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

**Date of Notification (1)**
11/17/14

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

**Street Address**
4000 Hadley Road

**City, State, Zip Code**
South Plainfield NJ 07080

**Name of Contact**
Gio Bermudez

### FACILITY INFORMATION

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

- **Square Feet:** 270
- **# of Floors:** 1
- **Bldg. Age:** 63
- **Current Use (Prior to if being demolished):** Control Room
- **County Code (7) (STATE USE ONLY):**

### Name of Monitoring Firm Hired by Building Owner (5)
- **Name:** n/a
- **Street Address:** n/a
- **City, State, Zip Code:** n/a

### Project Manager for Monitoring Firm
- **Name:** n/a
- **Street Address:** n/a
- **City, State, Zip Code:** n/a

### Start Date (10)
- **12/1/14

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

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

### Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
- **Location of Asbestos-Containing Material (ACM) TO BE ABATED**
  - **In Facility (13):** Yes
- **Transite Panels:** 80SF

### Name of Registered Waste Hauler
- **ETGI:** NJDEP Waste Hauler ID No. S7107
- **Cubic Yards of Waste:** 20
- **Disposal Date:** 12/3/14
- **Name of Registered Landfill:** Conestoga
- **City, State:** Flanders, NJ
- **City, State:** Morgantown, PA
- **Title:** Project Mgr
- **Signature:** Michael J DiMaria

**Completed by:** Michael J DiMaria

**Date:** 11/17/14

*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): 11/7/14

Name of Building Owner/Operator (2): ME & MACHINES

Subsite Address: 225 FREMONT AVE - asbestos control

City, State Zip Code: WOODRIDGE, N.J., 07058

Name of Contact: LISA

Telephone Number: 973-7088

FACILITY INFORMATION

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

Street Address: 225 W 3RD ST

City: AVON

County: CAPE MAY

Name of Monitoring Firm Hired by Building Owner (13): NA

Type of Facility (4): Vacant

Name of Abatement Contractor (9): KLEEMCO INC.

Subsite Address: 369 S. SPRUCE AVE.

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

Telephone No.: 856-779-0422

License No.: 00444

Name of OSHA Monitor: JOSEPH KLEMM

Subsite Address: 369 S. SPRUCE AVE.

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

Type of Abatement: Vacant

Scope of Work (Check all that apply): Renovation

Description of Asbestos-Containing Material (ACM): Tearing/Remove

Amount (Specify SF or LF): 2000 SF

Name of Registered Waste Hauler: KLEEMCO INC.

Name of Registered Contractor: KLEEMCO INC.

Name of Registered Landlord: C.M.C. M.U.A.

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

Completed By: JOSEPH KLEMM

Owner: ME & MACHINES

Signature: JOSEPH KLEMM

Date: 11/17/14

Do not use this form for asbestos licensed exempted activities.
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-1 and 12:120-7)

State of New Jersey

Date of Notification (1)
11-10-14

Name of Building Owner/Operator (2)
Torah Link of Middlesex County
Street Address
261 Dunham's Corner Road
City, State, Zip Code
East Brunswick, NJ 08816

Name of Contact
Vincent J Manganiello

FACILITY INFORMATION

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

Type of facility (4)
[X] School (K-12)
[] Subchapter 9 (Other than K-12)
[] Other (i.e., private & commercial buildings, homes, etc.)

Square Feet # of Floors Bldg. Age

Name of Monitoring Firm hired by Owner (5)
ASCM No.
N/A

Street Address

City, State, Zip Code

Project Manager for Monitoring Firm Telephone Number

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

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

Scope of Work (Check all that apply)
[X] 23 sf or 3 1f
[ ] 160 sf or 260 1f
[X] Renovation
[ ] Demolition

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

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

1st Floor
[X] Window Caulking 40 1f

Name of Registered Waste Hauler
AZTECH MANAGEMENT, INC.
Minner 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
11-14-14

City, State
Morrisville, PA 19067

Completed By (Print or Type) Title
Constantine Vivian  President

Signature  Date
11-10-14
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1)
11-13-14

Name of Building Owner/Operator (2)
Beverly Reilly

Street Address
56 Lenox Terrace

City, State, Zip Code
West Orange, NJ 07052

Name of Contact
Beverly Reilly

Agencies Notified
- [ ] EPA
- [X] DEP
- [X] DOH
- [X] DCA
- [ ] DOLO

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

FACILITY INFORMATION

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

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

City, County, and Zip Code

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

Street Address
86 Christopher St.

