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

**Date of Notification (1)**
11/3/14

**Name of Building Owner/Operator (2)**
301 Main Street Associates, LLC

**Street Address**
1412 Broadway, 3rd Floor

**City, State, Zip Code**
New York NY 10018

**Name of Contact**
Jay Cohen

**Telephone**

---

**FACILITY INFORMATION**

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

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

**Square Feet**
1500

**# of Floors**
2

**Bldg. Age**
50

---

**County Code (7)**
Essex

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

---

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

**Name of Abatement Contractor (9)**

ABS Environmental Services, LLC

**Street Address**
4 E Gate Drive, PO Box 483

**City, State, Zip Code**
Glenwood, NJ 07418

**Telephone No.**
973-583-8500

**License No.**
703

**Start Date (10)**
11/17/14

**Scheduled Completion Date (11)**
1/17/15

**Occupancy Status During Abatement (Check Only)**
- [ ] Facility Closed/Vacated During Entire Period of Abatement
- [X] Abatement Performed Outside of Normal Facility Hours
- [ ] Other – Describe: working in basement

---

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility</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>basement/various locations</td>
<td>[X]</td>
<td>pipe insulation</td>
<td>190 LF</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

---

**Name of Registered Waste Hauler**
NJDEP Waste Hauler ID No. 15959

**Cubic Yards of Waste**
10

**Name of Registered Landfill**
TBD

**City, State**
Freehold, NJ

**Completed by**
A Scott Higgins

**Title**
President

**Signature**

---

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

**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60 and 12:120.1)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>11/9/14</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator</td>
<td>J. KLEMM CONSTRUCTION</td>
</tr>
<tr>
<td>Street Address</td>
<td>369 S. SPRUCE AVE, MAPLE SHADE, N.J. 08052</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>MAPLE SHADE, N.J. 08052</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>J. KLEMM</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>856-779-0472</td>
</tr>
<tr>
<td>FACILITY INFORMATION</td>
<td></td>
</tr>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td>ROOF RESIDENCE</td>
</tr>
<tr>
<td>Street Address</td>
<td>369 S. SPRUCE AVE, MAPLE SHADE, N.J. 08052</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>MAPLE SHADE, N.J. 08052</td>
</tr>
<tr>
<td>County</td>
<td>CAPE MAY</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>NOT APPLICABLE</td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>J. KLEMM</td>
</tr>
<tr>
<td>Street Address</td>
<td>369 S. SPRUCE AVE, MAPLE SHADE, N.J. 08052</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>MAPLE SHADE, N.J. 08052</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>J. KLEMM</td>
</tr>
<tr>
<td>Telephone No</td>
<td>856-779-0472</td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>11/14/14</td>
</tr>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>11/21/14</td>
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<tr>
<td>Occasional 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>☑ Removal, ☑ Demolition</td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (12)</td>
<td>SIDING</td>
</tr>
<tr>
<td>Location Normal Use of Site by Maintenance/ Custodial Staff (12)</td>
<td>TRANSITE</td>
</tr>
<tr>
<td>Description of Asbestos-Containing Material (ACM) (e.g., thermal systems insulation, surfacing, VAL, or other miscellaneous)</td>
<td>10000</td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
<td></td>
</tr>
<tr>
<td>Name of Registered Contractor</td>
<td>C.M.C.M.U.A.</td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
<td>KLEMM INC.</td>
</tr>
<tr>
<td>City, State</td>
<td>MAPLE SHADE, N.J.</td>
</tr>
<tr>
<td>Completed By</td>
<td>J. KLEMM</td>
</tr>
<tr>
<td>Signature</td>
<td>J. KLEMM</td>
</tr>
<tr>
<td>Date</td>
<td>11/14/14</td>
</tr>
</tbody>
</table>

Do not use this form for asbestos licensure exempted activities.
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:99 and 12:120)

Date of Notification (1)  
October 31-2014  
Check #2690

Name of Building Owner/Operator (2)  
Our Lady of Mount Carmel Church

Agencies Notified  
□ EPA  
□ DEP  
□ DOL  
□ DOH  
□ DCA

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

Street Address  
1 Passaic St  
Ridgewood, NJ 07450

Name of Contact  
Msgr Ronald Rozniak

City, State, Zip Code  
Ridgewood, NJ 07450

Telephone Number  

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  
Our Lady of Mount Carmel Church

Street Address  
1 Passaic St  
Ridgewood, NJ 07450

County (6)  
BERGEN  
County Code (7)  

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

Square Feet  

# of Floors  
2

Bldg. Age  
50+

Current Use (Prior to being demolished)  
Church

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

ASCM No.  

Name of Abatement Contractor (9)  
EA Services Corporation

Street Address  
426 69th Street  
Guttenberg, NJ 07093

License No.  
01074

Telephone No.  
201-295-1700

Start Date (10)  
Nov 1/2014  
Scheduled Completion Date (11)  
Nov 1/2014

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)  
□ ≥300 sf or ≥300 ft²  
□ ≥160 sf or ≥260 sf

X Renovation  
X Demolition

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

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

Yes  
No  
N/A

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  
□ Removal  
□ Repair  
□ Encapsulate  
□ Endiclude

Name of Registered Waste Hauler  
NJDEP Waste Hauler ID No. 15939

Freehold Carting

Cubic Yards of Waste Tbd  
Name of Registered Landfill  
GROWS North Landfill

City, State  
Freehold, NJ

Disposal Date Tbd  
City, State  
Morrisville, PA

Completed by  
Gina Salvador

Title  
Office Manager

Signature  
Date  
10/31/2014

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

ASB-41 (R-06-06)
NOTIFICATION OF ABESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1) 10-30-14

Name of Building Owner/Operator (2) Epsye Ferrell

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

Street Address 46 Hunter Drive
City, State, Zip Code Morristown, NJ, 07076

Name of Contact Epsye Ferrell
Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Same as above

Square Feet 1800
# of Floors 2
Bldg. Age 50

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

Current Use (Prior if being demolished)

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

ASCM No.

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

Street Address
86 Christopher St.

City, State, Zip Code
Montclair, NJ 07042

Telephone Number
(973) 744-8800
License Number
00371

Name of OSHA Monitor
N/A

Project Manager for Monitoring Firm

Telephone Number
N/A

Scheduled Start Date (10) 11-10-14
Sched. Completion Date (11) 11-11-14

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

Other - Describe "Other Occupancy Descript"

Scope of Work (Check all that apply)
[X] ≥ 3 sf or ≥ 3 lf
[X] ≥ 160 sf or ≥ 260 lf

[X] Renovation
[X] Demolition

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

In Facility (13)

Location Normally Used
Solely By Maintenance/ Custodial Staff (12)

Yes No N/A

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

Amount (Specify SF or LF)

Abatement Type

[X] Full Containment with Negative Pressure
[X] Mini-Enclosure
[ ] Glovebag Procedure
[ ] Non-PIE Procedure

Basement X Duct Insulation 120 SF X

Name of Registered Waste Hauler
AZTECH MANAGEMENT, INC.

MUIDEP Waste Hauler ID No. 17040
Cubic Yards of Waste 1.5
Name of Registered Landfill G.R.O.W.S.

City, State
Montclair, NJ 07042
Disposal Date 11-12-14
City, State
Morrisville, PA 19067

Completed By (Print or Type) Constantine Vivian
Title President

Signature

Date 11-30-14
<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>10/17/14</th>
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</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Clifton Centre Commerce</td>
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<tr>
<td>State of New Jersey</td>
<td></td>
</tr>
<tr>
<td>Notification of Abatement (Pursuant to NJAC 8:20 and 12:120)</td>
<td></td>
</tr>
<tr>
<td>Agencies Notified</td>
<td>Type Notification</td>
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<tr>
<td>EPA</td>
<td>Initial</td>
</tr>
<tr>
<td>DEP</td>
<td>Amended Announcement</td>
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<tr>
<td>DOL</td>
<td>Emergency (including justification)</td>
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<tr>
<td>DOH</td>
<td>Cancellation</td>
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<tr>
<td>DCA</td>
<td></td>
</tr>
<tr>
<td>Street Address</td>
<td>87 WEST PASSAIC ST</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Rochelle Park, NJ 07662</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Suzette Smith</td>
</tr>
<tr>
<td>FACILITY INFORMATION</td>
<td></td>
</tr>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td>Commercial</td>
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<tr>
<td>Street Address</td>
<td>65 INDUSTRIAL STREET S.</td>
</tr>
<tr>
<td>City (6)</td>
<td>Clifton</td>
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<tr>
<td>County (7)</td>
<td>Passaic</td>
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<tr>
<td>County Code (7)</td>
<td></td>
</tr>
<tr>
<td>Square Feet</td>
<td>20,000</td>
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<tr>
<td># of Floors</td>
<td>2</td>
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<tr>
<td>Bldg. Age</td>
<td>+50</td>
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<tr>
<td>Current Use (Prior to being demolished)</td>
<td>Commercial</td>
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<tr>
<td>Name of Monitoring Firm Hired by Building Owner (5)</td>
<td>ASCM No.</td>
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<tr>
<td>Street Address</td>
<td></td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td></td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td></td>
</tr>
<tr>
<td>Telephone No.</td>
<td></td>
</tr>
<tr>
<td>Start Date (10)</td>
<td></td>
</tr>
<tr>
<td>Scheduled Completion Date (11)</td>
<td></td>
</tr>
<tr>
<td>Occupancy Status During Abatement (Check Only One)</td>
<td></td>
</tr>
<tr>
<td>Facility Closed/ Vacated During Entire Period of Abatement</td>
<td></td>
</tr>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours</td>
<td></td>
</tr>
<tr>
<td>Other – Describe:</td>
<td></td>
</tr>
<tr>
<td>Scope of Work (Check All That Apply)</td>
<td></td>
</tr>
<tr>
<td>a3 sf or a3 if</td>
<td>Renovation Demolition</td>
</tr>
<tr>
<td>a180 sf or a220 sf</td>
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<tr>
<td>Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)</td>
<td>Yes No N/A</td>
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<tr>
<td>Location of Asbestos-Containing Material (ACM) To Be Abated</td>
<td>Packaging: Exterior &amp; Chemistry (13)</td>
</tr>
<tr>
<td>Is Location Normally Used Solely by Maintenance/ Custodial Staff?</td>
<td></td>
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<tr>
<td>Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td>VAT</td>
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<tr>
<td>Amount (Specify SF or LF)</td>
<td>2,128 SF</td>
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<tr>
<td>Abatement Type</td>
<td></td>
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<tr>
<td>Name of Registered Waste Hauler</td>
<td>Rovic Transport</td>
</tr>
<tr>
<td>NJDEP Waste Hauler ID No.</td>
<td>20785</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td></td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>IESI PA Bethlehem Landfill Corp.</td>
</tr>
<tr>
<td>City, State</td>
<td>Riverdale, NJ 07457</td>
</tr>
<tr>
<td>Disposal Date</td>
<td>10/27/14</td>
</tr>
<tr>
<td>Completed by</td>
<td>Joseph Vociuro</td>
</tr>
<tr>
<td>Title</td>
<td>Vice President</td>
</tr>
<tr>
<td>Signature</td>
<td>Voralina</td>
</tr>
<tr>
<td>Date</td>
<td>11/3/14</td>
</tr>
</tbody>
</table>

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

Date of Notification (1) 10/17/14

Name of Building Owner/Operator (2) CLIFTON CENTRE COMMERCIAL

Street Address 87 WEST PASSAIC ST.

City, State, Zip Code ROCHELLE PARK, N J 07663

Name of Contact SUZANNE SMITH

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

# of Floors

Bldg. Age

40,000

2

+50

Current Use (Prior to being demolished) COMMERCIAL

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

Name of Monitoring Firm Hired by Building Owner (6) ASCM No. Name of Abatement Contractor (9) A.MAC Contracting Inc.

Street Address

105 Lowell Road

City, State, Zip Code

Glen Rock, NJ 07452

Project Manager for Monitoring Firm Telephone No. Telephone No.

(201)262-5841

License No.

00158

Name of OSHA Monitor Omega Environmental Services Inc.

Street Address

280 Huyler Street

City, State, Zip Code

Hackensack, NJ 07606

Start Date (10) 10/27/14 Scheduled Completion Date (11) 11/8/14

Scope of Work (Check All That Apply)

□ 23 sf or 23 if

□ 1/100 sf or 2250 sf

□ Renovation

□ Demolition

□ Full Containment with Negative Pressure

□ Mini-Enclosure

□ Glovebag Procedure

□ Non-Exempted (*) and Non-Frigible Procedure

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

Is Location Normally Used Solely by Maintenance/Custodial Staff? (14)

Yes No N/A

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

Amount (Specify SF or LF)

Abatement Type

Removal

Repair

Encapsulate

Enclosure

Packaging (Dept. & Chemical) VAT

Packaging (Dept. & Chemical) COAL

Main Facility (Dept. & Chemical)

SPRAY ON FIRE PROOF

Cubic Yards of Waste

Name of Registered Landfill

IESI PA Bethlehem Landfill Corp.

Disposal Date

City, State

Bethlehem, PA 18015

Completed by

Joseph Vocaturo

Title

Vice President

Signature

Date

10/17/14

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

(Pursuant to NJAC 8:80 and 12:120)

**Date of Notification:** 12/3/2014

**Name of Building Owner/Operator:** Frank Saffetto

**Street Address:** 4 Surf St

**City, State, Zip Code:** Sea Bright, N.J. 07760

**Telephone Number:** 732-284-1757

**Name of Monitor/Contractor:** Ace Insulation Co., Inc.

**Facility Information**

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

- **Street Address:** 4 Surf St

- **City:** Sea Bright

- **County:** Monmouth

- **State Code:** (STATE USE ONLY) ASCM No.

- **Name of Abatement Contractor:** Ace Insulation Co., Inc.

