State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 1:58-3 and 12:12-9)

Date of Notification (1)
11/5/2019

Name of Building Owner/Operator (2)
WP Secaucus Construction LLC

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

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

Street Address
100 Passaic Ave, Ste 240

City, State, Zip Code
Fairfield NJ 07004

Name of Contact
Louis Molinaro
Telephone Number
973-487-1805

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
N/A

Street Address
1631 Paterson Plank Road, Building 1-4

City (5)
Secaucus

County (6)
Hudson

Square Feet
4,300 / 4,300

# of Floors
1 / 1 / 3 / 1

Bldg. Age
109 yrs.

County Code (7)
07094

Current Use (Prior if being demolished)
abandoned

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

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

Name of Abatement Contractor (9)
Checkmark Industrial

Street Address
54 Morgan Dr

City, State, Zip Code
Sparta NJ 07871

Project Manager for Monitoring Firm

Telephone No.
973-570-2645

License No.
01334

Start Date (10)
11/18/2019

Scheduled Completion Date (11)
12/31/2019

Name of OSHA Monitor
Checkmark Industrial

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)

- ≥30 sq ft or ≥3 If
- ≥160 sq ft 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?

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
Endoscope

Name of Registered Waste Hauler
Newark Carting

NJ/DEP Waste Hauler ID No.

Cubic Yards of Waste
100

Name of Registered Landfill
Grand Central Sanitary Landfill

City, State
Pen Argyl, PA

Disposal Date

City, State
Newark NJ

Completed by
Corey Stankovic
Title
CEO

Signature

Date
11/5/2019

* Do not use this form for asbestos licensure exempted activities.
## RESULTS: EMSL Analytical, Inc.: #031924429: Building 1

<table>
<thead>
<tr>
<th>Sample #</th>
<th>Sample Location</th>
<th>ACM Material</th>
<th>ACM Results</th>
<th>Approximate Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>33</td>
<td>Second Floor</td>
<td>Green tile</td>
<td>4%</td>
<td>100 SF</td>
</tr>
<tr>
<td></td>
<td>Apartment 2 Back Bedroom</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>39</td>
<td>Roof</td>
<td>Flashing</td>
<td>5%</td>
<td>150 SF</td>
</tr>
</tbody>
</table>

### NOTE: BUILDING 2

Assumed approximately 1-yard white fire brick are positive for asbestos

## RESULTS: EMSL Analytical, Inc.: #031924442: Building 3

<table>
<thead>
<tr>
<th>Sample #</th>
<th>Sample Location</th>
<th>ACM Material</th>
<th>ACM Results</th>
<th>Approximate Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Basement</td>
<td>Air cell</td>
<td>30%</td>
<td>50 LF</td>
</tr>
<tr>
<td>2</td>
<td>Basement</td>
<td>Elbows</td>
<td>15%</td>
<td>4 elbows</td>
</tr>
<tr>
<td>6</td>
<td>Front Office</td>
<td>Plaster</td>
<td>2%</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Main Entrance</td>
<td>Plaster</td>
<td>2%</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Office R</td>
<td>Plaster</td>
<td>2%</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Office L</td>
<td>Plaster</td>
<td>2%</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Bathroom</td>
<td>Plaster</td>
<td>3%</td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Office L w bathroom</td>
<td>Plaster</td>
<td>2%</td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Stair to basement</td>
<td>Plaster</td>
<td>5%</td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Office R</td>
<td>Red tile</td>
<td>8%</td>
<td>100 SF</td>
</tr>
<tr>
<td>17</td>
<td>Office L</td>
<td>Mastic &amp; tile</td>
<td>1.8%</td>
<td>100 SF</td>
</tr>
<tr>
<td>18</td>
<td></td>
<td>Tile &amp; mastic</td>
<td>2%</td>
<td>70 SF</td>
</tr>
<tr>
<td>20</td>
<td>Stairs</td>
<td>Plaster</td>
<td>2%</td>
<td></td>
</tr>
<tr>
<td>25</td>
<td>Office R</td>
<td>Plaster</td>
<td>3%</td>
<td></td>
</tr>
<tr>
<td>29</td>
<td>Hallway</td>
<td>Plaster</td>
<td>5%</td>
<td></td>
</tr>
<tr>
<td>32</td>
<td>Kitchen</td>
<td>Window glaze</td>
<td>2.4%</td>
<td>All windows</td>
</tr>
</tbody>
</table>

