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

Date of Notification (1): 11/1/16

Name of Building Owner/Operator (2): MR. RICHARD CORDINS

Agencies Notified (3):
- EPA
- DEP
- DOL
- DOH
- DCA

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

Street Address: [Redacted]

City, State, Zip Code: PLAINFIELD, N.J.

Date: 11/4/2016

Telephone Number: [Redacted]

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

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

ASCN No.:

Name of Abatement Contractor (9):

Novatech Inc.

Address:
P.O. Box 214

City, State, Zip Code: IDA BRIDGE, N.J. 08857

Telephone No.: [Redacted]

License No.:

Name of OSHA Monitor (10):

Novatech Inc.

Address:
P.O. Box 214

City, State, Zip Code: IDA BRIDGE, N.J. 08857

Scope of Work (Check All That Apply):
- [x] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Type</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>Pipe Insulation</td>
<td>&lt;100 LF</td>
</tr>
</tbody>
</table>

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):

- [ ] Abatement Type
- [ ] Repair
- [ ] Removal
- [ ] Encapsulation

Name of Registered Waste Hauler:

Novatech Inc.

NJDEP Waste Hauler ID No.: 18501

Cubic Yards of Waste: 3

Name of Registered Landfill:

G.R.O.W.S.

City, State: OLD BRIDGE, N.J. 08857

Disposal Date: 11/16/16

Completed by:

Carlos Almeida

Title: President

Signature: [Redacted]

[Redacted]

* Do not use this form for asbestos licensure exempted
### State of New Jersey
**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 8:60 and 5:16)

#### Date of Notification (1)
11 / 01 / 16

#### Name of Building Owner/Operator (2)
Glenda Mitchell

#### Agencies Notified
- [X] DOLWD
- [X] DHSS
- [X] NJAC 5:23-8

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

#### Street Address
[Redacted]

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

#### Name of Contact
Chris Deveraux

#### Telephone Number
NOV - 4 2016

### FACILITY INFORMATION

#### Name of Facility Where Abatement Is Taking Place (3)
Private House

#### Street Address
[Redacted]

#### City (5)
Morristown, NJ 07960

#### County (6)
Morris

#### Name of Monitoring Firm Hired by Building Owner (8)
Asbestos Consultants, Inc.

#### ASCM No.

#### Name of Abatement Contractor (9)
Gr Tech LLC

#### Street Address
576 Valley Rd #283

#### City, State, Zip Code
Wayne, NJ 07470

#### Project Manager for Monitoring Firm

#### Telephone No.
973-638-1777

#### License No.
01127

#### Name of OSHA Monitor
Envirovision Consultants, Inc.

#### Street Address
20-21 Wagaraw Road, Bldg. #35E

#### City, State, Zip Code
Fair Lawn, NJ 07410

### Start Date (10)
11 / 11 / 16

### Scheduled Completion Date (11)
11 / 11 / 16

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

### Time of Abatement
AM PM PM AM

### Scope of Work (Check all that apply)
- [X] >3,000 sq ft or >3,000 sq ft
- [ ] >1,000 sq ft or >2,600 sq ft
- [X] Renovation
- [ ] Demolition

### 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?</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SIF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>[X]</td>
<td>Pipe insulation</td>
<td>30 LF</td>
<td>[X]</td>
</tr>
<tr>
<td>Basement</td>
<td>[ ]</td>
<td>Boiler insulation</td>
<td>30 SF</td>
<td>[X]</td>
</tr>
</tbody>
</table>

### Name of Registered Waste Hauler
Gr Tech LLC

#### WASTE Hauler ID No.
0033785

#### Cubic Yards of Waste
TBD

#### Name of Registered Landfill
T.R.R.F., Inc.

#### Disposal Date
TBD

#### City, State
Tullytown, PA

#### Completed By (Print or Type)
N. Levic

#### Owner

#### Signature

#### Date
11/01/16

---

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

**Date of Notification:** October 31, 2016

**Name of Building Owner/Operator:** Ronald Schneider

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type of Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>[x] EPA</td>
<td>Initial Notification</td>
</tr>
<tr>
<td>[x] DEP</td>
<td>Amended Notification</td>
</tr>
<tr>
<td>[x] DOL</td>
<td>Emergency (including justification)</td>
</tr>
<tr>
<td>[x] DOH</td>
<td>Cancellation</td>
</tr>
</tbody>
</table>

**Street Address:** [Redacted]

**City, State, Zip Code:** Paramus, NJ 07652

**Name of Contact:** Ronald Schneider

**Telephone Number:** [Redacted]

**Facility Information**

**Type of Facility:** [x] School (K-12)

<table>
<thead>
<tr>
<th>Square feet</th>
<th># of Floors</th>
<th>Bldg. Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>900 sf</td>
<td>1</td>
<td>60</td>
</tr>
</tbody>
</table>

**Name of Facility Where Abatement is Taking Place:** Residence

**Cty:** LB Twp.

**County:** Ocean

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

**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:** Piscataway, New Jersey 08854

**Occupy Status During Abatement:** [x] Facility Closed/Vacated During Entire Period of Abatement

**Scheduled Start Date:** 11/10/16

**Scheduled Completion Date:** 11/11/16

**Scope of Work:**

- [x] ≥3 sf or ≥3 lbf
- [x] ≥160 sf or ≥260 lbf
- [x] Demolition
- [x] Renovation
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [x] Non-Exempted (*) and Non-Friable Procedure

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

**Is Location Normally Used Solely by Maintenance/Custodial Staff:**

- [ ] Yes
- [x] No
- [ ] N/A

**Description of Asbestos-Containing Material (ACM):**

- [ ] Insulation, Intumescent Coating, Insulation, Surfacing, Coating, TAR, or other miscellaneous

**Amount (Specify SF or LF):** 900 sf

**Abatement Type:**

- [x] Removal
- [ ] Repair
- [ ] Encapsulation
- [ ] Enclosure

**Location:** Exterior

**Exterior Material:** Asbestos siding & transite skirt

**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:** 11/14/16

**City, State:** Tullytown, Pennsylvania

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

**Title:** Project Manager

**Date:** 10/31/2016

*Do not use this form for asbestos licensure exempted activities.*
DEMOlITION / RENOVATION NOTIFICATION

<table>
<thead>
<tr>
<th>Operator Project #</th>
<th>Postmark:</th>
<th>Notification:</th>
</tr>
</thead>
<tbody>
<tr>
<td>I. TYPE OF NOTIFICATION (O - Original R - Revised C - Cancelled):</td>
<td>O</td>
<td>II. IS ASBESTOS PRESENT? (Yes/No): Y</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>III. FACILITY INFORMATION (identify owner, removal contractor and other operator)</th>
</tr>
</thead>
<tbody>
<tr>
<td>OWNER NAME: Ronald Schneider</td>
</tr>
<tr>
<td>Address: [Redacted]</td>
</tr>
<tr>
<td>City: Paramus</td>
</tr>
<tr>
<td>Contact: Ronald Schneider</td>
</tr>
<tr>
<td>REMOVAL CONTRACTOR: Guardian Contracting, Inc.</td>
</tr>
<tr>
<td>Address: 1889 Route 9, Unit 61</td>
</tr>
<tr>
<td>City: Toms River</td>
</tr>
<tr>
<td>Contact: Nicholas Fernicola</td>
</tr>
<tr>
<td>OTHER OPERATOR (if different)</td>
</tr>
<tr>
<td>Address:</td>
</tr>
<tr>
<td>City:</td>
</tr>
<tr>
<td>Contact:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>IV. TYPE OF OPERATION (D - Demo O - Ordered Demo R - Renovation E - Emergency Renovation):</th>
</tr>
</thead>
<tbody>
<tr>
<td>D</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>V. FACILITY DESCRIPTION (including building name, number and floor or room number)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Building Name: Residence</td>
</tr>
<tr>
<td>Address: 8 W Rosema Avenue</td>
</tr>
<tr>
<td>City: LB Twp.</td>
</tr>
<tr>
<td>Site Location: Exterior</td>
</tr>
<tr>
<td>Building Size: 900 sf</td>
</tr>
<tr>
<td>Present Use: Residence</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:</th>
</tr>
</thead>
<tbody>
<tr>
<td>IS MATERIAL ASSUMED TO BE ASBESTOS?</td>
</tr>
<tr>
<td>APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:</td>
</tr>
<tr>
<td>1. Regulated ACM to be removed</td>
</tr>
<tr>
<td>2. Category I ACM not removed</td>
</tr>
<tr>
<td>3. Category II ACM not removed</td>
</tr>
<tr>
<td>Pipes (Linear feet):</td>
</tr>
<tr>
<td>Surface Area (Square feet): 900 sf</td>
</tr>
<tr>
<td>RACM Off Facility Component (Cubic feet):</td>
</tr>
<tr>
<td>RACM To Be Removed</td>
</tr>
<tr>
<td>Cat</td>
</tr>
<tr>
<td>Cat II</td>
</tr>
<tr>
<td>Nonfriable Asbestos Material Not To Be Removed</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>VII. SCHEDULE DATES ASBESTOS REMOVAL (MM/DD/YY)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Start: 11/10/16</td>
</tr>
</tbody>
</table>
DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED

DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:

Prior to removal, the work area around the building will be roped off with caution tape and warning signs. Plastic sheeting will be placed on the ground below and the asbestos will be removed by non-fibrous procedures. All waste will be placed in double 6-mil. Bags, sealed and labeled and placed in a locked container for disposal.

WASTE TRANSPORTER #1 Name: Guardian Contracting, Inc.
Address: 1889 Route 9, Unit 61
City: Toms River State: New Jersey Zip: 08755
Contact Person: Nicholas Femicola

WASTE TRANSPORTER #2 Name:
Address:
City: State: Zip:
Contact Person:

WASTE DISPOSAL SITE Name: T.R.R.F.
Location: Bordentown Road
City: Tullytown State: Pennsylvania Zip: 19007
Telephone: 215-943-9732 Permit #: 101494

IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW AND ATTACH COPY OF ORDER

Name:
Authority:
Date of Order (MM/DD/YY): Date Ordered to Begin (MM/DD/YY):

FOR EMERGENCY RENOVATIONS

Date and Hour of Emergency (MM/DD/YY):
Description of the Sudden, Unexpected Event:

Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:

DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBILED, PULVERIZED, OR REDUCED TO POWDER

I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ONSITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required after November 20, 1991)

Nicholas Femicola / Project Manager (Printed Name/Title)
October 31, 2016 (Signature of Owner/Operator) (Date)

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

Nicholas Femicola / Project Manager (Printed Name/Title)
October 31, 2016 (Signature of Owner/Operator) (Date)
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)
October 28, 2016

Name of Building Owner/Operator (2)
DS Builders

Street Address
8 Gefen Drive

City, State, Zip Code
Lakewood, NJ 08701

Name of Contact
Danny Snyder

Type of Notification (3)
Initial Notification

Street Address

City, County, Zip Code
Lakewood, Ocean 08701

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

ASCM No.

Name of Abatement Contractor (9)
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

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

Square feet
800 sf

Bldg. Age
60

Occupancy Status During Abatement (Check only one)

[ ] Abatement Performed Outside of Normal Facility Hours

[ ] Full Containment with Negative Pressure

[ ] Other - Describe:

[ ] Other - Determine

[ ] Non-Exempted (*) and Non-Friable Procedure

[ ] Renovation

Scope of Work (Check all that apply)

[ ] Demolition

Location of Asbestos-Containing Material (ACM)

TO BE ABATED in facility

(13)

Amount (Specify SF or LF)

Exterior house
X
Asbestos siding
700 sf

[ ] Yes
[ ] No
[ ] N/A

City, State, Zip Code
Toms River, New Jersey

Disposal Date
11/11/16

Cubic Yards of Waste
3

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

CITY OF NEW JERSEY

[ ] Project Manager
Nicholas Fermcola

Title

Signature

Date
10/28/16

Name of Registered Waste Hauler
Guardian Contracting, Inc.

NJDEP Waste Hauler ID No.
20223

*Do not use this form for asbestos licensure exempted activities.
**DEMOLITION / RENOVATION NOTIFICATION**

<table>
<thead>
<tr>
<th>Operator Project #:</th>
<th>Postmark:</th>
<th>Notification:</th>
</tr>
</thead>
<tbody>
<tr>
<td>I. TYPE OF NOTIFICATION (O - Original  R - Revised  C - Cancelled):</td>
<td>O</td>
<td>IS ASBESTOS PRESENT? (Yes/No): Y</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>II. FACILITY INFORMATION (identify owner, removal contractor and other operator)</th>
</tr>
</thead>
<tbody>
<tr>
<td>OWNER NAME: DS Builders</td>
</tr>
<tr>
<td>Address: 8 Gefen Drive</td>
</tr>
<tr>
<td>City: Lakewood  State: New Jersey  Zip: 08701</td>
</tr>
<tr>
<td>Contact: Danny Snyder  Tel: 732-600-8065</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>III. REMOVAL CONTRACTOR: Guardian Contracting, Inc.  NJ License: 00624</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address: 1889 Route 9, Unit 61</td>
</tr>
<tr>
<td>City: Toms River  State: New Jersey  Zip: 08755</td>
</tr>
<tr>
<td>Contact: Nicholas Ferciociola  Tel: 732-349-9932</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>IV. OTHER OPERATOR (if different)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
</tr>
<tr>
<td>City:  State:  Zip:  Tel:</td>
</tr>
</tbody>
</table>

| V. TYPE OF OPERATION (D - Demo  O - Ordered Demo  R - Renovation  E - Emergency Renovation): D |

<table>
<thead>
<tr>
<th>VI. FACILITY DESCRIPTION (including building name, number and floor or room number)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Building Name: Residence</td>
</tr>
<tr>
<td>Address: 1417 Tanglewood Lane</td>
</tr>
<tr>
<td>City: Lakewood  State: New Jersey  County: Ocean</td>
</tr>
<tr>
<td>Site Location: Exterior</td>
</tr>
<tr>
<td>Building Size: 800 sq ft  # of Floors: 1  Age in Years: 60</td>
</tr>
<tr>
<td>Present Use: Residence  Prior Use: Residence</td>
</tr>
</tbody>
</table>

| VII. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: |

<table>
<thead>
<tr>
<th>IS MATERIAL ASSUMED TO BE ASBESTOS?</th>
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<table>
<thead>
<tr>
<th>APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:</th>
</tr>
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<tbody>
<tr>
<td>1. Regulated ACM to be removed</td>
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<tr>
<td>2. Category I ACM not removed</td>
</tr>
<tr>
<td>3. Category II ACM not removed</td>
</tr>
<tr>
<td>RACM To Be Removed  LOCATION:</td>
</tr>
<tr>
<td>Cat I  Cat II</td>
</tr>
<tr>
<td>Nonfriable Asbestos Material Not To Be Removed</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Pipes (Linear feet):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surface Area (Square feet): 700 sq ft  Asbestos siding  Exterior</td>
</tr>
<tr>
<td>RACM Off Facility Component (Cubic feet):</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>VIII. SCHEDULE DATES ASBESTOS REMOVAL (MM/DD/YY)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Start: 11/9/16  Complete: 11/10/16</td>
</tr>
</tbody>
</table>
NOTIFICATION OF DEMOLITION AND RENOVATION (continued)

DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED

DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:

Prior to removal, the work area around the building will be roped off with caution tape and warning signs. Plastic sheeting will be placed on the ground below and the asbestos will be removed by non-friable procedures. All waste will be placed in double 6 mil. Bags, sealed and labeled and placed in a locked container for disposal.