- **Street Address:** 95 Montrose Road

- **City, State, Zip Code:** Colts Neck, N.J. 07722

**Project Manager for Monitoring Firm:**

**Telephone No.:** 732-284-1757

**License No.:** 00029

**Name of OSHA Monitor:**

**Street Address:**

**City, State, Zip Code:**

**Occupancy Status During Abatement:**

- Facility Closed/Vacated During Entire Period of Abatement

- Abatement Performed Outside of Normal Facility Hours

- Other – Describe:

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

- 232 ft or 23 if

- ≤ 600 ft or ≥ 260 ft

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

- In Facility

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

- Yes

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

- I.e. thermal systems insulation, surfacing, VAT, or other miscellaneous

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

- Full Containment with Negative Pressure

- Mini-Enclosure

- Glovebox Procedure

- Non-Exempted (*) and Non-Asbestos Procedure

**Abatement Type:**

- Removal

- Repair

- Encapsulate

- Emboli

**Name of Registered Waste Hauler:** Ace Insulation Co., Inc.

**Disposal Date:** 12/3/2014

**Name of Registered Landfill:** Chirns

**City, State:** Easton, PA

**Signature:**

**Date:** 12/3/2014

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

**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**

(Facsimile to NJAC 8:60-7 and 12:129-7)

**Date of Notification (1)**

10-31-14

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

James Paraula

**Street Address**

3209 Pleasant Ave.

**City, State, Zip Code**

Union City, NJ 07087

**Name of Contact**

James Paraula

**Telephone Number**


### FACILITY INFORMATION

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

Same as above

**Street Address**


**City (5)**

 Essex

**County Code (6)**

 (STATE USE ONLY)


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

N/A

**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

**Scheduled Start Date (10)**

11-8-14

**Scheduled Completion Date (11)**

11-10-14

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

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

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

Other - Describe: Other Occupancy Describe

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

[X] 3 sf or ≥ 1 ft

[X] Renovation

[X] ≥ 160 sf or ≥ 260 sf

[X] Demolition

[X] Full Containment with Negative Pressure

[X] Mini-Enclosure

[X] Glovebag Procedure

[X] Non-Friable Procedure

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

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

Basement X Pipe Insulation 195 lf X

**Name of Registered Waste Hauler**

AZTECH MANAGEMENT, INC.

NUDEP Waste Hauler ID No. 17040

**Cubic Yards of Waste**

1.5

**Name of Registered Landfill**

G.R.O.W.S.

**City, State**

Montclair, NJ 07042

**Disposal Date**

11-11-14

**City, State**

Morrisville, PA 19067

**Completed By (Print or Type)**

Constantine Vivian

**Title**

President

**Signature**

[Signature]

**Date**

10-31-14
**State of New Jersey**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>11/14</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>5000 Residence</td>
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<tr>
<td>Agencies Notified</td>
<td>EPA</td>
</tr>
<tr>
<td>Type Notification</td>
<td>Initial</td>
</tr>
<tr>
<td>Street Address</td>
<td>95 Main St</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Matawan, New Jersey</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>David</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

| Name of Facility Where Abatement is Taking Place (3) | 5000 Residence |
| Street Address | 95 Main St |
| City (5) | Matawan |
| County (6) | Monmouth |
| County Code (7) | (STATE USE ONLY) |
| Name of Monitoring Firm Hired by Building Owner (8) | ASCM No. |
| Street Address | |
| City, State, Zip Code | |
| Project Manager for Monitoring Firm | Telephone No. |
| Telephone No. | 732-294-1757 |
| License No. | 000029 |

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

**Square Feet** | # of Floors | Bldg. Age |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>2000</td>
<td>2</td>
<td>0</td>
</tr>
</tbody>
</table>

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

**Start Date (10)** | Scheduled Completion Date (11) |
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

**Scope of Work** (Check All That Apply)
- >=3 sf or >=3 if
- <=60 sf or <=200 If
- Demolition
- Renovation

**Location of Asbestos-Containing Material (ACM) To Be Abated**
- In Facility (13)
- Outside of Normal Facility Hours (12)
- Is Location Normally Used Solely by Maintenance/Custodial Staff?
- Yes

**Description of Asbestos-Containing Material (ACM)**
- I.E. thermal systems insulation, surfacing, V.A.T, or other miscellaneous

**Amount**
- Specify SF or LF

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

**Name of Registered Waste Hauler**
- Ace Insulation Co., Inc.
- NJDEP Waste Hauler ID No. 12086
- Cubic Yards of Waste 2

**Name of Registered Landfill**
- IESI

**City, State**
- Colts Neck, New Jersey
- Bethlehem, PA

**Completed by**
- Bree McGuire
- Secretary Treasurer

**Signature**
- [Signature]
- Date 11/4/14

*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)
04/01/14

Name of Building Owner/Operator (2)
JAMES W. TURNER CONSTRUCTION

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

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

Street Address
1433 ROUTE 34, BUILDING C3

City, State, Zip Code
WALL TWP, NJ 07727

Name of Contact
TAMMY

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
312 GRANT AVENUE

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

County (6)
OCEAN COUNTY

County Code (7)
(State Code Only)

Current Use (Prior if being demolished)
HOME

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

Name of Abatement Contractor (9)
AAA LEAD PROFESSIONALS

Street Address
6 WHITE DOVE COURT

City, State, Zip Code
LAKEWOOD, NJ 08701

Project Manager for Monitoring Firm

Telephone No.
732-668-9078

License No.
1200

Start Date (10)
11/09/14

Scheduled Completion Date (11)
11/10/14

Name of OSHA Monitor
AAA LEAD PROFESSIONALS

Facility Closed/Vacated During Entire Period of Abatement
☒

Occupancy Status During Abatement (Check Only One)
☐ Abatement Performed Outside of Normal Facility Hours
☐ Other – Describe:

Scope of Work (Check All That Apply)
☒ 23 sf or 23 If
☒ 3160 sf or 3260 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 ☐

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

Amount
(Specify SF or LF)

Abatement Type

EXTERIOR
SIDING
2,000 SF ☒

Name of Registered Waste Hauler
NEWARK CARTING

NJDEP Waste Hauler ID No.
04509

Cubic Yards of Waste
10

Disposal Date
11/10/14

Name of Registered Landfill
IESI

City, State
LAKEWOOD, NJ 08701

Completed by
JOSEPH PERLSTEIN

Title
OWNER

Signature

Date
9/9/14

ASB-41 (R-06-08)

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

Date of Notification (1) 11/3/14  
Name of Building Owner/Operator (2) Olivia Byrne Private Home  

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

Street Address  
5 West 73rd Street  
City, State, Zip Code Harvey Cedars NJ 08008  

Name of Contact Oliva  
Telephone Number  

FACILITY INFORMATION  
Name of Facility Where Abatement is Taking Place (3) Olivia Byrne Private Home  

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

Square Feet 1000+  
# of Floors 2  
Bldg. Age 35+  

County Code (7) current Use (Prior if being demolished)  
Ocean (STATE USE ONLY) Homes  

Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9)  
Same Pernaco Inc.  

Street Address  
PO Box 329  
City, State, Zip Code West Berlin NJ 08091  

Project Manager for Monitoring Firm Telephone No.  
Telephone No. 856-753-9800  
License No. 00727  

Start Date (10) 11/4/14  
Scheduled Completion Date (11) 11/7/14  
Name of OSHA Monitor Same  

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

Scope of Work (Check All That Apply)  
- ≥3 sf or ≥3 lf  
- ≥160 sf or ≥280 lf  
- Renovation  
- Demolition  
Full Containment with Negative Pressure  
Mini-Endosure  
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 Exhumation  
Endosure  

Exterior Sliding x Exterior Sliding 1900 SF x  
Floor Tile 700 sf x  

Name of Registered Waste Hauler  
United Containers  
NJ/DEP Waste Hauler ID No. Cubic Yards of Waste Name of Registered Landfill  
22459 4  
G.R.O.W.S.  

City, State Elm NJ  
Disposal Date 11/7/14  
City, State Morrisville PA 19067  

Completed by  
Anthony T Perna  
Title President  
Signature  
Date 11/3/14  

* 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):** 11-4-14  
- **Name of Building Owner/Operator (2):** Tanison Home Improvement  
- **Street Address:** 719 Band Brook Ave, Dunellen, NJ 08812  
- **Name of Contact:** Walter Timsion  
- **Telephone:**  

**FACILITY INFORMATION**

- **Facility Taking Place (3):** Single family dwelling (Vacant)  
- **Street Address:** 5 Buchman Street, Piscataway, NJ 08854  
- **City:** Piscataway  
- **County:** Middlesex  
- **Square Feet:** 2,000  
- **Bldg. Age:** 60+  
- **Type of Facility:** Single family dwelling  

**Name of Monitoring Firm Hired by Building Owner (5):** EPC Technologies  
**ASCM No.:** N/A  
**Name of Abatement Contractor (6):** EPC Technologies Inc.

**Street Address:** P.O. Box 337, New Egypt, NJ 08533  
**Telephone No.:** 609-758-3365  
**License No.:** 00394  

**Project Manager for Monitoring Firm:** Steve Schenker

**Start Date (10):** 11-14-14  
**Scheduled Completion Date (11):** 11-18-14  

**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 ft  
- [ ] 180 sf or 250 sf  
- [x] Demolition  
- [x] Full Containment with Negative Pressure  
- [x] Glovebox Procedure  
- [x] 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>Used Solely by Custodial Staff?</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>Basement</td>
<td>[x]</td>
<td>[ ]</td>
<td>Debris &amp; Fitting</td>
<td>&lt;3 SF x</td>
<td>Removal</td>
</tr>
<tr>
<td>Kitchen</td>
<td>[ ]</td>
<td>[x]</td>
<td>Flooring</td>
<td>150 SF x</td>
<td>Repair</td>
</tr>
<tr>
<td>Bathroom</td>
<td>[ ]</td>
<td>[x]</td>
<td>Flooring</td>
<td>100 SF x</td>
<td>Encapsulate</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler:** EPC Technologies  
**NJ/DEP Waste Hauler ID No.:** 17000  
**Cubic Yards of Waste:**  
**Name of Registered Landfill:** Waste Management of PA  
**City, State:** New Egypt, NJ  
**Disposal Date:** 11-18-14  
**City, State:** Mannisville, PA  
**Name:** Steve Schenker  
**Title:** President  
**Signature:**  
**Date:** 11-4-14  

*Do not use this form for asbestos licensure exempted activities.*
**NOTIFICATION OF NON-FRIABLE ASBESTOS WORK ACTIVITIES**

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

### I. NOTIFICATION INFORMATION

<table>
<thead>
<tr>
<th>Date of Notification:</th>
<th>11 / 04 / 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial</td>
<td></td>
</tr>
<tr>
<td>Amended</td>
<td></td>
</tr>
<tr>
<td>Cancellation</td>
<td></td>
</tr>
<tr>
<td>Emergency (must include justification)</td>
<td></td>
</tr>
<tr>
<td>Type of Work:</td>
<td>Demolition</td>
</tr>
<tr>
<td></td>
<td>Renovation</td>
</tr>
</tbody>
</table>

### II. BUILDING INFORMATION

<table>
<thead>
<tr>
<th>Name of Building Owner/Operator:</th>
<th>Christopher Dukart</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address:</td>
<td>129 Spring House Road</td>
</tr>
<tr>
<td>City:</td>
<td>Cherry Hill</td>
</tr>
<tr>
<td>State:</td>
<td>NJ</td>
</tr>
<tr>
<td>Zip:</td>
<td>08002</td>
</tr>
<tr>
<td>Name of Contact:</td>
<td>Christopher Dukart</td>
</tr>
</tbody>
</table>

### III. FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Work Activity is to Take Place:</th>
<th>Dukart Residence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address:</td>
<td>129 Spring House Road</td>
</tr>
<tr>
<td>City:</td>
<td>Cherry Hill</td>
</tr>
<tr>
<td>State:</td>
<td>NJ</td>
</tr>
<tr>
<td>Zip:</td>
<td>08002</td>
</tr>
<tr>
<td>County Name:</td>
<td>Camden</td>
</tr>
<tr>
<td>Scheduled Start Date:</td>
<td>11 / 24 / 2014</td>
</tr>
<tr>
<td>Scheduled Completion Date:</td>
<td>11 / 26 / 2014</td>
</tr>
<tr>
<td>Occupancy Status During Activity (check only one):</td>
<td>Facility Closed/Vacated During Entire Activity</td>
</tr>
<tr>
<td></td>
<td>Activity Performed Outside Normal Facility Hours—Describe:</td>
</tr>
<tr>
<td></td>
<td>Other—Describe:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (check all that apply):</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Floor Tile</td>
<td>Square Footage: 622 SF</td>
</tr>
<tr>
<td>Mastic</td>
<td>Percentage Asbestos:</td>
</tr>
<tr>
<td>Transite</td>
<td>Percentage Asbestos:</td>
</tr>
<tr>
<td>Roofing</td>
<td>Percentage Asbestos:</td>
</tr>
<tr>
<td>Siding</td>
<td>Percentage Asbestos:</td>
</tr>
<tr>
<td>Other</td>
<td>Percentage Asbestos:</td>
</tr>
</tbody>
</table>

### IV. CONTRACTOR INFORMATION

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

### V. SIGNATURE

<table>
<thead>
<tr>
<th>Completed By (type or print legibly):</th>
<th>Christina Lynch</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title: Operations Manager</td>
<td></td>
</tr>
<tr>
<td>Signature:</td>
<td></td>
</tr>
<tr>
<td>Date: November 4, 2014</td>
<td></td>
</tr>
</tbody>
</table>
**State of New Jersey**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:58 and 12:20)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/31/14</td>
<td>TAKASAGO INTERNATIONAL</td>
</tr>
</tbody>
</table>

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

**Street Address**
4 Volvo Lane

**City, State, Zip Code**
Rockleigh, NJ 07647

**Name of Contact**
Curtis Crum Holt

**Telephone Number**

---

**Name of Facility Where Abatement is Taking Place (3)**
**Type of Facility (4)**
- [x] Commercial Facility
- [ ] School (K-12)
- [ ] Subchapter B (Other than K-12)
- [ ] Other (i.e. private & commercial buildings, homes, etc.)
- [ ] Other - Describe:

**Street Address**
100 Glenwood St

**City (5)**
Teterboro

**County (6)**
Bergen

**Square Foot # of Floors Bldg Age**
30,000 2 +50

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

---

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

**Name of Abatement Contractor (9)**
AMAC Contracting Inc.

**Street Address**
105 Lowert Road

**City, State, Zip Code**
Glen Rock, NJ 07452

**License No.**
001-56

**Name of OSHA Monitor**
Omega Environmental Services Inc.

**Street Address**
230 Huyler Street

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

**Name of Registered Waste hauler**

**Rovic Transport**

**NJDEP Waste Hauler ID No.**
20785

**Cubic Yards of Waste**
3

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

**City, State**
Bethlehem, PA 18015

**Complied by**

**Joseph Vaccarino**
Title: Vice President
Signature: [Signature]
Date: 10/31/14

---

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

Date of Notification (1) 11-4-14

Name of Building Owner/Operator (2) Jerry Dean

Street Address 115 East Crescent Ave.

