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

Date of Notification (1): 11/15/14

Name of Building Owner/Operator (2):

MEN + MACHINES

Street Address: 225 FREMONT AVE.  ASBESTOS CONTROL 

City, State, Zip Code: WOODRIDGE, N.J. 07075

Name of Contact: LISA

Telephone Number:

FACILITY INFORMATION

Type of Facility (4):

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

Square Feet: 1,400

Current Use (Prior to being demolished): VACANT

Occupancy Status During Abatement (Check only one)

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

Scope of Work (Check all that apply)

- Renovation
- Demolition

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

Yes No N/A

Location of Asbestos-Containing Material (ACM)

Used Solely by Maintenance/ Custodial Staff? (12)

Yes No N/A

Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation,

surfaces, VAC, or other miscellaneous)

Amount (Specify SF or LF):

Asbestos Removal, Reuse, or Disposal

Committed By: JOSEPH KLEMM

Signature: Date: 11/15/14

Do not use this form for asbestos clearance exempted activities
### FACILITY INFORMATION

- **Name of Facility Where Abatement is Taking Place (8):** First Presbyterian Church of New Vernon
- **Type of Facility (9):** Church
- **Square Feet (11):** 2,800
- **Floor (10):** 2
- **Slate Age (12):** 1823

### OCCUPANCY STATUS DURING ABATEMENT (CHECK ONLY ONE)

- **Applicable:**
  - ( ) Church
  - ( ) School (K-12)
  - ( ) Subchapter 8 (Other than K-12)
  - ( ) Other (i.e. prime & commercial office, hospital, etc.)

### USE OF FACILITY DURING ABATEMENT

- **Current Use (Prior to being demolished):** Church

### LOCATION OF ASBESTOS-CONTAINING MATERIAL (ACM)

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Botany by Maintenance Custodial Staff (13)</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e. thermal, ceiling, wall, HVAC, or other miscellaneous)</th>
<th>Amount (Specify LB or SF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>X</td>
<td>Pipe Insulation</td>
<td>15 LF</td>
</tr>
<tr>
<td>Basement</td>
<td>X</td>
<td>Pipe Debris</td>
<td>75 SF</td>
</tr>
<tr>
<td>Basement</td>
<td>X</td>
<td>Floor Tile</td>
<td>10 SF</td>
</tr>
</tbody>
</table>

### PREVENTIVE MEASURES

- ( ) Full Containment with Negative Pressure
- ( ) Mini-Enclosure
- ( ) Glovebag Procedure
- ( ) Non-Eruptive ( ) and Non-Effluence Procedure

### NAME OF REGISTERED WASTE HANDLER

- **Name:** N.J. DEP. Wastes
- **License No.:** 16939

### COMPLETED BY

- **Name:** Christina Lynch
- **Title:** Operations Manager

---

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

Date of Notification (1)  
11/5/14

Agencies Notified  Type Notification  
X EPA  Initial  
X DEP  Amended  
X DOH  Emergency (including justification)  
X DOL  Cancellation  
X Allrisk

Name of Building Owner/Operator (2)  
Allrisk

Street Address  
501 Kennedy Blvd.

City, State, Zip Code  
Somerdale NJ 08083

Name of Contact  
Lou

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  
Clementon Elementary School

Street Address  
4 Audubon Ave.

City (5)  
Clementon NJ 08012

County (6)  
Camden

County Code (7)  
(state use only)  

Square Feet  
1000+

# of Floors  
1

Bldg. Age  
35+

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

Square Footage  
1000+

Current Use (Prior if being demolished)  
same

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

ASCM No.  

Name of Abatement Contractor (9)  
Pernaco Inc.

Street Address  
PO Box 329

City, State, Zip Code  
West Berlin NJ 08091

Project Manager for Monitoring Firm  

Telephone No.  
856-753-9800

License No.  
00727

Name of OSHA Monitor  
same

Start Date (10)  
11/6/14

Scheduled Completion Date (11)  
11/8/14

Occupancy Status During Abatement (Check Only One)

Facility Closed/Vacated During Entire Period of Abatement  

Abatement Performed Outside of Normal Facility Hours  

Other – Describe: Night work after 4 pm

Scope of Work (Check All That Apply)  
X Renovation

Dentulation

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

In Facility (13)

Room A207

Room B204 Closet  
X  
Floor tile & mastic  
20 SF

Room B202 Closet  
X  
Floor tile & mastic  
20 SF

Room A203 Closet  
X  
Floor tile & mastic  
20 SF

Room A205 Closet  
X  
Floor tile & mastic  
20 SF

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

In Facility (13)

Room A207

Room B204 Closet  
X  
Floor tile & mastic  
20 SF

Room B202 Closet  
X  
Floor tile & mastic  
20 SF

Room A203 Closet  
X  
Floor tile & mastic  
20 SF

Room A205 Closet  
X  
Floor tile & mastic  
20 SF

Name of Registered Waste Hauler  
United Containers

NUDEP Waste Hauler ID No.  
22459

Cubic Yards of Waste  
2

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

City, State, Zip Code  
Elm NJ

Disposal Date  
11/10/14

City, State, Zip Code  
Morrisville PA 19067

Completed by  
Anthony T. Perna

Title  
President

Signature  

Date  
11/5/14

* 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)
November 5, 2014

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

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

### Name of Building Owner/Operator (2)
Menard Construction

### Street Address
138 Hillcrest Road

### City, State, Zip Code
Flemington, NJ 08822

### Name of Contact
Melissa Licciardo

### Telephone Number

### FACILITY INFORMATION

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

#### Street Address
207 Melody Lane

#### City, County, Zip Code
Chadwick Beach, Ocean, 07720

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

#### ASCM No.

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

#### Street Address
1889 Route 9, Unit 61

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

#### Telephone Number
732-349-9932

#### License Number
00624

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

#### Street Address
1056 Stelton Road

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

#### Square feet
1200 sf

#### # of Floors
1

#### Bldg. Age
60

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

#### Project Manager for Monitoring Firm

#### Telephone Number

#### Scheduled Start Date (10)
11/6/14

#### Scheduled Completion Date (11)
11/10/14

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

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

#### Normally used Solely by:
NOTIFICATION OF ABATEMENT

#### Staff

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

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

#### Abatement Type
- [ ] REMOVAL
- [ ] REPAIR
- [ ] ENCAPSULATE
- [ ] ENCLOSURE

#### Exterior
X
Asbestos siding
1200 sf
X

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

### NDEP Waste Hauler ID No.
20223

### Cubic Yards of Waste
2

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

### City, State
Toms River, New Jersey

### Disposal Date
11/11/14

### City, State
Tullytown, Pennsylvania

### Completed by (Print or Type)
Nicholas Pernicola

### Title
Project Manager

### Signature

### Date
11/5/2014

*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:** November 5, 2014

**Name of Building Owner/Operator:** AJC Excavating

**Street Address:** 21 Cambridge Drive

**City, State, Zip Code:** Jackson, NJ 08527

**Name of Contact:** John Nimech

### FACILITY INFORMATION

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

**Street Address:** 51 Bayshore Drive

**City:** Toms River

**County:** Ocean

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

**Square Feet:** 1200 sf

**# of Floors:** 1

**Bldg. Age:** 60

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

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

**License Number:** 00624

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

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

**Street Address:** 1056 Stelton Road

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

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

**Telephone Number:** 1889 Route 9, Unit 61

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

**License Number:** 00624

### OCCUPANCY STATUS DURING ABATEMENT

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

**Scheduled Completion Date:** 11/10/14

### SCOPE OF WORK

- [ ] >3 sf or ≥3 l f
- [ ] 160 sf or ≥260 l f
- [ ] Renovation
- [ ] Demolition

### ABATEMENT TYPE

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

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

- Normally used Solely by Maintenance/Custodial Staff:
  - YES
  - NO
  - N/A

**Exterior**

- [ ] Asbestos siding

**Amount (Specify SF or LF):** 1200 sf

**Abatement Type:**
- [ ] Removal
- [ ] Repair
- [ ] Encapsulation
- [ ] Enclosure

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

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

**Cubic Yards of Waste:** 2

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

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

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

**City, State:** Tullytown, Pennsylvania

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

**Title:** Project Manager

**Signature:** [Signature]

**Date:** 11/5/2014

*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)
11/4/2014

Name of Building Owner/Operator (2)
Newark Beth Israel Medical Center

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

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

Street Address
201 Lyons Avenue

City, State, Zip Code
Newark, NJ 07112

Name of Contact
Mr. Ed Grogen

Telephone Number

Name of Facility Where Abatement is Taking Place (3)
Newark Beth Israel Medical Center

Street Address
201 Lyons Avenue

City (5)
Newark

County (6)
Essex

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

ASCM No.
N/A

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

Square Feet
400,000

# of Floors
8

Bldg. Age
50

Current Use (Prior if being demolished)
Hospital

Name of Abatement Contractor (9)
East Coast Haz Mat Removal, Inc.

Street Address
494 E. 41st Street

City, State, Zip Code
Paterson, NJ 07504

Project Manager for Monitoring Firm
Tom Geiger

Telephone No.
732-290-2217

Telephone No.
973-345-0022

License No.
00507

Name of OSHA Monitor
Same as above

Start Date (10)
November 4, 2014

Scheduled Completion Date (11)
November 6, 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: 10am thru 6pm

Scope of Work (Check All That Apply)
☒ ±3 sf or ±3 if
☐ ±100 sf or ±250 if
☒ Renovation
☒ Demolition
☒ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☒ Non-Exempted (*) and Non-Flexible Procedure

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

<table>
<thead>
<tr>
<th>Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement Kitchen Mens Room</td>
</tr>
<tr>
<td>Basement Kitchen Mens Room</td>
</tr>
</tbody>
</table>

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

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

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

| Basement Kitchen Mens Room | Pipe Insulation | 6 LF |
|                            | Ceiling Plaster | 15 SF |

Amount (Specify SF or LF)

<table>
<thead>
<tr>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
East Coast Haz Mat Removal, Inc.

Disposal Date
11/6/2014

City, State
Morrising, PA

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

Complied by
James E. Unger

Title
Project Manager

Signature

Date
11/4/2014

*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) 11/5/14
Name of Building Owner/Operator (2) H.S. Betsy Boova

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

Street Address
106 HOBART AVE
SUMMIT, N.J. 07901

City, State, Zip Code
Name of Contact H.S. Boova
Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) H.S. Boova
Type of Facility (4)
☐ School (K-12)
☐ Subchapter 8 (Other-than-K-12)
☐ Other (i.e., private & commercial buildings, homes, etc.)

Street Address
106 HOBART AVE
SUMMIT, N.J. 07901

City (5) Summit
County (6) Union
County Code (7) (STATE USE ONLY)

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

Name of Abatement Contractor (9) Best Removal Inc

Street Address
450 South River St
Hackensack, N.J. 07601

City, State, Zip Code
Telephone No. 201-329-7444
License No. 00388

Name of OSHA Monitor Omega Environmental

Phone No.

