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

Date of Notification (1)
11/8/2016

Name of Building Owner/Operator (2)
New Jersey Schools Development Authority

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

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

Street Address
32 E Front Street
City, State, Zip Code
Trenton, NJ 08608

Name of Contact
David Banfer

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

Square Feet
35,000

# of Floors
3

Bldg. Age
25+

Name of Facility Where Abatement is Taking Place (3)
George Washington Carver Elementary School

City (5)
East Orange

County (6)
Essex

Current Use (Prior if being demolished)
n/a

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

ASCW No.
00003

Name of Abatement Contractor (9)
Site Enterprises, Inc

Street Address
1253 North Church Street

City, State, Zip Code
Moorestown, NJ 08057

Telephone No.
856-840-8800

License No.
01172

Project Manager for Monitoring Firm
Mike Seocho

Name of OSHA Monitor
TTI Environmental, Inc.

Start Date (10)
11/7/2016

Scheduled Completion Date (11)
03/03/2017

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

Scope of Work (Check All That Apply)

- 33 of or ≥3 if
- ≥160 sf or ≥220 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)

Yes
No
N/A

See Attached
Unsafe Structure

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

See Attached
Unsafe Structure

Amount (Specify SF or LF)
2000 yd per

Abatement Type
Non-Friable

Name of Registered Waste Hauler
Site Enterprises Inc.

NJ/DEP Waste Hauler ID No.
0035220

Cubic Yards of Waste
50cy / 100 cy

Name of Registered Landfill
Tullytown Landfill

Disposal Date
3/3/17

City, State
Tullytown, PA

Completed by
Eric Keys

Title
OM

Signature

Date
11/8/16

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

**Date of Notification (1)**
11/04/16

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

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

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

**Street Address**

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

**Name of Contact**

**Telephone Number**

**FACILITY INFORMATION**

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

**Address**

**City (5)**
Bayonne

**County (6)**
Hudson County

**County Code (7)**

**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

**Telephone No.**
201-293-6305

**License No.**
01223

**Name of OSHA Monitor**
HILMANNM CONSULTING LLC

**Street Address**
1500 ROUTE EAST SUITE 107

**City, State, Zip Code**
UNION NJ 07083

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

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

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

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

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

**In Facility**

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

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

**Amount (Specify SF or LF)**

**Abatement Type**

**Removal**

**Repair**

**Encapsulate**

**Enclose**

**Name of Registered Waste Hauler**
NEWARK CARTING

**NJDEP Waste Hauler ID No.**
04509

**Cubic Yards of Waste**

**Name of Registered Landfill**
WASTE MANAGEMENT GROWS N.

**City, State**
HILLSIDE, NJ

**Disposal Date**

**City, State**
MORRISVILLE PA

**Completed by**
Bryan Parra

**Title**
Project Manager

**Signature**

**Date**
11/04/16

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:90 and 12:120)

Date of Notification (1)
11/07/16

Name of Building Owner/Operator (2)
Crd Restore - Kim Jordan

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

Type Notification
[X] Initial
[X] Emergency (including justification)

Crd Restore - Kim Jordan

Street Address
[Redacted]

City, State, Zip Code
Pennsauken Township, NJ 08109

Name of Contact

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Crd Restore - Kim Jordan

Street Address
[Redacted]

City (5)
Pennsauken Township

County (6)
Camden 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.
201-293-8305

Telephone No.
201-293-8305

License No.
01223

Name of OSHA Monitor
HILMAMMM CONSULTING LLC

Street Address
1600 ROUTE EAST SUITE 107

City, State, Zip Code
UNION NJ 07083

Start Date (10)
11/11/16

Scheduled Completion Date (11)
11/25/16

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

Abatement Performed Outside of Normal Facility Hours

Other - Describe:

Scope of Work (Check All That Apply)
[ ] ≥ 33 sf or ≥ 33 ft
[ ] ≥ 160 sf or ≥ 200 ft

[X] Renovation
[ ] Demolition

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

In Facility (13)

Is Location Normally Used Solely by Maintenance/Custodial Staff? (15)
[ ] 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
[ ] Endstage

Location

Kitchen

VAT

70 SF

Basement

VAT

200 SF

Name of Registered Waste Hauler
NEWARK CARTING

NJDEP Waste Hauler ID No.
04509

Cubic Yards of Waste

Name of Registered Landfill
WASTE MANAGEMENT GROWS N.

City, State
HILLSIDE, NJ

Disposal Date

City, State
MORRISVILLE PA

Completed by
Bryan Parra

Title
Project Manager

Signature
[Signature]

Date
11/07/16

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT BY ASCM FIRM  
(Pursuant to N.J.A.C. 5:23-8.11(c).viii.)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner / Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>11/08/2016</td>
<td>County College of Morris</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Type Notification</th>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Initial Notification</strong></td>
<td>214 Center Grove Road</td>
</tr>
</tbody>
</table>

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

**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>Henderson Hall</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City (5)</th>
<th>County (6)</th>
<th>County Code (7)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Randolph</td>
<td>Morris</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>ASCM No.</th>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASCM No.</td>
<td></td>
<td>91 Fulton st</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(973) 299-4465</td>
</tr>
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<table>
<thead>
<tr>
<th>Scheduled Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>11/20/2016</td>
<td>10/29/2017</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Facility Closed/Vacated During Entire Period of Abatement</strong></td>
</tr>
<tr>
<td><strong>Abatement Performed Outside of Normal Hours – 7am to 3pm</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Designated Containment Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Window Caulking</td>
</tr>
</tbody>
</table>

<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 or Custodial Staff? (12)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Exterior of the building</th>
<th>Window Caulking</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>300 sf</td>
</tr>
<tr>
<td>Yes</td>
<td>sf</td>
</tr>
<tr>
<td>Yes</td>
<td>sf</td>
</tr>
<tr>
<td>Yes</td>
<td>sf</td>
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<tr>
<td>Yes</td>
<td>sf</td>
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<tr>
<td>Yes</td>
<td>sf</td>
</tr>
<tr>
<td>Yes</td>
<td>sf</td>
</tr>
</tbody>
</table>

**TOTALS**

<table>
<thead>
<tr>
<th>Completed By (Print or Type)</th>
<th>Title</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marcin Owczarski</td>
<td>Pr. Mngr.</td>
<td>[Signature]</td>
<td>11/07/16</td>
</tr>
</tbody>
</table>
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

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

Name of Building Owner/Operator (2):
Bayonne Housing Authority

Agencies Notified

- EPA
- DEF
- DOL
- DOH
- DCA

Type Notification

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

Street Address:
549 Ave A

City, State, Zip Code:
Bayonne, NJ 07002

Name of Contact:
Dave Bandur

Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3):
19 E 19th Street

Street Address:
19 E 19th Street

City (5):
Bayonne

County (6):
Hudson

County Code (7):

Type of Facility (4):

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

Square Feet:
32,000

# of Floors:
3

Bldg. Age:
25+

Current Use (Prior if being demolished):
n/a

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

ASCM No.:

Name of Abatement Contractor (9):
Site Enterprises, Inc.

