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

Date of Notification (1) 10/3/13

Name of Building Owner/Operator (2) VIA NATIONAL REALTY INC

Agencies Notified
- EPA
- DEP
- DOL
- DOH
- DCA
Type Notification
- Initial
- Amended
- Amendment
- Emergency (including justification)
- Cancellation

Street Address
66 RT 17 NORTH SUITE 900
OCT 7 2013

City, State, Zip Code
Paramus, NJ 07652

Name of Contact
Roger Gross

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
PRINT SHOT + CAMP STORE

Street Address
5 CORNERS KILLAM KAMACK RD, WESTWOOD AVE

City (5)
WESTWOOD

County (6)
BERGEN

Number Code (7)
(STATE USE ONLY)

Current Use (Prior to being demolished)
STORES

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

Name of Abatement Contractor (9)
A. Mac Contracting Inc.

Street Address
105 Lowell Road

City, State, Zip Code
Glen Rock, N.J. 07452

Project Manager for Monitoring Firm

Telephone No.
201-262-5841

License No.
00156

Start Date(s)/Completion Date (10) 10/14/13 10/17/13

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

Scope of Work (Check All That Apply)
- ≥33 sf or ≥3 ft
- ≥120 sf or ≥260 ft
- Renovation
- Demolition

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>BASEMENT</td>
<td>X</td>
<td>PIPE</td>
<td>130 SF</td>
</tr>
<tr>
<td>B ASSEMENT</td>
<td>X</td>
<td>BACH</td>
<td>150 SF</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
Rovic Transport

NJDEP Waste Hauler ID No. 20785

Cubic Yards of Waste

Name of Registered Landfill
IESI PA Bethlehem Landfill Corp.

City, State
Bethlehem, New Jersey 07446

Completed by
R. McDonald

Title
President

Signature

Date 10/3/13

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

Date of Notification (1) 10/3/13

Name of Building Owner/Operator (2) MR. ORBACH

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

Street Address 138 EAST LINDELL AVE
City, State, Zip Code ENGLEWOOD, NJ 07631

Name of Contact STEPHEN

FACILITY INFORMATION

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

Street Address 140 EAST LINDELL AVE.
City (5) ENGLEWOOD
County (6) BERGEN
County Code (7) (STATE USE ONLY) 046

Name of Monitoring Firm Hired by Building Owner (8) DETAIL ASSOCIATED, INC
ASCM No. 0012
Name of Abatement Contractor (9) A. Mac Contracting Inc.

Street Address 300 GRAND AVE
City, State, Zip Code ENGLEWOOD, NJ 07631

Project Manager for Monitoring Firm STEPHEN TARACZEWSKI
Telephone No. 201-369-6708

Start Date (10) 10/3/13 Scheduled/Completion Date (11) 10/11/13

Name of OSHA Monitor Omega Environmental Services Inc.

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)
☐ ≥ 100 sf or ≥ 3 if
☐ ≥ 100 sf or ≥ 3 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

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) 1000 sq ft
Abatement Type

Endorsement

Name of Registered Waste Hauler
Rovic Transport
NJ/DEP Waste Hauler ID No. 20785

Cubic Yards of Waste 1000
Disposal Date 10/3/13
City, State Bethlehem, PA 18015

Completed by R. McDonald Title President

Signature Date 10/3/13

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

Date of Notification (1) 10/3/13

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

Type Notification
☐ Initial
☐ Amended
☐ Emergency
☐ Cancellation

Name of Building Owner / Operator (2) Wells Fargo Bank

Street Address
One South Broad Street

City, State & Zip Code
Philadelphia, PA 19107

Name of Contact
Steve Colton

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Wells Fargo NBOC

Street Address
100 Fidelity Plaza

City (5) North Brunswick
County (6) Middlesex
County Code (7)

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

Square Feet 75,000
# of Floors 2
Bldg. Age 45+

Current Use (Prior if being demolished)
Banking Offices

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

Street Address
120 North Warren Street

City, State & Zip Code
Trenton, NJ 08608

Name of Abatement Contractor (9)
Bristol Environmental, Inc.