Start Date (10) 11/20/14
Scheduled Completion Date (11) 11/26/14

Occupy Status During Abatement (Check only one)
☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☐ Other – Describe: TAM SIM

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

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

Name of Registered Waste Hauler Best Removal Inc

ID No. 17109

Cubic Yards of Wastes 11/26/14

Name of Registered Landfill Minerva Enterprises, LLC

City, State Hackensack, N.J. 07601

Disposal Date 11/27
City, State Waynesboro, Oh. 44688

Completed by J. Maiorano
Title Estimator

Signature 11/5/14

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

Date of Notification (1):
11/5/14

Name of Building Owner/Operator (2):
BASE CORP.

Agency Notified:
- [ ] EPA
- [ ] DEP
- [ ] DOL
- [ ] DOH
- [ ] DCA

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

Street Address:
2655 ROUTE 22 WEST

City, State, Zip Code:
UNION, NJ 07083

Name of Contract:
J. McGILLIAN

Telephone Number:

FACILITY INFORMATION

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

Street Address:
2655 ROUTE 22 WEST

City, State, Zip Code:
UNION, NJ 07083

County (5):
UNION

Square Feet:
1,550,000

[# of Floors Bldg. Age]
1 65 YEARS

Name of Monitoring Firm Hired by Building Owner:
EHJ

Name of Abatement Contractor (6):
Best Removal Inc

Address:
450 South River St

City, State, Zip Code:
Hackensack, N.J. 07601

Project Manager for Monitoring Firm:
B. KERBEL

Telephone No.:
973-651-2041

Telephone No.:
201-329-7444

License No.:
035388

Name of OSHA Monitor:
Omega Environmental

Street Address:
280 Hurley St

City, State, Zip Code:
S. Hackensack, N.J. 07606

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 AM - 5 PM

Scope of Work (Check all that apply):

- [ ] 3 or more stories
- [ ] 160 ft or more
- [ ] Renovation
- [ ] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebox Procedure
- [ ] Non-Exempted (*) and Non-Prefeible Procedure

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED</th>
<th>Location Normally Used Solely by Maintenance/Controlled Access (12)</th>
<th>Description of Asbestos-Containing Material (ACM) (e.g., 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>EAST SIDE VACANT AREA</td>
<td>X VAT</td>
<td>2500 SF X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>EAST SIDE VACANT AREA</td>
<td>MASTIC</td>
<td>1000 SF X</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Name of Registered Waste Handler:
Best Removal Inc

N/DEP Waste Handler ID No.:
17109

Cubic Yards of Waste:
3/12 YDS

Name of Registered Landfill:
Minerva Enterprises, LLC

City, State:
Hackensack, N.J. 07601

Disposal Date:
11/5/14

Waynesburg, Oh. 44688

Completed by:
R. VELEZ

Title:
Estimator

Signature:
R. VELEZ

Date:
11/5/14

* 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) 11-5-14

Name of Building Owner/Operator (2) David Krishner

Agencies Notified [ ] EPA [ ] DEP [X] N J DOL [ ] J D O H

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

FACILITY INFORMATION

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

Agency Address 28 University Court

City, State, Zip Code South Orange, NJ, 07079

Name of Contact David Krishner

Telephone Number

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 0

# of Floors 1

Bldg. Age N/A

Current Use (Prior if being demolished)

Name of Monitoring Firm hired by Building N/A

Owner (8)

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) 11-14-14

Sched. Completion Date (11) 11-17-14

Month Day Year

Month Day Year

Occupy Status During Abatement (Check only one)

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

[ ] Abatement Performed Ouside of Normal Facility Hours - Describe: Off Hours Descript

[ ] Other - Describe: Other Occupancy Descript

Scope of Work (Check all that apply)

[X] 2 or more 1 ft. [X] Renovation [ ] Demolition

[X] 160 sf or more [ ] Pull Containment with Negative Pressure

[X] 260 sf or more [ ] Mini-Enclosure

Description of Asbestos-Containing Material (ACM)

(X) 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)

Asbestos-Containing

Removal

Repair

Enclosure

Enclosure

Name of Registered Waste Hauler

AZTECH MANAGEMENT, INC.

N J D E P 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 11-18-14

City, State Morrisville, PA 19067

Completed By (Print or Type) Constantine Vivian

Title President

Signature Date 11-5-14
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:50 and 12:126)

Date of Notification: 10-23-2014

Name of Building Owner/Operator: Nick Costanzo
Street Address: 810 Fowmes Ave.
City, State, Zip Code: Brigantine, NJ

Name of Contact: Melissa
Telephone Number:

FACILITY INFORMATION:

Name of Facility Where Abatement is Taking Place: House
Street Address: 810 Fowmes Ave.
City: Brigantine
County: Atlantic

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

Name of Abatement Contractor: Lozinick Management Corporation
Street Address: 22 Troy Lane
City, State, Zip Code: Lincoln Park, NJ 07035

Type of Facility:
- School (K-12)
- Subchapter 9 (Other than K-12)
- Other (i.e. private & commercial buildings, hospitals, etc.)

Square Feet: 1500
# of Floors: 1
Bldg. Age: 50+

Current Use (Prior to or being demolished):
- House

Occupancy Status During Abatement (Check Only One):
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside Of Normal Facility Hours
- Other: Demolition 10 am - 4 pm

Scope of Work (Check All That Apply):
- Renovation
- Demolition
- Full Containment With Negative Pressure
- Dust-Free Enclosure
- Glovebox Procedures
- Non-Exempted (1) and Non-Flexible Procedure

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Description of ACM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>Vinyl Sheet Flooring</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler:
Lozinick Management Corp

Name of Registered Landfill:
GROWS Landfill
City, State: Montville, PA 18067

Completed by:
E. Cizovic
Talia
Signature: [Signature]
Date: 10/23/2014

ASB-41 (R-05-25)

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

Date of Notification (1):
11-5-2014

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

Name of Building Owner/Operator (2):
BCSI

Street Address:
146 Poplar St.
City, State, Zip Code:
Ridgefield Park, NJ

Name of Contact:
Robert Cirminio

Facility Information

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

Residential Property:

City (5):
Cliffside Park

County (6):
 Bergen

Name of Monitoring Firm (7):
Hired by Building Owner (8):
ASCM No.:
Name of Abatement Contractor (9):
Lozinka Management Corp

Street Address:
245 Marion Ave.

County Code (7):
(SATE 1000000 Y)

Square Feet:
1500 SF

# of Floors:
2

Residential Property

Type of Property (4):

Current Use (Prior if being demolished):

Date:
11-5-2014

Start Date (10):

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

Other - Overwrite:

Scope of Work (Check All That Apply):

Is listed or R38?
2190 SF or 2800 SF

Abatement Type:

Location of Asbestos-Containing Materials (ACM) (11):

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

Exterior:
Asbestos Transite Shingles
1500 SF

Abatement Material:

Name of Registered Waste Hauler:
Lozinka Management Corp

Cubic Yards of Waste:
TBD

Disposal Date:
TBD

Name of Registered Landfill:
GROWS Landfill

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

Completed by:
E. Cirovic
Title:
Secretary

Signature:
Date:
11-5-2014

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

Date of Notification (1) 
11/04/14  

Name of Building Owner/Operator (2) 
Dina Morin  

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

Street Address  
38 Evergreen St.  

City, State, Zip Code  
Waldwick, NJ, 07463  

Name of Contact  
Telephone Number  

FACILITY INFORMATION  

Name of Facility Where Abatement is Taking Place (3)  
Dina Morin  

Street Address  
38 Evergreen St.  

City (5)  
Waldwick  

County (6)  
Bergen County  

County Code (7)  
(STATE USE ONLY)  

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

Name of Abatement Contractor (9)  
Pro Abatement  

Street Address  
1009 87th Street Suite A4  

City, State, Zip Code  
North Bergen, NJ 07047  

Project Manager for Monitoring Firm  
Telephone No.  

Telephone No.  
201-293-6305  

License No.  
01223  

Name of OSHA Monitor  
HILMANN CONSULTING LLC  

Street Address  
1600 ROUTE EAST SUITE 107  

City, State, Zip Code  
UNION NJ 07083  

Start Date (10)  
11/14/14  

Scheduled Completion Date (11)  
11/24/14  

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 sf or ≥3 if  

≥160 sf or ≥250 sf  

Renovation  

Demolition  

Full Containment with Negative Pressure  

Mini-Enclosure  

Glovebag Procedure  

Non-Exempted (*) and Non-Friable Procedure  

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

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

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

Amount (Specify SF or LF)  

Abatement Type  
Removal  
Repair  
Encapsulate  
Endoscopy  

 Basement VAT 202 SF x  

Name of Registered Waste Hauler  
SAN TON SERVICES  
NJDEP Waste Hauler ID No. 22430  
Cubic Yards of Waste  
Name of Registered Landfill  
MEDOWLANCHES COMMISION  
City, State  
KENILWORTH, NJ  

Completed by  
Bryan Parra  
Title  
Project Manager  
Signature  
Date  
11/04/14  

* 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)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>11 / 04 / 14</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>PNCT</td>
</tr>
</tbody>
</table>

**Agencies Notified**
- [ ] EPA
- [ ] DOLWD
- [ ] DHSS
- [ ] DCA
  (NJAC 5:23-3)

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

<table>
<thead>
<tr>
<th>Street Address</th>
<th>240 Corbin Street</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State, Zip Code</td>
<td>Newark, New Jersey 07114</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>George Stavrou</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement Is Taking Place (3)</th>
<th>Port Newark Container Terminal, Bldg 124, 233 &amp; Former Entrance Gate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>240 Corbin Street</td>
</tr>
<tr>
<td>City (5)</td>
<td>Newark, New Jersey 07114</td>
</tr>
<tr>
<td>County (6)</td>
<td>Essex</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ASCM No.</th>
<th>145M</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>T &amp; M Associates</td>
</tr>
<tr>
<td>Street Address</td>
<td>11 Tindall Road</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Middleton, New Jersey 07748</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>732-676-1725</td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>Lilich Corporation</td>
</tr>
<tr>
<td>Street Address</td>
<td>606 McBride Avenue</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Woodland Park, New Jersey 074724</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>License No.</th>
<th>01104</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of OSHA Monitor</td>
<td>EMSL Analytical, Inc.</td>
</tr>
<tr>
<td>Street Address</td>
<td>1056 Stelton Road</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Piscataway Township, NJ 08854</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] 3 or 3+ sf or 3+ if</td>
</tr>
<tr>
<td>[ ] 160 or 260 if</td>
</tr>
</tbody>
</table>

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

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

**Location of Asbestos-Containing Material (ACM)**
- 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) | 0 |

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

**Asbestos Transportation Company Inc**
- Name of Registered Waste Hauler |
- [ ] Name of Registered Landfill |

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>Minerva Enterprises</th>
</tr>
</thead>
<tbody>
<tr>
<td>NUDEP Waste Hauler ID No.</td>
<td>1A-317</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td>120</td>
</tr>
<tr>
<td>Disposal Date</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>Yophank, New York</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Completed By (Print or Type)</th>
<th>Momo Glavatovic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
<td>Vice President</td>
</tr>
</tbody>
</table>