City, State, Zip Code Ramsey, NJ, 07446

Name of Contact Jerry Dean

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

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Same as above

City (5) County (6) Essex County Code (7) (STATE USE ONLY)

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

Street Address

City, State, Zip Code

Project Manager for Monitoring Firm Telephone Number N/A

Scheduled Start Date (10) 11-13-14 Sched. Completion Date (11) 11-15-14

Occupancy Status During Abatement (Check only one)
[X] Abatement Performed Outside of Normal Facility Hours - Describe: Off Hours Describes

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

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

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

Basement X Ductwork 55 SF X

Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.
NJDEP Waste Hauler ID No. 17040

Cubic Yards Name of Registered Landfill

City, State Montclair, NJ 07042

Disposal Date 11-17-14 City, State Morrisville, PA 19067

Completed By (Print or Type) Constantine Vivian President

Signature Date 11-4-14
State of New Jersey
NOTIFICATION OF ASPHISTOS ABATEMENT
(Pursuant to NJAC 8:50 and 5:16)

Date of Notification (1) 10 / 31 / 14
Name of Building Owner/Operator (2) Joseph McCaffrey

Agencies Notified
☐ EPA
☐ DOLWD
☐ DHSS
☐ DCA (NJAC 8:23-8)
Type Notification
☐ Initial
☐ Amended
☐ Amended #1
☐ Emergency (including justification)
☐ Cancellation

Street Address 129 3rd Ave.
City, State, Zip Code Haddon Heights NJ.
Name of Contact Joe McCaffrey

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

Street Address 129 3rd St.
City (5) Haddon Heights
County (6) Camden
County Code (7) [STATE USE ONLY] 1800
Current Use (Prior if being demolished) Residence

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

Square Feet 1800
# of Floors 2
Bldg. Age 60+

Name of Abatement Contractor (9) Luzon, Inc.

ASCM No.

Name of Monitoring Firm Hired by Building Owner (8) Environmental Management International, Inc.

Street Address 34 E Germantown Pike # 204
City, State, Zip Code E. Norriton, PA 19401

Project Manager for Monitoring Firm Raymond Giordano
Telephone No. 610 277 0405

Start Date (10) 11 / 04 / 14
Scheduled Completion Date (11) 11 / 05 / 14
Name of OSHA Monitor Joseph Maronski

Occuancy 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: 8:00AM-8:00PM

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

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 ☐ Endorsement ☐

Basement
□ □ ☑ □ Pipe Insulation 200 SF

Name of Registered Waste Hauler Luzon, Inc.
Disposal Date 11/6/14

City, State Philadelphia, PA Waynesburg, OH

City, State Zip Code Philadelphia, Pa. 19153

Completed By (Print or Type) Plyush Patel
Title Program Manager

Signature
Date 10/31/14

MAY 11

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:68 and 12:120)

CHECK#24562

Date of Notification (1)
11/3/2014

Name of Building Owner/Operator (2)
ROBERT PLATZER

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

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

Street Address
60 LANE OF ACRES

City, State, Zip Code
HADDONFIELD, NJ 08088

Name of Contact
DAVID J. D'ANDREA

Telephone Number

FACILITY INFORMATION

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

Street Address
60 LANE OF ACRES

City (5)
HADDONFIELD, NJ 08088

County
CAMDEN

County Code (7) (STATE USE ONLY)

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

ASCM No.

Name of Abatement Contractor (9)
CREAM RIDGE ENVIRONMENTAL INC.

Street Address
1 A ST. LAWRENCE AVENUE

City, State, Zip Code
SEASIDE HEIGHTS, NJ 08751

Project Manager for Monitoring Firm
ROD MORRIS

Telephone No.
732-664-7788

License No.
00676

Start Date (10)
11/3/2014

Scheduled Completion Date (11)
11/3/2014

Name of OSHA Monitor
N/A

Occupy Status During Abatement (Check only one)
☑ Facility Closed/Vacated During Entire Period of Abatement

Abatement performed outside of working hours 5PM-2 AM

ESSENTIAL PERSONNEL ONLY

Scope of Work (Check all that apply)
☐ ≥ 3 if or ≥ 3 if
☐ ≥ 150 sf or ≥ 250 sf
☐ Renovation
☐ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (7) & Non-Friable Procedures

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

BASEMENT

WRAP & CUT

9 LF.

X

Name of Registered Waste Hauler
NUDEF Waste Hauler ID No.
21079

Cubic Yards of Waste
1

Name of Registered Landfill
GROWS

City, State
WEST CREEK, NJ

Disposal Date
11/4/2014

City, State
MORRISVILLE, PA

Completed By
DAVID D'ANDREA

Title
PRESIDENT

Signature
27-Mar

Date
11/3/2014

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

Date of Notice 10/30/14
Agencies Notified
X EPA
X DEP
X DOL
X DOH
X DCA
Type Notification
Emergency Notification
Initial Notification
Amended Notification
Cancellation
Name of Building Owner / Operator (2)
College Ave Redevelopment Assoc.
Street Address
120 Albany Street
City, State & Zip Code
New Brunswick, NJ 08901
Name of Contact
Mitch Broder
Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Vacant House
29/29A Mine Street
City (5)
New Brunswick
County (6)
Middlesex
County Code (7)

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

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

Square Feet
3,000
# of Floors
2
Bidg. Age
80+

Current Use (Prior if being demolished)
Warehouse

Name of Abatement Contractor (9)
Global Abatement Services, LLC
Street Address
443 Schoolhouse Road
City, State & Zip Code
Monroe Township, NJ 08831
Telephone Number
732-605-9062
License Number
00714

Name of OSHA Monitor
Global Abatement Services, LLC
Street Address
443 Schoolhouse Road
City, State & Zip Code
Monroe Township, NJ 08831

Occupancy Status During Abatement (Check only one)
X Facility Closed/Vacated During Entire Period of Abatement
Abatement Performed Outside of Normal Facility Hours -
Describe: Area Isolated During Abatement
Other - Describe:

Scope of Work (Check all that apply)
X Demolition
X Large Project
Renovation
Quantity is ≥ 3 SF or ≥ 3 LF ACM
X Quantity is ≥ 180 SF or ≥ 260 LF ACM

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

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

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

Amount (Specify Square Feet or Linear Feet)

Abatement Type
X Full Containment with Negative Pressure
X Mini-Enclosure
Glovebag Procedure
X Other: Non-friable

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

See attached

Name of Registered Waste Hauler
Freehold Cartage
NJDEP Waste Hauler ID # 18693
City, State
Freehold, NJ
Complted By (Print or Type)
Dominick Tringali
Title
Project Manager
Signature
Dominick Tringali
Date
10/30/14

ASB-41 JUN 95 G4667
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notice 10/30/14
Type Notification
Agencies Notified
- EPA
- DEP
- DOL
- DOH
- DCA
- X Emergency Notification
- X Initial Notification
- Amended Notification
- Cancellation
Name of Building Owner / Operator (2)
College Ave Redevelopment Assoc.

Street Address
120 Albany Street
City, State & Zip Code
New Brunswick, NJ 08901

Name of Contact
Mitch Border
Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Vacant House
17 Mine Street

City (5) County (6) County Code (7)
New Brunswick Middlesex

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

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

Square Feet # of Floors Bidg. Age
3,000 2 60+

Current Use (Prior if being demolished)
Residence

Name of Abatement Contractor (9)
Global Abatement Services, LLC
Street Address
443 Schoolhouse Road
City, State & Zip Code
Monroe Township, NJ 08831

License Number
732-605-9062 00714

Name of OSHA Monitor
Global Abatement Services, LLC
Street Address
443 Schoolhouse Road
City, State & Zip Code
Monroe Township, NJ 08831

Name of Registered Waste Hauler
Freehold Cartage

Cu. Yds. of Waste
10

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

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

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

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

Amount (Specify Square Feet or Linear Feet)

Asbestos Type (Specify: Removal, Repair, Encapsulation or Enclosure)

X Full Containment with Negative Pressure
X Mini-Enclosure
X Other: Non-friable

Scope of Work (Check all that apply)
X Demolition
X Renovation
X Large Project

Quantity is ≥ 3 SF or ≥ 3 LF ACM

Quantity is ≥ 160 SF or ≥ 260 LF ACM

X Porch/Window Roofs
N/A 145 SF Removal

X 3rd Fl/Basement Stairs
N/A 46 SF Removal

X Basement wall
N/A 1 SF Removal

Name of Registered Landfill TRRF

Disposal Date
11/20/14
City, State
Tullytown, Pa

Completed By (Print or Type)
Dominick Tringali
Title
Project Manager
Signature
Dominick Tringali

Date
10/30/14

ASB-41 JUN 95 G4667
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>11-3-14</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Red Bank Recycling Demolition</td>
</tr>
<tr>
<td>Agencies Notified</td>
<td>EPA</td>
</tr>
<tr>
<td>Type of Notification</td>
<td>Initial</td>
</tr>
<tr>
<td>Street Address</td>
<td>P.O. Box 3126</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Red Bank, NJ 07701</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Matt Meeker</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
</tbody>
</table>

Name of Facility Where Abatement is Taking Place (3)

<table>
<thead>
<tr>
<th>Single Family Dwelling</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
</tr>
<tr>
<td>City</td>
</tr>
<tr>
<td>County</td>
</tr>
</tbody>
</table>

Name of Monitoring Firm Hired by Building Owner (8)

<table>
<thead>
<tr>
<th>EPC Technologies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
</tr>
</tbody>
</table>

Name of Abatement Contractor (6)

<table>
<thead>
<tr>
<th>EPC Technologies Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
</tr>
</tbody>
</table>

Start Date (10) Nov 13, 2014
Scheduled Completion Date (11) Nov 15, 2014

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 ft²
- 2160 sf or 2460 ft²
- Renovation
- Demolition

Name of Registered Waste Hauler

<table>
<thead>
<tr>
<th>EPC Technologies</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State</td>
</tr>
</tbody>
</table>

Name of OSHA Monitor

<table>
<thead>
<tr>
<th>EPC Technologies Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State, Zip Code</td>
</tr>
</tbody>
</table>

Location of Asbestos-Containing Material (ACM)

<table>
<thead>
<tr>
<th>In Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
</tr>
<tr>
<td>2nd Floor</td>
</tr>
</tbody>
</table>

Location of Asbestos-Containing Material (ACM)

<table>
<thead>
<tr>
<th>TO BE ABATED</th>
</tr>
</thead>
<tbody>
<tr>
<td>In Facility (13)</td>
</tr>
</tbody>
</table>

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

- Yes
- No

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

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

Amount (Specify SF or LF)

| 300 SF |
| 350 SF |

Abatement Type

Name of Registered Landfill

<table>
<thead>
<tr>
<th>Waste Management of PA</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State</td>
</tr>
</tbody>
</table>

Disposal Date 11/7/14

Signature

<table>
<thead>
<tr>
<th>Steven Schenke</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
</tr>
</tbody>
</table>

Completed by

<table>
<thead>
<tr>
<th>Steven Schenke</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>11-3-14</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Name of Building Owner/Operator (2)</th>
<th>Name of Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
<td>Mary Donnelly</td>
<td>same as above</td>
</tr>
<tr>
<td>DEP</td>
<td>Amended</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DOL</td>
<td>Amendment #</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DOH</td>
<td>Emergency (including Justification)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DCA</td>
<td>Cancellation</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>215 N Suffolk Ave</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>Ventnor City, NJ 08406</th>
</tr>
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</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Residential</th>
</tr>
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<tbody>
<tr>
<td>Street Address</td>
<td>215 N Suffolk Ave</td>
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<table>
<thead>
<tr>
<th>City (5)</th>
<th>Ventnor City, NJ 08406</th>
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</thead>
<tbody>
<tr>
<td>County (6)</td>
<td>Atlantic</td>
</tr>
<tr>
<td>County Code (7)</td>
<td>STATE USE ONLY</td>
</tr>
<tr>
<td>Square Feet</td>
<td>1900</td>
</tr>
<tr>
<td># of Floors</td>
<td>2</td>
</tr>
<tr>
<td>Bldg. Age</td>
<td>65</td>
</tr>
<tr>
<td>Current Use (Prior if being demolished)</td>
<td>residential</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>ASCM No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cornelius Greene</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Abatement Contractor (9)</th>
<th>Assured Environmental Services, Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>570 Clerks, Run</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Mullica Hill, NJ 08062</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rick Pelissier</td>
<td>484-432-9363</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>11-5-14</th>
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<tbody>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>11-6-14</td>
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<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check Only One)</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
<td></td>
</tr>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours</td>
<td></td>
</tr>
<tr>
<td>Other – Describe:</td>
<td></td>
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<table>
<thead>
<tr>
<th>Scope of Work (Check All That Apply)</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>≥3 sf or ≥3 ln</td>
<td>Renovation</td>
</tr>
<tr>
<td>≥260 sf or ≥260 ln</td>
<td>Demolition</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Crawl Space</td>
<td>Pipe Insulation</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>Assured Environmental Services, Inc</th>
</tr>
</thead>
<tbody>
<tr>
<td>NJDEP Waste Hauler ID No.</td>
<td>0034895</td>
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<table>
<thead>
<tr>
<th>Cubic Yards of Waste</th>
<th>1</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
<th>Minerva Landfill</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Disposal Date</th>
<th>11-6-14</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State</td>
<td>Mullica Hill, NJ</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed by</th>
<th>John Zumbo</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
<td>President</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Signature</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Date</td>
<td>11-3-14</td>
</tr>
</tbody>
</table>

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

Date of Notification (1) 7/8/14

Name of Building Owner / Operator (2) VERIZON COMMUNICATIONS

Agencies Notified
☐ EPA  ☐ DEP  ☐ Initial
☐ DOL  ☐ DOH  ☐ Amended R#2-10/31/14
☐ DCA  ☐ Emergency  ☐ Cancellation

Street Address 15 E. MONTGOMERY PLACE
City, State & Zip Code PITTSBURGH, PA 15212

Name of Contact ANTHONY PORTA

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
VERIZON JERSEY CITY CENTRAL OFFICE

Street Address 773 SUMMIT AVE

City (5) JERSEY CITY  County (6) HUDSON  County Code (7)  

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

Square Feet 8000  # of Floors 3  Bldg. Age 90+/-

Current Use (Prior if being demolished)

COMMUNICATIONS

Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL INC

Phone Number 215-365-5810

License Number 00509

Name of OSHA Monitor BRISTOL ENVIRONMENTAL INC

Phone Number 215-786-040

License Number 00509

Project Manager for Monitoring Firm MARK JENKINS

Scheduled Start Date (10) 7/31/14  Scheduled Completion Date (11) BACK ON SITE 11/3/14 - 11/12/14

Occupancy Status During Abatement: Check only one:
☐ Facility Closed/Vacated During Entire Period of Abatement
☒ Abatement Performed Outside of Normal Hours – 7am to 3pm
 Describe: 5:00 PM – 1:30 AM
☐ Facility Occupied During Abatement

Scope of Work (Check all that apply)

☒ ≥3 sf or ≥3 If
☒ ≥160 sf ≥260 If
☐ Renovation
☐ Demolition

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

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

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

Amount (Specify SF or LF)

Abatement Type

Basement Storage Rm & BMS Office VAT/Mastic 390 SF

3rd Floor AC Room Pipe Fittings 8 LF

2nd Floor Storage Room Glue Daubs & Ceiling Tile 350 SF

2nd Fl Locker Rm, Super Office, Hallway VAT/Mastic & Ceiling Tile 780 SF

Basement Hallway VAT and Mastic 450 SF

3rd Floor VAT 9 SF

Location of Registered Waste Hauler

SERVICE TRANSPORT GROUP, INC.

