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

Date of Notification (1)  
11-29-16

Name of Building Owner/Operator (2)  
Cooper Lanning Square Renaissance School Facilities, Inc.

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

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

Street Address  
200 Federal Street, Suite 146

City, State, Zip Code  
Camden, NJ 08103

Name of Contact  
Dave Millman

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  
Kipp Cooper Norcross Academy at Whittier

Street Address  
740 Chestnut St.

City (5)  
Camden

County (6)  
Camden

County Code (7)  
STATE USE ONLY

Current Use (Prior If being demolished)  
vacant

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

ASCM No.  
732-223-2225

Telephone No.  
215-533-5155

License No.  
01166

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

Street Address  
2251 Fraley Street

City, State, Zip Code  
Philadelphia, PA 19137

Name of OSHA Monitor  
Brinkerhoff Environmental

Street Address  
1805 Atlantic Avenue

City, State, Zip Code  
Manasquan, NJ 08736

Start Date (10)  
11-28-16

Scheduled Completion Date (11)  
12-31-16

Scope of Work (Check All That Apply)  
☐ ≥3 sf or ≥3 if  
☐ ≥10 sf or ≥260 li

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

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

Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  
Vat and Mastio  
vat and mastic  
mastic glue dots

Amount (Specify SF or LF)  
300sf  
63sf

Abatement Type  
Full Containment with Negative Pressure  
Mini-Enclosure  
Gloving Procedure  
Non-Exempted (*) and Non-Friable Procedure

Location of Registered Waste Hauler  
Service Transport  
NJDEP Waste Hauler ID No.

Cubic Yards of Waste  
Name of Registered Landfill  
Minerva Landfill

City, State  
Newark, DE

Disposal Date  
City, State  
Lisbon, OH

Completed by  
Jennifer Niven  
Dir. of Operations

Signature  
Date  
11-29-16

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

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

**Date of Notification (1)**  
11/29/2016

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

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

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

**Street Address**  
[Redacted]

**City, State, Zip Code**  
Bound Brook, NJ 08805

**Name of Contact**  
Mark Mediros

**Telephone Number**  
[Blank]

### FACILITY INFORMATION

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

**Street Address**  
[Redacted]

**City (5)**  
Bound Brook

**County (6)**  
Somerset

**County Code (7)**  
[SATE USE ONLY]  
[Blank]

**Current Use (Prior if being demolished)**  
[Blank]

**Square Feet**  
2500

**# of Floors**  
2

**Bldg. Age**  
89

**Type of Facility (4)**  
[Blank]

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

**Name of Monitoring Firm Hired by Building Owner (8)**  
A. Seine Lighthouse Solutions, LLC

**ASCM No.**  
N/A

**Name of Abatement Contractor (9)**  
Brinks Tank Services

**Street Address**  
1256 Liberty Avenue

**City, State, Zip Code**  
Hillside, NJ 07205

**Telephone No.**  
844-462-7465

**License No.**  
01316

**Name of OSHA Monitor**  
A. Seine Lighthouse Solutions, LLC

**Street Address**  
PO Box 354

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

**Start Date (10)**  
12/14/2016

**Scheduled Completion Date (11)**  
12/22/2016

**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 (Check All That Apply)**  
- [X] ≥3 sf or ≥33 ft²
- [ ] ≥160 sf or ≥1600 ft²
- [X] Renovation
- [X] Demolition

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

<table>
<thead>
<tr>
<th>TO BE ABATED</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
</tr>
</thead>
<tbody>
<tr>
<td>In Facility</td>
<td>(13)</td>
</tr>
<tr>
<td>basement</td>
<td>X</td>
</tr>
<tr>
<td>pipe</td>
<td>10lf</td>
</tr>
</tbody>
</table>

**Amount (Specify SF or LF)**  
[Blank]

**Abatement Type**  
[Blank]

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

**Name of Registered Waste Hauler**  
Newark Carting

**NJ/DEP Waste Hauler ID No.**  
04509

**Cubic Yards of Waste**  
[Blank]

**Name of Registered Landfill**  
Waste Management Landfill

**Disposal Date**  
12/22/2016

**City, State**  
Penn Argyle, PA

**Completed by**  
Ron Brink  
President

**Signature**  
[Signature]

**Date**  
11/29/2016

---

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

## State of New Jersey

### (Pursuant to NJAC 8:69 and 5:16)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>11 / 28 / 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>ERE Property Trust</td>
</tr>
<tr>
<td>Agencies Notified</td>
<td></td>
</tr>
</tbody>
</table>
- [x] EPA 
- [x] DOLWD 
- [ ] DOH 
- [ ] DCA (NJAC 5:23-8) |
| Type Notification | 
- [x] Initial 
- [ ] Amended 
- [ ] Amendment # |
| Street Address | 1545 Route 22 East |
| City, State, Zip Code | Annandale, New Jersey 07002 |
| Name of Contact | Alek Heilstedt |
| Telephone Number | |
| Name of Facility Where Abatement is Taking Place (3) | Runyon Property |
| Street Address | |
| City (5) | Clinton |
| County (6) | Hunterdon |
| County Code (7) | |
| Current Use (Prior to being demolished) | Unoccupied |
| Square Feet | 1,326 |
| # of Floors | 2 |
| Bldg. Age | 66 Years |
| Name of Monitoring Firm Hired by Building Owner (8) | Kleinfelder |
| ASCM No. | |
| Name of Abatement Contractor (9) | Terra Contracting Services, LLC |
| Street Address | 5100 West Michigan Avenue |
| City, State, Zip Code | Kalamazoo, MI 49006 |
| Project Manager for Monitoring Firm | Dan Beard |
| Telephone No. | (865) 877-0727 |
| Start Date (10) | 12 / 12 / 2016 |
| Scheduled Completion Date (11) | 12 / 22 / 2016 |
| Name of OSHA Monitor | Analytical Testing & Consulting Services |
| Street Address | 14625 Doster Road |
| City, State, Zip Code | Plainwell, MI 49080 |
| Scope of Work (Check all that apply) | 
- [x] ≥ 3 sf or ≥ 3 I 
- [ ] ≥ 100 sf or ≥ 280 I 
- [x] Renovation 
- [ ] Demolition 
- [x] Full Containment with Negative Pressure 
- [ ] Mini-Enclosure 
- [ ] Glovebag Procedure 
- [ ] Non-Exempted (*) and Non-Friable Procedure |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED | Building & Garage Exterior |
| IN Facility | No |
| 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) | Transite |
| Amount (Specify SF or LF) | 1,950 SF |
| Abatement Type | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED | First & Second Floor |
| 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) | Joint Compound |
| Amount (Specify SF or LF) | 3,995 SF |
| Abatement Type | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED | Kitchen |
| 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) | 140 SF |
| Abatement Type | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED | Basement/Exterior Windows |
| 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) | Air Cell Pipe Insulation/Window Glazing |
| Amount (Specify SF or LF) | 256 LF |
| Abatement Type | | |
| Name of Registered Waste Hauler | Hazmat Environmental Group |
| NJDEP Waste | 1665 |
| Disposal Date | 12/20/2016 |
| Name of Registered Landfill | High Acres Landfill |
| City, State | Buffalo, NY |
| Completed By (Print or Type) | Gregory G. Moe |
| Title | Director of Abatement |
| Signature | Gregory Moe |
| Date | 11/28/2016 |