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

**ACB 41**
MAY 11
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 5:16)

Check # 2039

Date of Notification (1)  
11 / 05 / 14

Name of Building Owner/Operator (2)  
Mike Hennessy

Agencies Notified  
☐ EPA  
☒ DOLWD  
☐ DHSS  
☐ DCA  
(NJAC 5:25-5)

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

Street Address  
17 Waterbury Road

City, State, Zip Code  
Montclair, NJ 07043

Name of Contact  
Mike Hennessy

Telephone Number  

FACILITY INFORMATION

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

Street Address  
17 Waterbury Road

City (6)  
Montclair, NJ 07043

County (8)  
Essex

County Code (7) (STATE USE ONLY)  
Current Use (Prior if being demolished)

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

Name of Abatement Contractor (9)  
Gr Tech LLC

Street Address  
576 Valley Rd #283

City, State, Zip Code  
Wayne, NJ 07470

Telephone No.  
973-638-1777

License No.  
01127

Name of OSHA Monitor  
Envirovision Consultants, Inc

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

City, State, Zip Code  
Fair Lawn, NJ 07410

Start Date (10)  
11 / 14 / 14

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

Scoping of Work (Check all that apply)  
☐ > 3 st or > 3 ft  
☐ ≥ 190 cf or ≥ 250 ft

☒ Renovation

Demolition

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

Basement  
☐ Yes  
☐ No  
☒ N/A

Pipe insulation  
24 LF

Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)  
Clean up and decontamination with negative pressure

Full Containment with Negative Pressure

Mini-Enclosure

Glovebag Procedure

Tent with Negative Pressure

Non-Exempted (*) and Non-Friable Procedure

Gr Tech LLC  
TBD  
T.R.R.F. Inc

Name of Registered Waste Hauler  
NDEP Permit Holder ID No.  
0033785  
TBD  
TBD

Cubic Yards of Waste  
Name of Registered Landfill  
Tullytown, PA

Completed By (Print or Type)  
Title  
Owner

Name  
N. Jevtic

Signature  
Date  
11/05/2014

* 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)** November 5, 2014  
**Name of Building Owner / Operator (2)** Bank of America

**Agencies Notified**  
- [x] EPA  
- [x] DOH

**Type Notification**  
- [x] Amended

**Street Address**  
129 Hardenburgh Avenue

**City, State & Zip Code**  
Demarest, NJ 07627

**Name of Contact**  
Dino Nappi
**Telephone Number** (3)

**FACILITY INFORMATION**

<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>Bank of America</td>
<td></td>
</tr>
</tbody>
</table>

**Square Feet** 6,000  
**# of Floors** 2  
**Bldg. Age** 60

**Name of Abatement Contractor (9)** Synatech, Inc.

**Project Manager for Monitoring Firm**  
Stephen O'Doherty  
Telephone Number 516-944-9500

**Scheduled Start Date (10)** November 8, 2014  
**Scheduled Completion Date (11)** December 18, 2014

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

**Scope of Work (Check all that apply)**  
- [ ] ≥3 sf or ≥50 if  
- [ ] ≥160 sf or ≥260 if  
- [ ] Renovation  
- [ ] Demolition  
- [ ] Full Containment with Negative Pressure  
- [ ] Mini-Enclosure  
- [ ] Glovebag Procedure  
- [ ] Non-Exempted(*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM)</th>
<th>IS Location Normally Used Solely by Maintenance or Custodial Staff? (12)</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Main Banking Center</td>
<td>[ ]</td>
<td>Plaster Ceiling Veneer</td>
<td>2,600 SF</td>
<td>X</td>
</tr>
<tr>
<td>Main Banking Center</td>
<td>[ ]</td>
<td>Ceiling Joint Compound</td>
<td>300 SF</td>
<td>X</td>
</tr>
<tr>
<td>2nd Floor Lavatories</td>
<td>[ ]</td>
<td>Plaster Walls</td>
<td>450 SF</td>
<td>X</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**  
Synatech, Inc.

**Cubic Yards of Waste** 80  
**Name of Registered Landfill** Grows Landfill

**City, State**  
Little Egg Harbor, NJ 08087

**Disposal Date** December 19, 2014  
**City, State** Morrisville, PA

**Completed By**  
Diane Alola  
**Title** Executive Administrator

**Signature**  
[Signature]

**Date** November 5, 2014  
**Completed Date** October 21, 2014

*Do not use this form for asbestos licensure exempted activities.*
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:130)

**Name of Building Owner/Operator:** 
EARTH-TECH CONTRACTING  
155 RT. 50  
GREENFIELD N.J. 08230

**Name of Contact:** 
BRUCE BRENNIG

**Telephone Number:** 
6

**Facility Information:**

- **Name of Facility Where Abatement is Taking Place:** RESIDENTIAL
- **Street Address:** 907 SEACREST RD
- **City:** OCEAN CITY
- **County:** CAPE MAY
- **Name of Monitoring Firm Hired by Building Owner:** KLEMCO INC.
- **Address:** 369 S SPRUCE AVE
- **Telephone No:** 856-779-0472
- **License No:** 0044

**Date:**
- **Scheduled Completion Date:** 11/24/14

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

**Scope of Work:**
- **Location of Asbestos-Containing Material (ACM) TO BE ABATED**
  - **Location:**
  - **Description:**
  - **Amount (Specify SF or L):**
  - **Asbestos Type:**

**Name of Registered Waste Handler:** 
KLEMCO INC.

**Cubic Yards of Waste Shipped:**

**Name of Registered Lamp Handler:**

**City State:** WOODBRIDGE, N.J.

**Completed By:**

**Date:** 11/12/14

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

**State of New Jersey**

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

**Date of Notification (1):** 11/5/14

**Name of Building Owner/Operator (2):** Robert Hawkins

**Street Address:** 862/864 1st Avenue

**City, State, Zip Code:** Raritan, NJ 08869

**Agency Noticed:** 
- [ ] EPA
- [ ] DOH
- [ ] DOL

**Name of Contact:** Eric Fauris

**Telephone Number:**

**FACILITY INFORMATION**

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

**Square Feet:** 2816

**Bldg. Age:** 78

**County (6):** Somerset

**County Code (7):**

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

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

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

**Scheduled Completion Date (11):** 11/10/14

**Occupancy Status During Abatement (Check only one):**
- [ ] Facility Closed/Vacated during entire period of abatement
- [ ] Abatement performed outside of normal facility hours
- [ ] Other - Describe:

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

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

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

- Lego

**Amount (Specify SF or LF):** 150 LF

**Abatement Type:**

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

**Name of Registered Waste Handler:**

**Name of Registered Landfill:**

**Disposal Date:** 11/12/14

**City, State:** PA

**Completed By:** Eric Fauris

**Title:** President

**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 8:66 and 12:130)

Date of Notification (1): 11/16/14

Name of Building Owner/Operator (2): 2014 NOV 10. AM 12:43

MEO & MACHINES

225 FREMONTE AVE

AGENTS CONTROL
LIFING

Name of Contact: LISA
Telephone Number: 201-500-0000

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: 1000
No. of Floors: 2
Built Age: 40

Current Use (Prior if being demolished): VACANT

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

Street Address: 1227 RIVER ST.
City: SEFFNER CITY
County: CAPE MAY

County Code (7) (STATE USE ONLY):
ASCM No.:

Name of Monitoring Firm Hired by Building Owner:
NAME/DATE

Name of Abatement Company (9):
KLEEMO INC

Street Address:
369 S. SPRUCE AVE.
City, State, Zip Code:
MAPLE SHADE, N.J. 08052

Telephone No.:
56-779-0422
License No.:
00444

Name of OSHA Monitor:
JOSEPH LEMM

Street Address:
369 S. SPRUCE AVE.
City, State, Zip Code:
MAPLE SHADE, N.J. 08052

San Date (10): 11/17/14
Scheduled Completion Date (11): 11/24/14

Occupy Status During Abatement (Check only one):
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other: None

Scope of Work (Check all that apply):
- Removal
- Demolition
- Full Containment with Negative Pressure
- Work Enclosure
- Glovebox Procedure
- Non-Exempted (4) and Non-Firable Procedure

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

Cubic Yards of Waste:
NAME OF WASTE

Name of Registered Landfill:
C.M.C., M.U.D.
Disposal Date:

City, State:
MAPLE SHADE, N.J. 08052

Name of Registered Waste Hauler:
NAME/DATE

Compromised By:
JOSEPH KLEMM
Date:
11/16/14

Do not use this form for asbestos licensure exempted activities.
Date of Notification (1)  
11/03/14

Name of Building Owner/Operator (2)  
Fador Kabalin

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

Type Notification  
- Initial

Street Address  
44 Plymouth Ave

City, State, Zip Code  
Maplewood, NJ 07040

Name of Contact  
Svetlana Kabalin

FACILITY INFORMATION

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

Street Address  
44 Plymouth Ave

City (5)  
Maplewood

County (6)  
Essex

Square Feet  
N/A

# of Floors  
N/A

Bldg. Age  
N/A

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

ASCM No.  
Name of Abatement Contractor (9)  
D&S Abatement, Inc.

Street Address  
11 Rosengren Avenue

City, State, Zip Code  
Totowa, NJ 07512

Project Manager for Monitoring Firm  

Telephone No.  
973-345-8685

License No.  
#00675

Start Date (10)  
11/19/14

Scheduled Completion Date (11)  
11/20/14

Name of OSHA Monitor  
D&S Abatement, Inc.

Street Address  
11 Rosengren Avenue

City, State, Zip Code  
Totowa, NJ 07512

Occupancy Status During Abatement (Check Only One)  

Facility Closed/Vacated During Entire Period of Abatement

Abatement Performed Outside of Normal Facility Hours

Other – Describe: Occupied

Scope of Work (Check All That Apply)  

- ≥3 ft or ≥33 ft
- ≥160 ft or ≥260 ft
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>basement</td>
<td>X</td>
<td>pipe insulation</td>
<td>110 LF</td>
<td>Removal</td>
</tr>
<tr>
<td>basement</td>
<td>X</td>
<td>boiler insulation</td>
<td>20 SF</td>
<td>Repair</td>
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</table>

Name of Registered Waste Hauler  
D&S Abatement, Inc.

NJDEP Waste Hauler ID No.  
#20996

Cubic Yards of Waste  
TBD

Name of Registered Landfill  
Waste Management of PA

City, State  
Totowa, NJ

Disposal Date  
TBD

City, State  
Tullytown, PA

Completed by  
Deanna Brkusanin

Title  
Project Manager

Signature  
Deanna Brkusanin

Date  
11/03/14

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

Date of Notification (1)
11/03/14

Name of Building Owner/Operator (2)
Tony DiRienzo

RECEIVED

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

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

Street Address
38 Highland Drive

City, State, Zip Code
West Caldwell, NJ 07006

Name of Contact
Tony DiRienzo

FACILITY INFORMATION

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

Street Address
394 Watseuss Ave.

City (5)
Bloomfield

County (6)
Essex

County Code (7)
N/A

Current Use (Prior to its being demolished)
House

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

Name of Abatement Contractor (9)
D&S Abatement, Inc.

Street Address
11 Rosengren Avenue

City, State, Zip Code
Totowa, NJ 07512

Project Manager for Monitoring Firm

Telephone No.
973-345-8685

License No.
#00675

Start Date (10)
11/20/14

Scheduled Completion Date (11)
11/21/14

Name of OSHA Monitor
D&S Abatement, Inc.

