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

Date of Notification (1): 5/26/17

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

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

Name of Building Owner/Operator (2): State of New Jersey

Street Address: 22 West State Street
City, State, Zip Code: Trenton, NJ
Name of Contact: Walter Fernandez
Telephone Number: 609-575-2204

FACILITY INFORMATION

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

Street Address: 1319 Emma Place
City (5): Linden, NJ
County (6): Union
County Code (7): (STATE USE ONLY)

Name of Monitoring Firm HIRED BY BUILDING OWNER (8): N/A
ASCM No.: Name of Abatement Contractor (9): Yannuzzi Environmental Services

Street Address: 135 Kinnelon Rd suite 102
City, State, Zip Code: Kinnelon, NJ 07405

License No.: 01228

Start Date (10): 6/9/17
Scheduled Completion Date (11): 6/9/17

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: abandoned flood house

Scope of Work (Check All That Apply):
- [x] ≥3 sf or ≥3 ft
- [x] >100 sf or ≥2280 sf
- [ ] Renovation
- [x] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [x] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure (A)

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

In Facility (13):

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) Used Solely by Maintenance/Custodial Staff? (12)</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>Kitchen</td>
<td>No</td>
<td>Mastic and brick</td>
<td>175sf</td>
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</table>

Name of Registered Waste Hauler: Yannuzzi Group
NJDEP Waste Hauler ID No.: 17467
Cubic Yards of Waste: 1
Name of Registered Landfill: Grows Fairless
City, State: Kinnelon NJ
Disposal Date: 6/19/17
City, State: Fairless Hills PA

Completed by: John Mucha
Title: Project Manager
Signature: [Signature]
Date: 5/25/17

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) 5/26/17

Name of Building Owner/Operator (2) State of New Jersey

Agencies Notified

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

Type Notification

<table>
<thead>
<tr>
<th>Type</th>
<th>Description</th>
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<tbody>
<tr>
<td>Initial</td>
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<tr>
<td>Amended</td>
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<td>Amendment #</td>
<td></td>
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<tr>
<td>Emergency (including justification)</td>
<td></td>
</tr>
<tr>
<td>Cancellation</td>
<td></td>
</tr>
</tbody>
</table>

Name of Facility Where Abatement is Taking Place (3)
ABANDONED FLOOD HOUSE

Street Address
1408 Emma Place

City (5) Linden, NJ

County (6) Union

County Code (7) (STATE USE ONLY) __________

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

ASCM No. ASCM No.

Name of Abatement Contractor (9) Yannuzzi Environmental Services

Street Address
135 Kinnelon Rd suite 102

City, State, Zip Code Kinnelon, NJ 07405

Square Feet 3000

# of Floors 2

Bldg. Age 50+

Current Use (Prior if being demolished) Abandoned House

Name of OSHA Monitor Yannuzzi Environmental Services

Street Address
135 Kinnelon Rd suite 102

City, State, Zip Code Kinnelon, NJ 07405

Start Date (10) 6/9/17

Scheduled Completion Date (11) 6/12/17

Occupancy Status During Abatement (Check Only One)

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

Scope of Work (Check All That Apply)

- ≥3 sf or ≥3 ft
- ≥160 sf or ≥250 ft
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)</th>
</tr>
</thead>
<tbody>
<tr>
<td>basement</td>
<td>No</td>
</tr>
</tbody>
</table>

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

VAT

Amount (Specify SF or LF) 200 sf

Abatement Type

- Removal
- Repair
- Encapsulate
- Endure

Name of Registered Waste Hauler Yannuzzi Group

Waste Hauler ID No. 17467

Cubic Yards of Waste 2 cy

Name of Registered Landfill Grow's/ Fairless

Disposal Date 6/19/17

City, State Fairless Hills PA

Completed by John Mucha

Title Project Mang

Signature __________

Date 5/25/17

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

Date of Notification (1)
5/26/17

Agencies Notified Type Notification
EPA Initial
DEP Amended
DOL Amendment #
DOL Emergency (including justification)
DOL Cancellation

