrial Safety & Environmental Solutions, Inc.

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

**License Number:** 01124

### Occupancy Status During Abatement

- **Facility Closed/Vacated During Entire Period of Abatement:** Yes
- **Abatement Performed Outside of Normal Facility Hours:** No
- **Other - Describe: unoccupied property.**

### Source of Work

- **Demolition:** Yes
- **Renovation:** No
- **Non-Exempted:** No
- **Non-Friable Procedure:** No

### Location of Asbestos-Containing Material (ACM)

<table>
<thead>
<tr>
<th>Location of ACM</th>
<th>Is Location Normally Used Solely by Maintenance or Custodial Staff?</th>
<th>Description of ACM</th>
<th>Amount (Specified SF or LFT)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>Yes</td>
<td>TSI Pipe Insulation</td>
<td>~250 LFT.</td>
</tr>
<tr>
<td>1st floor entrance hallway</td>
<td>X</td>
<td>Wall surfacing plaster</td>
<td>~200 SF FT</td>
</tr>
<tr>
<td>3rd floor</td>
<td>X</td>
<td>VAT, Mastic multilayer with linoleum below</td>
<td>~200 SF FT</td>
</tr>
<tr>
<td>3rd floor</td>
<td>X</td>
<td>Linoleum, Mastic multilayer with VAT above</td>
<td>~200 SF FT</td>
</tr>
</tbody>
</table>

### Name of Regulated Waste Hauler

**NEWARK CARTING**

**NJDEP Waste Hauler ID #:** 04509

**Cubic Yards of Waste:** 20

**Name of Reg. Landfill:** THILEHEM LANDFILL

### Completed by

**City, State:** Bethlehem, PA 18015

**Disp. Date:** 06/05/2015

**Name of Reg. Landfill:** THILEHEM LANDFILL

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

**Signature:** [Signature]

**Date:** 05/26/2015
<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>5/26/15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Joanna Zisa</td>
</tr>
<tr>
<td>Street Address</td>
<td>1 Summit Avenue</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Summit NJ 07013</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Christina Roveccio</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

- Name of Facility Where Abatement is Taking Place (3)  house
- Street Address | 41 Fenar Road |
| City (5) | Clifton |
| County (6) | Passaic |
| Name of Monitoring Firm HIred by Building Owner (8) | ASCM No. |
| Name of Abatement Contractor (9) | ABS Environmental Services, LLC |
| Street Address | 4 E Gate Drive, PO Box 48 |
| City, State, Zip Code | Glenwood, NJ 07418 |
| Project Manager for Monitoring Firm | Telephone No. |
| Telephone No. | License No. |
| Start Date (10) | 6/5/15 |
| Scheduled Completion Date (11) | 6/19/15 |
| Occupancy Status During Abatement (Check Only One) |  |
| Street Address | City, State, Zip Code |
| 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 | x |
- pipe insulation | 50 LF |

**Name of Registered Waste Hauler**

- Freehold Cartage
- NJ/DEP Waste Hauler ID No. 15939
- Cubic Yards of Waste | 15 |
- Name of Registered Landfill | Western Berks Landfill |
- City, State, Zip Code | Birdsboro, PA |

**Completed by**

- A. Scott Higgins | Title | President |
| Signature | Date | 5/26/15 |

*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)
5/26/15

Name of Building Owner/Operator (2)
Joel Montgomery Private Home

Agencies Notified

<table>
<thead>
<tr>
<th>Agency</th>
<th>Notification Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
</tr>
<tr>
<td>DEP</td>
<td></td>
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<tr>
<td>DOL</td>
<td></td>
</tr>
<tr>
<td>DOH</td>
<td></td>
</tr>
<tr>
<td>DCA</td>
<td></td>
</tr>
</tbody>
</table>

Street Address
15 Lang Ave

City, State, Zip Code
Harvey Cedars NJ 08008

Name of Contact
Joel

NAME OF FACILITY WHERE ABATEMENT IS TAKING PLACE (3)
Joel Montgomery Private Home

Street Address
15 Lang Ave

City (5)
Harvey Cedars NJ 08008

County (6)
Ocean

County Code (7)

Current Use
Home

Prior if being demolished

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

ASCM No.

Name of Abatement Contractor (9)
Percico Inc.

City, State, Zip Code
West Berlin NJ 08091

Project Manager for Monitoring Firm

Telephone No.
856-753-9800

Start Date (10)
5/26/15

Scheduled Completion Date (11)
5/28/15

Name of OSHA Monitor
Same

Occupy Status During Abatement (Check Only One)

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

Scope of Work (Check All That Apply)

- 23 sf or 23 if
- 150 sf or 250 if
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (T) and Non-Friable Procedure

LOCATION OF ASBESTOS-CONTAINING MATERIAL (ACM) TO BE ABATED IN FACILITY (13)

<table>
<thead>
<tr>
<th>Material Location</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bottom of house</td>
<td>X</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

DESCRIPTION OF ASBESTOS CONTAINING MATERIAL (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)

Name of Registered Waste Hauler
United Containers

Waste Hauler ID No.
22459

Cubic Yards of Waste
2

Name of Registered Landfill
G.F. O.W.S.

Disposal Date
5/28/15

City, State
Moorestown NJ 08067

Completed by
Anthony T. Perna

Title
President

Signature

Date
5/26/15

ABATEMENT TYPE

- Removal
- Encapsulate
- Endure

* 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) 5/26/15

Name of Building Owner/Operator (2)
Joseph Ascone
43 Bonaire Dr.
Toms River, NJ

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

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

Street Address
43 Bonaire Dr.
Toms River, NJ

City, State, Zip Code
Toms River, NJ 08757

Name of Contact
Eric Plackis

Telephone Number
609-590-6500

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Street Address
43 Bonaire Dr.