Street Address
1123 Beaver Street

City, State & Zip Code
Bristol, PA 19007

Project Manager for Monitoring Firm Rick Beach

Telephone Number 609-392-4200

Scheduled Start Date (10) 10/18/13
Scheduled Completion Date (11) 10/20/13

Occupancy Status During Abatement (Check only one)
☐ Facility Closed/Vacated During Entire Period of Abatement
☒ Abatement Performed Outside of Normal Hours – 7am to 3pm
Describe: 3 PM to 11:30 PM; 9AM to 10 PM
☐ Facility Occupied During Abatement

Scope of Work (Check all that apply)
☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260lf
☐ Renovation
☐ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glove Bag Procedures
☐ Non-Exempted and Non-Friable Procedure

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

☐ Cafeteria
☐ Corridor
☐ Other

Is Location Normally Used Solely by Maintenance or 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) 300 LF

Abatement Type
☐ Removal
☐ Repair
☐ Encapsulate
☐ Eradicate

Name of Registered Waste Hauler
Service Transport Inc.

City, State
New Castle, DE

Completed By (Print or Type)
Gino Pizzigoni

Title Project Manager

NJDEP Waste Hauler ID No. 20990
Cubic Yards of Waste 5 CU YD

Disposal Date 10/21/13

City, State
Minerva Landfill
Waynesburg, Ohio

Name of Registered Landfill

Signature
Date 10/3/13

GI 13195
### State of New Jersey
#### NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

**Date of Notification (1):** 10/3/13

**Name of Building Owner / Operator (2):** Wells Fargo Bank

**Street Address:**
- One South Broad Street
- Philadelphia, PA 19107

**Telephone Number:**
- Phone Number: [215] 695-0007
- Fax Number: [215] 695-0007

**Name of Contact:**
- Steve Colton

### FACILITY INFORMATION

**Name of Facility Where Abatement is Taking Place (3):** Wells Fargo Redbank Main

**Street Address:** 303 Broad Street

**City (5):** North Brunswick
**County (6):** Monmouth
**County Code (7):**

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

**Square Feet:** 40,000
**# of Floors:** 3+
**Bldg. Age:** 45+

### Current Use (Prior if being demolished):
- Banking Office/Banking Retail

### Name of Abatement Contractor (9):
- Bristol Environmental, Inc.

### Banking Office:
- 1123 Beaver Street
- Bristol, PA 19007

### Telephone Number:
- [215] 788-6040

### License Number:
- 000509

### Name of OSHA Monitor:
- Bristol Environmental, Inc.

### Name of OSHA Monitor:
- 1123 Beaver Street
- Bristol, PA 19007

### Telephone Number:
- [215] 788-6040

### Scope of Work (Check all that apply):
- [x] Renovation
- [ ] Demolition
- [x] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glove Bag Procedures
- [ ] Non-Exempted and Non-Friable Procedure

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

- **Mechanical Room (13)**
- **Boiler Insulation: 140 SF**
- **Floor tile: 30 SF**

### Name of Registered Waste Hauler:
- Service Transport Inc.
- NJDEP Waste Hauler ID No. 20990

### Cubic Yards of Waste:
- 4 CU YD

### Disposal Date:
- 10/25/13

### Name of Registered Landfill:
- Minerva Landfill
- City, State: Waynesburg, Ohio

### Completed By (Print or Type):
- Gino Pizzigoni
- Title: Project Manager

**Signature:**

**Date:** 10/3/13

---

**G1 13150**
# State of NJ Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12:120-7)

**Date of Notification:** 1/10/2013

**Name of Building Owner/Operator:** George Arsenis

**Street Address:** 380 Claremont Road
**City, State, Zip Code:** Bernardsville, NJ 07924

**Name of Contact:** George Arsenis

## FACILITY INFORMATION

**Name of facility where abatement is taking place:** George Arsenis

**Street Address:** 380 Claremont Road
**City:** Bernardsville, **State:** NJ, **Zip Code:** 07924

**County: Transformation:** Somerset
**County Code:** N/A

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

**Name of Abatement Contractor:** B & G Restoration, Inc.

**Street Address:** 105 Ryerson Road
**City:** Lincoln Park, **State:** NJ, **Zip Code:** 07035

**License No.:** 0378

**Type of Facility:**
- [X] School (K - 12)
- [ ] Subchapter 8 (Other than K-12)
- [X] Other (Private/Commercial Bldgs./Homes, etc.)