Name of Building Owner/Operator (2)
State of New Jersey

Street Address
22 West State Street
City, State, Zip Code
Trenton, NJ
Name of Contact
Walter Fernandez
Telephone Number
609-575-2204

FACILITY INFORMATION

Name of Facility Where Abatement Is Taking Place (3)
ABANDONED FLOOD HOUSE
Street Address
1412 Emma Place
City (5)
Linden, NJ
County (6)
Union
County Code (7) (STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8)
N/A
ASCM No.
Name of Abatement Contractor (9)
Yannuzzi Environmental Services
Street Address
135 Kinnelon Rd suite 102
City, State, Zip Code
Kinnelon, NJ 07405

Project Manager for Monitoring Firm
Telephone No.
Start Date (10) 6/5/17
Scheduled Completion Date (11) 6/23/17

Occuancy Status During Abatement (Check Only One)

Name of OSHA Monitor
Yannuzzi Environmental Services
Street Address
135 Kinnelon Rd suite 102
City, State, Zip Code
Kinnelon, NJ 07405

Scope of Work (Check All That Apply)

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)

Full Containment with Negative Pressure
Mini-Enclosure
Glovebag Procedure
Non-Exempted (*) and Non-Friable Procedure

Abatement Type
Removal
Repair
Encapsulate
Endorse

Location
foyer and stairwell x
living room and dining room x
exterior x

Name of Registered Waste Hauler
Yannuzzi Group

Cubic Yards of Waste
40 cy
Name of Registered Landfill
Growers/ Fairless

Disposal Date 6/19/17
City, State
Kinnelon NJ
Fairless Hills PA

Completed by
John Mucha
Title Project Mang
Signature

Date 5/25/17

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

**State of New Jersey**

**Name of Building Owner/Operator**
State of New Jersey

**Name of Contact**
Walter Fernandez

**Telephone Number**
609-575-2204

**Street Address**
22 West State Street

**City, State, Zip Code**
Trenton, NJ

---

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place**
ABANDONED FLOOD HOUSE

**Street Address**
324 Madison St

**City**
Linden, NJ

**County**
Union

**Name of Monitoring Firm HIred by Building Owner**
N/A

**Type of Facility**
- [x] Other (i.e. private & commercial buildings, homes, etc.)

**Square Feet**
3000

**# of Floors**
2

**Bldg. Age**
50+

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

**Name of Abatement Contractor**
Yannuzzi Environmental Services

**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 Environmental Services

**Street Address**
135 Kinnelon Rd suite 102

**City, State, Zip Code**
Kinnelon, NJ 07405

---

**Scope of Work (Check All That Apply)**
- [x] ≥3 sf or ≥3 Li
- [x] ≥160 sf or ≥290 Li

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>garage</td>
<td>x</td>
<td></td>
<td></td>
</tr>
<tr>
<td>fire door</td>
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</tbody>
</table>

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

- [x] 21 sf

**Name of Registered Waste Hauler**
Yannuzzi Group

**Cubic Yards of Waste**
1

**Disposal Date**
6/19/17

**City, State**
Fairless Hills PA

**Grown/Fairless**

**Completed by**
John Mucha

**Title**
Project Mang

**Signature**

**Date**
5/25/17

---

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

Date of Notification (1)
5/26/17

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

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

Name of Building Owner/Operator (2)
State of New Jersey

Street Address
22 West State Street

City, State, Zip Code
Trenton, NJ

Name of Contact
Walter Fernandez
Telephone Number
609-575-2204

Name of Facility Where Abatement Is Taking Place (3)
ABANDONED FLOOD HOUSE

Street Address
229 Main St

City (5)
Linden, NJ

County (6)
Union

County Code (7) (STATE USE ONLY)_____

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

Name of Abatement Contractor (9)
Yannuzzi Environmental Services

Street Address
135 Kinnelon Rd suite 102

City, State, Zip Code
Kinnelon, NJ 07405

Project Manager for Monitoring Firm

Telephone No.