City (5)
Toms River

County (6)
Ocean

County Code (7) (STATE USE ONLY) ___________

Current Use (Pr if it has been demolished)
Home

Type of Facility
4)
- School (K-12)
- Subchapter 6 (Other than K-12)
- Other (i.e. commercial buildings, homes, etc.)

Square Feet
1232

# of Stories
3

Building Age
38

Name of Monitoring Firm Hired by Building Owner (9)

ASCM No.

Name of Abatement Contractor (10)

Brick Industries Inc.

Street Address
P.O. Box 915

City, State, Zip Code
Brick, New Jersey 08723

Project Manager for Monitoring Firm

Telephone No.
(732) 899-7499

License No.
1196

Start Date (10) 5/26/15

Scheduled Completion Date (11) 5/28/15

Name of OSHA Monitor

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

Scope of Work (Check All That Apply)

- ≥36 sf or ≥3 Lf
- ≥160 sf or ≥260 Lf
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exemptible (*) 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 (Square Feet or Linear Feet)
10.5

Abatement Type

Mark Removal
Repair
Encapsulation
Endoscope

Name of Registered Waste Hauler
Brick Industries Inc.

NJDEP Waste Hauler ID No.
21502

Cubic Yards of Waste

Name of Registered Landfill
GROW'S Inc.

City, State
Brick, New Jersey

Disposal Date 5/29/15

Covered by
PA

Completed by
Eric Plackis
Title President
Signature

Date 5/26/15

* 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)
5/29/2015

Name of Building Owner/Operator (2)
DIONESIO IACOBELLI

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

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

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

Street Address
39 MILL STREET

City (5)
BLOOMFIELD

County (6)
ESSEX

County Code (7)

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

ASCM No.

Name of Abatement Contractor (9)
TWO BROTHERS CONTRACTING, INC.

Street Address
11 VREELAND AVENUE

City, State, Zip Code
TOTOWA, NJ 07520

Project Manager for Monitoring Firm

Telephone No.
973-956-8700

License No.
00494

Start Date (10)
6/6/2015

Scheduled Completion Date (11)
6/10/2015

Name of OSHA Monitor
SAME AS (9) ABC VE

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
- ≥180 sf or ≥250 if
- Renovation
- Demolition

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

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

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

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

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

Amount
150 LF

Abatement Type
Removal

Endorsements

Name of Registered Waste Hauler
TWO BROTHERS CONTRACTING

NJDEP Waste Hauler ID No. 15743

Cubic Yards of Waste
4

Name of Registered Landfill
WATT MANAGEMENT G.R.O.W.S.

City, State
TOTOWA, NJ

Disposal Date
6/10/2015

City, Stat
MORR SVILLPA

Completed by
VIVECA RAMOS

Title
PROJECT COORDINATOR

Signature

Date
5/28/2015

ASB-41 (R-06-08)

* 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) May 26, 2015
Name of Building Owner/Operator (2) Anna Hope

Agencies Notified
- EPA
- DEP
- DOL
- DOH
- DCA
Type Notification
- Initial
- Amended
- Emergency (including justification)

Street Address
305 Lakeview Avenue
City, State, Zip Code Haddonfield, NJ 08033

FACILITY INFORMATION
Name of Facility Where Abatement Is Taking Place (3)
Hope Residence
Street Address
305 Lakeview Avenue
City (5)
Haddonfield
County (6)
Camden
Name of Monitoring Firm Hired by Building Owner (8)
Mgmt. & Environmental Consulting Services
ASCM No.
Name of Abatement Contractor (9)
Shade Environmental LLC
Street Address
PO Box 341
City, State, Zip Code Chesterfield, NJ 08515
Project Manager for Monitoring Firm
Bill Weisgarber
Telephone No.
609-298-4070
Telephone No.
856-755-0099
Start Date (10) June 8, 2015
Scheduled Completion Date (11) June 10, 2015
Occupancy Status During Abatement (Check Only One)
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other - Describe:
Scope of Work (Check All That Apply)
- 23 sf or 23 if
- 160 sf or 260 sf
- Renovation
- Demolition
- Full Container with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

Boiler Room
Boiler Room

Name of Registered Waste Hauler
Freehold Cartage
NJDEP Waste Hauler ID No. 02265
Disposal Date 6/10/2015
City, State Freehold, NJ
Completed by Christina Lynch
Title Operations Manager
Signature

* Do not use this form for asbestos license exempted activities.
**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 5:80 and 12:129)

**Date of Notification (1)**
May 26, 2015

**Name of Building Owner/Operator (2)**
Nick Tysk

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

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

**Street Address**
705 1st Str.

**City, State, Zip Code**
Westfield, NJ 07090

**Name of Contact**

**Telephone Number**

**FACILITY INFORMATION**

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

**Square Feet**
1500

**# of Floors**
2

**Bldg. Age**
50+

**County Code (7)**

**County (5)**
Middlesex

**Current Use (Prior) (6)**
House

**Type of Facility (4)**

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

**Project Manager for Monitoring Firm**
n/a

**Telephone No.**
n/a

**License No.**
0193

**License No.**
973-706-7950

**Start Date (10)**
June 5, 2015

**Scheduled Completion Date (11)**
June 6, 2015

**Occuption 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)**
- Full Container with Negative Pressure
- Mini-Enclosure
- Glovebox Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

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

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

- Asbestos Pipe Insulation

- Amount (Specify SF or CF)

