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

Name of Building Owner/Operator: Paterson Public Schools

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place:
John F. Kennedy High School

Street Address:
61-127 Preakness Avenue

City, State, Zip Code:
Paterson, NJ 07503

Name of Contact:
Muyiwa Onigbogi

Name of Monitoring Firm Hired by Building Owner:
TTI Environmental Inc.

Name of Abatement Contractor:
Bako Construction & Restoration, Inc.

Street Address:
1253 North Church Street

City, State, Zip Code:
Moorestown, NJ 08057

Telephone No.:
856-640-8800

License No.:
0666

Name of OSHA Monitor:
Bako Construction & Restoration, Inc.

Street Address:
265A Route 46 Suite 3D

City, State, Zip Code:
Totowa, NJ 07512

Scope of Work:
- Renovation
- Demolition

Location of Asbestos-Containing Material (ACM) TO BE ABATED
in Facility:
Rooms 251, 348, 351, 352

Description of Asbestos-Containing Material (ACM):
- Table Tops

Amount (Specify SF or LF):
180 SF

Abatement Type:
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Nailable Procedure

Completed by:
Damir Valjevac
Title: Project Manager

Date:
09/26/2014

* Do not use this form for asbestos licensure-exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1) 3/14/14

Name of Building Owner/Operator (2) RICHARD AND LISA STEIMEL

Street Address 444 LAKE ROAD

City, State, Zip Code WYCKOFF, NJ 07481

Name of Contact RICHARD STEIMEL

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) 444 LAKE ROAD, WYCKOFF, NJ 07481

Type of Facility (4) Other (i.e. Private/Commcl. bldgs., homes, etc.)

Square Feet 1,776

# of Floors 1

Bldg. Age 68

Name of Monitoring Firm Hired by Building Owner (8) ASCM No. 17

Current Use (Prior if being demolished) PRIVATE RESIDENCE

Name of Abatement Contractor (6) PAR ENVIRONMENTAL CORPORATION

Street Address 313 SPOOK ROCK ROAD

City, State, Zip Code SUFFERN, NEW YORK 10901

City Manager for Monitoring Firm

KYLE KRUGE

Telephone Number 908-377-5644

License Number 845-369-7500 460

Expected State Date (18)

Month 10

Day 6

Year 2014

Sched. Completion Date (11)

Month 10

Day 17

Year 2014

Occupancy Status During Abatement (Check only one)

X Facility Closed/Vacated During Entire Period of Abatement

Abatement Performed Outside of Normal Facility Hours - Describe: 8AM to 4:30 PM

Scope of Work (Check all that apply)

X Demolition

>35F OR LF

>160 SF OR 200 LF

Full Containment with Negative Pressure

X Mini-Enclor

Glovebag Procedure

Non-Friatile Procedure

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

Is Location normally used solely by Maintenance/Custodial Staff (12) Yes No N/A

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

Amount (Specify SF or LF)

Abatement Type

BASEMENT

X BOILER INSULATION 60 SF X

BASEMENT

X PIPE FITTING INSULATION 10 LF X

Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33

NJDEP Waste Hauler ID No. 15939

Cubic Yards of Waste 10

Name of Registered Landfill LYCOMING COUNTY RESOURCE MANAGEMENT 447 ALEXANDER DRIVE/ROUTE 15

City, State FREEHOLD, NEW JERSEY

Disposal Date 10/08/10/17/14

City, State MONTGOMERY, PA 17752

Completed by (Print or Type) BENJAMIN SANCHEZ

Title DIRECTOR OF OPERATIONS

Signature Date 9/26/14
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:123-7)

State of New Jersey

Date of Notification (1)
9 / 29 / 14

Name of Building Owner/Operator (2)
RICHARD AND LISA STEIMEL

Agency Notified

EPA
DEP
X DOL
X DOH
DCA

Type Notification
Initial Notification
Amended Notification
Cancellation
On Hold
EMERGENCY NOTIFICATION

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
444 LAKE ROAD, WYCKOFF, NJ 07481

Street Address
444 LAKE ROAD

City, State, Zip Code

Wyckoff, NJ 07481

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

County Code (7)
BERGEN

Name of Abatement Contractor (9)
PAR ENVIRONMENTAL CORPORATION

Name of OSHA Monitor
QUALITY ENVIRONMENTAL

Type of Facility (8)
School (K-12)

X Subchapter 8 (Other than K-12)
X Other (ie. Private/Commercial, bridges, homes, etc.)