Street Address:
6626 Delligah Road

City, State, Zip Code:
Egg Harbor Township, NJ 08234

Project Manager for Monitoring Firm:
James Proctor

Telephone No.:
856-452-1311

Scheduled Completion Date (11):
11/18/2016

Start Date (10):
10/31/2016

Occupancy Status During Abatement (Check Only One):

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

Scope of Work (Check All That Apply):

- 23 sf or 23 if
- 160 sf or 260 sf
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

- In Facility

Is Location Normally Used Solely by Maintenance/ Custodial Staff?

- Yes
- No
- N/A

Floor:

- X

Throughout:

- X

Description of Asbestos-Containing Material (ACM)

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

Amount (Specify SF or LF):

13,743 sf

Atabement Type:

- Removal
- Repair
- Encapsulate

Name of Registered Waste Hauler:
Site Enterprises Inc.

NJ/DEP Waste Hauler ID No.:
0035220

Cubic Yards of Waste:
20 cy

Name of Registered Landfill:
Tulltytown Landfill

City, State:
Egg Harbor Township, NJ

Disposal Date:
11/18/2016

Completed by:
Eric Keys

Title:
OM

Signature:

Date:
11/11/2016

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

Date of Notification (1)
11/09/2016

Name of Building Owner/Operator (2)
Fields Hi Rise Construction Co

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

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

Street Address
1 Henderson St.

City, State, Zip Code
Hoboken, NJ 07030

Telephone Number

Name of Contact
Tim Besa

Name of Facility Where Abatement is Taking Place (3)
1024 Adams St

Square Feet

Bldg. Age
25+

Current Use (Prior if being demolished)
n/a.

County Code (7) (STATE USE ONLY)

Facility Information

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

# of Floors

Project Manager for Monitoring Firm
James Proctor

Telephone No.
856-452-1311

Name of Monitoring Firm Hired by Building Owner (6)
ASCM No.
Health and Safety Services

Name of Abatement Contractor (9)
Site Enterprises, Inc.

Street Address
6626 Delilah Road

City, State, Zip Code
Egg Harbor Township, NJ 08234

License No.
01172

Name of OSHA Monitor
Health & Safety Services, Inc.

Start Date (10)
11/23/2016

Scheduled Completion Date (11)
11/30/2016

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

Scope of Work (Check All That Apply)
[ ] 23 sf or 23 if
[ ] 160 sf or 220 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

Location

Roof

Floor

Ceiling

Wall

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

Tile

Tile

Transite

Wall Glue

Amount (Specify SF or LF)
5400 sf
2535 sf
50 sf
280 sf

Abatement Type
Removal
Repair
Encapsulate
Endorse

Name of Registered Waste Hauler
Site Enterprises Inc.

Cubic Yards of Waste
20 cy

Name of Registered Landfill
Tullytown Landfill

City, State
6626 Delilah Road Egg Harbor Township, NJ

Disposal Date
11/30/16

City, State
Bristol, PA

Completed by
Eric Keys
Title
OM

Signature
Date
11/09/2016

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:90 and 12:120)

Date of Notification (1)
11-09-16

Name of Building Owner/Operator (2)
March Associates Construction Inc.

Street Address
601 Hamburg Turnpike

City, State, Zip Code
Wayne, NJ 07470

Name of Contact
Louis March

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Commercial Building

Street Address
57 East 30th St.

City (5)
Paterson

County (6)
Passaic

Name of Abatement Contractor (9)
Delta Contracting LLC

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

Square Feet

# of Floors

Bldg. Age

Current Use (Prior if being demolished)

Type of Facility (4)

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

Start Date (10)
11-21-16

Scheduled Completion Date (11)
10-23-16

Occupancy Status During Abatement (Check Only One)
 ☐ Facility Closed/Vacated During Entire Period of Abatement
 ☐ Abatement Performed Outside of Normal Facility Hours
 ☐ Other – Describe: 7:00 am-5:00 pm

Scope of Work (Check All That Apply)
 ☐ ≥3 sf or ≥3 lf
 ☐ ≥160 sf or ≥230 lf
 ☐ Demolition

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

<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>
</tr>
</thead>
<tbody>
<tr>
<td>1st Floor</td>
<td>X</td>
<td>VAT + Mastic</td>
<td>120 SF</td>
</tr>
<tr>
<td>Roof</td>
<td>X</td>
<td>Roof Flashing</td>
<td>270 SF</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
Delta Contracting LLC

NJ/DEP Waste Hauler ID No.
35240

Cubic Yards of Waste
5

Name of Registered Landfill
Tullytown Resource Recovery Facility

City, State
Union City, NJ

Disposal Date
11-24-16

City, State
Tullytown, PA

Completed by
Jaime Delgado

Title
Proj. Manager.

Signature

Date
11-09-16

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

**NOTIFICATION OF ASBESTOS ABATEMENT**

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

**Date of Notification (1)**
11-07-16

**Name of Building Owner/Operator (2)**
United States Fire Insurance Co.

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

**Type Notification**
- [X] Initial
- [ ] Amended
- [ ] Amendment #2
- [ ] Emergency (including justification)
- [ ] Cancellation

**Street Address**
305 Madison Avenue

**City, State, Zip Code**
Morris Township, NJ 07960

**Name of Contact**
Mike Mensinger

**Telephone Number**

**FACILITY INFORMATION**

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

**Street Address**
305 Madison Avenue

**City (5)**
Morris Township

**County Code (7)**
Morris

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

**Square Feet**
220,000

**# of Floors**
4

**Bldg. Age**
44 yrs.

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

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

**ASCM No.**

**Name of Abatement Contractor (9)**
Pinnacle Environmental Corp.

**Street Address**
200 Broad Street

**City, State, Zip Code**
Carlstadt, NJ 07072

**Project Manager for Monitoring Firm**
Raymond Pirmat

**Telephone No.**
(973) 366-4660

**Start Date (10)**
09-20-16

**Scheduled Completion Date (11)**
12-31-16

**Occuancy 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] 3 sf or 3 ft
- [ ] 150 sf or ±260 sf
- [X] Renovation
- [X] Demolition
- [X] Full Containment with Negative Pressure
- [X] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (X) and Non- Friable Procedure