- Abatement Type

**Location of Registered Waste Hauler (14)**

**Cubic Yards of Waste**
TBD

**Name of Registered Waste Hauler**

**Name of Registered Landfill**

**Disposal Date**
TBD

**City, State**
Morrisville, PA 19067

**Completed by**
E. Cirovic

**Title**
Secretary

**Signature**

**Date**
May 26, 2015

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

Date of Notification (1)  
May 26, 2015  

Agencies Notified  
[ x ] EPA  
[ x ] DEP  
[ x ] DOL  
[ x ] DOH  
[ ] DCA  
Type of Notification  
[ ] Initial Notification  
[ ] Amended Notification  
[ ] Emergency (including justification)  
[ ] Cancellation  

Name of Building Owner/Operator (2)  
Segal & Segal  
Street Address  
465 South Street  
Morristown, NJ 07960  

City, State, Zip Code  
Morristown, NJ 07960  

Name of Contact  
Fred Kimak  
Telephone Number  

FACTOR INFORMATION  

Name of Facility Where Abatement is Taking Place (3)  
Greenbrook Apartments-Apt. F  
Street Address  
1275 Rock Avenue  
North Plainfield, Union  

City  
North Plainfield  
County (6)  
Union  
County Code (7) (STATE USE ONLY)  

ASCM No.  
Name of Abatement Contractor (9)  
Guardian Contracting, Inc.  
Street Address  
1889 Rte. 9, Unit 61  
Toms River, NJ 08755  

City, State, Zip Code  
Toms River, NJ 08755  

Project Manager for Monitoring Firm  
Nicholas Fernicola  
Telephone Number  
732-349-9932  
SFK  
Scheduled Start Date (10)  
6/5/15  
Scheduled Completion Date (11)  
6/20/15  

Occupancy Status During Abatement (Check only one)  
[ x ] Facility Closed/Vacated During Entire Period of Abatement  
[ ] Abatement Performed Outside of Normal Facility Hours  
[ ] Other – Describe  

Scope of Work (Check all that apply)  
[ ] Full Container with Negative Pressure  
[ ] Mini-Enclosure  
[ x ] Glovebag Procedure  
[ ] Non-Exempt 04 (*) and Non-Friable Procedure  

Amount (Specify SF or LF)  

Abatement Type  
REMOVAL  
REPAIR  
ENCAPSULE  
ENCLOSURE  

Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)  

Garage & storage area  
[X] Asbestos pipe insulation  

Crawlspace  
[X] Asbestos pipe insulation  

Name of Registered Waste Hauler  
Guardian Contracting, Inc.  
NJDEP Waste Hauler ID No.  
20223  
Name of Registered Landfill  

City, State  
Toms River, New Jersey  
Disposal Date  
7/1/15  
City, State  
Tullytown, Pennsylvania  
Date  
5/26/2015  

Title  
Project Manager  
Signature  

Nicholas Fernicola  

*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: May 26, 2015

Name of Building Owner/Operator:
Segal & Segal

Street Address:
465 South Street
Morristown, NJ 07960

Name of Contact:
Fred Kimak

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place:
Greenbrook Apartments-Apt. G

Street Address:
1275 Rock Avenue
North Plainfield, Union

County Code (7)

County (6)

(State Use Only)

Square feet:
10,000 sf

Current Use (If Building is Being Modified/Converted/Constructed or if Being Abandoned/Remodeled)
Storage

Storage Room

Name of Monitoring Firm Hired by Building Owner:
Guardian Contracting, Inc.

Project Manager for Monitoring Firm:
Nicholas Fernicola

Telephone Number:
732-349-9932

Scheduled Start Date:
5/18/15

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED:
Garage & storage area

Name of Registered Waste Hauler:
Guardian Contracting, Inc.

Disposal Date:
7/1/15

City, State:
Toms River, New Jersey

Crawlspace

Location of

Abatement Type

Amount (Specify SF or LF)

Asbestos pipe insulation

850 sf

Nicholas Fernicola

Asbestos pipe insulation

450 sf

Asbestos pipe insulation

180 sf

Renovation

X

Demolition

Other - Describe

Full containment with depressurization

Non-Exempted (*) and Non-Friable Procedure

Name of Abatement Contractor:
Guardian Contracting, Inc.

Street Address:
1889 Route 9, Unit 61
Toms River, NJ 08755

License Number:
00624

Name of OSHA Monitor:
E.M. J.L. Analytical

License Number:
00624

Name of Registered Landfill:
Tyrrelltown, Pennsylvania

Name of Registered Waste Hauler:
Guardian Contracting, Inc.

Cubic Yards of Waste:
3

Title:
Project Manager

NDEP Waste Hauler ID No.:
20223

Name of Registered Contractor:

City, State:
Toms River, New Jersey

Disposal Date:
7/1/15

City, State:

Tyrrelltown, Pennsylvania

Completed by (Print or Type):
Nicholas Fernicola

Signature:

Date:
5/26/2015

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

Date of Notification (1):
May 26, 2015

Agencies Notified
[ ] EPA
[ ] DEP
[ ] DOL
[ ] DOH
[ ] DCA

Type of Notification
[ ] Initial Notification
[ ] Amended Notification
[ ] Emergency (including justifications)
[ ] Cancellation

Name of Building Owner/Operator (2):
Segal & Segal

Street Address:
465 South Street
City, State, Zip Code:
Morristown, NJ 07962

Name of Contact:
Fred Kimak

Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3):
Greenbrook Apartments-Apt. H

Street Address:
1275 Rock Avenue
City:
North Plainfield
County:
Union

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, hospitals, etc.)

Square feet:
10,000 sf

Current Use (Prpr or if being demolished):

Storage Room

Name of Monitoring Firm Hired by Building Owner (8):
Guardian Contracting, Inc.