Square Feet
1,776

# of Floors
1

Bidg. Age
56

Current Use (Prior to being demolished)
PRIVATE RESIDENCE

Project Manager for Monitoring Firm
KYLE KRUGE

Telephone Number
908-377-5544

License Number
AEO

Street Address
622 GEORGES ROAD

City, State, Zip Code
NORTH BRUNSWICK, NEW JERSEY 08902

Telephone Number
845-369-7500

Expected Start Date (10)
10 / 6 / 14

Sched. Completion Date (11)
10 / 17 / 14

Month
Day
Year
Month
Day
Year

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:
8AM to 4:30 PM

Scope of Work (Check all that apply)

Demolition

X Renovation

Full Containment with Negative Pressure

X Mini-Enclosure

Glovebox Procedure

Non-Frangible Procedure

Location of Asbestos-containing Material (ACM)

TO BE ASATED
in Facility (13)

Yes
No

Is Location normally used
by maintenance/custodial staff (12)

No

Description of Asbestos-Containing Material (ACM)

Sealed, thermal systems

In situ, surfacing, VAT, or other miscellaneous

Amount

SF or LF

Boiler insulation

60 SF

Non-Encapsulated

BASEMENT

Pipe fitting insulation

10 LF

BASEMENT

Name of Registered Waste Hauler
FREEHOLD CARTAGE, INC.
825 HIGHWAY 33

City, State
FREEHOLD, NEW JERSEY

2014

Name of Registered Lander/Shipper
LYCOMING COUNTY RESOURCE MANAGEMENT

Disposal Facility
447 ALEXANDER DRIVE/ROUTE 16

City, State
MONTGOMERY, PA 17752

Compliance Date
10/06-10/17/14

Completed by (Print or Type)
BENJAMIN SANCHEZ
Title
DIRECTOR OF OPERATIONS

Signature

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

Date of Notification (1) 04/11/14
Name of Building Owner/Operator (2) State of NJ Department of Treasury
Month/Day/Year
Agency Notified Type Notification Street Address 50 Barrack Street
x EPA Initial Trenton, NJ 08608
x DEP Notification
DCA 4 Amended
DOH Cancellation
Name of Contact Craig Cody

FACILITY INFORMATION
Name of Facility Where Abatement is Taking Place (3) Marlboro Psychiatric Hospital
Street Address S46 Newman Springs Road
City (5) Marlboro Township
County (6) Monmouth County
County Code (7) N/A

Name of Monitoring Firm Hired by Building Owner (8) Accredited Environmental Technologies, Inc.
Name of Abatement Contractor (9) Associated Specialty Contracting
Street Address 28 North Pennell Road
City, State, Zip Code Media, PA 19063

Project Manager of Monitoring Firm David Turosby
Telephone Number 610-891-0114

Scheduled Start Date (10) 04/28/14 Sched. Completion Date (11) 05/28/15
Occupancy Status During Abatement (Check only one)
Facility Closed/Vacated During Entire Period of Abatement
Abatement Performed Outside of Normal Facility
Hours - Describe: 7:00 AM - 5:30 PM
Other - Describe:

Scope of work (Check all that apply)
Demolition
≥3 sf or ≥3 if
>160 sf or >260 lf
Renovation

Location of Asbestos-Containing Material (ACM) TO BE ABATED
Location Normal/ Used
Soluble by Maintenance/ Custodial Staff

Description of Asbestos-Containing Material (ACM)
(type, Thermal systems)
Insulation, surfacing, VAT, or other miscellaneous

Amount (Specify SF or LF)

Abatement Type
Full Containment with Negative Pressure
Mini - Enclosure
Glovebag Procedure
Non-Friable Procedure

Name of Registered Waste Hauler Allstate Power Vac, Inc
City, State Rahway, NJ 07065
Completed By (Print or Type) Title Project Manager
John Heemer

ABS-41 JUN 95

Name of Registered Landfill Minerva Landfill
City, State Wayne, OH
Disposal Date As needed

Signature
Date 9/30/14

G4667
RECEIVED

2014 OCT - 2 PM 2:39

NOTIFICATION OF ASBESTOS ABATEMENT

Name of Building Owner/Operator (2):
Ridge Crossing LLC

Street Address:
P.O. Box

City, State, Zip Code:
Bayonne, NJ 07002

Name of Contractor:
Mr. Michael Prais

Date of Notification (1):
9/22/2014

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

Building 18A

Street Address:
980 Belleville Turnpike

City:
Keasby

County:
Hudson

Name of Monitoring Firm hired by Building Owner (5):
AsCM Inc.