City, State, Zip Code
Montclair, NJ 07042

Name of OSHA Monitor
N/A

Scheduled Start Date (10)
11-21-14

Scheduled Completion Date (11)
11-24-14

Occupancy Status During Abatement
- [X] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility Hours - Describe: Off Hour Describes
- [ ] Other - Describe: Other Occupancy Describes

License Number
00371

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

Square Feet

# of Floors

Hdg. Age

Current Use (Prior if being demolished)

Project Manager for Monitoring Firm

Telephone Number
N/A

(973) 744-8800

Location of Asbestos-Containing Material (ACM)

Location of Asbestos-Containing Material (ACM)

Description of Asbestos-Containing Material (ACM)

Amount (Specify SF or LF)

Location normally Used

Yes No N/A

Location Normally Used

Solitary by Maintenance/Custodial Staff

N/A

Location of Asbestos-Containing Material (ACM)

Basement

Pipe Insulation

65 LF

X

X

[ ] Full Containment with Negative Pressure

[ ] Mini-Enclosure

[ ] Glovebox Procedure

[ ] Non-Priiable Procedure

Abatement Type

Re MO VA L

RE PA IR

ENC LOS URE

Name of Registered Waste Hauler
AZTECH MANAGEMENT, INC.

NJDEP Waste Hauler ED No.
17040

Cubic Yards of Waste
1.5

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

City, State
Montclair, NJ 07042

Disposal Date
11-25-14

City, State
Morrisville, PA 19067

Completed By (Print or Type)
Constantine Vivian

Title
President

Signature

Date
11-13-14
Date of Notification (1) 11-14-14

Agencies Notified [ ] EPA  [ ] IDOL  [ ] DOH  [ ] DCA

[ ] Initial Notification  [ ] Amended Notification  [ ] Emergency  [ ] Cancellation

Name of Building Owner/Operator (2) Gavin Watson

Street Address 2 Hampton Road
City, State, Zip Code Mendham Boro, NJ, 07945

Name of Contact Gavin Watson

Telephone Number

Name of Facility Where Abatement is Taking Place (3)

Same as above

Street Address

City [ ] County [ ] County Code [ ]

Name of Monitoring Firm hired by Building N/A
Owner [ ]

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

Street Address 86 Christopher St.
City, State, Zip Code Montclair, NJ 07042

Telephone Number (973) 744-8800
License Number 00371

Scheduled Start Date (10) 11-22-14
Sched. Completion Date (11) 11-28-14

Month Day Year Month Day Year

Name of OSHA Monitor N/A

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

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

[X] Renovation  [ ] Demolition

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

In Facility (13)

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

Yes [ ] No [ ] N/A

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

Amount (Specify SF or LF)

[X] Full Containment with Negative Pressure

[X] Mini-Enclosure

[ ] Glovebox Procedure

[ ] Non-Friable Procedure

Abatement Type

Name of Registered Waste Hauler
AZTECH MANAGEMENT, INC.
NJDEP 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 12-1-14
City, State Morrisville, PA 19067

Completed by (Print or Type) Constantine Vivian
Title President

Signature Date 11-14-14

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:50-7 and 12:120-7)
# State of New Jersey
## NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

### Date of Notification (1)
11-10-14

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

### Type Notification
- Initial Notification
- Amended Notification
- Emergency Notification
- Cancellation

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

#### John Feinberg

### Street Address
54 Warfield

### City, State, Zip Code
Montclair, NJ 07042

### Name of Contact
John Feinberg

### Telephone Number

### FACILITY INFORMATION

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

### Street Address

### City, State, Zip Code

### Name of Monitoring Firm hired by Building ACM No.
N/A

### Building Owner (8)

### Street Address

### City, State, Zip Code

### Project Manager for Monitoring Firm
N/A

### Telephone Number

### Scheduled Start Date (10)
11-26-14

### Sched. Completion Date (11)
11-28-14

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

### 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)

<table>
<thead>
<tr>
<th>TO BE ABATED</th>
<th>In Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>X</td>
</tr>
</tbody>
</table>

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

| Basement     | X          |

### Description of Asbestos-Containing ACM (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
Pipe Insulation 160 sf X

### Amount (Specify SF or LF)

### Abatement Type

<table>
<thead>
<tr>
<th>R</th>
<th>ESP</th>
<th>R</th>
<th>ENCAP</th>
<th>S</th>
<th>ST</th>
<th>S</th>
</tr>
</thead>
</table>

### 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 Registered Waste Hauler (13)
AZTECH MANAGEMENT, INC.

### KJDEP Waste Hauler ID No.
17040

### Cubic Yards of Waste
1.5

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

### City, State
Morrisville, PA 19067

### Disposal Date
12-1-14

### Completed By (Print or Type)
Constantine Vivian

### Title
President

### Signature

### Date
11-10-14
# Emergency Safety

## State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:80 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>11/14/14</th>
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**Agencies Notified**
- EPA
- DEP
- DOL
- DOH
- DCA