ASCM No.:

Name of Abatement Contractor (9):
Guardian Contracting, Inc.

Street Address:
1889 Rte. 9, Unit 61
City, State, Zip Code:
Toms River, NJ 08755

Project Manager for Monitoring Firm:
Nicholas Fernicola

Telephone Number:
732-349-9932

Scheduled Start Date (10):
5/18/15

Scheduled Completion Date (11):
6/30/15

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

Scope of Work (Check all that apply):
[ ] >3 sf or >3 l f
[ x ] Renovation
[ ] Demolition

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

YES NO N/A

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

Barium sulfate

Amount (Specify SF or LF):

Abatement Type:

REMOVAL
REPAIR
ENCAPSULATION
ENCLOSURE

Name of Registered Waste Hauler:
Guardian Contracting, Inc.

NJDEP Waste Hauler ID No.:
20223

Cubic Yards of Waste:
3

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

City, State:
Toms River, New Jersey

Disposal Date:
7/1/15

City, State:
Tullytown, Pennsylvania

Name of Registered Landfill:

Completed by (Print or Type):
Nicholas Fernicola

Title:
Project Manager

Signature:

Date:
5/26/2015

*Do not use this form for asbestos licensure exempted activities.
### State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:20)

<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>May 26, 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator</td>
<td>Segal &amp; Segal</td>
</tr>
<tr>
<td>Street Address</td>
<td>465 South Street</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Morristown, NJ 07960</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Fred Kimak</td>
</tr>
</tbody>
</table>

#### FACILITY INFORMATION

| Name of Facility Where Abatement is Taking Place | Greenbrook Apartments-Apt. J |
| Street Address | 1275 Rock Avenue |
| City | North Plainfield |
| County (6) | Union |
| County Code (7) | 5000 |
| Type of Facility | Site (k-12) |
| Square feet | 10,000 sf |
| # of Floors | 3 |
| Bldg. Age | 50 |
| Name of Abatement Contractor | Guardian Contracting, Inc. |
| Street Address | 1889 Rte. 9, Unit 61 |
| City, State, Zip Code | Toms River, NJ 08753 |

#### Occupancy Status During Abatement
- [ ] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility Hours
- [ ] Other - Describe

#### Scope of Work
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

#### Location of Asbestos-Containing Material (ACM)

<table>
<thead>
<tr>
<th>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)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Garage &amp; storage area</td>
<td>X</td>
<td>Asbestos pipe insulation</td>
</tr>
<tr>
<td>Crawlspace</td>
<td>X</td>
<td>Asbestos pipe insulation</td>
</tr>
</tbody>
</table>

#### Name of Registered Waste Hauler
- Guardian Contracting, Inc.
- NJ/DEP Waste Hauler ID No. 20223
- Cubic Yards of Waste: 3
- Name of Registered Landfill: T.R.R.F.

<table>
<thead>
<tr>
<th>City, State</th>
<th>Toms River, New Jersey</th>
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#### Completed by
- Nicholas Fernicola
- Title: Project Manager

<table>
<thead>
<tr>
<th>Signature</th>
</tr>
</thead>
</table>

#### Date
- 5/26/2015

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

Date of Notification (1) May 26, 2015

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

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

Name of Building Owner/Operator (2) Segal & Segal
Street Address 465 South Street
City, State, Zip Code Morristown, NJ 07960

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Greenbrook Apartments-Apt. K

Type of Facility (4)
[x] School (k-12)
[ ] Subchapter 8 (other than k-12)
[ ] Other (i.e., private & commercial buildings, homes, etc.)

Street Address 1275 Rock Avenue
City North Plainfield
County Union
County Code (7) (STATE USE ONLY)

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

Name of Abatement Contractor (9)
Guardian Contracting, Inc.
Street Address 1889 Rte. 9, Unit 61
City Toms River
State New Jersey
ZIP 08755

Project Manager for Monitoring Firm Nicholas Fernicola
Telephone Number 732-349-9932
Scheduled Start Date (10) 5/18/15
Scheduled Completion Date (11) 6/30/15

Occupy Status During Abatement (Check only one)
[x] Facility Closed/Vacated During Entire Period of Abatement
[ ] Abatement Performed Outside of Normal Facility Hours
[ ] Other - Describe

Scope of Work (Check all that apply)
[x] Full Container sent with Negative Pressure
[ ] Mini-Enclosure
[ x] Glovebag Procedure
[ ] Non-Exempt d (*) and Non-Friable Procedure

Amount

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

Is Location
Normally used Solely by Maintenance/Custodial Staff

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

Location

Amount (Specify SF or LF)

Abatement Type

REMOVAL
ENCAPSULATION
ENCLOSURE

400lf
X

Garage & storage area

Crawlspace

Asbestos pipe insulation

Asbestos pipe insulation

Name of Registered Waste Hauler Guardian Contracting, Inc.
NJDEP Waste Hauler ID No. 20222

Disposal Date 7/1/15
City Toms River
State New Jersey

Completed by (Print or Type)
Nicholas Fernicola
Title Project Manager

Signature

Date 5/26/2015

*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)
May 26, 2015

Agencies Notified
[x] EPA
[x] DEP
[x] DOE
[x] DOH
[ ] DCA

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

Name of Building Owner/Operator (2)
Segal & Segal

Street Address
465 South Street

City, State, Zip Code
Morristown, NJ 07962

Name of Contact
Fred Kimak

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Greenbrook Apartments-Apt. L

Street Address
1275 Rock Avenue

City
North Plainfield

County (6)
Union

County Code (7)

Square feet
10,000 sf

Current Use (Prior if being demolished)
Storage Room

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

# of Floors
3

Bldg. Age
50

Name of Abatement Contractor (9)
Guardian Contracting, Inc.