Samples 17, 19, 31, 32, 38, 42, 43, 49, and 59 were sent for TEM (Transmission Electron Microscopy).
RESULTS: EMSL Analytical, Inc.: #031924429: Building 3

<table>
<thead>
<tr>
<th>Sample #</th>
<th>Sample Location</th>
<th>ACM Material</th>
<th>ACM Results</th>
<th>Approximate Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>71</td>
<td>Roof</td>
<td>Core</td>
<td>3%</td>
<td>2,000 SF</td>
</tr>
<tr>
<td>72</td>
<td>Roof</td>
<td></td>
<td>2%</td>
<td></td>
</tr>
<tr>
<td>73</td>
<td>Roof</td>
<td>Flashing</td>
<td>5%</td>
<td>300 SF</td>
</tr>
<tr>
<td>74</td>
<td></td>
<td></td>
<td>2%</td>
<td></td>
</tr>
<tr>
<td>75</td>
<td>Chimney</td>
<td>Tar</td>
<td>8%</td>
<td>20 SF</td>
</tr>
<tr>
<td>39</td>
<td>Roof</td>
<td>Flashing</td>
<td>5%</td>
<td>150 SF</td>
</tr>
</tbody>
</table>

Building 3: all roofing tar, sealants, flashing are considered positive for asbestos greater than 1%

RESULTS: EMSL Analytical, Inc.: #031924429: Building 4

<table>
<thead>
<tr>
<th>Sample #</th>
<th>Sample Location</th>
<th>ACM Material</th>
<th>ACM Results</th>
<th>Approximate Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>76</td>
<td>Back Building</td>
<td>Roof</td>
<td>5%</td>
<td>3,000 SF (under metal roof)</td>
</tr>
</tbody>
</table>

NOTE

Asbestos pipe insulation is known to be present in this building. If any insulated pipes/ducts or mastic is found behind/above/below existing surfaces, they are assumed asbestos. If any untested flooring or mastic is found underneath existing flooring, it is assumed asbestos. If any fireproofing/insulation/waterproofing adhesive/cement is found behind/above/below existing surfaces, it is assumed asbestos.
Date of Notification: 11/01/19

Name of Building Owner/Operator: Cottage Street Orbit Acquisitions, LLC

Street Address: 7420 S. Karen's Road, Suite 101
City, State, Zip Code: Tempe, AZ 85283

Name of Contact: Stephen Earley
Telephone Number: 201-668-1788

Name of Facility Where Abatement Is Taking Place:
Commercial

Street Address: 31-39 Central Avenue
City: Newark
County: Essex

Name of Monitoring Firm Hired by Building Owner: Mark Jovic Consulting LLC

Name of Abatement Contractor: ALL PRO MANAGEMENT LLC
Street Address: 27 Outwater Lane
City, State, Zip Code: Garfield, NJ 07026

License No.: 1188
Telephone No.: 973-928-4888

Start Date: 07/22/19
Scheduled Completion Date: 01/31/20

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

Scope of Work: Renovation, Demolition

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos Containing Material</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Throughout</td>
<td>Yes</td>
<td>(i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td>2,000 LF</td>
</tr>
<tr>
<td>Basement</td>
<td>No</td>
<td></td>
<td>4 SF</td>
</tr>
<tr>
<td>Office</td>
<td>No</td>
<td></td>
<td>150 SF</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler: Century Waste, LLC/Newark Carting

Disposal Date: TBD
City, State: Elizabeth, NJ / Newark, NJ / Garfield, NJ

Completed By: Allen Monchik
Title: Project Manager
Signature: Allen Monchik
Date: 11/1/19

* Do not use this form for asbestos licensure exempted activities.
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:720)

State of New Jersey

Name of Building Owner/Operator (2)

FHC Authority

Name of Contact

Jersey City NJ 07304

Telephone Number

800-234-7354

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

South Square

Street Address

Path Plaza

City, State, Zip Code

Jersey City NJ 07304

County Code (STATE USE ONLY) Hudson

Type of Facility (4)

School (K-12)

Subchapter 8 (Other than K-12)

Other (i.e., private & commercial buildings, homes, etc.)