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

<table>
<thead>
<tr>
<th>Location</th>
<th>ACM Fireproofing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grnd, 1st &amp; 2nd Floors: Dumbwaiter</td>
<td>120SF</td>
</tr>
<tr>
<td>Basement: Electric Room</td>
<td>1,200SF</td>
</tr>
<tr>
<td>Exterior: Exterior Sprandrel</td>
<td>280SF</td>
</tr>
<tr>
<td>1st Floor: Core Wall</td>
<td>50SF</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**
ATC, Inc. / JBT (50071)

**NJDEP Waste Hauler ID No.**
24310

**Cubic Yards of Waste**
TBD

**Name of Registered Landfill**
Minerva Enterprises

**City, State**
Waynesburg, OH 44688

**Disposal Date**
TBD

**Completed by**
Richard Doran

**Title**
Project Manager

**Signature**

**Date**
11-07-16

*Do not use this form for asbestos licensure exempted activities.*
<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)</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 Square Feet or Linear Feet)</th>
<th>Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement: Basement Wall</td>
<td>N/A</td>
<td>ACM Fireproofing</td>
<td>30SF</td>
<td>Removal</td>
</tr>
<tr>
<td>Basement: Basement Beam</td>
<td>N/A</td>
<td>ACM Fireproofing</td>
<td>20SF</td>
<td>Removal</td>
</tr>
<tr>
<td>(1) Parking Garage: Storage Room</td>
<td>N/A</td>
<td>Transite Panel</td>
<td>1400SF</td>
<td>Removal</td>
</tr>
<tr>
<td>(2) 3rd Floor: Bathroom (North &amp; South)</td>
<td>N/A</td>
<td>Pipe Insulation</td>
<td>30LF</td>
<td>Removal</td>
</tr>
<tr>
<td>(2) 3rd Floor: Bathroom (North &amp; South)</td>
<td>N/A</td>
<td>VAT</td>
<td>200SF</td>
<td>Removal</td>
</tr>
<tr>
<td>(2) 2nd Floor: Bathroom (North &amp; South)</td>
<td>N/A</td>
<td>Pipe Insulation</td>
<td>30LF</td>
<td>Removal</td>
</tr>
<tr>
<td>(2) 2nd Floor: Bathroom (North &amp; South)</td>
<td>N/A</td>
<td>VAT</td>
<td>200SF</td>
<td>Removal</td>
</tr>
<tr>
<td>(2) 1st Floor: Bathroom (North &amp; South)</td>
<td>N/A</td>
<td>Pipe Insulation</td>
<td>30LF</td>
<td>Removal</td>
</tr>
</tbody>
</table>
State of New Jersey - Notification of Asbestos Abatement
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

**Date of Notification (1)**
November 8, 2016

**Name of Building Owner/Operator (2)**
Medexpress
370 Southpointe Dr. Suite 100
Canonsburg, PA 15317

**Name of Facility Where Abatement is Taking Place (3)**
Vacant Building – Back Building

**Street Address**
1532 Prospect Street

**City (5)**
Ewing

**County (6)**
Mercer

**County Code (7)**
ASCM No.

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

**Sq. Feet:**
Unknown

**# of Floors:**
1

**Bldg. Age:**
70 years

**Current Use (prior if being demolished):**

**Name of Contractor (9)**
GREENWOOD ABATEMENT CONSULTANTS, INC.

**Street Address**
611 MAIN STREET
Butler, NJ 07405

**Telephone Number**: 973-492-0477

**License Number**: 00840

**Name of OSHA Monitor**
EMS L inc.

**Street Address**
1056 Stalton Road
Piscataway, NJ 08854

**Scheduled Completion Date (11)**
December 23, 2016

**Occupancy Status During Abatement (Check only one)**
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours -
  - Describe – Vacant Retail Space
- Other – Describe: Scheduled to be demolished

**Source of Work (Check all that apply)**
- ☑ Renovation
- ☑ Demolition
- ☑ Exterior
- ☑ Built up Roofing

**Amount (Specify SF or LF)**
4,500 sf

**Location of Asbestos-Containing Material (ACM) in Facility (13)**

**Location Normally Used Solely by Maint./Custodial Staff? (12)**
- YES
- NO
- NA

**Description of Asbestos Containing Material (ACM) (i.e. thermal systems, insulation, roofing, etc.)**

**Location of Hazardous Waste:**

**Cubic Yards of Waste:**
80

**Disposal Date:**
December 23, 2016

**City, State:**
Route 2, Box 68
Bridgeport, WV
304-842-2764

**Nr DEP Waste Hauler ID #**
6650

**Screening Date:**
November 8, 2016

**Name of Registered Landfill:**
Meadowfill Landfill
G.R.O.W.

**Complete by (Print or Type)**
Marin Grauer
Title: SENIOR PROJECT MANAGER
Signature: Marin Grauer

**GAC # 2016-585- Please Note: Amended Notification # 2 – New Start Date Monday, November 28, 2016**

**We are waiting for the asbestos/demo permit**
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:36 and 12:120)

Date of Notification (1)
11/7/2016

Agencies Notified
☐ EPA
☐ DEP
☐ NDEP
☐ DOH
☐ DOA

Name of Building Owner/Operator (2)
MAPLEWOOD III LLC

Street Address
2000 MAPLEWOOD DRIVE

City, State, Zip Code
MAPLE SHADE NJ 08052

Name of Contact
MAUREEN WILLIAMS

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
PARK CROSSING APARTMENT HOMES

Street Address
2000 MAPLEWOOD DRIVE

City (5)
MAPLE SHADE

County Code (7)
CAMDEN

ASCM No.

Name of Monitoring Firm Hired by Building Owner (8)
ACER ASSOC.

Street Address
1012 INDUSTRIAL DRIVE

City, State, Zip Code
WEST BERLIN NJ 08042

Project Manager for Monitoring Firm
MATT DEPALMA

Telephone No.
856-803-1202

License No.

Name of Abatement Contractor (9)
ASSURED ENVIRONMENTAL SERVICES INC.

Street Address
570 CLEMS RUN

City, State, Zip Code
MULLICA HILL NJ 08062

License No.