Street Address
1889 Route 9, Unit 61

City, State, Zip Code
Toms River, New Jersey 08755

Project Manager for Monitoring Firm
Nicholas Fericola

Telephone Number
732-349-9932

Scheduled Start Date (10)
5/18/15

Scheduled Completion Date (11)
6/30/15

Occupancy Status During Abatement (Check only one)
[x] Facility Closed/Vacated During Entire Period of Abatement
[ ] Abatement Performed Outside of Normal Facility Hours
[ ] Other — Describe

Scope of Work (Check all that apply)
[ ] >3 sf or ≥3 lf
[x] Renovation
[ x] ≥160 sf or ≥250 lf
[ ] 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
[ ] Removal
[x] Repair
[ ] Encapsulation
[ ] Enclosure

Name of Registered Waste Hauler
Guardian Contracting, Inc.

NJDEP Waste Hauler ID No.
20223

Cubic Yards of Waste
3

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

City, State
Toms River, New Jersey

Disposal Date
7/1/15

City, State
Tullytown, Pennsylvania

Completed by (Print or Type)
Nicholas Fericola

Title
Project Manager

Signature

Date
5/26/2015

*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)
May 26, 2015

Agencies Notified
[ x ] EPA
[ ] DEP
[ x ] DOL
[ x ] DOI
[ ] DCA

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

Name of Building Owner/Operator (2)
Segal & Segal

Street Address
465 South Street

City, State, Zip Code
Morristown, NJ 07962

Name of Contact
Fred Kimak

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Greenbrook Apartments-Apt. M

Street Address
1275 Rock Avenue

City
North Plainfield

County
Union

County Code (7) (STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8)
Guardian Contracting, Inc.

ASCM No.

Name of Abatement Contractor (9)
Guardian Contracting, Inc.

Street Address
1889 Rte. 9, Unit 61

City, State, Zip Code
Toms River, NJ 08755

License Number
00624

Type of Facility
[ ] School (k-12)
[ ] School chapter 8 (other than k-12)
[ x ] Other (i.e., private & commercial buildings, houses, etc.)

Square feet (10)
10,000 sf

No. of Floors
3

Bldg. Age
50

Current Use (Pr or if being demolished)
Storage Room

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

Scheduled Start Date (10)
5/18/15

Scheduled Completion Date (11)
6/30/15

Scope of Work (Check all that apply)
[ ] Full Containerization
[ x ] Negative Pressure
[ ] Mini-Enclosure
[ x ] Glovebag Procedure
[ x ] 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
Enclosure

Removal
Repair
Encapsulation
Enclosure

Name of Registered Waste Hauler
Guardian Contracting, Inc.

NJDEP Waste Hauler ID No. 20223

Cubic Yards of Waste
3

Name of Registered Landfill

T.R.R.

City, State
Toms River, New Jersey

Disposal Date
7/1/15

City, State
Tullytown, Pennsylvania

Completed by (Print or Type)
Nicholas Fernicola

Title
Project Manager

Signature

Date
5/26/2015

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

Date of Notification (1) May 26, 2015

Agencies Notified
[ ] EPA
[ ] DEP
[ ] DOL
[ ] DOH
[ ] DCA
Type of Notification
[ ] Initial Notification
[ ] Amended Notification
[ ] Emergency (including justification)
[ ] Cancellation

Name of Building Owner/Operator (2)
Segal & Segal

Street Address
465 South Street

City, State, Zip Code
Morristown, NJ 07962

Name of Contact
Fred Kimak

Television Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Greenbrook Apartments-Apt. N

Street Address
1275 Rock Avenue

City
North Plainfield

County (6)
Union

County Code (7)

(State Use Only)

Type of Facility (4)

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

Square feet
10,000 sf

# of Years
3

Bldg. Age
50

Current Use (If being demolished)
Storage Room

Name of Monitoring Firm Hired by Building Owner (8)
Guardian Contracting, Inc.

ASCM No.

Name of Abatement Contractor (9)
Guardian Contracting, Inc.

Street Address
1889 Rte. 9, Unit 61

City, State, Zip Code
Toms River, NJ 08755

Telephone Number
732-349-9932

License Number
00624

Name of OSHA Monitor
E.M.: L. Analytical

Street Address
1056 Stelton Road

City, State, Zip Code
Piscataway, New Jersey 08854

Name of Registered Waste Hauler
Guardian Contracting, Inc.

NJDEP Waste Hauler ID No.
20223

Cubic Yards of Waste
3

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

City, State
Toms River, New Jersey

Disposal Date
7/15/15

Completed by (Print or Type)
Nicholas Farnica

Title
Project Manager

Signature

Abatement Type

REMOVAL
REPAIR
ENCAPSULE
ENCLOSURE

Location of Asbestos-Containing Material (ACM)
TO BE ABATED
in facility (12)

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

Amount (Specify SF or LF)

YES
NO
N/A

3 >3 sf or >311 f
2160 sf or >260 sf

Asbestos pipe insulation
450 f

Asbestos pipe insulation
180 f

[ ] Full Containment + with Negative Pressure
[ ] Mini-Enclosure
[ ] Glovebag Procedure
[ ] Non-Exempted *) and Non-Perifiable Procedure

Scope of Work (Check all that apply)