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

(Pursuant to NJAC 8:50 and 12:120)

**State of New Jersey**

**Name of Building Owner/Operator:** JNJ Hyatt

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

**Street Address:**
- 2 Albany Street
- City, State, Zip Code: New Brunswick, NJ 08901

**Name of Contact:** John Tracy

**Telephone Number:**

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

**Name of Facility Where Abatement is Taking Place:**
- Hyatt Regency Hotel

**City (6):**
- New Brunswick

**County (6):**
- Middlesex

**County Code (7):**

**Square Feet:**
- 1,237

**# of Floors:**
- 1

**Bldg. Age:**
- 35 yrs.

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

**Address of Monitoring Firm:**
- Environmental Health Investigations, Inc.
- 655 West Shore Trail
- Sparta, NJ 07871

**Project Manager for Monitoring Firm:**
- Jill Wack

**Telephone No.:**
- (973) 713-6947

**Name of Abatement Contractor:**
- Pinnacle Environmental Corp.
- 200 Broad Street
- City, State, Zip Code: Carlstadt, NJ 07072

**License No.:**
- 00756

**Name of Site Monitor:**
- Evan-Air Inc.
- 10-59 Jackson Avenue
- City, State, Zip Code: Long Island City, NY 11101

**Start Date (10):**
- 11-25-16

**Scheduled Completion Date (11):**
- 11-30-16

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

**Scope of Work (Check All That Apply):**
- [x] ≥150 sf or ≥260 sf
- [x] Renovation
- [x] Demolition
- [x] Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

**Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility:**
- 2nd Floor: Corridor

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

**Description of Asbestos-Containing Material (ACM):**
- VAT/Mastic

**Amount (Specify SF or LF):**
- 1,700

**Name of Registered Waste Hauler:**
- ATC, Inc. / JBT (50071)
- NDEP Waste Hauler ID No. 24310

**Disposal Date:**
- TBD

**Name of Registered Landfill:**
- Minerva Enterprises
- City, State: Waynesburg, OH 44688

**Completed by:**
- Richard Doran
  - Title: Project Manager
  - Signature: [Signature]
  - Date: 11-22-16

---

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:129)

Date of Notification (1) 11/25/16

Name of Building Owner/Operator (2) Cullen

Street Address [Redacted]

City, State, Zip Code Hawthorne, New Jersey 07506

Name of Contact Breyen

Telephone Number 973-504-4

Facility Information

Name of Facility Where Abatement Is Taking Place (3) Cullen Residence

Type of Facility (4) [Redacted]

Square Feet 3,100

# of Floors 2

Bldg. Age 55+

Current Use (Prior to if being demolished) Residence

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

ASCM No. [Redacted]

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

Street Address 95 Montrose Rd

City, State, Zip Code Colts Neck, New Jersey 07023

Project Manager for Monitoring Firm [Redacted]

Telephone No. 732-294-1757

License No. 00029

Name of OSHA Monitor [Redacted]

Street Address Lincoln Park, New Jersey 07035

City, State, Zip Code [Redacted]

Start Date (10) 12/15/16

Scheduled Completion Date (11) 1/19/16

Occupancy Status During Abatement (Check Only One)

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

Scope of Work (Check All That Apply)

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

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

In Facility (13)

Basement

Yes [Redacted] No [Redacted] N/A [Redacted]

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

Yes [Redacted] No [Redacted] N/A [Redacted]

Description of Asbestos Containing Material (ACM)

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

Floor tile and acoustic [Redacted]

Amount (Specify SF or LF) 1000

Abatement Type [Redacted]

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

NUDEP Waste Hauler ID No. 12086

Cubic Yards of Waste 3

Name of Registered Landfill Chrin's Landfill

City, State Colts Neck, New Jersey

Completed by Bree McGuire

Title Secretary Treasurer

Signed [Redacted]

Disposal Date 1/19/16

City, State Easton, PA

Date 11/25/16

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

**NOTIFICATION OF ASBESTOS ABATEMENT**

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

**Name of Building Owner/Operator:** Bargain Auto Sales

**Street Address:**
140 East Saint George Avenue
Linden, NJ 07036

**Name of Contact:** Mr. Danni Mugica

**Agency Notified:**
- DEP
- DOL
- DOT
- DCA

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

**Facility Information**

- **Type of Facility:** Commercial
- **Square Feet:** 2,000
- **Number of Floors:** 1
- **Age:** 70
- **Current Use:** Prior to demolition

**Name of Facility Where Abatement is Taking Place:**
Bargain Sales Building

**Street Address:**
140 East Saint George Avenue
Linden

**County:**
- **County Code:**
- **Union:**

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

**Name of Abatement Contractor:** Sky Contracting, LLC

**Street Address:**
1385 Valley Road, Suite K
Wayne, New Jersey 07470

**Name of OSHA Monitor:** Sky Contracting, LLC

**Completion Date:** 11/20/2016

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

**Scope of Work (Check All That Apply):**
- Renovation or Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- glovebag Procedure
- Non-Exempted and Non-Pre-Fabricated 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>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boiler Room</td>
<td>Yes</td>
<td>Boiler Insulation</td>
<td>20 SF</td>
<td></td>
</tr>
<tr>
<td>Boiler Room</td>
<td>Yes</td>
<td>Pipe Insulation</td>
<td>10 LF</td>
<td></td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler:**

- NJDEP Waste Hauler # 20990

**Disposal Date:** TBD

**City and State of Waste:**
Cuyahoga County, Ohio

**Name of Registered Landfill:** Mineva Enterprises, LLC

**City and State of Landfill:**
Waynesburg, Ohio

**Completed By:**
Predrag Sarcev
Title: Vice President

**Date:** 11/17/2016

**Note:** Do not use this form for asbestos insurance, exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:20)

Date of Notification (1) 11/22/16

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

Agencies Notified: EPA, DEP, DOL

Name of Building Owner/Operator (2)
Comprehensive Property Management

Street Address
PO Box 3128
City, State, Zip Code
Long Branch, NJ 07740

Name of Contact
Joe Ferragina

Telephone Number

Name of Facility Where Abatement is Taking Place (3)
1809 Wood Avenue

City (5)
Roselle

County (6)
Union

County Code (7) (STATE USE ONLY)

Current Use (Prior if being demolished)
apartments

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

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

Street Address
PO Box 483, 4 E Gate Drive
City, State, Zip Code
Glenwood, NJ 07418

Project Manager for Monitoring Firm

Telephone No.