City, State NEW CASTLE, DE 19720

Cubic Yards of Waste

Name of Registered Landfill MINERVA LANDFILL

Disposal Date City, State WAYNESBURG, OH 44688

Name of Registered Waste Hauler ID No. 20990

NJDEP Waste Hauler Title PROJ. MGR.

Cubic Yards of Waste

Disposal Date

Date 7/8/14
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1): 7/8/14

Name of Building Owner / Operator: VERIZON COMMUNICATIONS

Street Address: 15 E. MONTGOMERY PLACE
City, State & Zip Code: PITTSBURGH, PA 15212
Name of Contact: ANTHONY PORTA

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ EPA</td>
<td>Initial</td>
</tr>
<tr>
<td></td>
<td>Amended RH1-11/11/14</td>
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<tr>
<td></td>
<td>Emergency</td>
</tr>
<tr>
<td></td>
<td>Cancellation</td>
</tr>
</tbody>
</table>

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): VERIZON JERSEY CITY CENTRAL OFFICE
Street Address: 773 SUMMIT AVE

City (5): JERSEY CITY  
County (6): HUDSON  
County Code (7): ASCM No.

Name of Monitoring Firm: USA ENVIRONMENTAL MANAGEMENT INC

Street Address: 8436 ENTERPRISE AVENUE
City, State & Zip Code: PHILADELPHIA, PA 19153

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

Square Feet: 8000  
# of Floors: 3  
Bldg. Age: 90+-

Current Use (Prior if being demolished): COMMUNICATIONS

Type of Abatement Contractor (9): BRISTOL ENVIRONMENTAL INC

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

Name of OSHA Monitor: BRISTOL ENVIRONMENTAL INC

Licence Number: 2157886040  
00509

Occupancy Status During Abatement (Check only one):  
☐ Facility Closed/Vacated During Entire Period of Abatement
☒ Abatement Performed Outside of Normal Hours - 7am to 3pm

Describe: 5:00 PM - 1:30 AM

Facility Occupied During Abatement: ON HOLD

Scope of Work (Check all that apply):  
☐ ≥3 sf or ≥3 ft
☒ ≥160 sf ≥260 ft
☐ Renovation  
☒ Demolition  
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glove Bag Procedures
☐ Non-Exempted and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Basement Storage Rm &amp; BMS Office</th>
<th>3rd Floor AC Room</th>
<th>2nd Floor Storage Room</th>
<th>2nd Fl Locker Rm, Super Office, Hallway</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>VAT/Mastic</th>
<th>Pipe Fittings</th>
<th>Glue Daubs &amp; Ceiling Tile</th>
<th>VAT/Mastic &amp; Ceiling Tile</th>
</tr>
</thead>
<tbody>
<tr>
<td>390 SF</td>
<td>8 LF</td>
<td>350 SF</td>
<td>780 SF</td>
</tr>
</tbody>
</table>

Abatement Type:  
☐ Removal  
☐ Repair  
☐ Encapsulate  
☐ Enclosure

Amount (Specify SF or LF):  
Add:  
Subtract:  
Amount:  

Name of Registered Waste Hauler: SERVICE TRANSPORT GROUP, INC.

NJDEP Waste Hauler ID No.: 20990

Cubic Yards of Waste:

Name of Registered Landfill: MINERVA LANDFILL

City, State: WAYNESBURG, OH 44688

Completed By (Print or Type): PATRICK T. DeCARO

Title: PROJ. MGR.

Signature: Patrick T. DeCaro

Date: 7/8/14

PD 14045
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1)  7/8/14

Name of Building Owner / Operator (2)  VERIZON COMMUNICATIONS

Street Address  15 E. MONTGOMERY PLACE

City, State & Zip Code  PITTSBURGH, PA 15212

Name of Contact  ANTHONY PORTA

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  VERIZON JERSEY CITY CENTRAL OFFICE

City (5)  JERSEY CITY

County (6)  HUDSON

County Code (7)  

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

Square Feet  8000

Current Use (Prior if being demolished)  3

Bldg-Age  90+/-

COMMUNICATIONS

Type of Abatement Contractor (9)  BRISTOL ENVIRONMENTAL INC

Street Address  1123 BEAVER STREET

City, State & Zip Code  BRISTOL, PA 19007

License Number  00509

Name of OSHA Monitor  BRISTOL ENVIRONMENTAL INC

Street Address  1123 BEAVER STREET

City, State & Zip Code  BRISTOL, PA 19007

Scope of Work (Check all that apply)
- 2.3 sf or 2.3 if
- 160 sf ≥260 sf

Occupancy Status During Abatement (Check only one)
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Hours - 7am to 3pm
- Describe: 5:00 PM – 1:30 AM
- Facility Occupied During Abatement

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

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

Yes  No  N/A

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

Amount (Specify SF or LF)

Abatement Type

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

Name of Registered Waste Hauler  SERVICE TRANSPORT GROUP, INC.

Cubic Yards of Waste  Name of Registered Landfill  MINERVA LANDFILL

Disposal Date  WAYNESBURG, OH 44688

Completed By (Print or Type)  PATRICK T. DeCARO

Title  PROJ. MGR.

Signature  Patrick T. DeCaro

Date  7/8/14

PD 14045
**State of New Jersey**

**10 Day Notification of Asbestos Abatement**
(Pursuant to NJAC 8:69 and 12:120)

**Name of Building/Location:**
Il Brooks Side Road

**City/State:** West Orange, NJ 07052

**Name of Contractor:** D. Schier

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Type of Facility (4)</th>
<th>School (K-12)</th>
<th>Subchapter B (Other than K-12)</th>
<th>Other (i.e., private &amp; commercial buildings, industrial, etc.)</th>
</tr>
</thead>
</table>

**Square Feet:** 2,800

**# of Floors:** 2

**Elevations (100 Yrs):**

<table>
<thead>
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<th>County Code (7)</th>
<th>State Use Only</th>
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</thead>
<tbody>
<tr>
<td>Essex</td>
<td></td>
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</table>

**Name of Building Owner/Manager:**

<table>
<thead>
<tr>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Best Removal Inc</td>
</tr>
</tbody>
</table>

**Address:**

450 South River St

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

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

**License No.:** 00388

**Name of Abatement Contractor:**

**Address:**

280 Neyler St

**City/State/Zip Code:** S. Hackensack, NJ 07606

**Project Manager for Identifying Plan:**

Omega Environmental

<table>
<thead>
<tr>
<th>- All Removal</th>
<th>- All Demolition</th>
</tr>
</thead>
</table>

**Scope of Work:**

- All Removal
- All Demolition

**A. Locations of Asbestos-Containing Material (ACMs) TO BE REMOVED:*

<table>
<thead>
<tr>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
</tr>
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</table>

**Amount (Specify):** 325 sq ft

**Name of Registered Waste Handler:**

Best Removal Inc

**ID No.:** 17109

**County of Registration:** Essex County

**Name of Registered Waste Handler:**

Minerva Enterprises, LLC

**Name of Container:**

192 Yds

**Name of Container:**

Minerva Enterprises, LLC

**Estimator:**

R. Veldran

**Date:** 10-31-14

---

* Do not use this form for asbestos removal remedial or abatement activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:66 and 12:120)

Date of Notification (1)
10/31/14

Name of Building Owner/Operator (2)
Our Lady of Victories

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

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

Street Address
42 Main Street

City, State, Zip Code
Sayreville, NJ 08872

Name of Contact
Jack Conlon

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Our Lady of Victories

Street Address
42 Main Street

City
Sayreville

County
Middlesex

Square Feet
2100

# of Floors
2

Bldg. Age
50

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

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

Street Address
4 E Gate Drive, PO Box 483

City, State, Zip Code
Glenwood, NJ 07418

Project Manager for Monitoring Firm

Telephone No.
973-538-8500

License No.
703

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

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

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

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

Amount (Specify SF or LF)

Abatement Type
- Removal
- Repair
- Encapsulate
- Enclose

Name of Registered Waste Hauler
Freehold Cartage

NJDEP Waste Hauler ID No.
15959

Cubic Yards of Waste
10

Name of Registered Landfill
TBD

City, State
Freehold, NJ

Disposal Date
TBD

Completed by
A Scott Higgins
Title
President

Signature

Date
10/31/14

* 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)*

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<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
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<td>ESTATE OF DIANE</td>
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<th>Type Notification</th>
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<td>EPA</td>
<td>Initial</td>
</tr>
<tr>
<td>DEP</td>
<td>Amended</td>
</tr>
<tr>
<td>DPL</td>
<td>Amendment</td>
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<td>DOH</td>
<td>Emergency (including justication)</td>
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<td>DCA</td>
<td>Cancellation</td>
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<th>City, State, Zip Code</th>
<th>Name of Contact</th>
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<tbody>
<tr>
<td>28 LINCOLN DRIVE</td>
<td>ROCHELLE PARK, N.J. 07662</td>
<td>MS. HECHT</td>
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**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
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<tbody>
<tr>
<td>ESTATE OF DIANE</td>
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<table>
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<th>Type of Facility (4)</th>
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<tr>
<td>Subchapter 8 (Other than K-12)</td>
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<tr>
<td>Other (i.e. private &amp; commercial buildings, homes, etc.)</td>
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<thead>
<tr>
<th>Square Foot</th>
<th># of Floors</th>
<th>Bldg. Age</th>
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<tr>
<td>2000</td>
<td>2</td>
<td>75 y.e.</td>
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<tr>
<td>ROCHELLE PARK</td>
<td>BERGEN</td>
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<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>ASCM No.</th>
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<tbody>
<tr>
<td>Best Removal Inc</td>
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</table>

<table>
<thead>
<tr>
<th>Name of Abatement Contractor (9)</th>
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<tbody>
<tr>
<td>Best Removal Inc</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
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</thead>
<tbody>
<tr>
<td>450 South River St</td>
<td>Hackensack, N.J. 07601</td>
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<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
<th>License No.</th>
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<tr>
<td></td>
<td>201-329-7444</td>
<td>00388</td>
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<th>Start Date (10)</th>
<th>Scheduled/Completion Date (11)</th>
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<td>11/18/14</td>
<td>11/19/14</td>
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<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check only one)</th>
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<tbody>
<tr>
<td>☐ Facility Closed/Vacated During Entire Period of Abatement</td>
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<tr>
<td>☐ Abatement Performed Outside of Normal Facility Hours</td>
</tr>
<tr>
<td>☐ Other – Describe: Thermal Insulation</td>
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</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
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<tbody>
<tr>
<td>☐ Demolition</td>
</tr>
<tr>
<td>☐ Renovation</td>
</tr>
<tr>
<td>☐ Full Containment with Negative Pressure</td>
</tr>
<tr>
<td>☐ Tile-Wrap Procedure</td>
</tr>
<tr>
<td>☐ Glovebag Procedure</td>
</tr>
<tr>
<td>☐ Non-Exempted (*) and Non-Frisable Procedure</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>BASEMENT</td>
</tr>
<tr>
<td>ATTIC KITCHENS</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Is Location Normally Used Solely by Maintenance/ Custodial Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>-----</td>
</tr>
<tr>
<td>X</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)</th>
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<tbody>
<tr>
<td>THERMAL INSULATION</td>
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<table>
<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
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<tr>
<td>45 LF</td>
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<table>
<thead>
<tr>
<th>Abatement Type</th>
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<tr>
<td>Repair</td>
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<tr>
<td>Removal</td>
</tr>
<tr>
<td>Encapsulation</td>
</tr>
<tr>
<td>Endorsement</td>
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<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
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<tbody>
<tr>
<td>Best Removal Inc</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>NJDEP Waste Hauler ID No.</th>
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</thead>
<tbody>
<tr>
<td>17109</td>
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</table>

<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
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<tbody>
<tr>
<td>Minerva Enterprises, LLC</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Cubic Yards of Waste</th>
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<tbody>
<tr>
<td>240</td>
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<table>
<thead>
<tr>
<th>Disposal Date</th>
<th>City, State</th>
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<tbody>
<tr>
<td>11/9/14</td>
<td>Waynesburg, Oh, 44688</td>
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<table>
<thead>
<tr>
<th>Completed by</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>J. Maiorano</td>
<td>Estimator</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>11/3/14</td>
</tr>
</tbody>
</table>