**Square Foot #: of Floors:**
- **Current Use:** Residential

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

**Scope of Work:**
- [ ] Demolition
- [X] Renovation
- [X] Full Containment w/negative pressure
- [ ] Mini-enclosure
- [ ] Non-friable procedure
- [X] wrap & cut

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
<th>Material Description</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td></td>
<td></td>
<td></td>
<td>pipe insulation/duct insulation/breaching insulation</td>
<td>1,250 LF / 520 LF / 140 LF</td>
</tr>
<tr>
<td>1st &amp; 2nd floors</td>
<td></td>
<td></td>
<td></td>
<td>gray insulation underlayment</td>
<td>8,415 LF</td>
</tr>
<tr>
<td>1st floor kitchen</td>
<td></td>
<td></td>
<td></td>
<td>pipe insulation</td>
<td>30 LF</td>
</tr>
<tr>
<td>throughout the house</td>
<td></td>
<td></td>
<td></td>
<td>heat shield insul from 18 radiators</td>
<td></td>
</tr>
</tbody>
</table>

**Registered Waste Hauler:** B & G Restoration, Inc.
**NJDEP Hauler ID:** 19563
**Cubic Yards of Waste:** 60
**Name of Registered Landfill:** Tullytown Resource & Recovery Center
**City, State:** Lincoln Park, NJ 07035

**Disposal Date:** 10/14/13 - 11/8/13
**City, State:** Tullytown, PA

**Completed by (Print or Type):**
- **Title:** Secretary/Treasurer
- **Name:** Gordana Luna

**Signature:**

**Date:** 10/02/2013
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>10/4/13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Ken Hughes</td>
</tr>
<tr>
<td>Street Address</td>
<td>608 Lincoln Ave.</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Palmyra, NJ 08065</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Ken Hughes</td>
</tr>
<tr>
<td>Name of Facility Where Abatement Is Taking Place (8)</td>
<td>Residential</td>
</tr>
<tr>
<td>Street Address</td>
<td>608 Lincoln Ave.</td>
</tr>
<tr>
<td>City (5)</td>
<td>Haddonfield, NJ</td>
</tr>
<tr>
<td>County (5)</td>
<td>Camden</td>
</tr>
<tr>
<td>County Code (7) (STATE USE ONLY)</td>
<td></td>
</tr>
<tr>
<td>Current Use (Prior to being demolished)</td>
<td>Residential</td>
</tr>
<tr>
<td>Square Feet</td>
<td>1500</td>
</tr>
<tr>
<td># of Floors</td>
<td>2</td>
</tr>
<tr>
<td>Bidg. Age</td>
<td>70</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>MECS</td>
</tr>
<tr>
<td>ASCM No.</td>
<td></td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>Stevens Environmental Services, Inc.</td>
</tr>
<tr>
<td>Street Address</td>
<td>PO Box 322</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Allentown, NJ 08501</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>(609) 259-9688</td>
</tr>
<tr>
<td>License No.</td>
<td>00493</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>William Weisgarber Jr.</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>(609) 298-4070</td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>10/14/13</td>
</tr>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>10/16/13</td>
</tr>
<tr>
<td>Occupancy Status During Abatement (Check only one)</td>
<td></td>
</tr>
<tr>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
<td></td>
</tr>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours</td>
<td></td>
</tr>
<tr>
<td>Other - Describe:</td>
<td>8am to 4pm</td>
</tr>
<tr>
<td>Scope of Work (Check all that apply)</td>
<td></td>
</tr>
<tr>
<td>≥3 sf or ≥3 if</td>
<td></td>
</tr>
<tr>
<td>≥150 sf or ≥260 if</td>
<td></td>
</tr>
<tr>
<td>Renovation</td>
<td></td>
</tr>
<tr>
<td>Demolition</td>
<td></td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)</td>
<td></td>
</tr>
<tr>
<td>IS Location Normally Used Solely by Maintenance/Custodial Staff? (12)</td>
<td>Yes No N/A</td>
</tr>
<tr>
<td>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td></td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
<td>30 sf</td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
<td>Stevens Environmental</td>
</tr>
<tr>
<td>NJDEP Waste Hauler ID No.</td>
<td>18292</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td>2 CY</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>T.R.R.F., Inc.</td>
</tr>
<tr>
<td>City, State</td>
<td>Allentown, NJ 08501</td>
</tr>
<tr>
<td>Disposal Date</td>
<td>10/17/12</td>
</tr>
<tr>
<td>City, State</td>
<td>Tullytown, PA</td>
</tr>
<tr>
<td>Completed By</td>
<td>Mahlon E. Stevens</td>
</tr>
<tr>
<td>Title</td>
<td>Project Manager</td>
</tr>
<tr>
<td>Signature</td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td>10/4/13</td>
</tr>
</tbody>
</table>