>3 sf or >311 f

Renovation

Demolition

Garage & storage area
X

Crawlspace
X

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

## Date of Notification
May 26, 2015

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

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

### Name of Building Owner/Operator
Segal & Segal

### Street Address
465 South Street

### City, State, Zip Code
Morristown, NJ 07960

### Name of Contact
Fred Kimak

### Telephone Number

## Facility Information

### Name of Facility Where Abatement is Taking Place
Greenbrook Apartments-Apt. O

### Street Address
1275 Rock Avenue

### City, County, Code
North Plainfield, Union (6), County Code (7)

### Name of Monitoring Firm Hired by Building Owner
Guardian Contracting, Inc.

### ASCM No.

### Name of Abatement Contractor
Guardian Contracting, Inc.

### Street Address
188 Rte. 9, Unit 61

### City, State, Zip Code
Toms River, NJ 08755

### License Number
New Jersey 08755-1271

### Telephone Number
732-349-9932

### Name of OSHA Monitor
E.A.S.L. Analytical

### Street Address
1055 Steal Road

### City, State, Zip Code
Piscataway, New Jersey 08854

### Scope of Work (Check all that apply)
- [X] >3 sf or ≥360 sf
- [X] ≥1600 sf or ≥600 sf
- [X] Renovation
- [ ] Demolition

### Type of Work
- [ ] Full containment with negative pressure
- [ ] Mini-Enclosure
- [X] Glovebag Procedure
- [X] Non-Exempted (*) and Non-Friable Procedure

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

#### In Facility

<table>
<thead>
<tr>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
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</thead>
<tbody>
<tr>
<td>[X] NO N/A</td>
<td>(i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
</tr>
</tbody>
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### Amount

<table>
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<tr>
<th>Item</th>
<th>Description</th>
<th>Amount (specify SF or LF)</th>
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<tbody>
<tr>
<td>Garage &amp; storage area</td>
<td>Asbestos pipe insulation</td>
<td>400 sf X</td>
</tr>
<tr>
<td>Crawlspace</td>
<td>Asbestos pipe insulation</td>
<td>400 sf X</td>
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### Labor

<table>
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<tr>
<th>Name of Registered Waste Hauler</th>
<th>NIDEP Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Site</th>
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<tbody>
<tr>
<td>Guardian Contracting, Inc.</td>
<td>20223</td>
<td>3</td>
<td>T.R.R.</td>
</tr>
</tbody>
</table>

### Disposal Date
7/1/15

### City, State
Toms River, New Jersey

### Completed by
Nicholas Fernicola

### Title
Project Manager

### Signature

---

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

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

**Date of Notification (1)**
May 26, 2015

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

**Type of Notification**
- [ ] Initial Notification
- [x] Amended Notification

**Name of Building Owner/Operator (2)**
Segal & Segal

**Street Address**
465 South Street

**City, State, Zip Code**
Morristown, NJ 07962

**Name of Contact**
Fred Kimak

**Telephone Number**

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**
Greenbrook Apartments-Apt. P

**Street Address**
1275 Rock Avenue

**City**
North Plainfield

**County (6)**
Union

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

**Square feet**
10,000 sf

**# of Floors**
3

**Bldg. Age**
50

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

**Type of Facility (4)**
- [x] School (k-12)
- [ ] Subchapter 8 (other than k-12)
- [x] Other (i.e., private & commercial buildings, homes, etc.)

**Name of Monitoring Firm Hired by Building Owner (8)**
Guardian Contracting, Inc.

**ASCM No.**

**Name of Abatement Contractor (9)**
Guardian Contracting, Inc.

**Street Address**
1889 Rte. 9, Unit 61

**City, State, Zip Code**
North Plainfield, NJ 07907

**Telephone Number**

**Schedule Start Date (10)**
5/18/15

**Scheduled Completion Date (11)**
6/30/15

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

**Scope of Work (Check all that apply)**
- [ ] >3 sf or ≥3 if
- [x] ≥160 sf or ≥260 sf
- [ ] Renovation
- [ ] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [x] 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 of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)</th>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Garage &amp; storage area</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Crawlspace</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LP)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asbestos pipe insulation</td>
<td>450 sf</td>
</tr>
<tr>
<td>Asbestos pipe insulation</td>
<td>320 sf</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**
Guardian Contracting, Inc.

**NJDEP Waste Hauler ID No.**
20223

**Cubic Yards of Waste**
3

**Name of Registered Landfill**
T.R.R.F.

**City, State**
Morristown, NJ

**Disposal Date**
7/1/15

**Completed by (Print or Type)**
Nicholas Fernicola

**Title**
Project Manager

**Signature**

**Date**
5/26/2015

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

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

**Date of Notification**: May 26, 2015

**Name of Building Owner/Operator**: Segal & Segal

**Street Address**: 465 South Street

**City, State, Zip Code**: Morristown, NJ 07962

**Name of Contact**: Fred Kimak

## FACILITY INFORMATION

**Name of Facility Where Abatement is Taking Place**: Greenbrook Apartments-Apt. Q

**Street Address**: 1275 Rock Avenue

**City, State, Zip Code**: North Plainfield, Union, NJ 07060

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

**Square feet**: 10,000 sf

**# of Floors**: 3

**Bldg. Age**: 50

**Storage Room**:

<table>
<thead>
<tr>
<th>Type of Facility</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>School (k-12)</td>
<td></td>
</tr>
<tr>
<td>Subchapter 8 (other than k-12)</td>
<td></td>
</tr>
<tr>
<td>Other, i.e., private &amp; commercial buildings, homes, etc.</td>
<td>x</td>
</tr>
</tbody>
</table>