Name of Abatement Contractor (9):
Sky Contracting, LLC

Street Address:
1365 Valley Road, Suite K

City, State, Zip Code:
Wayne, New Jersey 07470

Projected Manager of Monitoring Firm:
Jim Pioro

Telephone No.:
(973) 928-5040

License No.:
60874

Start Date (10):
9/29/2014

Scheduled Completion Date (11):
10/08/2014

Occupancy Status During Abatement (Check Only One):
Facility Closed/Unattended During Entire Period of Abatement

Abatement performed Outside of Normal Facility Hours

Other - Describe:

Scope of Work (Check All That Apply):
Remodeling

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

<table>
<thead>
<tr>
<th>Location</th>
<th>ACM Name</th>
<th>Normal Use</th>
<th>Description of ACM</th>
<th>Amount</th>
<th>Removal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Throughout 2nd Floor</td>
<td>X</td>
<td>Floor Tiles</td>
<td>1,805 SF</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>2nd Floor Ceiling</td>
<td>X</td>
<td>Compressed Board Ceiling Tiles</td>
<td>1,805 SF</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>Lower Warehouse Roof</td>
<td>X</td>
<td>Roofing Membrane</td>
<td>4,480 SF</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>Main Entrance Highest Roof</td>
<td>X</td>
<td>Roofing Flashing</td>
<td>430 LF</td>
<td>x</td>
<td></td>
</tr>
</tbody>
</table>

Name of Registered Waste Handler:
Service Transport Group, Inc.

Cubic Yards of Waste As Needed:

Name of Registered Landfill:
Minerva Enterprises, LLC

City, State:
Waynesburg, Ohio

Completed by:
Predrag Barcev

Title:
Vice President

RECEIVED

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

Date of Notification (1) 09-26-14

Name of Building Owner/Operator (2) Mike Markovic

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

Street Address 707 Wood Ave.

City, State, Zip Code Roselle NJ 07203

Name of Contact Mike Markovic

FACILITY INFORMATION

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

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

Private (K-12)

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

City (5)
Roselle

County Code (7) (STATE USE ONLY) 

County (6)
Union

Current Use (Prior to being demolished)

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

Name of Abatement Contractor (9)
Daifa Contracting LLC.

ASCM No.

Street Address 522 7th St.

City, State, Zip Code Union City NJ 07087

Telephone No. 201 216-9803
License No. 01206

Project Manager for Monitoring Firm 

Telephone No.

Start Date (10) 10-07-14

Scheduled Completion Date (11) 10-08-14

Name of OSHA Monitor 
Daifa Contracting LLC

Occupancy Status During Abatement (Check Only One)
Facility Closed/Occupied During Entire Period of Abatement
Abatement Performed Outside of Normal Facility Hours

Other - Descriptor: 9:00 AM- 5:00 PM

Scope of Work (Check All That Apply)
DEMOLITION

Renovation

Full Containment with Negative Pressure

Non-Exempted (*) and Non-Friable Procedure

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

In Facility

Yes No N/A

Location 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

Encapsulate

Endure

Basement x pipe insulation 90 LF X

Name of Registered Waste Hauler 
Daifa Contracting LLC

NJDEP Waste Hauler ID No. 36240

Cubic Yards of Waste 1

Name of Registered Landfill 
Tullytown Resource Recovery Facility

City, State Union City NJ Tullytown, PA

Disposal Date 10-09-14

Completed by 
Jaime Delgado

Title Proj. Manager.

Signature

Date 09-26-14

ASB-41 (R-06-08)

* Do not use this form for asbestos licensure exempted activities.
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to N.J.A.C. 7:26-2.12)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Aug 6, 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>South Brunswick Board of Education</td>
</tr>
<tr>
<td>Street Address</td>
<td>4 Executive Drive</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Monmouth Junction, NJ 08852</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>John Bruff</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>732-295-7000</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

| Name of Facility Where Abatement is Taking Place (3) | Crossroads Middle School |
| Street Address | 635 Georges Road |
| City (5) | Monmouth Junction |
| County (6) | (State Use Only) |
| Name of Monitoring Firm Hired by Bids Owner (B) | Briggs Associates |
| ASCM No. | 00004 |
| Name of Contractor (9) | Academy Construction, Inc |
| Street Address | 205 Rt 46W, Suite 14 |
| City State, Zip Code | Totowa, NJ 07512 |
| Telephone Number | 973-322-4244 |
| License Number | 01155 |
| Scheduled Complete Date | Sept. 27, 2014 |
| Occupancy Status During Abatement (Check only once) | (X) Abatement Performed Outside of Normal Facility Hours |
| Source of Work (Check all that apply) | (X) Demolition |
| Location of Asbestos-Containing Material (ACM) in Facility (13) | YES |
| Auto Shop | X |
| Pipe fittings Insulation | Wrap & Cut |
| 12 LF |
| Name of Reg. Waste Hauler | NIDEPA Waste Hauler ID #: 0034422 |
| City State | Totowa, New Jersey |
| Disp. Date | 9/27/14 |
| City State | Morrisville, PA |
| Completed by (Print or Type) | Frank Marino |
| Title | VP Operations |
| Signature | [Signature] |
| Date | Sept. 23, 2014 |
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:80 and 12:120)

Date of Notification (1)
9/29/14

Name of Building Owner/Operator (2)
Legow Management

Agency Notified
EPA
DEP
DOL
DOH
DCA

Type Notification
Initial
Amended
Amendment 2
Emergency (including justication)
Renovation

Street Address
160 South Livingston Ave.