Square Feet

Current Use (Prior if being demolished)

# of Floors

Bldg. Age

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.

Name of Abatement Contractor (9)

SCE Environmental

Street Address

1280 Mt. Cobb Rd

City, State, Zip Code

Mount Laurel PA 08054

License No.

510 383 4154 O1 216

Name of OSHA Monitor

SCE Environmental

Street Address

1280 Mt. Cobb Rd

City, State, Zip Code

Mount Laurel PA 08054

Scope of Work (Check All That Apply)

Renovation or Demolition

Full Containment with Negative Pressure

Minit-Enclosure

Glovebag Procedure

Non-Exempted (*) and Non-Frisable Procedure

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

(13)

In Facility

Yes No N/A

Is Location Normally Used Solely by Maintenance/Custodial Staff?

(12)

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

Amount (Specify SF or LF)

Abatement Type

Removal

Encapsulate

Endcapure

Name of Registered Waste Hauler

Candella Waste

NJDEP Waste Hauler ID No.

Cubic Yards of Waste

Name of Registered Landfill

(5) (cm)

City, State

Newark NJ

Disposal Date

Moncks Corner

Completed by

Tallahassee Wheeler

Title

PM

Signature

Date 11-5-19

* Do not use this form for asbestos licensure exempted activities.
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to N.J.A.C. 8:55 and 12:120)

**Date of Notification (1)**
11/01/2019

**Name of Building Owner/Operator (2)**
Denville Township Schools

**Agency Notified (3)**
- [x] EPA
- [x] DEP
- [ ] DOL
- [ ] DOH
- [ ] DCA

**Type Notification (4)**
- [x] Initial
- [ ] Amended
- [ ] Amendment #
- [ ] Emergency (including justification)
- [ ] Cancellation

**Street Address (5)**
1 St. Mary's Place

**City, State, Zip Code (6)**
Denville, NJ 07834

**Name of Contact (7)**
Mrs. Damaris Gurowsky

**Telephone Number (8)**
973-983-5530

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (9)**
Valley View Middle School

**Street Address (10)**
320 Diamond Spring Road

**City (11)**
Denville

**County (12)**
Morris

**County Code (13)**

**Square Feet of Building (14)**
50,000

**# of Floors (15)**
2

**Bldg. Age (16)**
50+

**Type of Facility (17)**
- [x] School (K-12)
- [ ] Subchapter B (Other than K-12)
- [ ] Other (i.e. private & commercial buildings, homes, etc.)

**Current Use (Prior if being demolished) (18)**
School

**Name of Monitoring Firm Hired by Building Owner (19)**
DAI Environmental Services

**ASCM No. (20)**
012

**Name of Abatement Contractor (21)**
Bako Construction & Restoration, Inc.

**Street Address (22)**
265A Route 46 Suite 3D

**City, State, Zip Code (23)**
Totowa, NJ 07512

**Project Manager for Monitoring Firm (24)**
Nadine Bello

**Telephone No. (25)**
973-981-4850

**License No. (26)**
0666

**Name of OSHA Monitor (27)**
Bako Construction & Restoration, Inc.

**Street Address (28)**
265A Route 46 Suite 3D

**City, State, Zip Code (29)**
Totowa, NJ 07512

**Start Date (30)**
11/27/2019

**Scheduled Completion Date (31)**
12/01/2019

**Occupancy Status During Abatement (Check Only One) (32)**
- [x] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility Hours
- [ ] Other - Describe: Wed: 12:30pm-6:30pm, Fri, Sat, Sun: 8am-4:30pm

**Scope of Work (Check All That Apply) (33)**
- [x] ≥3 sf or ≥3 if
- [x] ≥160 sf or ≥280 sf
- [ ] Renovation
- [ ] Demolition