**Name of Monitoring Firm Hired by Building Owner**: Guardian Contracting, Inc.

**ASCM No.**: 870056

**Street Address**: 1889 Rte. 9, Unit 61

**City, State, Zip Code**: Toms River, NJ 08755

**Project Manager for Monitoring Firm**: Nicholas Femia

**Telephone Number**: 732-349-9932

**Scheduled Start Date**: 5/18/15

**Scheduled Completion Date**: 6/30/15

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

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

- >30 sf or >300 sf
- 450 sf or >2600 sf
- Renovation
- Demolition

**Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)**

<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) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Garage &amp; storage area</td>
<td>X</td>
<td>Asbestos pipe insulation</td>
<td>450 ft</td>
</tr>
<tr>
<td>Crawlspace</td>
<td>X</td>
<td>Asbestos pipe insulation</td>
<td>180 ft</td>
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</table>

**Name of Registered Waste Hauler**: Guardian Contracting, Inc.

**NJDEP Waste Hauler ID No.**: 020223

**Cubic Yards of Waste**: 3

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

**City, State**: Toms River, New Jersey

**Disposal Date**: 7/1/15

**Name of Registered Waste Hauler**: Guardian Contracting, Inc.

**City, State**: Toms River, New Jersey

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

**Title**: Project Manager

**Date**: 5/26/2015

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

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

<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>May 26, 2015</th>
</tr>
</thead>
</table>

**Name of Building Owner/Operator**
Segal & Segal

**Street Address**
465 South Street

**City, State, Zip Code**
Morristown, NJ 07960

**Name of Contact**
Fred Kimak

### FACILITY INFORMATION

**Name of Facility Where Abatement is Taking Place**
Greenbrook Apartments-Apt. S

**Street Address**
1275 Rock Avenue

**City**
North Plainfield

**County**
Union

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

**Name of Monitoring Firm Hired by Building Owner**
Guardian Contracting, Inc.

**ASCM No.**

**Type of Facility**
[ ] School (k-12)
[ ] Super Chapter 8 (other than k-12)
[ ] Other (i.e., private & commercial buildings, houses, etc.)

**Square feet**
10,000 sf

**# of Floors**
3

**Bldg. Age**
50

**Current Use (Prior or if being demolished)**
Storage Room

**Name of Abatement Contractor**
Guardian Contracting, Inc.

**Street Address**
1889 Rte. 9, Unit 61

**City, State, Zip Code**
Toms River, New Jersey 08755-1271

**Telephone Number**
732-349-9932

**License Number**
00624

**Name of OSHA Monitor**
E.M. S.L. Analytical

**Street Address**
105 Stelton Road

**City, State, Zip Code**
Piscataway, New Jersey 08854

**Occupancy Status During Abatement**
[ ] Facility Closed/Vacated During Entire Period of Abatement
[ ] Abatement Performed Outside of Normal Facility Hours
[ ] Other – Describe

**Scheduled Start Date (10)**
5/18/15

**Scheduled Completion Date (11)**
6/30/15

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

- [ ] >3 sf or ≥3 If
- [X] ≥160 sf or ≥260 If
- [X] Renovation
- [ ] Demolition
- [ ] Non-Exempt (15) and Non-Permissible Procedure

### Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)

<table>
<thead>
<tr>
<th>Garage &amp; storage area</th>
<th>X</th>
<th>Asbestos pipe insulation</th>
<th>45 if</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crawlspace</td>
<td>X</td>
<td>Asbestos pipe insulation</td>
<td>32 if</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**
Guardian Contracting, Inc.

**NJDEP Waste Hauler ID No.**
20223

**Cubic Yards of Waste Disposed**
3

**Name of Registered Landfill**

**City, State**
Toms River, New Jersey

**Disposal Date**
7/1/15

**Name of Registered Landfill**

**City, State**
Tullytown, Pennsylvania

**Completed by (Print or Type)**
Nicholas Fernicola

**Title**
Project Manager

**Signature**

**Date**
5/26/2015

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

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

<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>May 26, 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agencies Notified:</td>
<td></td>
</tr>
<tr>
<td>[x] EPA</td>
<td></td>
</tr>
<tr>
<td>[x] DOL</td>
<td></td>
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<tr>
<td>[x] DOH</td>
<td></td>
</tr>
<tr>
<td>[ ] DEP</td>
<td></td>
</tr>
<tr>
<td>[ ] DCA</td>
<td></td>
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<tr>
<td>Type of Notification</td>
<td></td>
</tr>
<tr>
<td>[x] Initial Notification</td>
<td></td>
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<tr>
<td>[x] Amended Notification</td>
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<tr>
<td>Amendment #:</td>
<td></td>
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<tr>
<td>Emergency (including justification)</td>
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<tr>
<td>Cancellation</td>
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</tr>
<tr>
<td>Name of Building Owner/Operator</td>
<td>Segal &amp; Segal</td>
</tr>
<tr>
<td>Street Address</td>
<td>465 South Street</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Morristown, NJ 07960</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Fred Kimak</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