City, State, Zip Code
Livingston, NJ 07039

Name of Contact
John

Facility Information

Name of Facility Where Abatement Is Taking Place (3)
Brandywine East Apt. # 96A

Street Address
Brandywine East Court

City (6)
Brielle, NJ

County (6)
Monmouth

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

Square Feet
2500

Bed, Age
50+

Current Use (Prior to becoming demolished)
Apartment Unit

Name of Monitoring Firm Hired by Building Owner (5)
n/a

Name of Abatement Contractor (6)
Loznica Management Corporation

Street Address
22 Troy Lane

City, State, Zip Code
Lincoln Park, NJ 07035

Project Manager for Monitoring Firm
n/a

License No.
01193

Start Date (10)
10/1/2014

End Date (10)
10/2/2014

Occupancy Status During Abatement (Check Only One)
Facility Closed/Abated During Entire Period of Abatement
Abatement Performed Outside of Normal Facility Hours

Other - Describe:

Scope of Work (Check All That Apply)
□ 33 sq ft or 33 ft
□ 2-160 sq ft or >250 ft
□ Removal
□ Demolition
□ Full Containment with Negative Pressure
□ Mini-Enclosure
□ Glovebag Procedure
□ Non-Encapsulated (*) and Non-Fibrous Procedure

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

Non-Naturally Occurring Substance or Maintenance/Construction Basis (12)

N/A

Default

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

Amount (Specify SF or LP)
333 SF

Abatement Type

Endorsements

Name of Registered Waste Hauler
Loznica Management Corporation

NJDEP Waste Hauler ID No.
33137

Cubic Yards of Waste
TBD

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

City, State
Lincoln Park, NJ 07035

Disposal Date
TBD

City, State
Marrsiville, PA 19067

Complated by
E. Cirovic

Title
Secretary

Signature

Date
9/29/14

* Do not use this term for asbestos licensure exempted activities.
**State of New Jersey**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:50 and 8:726)

**Date of Receipt:**
9/23/2014

**Name of Building Owner/Operator (2):**
Mrs. Blanche E. Harris

**Type of Facility:**
- Residential

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

**Street Address:**
1115 Sussex Road

**City, State, Zip Code:**
Teaneck, NJ 07666

**Name of Contact:**
Mrs. Blanche E. Harris

**Telephone Number:**

<table>
<thead>
<tr>
<th>Type of Facility</th>
<th>Code</th>
</tr>
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<tbody>
<tr>
<td>Residential</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Square Ft</th>
<th># of Floors</th>
<th>Bldg. Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>2,000</td>
<td>2</td>
<td>90</td>
</tr>
</tbody>
</table>

**Name of Monitoring Firm (6):**
TBD

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

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

**License No.:**
00874

**Street Address:**
1385 Valley Road, Suite K

**City, State, Zip Code:**
Wayne, New Jersey 07470

**Start Date:**
9/25/2014

**Scheduled Completion Date:**
9/27/2014

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

**Description of Asbestos-Containing Material (ACM):**
Pipe Insulation & fittings

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount (Linear)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pipe Insulation &amp; fittings</td>
<td>46 LF</td>
</tr>
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</table>

**Name of Registered Waste Hauler:**
Service Transport Group, Inc.

**Disposal Date:**
TBD

**City:**
Waynesburg, Ohio

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

**Disposal Date:**
9/23/2014

**Name of Registered Waste Hauler:**
Service Transport Group, Inc.

<table>
<thead>
<tr>
<th>Cubic Yards of Waste</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>9/23/2014</td>
</tr>
</tbody>
</table>

**Do not use this form for asbestos liqueur exempted activities.**
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:66 and 12:120)

**Date of Notification (1):** 04/01/14  
**Name of Building Owner/Operator (2):** COL-MOR

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

**Type Notification:** Initial

**Street Address:** 210-214 FRANKLIN STREET  
**City, State, Zip Code:** BLOOMFIELD, NJ 07003

**Name of Contact:** DAVID  
**Telephone Number:**

### FACILITY INFORMATION

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

**Street Address:** 210-214 FRANKLIN STREET

**City:** BLOOMFIELD, NJ

**County:** ESSEX COUNTY

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

**Square Feet:**

**# of Floors:**

**Bldg. Age:**

**Current Use (Prior if being demolished):** MULTI-FAMILY

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

**ASCM No.:**

**Name of Abatement Contractor (9):** AAA LEAD PROFESSIONALS

**Street Address:** 6 WHITE DOVE COURT

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

**Telephone No.:** 732-668-9078

**License No.:** 1200

### Start Date (10)  
**10/21/14**  
**Scheduled Completion Date (11):** 10/22/14

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

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

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

- [x] ≥3 sf or ≥3 If  
- [x] ≥160 sf or ≥260 If

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

### 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</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>BASEMENT</td>
<td>[x]</td>
<td>WATER TANK</td>
<td>20 SF</td>
<td>X</td>
</tr>
<tr>
<td>BASEMENT</td>
<td>[x]</td>
<td>PIPING</td>
<td>150 LF</td>
<td>X</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler:** NEWARK CARTING  
**NJDEP Waste Hauler ID No.:** 04509  
**Cubic Yards of Waste:** 5  
**Name of Registered Landfill:** IESI  
**City, State:** BETHLEHEM PA  
**Disposal Date:** 10/22/14