**Location of Asbestos-Containing Material (ACM) TO BE ABATED (34)**

| Boiler Room Stairwell | X | Asbestos Ceiling Tiles | 180 SF | X |

**Name of Registered Waste Hauler (35)**
Bako Construction & Restoration, Inc.

**NJDEP Waste Hauler ID No. (36)**
20859

**Cubic Yards of Waste (37)**
TBD

**Name of Registered Landfill (38)**
Fairless Landfill/Waste Management

**City, State (39)**
Totowa, NJ

**Disposal Date (40)**
TBD

**Completed by (41)**
Damir Valjevac

**Title (42)**
Project Manager

**Signature (43)**

**Date (44)**
11/01/2019

---

*Do not use this form for asbestos licensure exempted activities.*
State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:66-7 and 12:120-7)

Date of Notification (1)
1/1/19

Name of Building Owner/Operator (2)
William Fulford

Agencies Notified
- EPA
- DOH

Type Notification
- Initial

Street Address
[Redacted]

City, State, Zip Code
Westfield, NJ 07090

Name of Contact
William Fulford

Facility Information

Name of facility where abatement is taking place (3)
William Fulford

Street Address
[Redacted]

City (5)  County (6)  County Code (7) (State use only)
Westfield  Westfield

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

ASCM No.

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

Square Feet  # of Floors  Bldg. Age

Current Use (Prior if being demolished)
residential

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)696-8869

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)  Sched. Completion Date (11)
11/18/2019  11/21/2019

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

Scope of Work (check all that apply)
- Demolition
- Renovation

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

Amount (Specify SF or LF)
285 lf

Registered Waste Hauler
B & G Restoration, Inc.

NJDEP Hauler ID# 19056

Cubic Yards of Waste
4

Name of Registered Landfill
Grand Central Landfill

City, State
Lincoln Park, NJ

Disposal Date
11/21/2019

Completed by (Print or Type)
Gordana Luna

Title
Secretary/Treasurer

Signature

Date
11/01/2019
**NOTIFICATION OF ASBESTOS ABATEMENT**

**State of New Jersey**

**(Pursuant to NJAC 8:9-6 and 12:1-20)**

**Date of Notification**: 11/2/19  
**Name of Building Owner/Operator**: Teresa Jolley

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
<td>City, State, Zip Code, NJ 08884</td>
</tr>
<tr>
<td>DEP</td>
<td>Amended</td>
<td>Name of Contact: Teresa Jolley</td>
</tr>
<tr>
<td>DOL</td>
<td>Amendment #1</td>
<td>Telephone Number:</td>
</tr>
<tr>
<td>DOH</td>
<td>Emergency (including justification)</td>
<td></td>
</tr>
<tr>
<td>DCA</td>
<td>Cancellation</td>
<td></td>
</tr>
</tbody>
</table>

**Name of Facility Where Abatement is Taking Place**: Residential Home

**City**:  
**Name**: Spotswood  
**County**: Middlesex  
**Square Feet**: 3100  
**# of Floors**: 2  
**Bldg. Age**: 65+/-

**Name of Monitoring Firm Hired by Building Owner**:  
**Project Manager**: ASCM No:

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

**Current Use (Prior to Abatement)**: Residential Home

**Start Date**: 11/4/19  
**Scheduled Completion Date**: 11/9/19

**Occupancy Status During Abatement** (Check Only One):  
- Facility Closed/Vacated During Entire Period of Abatement  
- Abatement Performed Outside of Normal Facility Hours  
- Other - Describe: 8 A.M. to 4 P.M.