License No.
973-764-2276
703

Start Date (10) 12/2/16

Scheduled Completion Date (11) 1/2/17

Occuancy Status During Abatement (Check Only One)
- [X] Facility Closed/Vacated During Entire Period of Abatement
- [X] Other – Describe: basement

Scope of Work (Check All That Apply)
- [X] ≥ 25 sf or ≥ 2,000 sf
- [X] ≥ 1,000 sf or ≥ 2,000 sf

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)

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

Amount (Specify SF or LF)

Abatement Type

Removal
Repair
Encapsulation
Endorsement

basement x
pipe insulation
100 LF x

basement x
boiler insulation
100 SF x

Name of Registered Waste Hauler
Freehold Cartage

NJDEP Waste Hauler ID No.
15939

Cubic Yards of Waste
TBD

Name of Registered Landfill
Western Berks Landfill

City, State
Freehold, NJ

Disposal Date
TBD

Name of Freehold NJ

Completed by
A. Scott Higgins
Title
President

Signature
Date
11/22/16

* 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)**  
11/25/16

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

**SUFFIX INFORMATION**

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

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

**Street Address**  

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

**Name of Contact**  
AnnaMarie

**FACILITY INFORMATION**

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

**Street Address**  

**City (5)**  
Bloomfield

**County (6)**  
Essex

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

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

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

**Square Feet**  
2200

**# of Floors**  
2

**Bldg. Age**  
95

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

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

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

**Project Manager for Monitoring Firm**  

**Telephone No.**  
973-764-2276

**License No.**  
703

**Name of OSHA Monitor**  

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

**Start Date (10)**  
12/8/16

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

**Min. Enclosure**  

**Glovebag Procedure**  

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

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

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

**[ ] ≥ 3 sf or ≥ 3 ft²**  
**[ ] ≥ 160 sf or ≥ 260 ft²**

**[ ] Renovation**  
**[ ] Demolition**

**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)**  
130 LF

**Abatement Type**  

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

**In Facility (13)**

**basement**  
pipe insulation

**Name of Registered Waste Hauler**  
NJDEP Waste Hauler ID No. 15639

**Cubic Yards of Waste**  
TBD

**Name of Registered Landfill**  
Western Berks Landfill

**Freehold Cartage**  

**Disposal Date**  
TBD

**City, State**  
Birdsboro, PA

**Freehold, NJ**

**Completed by**  
A. Scott Higgins

**Title**  
President

**Signature**  

**Date**  
11/25/16

*Do not use this form for asbestos licensure exempted activities.*
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:69 and 5:16)

Date of Notification: 11/25/16
Name of Building Owner/Operator: David Johnson

Agencies Notified:
- [ ] EPA
- [X] DOLWD
- [X] DHSS
- [ ] DCA
(NJAC 5:23-8)

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

Street Address:

City, State, Zip Code:
Boonton Township, NJ 07005

Name of Contact:
David Johnson

Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place:
Private house

Street Address:

City:
Boonton Township, NJ 07005

County:
Morris

ASCM No.:

Name of Monitoring Firm Hired by Building Owner:

Gr Tech LLC

Street Address:
576 Valley Rd #283

City, State, Zip Code:
Wayne, NJ 07470

Project Manager for Monitoring Firm:

Telephone No.:
973-638-1777

License No.:
01127

Name of Abatement Contractor:
Envirosion Consultants, Inc.

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

City, State, Zip Code:
Fair Lawn, NJ 07410

Start Date:
12/05/16
Scheduled Completion Date:
12/06/16

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

Time of Abatement:
AM AM PM PM AM

Scope of Work:
- [ ] 3+ sf or >3 If
- [ ] >160 sf or >250 If
- [ ] Demolition
- [X] Renovation

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

Crawl space

Yes No N/A

Duct-wrap & cut

15 SF

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

Abatement Type:

Amount
(Specify S/F or LF):


Name of Registered Waste Hauler:
Gr Tech LLC

City, State:
Wayne, NJ 07470

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

Disposal Date:
TBD

Name of Owner:
N. Jevtic

Signature:

Date:
11/25/16

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

Date of Notification (1): 11 / 26 / 16

Name of Building Owner/Operator (2): David Matthews

Name of Contact: David Maron

FACILITY INFORMATION

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

City (5): Englewood, NJ 07631

County (6): Bergen

City, State, Zip Code: Englewood, NJ 07631

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

Current Use (Prior if being demolished):

Type of Facility (4):
- School (K-12)
- Subchapter 6 (Other than K-12)
- Other (i.e., private and commercial buildings, homes, etc.)

Square Feet: 0

# of Floors: 0

Bldg. Age: 0

Start Date (10): 12 / 06 / 16

Scheduled Completion Date (11): 12 / 08 / 16

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

Scope of Work (Check all that apply):
- >3 sf or >3 ll
- ≥ 160 sf or >260 ll
- Renovation
- Demolition

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

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

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):

<table>
<thead>
<tr>
<th>Basement</th>
<th>First floor</th>
<th>First floor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pipe-wrap &amp; cut</td>
<td>Pipe-wrap &amp; cut</td>
<td>VAT floor tiles</td>
</tr>
</tbody>
</table>

Amount (Specify SIF or LF): 90 LF, 20 LF, 150 SF

Abatement Type:
- Removal
- Repair
- Encapsulate
- Endure

Location of Registered Waste Hauler:
Gr Tech LLC

City, State: Wayne, NJ 07470

Disposal Date: TBD

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

City, State: Tullytown, PA

Completed By (Print or Type): N. Jevtic

Title: Owner

Signature: [Signature]

Date: 11/26/16

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

**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 8:80 and 8:16)

**Date of Notification (1):** 11/23/16

**Name of Building Owner/Operator (2):** Rebecca David Middleton

**Agency Notified:**
- [ ] EPA
- [ ] DOLWD
- [ ] DHSS

**Type Notification:**
- [ ] Initial
- [ ] Amended

**Name of Monitoring Firm: (9):** Gr Tech LLC

**Address:**
**City, State, Zip Code:** Glen Ridge, NJ 07028

**Name of Abatement Contractor (8):**
**Street Address:** 576 Valley Rd #2B3

**County Code (1):** [STATE USE ONLY]

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

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

<table>
<thead>
<tr>
<th>Location</th>
<th>In Location Normally Used Only 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</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kitchen-first floor</td>
<td>Yes</td>
<td>[ ] Clean up and decontamination with negative pressure</td>
<td>[ ] Full containment with negative pressure</td>
<td>[ ] Non-Exempted (*) and Non-Friable Procedure</td>
</tr>
</tbody>
</table>

**Name of Registered Wastewater Handler:**
**Company:** Gr Tech LLC
**City, State:** Wayne, NJ 07470

**Name of Authorized Person:**
**Title:** Owner

**Signature:** [Signature]
**Date:** 11/23/16

---

*Do not use this form for asbestos license exempted activities.*
Date of Notification (1) 11/21/2016