Start Date (10) 
6/6/17

Scheduled Completion Date (11) 
6/15/17

Occuapancy Status During Abatement (Check Only One)
☒ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours

Other – Describe: abandoned flood house

Scope of Work (Check All That Apply)
☒ ≥3 sf or ≥3 if
☒ ≥160 sf or ≥260 if
☐ Renovation
☒ Demolition

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

Yes ☒ No ☐ N/A

(13)

Basement and game room
☒ linoleum textured ceiling

rear Foyer
☐ mortar vapor barrier

kitchen
☒ mortar vapor barrier

exterior
☒ window caulking

Amount (Specify SF or LF)

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

340 sf

Cubic Yards

of Waste

1

Name of Registered Waste Hauler
Yannuzzi Group

NJDEP Waste Hauler ID No.
17467

Cubic Yards

of Waste

1

Name of Registered Landfill
Grow’s/ Fairless

Disposal Date
6/19/17

City, State
Kinnelon NJ

Completed by
John Mucha
Title
Project Manager

Signature

Print Form

Print Form

Date 5/25/17

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State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:80 and 12:120)  

Date of Notification (1)  
5/26/17

Name of Building Owner/Operator (2)  
State of New Jersey

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

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

Street Address  
22 West State Street

City, State, Zip Code  
Trenton, NJ

Name of Contact  
Walter Fernandez

Telephone Number  
609-575-2204

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  
ABANDONED FLOOD HOUSE

Street Address  
234 Arthur St

City (5)  
Linden, NJ

County (6)  
Union

County Code (7)  
(STATE USE ONLY)

Square Feet  
3000

# of Floors  
2

Bldg. Age  
50+

Current Use (Prior if being demolished)  
Abandoned House

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

Name of Abatement Contractor (9)  
Yannuzzi Environmental Services

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 Environmental Services

Street Address  
135 Kinnelon Rd suite 102

City, State, Zip Code  
Kinnelon, NJ 07405

Start Date (10)  
6/8/17

Scheduled Completion Date (11)  
6/16/17

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

Scope of Work (Check All That Apply)  
☐ ≥3 sf or ≥3 if  
☑ ≥160 sf or ≥260 sf  
☐ 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  
☐ Enclosure

Location  
2nd floor stairs and open area

Yes  
No  
N/A

VAT  
480 sf

2nd floor closet

VAT  
80 SF

exterior @ side entrance

Window caulk  
8 lf

Name of Registered Waste Hauler  
Yannuzzi Group  
NUDEP Waste Hauler ID No. 17467

Cubic Yards of Waste  
3

Name of Registered Landfill  
Grows/ Fairless

Disposal Date  
6/19/17

City, State  
Fairless Hills PA

Completed by  
John Mucha  
Title  
Project Manager

Signature  
Date  
5/25/17

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**NOTIFICATION OF ASBESTOS ABATEMENT**

**State of New Jersey**

(Pursuant to NJAC 8:93 and 12:120)

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**Date of Notification (1)**
5/26/17

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

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

**Agency Contacted**
Walter Fernandez

**Telephone Number**
809-575-2204

---

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

**Street Address**
489 Central Ave

**City (5)**
Linden, NJ

**County (6)**
Union

**County Code (7)**

**Name of Facility Owner**

**Name of Building Owner/Operator (2)**
State of New Jersey

**Street Address**
22 West State Street

**City, State, Zip Code**
Trenton, NJ

**Name of Contact**

**Telephone Number**

---

**FACILITY INFORMATION**

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

**Square Feet**
3000

**# of Floors**
2

**Bldg. Age**
50+

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

**Name of Monitoring Firm (8)**
N/A

**ASCM No.**

**Name of Abatement Contractor (9)**
Yannuzzi Environmental Services

**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 Environmental Services

**Street Address**
135 Kinnelon Rd suite 102

**City, State, Zip Code**
Kinnelon, NJ 07405

---

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

---

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>basement</td>
<td>[x]</td>
<td>Air cell pipe insulation</td>
<td>250 sf</td>
<td></td>
</tr>
</tbody>
</table>