Name of OSHA Monitor
EMSL

Scheduled Completion Date (11)
11/10/2016

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

Scope of Work (Check All That Apply)
☐ 200 ft or 200 ft
☐ 1600 sf or 1600 sf

Removal
☐ Demolition

Full Containment with Negative Pressure
Mini-Enclosure
Glovebag Procedure
Non-Removalized (N) and Non-Frangible Procedure

Location of Asbestos-Containing Material (ACM)
74A SHAWNEE COURT

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

Description of Asbestos-Containing Material (ACM)
FLOOR TILE/MASONITE

Amount (Specify SF or LF)
578 SF

Abatement Type

Name of Registered Waste Hauler
ASSURED ENVIRONMENTAL SERVICES

Disposal Date
11/10/2016

City, State
MULLICA HILL NJ

Name of Registered Landfill
MINERVA LANDFILL

Complied by
RON SWANSON
The GENERAL MANAGER

Date
11/7/2016

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

Date of Notification (1)
11/07/2016

Name of Building Owner/Operator (2)
MAPLEWOOD III LLC

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

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

Street Address
2000 MAPLEWOOD DRIVE

City, State, Zip Code
MAPLE SHADE NJ 08052

Name of Contact
MAUREEN WILLIAMS

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
PARK CROSSING APARTMENT HOMES

Street Address
2000 MAPLEWOOD DRIVE

City (5)
MAPLE SHADE

County (6)
CAMDEN

County Code (7) (STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8)
ACER ASSOC.

ASCM No.

Name of Abatement Contractor (9)
ASSURED ENVIRONMENTAL SERVICES INC.

Street Address
570 CLEMS RUN

City, State, Zip Code
WEST BERLIN NJ 08091

Project Manager for Monitoring Firm
MATT DEPALMA

Telephone No.
856-589-1202

Telephone No.
610-304-4676

License No.
01145

Start Date (10)
11/08/2016

Scheduled Completion Date (11)
11/10/2016

Name of OSHA Monitor
EMSL

Street Address
200 RT. 130 NORTH

City, State, Zip Code
CINNINNISON NJ 08077

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

Scope of Work (Check All That Apply)
☐ ≥3 sf or ≥3 if
☐ ≥160 sf or ≥250 if
☐ Renovation
☐ Demolition
☐ Full Containment with Negative Pressure
☐ Min-Enclosure
☐ Glovetag 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>7A ASHWOOD COURT</td>
<td>x</td>
<td>FLOOR TILE/MASTIC</td>
<td>673 SF</td>
<td>☑</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
ASSURED ENVIRONMENTAL SERVICES

NJ/DEP Waste Hauler ID No.
0034695

Cubic Yards of Waste
12

Name of Registered Landfill
MINERVA LANDFILL

City, State
MULLICA HILL NJ

Disposal Date
11/10/2016

City, State
WAYNESBURG, OH

Completed by
RON SWANSON

Title
GENERAL MANAGER

Signature

Date
11/07/2016

ASB-41 (R-06-08)

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

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

Name of Building Owner/Operator (2): Ira Levine

Agencies Notified:
- EPA
- DOLWD
- DHSS
- DCA
- NJAC 5:23-8

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

Street Address: [redacted]
City, State, Zip Code: Butler, NJ 07405

Name of Contact: Ira Levine
Telephone Number: [redacted]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3):
Private house
City (5):
Butler, NJ 07405
County (5):
Morris

County Code (7) (STATE USE ONLY): [redacted]
Current Use (Prior if being demolished): [redacted]

Type of Facility (4):
- School (K-12)
- Subchapter 9 (Other than K-1 2)
- Other (i.e., private and commercial buildings, homes, etc.)

Square Feet: [redacted]
# of Floors: [redacted]
Bldg. Age: [redacted]

Name of Monitoring Firm Hired by Building Owner (8): Gr Tech LLC
ASCM No.: [redacted]

Name of Abatement Contractor (9):
Gr Tech LLC
Street Address: 576 Valley Rd #283
City, State, Zip Code: Wayne, NJ 07470
Telephone No.: [redacted]
License No.: 01127

Project Manager for Monitoring Firm:
Name of OSHA Monitor:
Envirovision Consultants, Inc
Street Address: 20-21 Wagaraw Road, Bldg. #35E
City, State, Zip Code: Fair Lawn, NJ 07410

Start Date (19): 11 / 21 / 16
Scheduled Completion Date (11): 11 / 22 / 16

Occupancy Status During Abatement (Check only one):
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Work Hours - Describe Time of Abatement: AM, PM, PM, AM

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

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

Is Location Normally Used Solely by Maintenance/Custodial Staff?: Yes, No, N/A

Location Description:
- Location (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
- Description of Asbestos-Containing Material (ACM)
- Amount (Specify Sft or LF)
- Abatement Type

Location of Asbestos-Containing Material (ACM)
- Basement
- Pipe insulation
- 90 LF

Name of Registered Waste Hauler:
Gr Tech LLC
NJDEP Waste Hauler ID No.: 0033785
Cubic Yards of Waste: TBD
Name of Registered Landfill: T.R.R.F. Inc
City, State: Tullytown, PA
Disposal Date: TBD

Completed By (Print or Type): N.Jevtic
Title: Owner
Signature: [signature]
Date: 11/11/16

* Do not use this form for asbestos license-exempted activities.
### Notification of Abatement

**Date of Notice:** 11/10/16

**Abatement Number:** 324 East Broad St.

**Purpose:** Abatement of Asbestos Containing Material (ACM) present on the property.

**Type of Facility:** Commercial Office

**City:** Newark, NJ

**Name of Responsible Person:** Joseph Vocaturo

**Name of Registered Expert:**

**Name of Registered Asbestos Control Contractor:**

**Name of Responsible Person:**

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

**Amount of ACM:**

**Abatement:**

**Type of Abatement:**

**Location:**

**Date of Notice:**

**Date of Abatement:**

**Date of Completion:**

**Certification:**

**Signature:**

**Date:** 11/10/16

---

**Notes:**

- All ACM materials must be removed and disposed of in accordance with the regulations.
- Full containment of ACM during removal operations is required.
- Safety measures must be in place for the safety of all personnel and the public.

---

**Other Relevant Information:**

- The site is located at 324 East Broad St., Newark, NJ.
- The abatement is scheduled for completion by 11/30/16.