WASTE TRANSPORTER #1 Name: Guardian Contracting, Inc.
Address: 1889 Route 9, Unit 61
City: Toms River State: New Jersey Zip: 08755
Contact Person: Nicholas Femicola

WASTE TRANSPORTER #2 Name:
Address:
City: State: Zip:

WASTE DISPOSAL SITE Name: T.R.R.F.
Location: Bordentown Road
City: Tullytown State: Pennsylvania Zip: 19007
Telephone: 215-943-9732 Permit #: 101494

IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW AND ATTACH COPY OF ORDER
Name: Title:
Authority:
Date of Order (MM/DD/YY): Date Ordered to Begin (MM/DD/YY):

FOR EMERGENCY RENOVATIONS

Date and Hour of Emergency (MM/DD/YY):
Description of the Sudden, Unexpected Event:
Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:

DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLING, PULVERIZED, OR REDUCED TO POWDER

I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ONSITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required after November 20, 1991)

Nicholas Femicola / Project Manager
(Printed Name/Title)

(Signature of Owner/Operator) October 28, 2016 (Date)

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

Nicholas Femicola / Project Manager
(Printed Name/Title)

(Signature of Owner/Operator) October 28, 2016 (Date)
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>11/01/16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>BCSI Inc</td>
</tr>
<tr>
<td>Street Address</td>
<td>146 Poplar St</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Ridgefield Park, NJ</td>
</tr>
<tr>
<td>Name of Contact</td>
<td></td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
<tr>
<td>FACILITY INFORMATION</td>
<td></td>
</tr>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td>Residential House</td>
</tr>
<tr>
<td>Street Address</td>
<td></td>
</tr>
<tr>
<td>City (5)</td>
<td>Fort Lee</td>
</tr>
<tr>
<td>County Code (7)</td>
<td>Bergen</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>n/a</td>
</tr>
<tr>
<td>ASCM No.</td>
<td>n/a</td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>Harmony Contracting Inc</td>
</tr>
<tr>
<td>Street Address</td>
<td>360 Palisade Ave</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Garfield, NJ 07026</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>n/a</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>n/a</td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>11/10/16</td>
</tr>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>11/14/16</td>
</tr>
<tr>
<td>Occupancy Status During Abatement (Check Only One)</td>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
</tr>
<tr>
<td>Scope of Work (Check All That Apply)</td>
<td>x3 sf or x3 If</td>
</tr>
<tr>
<td>x160 sf or x260 If</td>
<td></td>
</tr>
<tr>
<td>Renovation Demolition</td>
<td></td>
</tr>
<tr>
<td>Full Containment with Negative Pressure</td>
<td></td>
</tr>
<tr>
<td>Mini-Enclosure</td>
<td></td>
</tr>
<tr>
<td>Glovebag Procedure</td>
<td></td>
</tr>
<tr>
<td>Non-Exempted (*) and Non-Friable Procedure</td>
<td></td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED</td>
<td>Interior</td>
</tr>
<tr>
<td>In Facility</td>
<td>x</td>
</tr>
<tr>
<td>Is Location Normally Used Solely by Maintenance/Custodial Staff?</td>
<td>No</td>
</tr>
<tr>
<td>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td>VAT</td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
<td>500 SF</td>
</tr>
<tr>
<td>Abatement Type</td>
<td></td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
<td>Harmony Contracting Inc</td>
</tr>
<tr>
<td>NJDEP Waste Hauler ID No.</td>
<td>033137</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td>TBD</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>GROWS Landfill</td>
</tr>
<tr>
<td>City, State</td>
<td>Garfield, NJ</td>
</tr>
<tr>
<td>City, State</td>
<td>Morrisville, PA</td>
</tr>
<tr>
<td>Completed by</td>
<td>Tina Caporino</td>
</tr>
<tr>
<td>Title</td>
<td>Secretary</td>
</tr>
<tr>
<td>Signature</td>
<td>Tina Caporino</td>
</tr>
<tr>
<td>Date</td>
<td>11/01/16</td>
</tr>
</tbody>
</table>

*Do not use this form for asbestos licensure exempted activities.*
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 6:60-7 and 12:120-7)

State of New Jersey

Date of Notification (1) 10/5/16

Name of Building Owner/Operator (2) NJ Economic Development Authority

Agencies Notified

- [x] EPA
- [ ] DEP
- [x] DOL
- [x] DOH
- [x] DCA
- [ ] Cancellation

Type of Notification

- [x] Initial Notification
- [] Amended Notification
- [] Emergency

Name of Contact

James Saraceno

Building 691

Street Address

36 West State St.
City, State, Zip Code
Trenton, NJ 08625-0990

Telephone Number

RECEIVED

NOV 4 2016

Facility Information

Name of Facility Where Abatement is Taking Place (3)

Building 691

City (5)

North Brunswick, NJ 08902

County (6)

Middlesex

County Code (7)

NJ (STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner

ATC Group Services, LLC

ASCM No.

00098

Project Manager for Monitoring Firm

John Lutz

Telephone Number

609-479-8512

Scheduled Start Date (10)

11/14/16

Scheduled Completion Date (11)

11/30/16

Occupancy Status During Abatement (Check only one)

- [x] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility Hours – Describe:
- [] Other – Describe: partially vacant

Scope of Work (Check all that apply)

- [] Demolition
- [] ≥3 sf or ≥3 ft
- [x] ≥100 sf or ≥260 ft

Renovation

- [x] Full Containment with Negative Pressure
- [ ] Mini – Enclosure
- [ ] Glovebag Procedure
- [ ] Non - Frible Procedure

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

in Facility (13)

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

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

Amount (Specify SF or LF)

2100 SF

Name of OSHA Monitor

Iris Environmental Laboratories, LLC

Street Address

2333 Route 22W

City, State, Zip Code

Union, NJ 07083

Type of Facility (4)

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

Square Feet

20000

# of Floors

1

Bldg. Age

<50

Current Use (Prior if being demolished)

Office/warehouse

Name of Abatement Contractor (9)

Jupiter Environmental Services, Inc.

Street Address

323 Changebridge Road, Suite 100

City, State, Zip Code

Pine Brook, NJ 07058

Telephone Number

973-575-8700

License Number

00852

Name of Registered Waste Hauler

Jupiter Environmental Services

Waste Hauler ID No.

04782

Cubic Yards Of Waste

30

Name of Registered Landfill

Alliance Landfill

City, State

Pine Brook, NJ

Disposal Date

11/30/16

City, State

Taylor, PA

Completed By (Print or Type)

Pane Repic

Title

General Manager

Signature

Date

10/5/16

ASB-41

JUN 85

G4867
# State of New Jersey
## NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:99 and 12:120)

### FACILITY INFORMATION
- **Name of Building Owner/Operator:** RAYMOND HAGAN
- **Street Address:** [Redacted]
- **City, State, Zip Code:** WAYNE, NJ 07470
- **Name of Contact:** EMILY KRAUSE
- **Telephone:** [Redacted]

### Name of Facility Where Abatement is Taking Place
- **Type:** RESIDENCE

### Current Use (Prior if being demolished)
- **Square Feet:** 1,500
- **# of Floors:** 2
- **Bldg. Age:** 45 years

### Type of Facility
- **School (K-12):** No
- **Subchapter 8 (Other than K-12):** No
- **Other (i.e., private & commercial buildings, homes, etc.):** Yes

### Name of Asbestos Contractor
- **Name:** A.MAC Contracting Inc.
- **Street Address:** 185 Vreeland Ave.
- **City, State, Zip Code:** Midland Park, NJ
- **Telephone No.:** (201)262-5841
- **License No.:** 00156
- **Name of OSHA Monitor:** Omega Environmental Services
- **Street Address:** 230 Huyler St.
- **City, State, Zip Code:** Hackensack, NJ 07606

### Scope of Work
- **Location of Asbestos-Containing Material (ACM) TO BE ABATED:** BASEMENT
- **Description of Asbestos-Containing Material (ACM):** PIPE INSULATION
- **Amount (Specify SF or LF):** 0
- **Abatement Type:** GOLF

### Location of Asbestos-Containing Material (ACM) TO BE ABATED
- **Location Normally Used Solely by Maintenance/Custodial Staff:** Yes
- **Is Location Normally Used Solely by Maintenance/Custodial Staff?** No

### Storage and Disposal
- **Name of Registered Waste Handler:** Newark Carting, Inc.
- **Disposal Date:** 11/01/16
- **City, State:** Bethlehem, PA

### Completed by
- **Title:** Vice President
- **Signature:** [Redacted]

---

*Do not use this form for asbestos license exempted activities.*
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:132)

Date of Notification (1) 10/29/16

Name of Building Owner/Operator (2) RAYMOND HAGMAN

Agency Notified

EPA  
DEP  
DOL  
DOH  
DCA

Type Notification

Initial  
Amended/Amended & Emergency Including
Canc.</p>

Street Address

[REDACTED]

City, State, Zip Code WAYNE, N.J. 07470

Name of Contact EMILY KRAUSE

Facility Information

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

Type of Facility (4)

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

Square Feet 1,500

No. Of Floors 2

Bldg. Age 40-50

Current Use (Prior to Being Demolished) RESIDENTIAL

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.