Street Address
11 Rosengren Avenue

City, State, Zip Code
Totowa, NJ 07512

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

Scope of Work (Check All That Apply)
☐ ≥30 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

Name of Registered Waste Hauler
D&S Abatement, Inc.

NJDEP Waste Hauler ID No.
#20996

Cubic Yards of Waste
TBD

Name of Registered Landfill
Waste Management of PA

City, State
Totowa, NJ

Disposal Date
TBD

City, State
Tullytown, PA

Completed by
Deanna Brkusancin

Title
Project Manager

Signature

Date
11/03/14

* Do not use this form for asbestos licensure exempted activities.
<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>11/03/14</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Sheila Falk</td>
</tr>
<tr>
<td>Agencies Notified</td>
<td>Type Notification</td>
</tr>
<tr>
<td>EPA</td>
<td>Initial</td>
</tr>
<tr>
<td>DEP</td>
<td>Amended</td>
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<tr>
<td>DOL</td>
<td>Amendment #</td>
</tr>
<tr>
<td>DOH</td>
<td>Emergency (including justification)</td>
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<tr>
<td>DCA</td>
<td>Cancellation</td>
</tr>
<tr>
<td>Street Address</td>
<td>32 Whittier Terrace</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Bloomfield, NJ 07003</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Sheila Falk</td>
</tr>
<tr>
<td>FACILITY INFORMATION</td>
<td></td>
</tr>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td>House</td>
</tr>
<tr>
<td>Street Address</td>
<td>32 Whittier Terrace</td>
</tr>
<tr>
<td>City (5)</td>
<td>Bloomfield</td>
</tr>
<tr>
<td>County (6)</td>
<td>Essex</td>
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<tr>
<td>Current Use (Prior if being demolished)</td>
<td>House</td>
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<tr>
<td>ASCM No.</td>
<td></td>
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<tr>
<td>ASCM No.</td>
<td></td>
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<tr>
<td>Name of Abatement Contractor (9)</td>
<td>D&amp;S Abatement, Inc.</td>
</tr>
<tr>
<td>Street Address</td>
<td>11 Rosengren Avenue</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Totowa, NJ 07512</td>
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<tr>
<td>Telephone No.</td>
<td>973-345-8685</td>
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<tr>
<td>License No.</td>
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<td>Start Date (10)</td>
<td>11/24/14</td>
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<td>Scheduled Completion Date (11)</td>
<td>11/25/14</td>
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<tr>
<td>Occupancy Status During Abatement (Check Only One)</td>
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<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>
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</tr>
<tr>
<td>Other – Describe: Occupied</td>
<td></td>
</tr>
<tr>
<td>Scope of Work (Check All That Apply)</td>
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</tr>
<tr>
<td>≥23 sf or ≥23 if</td>
<td></td>
</tr>
<tr>
<td>≥160 sf or ≥260 if</td>
<td></td>
</tr>
<tr>
<td>Renovation</td>
<td></td>
</tr>
<tr>
<td>Demolition</td>
<td></td>
</tr>
<tr>
<td>Full Containment with Negative Pressure</td>
<td></td>
</tr>
<tr>
<td>Mini-Enclosure</td>
<td></td>
</tr>
<tr>
<td>Glovebag Procedure</td>
<td></td>
</tr>
<tr>
<td>Non-Exempted (*) and Non-Friable Procedure</td>
<td></td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)</td>
<td></td>
</tr>
<tr>
<td>Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)</td>
<td>Yes</td>
</tr>
<tr>
<td>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td>pipe insulation</td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
<td>135 LF</td>
</tr>
<tr>
<td>Abatement Type</td>
<td></td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
<td>D&amp;S Abatement, Inc.</td>
</tr>
<tr>
<td>NJDEP Waste Hauler ID No.</td>
<td>#20996</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td>TBD</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>Waste Management of PA</td>
</tr>
<tr>
<td>City, State</td>
<td>Totowa, NJ</td>
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<tr>
<td>Disposal Date</td>
<td>TBD</td>
</tr>
<tr>
<td>City, State</td>
<td>Tullytown, PA</td>
</tr>
<tr>
<td>Completed by</td>
<td>Deanna Brkusonin</td>
</tr>
<tr>
<td>Title</td>
<td>Project Manager</td>
</tr>
<tr>
<td>Signature</td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td>11/03/14</td>
</tr>
</tbody>
</table>

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

Date of Notification (1) 11/5/14
Name of Building Owner/Operator (2) Tom Corcoran

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

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

Street Address 1101 Carlow Drive
City, State, Zip Code Toms River, NJ 08753

Name of Contact Amanda Corcoran
Telephone Number

FACILITY INFORMATION

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

Street Address
1101 Carlow Drive

City (s)
Toms River, NJ 08753

County (6)
Ocean

County Code(7) (STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.

Name of Abatement Contractor (9)
AEI2, LLC

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

Square Feet
2000

# of Floors
1

Bldg. Age
30yrs

Current Use (Prior or being demolished)
Residence

Street Address
300 S. Lenola Road

City, State, Zip Code Maple Shade, NJ 08052

Project Manager for Monitoring Firm

Telephone No.
609-481-2122

License No.
006089

Start Date (10)
11/1/14

Scheduled Completion Date (11)
11/20/14

Name of OSHA Monitor
AEI2, LLC

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

Scope of Work (Check all that apply)
☐ ≥3 sf or ≤3 sf
☐ ≥160 sf or ≤260 sf
☒ Renovation
☐ Demolition

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

(13)

Yes  No  N/A

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

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

Description of

Amount
(Specify SF or LF)

Abatement Type

Basement

Tile & Mastic
300SF
X

Name of Registered Waste Hauler
AEI2, LLC

NJDEP Waste Hauler ID No.
21376

Cubic Yards of Waste

1

Name of Registered Landfill
TBD

Disposal Date TBD

City, State

TBD

Completed by
Wm. Minnick

Title
Program 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 12:120)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>11/6/14</th>
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</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Scott Lang Private Home</td>
</tr>
<tr>
<td>Agencies Notified</td>
<td>Type Notification</td>
</tr>
<tr>
<td>EPA</td>
<td>Initial</td>
</tr>
<tr>
<td>DEP</td>
<td>Amended</td>
</tr>
<tr>
<td>DOL</td>
<td>Emergency (Including justification)</td>
</tr>
<tr>
<td>DOH</td>
<td>Cancellation</td>
</tr>
<tr>
<td>Street Address</td>
<td>22 N 25th Street</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Surf City NJ 08008</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Scott</td>
</tr>
<tr>
<td>Telephone</td>
<td>201-470-4700</td>
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</tbody>
</table>

**FACILITY INFORMATION**

| Name of Facility Where Abatement is Taking Place (3) | Scott Lang Private Home |
| Street Address | 22 N 25th Street |
| City (5) | Surf City NJ 08008 |
| County (6) | Ocean |
| County Code (7) (STATE USE ONLY) | |
| Current Use (Prior to being demolished) | Home |
| Name of Monitoring Firm Hired by Building Owner (8) | N/A |
| ASCM No. | |
| Name of Abatement Contractor (9) | Pernaco Inc. |
| Street Address | PO Box 329 |
| City, State, Zip Code | West Berlin NJ 08091 |
| Project Manager for Monitoring Firm | |
| Telephone No. | 856-753-9800 |
| License No. | 00727 |
| Start Date (10) | 11/7/14 |
| Scheduled Completion Date (11) | 11/11/14 |
| Occupancy Status During Abatement (Check Only One) | Facility Closed/Vacated During Entire Period of Abatement |
| Scope of Work (Check All That Apply) | Abatement Performed Outside of Normal Facility Hours |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13) | Through-out |
| Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | No |
| Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Floor Tile |
| Amount (Specify SF or LF) | 600 SF |
| Abatement Type | Encapsulate |
| Location | |
| Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | Yes |
| Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | |
| Amount (Specify SF or LF) | |
| Abatement Type | |
| Location | |
| Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | No |
| Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | |
| Amount (Specify SF or LF) | |
| Abatement Type | |
| Location | |
| Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | No |
| Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | |
| Amount (Specify SF or LF) | |
| Abatement Type | |
| Location | |

**Name of Registered Waste Hauler**

| United Containers | NJDEP Waste Hauler ID No. 22459 |
| Disposal Date | 11/11/14 |
| City, State | Elm NJ |

**Completed by**

| Anthony T Perna | Title | President |
| Signature | |

**Date**

| 11/6/14 |

*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):
11/03/14

Name of Building Owner/Operator (2):
Rob Ellenport

Agencies Notified

- EPA
- DEP
- DOL
- DOH
- DCA

Type Notification

- Initial
- Amended
- Emergency (including Justification)
- Cancellation

Street Address
852 Lake Avenue

City, State, Zip Code
Clark, NJ 07066

Name of Contact
Rob Ellenport

FACILITY INFORMATION

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

Street Address
852 Lake Avenue

City (5)
Clark

County (6)
Union

County Codes (7)
N/A

Current Use (Prior if being demolished)
House

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

ASCM No.

Name of Abatement Contractor (9):
D&S Abatement, Inc.

Street Address
11 Rosengren Avenue

City, State, Zip Code
Totowa, NJ 07512

Project Manager for Monitoring Firm

Telephone No.

Start Date (10)
11/04/14

Scheduled Completion Date (11)
11/05/14

Name of OSHA Monitor
D&S Abatement, Inc.

Street Address
11 Rosengren Avenue

City, State, Zip Code
Totowa, NJ 07512

Scope of Work (Check All That Apply)

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

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos Containing Material (ACM) (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>No</td>
<td>boiler insulation</td>
<td>20 SF</td>
<td>x</td>
</tr>
<tr>
<td>basement</td>
<td>No</td>
<td>water tank insulation</td>
<td>20 SF</td>
<td>x</td>
</tr>
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</table>

Name of Registered Waste Hauler:
D&S Abatement, Inc.

City, State
Totowa, NJ

Name of Registered Landfill:
Waste Management of PA

City, State
Tullytown, PA

Disposal Date
TBD

Signature

Deanna Birkusnin
Title
Project Manager

Completed by

Date
11/03/14

* 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)  
11/03/14

Name of Building Owner/Operator (2)  
John Handy

AGENCIES NOTIFIED  
- [X] EPA  
- [X] DEP  
- [X] DOL  
- DOH  
- [ ] DCA

TYPE NOTIFICATION  
- [X] Initial  
- [X] Emergency (including justification)

STREET ADDRESS  
269 Park Ave

CITY, STATE, ZIP CODE  
Allendale, NJ 07401

NAME OF CONTACT  
John Handy

FACILITY INFORMATION

NAME OF FACILITY WHERE ABATEMENT IS TAKING PLACE (3)  
House

STREET ADDRESS  
269 Park Ave

CITY  
Allendale

COUNTY  
Bergen

COUNTY CODE (7)  
N/A

CURRENT USE (PRIOR IF BEING DEMOLISHED)  
House

NAME OF MONITORING FIRM HIRED BY BUILDING OWNER (8)  
N/A

ASCM No.  
N/A

NAME OF ABATEMENT CONTRACTOR (9)  
D&S Abatement, Inc.