---

**Name of Registered Waste Hauler**
Yannuzzi Group

**NLDEP Waste Hauler ID No.**
17467

**Cubic Yards of Waste**
10 cy

**Name of Registered Landfill**
Gower/ Fairless

**City, State**
Kinnelon NJ

**Disposal Date**
6/19/17

**City, State**
Fairless Hills PA

**Date**
5/25/17

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

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5/26/17

Agencies Notified
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Type Notification
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Name of Building Owner/Operator (2)
State of New Jersey

Street Address
22 West State Street

City, State, Zip Code
Trenton, NJ

Name of Contact
Walter Fernandez

Telephone Number
609-575-2204

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
ABANDONED FLOOD HOUSE

Street Address
513 Central Ave

City (5)
Linden, NJ

County (6)
Union

County Code (7) (STATE USE ONLY)

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

ASCM No.

Name of Abatement Contractor (9)
Yannuzzi Environmental Services

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 Environmental Services

Street Address
135 Kinnelon Rd suite 102

City, State, Zip Code
Kinnelon, NJ 07405

Project Manager for Monitoring Firm

Telephone No.

Start Date (10)
6/16/17

Scheduled Completion Date (11)
6/20/17

Occupancy Status During Abatement (Check Only One)
☒ Facility Closed/Vacated During Entire Period of Abatement
☐ Other – Describe: abandoned flood house

Scope of Work (Check All That Apply)
☒ ≥ 3 sf or ≥ 3 If
☐ ≥ 160 sf or ≥ 260 If
☐ Renovation
☒ Demolition

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

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

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

Amount (Specify SF or LF)
120sf

Abatement Type

Location of Registered Waste Hauler
Yannuzzi Group

NUDEP Waste Hauler ID No.
17467

Cubic Yards of Waste
1

Name of Registered Landfill
Grows/ Fairless

City, State
Kinnelon NJ

Disposal Date
6/19/17

City, State
Fairless Hills PA

Date
5/25/17

Comleted by
John Mucha

Title
Project Mang

Signature

* Do not use this form for asbestos licensee exempted activities.
Date of Notification (1)  
5/26/17

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

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

Name of Building Owner/ Operator (2)  
State of New Jersey

Street Address  
22 West State Street

City, State, Zip Code  
Trenton, NJ

Name of Contact  
Walter Fernandez  
Telephone Number  
609-575-2204

Name of Facility Where Abatement is Taking Place (3)  
ABANDONED FLOOD HOUSE

Street Address  
627 Central Ave

City (5)  
Linden, NJ

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

Name of Monitoring Firm Hired by Building Owner (8)  
A/N/A  
ASCM No.  
Name of Abatement Contractor (9)  
Yannuzzi Environmental Services

Street Address  
135 Kinnelon Rd suite 102

City, State, Zip Code  
Kinnelon, NJ 07405

Project Manager for Monitoring Firm  
Telephone No.  
Name of OSHA Monitor  
Yannuzzi Environmental Services

Start Date (10)  
6/12/17

Scheduled Completion Date (11)  
6/27/17

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

Scope of Work (Check All That Apply)  
☐ ≥2 sf or ≥3 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)  

<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>☐ Yes  ☑ No  ☐ N/A</td>
<td>plaster</td>
<td>3400 sf</td>
<td>☑ ✔</td>
</tr>
<tr>
<td>basement</td>
<td>☐ Yes  ☐ No  ☐ N/A</td>
<td>linoleum</td>
<td>20 sf</td>
<td>☑ X</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler  
Yannuzzi Group  
NJDEP Waste Hauler ID No. 17467

Cubic Yards of Waste  
80

Name of Registered Landfill Grows/ Fairless  
Disposal Date  
6/19/17

City, State  
Kinnelon NJ  
Fairless Hills PA

Completed by  
John Mucha  
Title  
Project Mang  
Signature  
5/25/17

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)  
5/26/17

Name of Building Owner/Operator (2)  
State of New Jersey

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

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

Street Address  
22 West State Street

City, State, Zip Code  
Trenton, NJ

Name of Contact  
Walter Fernandez

Telephone Number  
609-575-2204

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  
ABANDONED FLOOD HOUSE

Street Address  
616 Elm St

City (6)  
Rahway, NJ

County (6)  
County Code (7)  
(State Use Only)

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

ASCM No.  