Name of Abatement Contractor (9) A.M.A.C Contracting Inc.

Street Address 185 Vreeland Ave.

City, State, Zip Code Midland Park, NJ

Telephone No. (201)262-5841

License No. 00186

Name of OSHA Monitor Omega Environmental Services

Street Address 280 Huyler St.

City, State, Zip Code Hackensack, NJ 07606

Occupancy Status During Abatement (Check Only One)

Facility Closed/Vacated During Entire Period of Abatement

Abatement Performed Outside of Normal Facility Hours

Start Date (10) POSTPONED

Scheduled Completion Date (11)

Scope of Work (Check All That Apply)

Removal

Demolition

Location of Asbestos-Containing Material (ACM)

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)

Pipe Insulation

Full Containment with Negative Pressure

Mint-Enclosure

Gloving Procedure

Non-Exempted (F) and Non-Friable Procedure

Abatement Type

Pipe Insulation

Cubic Yards of Waste

Name of Registered Landfill

IESI PA Bethlehem Landfill Corp.

Disposal Date

City, State Bethlehem, PA

Form Completed By

JOSEPH VACCARO

Title Vice President

Signature

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

(Pursuant to NJAC 8:50 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>10-29-2016</td>
<td>David Roeber</td>
</tr>
</tbody>
</table>

**Agencies Notified**

- EPA
- DEP
- DOL
- DOH
- DCA

**Type Notification**

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

**Street Address**

- [Redacted]

**City, State, Zip Code**

- Haddon Heights, New Jersey 08045

**Name of Contact**

- David Roeber

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

- Residential Dwelling

**Type of Facility (4)**

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

**Square Feet**

- 1600 sq ft

**# of Floors**

- 2

**Bldg. Age**

- 58 yrs

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

- Residential

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

- ASCM No.

**Quality Environmental Concepts**

- None

**Name of Abatement Contractor (9)**

- Quality Environmental Concepts

**Street Address**

- 1053 North Tuckahoe Road

**City, State, Zip Code**

- Williamstown, New Jersey 08094

**Telephone No.**

- 856-629-1166

**License No.**

- 01086

**Start Date (10)**

- 11-08-2016

**Scheduled Completion Date (11)**

- 11-09-2016

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

- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other - Describe: **Real Estate Transaction - Owners May be Named**

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

- ≥3½ or ≥3½
- ≥150 sq ft or ≥250 sq ft
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Studio-Enclosure
- Straddlebag Procedure
- Non-Exempted (*) and Non-Frisable Procedure

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

- In Facility

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

- Yes
- No
- N/A

**Description of Asbestos-Containing Material (ACM)**

- (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)

**Amount (Specify SF or LF)**

- 65 LF

**Abatement Type**

- X

**Name of Registered Waste Hauler**

- NJDEP Waste Hauler ID No. 19710

**Quality Environmental Concepts**

- Salem County Landfill

**City, State**

- Alloway, N J

**Disposal Date**

- TBD

**Completed by**

- Edward Knorr

**Title**

- Vice President

**Signature**

- Edward Knorr

**Date**

- 10-29-2016

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

Date of Notification (1) 11/11/2016

Name of Building Owner/Operator (2) William D. Hodgson

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

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

Street Address

City, State, Zip Code Surf City, NJ 08008

Name of Contact William

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement Is Taking Place (3)

Street Address

City (5) Surf City

County (6) Ocean

County Code (7) [STATE USE ONLY] N/A

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

Type of Facility (4)

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

Square Feet 1560

# of Floors 2

Bldg. Age 50+

Current Use (Prior if being demolished) Residence

Name of Abatement Contractor (9)

Safeway Abatement LLC

Street Address 128 Bartlett Ave

City, State, Zip Code West Creek, NJ 08092

License No. 609-276-0540 01319

Name of OSHA Monitor N/A

Project Manager for Monitoring Firm

Telephone No. 609-276-0540

Start Date (10) 11/10/2016

Scheduled Completion Date (11) 11/11/2016

Occupancy Status During Abatement (Check Only One)

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

Scope of Work (Check All That Apply)

- ≥23 sf or ≥23 lf
- ≥160 sf or ≥2260 lf
- Renovation Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Flexible 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

Location

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

Amount (Specify SF or LF)

Abatement Type Removal

Endorsements

Name of Registered Waste Hauler Timsher Trucking Inc

NJDEP Waste Hauler ID No. 21079

Cubic Yards of Waste TBD

Name of Registered Landfill Waste Management

City, State West Creek, NJ

Disposal Date TBD

Completed by Amanda Meares Title Owner-Safeway

Signature

Date 11/11/2016

* Do not use this form for asbestos licensure exempted activities.
**Date of Notification:** 11/1/2016

**Name of Building Owner/Operator:** Kimble

**Street Address:** Love Ladies, NJ 08008

**City, State, Zip Code:** Love Ladies, NJ 08008

**Name of Contact:** Sharon

**Telephone Number:**

**Name of Facility Where Abatement is Taking Place:** Residence

**Square Feet:** 1400 SF

**# of Floors:** 1

**Bldg. Age:** 50+

**County Code:** [STATE USE ONLY]

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

**Name of Abatement Contractor:** SafeWay Abatement LLC

**Street Address:** 128 Bartlett Ave

**City, State, Zip Code:** West Creek, NJ 08092

**Telephone No.:** 609-276-0540

**License No.:** 01319

**Start Date:** 11/16/2016

**Scheduled Completion Date:** 11/17/2016

**Name of OSHA Monitor:** N/A

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

**Scope of Work:**

- 
- 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

- Exterior

- Siding

**Name of Registered Waste Hauler:** Timster Trucking Inc

**Waste Hauler ID No:** 21079

**Cubic Yards of Waste:** TBD

**Name of Registered Landfill:** Waste Management

**City, State:** West Creek, NJ

**Disposal Date:** TBD

**City, State:** Tullytown, PA

**Completed by:** Amanda Mears

**Title:** Owner- Safeway

**Signature:**

**Date:** 11/11/16
Date of Notification (1) 11/1/2016
Name of Building Owner/Operator (2) Greg Adams
Agency Notified
☐ EPA
☐ DEP
☐ DOL
☐ DOH
☐ DCA
Type Notification
☐ Initial
☐ Amended
☐ Emergency (Including justification)
☐ Cancellation
Street Address
City, State, Zip Code
Warren, NJ 07059
Name of Contact
Sharon
Telephone Number

Name of Facility Where Abatement is Taking Place (3)
Residence
Street Address
City (5)
Barnegat Light
Ocean
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)
SafeWay Abatement LLC
Street Address
128 Bartlett Ave
City, State, Zip Code
West Creek, NJ 08092

Square Feet 1890 SF
# of Floors 2
Bldg. Age 36
Current Use (Prior if being demolished) Residence

Start Date (10) 11/14/2016
Scheduled Completion Date (11) 11/15/2016
Occuancy 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 ≥280 If
☐ Renovation
☐ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

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

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

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

Amount (Specify SF or LF)