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

Date of Notification (1) 11/3/14

Name of Building Owner/Operator (2) Carrington Property Services/Rental Operations

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

Street Address
96 Troy Hills Road

City (5)
Whippany

County Name (6)
Morris

County Code (7)
(STATE USE ONLY)

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

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

Street Address
4 E Gate Drive, PO Box 483

City, State, Zip Code
Glenwood, NJ 07418

Project Manager for Monitoring Firm

Telephone No.
973-583-8500

License No.
703

Start Date (10) 11/13/14

Scheduled Completion Date (11) 12/14

Occupy Status During Abatement (Check Only One)

Facility Closed/Vacated During Entire Period of Abatement

Abatement Performed Outside of Normal Facility Hours

Other – Describe: working in basement

Scope of Work (Check All That Apply)

> 250 sf or > 250 ft²

> 180 sf or > 180 ft²

Renovation

Demolition

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

In Facility (13)

basement

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

Yes

No

N/A

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

pipe insulation

Amount (Specify SF or LF)

100 LF

Abatement Type

Endorse

Name of Registered Waste Hauler:
Freehold Cartage

City, State
Freehold, NJ

Cubic Yards of Waste
10

Name of Registered Landfill
TBD

Disposal Date TBD

City, State

Completed by
A. Scott Higgins
Title
President

Signature

Date 11/3/14

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

**Date of Notification:** 10/31/14

**Name of Building Owner/Operator:** Home Properties, LP - Hackensack Gardens

**Address:**
- **Street Address:** 100 Wood Ave South Ste 630
- **City, State, Zip Code:** Iselin, NJ 08830
- **Name of Contact:** Craig Marschke
- **Telephone Number:**

**FACILITY INFORMATION**
- **Name of Facility Where Abatement is Taking Place:** Hackensack Gardens No. 520, 120, 110, 90, 84, 80, 11 (Block 245 Lot 1)
- **Address:** 520 Essex St/80,84,90,110,120 Arcadia Rd/11 Berkshire Pl
- **City:** Hackensack
- **County:** Bergen
- **Square Feet:** 50,000 (all)
- **# of Floors:** 2
- **Bldg. Age:** 50+
- **Current Use:** Residential Apartment Complex

**Name of Monitoring Firm Hired by Building Owner:** Environmental Health Investigations, Inc

**AGENCIES NOTIFIED**
- **Name:** ASCM No.
- **Number:** 29737

**Name of Abatement Contractor:** Superior Abatement Inc
- **Street Address:** 2 Henderson Drive
- **City, State, Zip Code:** West Caldwell, NJ 07006
- **Telephone No.:** (973) 808-1616
- **License No.:** 00411

**Project Manager for Monitoring Firm:**
- **Name:** Jean Paul Von Doehren
- **Telephone No.:** (609) 704-8850

**Start Date:** 11/11/14

**Scheduled Completion Date:** 12/12/14

**Occupancy Status During Abatement:**
- **Check one only:**
  - Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 8:00AM - 4:30PM; PM; AM

**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:**
- **Location Normal Used Solely by Maintenance/Custodial Staff?**
  - **Yes**
  - **No**
  - **N/A**

<table>
<thead>
<tr>
<th>Description of Asbestos-Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pipe Insulation</td>
<td>1,535 LF</td>
</tr>
<tr>
<td>Insulation Debris</td>
<td>923 SF</td>
</tr>
<tr>
<td>Pipe Repair</td>
<td>1,000 LF</td>
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</table>

**Name of Registered Waste Hauler:**
- **Service Transport Group, Inc**
- **NJDEP Waste Hauler ID No.:** SW2117

**Disposal Date:** 12/12/2014
- **Name of Registered Landfill:** Minerva Landfill
- **City, State:** Waynesburgh, OH

**Completed By:**
- **Title:** President
- **Signature:**
- **Date:** 10-31-14

---

*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 / 31 / 14

**Name of Building Owner/Operator (2)**  
Home Properties, LP - Hackensack Gardens

**Agency(ies) Notified**  
- EPA  
- DOLWD  
- DHSS  
- DCA (NJAC 5:23-8)

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

**Street Address**  
100 Wood Ave South Ste 630

**City, State, Zip Code**  
Iselin, NJ 08830

**Name of Contact**  
Craig Marschke

**Telephone Number**

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**  
Hackensack Gardens No.'s 67,75,105,115,125,500 (Block 246 Lot 1)

**Street Address**  
67,75,105,115,125 Arcadia Rd / 500 Essex St.

**City (5)**  
Hackensack

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

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

**ASCM No.**  
29737

**Name of Abatement Contractor (9)**  
Superior Abatement Inc

**Street Address**  
655 West Shore Trail

**City, State, Zip Code**  
Sparta, NJ 07871

**Project Manager for Monitoring Firm**  
Jean Paul Von Doehren

**Telephone No.**  
(609) 704-8350

**License No.**  
00411

**Start Date (10)**  
11 / 11 / 14

**Scheduled Completion Date (11)**  
12 / 12 / 14

**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: 8:00AM-4:30PM  
- 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)**

- Crawl Spaces

**Description of Asbestos-Containing Material (ACM) (12)**

- Pipe Insulation: 1,260 LF
- Insulation Debris: 640 SF
- Pipe Repair: 1,040 LF

**Name of Registered Waste Hauler**  
Service Transport Group, Inc

**NJDEP Waste Hauler ID No.**  
SW2117

**Cubic Yards of Waste**  
40

**Name of Registered Landfill**  
Minerva Landfill

**City, State**  
Waynesburgh, OH

**Completed By (Print or Type)**  
Nick Petrovski  
President

**Date**  
10-31-14

---

*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)

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<thead>
<tr>
<th>Date of Notification</th>
<th>Name of Building Owner/Operator</th>
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<td>10 / 31 / 14</td>
<td>Home Properties, LP - Hackensack Gardens</td>
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<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
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<td>EPA</td>
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<td>DOLWD</td>
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<td>DHSS</td>
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<td>DCA</td>
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<td>(NJAC 5:23-8)</td>
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<th>Address</th>
<th>Street Address</th>
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<tbody>
<tr>
<td>Hackensack Gardens</td>
<td>100 Wood Ave South Ste 630</td>
</tr>
<tr>
<td>No.'s 44, 50, 60, 66, 70, 12</td>
<td>Iselin, NJ 08830</td>
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<th>City</th>
<th>State, Zip Code</th>
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<td>Hackensack</td>
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**FACILITY INFORMATION**

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<tr>
<th>Name of Facility Where Abatement is Taking Place</th>
<th>Type of Facility</th>
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<tbody>
<tr>
<td>Hackensack Gardens No.'s 44, 50, 60, 66, 70, 12 (Block 247 Lot 1)</td>
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<th>Square Feet</th>
<th># of Floors</th>
<th>Bldg. Age</th>
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<td>44, 50, 60, 66, 70 Arcadia Rd/12 Berkshire Pl</td>
<td>50,000 (all)</td>
<td>2</td>
<td>50+</td>
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<th>County</th>
<th>County Code (7</th>
<th>STATE USE ONLY)</th>
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<tr>
<td>Bergen</td>
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<tr>
<th>Name of Monitoring Firm Hired by Building Owner</th>
<th>ASCM No.</th>
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<tbody>
<tr>
<td>Environmental Health Investigations, Inc</td>
<td>29737</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Abatement Contractor</th>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Superior Abatement Inc</td>
<td>2 Henderson Drive</td>
<td>West Caldwell, NJ 07006</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>655 West Shore Trail</td>
<td>(609) 704-8850</td>
<td>00411</td>
</tr>
<tr>
<td>Sparta, NJ 07871</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of GSHA Monitor</th>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Superior Abatement Inc</td>
<td>2 Henderson Drive</td>
<td>West Caldwell, NJ 07006</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date</th>
<th>Scheduled Completion Date</th>
<th>Occupancy Status During Abatement</th>
<th>Scope of Work</th>
<th>Location of Asbestos-Containing Material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>11 / 11 / 14</td>
<td>12 / 12 / 14</td>
<td>(Check only one)</td>
<td>(Check all that apply)</td>
<td>TO BE ABATED IN Facility</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<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>Yes</td>
<td>(i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td>1,555 LF</td>
<td>Full Containment with Negative Pressure</td>
</tr>
<tr>
<td>No</td>
<td></td>
<td>910 SF</td>
<td>Mini-Enclosure</td>
</tr>
<tr>
<td>N/A</td>
<td></td>
<td>1055 LF</td>
<td>Glovebag Procedure</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Crawl Spaces</th>
<th>Crawl Spaces</th>
<th>Crawl Spaces</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pipe Insulation</td>
<td>Insulation Debris</td>
<td>Pipe Repair</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>NJDEP Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service Transport Group, Inc</td>
<td>SW2117</td>
<td>40</td>
<td>Minerva Landfill</td>
</tr>
<tr>
<td>City</td>
<td>State</td>
<td>Disposal Date</td>
<td>City</td>
</tr>
<tr>
<td>New Castle, DE</td>
<td></td>
<td>12/12/2014</td>
<td>Waynesburgh, OH</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed By</th>
<th>Title</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nick Petrovski</td>
<td>President</td>
<td>[Signature]</td>
<td>10-31-14</td>
</tr>
</tbody>
</table>

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

Date of Notification (1) 10/30/14

Name of Building Owner/Operator (2) City of Orange Township - Division of Housing

Agencies Notified

- EPA
- DEP
- DOL
- DOH
- DCA

Type Notification

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

Street Address 29 North Day Street

City, State, Zip Code Orange, NJ 07050

Name of Contact Wendy C. Brown Telephone Number

FACILITY INFORMATION

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

Street Address 204 Central Place

City (5) Orange

County (6) Essex County Code (7) (STATE USE ONLY) 3000

Square Feet 3,000 # of Floors 2 Bldg. Age 50+

Current Use (Prior if being demolished)
Burnt Out Abandoned Structure

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

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

Street Address 152 Route 206 South

City, State, Zip Code Hillsborough, NJ 08844

Telephone No. 908-218-0884 License No. 01228

Name of OSHA Monitor Yannuzzi Environmental Services, Inc.

Street Address 12 Route 206 South

City, State, Zip Code Hillsborough, NJ 08844

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

Facility Perfomed Outside of Normal Facility Hours

Other – Describe:

Scope of Work (Check All That Apply)
- 33 sf or less
- 180 sf or greater
- 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

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 Regular Encapsulate Enforced

Name of Registered Waste Hauler Yannuzzi Group, Inc.

NJDEP Waste Hauler ID No. 17467

Cubic Yards of Waste 200

Name of Registered Landfill Grand Central Sanitation

City, State Penn Argyl, PA

Disposal Date 11/30/14

Completed by Anna Bastos Title Administrative Assistant

Signature Date 10/30/14

ASB-41 (R-06-08)

* 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) 10/31/14

Name of Building Owner/Operator (2) Fred Paceus

Agencies Notified

☐ EPA
☐ DEP
☐ DOL
☐ DOH
☐ DCA

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

Street Address 139 HADDON Place
City, State, Zip Code MONTCLAIR, N.J. 07042

Name of Contact Telephone Number

FACILITY INFORMATION

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

Street Address 139 HADDON Place
City (5) MONTCLAIR
County (6) ESSEX

County Code (7) (STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (5) 

ASCM No. 

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

Square Feet 1,450
# of Floors 2
Bldg. Age +50

Current Use (Prior to being demolished) RESIDENTIAL

Name of Abatement Contractor (9)
A.MAC Contracting Inc.

Street Address 105 Lowell Road
City, State, Zip Code Glen Rock, NJ 07452

Project Manager for Monitoring Firm Telephone No.

Telephone No. (201)262-5841 License No. 00156

Start Date (10) 11/17/14

Scheduled Completion Date (11) 11/30/14

Name of OSHA Monitor Omega Environmental Services Inc.

Street Address 280 Huyler Street
City, State, Zip Code Hackensack, NJ 07605

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

☐ Renovation
☐ Demolition

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

Yes No N/A
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

Name of Registered Waste Hauler

Rovic Transport

Rovic Transport

NJDEP Waste Hauler ID No. 20785

Cubic Yards of Waste 1 cu.

Name of Registered Landfill IESI PA Bethlehem Landfill Corp.

City, State Bethlehem, PA 18015

Disposal Date 11/17/14

Completed by Joseph Vocaturo

Title Vice President

Signature 10/31/14

ASB-41 (R-06-08)

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

**Date of Notification (1)**  10/30/14  
**Agency Notified**  SPA

**Name of Building Owner/Operator (2)**  Rose Penn  
**Street Address** 360 Santiago Ave  
**City, State, Zip Code** Rutherford, NJ 07070

**Name of Facility Where Abatement Is Taking Place (3)**  Residence  
**Street Address** 360 Santiago Ave  
**City, State, Zip Code** Rutherford, NJ 07070

**Name of Monitoring Firm Hired by Building Owner (8)** ACMO No.  
**Name of Registered Contractor (9)** A.M. Contracting Inc.

**Start Date (10)** 10/31/14  
**Scheduled Completion Date (11)** 11/15/14  
**Name of OSHA Monitor** Omega Environmental Services Inc.