*Do not use this form for asbestos licensure exempted activities.*
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 63:28)

Date of Notification (1):
10 / 3 / 13

Name of Building Owner/Operator (2):
Tucker Development Corp

Type Notification:
- Initial

Street Address:
793 Central Ave
City, State, Zip Code:
Highland Park IL, 07028

Name of Contact:
John Donahue

FACILITY INFORMATION

Name of Facility Where Abatement Is Taking Place (3):
4951.02 Lot 1

Square Feet:
8,000

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

Current Use (Prior to being demolished):
- Other (e.g., private and commercial buildings, homes, etc.)

County Code (7):
Passaic

Name of Abatement Contractor (8):
ALL PRO MANAGEMENT LLC

Street Address:
27 Outwater Lane
City, State, Zip Code:
Garfield NJ 07026

Start Date (10):
10 / 3 / 13

Scheduling Completion Date (11):
10 / 8 / 13

Name of OSHA Monitor:
ALL PRO MANAGEMENT LLC

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

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

Type of ACM:
- Floor Tile

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

Amount (Specify SF or LF):
150 SF

Abatement Type:
- Removal

Removal Method:
- Non-Exempted (*) and Non-Flatable Procedure

Name of Registered Waste Hauler:
ALL PRO MANAGEMENT LLC

Waste Hauler ID No.:
0214860

Name of Registered Landfill:
HESI Landfill

City, State:
Garfield NJ

Compilied By (Print or Type):
Zvonko Vesek
Title:
President

Signature:

Date:
10/3/13

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

### State of NJ

**D&S Proj.: 2013-361**

**Notification of Asbestos Abatement**

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/11/13</td>
<td>GESTRE PORTIS</td>
</tr>
</tbody>
</table>

### Agencies Notified

- [ ] EPA
- [ ] DEP
- [x] DOL
- [ ] DOH
- [ ] DCA

### Type Notification

- [ ] Initial
- [ ] Amended
- [x] Emergency (including justification)

<table>
<thead>
<tr>
<th>Amendment #:</th>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>259 VASSAR AVENUE</td>
</tr>
</tbody>
</table>

### City, State, Zip Code

- Newark, NJ 07106

### Name of Contact

- GESTRE PORTIS

### Telephone Number

- [ ]

### Name of facility where abatement is taking place (3)

- GESTRE PORTIS

### Street Address

- 259 VASSAR AVENUE

### City (5)

- Newark

### County (6)

- ESSEX

### Country Code (7)

- (State use only)

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

- [ ] ASCM No.

### Type of Facility (4)

- [ ] School (K - 12)
- [ ] Subchapter 8 (Other than K-12)
- [x] Other (Private/Commercial Bldgs., Homes, etc.)

### Square Feet

- [ ]

### # of Floors

- [ ]

### Bldg. Age

- [ ]

### Current Use (Prior if being demolished)

- [ ]

### Name of Abatement Contractor (9)

- D & S RESTORATION, INC.

### Street Address

- 20 California Ave.

### City, State, Zip Code

- Paterson, NJ 07503

### Telephone Number

- 973-345-8020

### License Number

- 01169

### Name of OSHA Monitor

- D & S Restoration, Inc.