Abatement Type
Removal ☐
Repair ☐
Encapsulation ☐
Enclosure ☐

Name of Registered Waste Hauler
Timster Trucking Inc
NJ/DEP Waste Hauler ID No. 21079
Cubic Yards of Waste TBD
Name of Registered Landfill Waste Management
City, State
West Creek, NJ
Disposal Date TBD
City, State
Tullytown, PA
Completed by
Amanda Mears
Title Owner-Safeway
Signature
Date 11/11/16
**State of New Jersey**

**ASBESTOS CONTROL & LICENSING**

Date of Notification: 11/01/2016

Name of Building Owner/Operator: Gregory Veles

Street Address: [Redacted]

City, State, Zip Code: Bloomfield, NJ, 07003

Name of Contact: Gregory Veles

Telephone Number: [Redacted]

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place: Gregory Veles

Street Address: [Redacted]

City, State, Zip Code: Bloomfield, Essex, NJ 07003

Name of Monitoring Firm hired by Building Owner: [Redacted]

Telephone Number: N/A

Scheduled Start Date: 11/01/2016

Scheduled Completion Date: 11/02/2016

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

Location of Asbestos-Containing Material (ACM):

- Baseline
- [X] Boiler Insulation 30 SQFT
- [X] Pipe Insulation 85 LF

Name of Registered Waste Hauler: AZTECH MANAGEMENT, INC.

Public Yards of Waste: 1.6

Name of Registered Landfill: Minerva Enterprise INC

City, State: Montclair, NJ 07042

Disposal Date: 11/3/2016

City, State: Waynesburg, Ohio 44688

Completed By: Constantine Vivian, President

**RECEIVED**

[Stamp]

[Signature] 11/01/2016
### Notification of Asbestos Abatement

**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**

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

**Date of Notification (1)**

11/1/2016

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

Angela Petrillo

**Agencies Notified**

- [ ] EPA
- [ ] DOH
- [X] DOL
- [ ] DCA

**Type Notification**

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

**Street Address**

[Redacted]

**City, State, Zip Code**

Jersey City, NJ, 07306

**Name of Contact**

Angela Petrillo

**Telephone Number**

[Redacted]

---

### Facility Information

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

Angela Petrillo

**Street Address**

[Redacted]

**City (5)**

Jersey City

**County (6)**

Essex

**County Code (7)**

[STATE USE ONLY]

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

[Redacted]

**ASCM No.**

[Redacted]

**Type of Facility (4)**

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

**Square Feet**

2400

**# of Floors**

2

**Bldg. Age**

86

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

[Redacted]

**Name of Abatement Contractor (9)**

AZTECH MANAGEMENT, Inc.

**Street Address**

86 Christopher St.

**City, State, Zip Code**

Montclair, NJ 07042

**Telephone Number**

(973) 744-8800

**License Number**

00371

**Name of OSHA Monitor**

N/A

**Street Address**

[Redacted]

**City, State, Zip Code**

[Redacted]

---

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

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

### Location of Asbestos-Containing Material (ACM) To Be Abated

**Location**

Basement

**Location**

Boiler

**Location**

28 SQFT

**X**

**Name of Registered Waste Hauler**

AZTECH MANAGEMENT, INC.

**NJDEP Waste Hauler ID No.**

17040

**Cubic Yards of Waste**

1.5

**Name of Registered Landfill**

Minerva Enterprise INC

**City, State**

Waynesburg, Ohio 44688

**Disposal Date**

11/04/2016

**Completed By (Print or Type)**

Dimitri G Temidis

**Title**

Sales

**Signature**

[Signature]

**Date**

11/1/2016
# NOTIFICATION OF ASBESTOS ABATEMENT

**Date of Notification:** 11/01/2016  
**Name of Building Owner/Operator:** Ann Shoshkes  
**Name of Contact:** Ann Shoshkes

### FACILITY INFORMATION

- **Name of Facility Where Abatement is Taking Place:** Ann Shoshkes  
- **Street Address:** (Blacked out)  
- **City:** Millburn  
- **County:** Essex

### Type of Facility

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

### Details

- **Square Feet:** 1800  
- **# of Floors:** 2  
- **Bldg. Age:** 90  
- **Current Use:** (Prior if being demolished)

### Monitoring Firm

- **Name of Monitoring Firm hired by Building Owner:** N/A  
- **ASCM No.:** N/A  
- **Street Address:** N/A

### Abatement Contractor

- **Name of Abatement Contractor:** AZTECH MANAGEMENT, Inc.  
- **Street Address:** 86 Christopher St.  
- **City, State, Zip Code:** Montclair, NJ 07042  
- **Telephone Number:** (973) 744-8800  
- **License Number:** 00371

### Monitor

- **Name of OSHA Monitor:** N/A  
- **Street Address:** N/A

### Scope of Work

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

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM)</th>
<th>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>Basement</td>
<td>X</td>
<td>Pipe Insulation</td>
<td>60</td>
<td>X</td>
</tr>
<tr>
<td>Garage</td>
<td>X</td>
<td>Pipe Insulation</td>
<td>20</td>
<td>X</td>
</tr>
</tbody>
</table>

### Disposal

- **Name of Registered Waste Hauler:** AZTECH MANAGEMENT, INC.  
- **Hauler ID No.:** 17040  
- **Cubic Yards of Waste:** 1.5  
- **Name of Registered Landfill:** Minerva Enterprise INC  
- **City, State:** Montclair, NJ 07042  
- **Disposal Date:** 11/12/2016  
- **City, State:** Waynesburg, Ohio 44688

### Completed By

- **Completed By:** Constantine Vivian  
- **Title:** President  
- **Signature:** [Signature]  
- **Date:** 11/01/2016
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:50 and 12:120)

### Date of Notification (1)
11/01/2016

### Name of Building Owner/Operator (2)
Maggie Taylor

### Street Address
[Redacted]

### City, State, Zip Code
Basking Ridge, NJ 07920

### Name of Contact
Maggie Taylor

### Telephone Number
[Redacted]

### Name of Facility Where Abatement is Taking Place (3)
Residence

### Street Address
[Redacted]

### City, State, Zip Code
Basking Ridge, NJ 07920

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

### Current Use (Prior if being demolished)
Residence

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

### Name of Abatement Contractor (9)
Lilich Corporation

### Street Address
606 McBride Ave

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

### Start Date (10)
11/11/2016

### Scheduled Completion Date (11)
11/15/2016

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

### Scope of Work (Check All That Apply)
- [x] Renovation
- [ ] Demolition
- [X] Full Containment with Negative Pressure
- [X] Mini-Enclosure
- [X] Glovebag Procedure
- [X] Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Location</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>basement</td>
<td>x</td>
<td>pipe insulation</td>
<td>55 LF</td>
<td>[x]</td>
</tr>
<tr>
<td>attic</td>
<td>x</td>
<td>vermiculite</td>
<td>620 SF</td>
<td>[x]</td>
</tr>
</tbody>
</table>

### Name of Registered Waste Hauler
Lilich Corporation

### Cubic Yards of Waste
18724

### Name of Registered Landfill
GROWS, Landfill

### City, State
Woodland Park, New Jersey

### Disposal Date
n/a

### Completed by
Momo Glavatovic

### Title
Vice President

### Signature
[Signature]

### Date
11/01/2016

---

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

NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification: 11/3/16

Name of Building Owner/Operator: Camden County Technical Schools Board of Education

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

Street Address:
343 Berlin Cross Keys Rd - Building No. 12 Administration

City, State, Zip Code:
Sickerville, NJ 08081

Name of Contact:
Dino Acevedo

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place:
Camden County Technical School

Street Address:
343 Berlin Cross Keys Road

City:
Sickerville

County:
Camden

Name of Monitoring Firm Hired by Building Owner:
Health and Safety Services

ASCM No.:
117

Name of Abatement Contractor:
Controlled Environmental Systems

Type of Facility:
- School (K-12)