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

**Scope of Work (Check All That Apply)**  
- Reration
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosures
- Glovebag Procedure
- Non-Exempted (*) and Non-Fireable Procedure

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Used by</th>
<th>Custodial Staff</th>
<th>Description</th>
<th>Amount</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
<td>Pipe Insulation</td>
<td>73 LF</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**  
**Regis Transport**  
**City, State, Zip Code**  
Rutherford, NJ 07457  
**Name of Registered Landfill**  
**IESI PA Bethlehem Landfill Corp.**  
**Contact Information**  
**COMPANY**  
**City, State, Zip Code**  
Bethlehem, PA 18015  
**Date** 10/31/14

**Completed by**  
Joseph Vocatura  
**Title** Vice President  
**Signature** J. Vocatura  
**Date** 10/31/14

* 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)**  
10/31/2014

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

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

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

**Street Address**  
FAR HILLS, NJ

**Name of Contact**  
David D'Andrea

**FACILITY INFORMATION**

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

**Street Address**  
66 LAKE RD.

**City (5)**  
FAR HILLS

**County**  
SOMERSET

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

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

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

**Square Feet**

**# of Floors/Bldg. Age**

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

**ASCM No.**

**Name of Abatement Contractor (9)**  
CREAM RIDGE ENVIRONMENTAL INC.

**Street Address**  
15 BLACK FOREST ROAD

**City, State, Zip Code**  
HAMILTON, NJ 08691

**Telephone No.**

**License No.**

**Project Manager for Monitoring Firm**  
ROD MORRIS

**Telephone No.**  
732-664-7788

**609-890-7110**

**Start Date (10)**  
11/3/2014

**Scheduled Completion Date (11)**  
11/3/2014

**Name of OSHA Monitor**

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

**Scope of Work (Check all that apply)**
- [ ] ≥ 3 sf or ≥ 3 If
- [ ] ≥ 160 sf or ≥ 280 sf

**Renovation**  
[ ]

**Demolition**  
[ ]

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

<table>
<thead>
<tr>
<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>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Yes</td>
<td>INSULATION</td>
<td>220 L.F.</td>
</tr>
<tr>
<td>[ ] No</td>
<td>NF VAT</td>
<td>400 S.F.</td>
</tr>
</tbody>
</table>

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

**Cubic Yards of Waste**

**Name of Registered Landfill**

**TIMSTER TRUCKING**

**City, State**

**GROWS**

**City, State**

**Disposal Date**

**WEST CREEK, NJ**

**11/4/2014**

**MORRISVILLE, PA**

**Completed By**

**DAVID D'ANDREA**

**Title**

**Signature**

**Date**

10/31/2014

*Do not use this form for asbestos licensure exempted activities*
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:59 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>10/29/14</td>
<td>NOVUS FINE CHEMICALS</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Street Address</th>
<th>Name of Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
<td>50 CRAIGWOOD RD</td>
<td>IVAN DORIAN TOCA</td>
</tr>
<tr>
<td>DEP</td>
<td>Amended</td>
<td>STE 905</td>
<td></td>
</tr>
<tr>
<td>DOL</td>
<td>Emergency (Including justification)</td>
<td>South Plainfield, N.J. 07080</td>
<td></td>
</tr>
<tr>
<td>DOH</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DCA</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Type of Facility (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHEMICAL PLANT</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City (5)</th>
<th>County Code (7) (STATE USE ONLY)</th>
</tr>
</thead>
<tbody>
<tr>
<td>426 ORCHARD ST</td>
<td>CALLSTADT</td>
<td>BERGEN</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm</th>
<th>Hired by Building Owner (8)</th>
<th>ASCM No.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>A.MAC Contracting Inc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>105 Lowell Road</td>
<td>Glen Rock, NJ 07452</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project Manager</td>
<td>(201)262-5841</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>11/10/14</td>
<td>12/31/14</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of OSHA Monitor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Omega Environmental Services Inc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>260 Huyler Street</td>
<td>Hackensack, N.J. 07605</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check All That Apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>x30 sf or x300 sf</td>
</tr>
<tr>
<td>x160 sf or x260 sf</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rovic Transport</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NJDEP Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>207085</td>
<td>160</td>
<td>IESI PA Bethlehem Landfill Corp.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Disposal Date</th>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>11/10/14</td>
<td>Bethlehem, PA 18015</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed by</th>
<th>Title</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Joseph Vocaturo</td>
<td>Vice President</td>
<td>J. Vocaturo</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/29/14</td>
</tr>
</tbody>
</table>

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:99 and 12:20)

Date of Notification:
10/30/14

Time:
7:39AM

Agency Notified:
EPA

Type Notification:
Initial

Name of Building Owner/Operator:
CERESITE ACQUISITIONS LLC

Street Address:
535 DORSEY GUE

City, State, Zip Code:
GLEN ROCK, NJS 07452

Name of Owner:
ALLEN STARRS

Telephone Number:


FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (5):

RESIDENCE

Street Address:
525 DORSEY GUE

City:
GLEN ROCK

County:
BERGEN

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

ASCM No.

Name of Abatement Contractor (9):
AMEC Contracting Inc.

Street Address:
105 Lowell Road

City, State, Zip Code:
GLEN ROCK, NJ 07452

Project Manager for Monitoring Firm:

Telephone No.:
(201) 262-5061

Project Manager:
OMEGA ENVIRONMENTAL SERVICES INC.

Start Date (10):
10/30/14

Scheduled Completion Date (11):
11/15/14

Name of GSHA Monitor:
Omega Environmental Services Inc.

Occupancy Status During Abatement (Check Only One):

Street Address:
280 HUYLER STREET

City, State, Zip Code:
HACKENSACK, NJ 07605

Facility Closed/Vacated During Entire Period of Abatement

Facility Abatement Performed Outside of Normal Facility Hours

Other - Describe:

Scope of Work (Check All That Apply):

\[ x \]

d2s or d8 or

d160 s/ or d260 if

\[ x \]

Removal

\[ x \]

Demolition

\[ x \]

Full containment with Negative Pressure

\[ x \]

Minim-Enclosure

\[ x \]

Glovebox Procedure

\[ x \]

Non-Exempted (T) and Non-Exempted (P) Procedures

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

Is Location Normally Used Solely by Maintenance/Custodial Staff? (13):

Location Name:

Pipe Insulation

\[ x \]

Thermal System Insulation

\[ x \]

Amount (SF or LR):

100 LF

40 SF

Abatement Type:

Name of Registered Waste Hauler:

Ravine Transport

NUDEP Waste Hauler ID No.:

20736

Cubic Yards of Waste:

Name of Registered Landfill:

IESI PA Bethlehem Landfill Corp.

City, State:

RIVERSIDE, NJ 07457

Disposal Date:

10/30/14

City, State:

BETHLEHEM, PA 18015

Complied by:

Joseph Vociario

Title:
Vice President

Signature:

Date:
10/30/14

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

Date of Notification (1)  
11 / 3 / 14  

Name of Building Owner/Operator (2)  
Verizon Communications  
Job #1410-4836 Check #6756  

Street Address  
100 Greenwood Avenue  

City, State, Zip Code  
Jenkintown, PA, 19046  

Name of Contact  
Alex Baylor  

Telephone Number  

FACILITY INFORMATION  

Name of Facility Where Abatement is Taking Place (3)  
Verizon Robertsville CO  

Street Address  
408 Tenment Road  
Morganville  
Monmouth  

County Code (7)  (STATE USE ONLY)  

Name of Monitoring Firm Hired by Building Owner (8)  
USA Environmental  

ASCM No.  

Name of Abatement Contractor (9)  
AbateTech, Inc.  

Street Address  
8436 Enterprise Ave.  
Philadelphia, PA, 19153  

City, State, Zip Code  

License No.  
00529  

Name of OSHA Monitor  
EMSL Analytical  

Street Address  
30 Maple Ave. PO Box 25  

City, State, Zip Code  
Lumberton, NJ 08048  

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:  

Scope of Work (Check all that apply)  
23 sf or 23 if  
160 sf or 260 if  
Renovation  Demolition  
Full Containment with Negative Pressure  
Min-Enclosure  Glovesbag 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  
Removal  Repair  Encapsulate  Endorse  

***See Attached Sheets  

Name of Registered Waste Hauler  
AbateTech, Inc.  

NJDEP Waste Hauler ID No. 18750  

Cubic Yards of Waste 20  

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

City, State  
Lumberton, NJ  
Tullytown, PA  

Completed By (Print or Type)  
Gwendolyn Trumbetti  

Title  Operations Coordinator  

Signature  

Date  11/3/14  

* Do not use this form for asbestos licensure exempted activities.
State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:60-7 and 12:120-7)

**B & G proj. #:** 2014-197

**Date of Notification:** 1/1/13

**Name of Building Owner/Operator:** Constance Rosiac

**Street Address:** 8 Myrtle Avenue

**Name of Contact:** Constance Rosiac

**Facility Information**

| Name of facility where abatement is taking place | (3) Constance Rosiac |
| City | County | County Code |
| Madison, NJ 07960 | Morris | |

**Name of Monitoring Firm Hired by Bldg. Owner:** n/a

**Street Address:** 105 Ryerson Road

**City, State, Zip Code:** Lincoln Park, NJ 07035

<table>
<thead>
<tr>
<th>Type of Facility</th>
<th>(4) School (K-12)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subchapter 8 (Other than K-12)</td>
<td></td>
</tr>
<tr>
<td>Other (Private/Commercial Bldgs./Homes, etc.)</td>
<td></td>
</tr>
</tbody>
</table>

**Square Feet:** 122 |

**Occuancy Status During Abatement:** Facility closed/vacated during entire period of abatement.

<table>
<thead>
<tr>
<th>Scope of Work (check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demolition</td>
</tr>
<tr>
<td>&gt;3 of or &gt;3 Lf</td>
</tr>
<tr>
<td>Renovation</td>
</tr>
<tr>
<td>160 of &gt;260 Lf</td>
</tr>
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</table>

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Description</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
<th>SF or LF</th>
</tr>
</thead>
<tbody>
<tr>
<td>basement</td>
<td>pipe insulation</td>
<td>x</td>
<td></td>
<td></td>
<td>122</td>
</tr>
<tr>
<td>basement</td>
<td>pipe</td>
<td>x</td>
<td></td>
<td></td>
<td>36</td>
</tr>
</tbody>
</table>

**Registered Waste Hauler:** B & G Restoration, Inc.

**Disposal Date:** 11/14/2014

**Name of Registered Landfill:** Tullytown Resource & Recovery Center

**City, State:** Tullytown, PA

**City, State:** Lincoln Park, NJ

**Completed by (Print or Type):** Gordana Luna  
**Title:** Secretary/Treasurer  
**Signature:** 

**Date:** 10/31/2014
State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1) 11/10/13
Name of Building Owner/Operator (2) Constance Rosiac

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

Street Address 8 Myrtle Avenue
City, State, Zip Code Madison, NJ 07940

Name of Contact Constance Rosiac
Telephone Number

Name of facility where abatement is taking place (3) Constance Rosiac

Current Use (Prior if being demolished) Residential

Type of Facility (4)
School (K - 12) [ ]
Subchapter 8 (Other than K-12) [X]
Other (Private/Commercial Bldgs./Homes, etc.) [ ]

Square Feet
# of Floors
Bldg. Age

Location of asbestos-containing material 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)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>basement</td>
<td>Yes</td>
<td>pipe insulation</td>
<td>122 if</td>
</tr>
<tr>
<td>basement</td>
<td>No</td>
<td>pipe</td>
<td>36 if</td>
</tr>
</tbody>
</table>

Registered Waste Hauler B & G Restoration, Inc.
NJDEP Hauler ID# 19653
Cubic Yards of Waste 2½

Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Tullytown, PA
Disposal Date 11/14/2014

Completed by (Print or Type) Gordana Luna
Title Secretary/Treasurer
Signature

Date 10/31/2014
**State of NJ**

**Notification of Asbestos Abatement**
(Pursuant to NJAC 8:60-7 and 12:120-7)

**B & G proj. #:** 2014-205

---

**Date of Notification (1):**
- 11/01/14

**Name of Building Owner/Operator (2):**
- Michael Haras

- **Street Address:**
  - 5 - 7 Gunther Place

- **City, State, Zip Code:**
  - Passaic, NJ 07055

- **Name of Contact:**
  - Michael Haras

- **Checking:**
  - OSHA
  - DOL
  - DEP

---

**FACILITY INFORMATION**

- **Name of facility where abatement is taking place (3):**
  - Michael Haras

- **Street Address:**
  - 5 - 7 Gunther Place

- **City (5):**
  - Passaic

- **County (6):**
  - Passaic

- **County Code (7):**
  - (State use only)

- **Name of Abatement Contractor (9):**
  - B & G Restoration, Inc.

- **Street Address:**
  - 105 Ryerson Road

- **City, State, Zip Code:**
  - Lincoln Park, NJ 07035

- **Telephone Number:**
  - (973)696-6869

- **License Number:**
  - 00378

- **Name of OSHA Monitor:**
  - B & G Restoration, Inc.

- **Street Address:**
  - 105 Ryerson Road

- **City, State, Zip Code:**
  - Lincoln Park, NJ 07035

---

**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):**
- [ ] Demolition
- [X] Renovation
- [X] ≥3 sf or ≥3 if
- [ ] ≥180 sf or ≥260 sf
- [X] Full Containment with negative pressure
- [X] Glovebag procedure
- [X] Mini-enclosure
- [ ] Non-flammable procedure

---

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Description of asbestos-containing material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 Gunther basement</td>
<td>pipe insulation</td>
<td>72 sf</td>
</tr>
<tr>
<td>7 Gunther basement</td>
<td>pine insulation</td>
<td>96 sf</td>
</tr>
</tbody>
</table>

---

**Registered Waste Hauler (11):**
- B & G Restoration, Inc.
  - NJDEP Hauler ID: 19563
  - Cubic Yards of Waste: 2

- **Name of Registered Landfill:**
  - Tullytown Resource & Recovery Center

- **City, State:**
  - Tullytown, PA

- **Disposal Date:**
  - 11/13/2014

---

**Completed by (Print or Type):**
- Gordana Luna
- **Title:** Secretary/Treasurer
- **Signature:**
  - Gordana Luna

- **Date:**
  - 10/31/2014
State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1) 1/10/13
Name of Building Owner/Operator (2)
Michael Haras
Type Notification Initial

Street Address
5 - 7 Gunther Place
City, State, Zip Code
Passaic, NJ 07055

Name of Contact
Michael Haras

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
Michael Haras

Street Address
5 - 7 Gunther Place
City, State, Zip Code
Passaic, NJ 07055

Name of Monitoring Firm Hired by Bldg. Owner (5)
N/A

ASCM No.

Name of Abatement Contractor (6)
B & G Restoration, Inc.
Street Address
105 Ryerson Road
City, State, Zip Code
Lincoln Park, NJ 07035
Telephone Number
(973) 696-6869
License Number
00378

Name of OSHA Monitor
B & G Restoration, Inc.
Street Address
105 Ryerson Road
City, State, Zip Code
Lincoln Park, NJ 07035

Occupancy Status During Abatement (Check only one)
Facility closed/vacated during entire period of abatement.