---

**Certification:**

**Signature:** Joseph Vocaturo

**Date:** 11/10/16

---

**Revised:**

**Signature:**

**Date:**

---

**Acknowledgement:**

**Signature:**

**Date:**
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>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>11/21/10</td>
<td>Long Branch Partners, LLC</td>
</tr>
</tbody>
</table>

**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>Work/Space/Property</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City/State/Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>128 Union Ave</td>
<td>Monmouth, NJ 07758</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>County (5)</th>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>ASCM No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Long Branch</td>
<td>Ace Insulation Co., Inc</td>
<td>300</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>95 Montrose Rd</td>
<td>732 294 1757</td>
<td>000029</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City/State/Zip Code</th>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colts Neck, New Jersey</td>
<td>Ace Insulation Co., Inc</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>11/21/10</td>
<td>11/21/10</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check Only One)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
</tr>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours</td>
</tr>
<tr>
<td>Other = Describe:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check All That Apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>- 23 sf or 23 sf</td>
</tr>
<tr>
<td>- 100 sf or 100 sf</td>
</tr>
<tr>
<td>- Renovation</td>
</tr>
<tr>
<td>- Demolition</td>
</tr>
<tr>
<td>- Full Containment with Negative Pressure</td>
</tr>
<tr>
<td>- Mini-Enclosure</td>
</tr>
<tr>
<td>- Glovebag Procedure</td>
</tr>
<tr>
<td>- Non-Exempted (*) and Non-Friable Procedure</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>TO BE ABATED</td>
</tr>
<tr>
<td>Location Normally Used Solely by Maintenance/Custodial Staff? (12)</td>
</tr>
<tr>
<td>Yes No N/A</td>
</tr>
<tr>
<td>Description of Asbestos Containing Material (ACM)</td>
</tr>
<tr>
<td>(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
</tr>
<tr>
<td>Removed</td>
</tr>
<tr>
<td>0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>NJDEP Waste Hauler ID No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ace Insulation Co., Inc</td>
<td>12086</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>City/State/Zip Code</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colts Neck, New Jersey</td>
<td>Chrin's Landfill</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed by</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bree McGuire</td>
<td>Secretary Treasurer</td>
</tr>
</tbody>
</table>

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

**NOTIFICATION OF ASBESTOS ABATEMENT**

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

**Date of Notification (1)**  
11/21/2014

**Agency Responsible**  
[ ] EPA  
[ ] DEP  
[ ] DOL  
[ ] DOH  
[ ] DCA

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

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

**Street Address**  
350 Montrose St SW

**City, State, Zip Code**  
Montvale, NJ 07045

**Name of Contact**  
Tony Beach

**Telephone Number**

**FACILITY INFORMATION**

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

**Street Address**  
130 Union Ave

**City**  
Long Branch

**County**  
Morrison

**Square Feet**  
3,000

**# of Floors**  
2

**Bldg. Age**  
35 yrs

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

**Name of Monitoring Firm Hired by Building Owner (6)**

**ASCM No.**

**Name of Abatement Contractor (9)**  
Ace Insulation Co., Inc

**Street Address**  
95 Montrose Rd

**City, State, Zip Code**  
Colts Neck, New Jersey

**License No.**  
00029

**Start Date (10)**  
11/21/2014

**Scheduled Completion Date (11)**  
11/30/2014

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

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

**Begin Date (12)**  
1/1/2013

**End Date (12)**  
1/31/2013

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

**In Facility**

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

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

**Amount (Specify SF or LF)**

**Abatement Type**

- [ ] Removal
- [ ] Repair
- [ ] Encapsulate
- [ ] Endorse

**Location of Registered Waste Hauler**

**Name of Registered Landfill**

**Address**

**Disposal Date**

**City, State**

**Date**

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

Date of Notification (1) 11-10-16

Agencies Notified
☐ EPA  ☐ DEP  ☒ DOH  ☐ DCA

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

Name of Building Owner/Operator (2)

Earthtech Contracting

Name of Contact  BRUCE

Street Address

155 RT 50

City, State, Zip Code

GREENFIELD NJ 08230

Name of Monitoring Firm Hired by Building Owner (8)

N/A

Name of Abatement Contractor (9)

Kleinco Inc

Street Address

369 S SPRUCE AVE

City, State, Zip Code

MAPLE SHADE NJ 08052

License No.

850-779-0422  00444

Name of OSHA Monitor

N/A

Facility Information

Name of Facility Where Abatement is Taking Place (3)

RESIDENCE

Type of Facility (4)

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

Square Feet

2000

# of Floors

2

Bldg. Age

50+

Current Use (Prior to being demolished)

VACANT

City (5)

OCEAN CITY

County (6)

CAPE MAY

County Code (7) (STATE USE ONLY)


Facility Status During Abatement (Check one only)

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

Start Date (10) 11-22-16

Scheduled Completion Date (11)

11-29-16

Occupancy Status During Abatement

Scope of Work (Check all that apply)

☒ 23 sf or ≤35 sf
☒ 2160 sf or ≥260 sf
☐ Renovation
☒ Demolition

Location of Asbestos-Containing Material (ACM)

TO BE ABATED

IN Facility

(13)

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

Yes ☒ No No

Description of Asbestos-Containing Material (ACM)

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

Location of

TRANSITE

Amount (Specify SF or LF)

2750 SF X

Name of Registered Waste Hauler

Kleinco Inc

City, State

MAPLE SHADE NJ 08052

Name of Registered Landfill

C. M. Co. M. U. A

Cubic Yards of Waste

17904

Disposal Date

WOBURN

Completed By

Michael Klein

Title

SUP.

Signature

Michael Klein

Date

11-10-16

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

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

**Date of Notification:** 10-10-16

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
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<table>
<thead>
<tr>
<th>Name of Building Owner/Operator</th>
<th>DEPARTMENT OF ENVIRONMENTAL PROTECTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Contact</td>
<td>CHRIS</td>
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**Facility Information**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place</th>
<th>Residence</th>
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</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Stone Harbor</th>
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<table>
<thead>
<tr>
<th>County</th>
<th>Cape May</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner</th>
<th>ASCM No.</th>
<th>Name of Abatement Contractor</th>
<th>N/A</th>
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</thead>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>369 S. Sproat Ave</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Start Date</th>
<th>Scheduled Completion Date</th>
<th>11-21-16</th>
<th>11-28-16</th>
</tr>
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<table>
<thead>
<tr>
<th>Occupancy Status During Abatement</th>
<th>Facility Closed/Vacated During Entire Period of Abatement</th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Scope of Work</th>
<th>Description of Asbestos Containing Material (ACM)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM)</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>
</tr>
</thead>
<tbody>
<tr>
<td>Siding</td>
<td>X</td>
<td>TRANSITE</td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
<td>KLEWCO INC</td>
<td></td>
</tr>
</tbody>
</table>

| C. M. C. M. O. U. A. |

<table>
<thead>
<tr>
<th>City, State</th>
<th>Maple Shade, N. J.</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Completed By</th>
<th>MICHAEL KLEMM</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Title</th>
<th>Supt.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Signature</th>
<th>W.B.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Date</th>
<th>11-10-16</th>
</tr>
</thead>
</table>