Name of Abatement Contractor (9)  
Yannuzzi Environmental Services

Street Address  
135 Kinnelon Rd suite 102

City, State, Zip Code  
Kinnelon, NJ 07405

License No.  
01228

Name of OSHA Monitor  
Yannuzzi Environmental Services

Street Address  
135 Kinnelon Rd suite 102

City, State, Zip Code  
Kinnelon, NJ 07405

Start Date (10)  
6/20/17

Scheduled Completion Date (11)  
6/21/17

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

☐ Abatement Performed Outside of Normal Facility Hours

Other – Describe: abandoned flood house

Scope of Work (Check All That Apply)  
☐ ≥ 23 sf or ≥ 2 if
☐ ≥ 180 sf or ≥ 280 sf

☒ Renovation  
☒ Demolition

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

Yes  
No  
N/A

bedroom

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

☐ VAT

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

Amount (Specify SF or LF)  
200 sf

☐ Remo...

Endorse

Location of Registered Waste Hauler  
Yannuzzi Group

N/DEP Waste Hauler ID No.  
17467

Cubic Yards of Waste  
2

Name of Registered Landfill Grows/Fairness

City, State  
Kinnelon NJ

Disposal Date  
6/19/17

City, State  
Fairless Hills PA

Completed by  
John Mucha

Title  
Project Mng

Signature  

Date  
5/25/17

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

(Pursuant to NJAC 8:69 and 12:120)

**Date of Notification (1)**
5/26/17

**Name of Building Owner/Operator (2)**
State of New Jersey

**State Address**
22 West State Street

**City, State, Zip Code**
Trenton, NJ

**Name of Contact**
Walter Fernandez

**Telephone Number**
609-575-2204

**FACILITY INFORMATION**

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

**Street Address**
1007 Main St

**City (5)**
Rahway, NJ

**County (6)**
Union

**County Code (7)**

**Square Feet**
3000

**# of Floors**
2

**Bldg. Age**
50+

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

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

**ACSM No.**

**Name of Abatement Contractor (9)**
Yannuzzi Environmental Services

**Street Address**
135 Kinnelon Rd suite 102

**City, State, Zip Code**
Kinnelon, NJ 07405

**Name of OSHA Monitor**
Yannuzzi Environmental Services

**Street Address**
135 Kinnelon Rd suite 102

**City, State, Zip Code**
Kinnelon, NJ 07405

**Start Date (10)**
6/12/17

**Scheduled Completion Date (11)**
6/13/17

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

**Scope of Work (Check All That Apply)**
- ≥3 sf or ≥3 if
- ≥160 sf or ≥260 sf
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>In Facility</td>
<td>Yes</td>
<td>(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
</tr>
</tbody>
</table>

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

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

**Abatement Type**

- Removal
- Repair
- Encapsulation
- Enclosure

**Name of Registered Waste Hauler**
Yannuzzi Group

**NJDEP Waste Hauler ID No.**
17467

**Cubic Yards of Waste**
1

**Name of Registered Landfill**
Grows/ Fairless

**City, State**
Kinnelon NJ

**Disposal Date**
6/19/17

**City, State**
Fairless Hills PA

**Completed by**
John Mucha

**Title**
Project Manager

**Signature**

**Date**
5/25/17

---

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

**State of New Jersey**

**Date of Notification (1)**
5 / 31 / 17

**Name of Building Owner/Operator (2)**
PENNSVILLE SCHOOL DISTRICT

**Street Address**
30 CHURCH STREET

**City, State, Zip Code**
PENNSVILLE NJ 08070

**Name of Contact**

**Telephone Number**
1 856 540-6200

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**
PENNSVILLE CENTRAL PARK SCHOOL