<table>
<thead>
<tr>
<th>Type Notification</th>
<th>Initial Amendment</th>
<th>Emergency (including justification)</th>
<th>Cancellation</th>
</tr>
</thead>
</table>

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

**Street Address**
102 Ortley Ave

**City, State, Zip Code**
Lakewood, New Jersey 08755

**Name of Contact**
Done

**Telephone Number**

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Wade Residence</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Street Address</strong></td>
<td>102 Ortley Ave</td>
</tr>
<tr>
<td><strong>City</strong></td>
<td>Lakewood</td>
</tr>
<tr>
<td><strong>County</strong></td>
<td>Ocean</td>
</tr>
<tr>
<td><strong>Square Feet</strong></td>
<td>1500</td>
</tr>
<tr>
<td><strong>Current Use (Prior to being demolished)</strong></td>
<td>Residence</td>
</tr>
</tbody>
</table>

**Name of Monitoring Firm Hired by Building Owner (8)**
Ace Insulation Co., Inc.

**Street Address**
95 Montrose Road

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

**Name of Abatement Contractor (6)**
Ace Insulation Co., Inc.

**Street Address**
95 Montrose Road

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

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

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

**Name of OSHA Monitor**

**Project Manager for Monitoring Firm**

**Telephone No.**
732-294-1757

**License No.**
00029

**Occupancy Status During Abatement (Check Only One)**
- [ ] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility Hours
- [ ] Other – Describe: 7am - 4pm

**Scope of Work (Check All That Apply)**
- [x] Less than 23 sf or 23 sf
- [x] 230 sf or greater

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

<table>
<thead>
<tr>
<th>In Facility (13)</th>
<th>Outside</th>
</tr>
</thead>
</table>

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

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

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

**Amount (Specify SF or LF)**

<table>
<thead>
<tr>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1500</td>
</tr>
</tbody>
</table>

**Abatement Type**

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

**Location**

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>Ace Insulation Co., Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>NJDEP Waste Hauler ID No.</td>
<td>12086</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td>2</td>
</tr>
</tbody>
</table>

**Name of Registered Landfill**
Chirins

**Disposal Date**
11/17/14

**City, State**
Easton, PA

**Completed by**
Bree McGuire

**Title**
Secretary Treasurer

**Signature**

**Date**
11/14/14

* Do not use this form for asbestos licensure exempted activities.
**State of New Jersey**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:59 and 12:120)

**Date of Notification:**

**Name of Building Owner/Operator:**
Shannon Terry

**Street Address:**
5818 St. Marks Avenue

**City, State, Zip Code:**
Westfield, NJ 07090

**Name of Contact:**
Eric Plackis

**Telephone Number:**

---

**FACILITY INFORMATION**

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

**Street Address:**
5818 St. Marks Avenue

**City:**
Westfield

**County:**
Union

**Name of Monitoring Firm Hired by Building Owner:**

**ASOM No.:**

**Name of Abatement Contractor:**

**Street Address:**
P.O. Box 915

**City, State, Zip Code:**
Broomall, PA 08127

**Telephone No.:**
732-879-7409

**License No.:**
01196

**Name of OSHA Monitor:**

**Street Address:**

**City, State, Zip Code:**

---

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

**Scope of Work (Check all that apply):**
- [ ] 28 sf or 28 ft
- [ ] 150 sf or 150 ft
- [ ] 250 sf or 250 ft
- [ ] Renovation Removal Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Enclosure
- [ ] Glenmary Procedure
- [ ] Non-Exempted (*) and Non-Frisable Procedure
- [ ] Endocare

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

**Is Location Normally Used Solely by Maintenance/Operational Staff?**
Yes [ ] No [X]

**Description of Asbestos-Containing Material (ACM) (i.e., thermal insulation, surfacing, VAT, or other micromaterials):**
FLOOR TILE: 250 sq ft

**Name of Registered Waste Hauler:**

**Waste Hauler I.D. No.:**

**Name of Registered Landfill:**

**Disposal Date:**

**City, State:**

**Completed By:**

**Title:**
President

---

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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:50 and 12:120)

Date of Notification: 11/18/14

Name of Building Owner/Operator: Stephen & Mary Grous Private Home

Street Address: 2011 Penna
City, State, Zip Code: Ship Bottom NJ 08008

Name of Contact: Stephen
Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place: Stephen & Mary Grous Private Home
Street Address: 2011 Penna
City: Ship Bottom NJ 08008
County: Ocean
Name of Abatement Contractor: Pernaco Inc.