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

State of New Jersey  
**Notification of Asbestos Abatement** (Pursuant to N.J.A.C. 8:60 and 8:12-6)

**Location of Asbestos-Containing Material (ACMs) to be Abated**

<table>
<thead>
<tr>
<th>Location</th>
<th>ACM Description</th>
<th>ACM Category</th>
<th>ACM Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bathrooms</td>
<td>110</td>
<td>LE</td>
<td></td>
</tr>
<tr>
<td>Closets</td>
<td>47</td>
<td>LE</td>
<td></td>
</tr>
</tbody>
</table>

**Name of Building/Structure**

DeForest, Onewell, LLC  
53 Maple Ave  
MOUNTIVIEW, N.J. 07860

**Name of Contractor**

Rich Lemieux  
RICH LEMIEUX  
COFLX CONTROL & LICENSING

**Date of Notification**

11/8/16

**City, State Zip Code**

Mountview, N.J. 07960

**Telephone No.**

(201) 622-8011

**Project Manager for Monitoring Firm**

Omega Environmental Services  
Station Avenue  
Hackettstown, NJ 07840

**Renovation Completion**

Do not use the form for asbestos removal without QPS.

**Sign off by Project Manager**

[Signature]

[Date]

**Facility Information**

**Building Address**

DeForest, 53 Maple Ave

**City, State Zip Code**

Mountview, N.J. 07960

**Telephone No.**

(201) 622-8011

**Contractor's Name**

Mark Anthony  
185 Woodland Ave  
Midland Park, NJ 07432

**Date of Pre-Asbestos Abatement's Testing Phase (A)**

11/8/16

**Name of Registered Waste Handler**

Newark Carting, Inc.

**City, State Zip Code**

Newark, NJ 07103

**Telephone No.**

(973) 969-2900

**Project Manager for Monitoring Firm**

Omega Environmental Services  
Station Avenue  
Hackettstown, NJ 07840

**Sign off by Project Manager**

[Signature]

[Date]
**NOTIFICATION OF ASBESTOS ABATEMENT**

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>11/4/16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner / Operator (2)</td>
<td>7-Eleven Inc.</td>
</tr>
<tr>
<td>Agencies Notified</td>
<td>EPA</td>
</tr>
<tr>
<td></td>
<td>DEP</td>
</tr>
<tr>
<td></td>
<td>DOL</td>
</tr>
<tr>
<td></td>
<td>DOH</td>
</tr>
<tr>
<td></td>
<td>DCA</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Vacant Building</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>12 Locust Ave</td>
</tr>
<tr>
<td>City, County, County Code</td>
<td>Wallington, Bergen, 08001</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Type of Facility (4)</th>
<th>School (K-12)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Subchapter 8 (Other than K-12)</td>
</tr>
<tr>
<td></td>
<td>X Other (i.e., private &amp; commercial buildings, homes, etc.)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Square Feet</th>
<th># of Floors</th>
<th>Bldg. Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>2,500</td>
<td>2</td>
<td>60</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Current Use (Prior if being demolished)</th>
<th>Residential</th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Name of Abatement Contractor (9)</th>
<th>Global Abatement Services, LLC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>443 Schoolhouse Road</td>
</tr>
<tr>
<td>City, State &amp; Zip Code</td>
<td>Monroe Township, NJ 08831</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tom Geiger</td>
<td>732-290-2217</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check only one)</th>
<th>X Facility Closed/Vacated During Entire Period of Abatement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours - Describe:</td>
<td>Area Isolated During Abatement</td>
</tr>
<tr>
<td>Other - Describe:</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
<th>X Demolition</th>
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</thead>
<tbody>
<tr>
<td>Renovation</td>
<td></td>
</tr>
<tr>
<td>X Quantity is ≥ 3 SF or ≥ 3 LF ACM</td>
<td></td>
</tr>
<tr>
<td>X Quantity is ≥ 160 SF or ≥ 260 LF ACM</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility</th>
<th>(13)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Description of Asbestos-Containing Material (ACM)</td>
<td>(i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)</td>
</tr>
<tr>
<td>Amount (Specify Square Feet or Linear Feet)</td>
<td></td>
</tr>
<tr>
<td>Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure)</td>
<td></td>
</tr>
</tbody>
</table>

**See attached**

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>Freehold Carting</th>
</tr>
</thead>
<tbody>
<tr>
<td>NJDEP Waste Hauler ID #</td>
<td>18693</td>
</tr>
<tr>
<td>Cu. Yds. of Waste</td>
<td>40</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
<th>TRRF</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disposal Date</td>
<td>11/25/16</td>
</tr>
<tr>
<td>City, State</td>
<td>Trenton, NJ</td>
</tr>
<tr>
<td>Tullytown, Pa</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed By (Print or Type)</th>
<th>Dominick Tringali</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
<td>Pres.</td>
</tr>
<tr>
<td>Signature</td>
<td>Dominick Tringali</td>
</tr>
<tr>
<td>Date</td>
<td>11/4/16</td>
</tr>
</tbody>
</table>

ASB-41 JUN 95 G4967
214 LF of pipe insulation and fittings in the basement
1 SF of boiler flue packing
400 SF of drywall with ACM joint compound
9 SF of floor tile in the basement
110 SF of linoleum flooring in the 1st floor kitchen
168 SF linoleum flooring in the 1st floor sun porch
1,470 SF of roof shingles (3 layers)
1,600 SF of exterior transite siding
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1): 12/16
Name of Building Owner/Operator (2): MANUEL GESUARDO
Agency Notified: [ ] EPA  [ ] DEP  [ ] DCA
[ ] DOH  [ ] Initial  [ ] Amended  [ ] Amendment #
[ ] Emergency (including justification)  [ ] Cancellation
Street Address: [ ] [ ] [ ]
City, State, Zip Code: ROMISTOWN, NJ 07601
Name of Contact: M. GESUARDO
Telephone Number: [ ] [ ] [ ]