Description:

Scope of Work (check all that apply)
Demolition
Removal
Maintenance
Integrity

Location of asbestos-containing material to be abated in facility (13)
5 Gunther basement
7 Gunther basement

Is location normally used solely by maintenance/custodial staff (12)
Yes
No
N/A

Description of asbestos-containing material (ACM)
pipe insulation
pipe insulation

Amount (Specify SF or LF)
72 LF
96 LF

Registered Waste Hauler
B & G Restoration, Inc.
NJDPI Hauler ID # 19563
Cubic Yards of Waste 2

Name of Registered Landfill
Tullytown Resource & Recovery Center
City, State
Lincoln Park, NJ

Disposal Date 11/13/2014

Completed by (Print or Type)
Gordana Luna
Title Secretary/Treasurer
Signature

Date 10/31/2014
State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12:120-7)

B & G proj. #: 2014-200

Date of Notification: 11/10/14

Name of Building Owner/Operator: Marlene Deyo
Street Address: 46 Park Avenue
City, State, Zip Code: Caldwell, NJ 07006
Name of Contact: Marlene Deyo

FACILITY INFORMATION

Name of facility where abatement is taking place: Marlene Deyo
Street Address: 46 Park Avenue
City (8): Caldwell, NJ 07006
County: Essex
County Code (7): 

Name of Monitoring Firm Hired by Bldg: n/a
Owner: n/a
ASCM No.: 

Type of Abatement Contractor: B & G Restoration, Inc.
Street Address: 105 Ryerson Road
City, State, Zip Code: Lincoln Park, NJ 07035
Telephone Number: (973) 696-9869
License Number: 00378

Scheduled Start Date: 11/11/2014
Scheduled Completion Date: 11/12/2014

Occupancy Status During Abatement: Facility closed/vacated during entire period of abatement

Scope of Work: Demolition, Renovation

Location of asbestos-containing material to be abated: basement

Description of asbestos-containing material (ACM): pipe insulation

Amount (Specify SF or LF): 110 LF

Registered Waste Hauler: B & G Restoration, Inc.
NJDEP Hauler ID#: 19563
Cubic Yards of Waste: 1%
Name of Registered Landfill: Tullytown Resource & Recovery Center

City, State: Lincoln Park, NJ
City, State: Tullytown, PA
Disposal Date: 11/12/2014

Completed by: Gordana Luna
Title: Secretary/Treasurer
Signature: 
Date: 10/31/2014
State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1)
11/01/13

Name of Building Owner/Operator (2)
Marlene Deyo

Street Address
46 Park Avenue

City, State, Zip Code
Caldwell, NJ 07006

Name of Contact
Marlene Deyo

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
Marlene Deyo

Street Address
46 Park Avenue

City, State, Zip Code
Caldwell, NJ 07006

Name of Monitoring Firm Hired by Bldg. Owner (8)
n/a

ASCM No.

Type of Facility (4)
□ School (K - 12)
□ Subchapter 8 (Other than K-12)
□ Other (Private/Commercial Bldgs./Homes, etc.)

□ Residential

Square Feet

# of Floors

Bldg. Age

Current Use (Prior to being demolished)

Name of Abatement Contractor (9)
B & G Restoration, Inc.

Street Address
105 Ryerson Road

City, State, Zip Code
Lincoln Park, NJ 07035

Telephone Number
(973)698-8869

License Number
00378

Name of OSHA Monitor
B & G Restoration, Inc.

Street Address
105 Ryerson Road

City, State, Zip Code
Lincoln Park, NJ 07035

Scheduled Start Date (10)

11/11/2014

Sched. Completion Date (11)

11/12/2014

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)

□ Demolition

□ 3 ft or >3 if

□ >160 sf or ≥260 if

□ Renovation

□ Full Containment win/ negative pressure

□ Glovebag procedure

□ Mini-enclosure

□ Non-friable procedure

Location of asbestos-containing material 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)

Amount (Specify SF or LF)

Removal

Repair

Encapsulation

Enclosure

basement

Yes

No

X

pipe insulation

110

Registered Waste Hauler

B & G Restoration, Inc.

NJDEP Hauler ID# 19563

Cubic Yards of Waste 1 1/2

Name of Registered Landfill

Tullytown Resource & Recovery Center

City, State
Lincoln Park, NJ

Disposal Date
11/12/2014

Name, City, State
Tullytown, PA

Completed by (Print or Type)
Gordana Luna

Title
Secretary/Treasurer

Signature

Date
10/31/2014
State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1)
1/10/13 1/11/14

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

Type Notification
- Initial
- Amendment
- Cancellation

Name of Building Owner/Operator (2)
Steven Weber

Street Address
31 Brookside Avenue

City, State, Zip Code
Livingston, NJ 07039

Name of Contact
Steven Weber

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
Steven Weber

Street Address
31 Brookside Avenue

City (5)
Livingston

County (6)
Essex

County Code (7)

Name of Monitoring Firm Hired by Bldg. Owner (8)
n/a

ASCM No.

Name of Abatement Contractor (9)
B & G Restoration, Inc.

Street Address
105 Ryerson Road

City, State, Zip Code
Lincoln Park, NJ 07035

Telephone Number
(973)696-6869

License Number
00378

Name of OSHA Monitor
B & G Restoration, Inc.

Street Address
105 Ryerson Road

City, State, Zip Code

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

Scheduled Start Date (10)
11/10/2014

Sched. Completion Date (11)
11/11/2014

Type of Facility (4)
- School (K - 12)
- Subchapter B (Other than K-12)
- Other (Private/Commercial
  Bldgs./Homes, etc.)

Square Feet

Current Use (Prior if being demolished)

residential

Bldg. Age

Project Manager for Monitoring Firm

Phone Number

Scope of Work (check all that apply)
- Demolition
- Renovation
- Full Containment
- Negative pressure
- Glovebag procedure
- Mini-enclosure
- Non-friable procedure

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

- basement laundry room
  - contaminated armaxflex 6 if
  - contaminated fiberglass insulation 9 if

Description of asbestos-containing material (ACM)

Amount (Specify SF or LF) 6 if

Removal

Repair

Encap

EncL

Registered Waste Hauler
B & G Restoration, Inc.

NJDEP Hauler ID# 199563

Cubic Yards of Waste

Name of Registered Landfill
Tullytown Resource & Recovery Center

City, State
Lincoln Park, NJ

Disposal Date
11/11/2014

City, State
Tullytown, PA

Completed by (Print or Type)
Gordana Luna

Title
Secretary/Treasurer

Signature

Date
10/31/2014
State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:60-7 and 12:120-7)  
Check # 6882

**Date of Notification (1)**  
| 1 1 0 1 | 3 | 1 | 1 4 |

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

**Agency notified**  
- [ ] EPA  
- DEP  
- [X] DOL  
- [X] DOH  
- [ ] DCA  

**Type Notification**  
- [X] Initial  
- [ ] Amendment  
- [ ] Cancellation

**Street Address**  
31 Brookside Avenue  
Livingston, NJ 07039

**Name of Contact**  
Steven Weber  
Telephone Number

---

**FACILITY INFORMATION**

**Name of facility where abatement is taking place (3)**  
Steven Weber

**Street Address**  
31 Brookside Avenue  
Livingston, NJ 07039

**County (6)**  
Essex  
County Code (7)  
(State use only)

**Name of Monitoring Firm hired by Bldg. Owner (8)**  
n/a  
ASCM No.

**Project Manager for Monitoring Firm**  

**Scheduled Start Date (10)**  
11/10/2014  
**Sched. Completion Date (11)**  
11/11/2014

**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] Demolition  
- [ ] Renovation  
- [X] >3 sf or >3 lf  
- [X] ≥160 sf or ≥280 lf

**Location of asbestos-containing material to be abated in facility (13)**  
- [ ] Yes  
- [ ] No  
- [ ] N/A

<table>
<thead>
<tr>
<th>Location of asbestos-containing material to be abated in facility (13)</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
<th>Description of asbestos-containing material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Remove</th>
<th>Repair</th>
<th>Encap</th>
<th>EncL</th>
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</thead>
<tbody>
<tr>
<td>basement laundry room</td>
<td></td>
<td>X</td>
<td></td>
<td>contaminated armaflex</td>
<td>8 lf</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>basement laundry room</td>
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<td></td>
<td>contaminated fiberglass insulation</td>
<td>9 lf</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Registered Waste Hauler**  
B & G Restoration, Inc.

**NJ DEP Hauler ID #**  
19563

**Cubic Yards of Waste**  
½

**Name of Registered Landfill**  
Tullytown Resource & Recovery Center  
City, State  
Lincoln Park, NJ

**Disposal Date**  
11/11/2014

**Completed by (Print or Type)**  
Gordana Luna  
Title  
Secretary/Treasurer  
Signature  
10/31/2014
### Notification of Asbestos Abatement

**Date of Notification:** 11/5/14

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Name of Building Owner/Operator</th>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
<td>P.S.E.G.</td>
<td>4000 HADLEY ROAD</td>
<td>SOUTH PLAINFIELD, NJ 07080</td>
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<tr>
<td>DOH</td>
<td>Amended</td>
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<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Emergency (including justification)</td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

**Name of Facility Where Abatement is Taking Place:** PSEG - M-1339 - MANHOLES

**Street Address:** 300 US RT. 46

**City:** LITTLE FERRY

**County:** BERGEN

**Name of Environmental Tacticians:** ASCM No. 0045

**Name of Asbestos Contractor:** UNIQUE SYSTEMS OF AMERICA

**License No.:** 01111

**Street Address:** 398 WHITEHEAD AVE.

**City, State, Zip Code:** SOUTH RIVER, NJ 08882

**Project Manager for Monitoring Firm:** TOM GEIGER

**Telephone No.:** 732-292-2217

**Start Date:** 11/5/14

**Scheduled Completion Date:** 12/31/14

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

**Scope of Work:** 
- 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 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>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>ACM PIPE Somatic 10 LF X</td>
</tr>
<tr>
<td>No</td>
<td></td>
</tr>
<tr>
<td>N/A</td>
<td></td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler:** WASTE MANAGEMENT

**Waste Hauler ID No.:** 1125

**Disposal Date:** TBD

**City, State:** ELIZABETH, NJ

**Completed by:** CAROL RAIMO

**Title:** OFFICE MGR.

**Signature:**

**Date:** 11/5/14

---

*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 / 14
Name of Building Owner/Operator (2) New Hanover LLC c/o Vornado Realty Trust Job # 1410-1928 Chk. #3827

Agencies Notified
- EPA
- DOLWD
- DHSS
- DCA (NJAC 5:23-6)
Type Notification
- Initial
- Amended Amendment #
- Emergency (including justification)
- Cancellation

Street Address
210 Route 4 East
City, State, Zip Code Paramus, NJ 07652
Name of Contact Mr. John Baytala
Phone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
East Hanover Former Car Wash

Street Address
280 Route 10 West
City (5)
East Hanover
County (6) Morris
County Code (7) (STATE USE ONLY) 1544

Name of Monitoring Firm Hired by Building Owner (8)
Absolutely Clean Environment

ASCM No. 3
Type of Facility (4)
- School (K-12)
- Subchapter 8 (Other than K-12)
- Other (i.e., private and commercial buildings, homes, etc.)

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

Street Address
3859 Sylon Boulevard
City, State, Zip Code Hainesport, NJ 08036

Phone Number 609-702-0400 00862
Name of OSHA Monitor EMSL Analytical, Inc.

Start Date (10) 11 / 17 / 14
Scheduled Completion Date (11) 11 / 21 / 14

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 ≥260 If
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

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

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

Amount (Specify SF or LF)
Abatement Type Removal Repair Encapsulate Endorse

Exterior
Interior - AC Unit

1,700 SF
20 SF

Name of Registered Waste Hauler Freehold Cartage, Inc.
NJDEP Waste Hauler ID No. 02285
Cubic Yards of Waste 5
Name of Registered Landfill GROWS Landfill
City, State, NJ Freehold, NJ
Disposal Date 11/21/14
City, State, PA Morrisville, PA 19067

Completed By (Print or Type) Kimberly A. Trumbetti
Title Office Coordinator
Signature
Date 11-3-14

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

**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 8:60 and 5:15)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>11 / 3 / 14</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agencies Notified</td>
<td></td>
</tr>
<tr>
<td>✑ EPA</td>
<td>Type Notification</td>
</tr>
<tr>
<td>✑ DOLOWD</td>
<td>✑ Initial</td>
</tr>
<tr>
<td>✑ DOH</td>
<td></td>
</tr>
<tr>
<td>✑ DCA</td>
<td></td>
</tr>
<tr>
<td>(NJAC 5:23-8)</td>
<td></td>
</tr>
<tr>
<td>□ Emergency (including justification)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Division of Property Management &amp; Construction</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Street Address</td>
<td>20 W. State Street, 3rd Flr.</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Trenton, NJ 08608</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Rick Ferrera</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

| Name of Facility Where Abatement is Taking Place (3) | Residential House | |
| Street Address | 2 Martin Avenue | | |
| City (5) | South River, NJ 08882 | | |
| County (6) | Middlesex | | |
| 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 Eustaquio | | |
| Telephone No. | 973-494-3762 | | |
| # of Floors | | | |
| Bldg. Age | | | |

**Start Date (10) | 11 / 5 / 14**

**Scheduled Completion Date (11) | 12 / 31 / 14**

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

- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM, PM, PM, AM

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

- ≥ 3 sf or ≥ 3 ft
- ≥ 160 sf or ≥ 260 ft
- Renovation
- Demolition
- Heat Pipe Insulation
- Tan Plaster

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

<table>
<thead>
<tr>
<th>TO BE ABATED</th>
<th>IN Facility</th>
<th>(13)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>(12)</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
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</table>

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

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

<table>
<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 LF</td>
<td>Partial Encapsulate</td>
</tr>
<tr>
<td>2000 SF</td>
<td>Encapsulate</td>
</tr>
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</table>

**Name of Registered Waste Hauler**

- Newark Carting
- NJDEP Waste Hauler ID No: 04509
- Cubic Yards of Waste: As Needed
- Disposal Date: TBD
- Name of Registered Landfill: IESI Landfill
- City, State: Bethlehem, PA

**Completed By (Print or Type)**

- Allen Monchik
- 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 8:60 and 5:16)

Date of Notification (1)
11 / 3 / 14

Name of Building Owner/Operator (2)
Division of Property Management & Construction

Agencies Notified
☑ EPA
☑ DOLWD
☑ DOH
☑ DCA
(NJAC 5:23-6)
☐ Type Notification
☑ Initial
☐ Amended
Amendment # _______
☐ Emergency (including justification)
☐ Cancellation

Street Address
20 W. State Street, 3rd Flr.