**Street Address**
43 OLIVER AVENUE

**City (5)**
PENNSVILLE

**County (6)**
SALEM

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

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

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

**Square Feet**
>50,000

**# of Floors**
1

**Bidg. Age**
50+

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

**ASCM No.**
102

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

**Project Manager for Monitoring Firm**
Aldo Llloyd

**Telephone No.**
215 322-2900

**License No.**
00783

**Start Date (10)**
6 / 13 / 17

**Scheduled Completion Date (11)**
8 / 31 / 17

**Name of OSHA Monitor**
CRITERION LABS

**Street Address**
515 GROVE STREET SUITE B

**City, State, Zip Code**
HADDON HEIGHTS, NJ 08035

**Project Manager for Monitoring Firm**

**Telephone No.**
856 666-3810

**Name of Abatement Contractor (9)**

**License No.**

**City, State, Zip Code**
SOUTHAMPTON, PA 18966

**Occupancy Status During Abatement**
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7AM- PM/4:30PM- AM

**Scope of Work (Check all that apply)**
- >3 sf or >=3 if
- >=160 sf or >=260 sf
- 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)**

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

**Amount (Specify SF or LF)**

**Abatement Type**

**Name of Registered Waste Hauler**
SERVICE TRANSPORT GRP

**NJ/DEP Waste Hauler ID No.**
20980

**Cubic Yards of Waste**

**Name of Registered Landfill**
MINERVA LANDFILL

**City, State**
WAYNESBURG, OH 44688

**Disposal Date**

**Completed By (Print or Type)**
MICHAEL PARSON

**Title**
PROJECT MANAGER

**Signature**

**Date**
5/31/2017

* Do not use this form for asbestos licensure exempted activities.*
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:68 and 5:16)

Date of Notification (1)  5 / 31 / 17  Name of Building Owner/Operator (2) PENNSVILLE SCHOOL DISTRICT

Agencies Notified

☐ EPA  ☐ DOLWD  ☐ DOH
☐ DCA (NJAC 5:23-8)

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

Street Address
30 CHURCH STREET

City, State, Zip Code
PENNSVILLE NJ 08070

Name of Contact  Telephone Number
1 856 540-6200

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
PENNSVILLE VALLEY PARK SCHOOL

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

Square Feet
>50,000

# of Floors
1

Bldg. Age
50+

Current Use (Prior if being demolished)
SCHOOL

County Code (7) (STATE USE ONLY)

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

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

ASCM No.
102

Name of OSHA Monitor
CRITERION LABS

Street Address
515 GROVE STREET SUITE B

City, State, Zip Code
HADDON HEIGHTS, NJ 08035

Telephone No.
856-656-2815

License No.
215 322-2900

Listed (10)
6 / 13 / 17

Scheduled Completion Date (11)
8 / 31 / 17

Start Date

Occupancy Status During Abatement (Check only one)
☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7AM-____PM/4:30PM-____AM

Scope of Work (Check all that apply)

☐ ≥3 sf or ≥3 l f
☐ ≥160 sf or ≥280 l f
☐ 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
☐ Endicure

TOILET ROOMS

☐ ☐ ☐ ACM FITTINGS (ASSUMED) 12SF

ADMINISTRATION AREA

☐ ☐ ☐ EXTERIOR UNIT VENTILATORS 8LF

Name of Registered Waste Hauler
SERVICE TRANSPORT GRP
NJDEP Waste Hauler ID No. 20990

Cubic Yards of Waste

Name of Registered Landfill
MINERVA LANDFILL

City, State
58 PYLES LANE NEW CASTLE DE 19720

Disposal Date

City, State
WAYNESBURG, OH 44688

Completed By (Print or Type)  Title  Signature
MICHAEL PARSON  PROJECT MANAGER

* 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): 5 / 31 / 17

Name of Building Owner/Operator (2): PENNSVILLE SCHOOL DISTRICT

Agencies Notified:
- [ ] EPA
- [ ] DOLWD
- [ ] DOH
- [ ] DCA (NJAC 5:23-8)

Type Notification:
- [ ] Initial
- [ ] Amended
- [ ] Amendment #________
- [ ] Emergency (including justification)
- [ ] Cancellation

Street Address:
30 CHURCH STREET
City, State, Zip Code:
PENNSVILLE NJ 08070
Phone Number:
1 856 840-8200

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3):
PENNSVILLE MIDDLE SCHOOL
Street Address:
4 WILLIAM PENN AVE.