FACILITY INFORMATION
Name of Facility Where Abatement is Taking Place (3): HS. GESUARDO
Street Address: [ ] [ ] [ ]
City (5): ROMISTOWN
County Code (7) (STATE USE ONLY): [ ] [ ] [ ]
County Name: [ ] [ ] [ ]
Type of Facility (4): [ ] School (K-12)  [ ] SBP  [ ] Other (i.e. private & commercial buildings, homes, etc.)
Square Feet: 2600
# of Floors: 2
Bldg. Age: 1945
Current Use (Prior to if being demolished): [ ] [ ] [ ]

Name of Monitoring Firm Hired by Building Owner (5): [ ] [ ] [ ]
Name of Abatement Contractor (9): Best Removal Inc
ASCM No. [ ] [ ] [ ]
Street Address: 450 South River St
City, State, Zip Code: Hackensack, N.J. 07601
Project Manager for Monitoring Firm: [ ] [ ] [ ]
Telephone No.: 201-329-7444
License No.: 00388
Name of OSHA Monitor: Omega Environmental
Street Address: 280 Huyler St
City, State, Zip Code: S. Hackensack, N.J. 07606

Start Date (10): 11/30/16
Scheduled Completion Date (11): 12/2/16
Occupancy Status During Abatement (Check only one):
[ ] Facility Closed/Vacated During Entire Period of Abatement
[ ] Abatement Performed Outside of Normal Facility Hours
[ ] Other - Describe: 8:00AM TO 5:00PM

Scope of Work (Check all that apply):
[ ] >3 of or >3 if [ ] 180 sf of or >260 sf
[ ] Renovation  [ ] Demolition
[ ] Full Containment with Negative Pressure
[ ] Mini-Enclosure
[ ] Glovebag Procedure
[ ] Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED:
[ ] IN Facility
[ ] [ ] [ ]
Name of Registered Waste Hauler:
Best Removal Inc
Name of Registered Landfill:
Minerva Enterprises, LLC
NJDEP Waste Hauler ID No.: 17109
Cubic Yards of Waste: [ ] [ ] [ ]
Disposal Date: 12/2/16
City, State: [ ] [ ] [ ]
Completed by: J. MAJORANO
Title: Estimator
Signature: [ ] [ ] [ ]
Date: 11/12/16

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

ASB-41
**State of New Jersey**

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>11/10/16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>MS. SHARON BRAHS</td>
</tr>
<tr>
<td>Agency Notified</td>
<td>EPA</td>
</tr>
<tr>
<td>Type Notification</td>
<td>Initial</td>
</tr>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td>MS. BRAHS</td>
</tr>
<tr>
<td>Street Address</td>
<td>175 S. BRAHS</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>ROCHELLE PARK, NJ. 07662</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>MS. BRAHS</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>ASCM No.</th>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Best Removal Inc</td>
</tr>
<tr>
<td>Street Address</td>
<td>450 South River St</td>
<td></td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Hackensack, N. J. 07601</td>
<td></td>
</tr>
<tr>
<td>Telephone No.</td>
<td>201-329-7444</td>
<td></td>
</tr>
<tr>
<td>License No.</td>
<td>00388</td>
<td></td>
</tr>
<tr>
<td>Name of OSHA Monitor</td>
<td>Omega Environmental</td>
<td></td>
</tr>
<tr>
<td>Street Address</td>
<td>280 Huyler St</td>
<td></td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Hackensack, N.J. 07606</td>
<td></td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>11/29/16</td>
<td></td>
</tr>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>11/30/16</td>
<td></td>
</tr>
<tr>
<td>Occupancy Status During Abatement (Check only one)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Abatement Performed Outside of Normal Facility Hours</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other – Describe: 7: AM to 5 PM</td>
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<tr>
<td>Scope of Work (Check all that apply)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>EH &amp; E 3 ft or ≥ 3 ft</td>
<td></td>
</tr>
<tr>
<td></td>
<td>≥ 160 ft or ≥ 260 ft</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Renovation</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Demolition</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Full Containment with Negative Pressure</td>
<td></td>
</tr>
<tr>
<td></td>
<td>High-Enclosure</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Glovebox Procedure</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Non-Exempted (*) and Non-Fireable Procedure</td>
<td></td>
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</table>

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Asbestos-Containing Material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>Thermal Systems Insulation</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td>20</td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
<td>Best Removal Inc</td>
</tr>
<tr>
<td>NJDEP Waste Hauler ID No.</td>
<td>17109</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>Minerva Enterprises, LLC</td>
</tr>
<tr>
<td>City, State</td>
<td>Hackensack, N.J. 07601</td>
</tr>
<tr>
<td>Disposal Date</td>
<td>11/30/16</td>
</tr>
<tr>
<td>City, State</td>
<td>Waynesburg, Oh. 44688</td>
</tr>
<tr>
<td>Completed by</td>
<td>J. Maiorano</td>
</tr>
<tr>
<td>Title</td>
<td>Estimator</td>
</tr>
</tbody>
</table>

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

**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 8:60 and 5:18)

**Date of Notification (1)**
11 / 09 / 16

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

**Agent(s) Notified**

- [ ] EPA
- [ ] DOLWD
- [ ] DOE
- [ ] DCA (NJAC 5:21-8)

**Type Notification**

- [ ] Initial
- [ ] Emergency (Including Justification)

**Address**

- Street Address: [redacted]
- City, State, Zip Code: Belleville, NJ 07109

**Facility Information**

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

- **Square Feet**

- **No. of Floors**

- **Bldg. Age**

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

- **Private House**
- Street Address: [redacted]
- City: Belleville
- County: Essex

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

- General Contractor: Gr. Tech LLC

**Name of Abatement Contractor (9)**

- Gr. Tech LLC

**ASCM No.**

- 0033785

**Project Manager for Monitoring Firm**

- [redacted]

**Telephone No.**

- 973-638-1727

**License No.**

- 01127

**OSHA Monitor**

- Envirovision Consultants, Inc.
- Street Address: 20-21 Wagaraw Rd, Bldg #35B
- City, State, Zip Code: Fair Lawn, NJ 07410

**Start Date (10)**

- 11 / 10 / 16

**Scheduled Completion Date (11)**

- 11 / 11 / 16

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

- [x] Renovation
- [x] Demolition

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

- Removable

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Amount</th>
<th>Location of Abatement Site Normally Used Solely for Maintenance/Custodial Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>6 LF</td>
<td>Pipe insulation</td>
</tr>
<tr>
<td>Boiler</td>
<td>36 SF</td>
<td>N/A</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**

- Gr. Tech LLC
- [redacted]

**Name of Registered Landfill**

- T.B.R.F. Inc.
- [redacted]

**Name of Owner**

- N. Jevic

**Owner**

- [redacted]

**Signature**

- [redacted]

**Date**

- 11/09/16

---

*Do not use this form for asbestos immunization exempted activities.*
Date of Notification (1)
11/11/16

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

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

Name of Building Owner/Operator (2)
Marcia Thomas

Street Address

City, State, Zip Code
Chatham, NJ 07928

Name of Contact
Marcia Thomas

Telephone Number

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

Street Address

City (5)
Chatham

County (6)
Morris

County Code (7) (STATE USE ONLY) 

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

Square Feet

# of Floors

Bldg. Age

Current Use (Prior if being demolished)

Name of Abatement Contractor (9)
Academy Construction Inc.