**Scope of Work (Check All That Apply)**:  
- ≥3 a/o or ≥3 if  
- ≥160 sf or ≥2600 sf  
- Renovation  
- Demolition  
- Full Containment with Negative Pressure  
- Mini-Enclosure  
- Glovebag Procedure  
- Non-Exempted (*) and Non-Friable Procedure

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

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

**Amount (Specify SF or LF)**: 1227 SF

**Abatement Type**  
- Removal  
- Repair  
- Encapsulate  
- Ensure

**Name of Registered Waste Hauler**:  
**NJDEP Waste Hauler ID No.**: 0036592  
**Cubic Yards of Waste**: 8 YD  
**Name of Registered Landfill**: Grand Central Sanitary Landfill

**City, State**: Saddle Brook, NJ  
**Disposal Date**: TBD  
**City, State**: Pen Argyl, PA

**Completed by**: Richard Cristofol  
**Title**: President  
**Signature**:  
**Date**: 11/2/19

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* Do not use this form for asbestos licensure exempted activities.
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to N.J.A.C. 8:69 and 12:120)  

Date of Notification (4):  
11/2/19

Name of Building Owner/Operator (2):  
Loretta Parciasepe

Agencies Notified (3):  
EPA  
DEP  
DOL

Type Notification:  
Initial  
Amended  
Amendment #1  
Emergency (Including Justification)  
Cancellation

Street Address:  
City, State, Zip Code:  
Bergenfield, NJ 07621

Name of Contact:  
Loretta Parciasepe

FACILITY INFORMATION

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

City (5):  
Bergenfield

County (6):  
Bergen

County Code (7):  
(SATE USE ONLY)

Square Feet:  
1800

Bldg. Age:  
65+/-

Current Use (Prior if being demolished):  
Residential Home

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

City, State, Zip Code:  
Saddle Brook, NJ 07663

License No.:  
01305

Project Manager for Monitoring Firm:  

Telephone No.:  
201-600-3184

Telephone No.:  
201-600-3184

Start Date (10):  
11/7/19

Scheduled Completion Date (11):  
11/10/19

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

Other – Describe:  
9 A.M to 4 P.M

Scope of Work (Check All That Apply):  
Removal
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):  
VAT

Amount (Specify SF or LF):  
314 SF

Abatement Type:  
Full Containment with Negative Pressure
Mist-Enclosure

Glovebag Procedure
Non-Exempted (*) and Non-Friable Procedure

Full Containment with Negative Pressure
Mist-Enclosure

Glovebag Procedure
Non-Exempted (*) and Non-Friable Procedure

Name of Registered Waste Hauler:  
NJDEP Waste Hauler ID No.  
0036592

Cubic Yards of Waste:  
3 YD

Name of Registered Landfill:  
Grand Central Sanitary Landfill

City, State:  
Penn Argyl, PA

Completed by:  
Richard Cristofol

Title:  
President

Signature:  

Date:  
11/2/19

* Do not use this form for asbestos licensure exempted activities.
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:138)

Date of Notification (1)
11/1/2019

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

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

Name of Building Owner/Operator (2)
Burlington Publisher

Street Address
P.O. Box 368
City, State, Zip Code
Langhorne, PA 19047

Name of Contact
Donna Voorhees
Telephone Number
215-622-1014

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Burlington County Times Building

Street Address
4284 US-130
City (5)
Willingboro

County (6)
Burlington County

Name of Monitoring Firm Hired by Building Owner (8)
EAGLE IHA Inc

ASCM No.

Name of Abatement Contractor (9)
Elcon Environmental Inc

Street Address
359 Dresher Road
City, State, Zip Code
Horsham, PA

Project Manager for Monitoring Firm
Mark Hays

Telephone No.
215-672-6088

License No.
01225

Start Date (10)
11/18/19
Scheduled Completion Date (11)
12/20/19

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-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

In Facility

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

Name of Registered Waste Hauler

Service Transport Group

NJ DEP Waste Hauler ID No.
SW2117

Cubic Yards of Waste
TBD

Name of Registered Landfill
Minerva Enterprises

Disposal Date
TBD

City, State
Wayneburg, OH

Completed by
Andre Gosek
Title
Pr. Manager
Signature
Date
11/1/2019

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

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

**Data of Notification (1)**: 10/30/19

**Agency(ies) Notified**: EPA

**Type of Notification**: Initial

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

**Name of Contact**: Judy Scott

**State of New Jerseyw**

**Notification of Asbestos Abatement**

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

**Location**: [Redacted]

**City**: Ridgewood

**County**: Bergen

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

**Type of Facility (4)**:

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

**Square Feet**: 2500

**Number of Floors**: 2

**Bldg. Age**: 25

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

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

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

- 23 ft or less
- > 23 ft and < 50 ft
- > 50 ft and < 250 ft
- > 250 ft

**Equipment/Method(s) of Abatement**:

- Removal
- Demolition
- Full Containment with Negative Pressure
- Non-Enclosure (1) and Non-Firable Procedure