STREET ADDRESS  
11 Rosengren Avenue

CITY, STATE, ZIP CODE  
Totowa, NJ 07512

PROJECT MANAGER FOR MONITORING FIRM  
N/A

TELEPHONE NO.  
N/A

LICENSE NO.  
#00675

START DATE (10)  
11/18/14

SCHEDULED COMPLETION DATE (11)  
11/19/14

OCCUPANCY STATUS DURING ABATEMENT (CHECK ONLY)  
Facility Closed/Vacated During Entire Period of Abatement

OTHER - DESCRIBE: Occupied

SCOPE OF WORK (CHECK ALL THAT APPLY)  
- [X] 23 sf or 23 ft
- [ ] 160 sf or 2260 ft

REMOVAL  
- [X] Demolition

DESCRIPTION OF ASBESTOS CONTAINING MATERIAL (ACM) (I.E. THERMAL SYSTEMS INSULATION, SURFACING, VAT, OR OTHER MISCELLANEOUS)  
- Description: Ducts

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

LOCATION OF ASBESTOS-CONTAINING MATERIAL (ACM) TO BE ABATED IN FACILITY  
- No

NAME OF REGISTERED WASTE HAULER  
D&S Abatement, Inc.

NJ DEP WASTE HAULER ID NO.  
#20996

CUBIC YARDS OF WASTE  
TBD

NAME OF REGISTERED LANDFILL  
Waste Management of PA

CITY, STATE  
Totowa, NJ

DISPOSAL DATE  
TBD

CITY, STATE  
Tullytown, PA

COMPLETED BY  
Deanna Brkusadin

TITLE  
Project Manager

SIGNATURE  
[Signature]

DATE  
11/03/14

* Do not use this form for asbestos licensure exempted activities.
Date of Notification (1)  
November 6, 2014  

Name of Building Owner/Operator (2)  
Lopez, LLC  

Check # N/A

Agencies Notified  
- EPA  
- DEP  
- DOH  
- DCA  

Type Notification  
- Initial  
- Amended  
- Amendment # 2  
- Emergency (including justification)  
- Cancellation

Street Address  
10A Jennings Road  

City, State, Zip Code  
Medford, NJ 08055

Name of Contact  
Chris Sarandoulias  

Telephone Number  

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  
Yale School, Former Queen of Heaven (School Building)

Street Address  
Route 70 and Connecticut Avenue

City (5)  
Cherry Hill

County (6)  
Camden  

County Code (7)  

Current Use (Prior if being demolished)  
School

Name of Monitoring Firm Hired by Building Owner (5)  
TTI Environmental, Inc.

ASCM No.  

Name of Abatement Contractor (9)  
Shade Environmental, LLC

Street Address  
623 Cutter Avenue

City, State, Zip Code  
Maple Shade, NJ 08052

Name of OSHA Monitor  
EMSL Laboratories

Project Manager for Monitoring Firm  
Jim Guilardi

Telephone No.  
856-840-8800

License No.  
00842

Start Date (10)  
October 22, 2014

Scheduled Completion Date (11)  
November 28, 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)  

- ≥3 sf or ≥3 if  
- ≥160 sf or ≥260 ft²

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 (13)</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
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<tbody>
<tr>
<td>Throughout</td>
<td>XXX</td>
<td>Floor Tile</td>
<td>27,000 SF</td>
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<td>Throughout</td>
<td>XXX</td>
<td>Chalkboards</td>
<td>1,216 SF</td>
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Name of Registered Waste Hauler  
Freehold Cartage

NJ DEP Waste Hauler ID No.  
22253

Cubic Yards of Waste  
200

Name of Registered Landfill  
Western Berks Community Landfill

City, State  
Birdsboro, PA

Disposal Date  
11/28/2014

Completed by  
Christina Lynch  
Operations Manager

Date  
11/6/2014

* 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)
November 6, 2014

Name of Building Owner/Operator (2)
Lopez, LLC
Check # N/A

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

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

Street Address
10A Jennings Road

City, State, Zip Code
Medford, NJ 08055

Name of Contact
Chris Sarandoulias
Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Yale School, Former Queen of Heaven (Rectory Building)

Street Address
Route 70 and Connecticut Avenue

City (9)
Cherry Hill

County (6)
Camden

County Code (7)

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

ASCM No.

Name of Abatement Contractor (9)
Shade Environmental, LLC

Street Address
623 Cutler Avenue

City, State, Zip Code
Maple Shade, NJ 08052

License No.
00042

Project Manager for Monitoring Firm
Jim Guiardi

Telephone No.
856-840-8800

Start Date (10)
October 22, 2014

Scheduled Completion Date (11)
November 28, 2014

Name of OSHA Monitor
EMSL Laboratories

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

Scope of Work (Check All That Apply)
- ≥ 3 sf or ≥ 3 if
- ≥ 60 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

1st and 2nd Floor XXX Joint Compound 150 SF x

Name of Registered Waste Hauler
Freehold Cartage

NJ/DEP Waste Hauler ID No.
22253

Cubic Yards of Waste
5

Name of Registered Landfill
Western Berks Community Landfill

Disposal Date
11/28/2014

City, State
Birdsboro, PA

Completed by
Christina Lynch
Title
Operations Manager

Signature

Date
11/6/2014

* 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):** November 6, 2014  
**Name of Building Owner/Operator (2):** Lopez, LLC  
**Check # N/A**

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

**Street Address:** 10A Jennings Road  
**City, State, Zip Code:** Medford, NJ 08055  
**Name of Contact:** Chris Sarandoulis  
**Telephone Number:**

---

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3):** Yale School, Former Queen of Heaven (Rectory Building)  
**Street Address:** Route-Z0 and Connecticut Avenue  
**City (5):** Cherry Hill  
**County (6):** Camden  
**County Code (7):** (STATE USE ONLY)  
**Square Feet:** 2,650  
**# of Floors:** 2  
**Bldg. Age:** 30  
**Current Use:** Recrory

**Name of Monitoring Firm Hired by Building Owner (8):** TTI Environmental, Inc.  
**ASCM No.:**  
**Name of Abatement Contractor (9):** Shade Environmental, LLC  
**Street Address:** 623 Cutler Avenue  
**City, State, Zip Code:** Maple Shade, NJ 08052

**Project Manager for Monitoring Firm:** Jim Guillard  
**Telephone No.:** 856-840-8800  
**Telephone No.:** 856-755-0099  
**License No.:** 00842  
**Name of OSHA Monitor:** EMSL Laboratories  
**Occupancy Status During Abatement (Check Only One):**  
- Facility Closed/Vacated During Entire Period of Abatement  
- Abatement Performed Outside of Normal Facility Hours  
- Other – Describe:

**Scope of Work (Check All That Apply):**  
- ≥3 sf or ≥3 if  
- ≥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 (13):**  
<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/ Custodial Staff?</th>
<th>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st Floor Hallway</td>
<td>XXX</td>
<td>Linoleum</td>
<td>25 SF</td>
<td>x</td>
</tr>
<tr>
<td>Basement &amp; Exterior</td>
<td>XXX</td>
<td>Window Glazing</td>
<td>330 LF</td>
<td>x</td>
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</tbody>
</table>

**Name of Registered Waste Hauler:** N.-DEP Waste Hauler ID No. 22253  
**Cubic Yards of Waste:** 5  
**Name of Registered Landfill:** Western Berks Community Landfill  
**Disposal Date:** 11/28/2014  
**City, State:** Birdsboro, PA  
**Completed by:** Christina Lynch  
**Title:** Operations Manager  
**Signature:** [Signature]  
**Date:** 11/6/2014

---

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

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

**Name of Building Owner/Operator:** Michael Starkey

**Address:** 27 Cottage Street, South Orange, NJ 07079

**Facility Information:**
- **Type of Facility:** School (K-12)
- **Nature of Monitoring Firm Hired by Building Owner:** AECM No.
- **Name of Abatement Contractor:** Gr Tech LLC
- **Street Address:** 576 Valley Rd #283, Wayne, NJ 07470
- **Telephone No.:** 973-638-1777
- **Project Manager for Monitoring Firm:** Envirospection Consultants, Inc.
- **Street Address:** 20-21 Water Street, Bldg 33E, Fair Lawn, NJ 07440

**Work to Be Performed:**
- **Area of Work:**
  - 2-3 stories
  - 160 sf or >200 sf
  - Renovation
  - Demolition

**Location of Asbestos-Containing Material (ACM) To Be Abated:**
- **Location:** Entire Facility
- **Is Location Normally Used Solely by Maintenance/Custodial Staff?** Yes
- **Is Location Used for Other Purposes:** No

**Asbestos-containing Material (ACM):**
- **Type:** Fireproofing, Insulation, Spraying
- **Location:** Report

**Method of Abatement:**
- **Method:** Light and Asbestos Insulation
- **Duration:** 15 LF

**Local Authority:**
- **Name of Local Authority:** Gr Tech LLC
- **City, State:** Wayne, NJ 07470
- **Date:** 11/05/2014

**Signatures:**
- **Owner:** N.J. S. 11/05/2014
- **Abatement Contractor:**
  - Gr Tech LLC
  - 576 Valley Rd #283, Wayne, NJ 07470

This form is not for asbestos awareness activities.
### State of New Jersey
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60 and 12:120)

**Date of Notification (1)**
04/01/14

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

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

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

**Street Address**
199 VAN HOUTON AVENUE

**City, State, Zip Code**
PASSAIC, NJ 07055

**Name of Contact**
MARCELL

**Facility Information**

<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>199 VAN HOUTON AVENUE</td>
<td>HOME</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>County (6)</th>
<th>County Code (7)</th>
</tr>
</thead>
<tbody>
<tr>
<td>PASSAIC COUNTY</td>
<td>(STATE USE ONLY)</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>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Abatement Contractor (5)</th>
<th>Name of OSHA Monitor</th>
</tr>
</thead>
<tbody>
<tr>
<td>AAA LEAD PROFESSIONALS</td>
<td>AAA LEAD PROFESSIONALS</td>
</tr>
</tbody>
</table>

**Street Address**
6 WHITE DOVE COURT

**City, State, Zip Code**
LAKEWOOD, NJ 08701

**Project Manager for Monitoring Firm**

**Telephone No.**

<table>
<thead>
<tr>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>732-668-9078</td>
<td>1200</td>
</tr>
</tbody>
</table>

**Start Date (10)**
11/16/14

**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] Renovation
- [X] Demolition
- [X] Full Containment with Negative Pressure
- [X] Mini-Enclosure
- [X] Glovebox Procedure
- [X] Non-Exempted (*) and Non-Friable Procedure

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

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

**INTERIOR**

<table>
<thead>
<tr>
<th>Location</th>
<th>Type of Material</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>PLASTER</td>
<td>5,000 SF</td>
<td>X</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**
NEWARK CARTING

**Cubic Yards of Waste**
40

**Name of Registered Landfill**
IESI

**Disposal Date**
11/18/14

**City, State**
BETHLEHEM PA

**Completed by**
JOSEPH PERLSTEIN

**Title**
OWNER

**Signature**

**Date**
9/9/14

* 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): November 6, 2014

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

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

Name of Building Owner/Operator (2): Seminole Construction

Street Address: 128 Bartlett Avenue

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

Name of Contact: Joyce Corliss

FACILITY INFORMATION

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

Street Address: 10 W Stanton Avenue

City: LBI

County (6): Ocean

County Code (7): 08 (STATE USE ONLY)

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

Square feet: 1500 sf

# of Floors: 1

Bldg. Age: 60

Current Use (Prior if being demolished): Residence

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

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

Street Address: 1889 Route 9, Unit 61

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

Telephone Number: 732-349-9932

License Number: 00624

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

Street Address: 1056 Stelton Road

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

Scheduled Start Date (10): 11/7/14

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

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' le
[ ] ≥160 sf or ≥160' le
[ ] 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

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

Amount (Specify SF or LF): 1300 sf

Abatement Type:

Name of Registered Waste Hauler: Guardian Contracting, Inc.