Square Feet:
various

# of Floors:
1

Current Use (Prior to being demolished):
Adult Technical School

Street Address:
PO Box 365

City, State, Zip Code:
Berlin, NJ 08089

Project Manager for Monitoring Firm:
Jim Proctor

Telephone No.:
609 839 2432

Start Date:
11/14/16

Scheduled Completion Date:
8/30/17

Name of OSHA Monitor:
CES

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

Time of Abatement: 7:00AM-Midnight/PM

Scope of Work:
- 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>IN Facility</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>(13)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Amount (Specify SF or LF):

Building 1 Door/Window-Exterior:
- ACM Caulk/Glazing
- Apx 8200 LF

Building 2 Door/Window-Exterior:
- ACM Caulk/Glazing
- Apx 9100 LF

Building 5 Door/Window-Exterior:
- ACM Caulk/Glazing
- Apx 6800 LF

Building 6 Door/Window-Exterior:
- ACM Caulk/Glazing
- Apx 4840 LF

Name of Registered Waste Hauler:
Geppert Recycling

NJDEP Waste Hauler ID No.:

Cubic Yards of Waste:
24,000 yrd

Name of Registered Landfill:
Western Berks Community Landfill

City, State:
Birdsboro, PA 19508

Completed By (Print or Type):
Patricia Visco

Title:
Office Manager

Signature:
[Signature]

Date:
11/2/16

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

Date of Notification (1)

11 / 3 / 16

Name of Building Owner/Operator (2)
Camden County Technical Schools Board of Education

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

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

Street Address
343 Berlin Cross Keys Rd - Building No. 12 Administration

City, State, Zip Code
Sicklerville, NJ 08081

Name of Contact
Dino Acevedo

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Camden County Technical School

Street Address
343 Berlin Cross Keys Road

City (5)
Sicklerville

County (6)
Camden

County Code (7) (STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8)
Health and Safety Services

ASCM No.
117

Name of Abatement Contractor (9)
Controlled Environmental Systems

Street Address
PO Box 365

City, State, Zip Code
Berlin, NJ 08009

Project Manager for Monitoring Firm
Jim Proctor

Telephone No.
609 839 2432

Start Date (10)
11 / 14 / 16

Scheduled Completion Date (11)
8 / 30 / 17

Name of OSHA Monitor
CES

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: 7:00AM-Midnight PM

Scope of Work (Check all that apply)
- ≥3 sf or ≥3 If
- ≥160 sf or ≥260 If
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Full Enclosure
- Glovebox 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 ACM</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>Building 8 Window-Exterior</td>
<td>No</td>
<td>ACM Glazing</td>
<td>Apx 2000 LF</td>
<td>Demolition</td>
</tr>
<tr>
<td>Building 9 Door/Window-Exterior</td>
<td>No</td>
<td>ACM Caulk &amp; Glazing</td>
<td>Apx 1500 LF</td>
<td>Demolition</td>
</tr>
<tr>
<td>Building 10 Window-Exterior</td>
<td>No</td>
<td>ACM Glazing</td>
<td>Apx 1010 LF</td>
<td>Demolition</td>
</tr>
<tr>
<td>Building 11 Window-Exterior</td>
<td>No</td>
<td>ACM Glazing</td>
<td>Apx 1325 LF</td>
<td>Demolition</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
Gapert Recycling
NJDEP Waste Hauler ID No.
Cubic Yards of Waste
Disposal Date
Name of Registered Landfill
Western Berks Community Landfill
City, State
Hatfield, PA
City, State
Birdsboro, PA 19508

Completed By (Print or Type)
Patricia Visa
Title
Office Manager
Signature
Date

* 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)**  
11/01/16

**Name of Building Owner/Operator (2)**  
Paramus Board of Education

**Street Address**  
145 Spring Valley Road

**City, State, Zip Code**  
Paramus, NJ 07652

**Name of Contact**  
Bob Autorino

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

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

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

**Street Address**  
145 Spring Valley Road

**City (5)**  
Paramus

**County (6)**  
Bergen

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

**Name of Monitoring Firm Hired by Building Owner (8)**  
RK Occupational & Environmental Analysis, Inc.

**ASCN No.**  
0090

**Name of Abatement Contractor (9)**  
Bako Construction & Restoration, Inc.

**Street Address**  
265 Route 46 Ste 3D

**City, State, Zip Code**  
Totowa, NJ 07512

**Project Manager for Monitoring Firm**  
Jon Gilbert

**Telephone No.**  
908 454 6316

**Telephone No.**  
973 256 7010

**License No.**  
00666

**Name of GSHA Monitor**  
Bako Construction & Restoration, Inc.

**Street Address**  
265 Route 46 Ste 3D

**City, State, Zip Code**  
Totowa, NJ 07512

**Start Date (10)**  
11/11/16

**Completion Date (11)**  
11/11/16

**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)**  
- [X] 23 sf or 23 If
- [ ] ≥180 sf or ≥260 If
- [X] Renovation
- [ ] Demolition
- [X] Full Containment with Negative Pressure
- [X] Mini-Enclosure
- [X] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Firable 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?</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e. thermal system insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement Mechanical Room</td>
<td>Yes</td>
<td>Pipe fitting insulation</td>
<td>9 LF</td>
<td></td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**  
Bako Construction & Restoration, Inc.

**NJDEP Waste Hauler ID No.**  
20939

**Cubic Yards of Waste**  
3

**Disposal Date**  
11/14/16

**Name of Registered Landfill**  
Tullytown Resource Recovery Facility

**City, State**  
Tullytown, PA

**Completed by**  
Goran Kojic

**Title**  
Project Manager

**Signature**  
11/01/16

---

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

**Date of Notification (1)**
10/27/16

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

**Type Notification**
- X Initial
- \_
- \_
- \_
- \_

**Street Address**
[Redacted]

**City, State, Zip Code**
[Redacted]

**Name of Building Owner/Operator (2)**
[Redacted]

**Name of Facility Where Abatement Is Taking Place (3)**
[Redacted]

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

**Type of Facility (4)**
- \_
- \_
- \_
- \_
- \_

**Square Feet**

**Building Age**

**County Code (6)**

**Facility Information**

**Name of Monitoring Firm**
CA Environmental

**Street Address**
2200 Paterson Plank Road

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

**Project Manager**
Carmelo Altomonte

**Telephone No.**
201-864-6583

**Date of Notification**
10/27/16

**Start Date (10)**
11/10/16

**Scheduled Completion Date (11)**
12/5/16

**Occupancy Status During Abatement (Check Only One)**
- X Facility Closed/Abandoned During Entire Period of Abatement

**Other – Describe:**

**Scope of Work (Check All That Apply)**
- \_
- X Renovation
- \_
- X Demolition

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenace/ 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>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Roof 1600SF and Pipes 1461LF</td>
<td>X</td>
<td>ACM Roof 1600SF, Pipes 1461LF</td>
<td>1600SF / 1461LF</td>
<td>X</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Handler**
SUPER, LLC

**City, State**
203 Belmont Ave

**Completed by**
Tailor Dominguez

**Name of Registered Landfill**
Waste Management

**City, State**
Tullytown, PA

**Disposal Date**
TBD

**Signature**
[Signature]

**Date**
10/27/16

**Note:** 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)

<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>Name of Building Owner/Operator</th>
</tr>
</thead>
<tbody>
<tr>
<td>11/01/16</td>
<td>STEVE BRAWNING</td>
</tr>
</tbody>
</table>

**Agencies Notified**  
- EPA  
- DEP  
- DOL  
- DCH  
- DCA

<table>
<thead>
<tr>
<th>Type Notification</th>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial Amendment</td>
<td>[Redacted]</td>
</tr>
</tbody>
</table>

**City, State, Zip Code**  
HAUHTOWNE, N.J. 0756

**Name of Contact**  
STEVE BRAWNING

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

**Square Feet**  
1,750

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

**Name of Monitoring Firm Hired by Building Owner**  
ACSM No.

**Name of Abatement Contractor**  
A.MAC Contracting Inc.

**Street Address**  
185 Vreeland Ave.

**City, State, Zip Code**  
Midland Park, NJ

**Project Manager for Monitoring Firm**
**Telephone No.**

**Name of OSHA Monitor**  
Omega Environmental Services

Street Address  
280 Huyler St.