Name of Building Owner/Operator (2) St. Anthony Parish

Street Address 276 Diamond Bridge Avenue

City, State, Zip Code Hawthorne, NJ 07509

Name of Contact Cathy Cyne

Telephone Number

<table>
<thead>
<tr>
<th>FACILITY INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3) St. Anthony’s RC Church</td>
</tr>
<tr>
<td>Street Address 276 Diamond Bridge Avenue</td>
</tr>
<tr>
<td>City (5) Hawthorne</td>
</tr>
<tr>
<td>County (6) Passaic</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8) BioTerra Environmental Solution</td>
</tr>
<tr>
<td>ASCM No.</td>
</tr>
<tr>
<td>Name of Abatement Contractor (9) Incinia Contracting, Inc.</td>
</tr>
<tr>
<td>Street Address 1030 Chestnut Street # 1224</td>
</tr>
<tr>
<td>City, State, Zip Code Union, New Jersey 07083</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm Rick Eustaquio</td>
</tr>
<tr>
<td>Telephone No. (973) 494 3762</td>
</tr>
<tr>
<td>License No. 001036</td>
</tr>
<tr>
<td>Start Date (10) 12/01/2016</td>
</tr>
<tr>
<td>Scheduled Completion Date (11) 12/06/2016</td>
</tr>
<tr>
<td>Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement</td>
</tr>
<tr>
<td>Other – Describe: M-S: 8:00 AM - 5:00 PM</td>
</tr>
</tbody>
</table>

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

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

<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>
</tr>
</thead>
<tbody>
<tr>
<td>1st Floor - Vestibule</td>
<td>X</td>
<td>Skim Coat Plaster</td>
<td>862 SF</td>
<td>X</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler Atlantic Carting

City, State Wayne, NJ

Committed by Milena Zoric Title Executive Director

Signature Date 11/21/2016

Name of Registered Landfill Grand Central Sanitary Landfill Corp.

City, State Pen Argyl, PA

Disposal Date TBD

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>11/25/16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>David Little Private Home</td>
</tr>
<tr>
<td>Agencies 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>David Little Private Home</td>
</tr>
<tr>
<td>Street Address</td>
<td>[Redacted]</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Little Egg Harbor NJ 08087</td>
</tr>
<tr>
<td>County (6)</td>
<td>Ocean</td>
</tr>
<tr>
<td>County Code (7)</td>
<td>[STATE USE ONLY]</td>
</tr>
<tr>
<td>Type of Facility (4)</td>
<td>School (K-12)</td>
</tr>
<tr>
<td>Square Feet</td>
<td>1000+</td>
</tr>
<tr>
<td># of Floors</td>
<td>1</td>
</tr>
<tr>
<td>Bldg. Age</td>
<td>35+</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (5)</td>
<td>N/A</td>
</tr>
<tr>
<td>ASCM No.</td>
<td>[Redacted]</td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>Pernaco Inc.</td>
</tr>
<tr>
<td>Street Address</td>
<td>PO Box 329</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>West Berlin NJ 08091</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>[Redacted]</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>[Redacted]</td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>12/8/16</td>
</tr>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>12/14/16</td>
</tr>
<tr>
<td>Occupancy Status During Abatement (Check Only One)</td>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
</tr>
<tr>
<td>Scope of Work (Check All That Apply)</td>
<td>□ 33 sf or 33 If</td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED</td>
<td>exterior siding</td>
</tr>
<tr>
<td>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</td>
<td>No</td>
</tr>
<tr>
<td>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td>exterior siding</td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
<td>1000 SF</td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
<td>United Roll Off</td>
</tr>
<tr>
<td>NJ/DEP Waste Hauler ID No.</td>
<td>22459</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td>3</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>G.R.O.W.S.</td>
</tr>
<tr>
<td>City, State</td>
<td>Morrisville PA 19067</td>
</tr>
<tr>
<td>Disposal Date</td>
<td>12/14/16</td>
</tr>
<tr>
<td>Completed by</td>
<td>Anthony T Perna</td>
</tr>
<tr>
<td>Title</td>
<td>President</td>
</tr>
<tr>
<td>Signature</td>
<td>[Signature]</td>
</tr>
<tr>
<td>Date</td>
<td>11/25/16</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 8:80 and 5:16)

Date of Notification: 11/22/16

Name of Building Owner/Operator: Kingston Presbyterian Church
Street Address: 4565 Rt 27
City, State, Zip Code: Kingston, NJ 08528

Name of Contact: Brad Clifton
Telephone Number: 

FACILITY INFORMATION

Name of Facility Where Abatement Is Taking Place: Kingston Presbyterian Church
Street Address: 4565 Rt 27
City: Kingston, NJ
County Code: Middlesex
County Code (7) (STATE USE ONLY): 7000
Current Use (Prior if being demolished): 85+/-

Type of Facility: Other (i.e., private & commercial buildings, homes, etc.)
Square Feet: 7000
# of Floors: 2
Bldg. Age: 85+/

Name of Abatement Contractor: Stevens Environmental Services, Inc.
Street Address: PO Box 322
City, State, Zip Code: Allentown, NJ 08515

Telephone No.: (609) 259-9688
License No.: 00493

Name of OSHA Monitor: MECS
Street Address: PO Box 341
City, State, Zip Code: Crosswicks, NJ 08515

Scope of Work: Renovation, Demolition

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

Boiler Room

Amount (Specify SF or LF): 27 lf
Abatement Type: Demolition

Name of Registered Waste Hauler: Stevens Environmental Services, Inc.
NJDEP Waste Hauler ID No.: 18292
Cubic Yards of Waste: 1 CU
Name of Registered Landfill: GROWS Landfill
City, State: Allentown, NJ
Disposal Date: 11/25/16
City, State: Morrisville, PA

Completed By: Mahlon E. Stevens
Title: Project Manager
Date: 11/22/16

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 8:10)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>11/22/16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agencies Notified</td>
<td></td>
</tr>
<tr>
<td>EPA</td>
<td>Initial</td>
</tr>
<tr>
<td>DEP</td>
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<td>DOL</td>
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<td>DOT</td>
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<tr>
<td>DOH</td>
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<tr>
<td>DCA</td>
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<tr>
<td>Type Notification</td>
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<td>Initial</td>
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<tr>
<td>Amended</td>
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</tr>
<tr>
<td>Amendment #</td>
<td></td>
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<tr>
<td>Emergency (Including</td>
<td></td>
</tr>
<tr>
<td>Justification)</td>
<td></td>
</tr>
<tr>
<td>Cancellation</td>
<td></td>
</tr>
<tr>
<td>Name of Building Owner/Operator (6)</td>
<td>Kingston Presbyterian Church</td>
</tr>
<tr>
<td>Street Address</td>
<td>4565 Rt 27</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Kingston, NJ 08528</td>
</tr>
</tbody>
</table>

FACTOR INFORMATION

| Name of Facility Where Abatement is Taking Place (3) | Kingston Presbyterian Church |
| Street Address                                      | 4565 Rt 27 |
| City, State, Zip Code                               | Kingston, NJ 08528 |
| County                                             | Middlesex |
| Name of Maintaining Firm Hired by Building Owner (8) | MECS |
| Project Manager for Monitoring Firm                 | Bill Weisgerber |
| Telephone No.                                       | (609) 240-4070 |
| Start Date (10)                                     | 11/23/16 |
| Scheduled Completion Date (11)                      | 11/25/16 |
| 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 am - 4 pm |
| Scopes of Work (Check all that apply)               |          |
| 23 sf or 23 sf                                      |          |
| 23 to 260 sf or 260 sf                              |          |
| Renovation Demolition                               |          |

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

<table>
<thead>
<tr>
<th>Location Normally Used Solely by Maintenance/ Custodial Staff? (12)</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boiler Room</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thermal Pipe Insulation</td>
<td>27</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Description of Asbestos Containing Material (ACM) (i.e., Insulation, surfacing, V.A.T., or other miscellaneous)

| Amount (Specify SF or LF)                                           | 27  |

Abatement Type

Name of Registered Waste Hauler
Stevens Environmental Services, Inc.