N JDEP Waste Hauler ID No.: 20223

Cubic Yards of Waste: 2

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

City, State: Toms River, New Jersey

Disposal Date: 11/12/14

City, State: Tullytown, Pennsylvania

Completed by: (Print or Type) Nicholas Fernicola

Title: Project Manager

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

Date of Notification (1): 0 November 6, 2014
Name of Building Owner/Operator (2): Messercola Enterprises

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

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

City: Beach Haven West
County: Ocean
County Code (7) (STATE USE ONLY):

Name of Monitoring Firm Hired by Building Owner (8):
Name of Abatement Contractor (9):
N/A
Guardian Contracting, Inc.

Street Address
49 Budd Drive

City, State, Zip Code: Matawan, NJ 07747

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

Square feet
1000 sf
# of Floors
1
Bldg. Age
60

Current Use (Prior if being demolished):
Residence

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

Street Address
1056 Stelton Road

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

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 lfm
[ ] ≥1500 sf or ≥2500 lfm
[ ] Renovation
[ ] Demolition

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

Is Location Normally used Solely by Maintenance/Custodial Staff:

YES NO N/A

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

Amount (Specify SF or LF):

Abatement Type
REMOVAL
REDUCTION
ENCAPSULATION
ENCLOSURE

Exterior
X Asbestos siding 800 sf X

Name of Registered Waste Hauler:
Guardian Contracting, Inc.

Disposal Date: 11/12/14

City, State:
Toms River, New Jersey

T.R.R.F.

Name of Registered Landfill:

City, State:

TULLYTON, Pennsylvania

Completed by (Print or Type):
Nicholas Ferriola
Title: Project Manager

Signature:
11/12/14

*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)
November 6, 2014

Name of Building Owner/Operator (2)
Miller Homes

Name of Contact
Jim Miller

FACILITY INFORMATION

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

Street Address
14 W Shrewsbury Drive

City
Little Egg Harbor

County Code (7) (STATE USE ONLY)
Ocean

Square feet
1000 sf

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

# of Floors
1

Bldg. Age
60

Current Use (Prior if being demolished)
Residence

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

Street Address
1889 Route 9, Unit 61

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

Telephone Number
732-349-9932

License Number
00624

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

Street Address
1056 Stetson Road

City, State, Zip Code
Piscataway, New Jersey 08854

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

Scope of Work (Check all that apply)
[ ] >3 sf or ≥3 if
[ x ] ≥160 sf or ≥260 if
[ x ] Renovation
[ ] Demolition

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

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

Amount (Specify SF or LF)

Asbestos siding
1050 sf

Abatement Type
x

Enclosure

Removal

Repair

Encapsulation

Amount (Specify SF or LF)

Exterior
X

Asbestos siding
1050 sf

Name of Registered Waste Hauler
Guardian Contracting, Inc.

Amount (Specify SF or LF)

NJDEP Waste Hauler ID No.
20223

Cubic Yards of Waste
3

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

City, State
Toms River, New Jersey

Disposal Date
11/12/14

City, State
Tullytown, Pennsylvania

Completed by (Print or Type)
Nicholas Fernicola

Title
Project Manager

*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): November 6, 2014

Name of Building Owner/Operator (2): Seminole Construction

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

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

Name of Contact: Joyce Corliss

FACILITY INFORMATION

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

Street Address: 1223 Beach Drive
City: Forked River
County: Ocean
County Code: (STATE USE ONLY)

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

ASCM No.: Name of Abatement Contractor (9):
Guardian Contracting, Inc.

Street Address: 1889 Route 9, Unit 61
City, State, Zip Code: Toms River, New Jersey 08755-1271

Project Manager for Monitoring Firm: Telephone Number

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

Street Address: 1056 Stelton Road
City, State, Zip Code: Piscataway, New Jersey 08854

Scheduled Start Date (10): 11/7/14
Scheduled Completion Date (11): 11/11/14

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):
[ ] >3 sf or ≥3 if
[X] ≥160 sf or ≥260 if
[X] 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 peaks:
[ ] YES X Asbestos siding 100 sf X

Name of Registered Waste Hauler:
Guardian Contracting, Inc.

NIDEP Waste Hauler ID No. 20223

Cubic Yards of Waste: 2

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

City, State:
Toms River, New Jersey

Disposal Date: 11/12/14

City, State:
Tullytown, Pennsylvania

Completed by: (Print or Type)
Nicholas Fernicola
Title: Project Manager
Signature: [Signature]
Date: 11/6/2014

*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)**
November 6, 2014

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

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

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

**Street Address**
128 Bartlett Avenue

**City, State, Zip Code**
West Creek, NJ 08264

**Name of Contact**
Joyce Corliss

**FACILITY INFORMATION**

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

**Street Address**
26 W 90th Street

**City**
LBI

**County**
Ocean

**County Code (7)**
N/A

**County Code (STATE USE ONLY)**
N/A

**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 sf

**# of Floors**
1

**Bldg. Age**
60

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

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

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

**Street Address**
1889 Route 9, Unit 61

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

**Telephone Number**
732-349-9932

**License Number**
00624

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

**Street Address**
1056 Stetson Road

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

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

**Telephone Number**
N/A

**Scheduled Start Date (10)**
11/7/14

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

**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)**

- [ ] >3 sf or ≥3 if
- [X] ≥166 sf or ≥260 if
- [X] Renovation
- [X] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Minit-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)**
1400 sf

**Abatement Type**
- [X] REMOVAL
- [ ] REPAIR
- [ ] ENCAPSULATION
- [ ] ENCLOSURE

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

**NJDEP Waste Hauler ID No.**
20223

**Cubic Yards of Waste**
2

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

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

**Disposal Date**
11/12/14

**City, State**
Tullytown, Pennsylvania

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

**Title**
Project Manager

**Signature**

**Date**
11/6/2014

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>10 / 13 / 14</th>
<th>Name of Building Owner/Operator (2)</th>
<th>TD Bank</th>
</tr>
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<tbody>
<tr>
<td>Agencies Notified</td>
<td>□ EPA</td>
<td>□ Initial</td>
<td>Street Address</td>
</tr>
<tr>
<td></td>
<td>□ DOLWD</td>
<td></td>
<td>53 South Layrel Street</td>
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<td></td>
<td>□ DHSS</td>
<td>□ Amended</td>
<td>City, State, Zip Code</td>
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<tr>
<td></td>
<td>□ DCA (NJAC 5:23-8)</td>
<td>Amendment #</td>
<td>Bridgeton New Jersey 08302</td>
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<td></td>
<td>□ Emergency (including justification)</td>
<td></td>
<td>Name of Contact</td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ Cancellation</td>
<td>Sean Cassidy</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>TD Bank</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>53 South Laurel Street</td>
</tr>
<tr>
<td>City (5)</td>
<td>Bridgeton New Jersey 08302</td>
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<tr>
<td>County (6)</td>
<td>Cumberland</td>
</tr>
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</table>

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

<table>
<thead>
<tr>
<th>Current Use (Prior if being demolished)</th>
<th>Bank</th>
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<tbody>
<tr>
<td>Square Feet</td>
<td>6000</td>
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<tr>
<td># of Floors</td>
<td>3</td>
</tr>
<tr>
<td>Bidg. Age</td>
<td>50+</td>
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</table>

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

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

**Street Address**

<table>
<thead>
<tr>
<th>Street Address</th>
<th>187 Ballardsville Street</th>
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</thead>
<tbody>
<tr>
<td>City, State, Zip Code</td>
<td>Wilmington Ma., 01887</td>
</tr>
</tbody>
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**Project Manager for Monitoring Firm**

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sean Cassidy</td>
<td>976-688-3736</td>
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**Start Date (10)**

| Start Date (10) | 10 / 28 / 13 |

**Scheduled Completion Date (11)**

| Scheduled Completion Date (11) | 11 / 03 / 14 |

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

<table>
<thead>
<tr>
<th>Facility Closed/Vacated During Entire Period of Abatement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours - Describe</td>
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<tr>
<td>Time of Abatement: AM-PM-AM</td>
</tr>
</tbody>
</table>

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

| □ 3 or more or ≥ 160 sf |
| □ ≥ 260 if |
| □ Renovation |
| □ Demolition |

**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 (12)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>Boiler Room</td>
</tr>
<tr>
<td>Boiler Room</td>
</tr>
<tr>
<td>Boiler Room</td>
</tr>
</tbody>
</table>

**Abatement Type**

<table>
<thead>
<tr>
<th>Abatement Type</th>
<th>Removal</th>
<th>Repair</th>
<th>Encapsulation</th>
<th>Endoscope</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full Containment with Negative Pressure</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mini-Enclosure</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Glovebag Procedure</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-Exempted (*) and Non-Friable Procedure</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>NJDEP Waste Hauler ID No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Newark Carting</td>
<td>NJ-566</td>
</tr>
</tbody>
</table>

**Cubic Yards of Waste**

<table>
<thead>
<tr>
<th>Cubic Yards of Waste</th>
</tr>
</thead>
<tbody>
<tr>
<td>20</td>
</tr>
</tbody>
</table>

**Name of Registered Landfill**

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

**CITY OF WAYNESBURG, OHIO**

<table>
<thead>
<tr>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Waynesburg Ohio</td>
</tr>
</tbody>
</table>

**Completed By (Print or Type)**

<table>
<thead>
<tr>
<th>Completed By (Print or Type)</th>
<th>Title</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Joseph Tardy</td>
<td>Project Manager</td>
<td></td>
</tr>
</tbody>
</table>

**ASB-41 MAY 11**

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

**Agency:** NJDEP

**Name of Building Owner/Operator:** Town of Kearny

**Street Address:** 357 Bergen Ave.

**City, State, Zip Code:** Kearny, N.J. 07032

**Name of Contact:** Jerry Kerr

**Telephone Number:**

---

**Name of Facility Where Abatement is Taking Place:** Kearny Public Library

**Street Address:** 318 Kearny Ave

**City:** Kearny

**County:** Hudson

**County Code:**

**Name of Monitoring Firm Hired by Building Owner:** DETAIL ASSOCIATES INC

**Engineer:**

**Address:** 132

**Name of Abatement Contractor:** A. Mac Contracting Inc.

**Street Address:** 300 Grand Ave.

**City, State, Zip Code:** Kearny, N.J. 07032

**Project Manager for Monitoring Firm:** Tony W.

**Telephone No.:** 201-567-6788

**Start Date:** 11/10/14

**Scheduled Completion Date:** 11/10/14

**Occupancy Status During Abatement:**

- [X] Abatement Performed Outside of Normal Facility Hours
- [X] Facility Closed/Unoccupied During Entire Period of Abatement
- [X] Other - Describes:

**Scope of Work:**

- [X] 26 ft or 26 ft
- [X] c-160 sf or c-260 sf
- [X] Renovation Demolition

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

- [X] Boiler Room

**Amount (Sparingly SF or LF):** 132 sf

**Name of Registered Waste Hauler:** Rovic Transport

**Cubic Yards of Waste:** 2

**Name of Registered Landfill:** ISSI PA Bethlehem Landfill Corp.

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

**Disposal Date:** 11/10/14

**Completed by:** R. McDonald

**Title:** President

---

**Reminder:**

- Non-Exempted (*) and Non-Refillable Procedure
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebox Procedure

---

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

Date of Notification (1)
November 6, 2014

Name of Building Owner/Operator (2)
Bayside Condominiums C/O Community Realty Mgmt.
Check # 1615

Agencies Notified
- EPA
- DEP
- DOH
- DCA

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

Street Address
36 South Main Street
City, State, Zip Code
Pleasantville, NJ 08232-2767

Name of Contact
Elva Gallagher
Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Bayside Condominiums Building C

Street Address
27-31 Annapolis Avenue
City (6)
Atlantic City
County (6)
Atlantic

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

Square Feet
6,000
# of Floors
2
Bldg. Age
100

Name of Monitoring Firm Hired by Building Owner (8)
American Environmental Specialists, LLC
ASCM No.

Name of Abatement Contractor (9)
Shade Environmental, LLC

Street Address
118 Westbury Court
City, State, Zip Code
Marlton, NJ 08053

License No.
00842

Name of Project Manager for Monitoring Firm
Murray Snyder
Telephone No.
856-985-2885

Name of OSHA Monitor
SanAir Technologies Laboratory

Start Date (10)
November 17, 2014
Scheduled Completion Date (11)
November 28, 2014

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

Scope of Work (Check All That Apply)
- ≥3sf or ≥3lf
- ≥160sf or ≥260lf

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

Endorse
Repair
Encapsulate
Removal

Name of Registered Waste Hauler
Freehold Cartage

Cubic Yards of Waste
20

Name of Registered Landfill
Western Berks Community Landfill

City, State
Freehold, NJ

Disposal Date
11/28/2014

City, State
Birdsboro, PA

Completed by
Christina Lynch
Title
Operations Manager

Signature

Date
11/6/2014

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

Date of Notification (1)
1/11/10

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

Type Notification
☒ Initial
☐ Amended

Amendment #: (including justification)

Name of Building Owner/Operator (2)
FAITH HOAK

Street Address
526 FAIRVIEW STREET

City, State, Zip Code
RIDGEWOOD, NJ 07450

Name of Contact
FAITH HOAK

Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
FAITH HOAK

Street Address
526 FAIRVIEW STREET

City (5)
BERGEN

County (6)

County Code (7)
(State use only)

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

ASCM No.

Name of Abatement Contractor (9)
D & S RESTORATION, INC.

Street Address
20 California Ave.

City, State, Zip Code
Paterson, NJ 07503

Telephone Number
973-345-8020

License Number
01169

Name of OSHA Monitor
D & S Restoration, Inc.

Street Address
20 California Avenue

City, State, Zip Code
Paterson, NJ 07503

Start Date (10)
11/06/14

Sched. 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:

Other-Describe: NORMAL HOURS

Scope of Work (check all that apply)
☒ >9 sf or >90 ft
☐ Renovation

☒ >160 sf or >280 ft
☐ 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)
PIPE INSULATION

Amount (Specify SF or LF)
43 L FT

Removal ☒ Repair ☐ Encapsulation ☐

Full Containment w/negative pressure ☐
Mini-enclosure ☐
Glovebag procedure ☐
Non-Exempted (*) and Non-friable procedure ☐

Registered Waste Hauler
D & S RESTORATION, INC.

NJDEP Hauler ID# 13506
Cubic Yards of Waste 1 yd

Name of Registered Landfill
TULLYTOWN, RESOURCE RECOVERY

City, State
PATERSON, NJ 07503

Disposal Date
11/14/14

Name of Registered Landfill
TULLYTOWN, PA

City, State

Completed by (Print or Type)
BOGDAN JOLDZIC
Title
PRESIDENT

Signature

Date
11/03/2014

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:50 and 12:1:20)

Date of Notification (1): 10/09/2014
Name of Building Owner/Operator (2): Ramapo College

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

Type Notification:
- Initial
- Amended
- Amendment #1
- Emergency (including justification)
- Cancellation

Name of Facility Where Abatement is Taking Place (3):
Ramapo College - Academic Building - G Wing

Street Address:
505 Ramapo Valley Road
City, State, Zip Code: Mahwah, NJ 07430

Name of Contact:
Daniel Connelly

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: 97,718 SF
# of Floors: 4
Bldg. Age: 40+

Current Use (Prior to being demolished):
College

Name of Monitoring Firm Hired by Building Owner (5):
USA Environmental
ASCM No.: N/A
Name of Abatement Contractor (9):
DIA General Construction, Inc.
Street Address: 1360 Clifton, Avenue, PMB Suite 218
City, State, Zip Code: Clifton, NJ 07012

Start Date (10): 10/20/2014
Scheduled Completion Date (11): 12/20/2014

Occurrence Status During Abatement (Check only one):
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other - Describe: 3:00 pm - 11:30 pm

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

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED</th>
</tr>
</thead>
<tbody>
<tr>
<td>2nd floor rooms: G 202, 203, 252 &amp; G 246</td>
</tr>
<tr>
<td>Windows:</td>
</tr>
<tr>
<td>Fire doors:</td>
</tr>
</tbody>
</table>

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):
- Tile and Mastic: 1,127 SF
- Window Glazing: 143 Units
- Fire doors: 12 Units

Amount (Specify SF or LF):

Abatement Type:
- Full Containment with Negative Pressure
- Mint-Enclosure
- Gorebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

Name of Registered Waste Hauler:
Service Transport Group

Cubic Yards of Waste:
100 CY

Name of Registered Landfill:
Minerva Landfill
City, State: Wayneburg, OH

Completed by:
Kritarth Jagad
Title: Project Manager

Signature: [Signature]
Date: 10/20/2014

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

**Date of Notification (1)**

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
<td>MARK PIDGEON</td>
</tr>
<tr>
<td>DEP</td>
<td>Amended</td>
<td></td>
</tr>
<tr>
<td>DOL</td>
<td>Emergency</td>
<td></td>
</tr>
<tr>
<td>DOH</td>
<td>(including justification)</td>
<td></td>
</tr>
<tr>
<td>DCA</td>
<td>Cancellation</td>
<td></td>
</tr>
</tbody>
</table>

**Street Address**
450 CONANT AVENUE
UNION, NJ 07083

**Name of Contact**
MARK PIDGEON

**FACILITY INFORMATION**

**Name of facility where abatement is taking place (3)**
MARK PIDGEON

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

**Square Feet**

<table>
<thead>
<tr>
<th># of Floors</th>
<th>Bldg. Age</th>
</tr>
</thead>
</table>

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

**Name of Abatement Contractor (9)**
D & S RESTORATION, INC.

**Street Address**
20 California Ave.
PATERSON, NJ 07503

**Telephone Number**
973-345-8020

**License Number**
01169

**Name of OSHA Monitor**
D & S Restoration, Inc.

**Street Address**
20 California Avenue

**City, State, Zip Code**
PATERSON, NJ 07503

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

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

| Location | Is location normally used solely by maintenance/custodial staff? (12) | Description of asbestos-containing material (ACM) | Amount (Specify SF or LF) | Removal Repairs Enclosures
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>BASEMENT</td>
<td>No</td>
<td>PIPE INSULATION</td>
<td>10 L FT</td>
<td>X</td>
</tr>
<tr>
<td>BASEMENT BOILER</td>
<td>No</td>
<td>BOILER INSULATION</td>
<td>40 SQ FT</td>
<td>X</td>
</tr>
</tbody>
</table>

**Registered Waste Hauler**
D & S RESTORATION, INC.

**Disposal Date**
11/07/14

**Name of Registered Landfill**
TULLYTOWN, RESOURCE RECOVERY

**City, State**
PATERSON, NJ 07503

**Completed by (Print or Type)**
BOGDAN JOLDZIC

**Title**
PRESIDENT

**Signature**

**Date**
11/03/2014

*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 #: 2014-204

Date of Notification (1) 11/11/14

Name of Building Owner/Operator (2) Russell Harris

Street Address 30 Palmer Street

City, State, Zip Code Elizabeth, NJ 07202

Name of Contact Russell Harris

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Russell Harris

Street Address 30 Palmer Street

City (5) Elizabeth, NJ 07202

County (6) Union

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) 699-8996

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.

Abatement performed outside of normal facility hours. Describe:

Other-Describe:

Scope of Work (check all that apply)

Demolition

Renovation

> 2,000 sf or > 260 if

≥ 1,000 sf or ≥ 260 if

≥ 160 sf or ≥ 260 if

Full Containment Negative Pressure

Glovebag procedure

Mini-enclosure

Non-Friable Procedure

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

asbestos-containing material is location normally used solely by maintenance/custodial staff(12)

No N/A

basement main room

pipe insulation

52 if

boiler room

pipe (3 locations)

25 if

Registered Waste Hauler B & G Restoration, Inc.

NJDEP Hauler ID # 19553

Cubic Yards of Waste 1

Name of Registered Landfill Tullytown Resource & Recovery Center

City, State Lincoln Park, NJ

Disposal Date 11/18/2014

City, State Tullytown, PA

Completed by (Print or Type) Gordana Luna

Title Secretary/Treasurer

Signature Gordana Luna

Date 11/06/2014
State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1)
[1/11/2014]

Name of Building Owner/Operator (2)
Joanne Millsark

Street Address
8-10 William Street

City, State, Zip Code
Summit, NJ 07901

Name of Contact
Joanne Millsark

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
Joanne Millsark

Street Address
8-10 William Street

City (5)
Summit, NJ 07901

County (6)
Union

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

License Number
(973) 896-9399
00378

Name of Monitoring Firm Hired by Bldg. Owner (8)
ASCN No.
n/a

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)
11/17/2014

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

Other-Describe: 

Scope of Work (check all that apply)
Demolition
Renovation

>3 sf or >3 If
≥160 sf or ≥280 If

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 8 William St</td>
<td>x</td>
<td>pipe insulation</td>
<td>85 If</td>
</tr>
<tr>
<td>basement 10 William St</td>
<td>x</td>
<td>pipe insulation</td>
<td>75 If</td>
</tr>
</tbody>
</table>

Registered Waste Hauler
B & G Restoration, Inc.