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

Square Feet: 1000
# of Floors: 1
Bldg. Age: 35+

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

Start Date: 11/19/14
Scheduled Completion Date: 11/21/14

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

Scope of Work:

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

Exterior Siding

Ammendment #: Emergency (including Justification)

Abatement Type:

Removal
Repair
Encapsulate
Endorse

Amount (Specify SF or LF): 800 SF

Endorse

Name of Registered Waste Hauler: United Containers
Waste Hauler ID No.: 22459
Cubic Yards of Waste: 2

Disposal Date: 11/21/14
City, State: Morrisville PA 19067

Completed by: Anthony T Pema
Title: President
Signature:

Date: 11/18/14

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

**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:30 and 12:126)

**2014 NOV 20 PM 11:58**

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>11/10/14</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Hess Corporation</td>
</tr>
<tr>
<td>Street Address</td>
<td>615 River Rd</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Edgewater, NJ 07603</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Paul Marin0</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

| Name of Facility Where Abatement Is Taking Place (3) | Hess Corporation |
| Street Address | 238 West Fort Lee Rd |
| City (6) | Bogota |
| County (6) | Bergen |
| Name of Monitoring Firm Hired by Building Owner (8) | ASCOM No. |
| Name of Abatement Contractor (9) | SCE Environmental Group |
| Street Address | 1380 Mt Cobb Rd |
| City, State, Zip Code | Lake Ariel, PA 18436 |
| Telephone No. | 570-383-4151 |
| License No. | 01216 |
| Current Use (Prior to Demolition) | 54 |

**Occupancy Status During Abatement (Check Only One):**
- [x] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Other

**Scope of Work (Check All That Apply):**
- [x] 200 sf or less
- [ ] 2,160 sf or more
- [x] Renovation Demolition
- [x] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Gloveshop 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) TO BE ABATED In Facility (13)</th>
<th>Is Location 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>Please see attached</td>
<td>Yes</td>
<td>Please see attached</td>
<td></td>
</tr>
</tbody>
</table>

**Abatement Type**
- [ ] Removal
- [x] Repair
- [ ] Encapsulate
- [ ] Enclose

**Name of Registered Waste Hauler**

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>NJDEP Waste Hauler ID No.</th>
</tr>
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<tbody>
<tr>
<td>Newark Carting</td>
<td>045009</td>
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**Disposal Date**

<table>
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<tr>
<th>Disposal Date</th>
<th>Various</th>
</tr>
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</table>

**Completed by**

<table>
<thead>
<tr>
<th>Completed by</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mariah Wheeler</td>
<td>PMA</td>
</tr>
</tbody>
</table>

**Signature**

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>[Signature]</td>
<td>11/10/14</td>
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</table>

*Do not use this form for asbestos licensure exempted activities.*
<table>
<thead>
<tr>
<th>Hess Bogota</th>
<th>Asbestos</th>
<th></th>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Item</td>
<td>Qty</td>
<td>Unit cost (rev)</td>
<td>Ext Cost</td>
<td></td>
</tr>
<tr>
<td>Dispatch Building</td>
<td>Tile &amp; mastic</td>
<td>1000 sf</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dispatch Building</td>
<td>Window caulking</td>
<td>100 lf</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dispatch Building</td>
<td>Roof Flashing</td>
<td>25 sf</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Loading Rack</td>
<td>Transite Panels</td>
<td>865 sf</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Loading Rack</td>
<td>Roof Tar</td>
<td>250 sf</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tank Field</td>
<td>Pipe Insulation</td>
<td>650 lf</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tank Field</td>
<td>Pipe Fittings</td>
<td>10 sf</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lift Rental</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1)  
11-13-14  

Name of Building Owner/Operator (2)  
Tim Cordes

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

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

Facility Information

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

Street Address  
69 Rugby Road

City, State, Zip Code  
Cedar Grove, NJ, 07009

Name of Monitor Firm hired by Building Owner (4)  
Name of Abatement Contractor (9)  
AZTECH MANAGEMENT, Inc.

ASCM No.  

Telephone Number  
(973) 744-8800

License Number  
00371

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

Type of Abatement (Check all that apply)  
[X] Abatement Performed Outside of Normal Facility Hours - Describe:  
[X] Other - Describe:  

Scope of Work (Check all that apply)  
[X] 23 SF or 23 LF  
[X] 160 LF or 2260 LF  
[X] Demolition

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

Location Normally Used  
By Maintenance/Custodial Staff (12)

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

Amount (Specify SW or LF)  

Abatement Type  
[X] Full Containment with Negative Pressure  
[X] Non-Friable Procedure

Location of Asbestos-Containing Material to be Abated  
Basement

Information provided by:  
AZTECH MANAGEMENT, INC.

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

Cubic Yards  
1.5

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

City, State  
Morrisville, PA 19067

Disposal Date  
12-4-14

Completed By (Print or Type)  
Constantine Vivian  
President

Signature  

Date  
11-13-14