<table>
<thead>
<tr>
<th>Cubic Yards of Waste</th>
<th>1324</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Disposal Date</th>
<th>11/25/16</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State</td>
<td>Allentown, NJ</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager</th>
<th>Bill Weisgerber</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name</th>
<th>Mahlon E. Stevens</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Year</th>
<th>2016</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Name of Building Owner/Operator (2)</th>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>X Initial</td>
<td>ANTONIO</td>
<td>Street Address</td>
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<tr>
<td>DEP</td>
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<td>City, State, Zip Code</td>
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<td>DOL</td>
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<td></td>
<td>RAHWAY NJ</td>
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<tr>
<td>DOH</td>
<td></td>
<td></td>
<td>Name of Contact</td>
</tr>
<tr>
<td>DCA</td>
<td></td>
<td></td>
<td>Telephone Number</td>
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**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>RAHWAY NJ</td>
<td>Subchapter 8 (Other than K-12)</td>
</tr>
<tr>
<td>UNION</td>
<td>Other (i.e. private &amp; commercial buildings, homes, etc.)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>County Code (7)</th>
<th>Current Use (Prior if being demolished)</th>
</tr>
</thead>
<tbody>
<tr>
<td>STATE USE ONLY</td>
<td>HOME</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm HIred by Building Owner (8)</th>
<th>ASCM No.</th>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>AAA LEAD PROFESSIONALS</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 WHITE DOVE COURT</td>
<td>6 WHITE DOVE COURT</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>732-666-9078</td>
<td>1200</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>12/05/16</td>
<td>12/06/16</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check One Only)</th>
<th>Name of OSHA Monitor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility Closed/ Vacated During Entire Period of Abatement (Check One)</td>
<td>AAA LEAD PROFESSIONALS</td>
</tr>
<tr>
<td>Other – Describe</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check All That Apply)</th>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED</th>
</tr>
</thead>
<tbody>
<tr>
<td>x ≥23 sf or ≥23 if</td>
<td>in Facility</td>
</tr>
<tr>
<td>x ≥150 sf or ≥225sf</td>
<td></td>
</tr>
<tr>
<td>x Renovation</td>
<td></td>
</tr>
<tr>
<td>x Demolition</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>INTERIOR</th>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>in Facility</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>35 SF</td>
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<table>
<thead>
<tr>
<th>Abatement Type</th>
<th>Removal</th>
<th>Repair</th>
<th>Encapsulation</th>
<th>Endorsement</th>
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<tbody>
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<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>NJDEP Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>NEWARK CARTING</td>
<td>04509</td>
<td>2</td>
<td>IESI</td>
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</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>Disposal Date</th>
<th>City, State</th>
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</thead>
<tbody>
<tr>
<td>NEWARK, NJ</td>
<td>12/06/16</td>
<td>BETHLEHEM PA</td>
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<table>
<thead>
<tr>
<th>Completed by</th>
<th>Title</th>
<th>Signature</th>
<th>Date</th>
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</thead>
<tbody>
<tr>
<td>JOSEPH PERLSTEIN</td>
<td>OWNER</td>
<td></td>
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</table>

* 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 23, 2016
Name of Building Owner/Operator (2): Linda Henderson

Agencies Notified: [ ] EPA  [ ] Initial Notification
[ ] DEP  [ ] Amended Notification
[ ] DOL  [ ] Amendment #
[ ] DOH  [x ] Emergency (including justification)
[ ] DCA  [ ] Cancellation

Street Address: P O Box 265
City, State, Zip Code: Avon, NJ 07717
Name of Contact: Linda Henderson

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3):
Residence
Street Address: [redacted]
City: Ocean Grove
County: Monmouth
County Code (7) (STATE USE ONLY):
Type of Facility: [ ] School (k-12)
[ ] Subchapter 8 (other than k-12)
[ ] Other (i.e., private & commercial buildings, homes, etc.)

Square feet: 2500 sf
# of Floors: 2
Bldg. Age: 80
Current Use (Prior to being demolished): Residence

Name of Monitoring Firm Hired by Building Owner (8):
Guardian Contracting, Inc.
Street Address: 1889 Rte. 9, Unit 61
City, State, Zip Code: Toms River, NJ 08755
Telephone Number: 732-349-9932

Project Manager for Monitoring Firm: Nicholas Fernicola
Scheduled Start Date (10): 11/25/16
Scheduled Completion Date (11): 11/28/16

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 ] >3 sf or ≥2.5 if
[ ] ≥160 sf or ≥260 sf
[ ] Renovation
[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:
REMOVAL  REPAIR  ENCAPSULE  ENCLOSURE

Abatement Type:

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  ENCAPSULE  ENCLOSURE

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  ENCAPSULE  ENCLOSURE

Name of Registered Waste Hauler:
Guardian Contracting, Inc.
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: 11/29/16

City, State:
Tullytown, Pennsylvania
Date: 11/23/2016

*Do not use this form for asbestos licensure exempted activities.
DEМОLITION / RENOVATION NOTIFICATION

<table>
<thead>
<tr>
<th>Operator Project #:</th>
<th>Postmark:</th>
<th>Notification:</th>
</tr>
</thead>
<tbody>
<tr>
<td>I. TYPE OF NOTIFICATION (O - Original R - Revised C - Cancelled): O</td>
<td>II. IS ASBESTOS PRESENT? (Yes/No): Y</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FACILITY INFORMATION (identify owner, removal contractor and other operator)</th>
</tr>
</thead>
<tbody>
<tr>
<td>OWNER NAME:</td>
</tr>
<tr>
<td>Address:</td>
</tr>
<tr>
<td>City:</td>
</tr>
<tr>
<td>State:</td>
</tr>
<tr>
<td>Zip:</td>
</tr>
<tr>
<td>Contact:</td>
</tr>
<tr>
<td>Tel:</td>
</tr>
<tr>
<td>REMOVAL CONTRACTOR:</td>
</tr>
<tr>
<td>Address:</td>
</tr>
<tr>
<td>City:</td>
</tr>
<tr>
<td>State:</td>
</tr>
<tr>
<td>Zip:</td>
</tr>
<tr>
<td>Contact:</td>
</tr>
<tr>
<td>Tel:</td>
</tr>
<tr>
<td>OTHER OPERATOR (if different):</td>
</tr>
<tr>
<td>Address:</td>
</tr>
<tr>
<td>City:</td>
</tr>
<tr>
<td>State:</td>
</tr>
<tr>
<td>Zip:</td>
</tr>
<tr>
<td>Contact:</td>
</tr>
<tr>
<td>Tel:</td>
</tr>
</tbody>
</table>

| TYPE OF OPERATION (D - Demo O - Ordered Demo R - Renovation E - Emergency Renovation): | R |

<table>
<thead>
<tr>
<th>FACILITY DESCRIPTION (including building name, number and floor or room number)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Building Name:</td>
</tr>
<tr>
<td>Address:</td>
</tr>
<tr>
<td>City:</td>
</tr>
<tr>
<td>State:</td>
</tr>
<tr>
<td>County:</td>
</tr>
<tr>
<td>Site Location:</td>
</tr>
<tr>
<td>Building Size:</td>
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<tr>
<td># of Floors:</td>
</tr>
<tr>
<td>Age in Years:</td>
</tr>
<tr>
<td>Present Use:</td>
</tr>
<tr>
<td>Prior Use:</td>
</tr>
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</table>

PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:

IS MATERIAL ASSUMED TO BE ASBESTOS?