Street Address
205 Rt. 46 West Suite 14

City, State, Zip Code
Totowa, NJ 07512

Telephone No.
973-832-4244

License No.
01155

Name of OSHA Monitor
Same as above

Project Manager for Monitoring Firm

Street Address

City, State, Zip Code

Start Date (10)
11/25/16

Scheduled Completion Date (11)
12/2/16

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

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

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

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)
100 LF

Abatement Type
- Removal
- Repair
- Encapsulate
- Enclose

Name of Registered Waste Hauler
Academy Construction Inc.

Cubic Yards of Waste
3

Name of Registered Landfill
GROWS Landfill

Disposal Date
TBD

City, State
Totowa, NJ
Tullytown, PA

Completed by
Filip Geleski

Title
Supervisor

Signature

Date
11/11/16

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

Date of Notification: 11/10/16

Name of Building Owner/Operator: Ruth Eager

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

Type Notification: [ ] Initial [x] Amended

Abatement Type:
- [x] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [x] Glovebag Procedure
- [x] Non-Exempted (*) and Non-Removable Procedure

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>[x]</td>
<td>Pipe Insulation</td>
</tr>
</tbody>
</table>

Amount (Specify SF or LF):
- 130 LF

Name of Registered Waste Hauler:
Academy Construction Inc.

Name of Registered Landfill:
GROWS Landfill

Cubic Yards of Waste:
- 3

Disposal Date:
TBD

City, State, Zip Code:
Totowa, NJ 07512

Completed by:
Filip Geleski

Title:
Supervisor

Signature: [Signature]

Date: 11/10/16

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

<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>Name of Building Owner/Operator</th>
</tr>
</thead>
<tbody>
<tr>
<td>11/9/16</td>
<td>(Redacted)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agency Notified</th>
<th>Type Notified</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Total</td>
</tr>
<tr>
<td>DEP</td>
<td>Asbestos</td>
</tr>
<tr>
<td>DOL</td>
<td>(Redacted)</td>
</tr>
<tr>
<td>DOD</td>
<td></td>
</tr>
<tr>
<td>DCA</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>Name of Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>MONTCLAIR, NJ 07642</td>
<td>(Redacted)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FACILITY INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Facility Where Abatement is Taking Place</td>
</tr>
<tr>
<td>Street Address</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
</tr>
<tr>
<td>County</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner</td>
</tr>
<tr>
<td>Street Address</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
</tr>
<tr>
<td>Start Date</td>
</tr>
<tr>
<td>Scheduled Completion Date</td>
</tr>
<tr>
<td>Cessation Effective During Abatement</td>
</tr>
<tr>
<td>Type of Facility</td>
</tr>
<tr>
<td>Other (I.e., private &amp; commercial buildings, homes, etc.)</td>
</tr>
<tr>
<td>Current Use</td>
</tr>
<tr>
<td>Description</td>
</tr>
<tr>
<td>Location of Asbestos-Containing Materials (ACM) TO BE ABATED</td>
</tr>
<tr>
<td>Use of Dust by Mechanical/Controlled Dust</td>
</tr>
<tr>
<td>Description of Asbestos-Containing Material (ACM)</td>
</tr>
<tr>
<td>Amount (Specific ER or LR)</td>
</tr>
</tbody>
</table>

| Name of Registered Wastewater Hauler | (Redacted) |
| City, State | Hackensack, N.J. 07601 |
| Completed by | J. Maiorano |

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

### Date of Notification (1)

- 11/12/16

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

- CACHO HAN COOPERATIVE

### Agency Notified

- EPA

### Type Notification

- Initial

### Address Information

#### Street Address

- 372 E PAK LME

#### City, State, Zip Code

- WEE HAN KEN, NJ 07607

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

- CACHO HAN COOPERATIVE

### Type of Facility (4)

- School (K-12)

### Square Feet

- 45,000

### # of Floors

- 5

### Bidg. Age

- 1920

### Name of Abatement Contractor (9)

- Best Removal Inc

### Current Use

- RC2C AP7 APT 2 C

### Description of Asbestos Containing Material (ACM)

- Thermal System Insulation

### Name of Registered Landfill

- Minerva Enterprises ,LLC

### Cubic Yards of Waste

- 1/20

### Disposal Date

- 11/25/16

### Signatures

- J. Maiorano

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

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

<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>Name of Building Owner/Operator</th>
</tr>
</thead>
<tbody>
<tr>
<td>11-3-16</td>
<td>JESSICA STEWART</td>
</tr>
</tbody>
</table>

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

**Type Notification**  
- Initial

**Street Address**  
[Redacted]

**City, State, Zip Code**  
HADDONFIELD, NJ

**Name of Facility Where Abatement is Taking Place**  
RESIDENTIAL

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

**Name of Monitoring Firm Hired by Building Owner**  
ATLAS ENVIRONMENTAL INSPECTION

**ASCM No.**  

**Name of Abatement Contractor**  
FRYMAR CONSTRUCTION INC.

**Street Address**  
PO BOX 11645

**City, State Zip Code**  
PHILA, PA 19116

**Telephone No.**  
267-781-4893

**Project Manager for Monitoring Firm**  
JASON DUA

**Telephone No.**  
267-781-4894

**License No.**  
02176

**Start Date**  
11-21-16

**Scheduled Completion Date**  
11-22-16

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

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

**Other – Describe**  

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>BASEMENT</strong></td>
<td>Yes</td>
<td>OUTSIDE OF POWER</td>
<td>30 SF</td>
<td></td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**  
AMERICAN WASTE

**NJDEP Waste Hauler ID No.**  
[Redacted]

**Cubic Yards of Waste**  
[Redacted]

**Name of Registered Landfill**  
[Redacted]

**City, State**  
HARRIOTT, NJ

**Completed by**  
GERARD DUA

**Title**  
PRES

**Signature**  
[Redacted]

**Date**  
11-3-16

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