NJDEP Hauler ID# 19563
Cubic Yards of Waste 2

Name of Registered Landfill
Tullytown Resource & Recovery Center

City, State
Lincoln Park, NJ

Disposal Date
11/18/2014

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

Date
11/06/2014
# State of NJ
# Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12:120-7)

**Date of Notification:** 1/1/14

**Name of Building Owner/Operator:** William Whitehead

**Agency Notified:**
- [x] EPA
- [ ] DEP
- [x] DOL
- [x] DOH
- [ ] DCA

**Notification Type:**
- [x] Initial
- [ ] Amendment
- [ ] Cancellation

**Street Address:** 33 Farrandale Avenue

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

**Name of Contact:** William Whitehead

**Telephone Number:**

---

## FACILITY INFORMATION

**Name of facility where abatement is taking place:** William Whitehead

**Street Address:** 33 Farrandale Avenue

**City:** Bloomfield, NJ

**County:** Essex

**County Code:** 07003

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

**ASCM No.:**

**Street Address:**

**City, State, Zip Code:**

**Project Manager for Monitoring Firm:**

**Phone Number:**

**Scheduled Start Date:** 11/17/2014

**Sched. Completion Date:** 11/18/2014

**Occupancy Status During Abatement:**
- [x] Facility closed/vacated during entire period of abatement.
- [ ] Abatement performed outside of normal facility hours.
- [ ] Other-Describe: 

**Scope of Work:**
- [x] Demolition
- [x] Renovation
- [ ] Full Containment w/negative pressure
- [ ] Glovebag procedure
- [ ] Mini-enclosure
- [ ] Non-friable procedure

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>basement</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>boiler insulation</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Description of asbestos-containing material (ACM):** boiler insulation

**Amount (Specify SF or LF):** 50 sf

**Removal:**

<table>
<thead>
<tr>
<th>Type</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>R</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>N</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>L</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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:** Tullytown, PA

**Disposal Date:** 11/19/2014

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gordana Luna</td>
<td>Secretary/Treasurer</td>
<td>Gordana Luna</td>
<td>11/06/2014</td>
</tr>
</tbody>
</table>
**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)**  
Merck Sharp Dohme

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

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

**Street Address**  
2000 Galloping Hill Rd

City, State, Zip Code  
Kenilworth, NJ 07033

**Name of Contact**  
Anthony Abaoro

**Telephone Number**

**FACILITY INFORMATION**

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

**Street Address**  
2000 Galloping Hill Rd Bldg K2

City (5)  
Kenilworth, NJ 07033

**County (6)**

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

**Current Use (Prior if being demolished)**  
Pharmaceutical Bldg / Office

**Square Feet**  
410000

**# of Floors**  
3

**Bldg. Age**  
61 yrs

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

**ASCM No.**

**Name of Abatement Contractor (9)**  
New States Contracting, LLC

**Street Address**  
2400 Main Street Extension, Suite 10

City, State, Zip Code  
Sayreville, NJ 08872

**Project Manager for Monitoring Firm**

**Telephone No.**  
732-525-0100

**License No.**  
00749

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

**Scheduled Completion Date (11)**  
11/17/14

**Name of OSHA Monitor**  
Tiger Environmental

**Street Address**  
16 W Elizabeth Ave

City, State, Zip Code  
Linden, NJ 07036

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

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

**Other - Describe:**  
Unoccupied portion above ceiling

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

- [x] ≥3 sf or ≥3 ft
- [ ] ≥160 of or ≥280 ft

- Demolition

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

**In Facility**

(13)

- [x] 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)**

20 sf

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

K 2 Hall above ceiling

**Abatement Type**

- [x] Thermal Insulation

**Name of Registered Waste Hauler**

NA

**NJDEP Waste Hauler ID No.**

NA

**Name of Registered Landfill**

NA

**City, State**

NA

**Disposal Date**

NA

**City, State**

NA

**Completed by**  
Michael Migliore  
Sr. Account Manager

**Signature**  
Michael Migliore

**Date**  
11/3/19
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

**Date of Notification (1)**
11 / 5 / 14

**Name of Building Owner/Operator (2)**
McDonald's USA, LLC

**Street Address**
111 Wood Ave South

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

**Name of Contact**
Steve Carrocci

**Telephone Number**

**FACILITY INFORMATION**

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

**Type of Facility (4)**

**Street Address**
157 West 63rd Street

**Number of Floors**
1

**City (5)**
Bayonne

**County Code (?/STATE USE ONLY)**

**County (6)**
Hudson

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

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

**ASCM No.**

**Name of Abatement Contractor (9)**
Plymouth Environmental Company, Inc.

**Street Address**
411 Southgate Court, Suite E

**City, State, Zip Code**
Mickleton, NJ 08056

**Telephone No.**
610-239-9920

**License No.**
00398

**Start Date (10)**
11 / 19 / 14

**Scheduled Completion Date (11)**
12 / 1 / 14

**Name of OSHA Monitor**
EHS Environmental Inc

**Occupancy Status During Abatement (Check one only)**
Facility Closed/Vacated During Entire Period of Abatement

**Time of Abatement: AM PM AM PM AM PM**

**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)**

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

- roof - mechanical penetrations
  - parapet roof mastic - 5SF
- roof - perimeter flashing
  - flashing - 385SF

**Name of Registered Waste Hauler**
Newark Carting

**Cubic Yards of Waste**
4509

**Name of Registered Landfill**
IESI Bethlehem

**City, State**
Newark, NJ

**Disposal Date**
12/1/14

**City, State**
Bethlehem, PA

**Completed By (Print or Type)**
James M. Kelly

**Title**
Vice President

**Signature**

*Do not use this form for asbestos licensure exempted activities.*
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 6:90 and 12:129)  

**Date of Notification (1):** 11-06-14  
**Name of Building Owner/Operator (2):** F. HELKEN  

**Agency Notified:**  
- ☐ EPA  
- ☐ DEP  
- ☐ DOL  
- ☐ DOH  
- ☐ DCA  
- ☐ Initial  
- ☐ Amended  
- ☐ Amendment #  
- ☐ Emergency (including justification)  
- ☐ Cancellation  

**Street Address:** 178 MENDHAM ROAD  
**City, State, Zip Code:** MORRISTOWN, N.J. & MONTCLAIR  

**Name of Contact:** F. HELKEN  
**Telephone Number:**  

**FACILITY INFORMATION**  

**Name of Facility Where Abatement is Taking Place (3):** F. HELKEN  
**Street Address:** 178 MENDHAM ROAD  
**City:** MORRISTOWN  
**County:** MORRIS  

**Name of Monitoring Firm Hired by Building Owner (6):**  
**ASCM No.:**  
**Name of Abatement Contractor (9):** Best Removal Inc  
**Telephone No.:**  
**License No.:** 201-329-7444 - 00388  
**Current Use (Prior if being demolished):** Resid.
# NOTIFICATION OF ASBESTOS ABATEMENT

(State of New Jersey)

(Pursuant to NJAC 5:80 and 12:120)

**Date of Notification (1)**
10/31/14

**Agency Notify**
- [ ] EPA
- [x] DEP
- [x] DOL
- [x] DOH
- [ ] DCA

**Type Notification**
- [x] Initial
- [ ] Amended
- [ ] Amendment #
- [ ] Emergency (Including Justification)
- [ ] Cancellation

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

**Street Address**
42 Main St.
Sayreville, NJ 08872

**City, State, Zip Code**
Sayreville, NJ 08872

**Name of Contact**
Father Ryan

**Telephone Number**

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**FACILITY INFORMATION**

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

**Street Address**
24 Main St.

**City**
Sayreville

**County**
Middlesex

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

**Name of Abatement Contract (9)**
ABS Environmental Services, LLC

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

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

**License No.**
703

**Telephone No.**
973-583-6500

**Start Date (10)**
11/7/14

**Scheduled Completion Date (11)**
11/21/14

**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: working in basement

**Scope of Work (Check All That Apply)**
- 22 sf or less
- 221 to 250 sf
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Basement</th>
<th>Pipe Insulation</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td>10 LF</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**
Freehold Cartage

**NJDEP Waste Hauler ID No.**
15999

**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

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## State of New Jersey
### NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:80 and 12:10)

**Date of Notification (1)**
11/04/2014

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

**Street Address**
268 Central Ave.

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

**Name of Contact**
Ken Najarian

### FACILITY INFORMATION

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

**Street Address**
268 Central Ave.

**City (5)**
Paramus

**County (6)**
Bergen

**Square Feet**
1,900 +

**# of Floors**
2

**Bldg. Age**
50+

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

### Name of Monitoring Firm Hired by Building Owner (8)
ASCM No. [Name of Abatement Contractor (9)]
Unicorn Contracting Corp.

**Street Address**
1087 Pleasant Valley Way

**City, State, Zip Code**
West Orange, NJ 07052

**Telephone No.**
973-333-9176

**License No.**
01232

### Start Date (10)
11/15/2014

**Scheduled Completion Date (11)**
11/16/2014

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

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

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

- 23 sf or < 23 sf
- 116 sf or 1260 sf

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

In Facility (13)

**Basement - Boiler**

**Description of Asbestos Containing Material (ACM)**
Thermal System Insulation

**Amount (Specify SF or LF)**
25SF

### Name of Registered Waste Hauler
Unicorn Contracting Corp.

**NJDEP Waste Hauler ID No.**
0035844

**Cubic Yards of Waste**
2

**Name of Registered Landfill**
G.R.O.W.S., Inc.

**City, State**
West Orange, New Jersey

**Disposal Date**
TBD

**City, State**
Morristown, Pennsylvania

**Completed by**
Dimo Golcev

**Title**
Project Manager

**Signature**

**Date**
11/04/2014

*Do not use this form for asbestos licensure exempted activities.*
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 8:18)

Date of Notification (1)
11  /  06  /  14

Name of Building Owner/Operator (2)
Jason Hull

State Address
256 West Hudson Avenue
Englewood, NJ 07631

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

City (5)
Englewood

County (6)
Bergen

Type of Facility (4)
Other (i.e., private and commercial buildings, homes, etc.)

County Code (7) (STATE USE ONLY)

Current Use (Prior if being demolished)

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

Name of Abatement Contractor (9)
Gr Tech LLC

Street Address
576 Valley Rd #283
Wayne, NJ 07470

License No.
973-638-1777 01127

Name of OSHA Monitor
Envirovision Consultants, Inc

Street Address
20-21 Wagaw Rd, Bldg # 35 E
Fair Lawn, NJ 07410

Start Date (10)
11 / 15 / 14

Scheduled Completion Date (11)
11 / 16 / 14

Occupancy Status During Abatement (Check only one)
X Facility Closed/Vacated During Entire Period of Abatement

Scope of Work (Check all that apply)
X >3 sf or >3 ft

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

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 SIF or LF)

Abatement Type

Repair

Encapsulate

Electrostatic

Clean up and decontamination with negative pressure

Full Containment with Negative Pressure

Mini-Enclosure

Gloving Procedure

Tent with Negative Pressure

Non-Exempted (1) and Non-Friable Procedure

Basement

X Boiler insulation

36 SF

Phone No

TBD

T.R.R.P., Inc

TBD

Tullytown, PA

Title
Owner

MAY 11

Date
11/06/2014

Signature

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