<table>
<thead>
<tr>
<th>APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Regulated ACM to be removed</td>
</tr>
<tr>
<td>2. Category I ACM not removed</td>
</tr>
<tr>
<td>3. Category II ACM not removed</td>
</tr>
<tr>
<td>Location:</td>
</tr>
<tr>
<td>RACM To Be Removed:</td>
</tr>
<tr>
<td>Location:</td>
</tr>
<tr>
<td>Nonfriable Asbestos Material Not To Be Removed:</td>
</tr>
<tr>
<td>Cat I</td>
</tr>
<tr>
<td>Pipes (Linear feet):</td>
</tr>
<tr>
<td>Asbestos pipe insulation</td>
</tr>
<tr>
<td>Surface Area (Square feet):</td>
</tr>
<tr>
<td>Asbestos duct wrap</td>
</tr>
<tr>
<td>RACM Off Facility Component (Cubic feet):</td>
</tr>
</tbody>
</table>

SCHEDULE DATES ASBESTOS REMOVAL (MM/DD/YY)

| Start: | 11/25/16 |
| Complete: | 11/28/16 |
x. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED

xi. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:

Removal to take place using negative pressure glove-bag method. Prior to removal, work area to be isolated, negative air units to be put in place. All asbestos material to be sprayed with a surfactant/water mix. All waste to be double bagged, sealed and affixed with appropriate warning labels and placed in closed/locked container for disposal. Encapsulation of all surfaces where removal took place. All materials to be kept wet during the entire operation. Final cleaning will consist of HEPA vacuuming and/or wet wiping of all surfaces.

xii. WASTE TRANSPORTER #1 Name: Guardian Contracting, Inc.
Address: 1889 Route 9, Unit 61
City: Toms River State: New Jersey Zip: 08755
Contact Person: Nicholas Fernicola

WASTE TRANSPORTER #2 Name:
Address:
City: State: Zip:
Contact Person:

xiii. WASTE DISPOSAL SITE Name: T.R.R.F.
Location: Bordentown Road
City: Tullytown State: Pennsylvania Zip: 19007
Telephone: 215-943-9732 Permit #: 101494

xiv. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW AND ATTACH COPY OF ORDER
Name:
Title:
Authority:
Date of Order (MM/DD/YY):
Date Ordered to Begin (MM/DD/YY):

xv. FOR EMERGENCY RENOVATIONS
Date and Hour of Emergency (MM/DD/YY):
Description of the Sudden, Unexpected Event:
Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:

xvi. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER

xvii. I CERTIFY THAT AN INDIVIDUAL TR AINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ONSITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required after November 20, 1991)

Nicholas Fernicola / Project Manager
(Printed Name/Title) (Signature of Owner/Operator) November 23, 2016 (Date)

xviii. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

Nicholas Fernicola / Project Manager
(Printed Name/Title) (Signature of Owner/Operator) November 23, 2016 (Date)
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)
11-22-16

Name of Building Owner/Operator (2)
Iglesia de Dios Septimo Dia

Agencies Notified
EPA
DEP
DOL
DOH
DCA

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

Street Address
City, State, Zip Code
Elizabeth, NJ 07201

Name of Contact
Josias Hernandes

FACILITY INFORMATION

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

Street Address

City (5)
Elizabeth

County (6)
Union

County Code (7)

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

ASCN No.

Name of Abatement Contractor (9)
Delfa Contracting LLC.

Street Address
522 7th St.

City, State, Zip Code
Union City NJ 07087

Project Manager for Monitoring Firm

Telephone No.

Start Date (10)
12-01-16

Scheduled Completion Date (11)
12-02-16

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

Scope of Work (Check All That Apply)
≥ 3,000 sf or ≥ 3,000 sf
≥ 1,600 sf or ≥ 2,600 sf
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
Repair
Encapsulate
Enddate

Name of Registered Waste Hauler
Delfa Contracting LLC

NJDEP Waste Hauler ID No.
35240

Cubic Yards of Waste
4

Name of Registered Landfill
Tullytown Resource Recovery Facility

City, State
Union City, NJ

Disposal Date
12-06-16

City, State
Tullytown, PA

Completed by
Jaime Delgado

Title
Proj. Manager.

Signature

Date
11-22-16

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

(Pursuant to NJAC 8:60 and 5:16)

**State of New Jersey**

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

**State of New Jersey Department of Transportation**

**Name of Contact**

* Luis Limo

---

**FACILITY INFORMATION**

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

* Route 7 Bridge

**Street Address**

* Rt 7

**City (5)**

* Kearny

**County (6)**

* Bergen

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

* Cardno ATC

**ASC No.**

* 123456789

**Name of Abatement Contractor (9)**

* BRISTOL ENVIRONMENTAL, INC.

**Street Address**

* 1123 BEAVER STREET

**City, State, Zip Code**

* BRISTOL, PA 19007

---

**Start Date (10) ON SITE 11/23/16**

**Scheduled Completion Date (11)**

* 12 / 7 / 16

---

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

* Facility Closed/Vacated During Entire Period of Abatement

**Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement:**

* AM: PM: PM: AM

---

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

* □ ≥30 sf or ≥30 l.f.
* □ ≥160 sf or ≥260 l.f.
* □ 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 insulations, surfacing, VAT, or other miscellaneous)**

* Cubic Yards of Waste

* Name of Registered Landfill

* MINERVA LANDFILL

**City, State**

* WAYNESBURG, OH 44688

---

**Name of Registered Waste Hauler**

* SERVICE TRANSPORT GROUP, INC.

**Waste Hauler ID No.**

* 20950

**Disposal Date**

* MAY 11

---

**Completed By (Print or Type)**

* Brian Scafiro

**Title**

* Estimator

---

**Back on Site 11/23/16**

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

Date of Notification: 10 / 16 / 15

Name of Building Owner/Operator: Luis Limo

State of New Jersey Department of Transportation:

Agencies Notified:
- [ ] EPA
- [ ] DOLWD
- [ ] DHSS
- [ ] DCA
  (NJAC 5:23-6)

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

Street Address:
1035 Parkway Ave., CN 600

City, State, Zip Code:
Trenton, NJ 08625

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place:
Route 7 Bridge

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

Square Feet: 

Current Use (Prior if being demolished): 

# of Floors: 

Bldg. Age: 

County Code (?)(STATE USE ONLY):

Name of Monitoring Firm Hired by Building Owner:
Cardno ATC

Name of Abatement Contractor:
BRISTOL ENVIRONMENTAL, INC.