### Street Address

- 20 California Avenue

### City, State, Zip Code

- Paterson, NJ 07503

### Start Date (10)

- 10/03/13

### Sched. Completion Date (11)

- 10/24/13

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

- [ ] Facility closed/vacated during entire period of abatement.
- [x] Abatement performed outside of normal facility hours.
- [ ] Other: Describe NORMAL HOURS

### Scope of Work (check all that apply)

- [x] ≥300 sf or ≥30 l f
- [ ] Renovation
- [x] Demolition

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

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

### Description of asbestos-containing material (ACM)

- PIPE INSULATION

### Amount (Specify SF or LF)

- 25 L FT

### Full Containment w/ negative pressure

- [ ]

### Mini-enclosure

- [ ]

### Glovebag procedure

- [ ]

### Non-Exempted (*) and Non-Exemptible procedure

- [ ]

### Registered Waste Hauler

- D & S RESTORATION, INC.

### NJDEP Hauler ID# (13)

- 13506

### Cubic Yards of Waste

- 1 YD

### Name of Registered Landfill

- TULLYTOWN, RESOURCE RECOVERY

### City, State

- Paterson, NJ 07503

### Disposal Date

- 10/04/13

### Completed by (Print or Type)

- BOGDAN JOLDZIC

### Title

- PRESIDENT

### Signature

- [ ]

### Date

- 10/01/2013

---

* 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):**
- [ ] 1
- [ ] 2
- [ ] 3
- [ ] 4
- [ ] 5
- [ ] 6
- [ ] 7
- [ ] 8
- [ ] 9
- [ ] 10
- [ ] 11
- [ ] 12
- [ ] 13

**Name of Building Owner/Operator (2):** GESTRE PORTIS

**Address:**
- **Street Address:** 259 VASSAR AVENUE
- **City, State, Zip Code:** Newark, NJ 07106

**Date:**
- **Oct 7 2013**

**FACILITY INFORMATION**

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

**TYPE OF FACILITY (4):**
- [ ] School (K-12)
- [ ] Subchapter 8 (Other than K-12)
- [ ] Other (Private/Commercial Bridges/Homes, etc.)

**Square Foot:**
-
**# of Floors:**
-**Bldg. Age:**
-

**CURRENT USE (Prior if being demolished):**

**Name of Abatement Contractor (9):**

**D & S RESTORATION, INC.**

**Street Address:** 20 California Ave.

**City, State, Zip Code:** Paterson, NJ 07503

**Telephone Number:** 973-345-8020

**License Number:** 01169

**Name of OS-IA Monitor:**

**D & S Restoration, Inc.**

**Street Address:** 20 California Avenue

**City, State, Zip Code:** Paterson, NJ 07503

**Start Date (10):**
- **10/03/13**

**Completion Date (11):**
- **10/24/13**

**Occupancy Status During Abatement (Check only one):**
- [ ] Facility closed/vacated during entire period of abatement.
- [ ] Abatement performed outside of normal facility hours.

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

**BASEMENT**

- **Location:**
- **Description:** PIPE INSULATION
- **Amount:** 25 L PT

**Registered Waste Hauler:**

**D & S RESTORATION, INC.**

**Volume:**

**Disposal Date:**
- **10/04/13**

**Name of Registered Landfill:**

**TULLYTOWN, RESOURCE RECOVERY**

**City, State:**

**TULLYTOWN, PA**

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

**BOGDAN JOLDZIC**

**Title:**
- **President**

**Signature:**
- **10/01/2013**

---

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

**OCT. 02, 2013 (WED) 08:35 COMMUNICATION No. 51 PAGE 1**
State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)  
11/10/11 11/13

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

Type Notification  
☒ Initial  ☐ Amended  ☐ Emergency  ☐ Cancellation

Name of Building Owner/Operator (2)  
RACHEL HALBERT

Street Address  
183 MONTCLAIR AVENUE

City, State, Zip Code  
MONTCLAIR, NJ 07042

Name of Contact  
RACHEL HALBERT

Telephone Number  
OCT 7 2013

FACILITY INFORMATION

Name of facility where abatement is taking place (3)  
RACHEL HALBERT

Street Address  
183 MONTCLAIR AVENUE

City (5)  
MONTCLAIR

County (6)  
ESSEX

County Code (7)  
(State use only)

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

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

Street Address  
20 California Ave.