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

<table>
<thead>
<tr>
<th>Location</th>
<th>X</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pipe</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

- Presence of ACM listed
- Insulation
- Roofing, VAT, or other miscellaneous

**Abatement Type**

- Removal
- Repair
- Renovation
- Protective

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

**City, State, Zip Code**: Newark, NJ 07105

**Name of Registered Landfill**: Grand Central Sanitary Landfill

**CITY, STATE**: Pen Argyl, PA 08702

**Amount**: 140 LF

**Disposal Date**: 10/30 On

**Completed by**: Randall McDonald

**Title**: President

**Signature**: [Signature]

**Date**: 10/30/19

---

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

Date of Notification (1) 11-1-19
Name of Building Owner/Operator (2) GARDEN STATE DRINKING
Agencies Notified
☐ EPA
☐ DEP
☐ DOL
☐ DOH
☐ DCA
Type Notification
☐ Initial
☐ Amended
☐ Amendment 
☐ Emergency (including justification)
☐ Cancellation
Street Address S. CLEARMONT DR.
City, State, Zip Code CLEARMONT N.J 08310
Name of Contact JIM
Telephone Number
FACILITY INFORMATION
Name of Facility Where Abatement is Taking Place (3) RESIDENCE
Street Address [Partial redacted]
City (5) N. WILMINGTON
County (6) CAYUSE
County Code (7) (STATE USE ONLY) 08260
Square Feet 1100
# of Floors 2
Bldg. Age 50
Current Use (Prior to being demolished) VACANT
Name of Monitoring Firm Hired by Building Owner (8) N/A
Name of Abatement Contractor (9) KLEMKO INC
Street Address 369 S. SPRUCE AVE
City, State, Zip Code MAPLE SHADE N.J 08052
Telephone No. 609-779-0422
License No. 01371
Project Manager for Monitoring Firm
Scheduled Completion Date (11) 11-31-19
Start Date (10) 11-1-19
Occupancy Status During Abatement (Check only one) ☑ Facility Closed/Vacated During Entire Period of Abatement
☑ Abatement Performed Outside of Normal Facility Hours
NO OTHER - DESCRIBE
Scope of Work (Check all that apply)
☐ 23 sf or over
☐ 23 sf or over
☐ 260 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 IN FACILITY (13)
Location
S10116
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)
TRANSITE
Amount (Specify SF or LF) 3250
To X
Abatement Type Removal
Conflict of Encapsulate
Endorse
Yard
Name of Registered Waste Hauler KLEMKO INC
NJDEP Waste Hauler ID No. 10996
Cubic Yards of Waste 3 YDS
Name of Registered Landfill C.M.C.M.U.N.
Disposal Date 9-29-00
City, State MAPLE SHADE N.J
Completed By Michael Kloos Title SUPERVISOR
Signature MICHAEL
Date 11-1-19