**Completed by:** JOSEPH PERLSTEIN  
**Title:** OWNER  
**Signature:**

**Date:** 9/30/14

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

State of New Jersey

Date of Notification (1) September 29, 2014

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

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

Name of Building Owner/Operator (2)
Bouch Excavating
Street Address
24 Butler Blvd.

City, State, Zip Code
Bayville, NJ 08721

Name of Contact
Donald Bouch
Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Residence
Street Address
131 George Road

City
Toms River
County
Ocean
County Code (7) (STATE USE ONLY)

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

Square Foot
1000 sf

# of Floors
1

Bldg. Age
60

Current Use (Prior if being demolished)
Residence

Name of Abatement Contractor (9)
Guardian Contracting, Inc.
Street Address
1889 Route 9, Unit 61

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

Telephone Number
732-349-9932

License Number
00624

Name of OSHA Monitor
E.M.S.L. Analytical
Street Address
1056 Stelton Road

City, State, Zip Code
Piscataway, New Jersey 08854

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

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

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
Encapsulation
Enclosure

Exterior
X
Asbestos siding
900 sf
X

Name of Registered Waste Hauler
Guardian Contracting, Inc.

NUDEP 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
10/1/14

City, State
Tullytown, Pennsylvania*

Completed by (Print or Type)
Nicholas Fernicola

Title
Project Manager

Signature

Date
9/29/14

*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) September 29, 2014

Name of Building Owner/Operator (2) Crivelli Construction

Name of Contact Matt Crivelli

FACILITY INFORMATION

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

Square feet 1500 sf

# of Floors 1

Bldg. Age 60

Current Use (Prior if being demolished) Residence

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

Street Address 3205 Ivy Lane

City Lavallette

County (6) Ocean

County Code (7) (STATE USE ONLY) N/A

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

ASCM No.

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

Street Address 1889 Route 9, Unit 61

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

Telephone Number 732-349-9932

License Number 00624

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

Street Address 1056 Stelton Road

City, State, Zip Code Piscataway, New Jersey 08854

Scheduled Start Date (10) 9/30/14

Scheduled Completion Date (11) 10/2/14

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

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

Abatement Type

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

Exterior-house X Asbestos siding 1000 sf X

Exterior-garage X Asbestos siding 500 sf X

Name of Registered Waste Hauler Guardian Contracting, Inc.

NJDEP Waste Hauler ID No. 20223

Disposal Date 10/3/14

City, State Toms River, New Jersey

Cubic Yards of Waste 3

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

City, State Tullytown, Pennsylvania

Completed by (Print or Type) Nicholas Fernicola Title Project Manager

Signature Date 9/29/2014

*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 8:50 and 12:126)

**Date of Notification:** 2014 OCT-2 PM 2:33

<table>
<thead>
<tr>
<th>Name of Building Owner/Operator</th>
<th>Initial</th>
<th>Amended</th>
<th>Amendment No.</th>
<th>Emergency (Including justification)</th>
<th>Conciliation</th>
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</thead>
<tbody>
<tr>
<td>Mrs. Elenena Scuderi</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Street Address:** 1491 Deer Path

**City, State, Zip Code:** Mountainside, NJ, 07092

**Name of Contractor:** Mrs. Scuderi

**Telephone Number:**

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place</th>
<th>Property Description</th>
<th>Property Area (in square feet)</th>
<th>No. of Floors</th>
<th>No. of Stories</th>
</tr>
</thead>
<tbody>
<tr>
<td>1491 Deer Path</td>
<td></td>
<td>3000</td>
<td>2</td>
<td>2</td>
</tr>
</tbody>
</table>

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

**Occupancy Status During Abatement:**
- Abatement Period Outside of Normal Facility Hours
- Other (Check all that apply)

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

- Garage Only

**Name of Registered Handler:**

<table>
<thead>
<tr>
<th>Name of Registered Handler</th>
<th>R.O.W.S.</th>
<th>PA</th>
</tr>
</thead>
<tbody>
<tr>
<td>NovaTech Inc</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Location:**

- 1850 Deer Path

<table>
<thead>
<tr>
<th>Name of Registered Handler</th>
<th>E.O.W.</th>
<th>PA</th>
</tr>
</thead>
<tbody>
<tr>
<td>NovaTech Inc</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Disposal Date:**