Street Address:
1123 BEAVER STREET

City, State, Zip Code:
BRISTOL, PA 19007

License No.:
00509

Telephone No.:
215-785-6040

Name of OSHA Monitor:
BRISTOL ENVIRONMENTAL, INC.

Street Address:
1123 BEAVER STREET

City, State, Zip Code:
BRISTOL, PA 19007

Start Date:
5 / 23 / 16

Scheduled Completion Date:
ON HOLD

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

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

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

IN Facility:

Yes No N/A

Location Normally Used Solely by Maintenance/Custodial Staff:

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):
2800 SF

Abatement Type:

- [ ] Removal
- [ ] Repair
- [ ] Encapsulate
- [ ] Enclosure

Underside of bridge piers:

- [ ] Yes
- [ ] No
- [ ] N/A

Sheet packing:

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

NJDEP Waste Hauler ID No.:
20990

Cubic Yards of Waste:

Name of Registered Landfill:
MINVERA LANDFILL

City, State:
Waynesburg, OH 44688

Disposal Date:

Completed By (Print or Type):
Brian Scaffaro

Title:
Estimator

Signature:

Date:
5 / 21 / 16

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
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<tbody>
<tr>
<td>10 / 16 / 15</td>
<td>State of New Jersey Department of Transporation</td>
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<thead>
<tr>
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<th>Type Notification</th>
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<tbody>
<tr>
<td>☑ EPA</td>
<td>☑ Initial</td>
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<tr>
<td>☑ DOLWD</td>
<td>☑ Amended</td>
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<td>☑ DHSS</td>
<td>☑ Amendment #3-5/26/16</td>
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<td>☑ DCA (NJAC 5:23-6)</td>
<td>☑ Emergency (including justification)</td>
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<tr>
<td>☑ Cancellation</td>
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<table>
<thead>
<tr>
<th>Street Address</th>
<th>Telephone Number</th>
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<tr>
<td>1035 Parkway Ave., CN 600</td>
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<tr>
<td>City, State, Zip Code</td>
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<tr>
<td>Trenton, NJ 08626</td>
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<table>
<thead>
<tr>
<th>Name of Contact</th>
<th></th>
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<tbody>
<tr>
<td>Luis Limo</td>
<td></td>
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**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>Route 7 Bridge</td>
<td>☑ School (K-12)</td>
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</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Telephone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rt 7</td>
<td>609-386-8800</td>
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<table>
<thead>
<tr>
<th>City (5)</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kearny</td>
<td>215-788-6040</td>
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<table>
<thead>
<tr>
<th>County Code (7) (STATE USE ONLY)</th>
<th>Current Use (Prior if being demolished)</th>
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</thead>
<tbody>
<tr>
<td>Bergen</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASCM No.</td>
<td>BRISTOL ENVIRONMENTAL, INC.</td>
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<table>
<thead>
<tr>
<th>Street Address</th>
<th>Telephone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 Terri Lane</td>
<td>609-386-8800</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Burlington, NJ 08016</td>
<td>00509</td>
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<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>John Lutz</td>
<td>5 / 23 / 16</td>
<td>6 / 3 / 16</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 - Describe Time of Abatement: ____AM - ____PM - ____PM - ____AM</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 if</td>
</tr>
<tr>
<td>☑ ≥160 sf or ≥260 if</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/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>Underside of bridge piers</td>
<td>Yes</td>
<td></td>
<td>2800 SF</td>
<td>☑ Full Containment with Negative Pressure</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td></td>
<td></td>
<td>☑ Mini-Enclosure</td>
</tr>
<tr>
<td></td>
<td>N/A</td>
<td></td>
<td></td>
<td>☑ Glovebag Procedure</td>
</tr>
<tr>
<td></td>
<td>☑ Sheet packing</td>
<td></td>
<td></td>
<td>☑ Non-Exempted (*) and Non-Friable Procedure</td>
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</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>NJ/DEP Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>SERVICE TRANSPORT GROUP, INC.</td>
<td>20990</td>
<td></td>
<td>MINERYA LANDFILL</td>
<td>WAYNESBURG, OH 44688</td>
</tr>
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<table>
<thead>
<tr>
<th>City, State</th>
<th>Disposal Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>NEW CASTLE, DE 19720</td>
<td></td>
</tr>
</tbody>
</table>

Completed By (Print or Type) | Title | Signature | Date |
<table>
<thead>
<tr>
<th></th>
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<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Brian Scafiro</td>
<td>Estimator</td>
<td>Brian Scafiro</td>
<td>5/26/16</td>
</tr>
</tbody>
</table>
**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 8:60 and 5:16)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>10 / 16 / 15</td>
<td>State of New Jersey Department of Transportation</td>
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</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>State Address</th>
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</thead>
<tbody>
<tr>
<td>☑ EPA</td>
<td>Initial</td>
<td>1035 Parkway Ave., CN 600</td>
</tr>
<tr>
<td>☑ DOLWD</td>
<td>Amended</td>
<td></td>
</tr>
<tr>
<td>☑ DMSS</td>
<td>Emergency (including justification)</td>
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</tr>
<tr>
<td>☑ DCA (NJAC 5:23-6)</td>
<td>Cancellation</td>
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</table>

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Route 7 Bridge</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rt 7</td>
<td>Trenton, NJ 09625</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City (5)</th>
<th>County Code (7)(STATE USE ONLY)</th>
<th>Current Use (Prior if being demolished)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kearny</td>
<td>Bergen</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>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardno ATC</td>
<td></td>
<td>BRISTOL ENVIRONMENTAL, INC.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 Terri Lane</td>
<td>609-386-8800</td>
<td>215-788-6040</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of OSHA Monitor</th>
</tr>
</thead>
<tbody>
<tr>
<td>BRISTOL ENVIRONMENTAL, INC.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 / 23 / 16</td>
<td>5 / 27 / 16</td>
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<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
</tr>
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<tbody>
<tr>
<td>☑ 33 sf or ≥ 33 sf</td>
</tr>
<tr>
<td>☑ 160 sf or ≥ 260 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) 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>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Underside of bridge piers</td>
<td>☑</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>☑</td>
<td></td>
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<td></td>
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<tr>
<th>City, State</th>
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<td>NEW CASTLE, DE 19720</td>
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<tr>
<th>City, State</th>
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<tr>
<td>WAYNESBURG, OH 44688</td>
<td></td>
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<tr>
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<td>Estimator</td>
<td>Brian Scafiro 1/0</td>
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<th>City, State</th>
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<tbody>
<tr>
<td>5/20/16</td>
<td>WAYNESBURG, OH 44688</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

**Type of Facility (4)**

| ☑ School (K-12) |
| ☑ Subchapter 8 (Other than K-12) |
| ☑ Other (i.e., private and commercial buildings, homes, etc.) |

**Square Feet**

2800 SF

**Bldg. Age**

000508
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1):
10 / 16 / 15

Name of Building Owner/Operator (2):
State of New Jersey Department of Transporation

Name of Facility Where Abatement is Taking Place (3):
Route 7 Bridge

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

City (5):
Kearny

County Code (7) / STATE USE ONLY:
Bergen

Square Feet:

Name of Monitoring Firm Hired by Building Owner (6):
Cardno ATC

Type of Abatement Contractor (9):
BRISTOL ENVIRONMENTAL, INC.