City, State, Zip Code  
Paterson, NJ 07503

Telephone Number  
973-345-8020

License Number  
01169

Start Date (10)  
10/11/13

Sched. Completion Date (11)  
10/24/13

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

☐ Abatement performed outside of normal facility hours:
  Describe:
  Other-Describe: NORMAL HOURS

Scope of Work (check all that apply)  
☒ ≥3 sq ft or ≥6 sq ft  ☒ Renovation  ☒ ≥160 sq ft or ≥260 sq ft  ☒ Demolition

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

2ND FLOOR  
☐  
☐ ✓  

1ST FLOOR  
☐  
☐  

Is location normally used solely by maintenance/custodial staff (12)  

☐ Yes  ☒ No  ☐ N/A

Description of asbestos-containing material (ACM)  

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

Amount (Specify SF or LF)  

Removal  

Repair  

Encapsulation  

Enclosure  

Registered Waste Hauler  
D & S RESTORATION, INC.

NJ/DEP Hauler ID#  
13506

Cubic Yards of Waste  
1 YD

Name of Registered Landfill  
TULLYTOWN, RESOURCE RECOVERY

City, State  
PATERSON, NJ 07503

Disposal Date  
10/18/13

Completed by (Print or Type)  
BOGDAN JOLDZIC  
Title  
PRESIDENT

Signature  
Date  
10/01/2013

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>11/01/13</td>
<td>Mashiyat Ashraf</td>
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<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Amendment #</th>
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<tbody>
<tr>
<td>DOL, DOH</td>
<td>Emergency</td>
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<th>Name of Contact</th>
<th>Telephone Number</th>
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<tbody>
<tr>
<td>75 Normal Avenue</td>
<td>Mashiyat Ashraf</td>
<td></td>
</tr>
<tr>
<td>Upper Montclair, NJ 07043</td>
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**FACILITY INFORMATION**

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<thead>
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<th>Name of facility where abatement is taking place (3)</th>
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<tr>
<td>Mashiyat Ashraf</td>
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<th>Street Address</th>
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<th>Name of Monitoring Firm Hired by Bldg. Owner (8)</th>
<th>ASCM No.</th>
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<th>Start Date (10)</th>
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<tr>
<td>10/23/13</td>
<td>10/31/13</td>
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<table>
<thead>
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<th>Facility Status During Abatement (Check only one)</th>
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<tbody>
<tr>
<td>Abatement performed outside of normal facility hours.</td>
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<tr>
<td>Other (Describe): NORMAL HOURS</td>
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<table>
<thead>
<tr>
<th>Scope of Work (check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>&gt;3 sq ft or &gt;3 lin ft</td>
</tr>
<tr>
<td>160 sq ft or &gt;260 lin ft</td>
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<tr>
<td>Demolition</td>
</tr>
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<table>
<thead>
<tr>
<th>Location of asbestos-containing material (ACM) to be abated in facility (13)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement: PIPE INSULATION</td>
</tr>
<tr>
<td>Basement Boiler: BOILER INSULATION (bricks)</td>
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</table>

<table>
<thead>
<tr>
<th>Description of asbestos-containing material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
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<tbody>
<tr>
<td>PIPE INSULATION</td>
<td>25 LF T</td>
</tr>
<tr>
<td>BOILER INSULATION (bricks)</td>
<td>50 SQ FT</td>
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</table>

<table>
<thead>
<tr>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>D &amp; S RESTORATION, INC.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>License Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>20 California Ave.</td>
<td>01169</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Name of OSHA Monitor</th>
</tr>
</thead>
<tbody>
<tr>
<td>D &amp; S Restoration, Inc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
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</thead>
<tbody>
<tr>
<td>20 California Avenue</td>
<td>Paterson, NJ 07503</td>
</tr>
</tbody>
</table>