- 11/10/04

**Package or Shelter:**

- None

**Other Information:**

- This form is for asbestos license exempted activities.
Date of Notification (1): September 29, 2014

Name of Building Owner/Operator (2): Epic Management (GC)

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

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

Street Address: 136 11th Street, Piscataway, NJ 08854

City, State, Zip Code: City, State, Zip Code

Name of Contact: 

Project Manager: 

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3):
Skillman N&S Buildings
Street Address: 199 Grandview Rd.
City (5): Skillman, NJ
County (6): Somerset
County Code (7): Somerset

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

EHII, Inc.
Street Address: 655 West Shore Trail
City, State, Zip Code: Sparta, NJ 07871

Project Manager for Monitoring Firm: Telephone No.
Project Manager: 973-729-5649

Start Date (10): 10/10/14
Scheduled Completion Date (11): 10/10/15

Occupancy Status During Abatement (Check Only One):
[ ] Facility Closed/Vacated During Entire Period of Abatement
[ ] Abatement Performed Outside of Normal Facility Hours
[ ] Other - Describe:
Scope of Work (Check All That Apply):
[ ] ≥3 sf or ≥3 LF
[ ] ≥160 sf or ≥280 LF
[ ] Renovation
[ ] Demolition
[ ] Full Containment with Negative Pressure
[ ] Mini-Enclosure
[ ] Glovebag Procedure
[ ] Non-Exempted (*) and Non-Firable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13): New SC/POP Lab Ground 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):
fume hood transite
VAT & Mastic

Amount (Specify SF or LF): 228 sf

Abatement Type:

Completion Method:

Name of Registered Waste Hauler:
Freehold Cartage
NJ DEP Waste Hauler ID No.: 22253

Cubic Yards of Waste: 89.9

Name of Registered Landfill:
GROWS N Landfill
Disposal Date: 10/10/15
City, State: Morrisville, PA 19067

Name of Registered Waste Hauler:
Freehold Cartage
City, State: Freehold, NJ

Completed by:
Michael Cooper
Title: President
Signature: 
Date: 9/29/14

* Do not use this form for asbestos licensure exempted activities.
# State of New Jersey
## Notification of Asbestos Abatement
(Pursuant to NJAC 6:18-12.120)

### Date of Notification (1)
- **September 29, 2014**

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

### Name of Building Owner/Operator (2)
- **OCD/PRD/J&J**

### Street Address
- **920/1001 Rt. 202**
- **City, State, Zip Code**: Raritan, NJ 08869

### Name of Contact
- **Project Manager**

### FACILITY INFORMATION

#### Name of Facility Where Abatement Is Taking Place (3)
- **Skillman N&S Buildings**
  - **Street Address**: 199 Grandview Rd.
  - **City (5)**
  - **County (6)**: Somerset
  - **County Code (7)**: Somerset

#### Name of Monitoring Firm Hired by Building Owner (8)
- **EHI, Inc.**
  - **Street Address**: 655 West Shore Trail
  - **City, State, Zip Code**: Sparta, NJ 07871

#### Project Manager for Monitoring Firm
- **Telephone No.**: 973-729-5649
- **Project Manager**: 10/10/14
- **Scheduled Completion Date (11)**: 10/10/15

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

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

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

<table>
<thead>
<tr>
<th>Location of ACM</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of ACM</th>
</tr>
</thead>
<tbody>
<tr>
<td>TO BE ABATED In Facility (13)</td>
<td>Yes</td>
<td>✔</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td></td>
</tr>
<tr>
<td></td>
<td>N/A</td>
<td></td>
</tr>
</tbody>
</table>

### Name of Registered Waste Hauler
- **Freehold Cartage**
  - **Hauler ID No.**: 22253
  - **Cubic Yards of Waste**: 89.9

### Name of Registered Landfill
- **GROWS N Landfill**
  - **Disposal Date**: 10/10/15

### Completed by
- **Michael Cooper**
  - **Title**: President
  - **Signature**: [Signature]

### ASB-41 (R-06-08)

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

Date of Notification (1)  
06/26/2014

Name of Building Owner/Operator (2)  
South Orange Maplewood POE

Agencies Notified  
EPA
DEP
DOL
DOH
DCA

Type Notification  
Initial
Amended
Emergency (Including justification)
Cancellation

Street Address  
525 Academy Street
City, State, Zip Code  
Maplewood, NJ 07040

Name of Contact  
William Kale

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  
Columbia High School

City (5)  
Maplewood

County (6)  
Essex

Name of Monitoring Firm Hired by Building Owner (8)  
Ahern Consultants, Inc

Name of Abatement Contractor (9)  
VMC Company, Inc

County Code (7) (STATE USE ONLY)  
0057

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

Square Feet  

# of Floors  

Bldg. Age  

Current Use (Prior if being demolished)  
School

Project Manager for Monitoring Firm  
Eric Clearckson

Telephone No.  
609-652-1833

Telephone No.  
973-253-8828

License No.  
00704

Start Date (10)  
09/28/2014

Scheduled Completion Date (11)  
09/27/2014

Name of OSHA Monitor  
VMC Company, Inc

Occancy Status During Abatement (Check Only One)  
facility closed/vacated during entire period of abatement