City, State, Zip Code
Trenton, NJ 08608

Name of Contact
Rick Ferrera
Telephone Number

FACILITY INFORMATION

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

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

Square Feet

# of Floors

Bldg. Age

County (5)
Middlesex

County Code (?)(STATE USE ONLY)

Current Use (Prior if 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
P.O. Box 1224

City, State, Zip Code
Union, NJ

Telephone No.
973-494-3762

License No.
1188

Name of OSHA Monitor
ALL PRO MANAGEMENT LLC

Start Data (10)
11 / 5 / 14

Scheduled Completion Date (11)
12 / 31 / 14

Street Address
27 Outwater Lane

City, State, Zip Code
Garfield, NJ 07026

Project Manager for Monitoring Firm
Rick Eustaquio

Telephone No.
973-923-4888

Scope of Work (Check all that apply)
☐ ≥3 sf or ≥3 ft
☐ ≥100 sf or ≥280 ft
☐ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

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

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

IN Facility

(13)

Yes
No
N/A

Exterior

Yes
No
N/A

Transite Siding Shingles

3600 SF

Rear Porch Floor

Yes
No
N/A

Vinyl Tiles

100 SF

Name of Registered Waste Hauler
Newark Carting

NJDEP Waste Hauler ID No. 04509

Cubic Yards of Waste As Needed

Name of Registered Landfill
IESI Landfill

City, State
Newark, NJ

Disposal Date
TBD

City, State
Bethlehem, PA

Completed By (Print or Type)
Allen Monchik

Title
Project Manager

Signature

Date
11/3/14

* 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)

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<tr>
<th>Agencies Notified</th>
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<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
</tr>
<tr>
<td>DOLWD</td>
<td>Amended Amendment #</td>
</tr>
<tr>
<td>DOH</td>
<td>Emergency (including justification)</td>
</tr>
<tr>
<td>DCA (NJAC 5:23-B)</td>
<td>Cancellation</td>
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<tr>
<td>Rick Ferrera</td>
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FACILITY INFORMATION

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<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Type of Facility (4)</th>
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<tbody>
<tr>
<td>Residential House</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>County Code (7)</th>
</tr>
</thead>
<tbody>
<tr>
<td>9 Little Martin Avenue</td>
<td>Middlesex</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>City (5)</th>
<th>County Code (7)</th>
</tr>
</thead>
<tbody>
<tr>
<td>South River, NJ 08832</td>
<td>Middlesex</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Current Use (Prior if being demolished)</th>
<th>Occupancy Status During Abatement (Check only one)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
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<tr>
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<td>12 / 31 / 14</td>
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</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
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<tbody>
<tr>
<td>973-494-3762</td>
<td>973-928-4888</td>
<td>1188</td>
</tr>
</tbody>
</table>

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<th>License No.</th>
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<td>973-928-4888</td>
<td>1188</td>
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<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rick Eustaquio</td>
<td>973-494-3762</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
<th>Description of Asbestos Containing Material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ 23 sf or 23 ft</td>
<td>□ Full Containment with Negative Pressure</td>
</tr>
<tr>
<td>□ 160 sf or 260 ft</td>
<td>□ Mini-Enclosure</td>
</tr>
<tr>
<td></td>
<td>□ Glovebag Procedure</td>
</tr>
<tr>
<td></td>
<td>□ Non-Exempted (*) and Non-Friable Procedure</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 1st Floor Ceramic Tiles</td>
</tr>
<tr>
<td>Vapor Barrier</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>NJDEP Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Newark Carting</td>
<td>04509</td>
<td>As Needed</td>
<td>IESI Landfill</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed By (Print or Type)</th>
<th>Title</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allen Monchik</td>
<td>Project Manager</td>
<td></td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Disposal Date</th>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>TBD</td>
<td>Bethlehem, PA</td>
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</tbody>
</table>

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

Date of Notification (1)  
11 / 3 / 14  

Name of Building Owner/Operator (2)  
Future Energy  
Division of Property Management & Construction

Agencies Notified  
☑ EPA  
☑ DOLWD  
☑ DOH  
□ DCA  

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

Street Address  
20 W. State Street, 3rd Flr.  
Trenton, NJ 08680

City, State, Zip Code

Name of Contact  
Rick Ferrera

Telephone Number

FACILITY INFORMATION

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

Street Address  
19 Water Street  
South River, NJ 08882

City (5)  
South River  
South River, NJ 08882

County (9)  
Middlesex  
County Code (7)  

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

Square Feet  

# of Floors  

Bldg. Age

Current Use (Prior if being demolished)

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

Name of Abatement Contractor (9)  
ALL PRO MANAGEMENT LLC  
Strata Address  
27 Outwater Lane  
Garfield, NJ 07026

City, State, Zip Code

Project Manager for Monitoring Firm  
Rick Eustaquio  
Telephone No.  
973-494-3762

License No.

Name of OSHA Monitor  
ALL PRO MANAGEMENT LLC  
Strata Address  
27 Outwater Lane  
Garfield, NJ 07026

City, State, Zip Code

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)  

□ 30 sf or 30 ft  
□ 160 sf or 160 ft

□ Renovation  
□ Demolition  
□ Full Containment with Negative Pressure  
□ Non-Enclosure

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

Living Room & 1st Fl. Closet Walls  
☐ ☐ ☒ Tan Texture on plaster  
520 SF  
□ ☐ ☒ Fl. Tile and Mastic  
225 SF  
□ ☐ ☒ Black Roof Material  
250 SF

Kitchen, Laundry, Foyer & Closer  
□ ☐ ☒ Black Roof Material

Roof  
□ ☐ ☒

Name of Registered Waste Hauler  
Newark Carting  
NJDEP Waste Hauler ID No.  
04509

Cubic Yards of Waste As Needed

Name of Registered Landfill  
IESI Landfill  
City, State  
Newark, NJ  
Baltimore, MD

Disposal Date  
TBD

Complited By (Print or Type)  
Allen Monchik  
Title  
Project Manager  
Signature  
Date

* 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:** 10 / 31 / 14  
**Name of Building Owner/Operator:** Trustees of Princeton  
(14)  
**Street Address:** Trustees of Princeton University E.A. MacMillan Bldg.  
**City, State, Zip Code:** Princeton, NJ 08544  
**Name of Contact:** Robert Ortega, P.E.  
**Telephone Number:**  

### FACILITY INFORMATION

- **Name of Facility Where Abatement is Taking Place:** Princeton University – Firestone Library  
- **Street Address:** One Washington Road  
- **City:** Princeton  
- **County:** Mercer  
- **Name of Monitoring Firm Hired by Building Owner:** ATC Associates  
- **ASCM No.:** 00098  
- **Name of Abatement Contractor:** AbateTech, Inc.  
- **Street Address:** 3 Terri Lane  
- **City, State, Zip Code:** Burlington, NJ 08016  
- **Project Manager for Monitoring Firm:** Michael R. Kuehn  
- **Telephone No.:** 609-386-8800  
- **Telephone No.:** 609-265-2107  
- **License No.:** 00529  
- **Name of OSHA Monitor:** ENSL Analytical  
- **Street Address:** 30 Maple Ave. PO Box 25  
- **City, State, Zip Code:** Lumberton, NJ 08048  
- **Occuancy Status During Abatement (Check one only):**  
- **Full Containment with Negative Pressure**  
- **Mini-Enclosure**  
- **Glovebag Procedure**  
- **Non-Exempted (*) and Non-Friable Procedure**  
- **Scope of Work (Check all that apply):**  
- **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:**  
- **Yes**  
- **No**  
- **N/A**  

<table>
<thead>
<tr>
<th>Work Area #1A Level A</th>
<th>Work Area #1A Level A</th>
<th>Work Area #1A Level A</th>
<th>Work Area #1A Level A</th>
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</thead>
<tbody>
<tr>
<td>Floor Tile and Mastic</td>
<td>Pipe and Fitting Insulation</td>
<td>Hanger Pads on Fiberglass Lines</td>
<td>Pipe and Fitting Insulation</td>
</tr>
<tr>
<td>1,230 SF</td>
<td>400 LF</td>
<td>20 Each</td>
<td>60 LF</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler:** AbateTech, Inc.  
**NJ DEP Waste Hauler ID No.:** 18750  
**Cubic Yards of Waste:** 520  
**Name of Registered Landfill:** G.R.O.W.S. Landfill  
**City, State:** Princeton, NJ  
**Disposal Date:** 11/28/14  
**City, State:** Tullytown, PA  
**Completed By (Print or Type):** Gwendolyn Trumbetti  
**Title:** Operations Coordinator  
**Signature:**  
**Date:** 10/31/14  

*Do not use this form for asbestos license exempted activities.*
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:80 and 5:16)

<table>
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<th>10 / 31 / 14</th>
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<table>
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<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
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<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
</tr>
<tr>
<td>DOL/WD</td>
<td>Amended</td>
</tr>
<tr>
<td>DHSS</td>
<td>Amendment #2</td>
</tr>
<tr>
<td>DCA (NJAC 5:23-8)</td>
<td>Emergency (including justification)</td>
</tr>
<tr>
<td></td>
<td>Cancellation</td>
</tr>
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<table>
<thead>
<tr>
<th>Name of Building Owner/Operator (2)</th>
<th>Trustees of Princeton / Job #1408-4803</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>Trustees of Princeton University E.A. MacMillan Bldg.</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Princeton, NJ 08644</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Robert Ortega, P.E.</td>
</tr>
<tr>
<td>Telephone Number</td>
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</tbody>
</table>

**FACILITY INFORMATION**

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<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Princeton University – Firestone Library</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>One Washington Road</td>
</tr>
<tr>
<td>City (5)</td>
<td>Princeton</td>
</tr>
<tr>
<td>County (6)</td>
<td>Mercer</td>
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<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>ATC Associates</th>
</tr>
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<tbody>
<tr>
<td>ASAP No.</td>
<td>00098</td>
</tr>
<tr>
<td>Street Address</td>
<td>3 Terri Lane</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Burlington, NJ 08016</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>Michael R. Keen</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>609-388-8800</td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>09 / 02 / 14</td>
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<tr>
<td>Scheduled Completion Date (11)</td>
<td>11 / 26 / 14</td>
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<thead>
<tr>
<th>Occupancy Status During Abatement (check only one)</th>
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<tbody>
<tr>
<td>☐ Facility Closed/ Vacated During Entire Period of Abatement</td>
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<tr>
<td>☑ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 4AM-12:30PM/ 6PM-12AM</td>
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<tr>
<td>Scope of Work (Check all that apply)</td>
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<td>☑ ≥160 sf or ≥260 if</td>
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<td>☑ Full Containment with Negative Pressure</td>
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<tbody>
<tr>
<td>☑ Work Area #A2 Level A</td>
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<tbody>
<tr>
<td>☑ Floor Tile and Mastic</td>
</tr>
<tr>
<td>☐ Pipe and Fitting Insulation</td>
</tr>
<tr>
<td>☑ Hanger pads on fiberglass lines</td>
</tr>
<tr>
<td>☑ Joint Compound w/drywall walls</td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
</tr>
<tr>
<td>2,250 LF</td>
</tr>
<tr>
<td>60 Each</td>
</tr>
<tr>
<td>3,350 SF</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>AbateTech, Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>NJDEP Waste Hauler ID No.</td>
<td>18750</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td>520</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>G.R.O.W.S. Landfill</td>
</tr>
<tr>
<td>City, State</td>
<td>Lumberton, NJ</td>
</tr>
<tr>
<td>Disposal Date</td>
<td>11/28/14</td>
</tr>
<tr>
<td>City, State</td>
<td>Tullytown, PA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed By (Print or Type)</th>
<th>Gwendolyn Trumbetti</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
<td>Operations Coordinator</td>
</tr>
<tr>
<td>Signature</td>
<td>[Signature]</td>
</tr>
<tr>
<td>Date</td>
<td>10/31/14</td>
</tr>
</tbody>
</table>
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)

Name of Building Owner/Operator (2)
Trustees of Princeton / Job #1408-4803

Assessment

Type of Notification

Initial
Amended
Emergency (including justification)
Cancellation

Agencies Notified

☑ EPA
☑ DOLWD
☑ DHSS
☑ DCA
☑ NJAC 5:23-8

Street Address
Trustees of Princeton University E.A. MacMillan Bldg.

City, State, Zip Code
Princeton, NJ 08544

Name of Contact
Robert Ortego, P.E.

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Princeton University – Firestone Library

Street Address
One Washington Road

City (5)
Princeton

County (6)
Mercer

County Code (STATE USE ONLY)

Current Use (Prior to if being demolished)
University Library

Name of Monitoring Firm Hired by Building Owner (8)
ATC Associates

ASCM No.
00098

Name of Abatement Contractor (9)
AbateTech, Inc.

Street Address
3 Terri Lane

City, State, Zip Code
Burlington, NJ 08016

Project Manager for Monitoring Firm
Michael R. Keehn

Telephone No.
609-386-8800

Start Date (10)
09 / 02 / 14

Scheduled-Completion Date (11)
11 / 28 / 14

License No.
00529

Name of OSHA Monitor
EMSL Analytical

Street Address
30 Maple Ave. PO Box 25

City, State, Zip Code
Lumberton, NJ 08048

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

City, State
Lumberton, NJ

Disposal Date
11/28/14

Compliance

Scope of Work (Check all that apply)

☑ ≥3 sf or ≥3 ft²
☑ ≥150 sf or ≥600 ft²

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

Location

Yes
No
N/A

Work Area #1B Level 1

Pipe and Fitting Insulation

60 LF

Is Location Normally Used Solely by Maintenance/Custodial Staff?

3 AM-12:30 AM

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
End-cap

Name of Registered Waste Hauler
AbateTech, Inc.

NJDEP Waste Hauler ID No.
18759

Cubic Yards of Waste
520

Completed By (Print or Type)
Gwendolyn Trumbetti

Title
Operations Coordinator

Signature

Date
10/31/14

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