City (5):
PENNSVILLE
County (6):
SALEM

Current Use (Prior if being demolished):
SCHOOL

Name of Abatement Contractor (9):
DELA/BJDS, INC

Project Manager for Monitoring Firm:

Street Address:
515 GROVE STREET SUITE B
City, State, Zip Code:
HADDON HEIGHTS, NJ 08035

Telephone No.:
215 322-2900
License No.:
00783
Name of OSHA Monitor:
CRITERION LABS

Start Date (10):
6 / 13 / 17
Scheduled Completion Date (11):
8 / 31 / 17

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

Time of Abatement:
7AM-____PM/4:30PM-____AM

Scope of Work (Check all that apply):
[ ] 3 SF or < 3 SF
[ ] >=160 SF or >=260 SF
[ ] Renovation
[ ] Demolition
[ ] Full Containment with Negative Pressure
[ ] Mini-Enclosure
[ ] Glovebag Procedure
[ ] Non-Exempted (*) and Non-Friable Procedure

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

IN Facility

Yes No N/A

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

ADMINISTRATION AREA

[ ] FLOOR TILE

TOILET ROOMS

[ ] ACM FITTINGS (ASSUMED)

ADMINISTRATION AREA

[ ] EXTERIOR UNIT VENTILATORS

Old Name of Registered Waste Hauler:
SERVICE TRANSPORT GRP

NDEP Waste Hauler ID No.:
20990
Cubic Yards of Waste:

Name of Registered Landfill:
MINERVA LANDFILL

City, State:
WAYNESBURG, OH 44688

Disposal Date:

Completed By (Print or Type):
MICHAEL PARSON
Title:
PROJECT MANAGER
Signature:

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:90 and 5:16)

Date of Notification (1)  5 / 31 / 17

Name of Building Owner/Operator (2)
PENNsville SCHOOL DISTRICT

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

Street Address
30 CHURCH STREET

City, State, Zip Code
PENNsville NJ 08070

Name of Contact
Telephone Number
1 856 540-6200

FACILITY INFORMATION

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

Street Address
110 S BROADWAY

City (5)
PENNsville

County (6)
SALEM

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

ASCM No. 102

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

Street Address
515 GROOVE STREET SUITE B

City, State, Zip Code
HADDON Heights, NJ 08035

Project Manager for Monitoring Firm
Alessandro Botta

Telephone No. 856-565-0875

Start Date (10)
6 / 13 / 17

Scheduled Completion Date (11)
8 / 31 / 17

Name of OSHA Monitor
CRITERION LABS

Street Address
1345 INDUSTRIAL BLVD

City, State, Zip Code
SOUTHAMPTON, PA 18966

Telephone No. 215 322-2900

License No. 00783

Occupy Status During Abatement (Check only one)
☐ Facility Closed/Abandoned During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7AM-1/2PM/4:30PM-6AM

Scope of Work (Check all that apply)
☐ ≥3 sf or ≥3 If
☐ ≥160 sf or ≥260 If
☐ Renovation
☐ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ 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)

Location
ADMINISTRATION AREA
ADMINISTRATION AREA
ADMINISTRATION AREA
ADMINISTRATION AREA
ADMINISTRATION AREA

Name of Registered Waste Hauler
SERVICE TRANSPORT GRP

NJDEP Waste Hauler ID No. 20990

Cubic Yards of Waste

Disposal Date

City, State

58 PYLES LANE NEW CASTLE DE 19720

Completed By (Print or Type) MICHAEL PARSON

Title PROJECT MANAGER

Signature Michael Parson

Date 5/31/2017

* Do not use this form for asbestos licensure exempted activities.
<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) To Be Abated in Facility</th>
<th>Administration Area</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
<th>Exterior Caulk</th>
<th>AMOUNT</th>
<th>SPECIFY SF OR LF</th>
<th>24 LF</th>
</tr>
</thead>
<tbody>
<tr>
<td>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, suracing, VAT, or other miscellaneous)</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>