State Address:
1035 Parkway Ave., CN 600

Current Use (Prior to if being demolished):

City, State, Zip Code:
Trenton, NJ 08625

County:
Kearny

Name of Contact:
Lulu Limo

County Code:

Telephone Number:

Name of Abatement Contractor:
BRISTOL ENVIRONMENTAL, INC.

Street Address:
1123 BEAVER STREET

Telephone No.:
215-768-6040

License No.:
00609

City, State, Zip Code:
Burlington, NJ 08016

License No.:

Street Address:
3 Terri Lane

City, State, Zip Code:
BURLINGTON, NJ 08016

Telephone No.:
609-386-5800

License No.:

City, State, Zip Code:
BRISTOL, PA 19007

License No.:

City, State, Zip Code:
BRISTOL, PA 19007

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

Time of Abatement:
AM - _PM - _PM - _AM

Type of Work:
Full Containment with Negative Pressure

Start Date (10):
10 / 19 / 15

Scheduled Completion Date (11):

Name of OSHA Monitor:
BRISTOL ENVIRONMENTAL, INC.

City, State, Zip Code:

Name of OSHA Monitor:
BRISTOL ENVIRONMENTAL, INC.

City, State, Zip Code:

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

Type of Work:
Full Containment with Negative Pressure

Major ASBESTOS-CONTAINING MATERIAL (ACM)
TO BE ABATED (13)

<p>| 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) |
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<td></td>
</tr>
<tr>
<td></td>
<td>Name of Building Owner/Operator (2)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Street Address 1035 Parkway Ave., CN 600</td>
<td></td>
</tr>
<tr>
<td></td>
<td>City, State, Zip Code Trenton, NJ 08625</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Name of Contact Luis Limo</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Telephone Number</td>
<td></td>
</tr>
<tr>
<td></td>
<td>FACILITY INFORMATION</td>
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</tr>
<tr>
<td></td>
<td>Type of Facility (4)</td>
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</tr>
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<td></td>
<td>School (K-12)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Subchapter 6 (Other than K-12)</td>
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<td></td>
<td>Other (i.e., private and commercial buildings, homes, etc.)</td>
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</tr>
<tr>
<td></td>
<td>Square Feet</td>
<td></td>
</tr>
<tr>
<td></td>
<td># of Floors</td>
<td></td>
</tr>
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<td></td>
<td>Bidg. Age</td>
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<tr>
<td></td>
<td>Current Use (Prior if being demolished)</td>
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<td>Name of Monitoring Firm Hired by Building Owner (5)</td>
<td></td>
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<tr>
<td></td>
<td>ASCM No.</td>
<td></td>
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<tr>
<td></td>
<td>Name of Abatement Contractor (9)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Bristol Environmental, Inc.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Street Address 1123 Beaver Street</td>
<td></td>
</tr>
<tr>
<td></td>
<td>City, State, Zip Code Bristol, PA 18007</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Telephone No. 215-766-6040</td>
<td></td>
</tr>
<tr>
<td></td>
<td>License No. 09509</td>
<td></td>
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<tr>
<td></td>
<td>Name of OSHA Monitor Bristol Environmental, Inc.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Street Address 1123 Beaver Street</td>
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</tr>
<tr>
<td></td>
<td>City, State, Zip Code Bristol, PA 18007</td>
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<tr>
<td></td>
<td>Name of Registered Landfill Minerva Landfill</td>
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<td></td>
<td>Disposal Date</td>
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<tr>
<td></td>
<td>City, State Waynesburg, OH 44688</td>
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</tr>
</tbody>
</table>

**Notification of Asbestos Abatement**

(Pursuant to NJAC 8:60 and 5:16)

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

Route 7 Bridge

**Street Address**

Rt 7

**City (5)**

Kearny

**County (6)**

Bergen

**Name of Monitoring Firm Hired by Building Owner (5)**

Cardno ATC

**Street Address**

3 Terrl Lane

**City, State, Zip Code**

Burlington, NJ 08016

**Project Manager for Monitoring Firm**

John Lube

**Telephone No.**

609-366-8800

**Date (10)**

10 / 19 / 15

**Scheduled Completion Date (11)**

11 / 28 / 15

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

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

**Reasons for Work (Check all that apply)**

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

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

- Location Normally Used Solely by Maintenance/Custodial Staff? Yes No N/A

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

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

- Amount (Specify SF or LF)

**Abatement Type**

- Removal
- Repair
- Encapsulate
- Enclose

**Registered Waste Hauler**

CE Transport Group, Inc.

**NDEP Waste Hauler ID No.**

20890

**Cubic Yards of Waste**

2800 SF
# Notification of Asbestos Abatement

**Date of Notification (1)**
NOVEMBER 28, 2016

**Name of Building Owner/Operator (2)**
VISIONARY DEVELOPERS, LLC

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

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

**Street Address**
211 RANDALL STREET

**City, State, Zip Code**
PT. PLEASANT BEACH, NJ 08742

**Name of Contact**
PETER AGRESTI

## Facility Information

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

**Street Address**

**City**
LITTLE SILVER

**County**
MONMOUTH

**Square Feet**
1865 SF

**# of Floors**
1

**Bldg. Age**
1950

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

**Name of Abatement Contractor (9)**
Finishing Touch Asbestos Abatement Corp., Inc.

**Street Address**
17 Thompson Street

**City, State, Zip Code**
West Long Branch, NJ 07764

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

**Telephone No.**
732.222.9372

**License No.**
000-40

**Start Date (10)**
12/8/16

**Scheduled Completion Date (11)**
12/9/16

**Name of OSHA Monitor**
N/A

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

**Scope of Work (Check All That Apply)**
- [ ] ≥23 sf or ≥23 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**

<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>
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<tbody>
<tr>
<td>VAT</td>
<td>X</td>
<td>VAT</td>
<td>550 SF</td>
<td>X</td>
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</table>

**Name of Registered Waste Hauler**
Finishing Touch Asbestos Abatement Corp., Inc.

**NJDEP Waste Hauler ID No.**
12058

**Cubic Yards of Waste**
3 cy

**Name of Registered Landfill**
TRRF LANDFILL

**City, State**
WEST LONG BRANCH, NJ

**Disposal Date**
12/9/16

**City, State**
TULLY TOWN, PA

**Completed by**
JOSEPH P. MILLER

**Title**
PRESIDENT

**Signature**

**Date**
11/28/16

---

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