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>11-1-19</td>
<td><strong>RIYH MARRS</strong></td>
</tr>
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<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
</tr>
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<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
</tr>
<tr>
<td>DEP</td>
<td>Amended</td>
</tr>
<tr>
<td>DOL</td>
<td>Amendment #</td>
</tr>
<tr>
<td>DOH</td>
<td>Emergency (including justification)</td>
</tr>
<tr>
<td>DOA</td>
<td>Cancellation</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>513 S. SEA ISLE CITY BLVD, SUITE 0</strong></td>
<td><strong>OCEAN VIEW, N.J. 08230</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Contact</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>RICH</td>
<td></td>
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</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Type of Facility (4)</th>
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<tbody>
<tr>
<td>RESIDENCE</td>
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<table>
<thead>
<tr>
<th>City (5)</th>
<th>County (6)</th>
</tr>
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<tbody>
<tr>
<td>SEA ISLE CITY</td>
<td><strong>CAPE MAY</strong></td>
</tr>
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<table>
<thead>
<tr>
<th>Square Feet</th>
<th># of Floors</th>
<th>Bldg Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000</td>
<td>2</td>
<td>40+</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>ASCM No.</th>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td></td>
<td><strong>Klemco Inc</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>369 S. SERVICE AVE</strong></td>
<td><strong>MAPLE SHADE, N.J. 08052</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>971-779-0472</strong></td>
<td><strong>01371</strong></td>
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<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
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<tbody>
<tr>
<td>11-1-19</td>
<td>11-31-19</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>
</tr>
<tr>
<td>[ ] Abatement Performed Outside of Normal Facility Hours</td>
</tr>
<tr>
<td>[ ] Other - Describe:</td>
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<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
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<tbody>
<tr>
<td>[ ] 33 sf or =3 sf</td>
</tr>
<tr>
<td>[ ] 2,160 sf or ≥2,160 sf</td>
</tr>
<tr>
<td>[ ] Renovation</td>
</tr>
<tr>
<td>[ ] Demolition</td>
</tr>
<tr>
<td>[ ] Full Containment with Negative Pressure</td>
</tr>
<tr>
<td>[ ] Non-Enclosure</td>
</tr>
<tr>
<td>[ ] Glovebag Procedure</td>
</tr>
<tr>
<td>[ ] Non-Exempted (*) and Non-Friable Procedure</td>
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<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SANDING</td>
</tr>
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</table>

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

<table>
<thead>
<tr>
<th>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
</tr>
</thead>
<tbody>
<tr>
<td>TRUAN SITE</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
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<tbody>
<tr>
<td>2000 SF</td>
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<table>
<thead>
<tr>
<th>Abatement Type</th>
</tr>
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<tbody>
<tr>
<td>X</td>
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<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
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</thead>
<tbody>
<tr>
<td><strong>Klemco Inc</strong></td>
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<table>
<thead>
<tr>
<th>Cubic Yards of Waste</th>
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<tbody>
<tr>
<td>NDEP Waste Hauler ID No. 12094</td>
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<table>
<thead>
<tr>
<th>Disposal Date</th>
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<tbody>
<tr>
<td><strong>Woodbridge, N.J.</strong></td>
</tr>
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<table>
<thead>
<tr>
<th>Completed By</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Michael Klein</strong></td>
</tr>
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<table>
<thead>
<tr>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Michael Klein</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>11-1-19</td>
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</tbody>
</table>

* Do not use this form for asbestos licensure exempted activities.
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:20)

Date of Notification (1): 11-1-19

Name of Building Owner/Operator (2): KIRK MASSURA

Address: 513 SEA ISLE CITY BLVD, SUITE D
City, State, Zip Code: OCTAVIA, N.J. 08230

Name of Contact: RICH
Telephone Number: VACANT

FACILITY INFORMATION

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

Street Address: 513 SEA ISLE CITY BLVD, SUITE D
City (5): SEA ISLE CITY 08230
County (6): CAPE MAY
County Code (7) (STATE USE ONLY): VACANT

Square Feet: 2000
# of Floors: 2
Bldg. Age: 40+

Current Use (Prior if being demolished): VACANT

Name of Abatement Contractor (9): KIMCO INC

Street Address: 369 S. SERVICE AVE
City, State, Zip Code: MAPLE SHADE N.J. 08052
Telephone No.: 856-729-0422
License No.: 01371

Name of OSHA Monitor: N/A

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

Scope of Work (Check all that apply):
- Full Containment with Negative Pressure
- Non-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

Abatement Type: VACANT

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

- Siding
- Trans Site: 2500 SQ.

Name of Registered Waste Hauler: KIMCO INC

Cubic Yards of Waste: 15404

Name of Registered Landfill: C.W.C. M.U.A
City, State: MAPLE SHADE N.J.

CITY, STATE: WOOD BRIDGE N.J.

Complied By: MICHAEL KIMCO
Title: VP
Signature: N/A
Date: 11-1-19

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