| Name of Facility Where Abatement is Taking Place | Greenbrook Apartments-Apt. T |
| Street Address                                   | 1275 Rock Avenue |
| City, County, County Code (STATE USE ONLY)      | North Plainfield, Union, 701 |
| [ ] School (k-12)                               |              |
| [x] Subchapter 8 (other than k-12)              |              |
| [x] Other (i.e., private & commercial buildings, homes, etc.) | |
| Square feet                                      | 10,000 sf |
| [ ] New Construction Building Age:              | 50 |
| Current Use (Pristine if being renovated)       |              |
| Name of Monitoring Firm Hired by Building Owner | Guardian Contracting, Inc. |
| Street Address                                   | 1889 Rte. 9, Unit 61 |
| City, State, Zip Code                           | Toms River, NJ 08755 |
| Project Manager for Monitoring Firm             | Nicholas Fernicola |
| Telephone Number                                 | 7321-349-9932 |
| Scheduled Start Date (10)                       | 5/18/15 |
| Scheduled Completion Date (11)                  | 6/30/15 |
| 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                                |              |
| Scope of Work (Check all that apply)            |              |
| [ ] >3 sf or ≥23 lf                             |              |
| [x] ≥160 sf or ≥260 lf                          |              |
| [x] Renovation                                  |              |
| [ ] Demolition                                  |              |
| Name of Abatement Contractor                     | Guardian Contracting, Inc. |
| Street Address                                   | 1889 Route 9, Unit 61 |
| City, State, Zip Code                           | Toms River, New Jersey 08755-1271 |
| Telephone Number                                 | 732-349-9932 |
| License Number                                   | 00624 |
| Name of OSHA Monitor                             | E.M. S.L. Analytical |
| Street Address                                   | 1056 Stelton Road |
| City, State, Zip Code                           | Piscatawy, New Jersey 08854 |
| Project Manager for Monitoring Firm             | Nicholas Fernicola |
| Telephone Number                                 | 732-349-9932 |
| Scheduled Start Date (10)                       | 5/18/15 |
| Scheduled Completion Date (11)                  | 6/30/15 |
| Name of Abatement Contractor                     | Guardian Contracting, Inc. |
| Street Address                                   | 1889 Route 9, Unit 61 |
| City, State, Zip Code                           | Toms River, New Jersey 08755-1271 |
| Telephone Number                                 | 732-349-9932 |
| License Number                                   | 00624 |
| Name of OSHA Monitor                             | E.M. S.L. Analytical |
| Street Address                                   | 1056 Stelton Road |
| City, State, Zip Code                           | Piscatawy, New Jersey 08854 |
| Project Manager for Monitoring Firm             | Nicholas Fernicola |
| Telephone Number                                 | 732-349-9932 |
| Scheduled Start Date (10)                       | 5/18/15 |
| Scheduled Completion Date (11)                  | 6/30/15 |
| Name of Abatement Contractor                     | Guardian Contracting, Inc. |
| Street Address                                   | 1889 Route 9, Unit 61 |
| City, State, Zip Code                           | Toms River, New Jersey 08755-1271 |
| Telephone Number                                 | 732-349-9932 |
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| Project Manager for Monitoring Firm             | Nicholas Fernicola |
| Telephone Number                                 | 732-349-9932 |
| Scheduled Start Date (10)                       | 5/18/15 |
| Scheduled Completion Date (11)                  | 6/30/15 |
| Name of Abatement Contractor                     | Guardian Contracting, Inc. |
| Street Address                                   | 1889 Route 9, Unit 61 |
| City, State, Zip Code                           | Toms River, New Jersey 08755-1271 |
| Telephone Number                                 | 732-349-9932 |
| License Number                                   | 00624 |
| Name of OSHA Monitor                             | E.M. S.L. Analytical |
| Street Address                                   | 1056 Stelton Road |
| City, State, Zip Code                           | Piscatawy, New Jersey 08854 |
| **Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility**

| Location Normally used by Maintenance/Custodial Staff | (12) |
| YES NO N/A |
| Garage & storage area | X |
| Crawlspace | X |

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

<table>
<thead>
<tr>
<th>Abatement Type</th>
<th>R</th>
<th>R</th>
<th>E</th>
<th>C</th>
<th>E</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
<td></td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

| Name of Registered Waste Hauler | Guardian Contracting, Inc. |
| NDEP Waste Hauler ID No. | 20223 |
| Cubic Yards of Waste | 3 |
| Name of Registered Landfill | T.R.R.F. |
| City, State | Toms River, New Jersey |
| Disposal Date | 7/1/15 |

*Completed by (Print or Type)*

| Nicholas Fernicola |
| Title | Project Manager |
| Signature |

*Date | 5/26/2015 |

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

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

**Date of Notification:** May 26, 2015

**Name of Building Owner/Operator:** Segal & Segal

**Street Address:** 465 South Street

**City, State, Zip Code:** Morristown, NJ 07960

**Name of Contact:** Fred Kimak

### FACILITY INFORMATION

**Name of Facility Where Abatement is Taking Place:**
Greenbrook Apartments-Apt. V

**Street Address:** 1275 Rock Avenue

**City, County (6), Union:** North Plainfield

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

**Name of Monitoring Firm Hired by Building Owner:** Guardian Contracting, Inc.

**Street Address:** 1889 Rte. 9, Unit 61

**City, State, Zip Code:** Toms River, NJ 08755

**Project Manager for Monitoring Firm:** Nicholas Fernicola

**Telephone Number:** 732-349-9932

**Scheduled Start Date (10):** 5/18/15

**Scheduled Completion Date (11):** 6/30/15

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

**Scope of Work (Check all that apply):**
- [ ] >3 sf or ≥36 ft
- [x] ≥160 sf or ≥260 ft
- [x] Renovation
- [ ] Demolition
- [ ] Full Container(s) with Negative Pressure
- [ ] Mini-Enclosure
- [x] 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):**
- Asbestos pipe insulation
  - [x] 450 ft
  - [ ] 180 ft
- Asbestos pipe insulation
  - [x] 450 ft
  - [ ] 180 ft

**Amount (Specify SF or LF):**
- [x] 450 ft
  - [ ] 180 ft

**Abatement Type:**
- [ ] REMOVAL
- [ ] REPAIR
- [x] ENCAPSULATION
- [ ] ENCLOSURE

**Name of Registered Waste Hauler:** Guardian Contracting, Inc.

**NJDEP Waste Hauler ID No.:** 20223

**Cubic Yards of Waste:** 3

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

**City, State:** Toms River, New Jersey

**Disposal Date:** 7/1/15

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

**Title:** Project Manager

**Name:** Nicholas Fernicola

**Signature:**

**Date:** 5/26/2015

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