Facility Abatement Performed Outside of Normal Facility Hours

Other - Describe:  

Scope of Work (Check All That Apply)  
≥ 3 SF or ≥ 3 if
≥ 160 SF or ≥ 260 LF

Renovation  
Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)  
3rd Fl Stair Landing

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)  
Ceiling Plaster

Amount (Specify SF or LF)  
10 SF

Abatement Type  

Name of Registered Waste Hauler  
Newark Carting, Inc

Cubic Yards of Waste  
05409

Name of Registered Landfill  
IAESI Landfill

Disposal Date  
City, State  
Morrisville, PA

Completed by  
Vojtak Roszkowski  
Title  
President

Signature  

Date  
09/25/2014

* Do not use this form for asbestos licensure exempted activities.
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:50 and 12:120)  

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
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<tbody>
<tr>
<td>2014 OCT 2, PM 2:27</td>
<td>Sholom Schonbrun</td>
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<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type of Notification</th>
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<tr>
<td>EPA</td>
<td>ASBESTOS CONTROL &amp; LICENSING</td>
</tr>
<tr>
<td>DEP</td>
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<tr>
<td>DOL</td>
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<td>DOH</td>
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<td>DCA</td>
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<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
<th>Name of Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>231 Carol Ave</td>
<td>Lakewood, NJ 08701</td>
<td>Sholom Schonbrun</td>
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</table>

<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>Single Family Dwelling</td>
<td>School (K-12)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
<th>Name of Abatement Contractor (8)</th>
</tr>
</thead>
<tbody>
<tr>
<td>231 Carol Ave</td>
<td>Lakewood, NJ 08701</td>
<td>EPC Technologies Inc</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Steve Schenke</td>
<td>609 758-3365</td>
<td>00 394</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exterior Walls</td>
</tr>
<tr>
<td><strong>X</strong> Siding/Shingles</td>
</tr>
<tr>
<td>1200 SF</td>
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<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>
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</thead>
<tbody>
<tr>
<td>EPC Technologies</td>
<td>17000</td>
<td>6</td>
<td>Waste Management of PA</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Disposal Date</th>
<th>City, State</th>
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<tbody>
<tr>
<td>10-15-14</td>
<td>Mainerisville, PA</td>
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<table>
<thead>
<tr>
<th>Completed by</th>
<th>Title</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Steve Schenke</td>
<td>President</td>
<td>Steve Schenke</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
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<th>Date of Notification (1)</th>
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<th>EPA</th>
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<table>
<thead>
<tr>
<th>Name of Building Owner/Operator (2)</th>
<th>Avrum Rajchenbach</th>
</tr>
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<table>
<thead>
<tr>
<th>Street Address</th>
<th>572 Vine Ave</th>
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<thead>
<tr>
<th>City, State, Zip Code</th>
<th>Lakewood, NJ 08701</th>
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<table>
<thead>
<tr>
<th>Name of Contact</th>
<th>Charlie Schöberl</th>
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<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Single Family Dwelling</th>
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<table>
<thead>
<tr>
<th>Street Address</th>
<th>572 Vine Ave</th>
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<table>
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<tr>
<th>City (5)</th>
<th>Lakewood, NJ 08701</th>
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<table>
<thead>
<tr>
<th>County (6)</th>
<th>Ocean</th>
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<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>EPC Technologies</th>
</tr>
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<table>
<thead>
<tr>
<th>PO: Box 337</th>
<th></th>
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<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>New Egypt, NJ 08533</th>
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<thead>
<tr>
<th>Name of Abatement Contractor (9)</th>
<th>EPC Technologies Inc</th>
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<table>
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<tr>
<th>PO: Box 337</th>
<th></th>
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<table>
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<tr>
<th>City, State, Zip Code</th>
<th>New Egypt, NJ 08533</th>
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<table>
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<tr>
<th>Name of OSHA Monitor</th>
<th>Steve Schenker</th>
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<table>
<thead>
<tr>
<th>Telephone No.</th>
<th>609-758-3365</th>
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<table>
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<tr>
<th>Name of Registered Waste Hauler</th>
<th>EPC Technologies</th>
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<table>
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<tr>
<th>NJDEP Waste Hauler ID No.</th>
<th>17000</th>
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<tr>
<th>Cubic Yards of Waste</th>
<th>6</th>
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<tr>
<th>Disposal Date</th>
<th>10-15-14</th>
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<table>
<thead>
<tr>
<th>City, State</th>
<th>Moonville, PA</th>
</tr>
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<table>
<thead>
<tr>
<th>Title</th>
<th>President</th>
</tr>
</thead>
</table>