**City, State, Zip Code**  
Hackensack, NJ 07606

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

**Start Date**  
11/15/16

**Completion Date**  
11/30/16

**Scope of Work**  
- 33 sf or 23 sf
- Renovation

**Location of Asbestos-Containing Material (ACM) TO BE REMOVED**  
**Floor Area**

<table>
<thead>
<tr>
<th>Location</th>
<th>Used Solely by Maintenance/Custodial Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>Yes</td>
</tr>
</tbody>
</table>

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

**Amount**  
170LF

**Abatement Type**

<table>
<thead>
<tr>
<th>Disposal Date</th>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>11/15/16</td>
<td>Bethlehem, PA</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**  
Newark Carting, Inc.

**NJDEP Waste Hauler ID No.**  
04509

**Cubic Yards of Waste**  

**Name of Registered Landfill**  
IESI PA Bethlehem Landfill Corp.

**Completed by**  
Joseph Vocaturo

**Title**  
Vice President

**Signature**  
[Signature]

**Date**  
11/01/16

---

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

Date of Notification (1): 11/3/16

Name of Building Owner/Operator (2): Constein

Agencies Notified:  
- EPA
- DOL
- DOH
- DCA

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

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

Street Address: [Redacted]

City, State, Zip Code: Pittstown, NJ 08867

Name of Contact: Belinda Constein

Telephone Number: [Redacted]

FACILITY INFORMATION

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

Square Feet: 4000

# of Floors: 2

Bldg. Age: 65+/-

Current Use (Prior if being demolished): [Not specified]

Name of Monitoring Firm Hired by Building Owner: MECS

Address of Monitoring Firm: PO Box 341, Crosswicks, NJ 08515

Street Address: PO Box 322, Allentown, NJ 08501

Project Manager for Monitoring Firm: Bill Weisgarber

Telephone No.: (609) 240-4070

Start Date (10): 11/14/16

Scheduled Completion Date (11): 11/30/16

Occupy Status During Abatement (Check only one):  
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other - Describe: 8 am to 4 pm

Scope of Work (Check all that apply):  
- ≥3 sf or ≥3 ft
- ≥160 sf or ≥260 ft
- Renovation
- Demolition

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

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

Amount: Specified

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

Abatement Type:  
- Removal
- Encapsulate
- Enclosure

Name of Registered Waste Hauler: Stevens Environmental Services, Inc.

City, State: Allentown, NJ

Disposal Date: 11/30/16

Name of Registered Landfill: GROWS Landfill

City, State: Morrisville, PA

Completed By: Mahlon E. Stevens

Title: Project Manager

Signature: [Redacted]

Date: 11/3/16

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

**Date of Notification (1)**
11/1/2016

**Name of Building Owner/Operator (2)**
Boro of Kearnsberg

**Street Address (3)**
29 Church St.

**City, State, Zip Code**
Kearnsberg, NJ

**Name of Contact**
Kim Gonzales

---

### FACILITY INFORMATION

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

**Street Address**
331 Carr St

**City (6)**
Kearnsberg, NJ

**County (5)**
Monmouth

**Square Feet**
6000

**# of Floors**
3

**Bldg. Age**
50+

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

**Name of Monitoring Firm Hired by Building Owner (8)**
Environmental Health Investigations

**Name of Abatement Contractor (9)**
Yannuzzi Environmental Services, Inc.

**Street Address**
135 Kinnelon Rd Suite 102

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

**Telephone No.**
908-216-0880

**License No.**
01228

**Name of OSHA Monitor**
Yannuzzi Environmental Services, Inc.

**Street Address**
135 Kinnelon Rd Suite 102

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

---

**Start Date (10)**
11/7/16

**Scheduled Completion Date (11)**
11/10/16

---

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

---

**Scope of Work (Check All That Apply)**
- Renovation
- 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) (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>roofing</td>
<td>x</td>
<td>roofing</td>
<td>400sf</td>
<td>x</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**
Yannuzzi Group, Inc.

**City, State**
Kinnelon, NJ

**Committed by**
John Mucha

**Title**
Sr. 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)
11 / 01 / 16

Name of Building Owner/Operator (2)
Timothy McAlulife

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

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

Street Address:

City, State, Zip Code
Westfield, NJ 07090

Name of Contact:
Timothy McAlulife

FACILITY INFORMATION

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

Street Address

City (5)
Westfield, NJ

County (6)
Union

County Code (7)(STATE USE ONLY)

Current Use (Prior to being demolished)

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

ASCM No.

Name of Abatement Contractor (9)
ALL PRO MANAGEMENT LLC

Street Address
27 Outwater Lane

City, State, Zip Code
Garfield, NJ 07026

Project Manager for Monitoring Firm
Rick Eustaquito

Telephone No.
973-494-3762

Start Date (10)
11 / 12 / 16

Scheduled Completion Date (11)
12 / 12 / 16

Name of OSHA Monitor
ALL PRO MANAGEMENT LLC

Street Address
27 Outwater Lane

City, State, Zip Code
Garfield, NJ 07026

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

Scope of Work (Check all that apply)

☐ ≥3 sf or ≥3 If
☒ ≥160 sf or ≥280 If

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

☑ Attic

Yes
No
☐ Other

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

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

Description of

Amount (Specify SF or LF)
200 SF

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

Name of Registered Waste Hauler
ATC

Name of Registered Landfill
Minerva Enterprises

City, State
Shirley, NY

Disposal Date
TBD

City, State
Waynesburg, OH

Completed By (Print or Type)
Allen Monchik

Title
Project Manager

Signature

Date
01/16

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

**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 8:60 and 5:16)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>11 / 1 / 16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>D'Arely Miell / Job #1610-2131</td>
</tr>
<tr>
<td>Chk. #4510</td>
<td></td>
</tr>
<tr>
<td>Agencies Notified</td>
<td>EPA</td>
</tr>
<tr>
<td>Type Notification</td>
<td>Initial</td>
</tr>
<tr>
<td>Street Address</td>
<td>[Redacted]</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Princeton, NJ 08540</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Mike Sutton, Lasley Construction</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Residential Property</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>[Redacted]</td>
</tr>
<tr>
<td>City (5)</td>
<td>Princeton</td>
</tr>
<tr>
<td>County (5)</td>
<td>Mercer</td>
</tr>
<tr>
<td>Square Feet</td>
<td>7000</td>
</tr>
<tr>
<td># of Floors</td>
<td>3</td>
</tr>
<tr>
<td>Bldg. Age</td>
<td>80</td>
</tr>
</tbody>
</table>

**Type of Facility (4)**

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

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

- Vacant for Restoration

<table>
<thead>
<tr>
<th>Name of Abatement Contractor (9)</th>
<th>Asbestos and Mold Services, Corp.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>3859 Sylvania Boulevard</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Hainesport, NJ 08036</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>856-848-8000</td>
</tr>
<tr>
<td>License No.</td>
<td>00862</td>
</tr>
<tr>
<td>Name of OSHA Monitor</td>
<td>EMSL Analytical, Inc.</td>
</tr>
<tr>
<td>Street Address</td>
<td>200 U.S. Route 130 North</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Cinnaminson, NJ 08077</td>
</tr>
</tbody>
</table>

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

- Horizon Environmental

**Vacancy 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: 

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

- ≥3 sf or ≥3 if
- ≥160 sf or ≥280 sf
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebox Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

- Yes
- No
- N/A
- 1st & 2nd Floor
- Pipe Insulation
- Cubic Yards of Waste
- Name of Registered Landfill
- GROWS Landfill

**Name of Registered Waste Hauler**

- Carnevale Disposal

**Completed By (Print or Type)**

- Kimberly A. Trumbetti
- Office Coordinator

**Signature**

**Date**

- 11-1-16

---

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

Date of Notification (1) 10 / 30 / 15

Name of Building Owner/Operator (2) Johns Manville Corp. / Job #1510-2035 Chk. NA

Agencies Notified
☐ EPA
☐ DOLWD
☐ DHSS
☐ DCA
☐ NJAC 5:23-8
☐ Type Notification
☐ Initial
☐ Amended
☐ Amendment #11
☐ Emergency (including justification)
☐ Cancellation

Street Address 717 17th Street
City, State, Zip Code Denver, CO 80217

Name of Contact Anthony Volkens
Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Warehouse Roof A

Street Address 437 North Grove Street
City (5) Berlin
County (6) Camden

County Code (7) (STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8) One Source Safety & Health

ASCM No.

Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.

Street Address 140 S. Village Avenue Suite 130
City, State, Zip Code Exton, PA 19341

Project Manager for Monitoring Firm Brian Hovendon
Telephone No. 610-524-5525

Start Date (10) 11 / 9 / 15
Scheduled Completion Date (11) 11 / 30 / 16

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 PM - AM

Scope of Work (Check all that apply)
☐ 2+ sf or >2 ft
☐ 160 sf or >260 ft
☐ Renovation
☐ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Gloves Bag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

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

Yes No N/A

Location

Asbestos-Containing Material (ACM)

☐ TO BE ABATED
IN Facility

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

Amount
(Specify SF or LF)

Abatement Type

Removal
Repair
Encapsulate

Warehouse Roof

☐ ☐ ☒ Roofing
9,000 SF

Transite Decking
9,000 SF

Transite Flues
6 ea

Name of Registered Waste Hauler Freehold Cartage, Inc.

NJDEP Waste Hauler ID No. 02265

Cubic Yards of Waste 10

Name of Registered Landfill GROWS Landfill

City, State Freehold, NJ

Disposal Date 11/30/16

City, State Morrisville, PA 19067

Completed By (Print or Type) Kimberly A. Trumbetti

Title Office Coordinator

Signature

Date 10-31-16

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>11/2/16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Ramadge</td>
</tr>
<tr>
<td>Agencies Notified</td>
<td>EPA, DEP, DOL, DOH, DCA</td>
</tr>
<tr>
<td>Type Notification</td>
<td>Initial</td>
</tr>
<tr>
<td>Street Address</td>
<td>[Redacted]</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Princeton, NJ 08540</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Peter Ramadge</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
</tbody>
</table>

FACILITY INFORMATION

| Name of Facility Where Abatement is Taking Place (3) | Residential |
| Street Address | [Redacted] |
| City (5) | Princeton, NJ |
| County (6) | Mercer |
| Square Feet | 3000 |
| # of Floors | 2 |
| Bidg. Age | 65+/- |
| Current Use (Prior if being demolished) | |

| Name of Monitoring Firm Hired by Building Owner (8) | MECS |
| Street Address | PO Box 341 |
| City, State, Zip Code | Crosswicks, NJ 08515 |
| Project Manager for Monitoring Firm | Bill Weisgarber |
| Telephone No. | (609) 240-4070 |

| Start Date (10) | 11/17/16 |
| Scheduled Completion Date (11) | 11/18/16 |
| Occuany Status During Abatement (Check only one) | |
| Facility Closed/Vacated During Entire Period of Abatement | |
| Abatement Performed Outside of Normal Facility Hours | |
| X Other - Describe: 8 am to 4 pm |

| Scope of Work (Check all that apply) | |
| X ≥ 3 sq ft or ≥ 3 ft | |
| ≥180 sq ft or ≥260 ft | |
| X Renovation Demolition | |
| X Location of Asbestos-Containing Material (ACM) TO BE ABATED | |
| IN Facility (13) | |
| X Basement Boiler Area | |
| Laundry Room | |
| X Location Normally Used Solely by Maintenance/ Custodial Staff? (12) | |
| X Yes | |
| No | |
| N/A | |
| Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | |
| Traniste | 16 sf | |
| Traniste | 64 sf | |

| Name of Registered Waste Hauler | Stevens Environmental Services, Inc. |
| NUEP Waste Hauler ID No. | 18292 |
| Cubic Yards of Waste| 1 CU |
| Name of Registered Landfill | GROWS Landfill |

| Completed By | Mahlon E. Stevens |
| Title | Project Manager |
| Signature | |
| Date | 11/2/16 |

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**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 8:60 and 5:16)

<table>
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<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>11 / 03 / 16</td>
<td>Bank of America</td>
</tr>
</tbody>
</table>

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

- **Type Notification**
  - [ ] Initial
  - [ ] Amended
  - [ ] Amendment #1
  - [ ] Emergency (including justification)
  - [ ] Cancellation

- **Street Address**
  - 937 Broadway

- **City, State, Zip Code**
  - Bayonne, NJ 07002

- **Name of Contact**
  - Courtney Ostaszewski

- **Telephone Number**
  -

---

**FACILITY INFORMATION**

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

- **Street Address**
  - 937 Broadway

- **Square Feet**
  - 2,000

- **# of Floors**
  - 1

- **Bldg. Age**
  - 45

- **County Code (7)**
  - Hudson

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

- **Name of Monitoring Firm Hired by Building Owner (8)**
  - New York Environmental

- **ASCM No.**
  -

- **Name of Abatement Contractor (9)**
  - JVN Restoration Inc

- **Street Address**
  - 47 Foster Road

- **City, State, Zip Code**
  - Staten Island NY 10309

- **Telephone No.**
  - 718-605-6255

- **License No.**
  - 00774

- **Name of OSHA Monitor**
  - Testor Tech

- **Street Address**
  - 10-59 Jackson Avenue

- **City, State, Zip Code**
  - LIC NY 11101

- **Time of Abatement:**
  - 8:00 AM - 4:30 PM

---

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

- [ ] 3 sf or 33 lg
- [ ] 180 sf or 220 lg
- [ ] Renovation
- [ ] Demolition

---

**Description of Asbestos Containing Material (ACM)**

- [ ] 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

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

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

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

- **Abatement Type**
  - Removal
  - Repair
  - Encapsulate
  - Endorse

---

**Name of Registered Waste Hauler**

- Newark Carting

- **NJDEP Waste Hauler ID No.**
  - NJ-556

- **Cubic Yards of Waste**
  - 15

- **Name of Registered Landfill**
  - IESI

- **Disposal Date**
  - 11/18/2016

- **City, State**
  - Bethlehem, PA

- **Completed By (Print or Type)**
  - Ralph Barnhardt

- **Title**
  - Project Manager

---

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

Date of Notification (1) | Name of Building Owner/Operator (2)
10 / 25 / 16 | Bank Of America

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

Street Address
937 Broadway
City, State, Zip Code
Bayonne, NJ 07002
Name of Contact
Courtney Ostaszewski

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Bank of America

City (5)
Bayonne, NJ
Count

Street Address
937 Broadway
City, State, Zip Code
Bayonne, NJ 07002

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

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

Name of Abatement Contractor (9)
JVN Restoration Inc

Street Address
88 Harbor Road
City, State, Zip Code
Port Washington, NY 11050

Project Manager for Monitoring Firm
Michael Baudo
Telephone No.
516-944-9500

Telephone No.
718-605-6256
License No.
00774

Start Date (10)
11 / 12 / 16
Scheduled Completion Date (11)
12 / 31 / 16

Current Use (Prior to being demolished)

Name of OSHA Monitor
Testor Tech

Street Address
47 Foster Road
City, State, Zip Code
Staten Island NY 10309

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-1:00PM-9:00PM - Saturday and Sunday, AM

Scope of Work (Check all that apply)
☐ ≥3 sf or ≥1 if
☐ ≥160 sf or ≥280 if
☐ Renovation
☐ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

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

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

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

Amount (Specify SF or LF)

Abatement Type

Location Name of Registered Waste Hauler
Newark Carting
NJ/DEP Waste Hauler ID No.
NJ-566
Cubic Yards of Waste
15
Name of Registered Landfill
IESI

Disposal Date
11/2016
City, State
Bethlehem, PA

Completed By (Print or Type)
Ralph Barnhardt
Title
Project Manager

Signature

Date
6/25/16

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