**Revised Date**: 9-30-14

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

---

**Scheduling of Abatement (Check All That Apply)**

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

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

- Exterior
- Siding, Shingles

**Asbestos-Containing Material (ACM)**

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

**Abatement Type**

- Exterior

**Endeavor**

- Yes

---

**ASB-41 (R-06-08)**
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:90 and 12:120)

Date of Notification (1):
9/30/14

Name of Building Owner/Operator (2):

Alison Culfeld

Address:

1031 Tulio Farm Rd

City, State, Zip Code:
Bridgewater, N.J. 08807

Name of Contact:
Alison

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

Street Address:
1031 Tulio Farm Rd

City (5):
Bridgewater

County:
Somerset

County Code:

Area Code:

Square Feet:
1700

No. of Floors:
1

Age:
65

Type of Facility (4):
Residence

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

Street Address:
95 Montrose Road

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

Telephone No.:
732-294-1757

License No.:
00029

Start Date (10):
10/1/14

Scheduled Completion Date (11):
10/3/14

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

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

Location Normally Used Solely by Maintenance/Custodial Staff? (12):
Yes No

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

Removal:

Amount (Square Feet or Linear Feet):
1000 ft

Abatement Type:

Completed by:
Bree McGuire
Title:
Secretary Treasurer

Name of Registered Waste Handler:
Ace Insulation Co., Inc.

NJDEP Waste Handler ID No.:
12006

Cubic Yards of Waste:
2

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

City, State:
Colts Neck, N.J.

Disposal Date:
10/1/14

City, State:
Tullytown, PA

Date:
9/30/14

ABR-41 (R 06-06)

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:** 9/3/14  
**Received:** 2014 OCT-2 PM 2:25

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
</tr>
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<tbody>
<tr>
<td>[ ] EPA</td>
<td>Initial</td>
</tr>
<tr>
<td>[ ] DEP</td>
<td>Amended</td>
</tr>
<tr>
<td>[ ] DOH</td>
<td>Amendment A</td>
</tr>
<tr>
<td>[ ] DOL</td>
<td>Emergency (including justification)</td>
</tr>
<tr>
<td>[ ] DCA</td>
<td>Cancellation</td>
</tr>
</tbody>
</table>

**Name of Building Owner/Operator:** Don Benneck  
**Name of Abatement Contractor:** Ace Insulation Co., Inc.

**Name of Facility Where Abatement is Taking Place:** Sunbird Residence  
**Street Address:** 65 Valencia Drive  
**City:** Brick  
**County:** Ocean

**Square Feet:** 1400  
**No. of Floors:** 1  
**Bldg. Age:** 60+  
**Current Use:** Residence

**Name of Contracting Firm Hired by Building Owner:**  
**ASCN No.:**  
**Name of Abatement Contractor:** Ace Insulation Co., Inc.

**Street Address:** 65 Montrose Road  
**City:** Colts Neck, N.J. 07722

**Telephone No.:** 732-204-1757  
**License No.:** 000002

**Name of OSHA Contact:**  
**Street Address:**  
**City:**  
**State:**  
**Zip Code:**

**Start Date:** 10/21/14  
**Scheduled Completion Date:** 10/21/14

**Occupancy Status During Abatement (Check Only One):** 
- [ ] Residential
- [ ] Commercial
- [ ] Other - Describe: Demolition

**Scope of Work (Check All That Apply):** 
- [ ] Renovation
- [ ] Demolition
- [ ] Full Containment
- [ ] Fill Enclosure
- [ ] Protective Precautions
- [ ] Non-Licensed
- [ ] Non-Exempted
- [ ] Non-Asbestos

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

<table>
<thead>
<tr>
<th>Location Identified by Use, Quantity, and Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location Known by the Owner/Manager (or Maintenance Staff)</td>
</tr>
<tr>
<td>Location Known to Asbestos Abatement Contractor</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Type of Material</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Asbestos-Affected Surface (AAS)</td>
</tr>
<tr>
<td>[ ] Asbestos-Containing Material (ACM)</td>
</tr>
<tr>
<td>[ ] Other</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1500</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Removal</td>
</tr>
<tr>
<td>[ ] Cerberation</td>
</tr>
<tr>
<td>[ ] Encapsulation</td>
</tr>
<tr>
<td>[ ] Seclusion</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler:** Ace Insulation Co., Inc.  
**HUDPE Waste Hauler ID No.:** 2088  
**Cubic Yards of Waste:** 2

**Name of Registered Landfill:** G.R.O.W.S.  
**City:** Tullytown, PA  
**Date:** 10/21/14

**Completed by:** Alma McLauren  
**Title:** Secretary Treasurer  
**Signature:**  
**Date:** 9/3/14

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