**Registered Waste Hauler**

<table>
<thead>
<tr>
<th>D &amp; S RESTORATION, INC.</th>
<th>NJDEP Hauler ID#</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>13506</td>
<td>2 YDS</td>
<td>TULLYTOWN, RESOURCE RECOVERY</td>
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</table>

<table>
<thead>
<tr>
<th>Completed by (Print or Type)</th>
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<tbody>
<tr>
<td>BOGDAN JOLDZIC</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Title</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRESIDENT</td>
<td></td>
<td>10/01/2013</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 8:50 and 5:16)

Date of Notification (1) 10 / 02 / 13
Name of Building Owner/Operator (2) Kelly Connell

Agencies Notified
- EPA
- NOLD
- DOH
- DCA (NJAC 5:23-8)
- Emergency (Including justification)
- Cancellation
Type Notification
- Initial
- Amended

Street Address
15 Kathay Drive
City, State, Zip Code
Livingston, NJ 07039
Name of Contact
Kelly Connell

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
House
Street Address
15 Kathay Drive
City (5)
Livingston
County (6)
Essex

County Code (7) (State Use Only)

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

Square Feet
# of Floors
Bldg. Age

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

Name of Abatement Contractor (9)
ALL PRO MANAGEMENT LLC
Street Address
27 Outwater Lane
City, State, Zip Code
Garfield NJ 07026

Project Manager for Monitoring Firm
Rick Eustaquio
Telephone No.
973 494 3782

Name of OSHA Monitor
ALL PRO MANAGEMENT LLC
Street Address
27 Outwater Lane Suite B
City, State, Zip Code
Garfield NJ 07026

License No.
1188

Start Date (10)
10 / 12 / 13
Scheduled Completion Date (11)
10 / 15 / 13

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 AM PM AM

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

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

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

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

Amount
Specify SF or LF
Abatement Type
Removal
Repair
Encapsulate
Enclosure

Basement

VAT Floor Tile 300 SF

Name of Registered Waste Hauler
ALL PRO MANAGEMENT LLC
NJDEP Waste Hauler ID No.
0034880
Cubic Yards of Waste As Needed

Name of Registered Landfill
IESI Landfill
City, State
Garfield NJ Bethlehem, PA

Disposal Date
TBD
Completed By (Print or Type)
Zvonko Veskov
Title
President
Signature

Date
10/3/13

* 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)

<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>Name of Building Owner/Operator</th>
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<tbody>
<tr>
<td>11/0/10</td>
<td>Chemtura Corporation</td>
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<table>
<thead>
<tr>
<th>Agencies Notified</th>
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<tbody>
<tr>
<td>[X] EPA</td>
<td>[X] Initial Notification</td>
</tr>
<tr>
<td>[X] NJDEP</td>
<td>[X] Amended Notification</td>
</tr>
<tr>
<td>[X] DOL</td>
<td></td>
</tr>
<tr>
<td>[X] DOH</td>
<td></td>
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<tr>
<td>[X] DCA</td>
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<table>
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<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
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<tbody>
<tr>
<td>199 Benson Road</td>
<td>Middlebury CT 06762</td>
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**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place</th>
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<tbody>
<tr>
<td>Chemtura Corporation</td>
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</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>County</th>
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<tr>
<td>100 Convery Blvd</td>
<td>Middlesex</td>
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<th>Name of Owner</th>
<th>Telephone Number</th>
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<table>
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<th>Name of Monitor Firm</th>
<th>Telephone Number</th>
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<tr>
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<thead>
<tr>
<th>Name of Abatement Contractor</th>
<th>Telephone Number</th>
<th>License Number</th>
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<tbody>
<tr>
<td>New States Contracting</td>
<td>732 525 0100</td>
<td>00749</td>
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<table>
<thead>
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<th>Name of OSHA Monitor</th>
<th>Street Address</th>
<th>City, State, Zip Code</th>
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<tbody>
<tr>
<td>Tiger Environmental</td>
<td>234 20th Ave</td>
<td>Brick NJ 08724</td>
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<table>
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<tr>
<th>Scheduled Start Date</th>
<th>Sched. Completion Date</th>
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<td>11/01/11</td>
<td>11/01/11</td>
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<table>
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<tr>
<th>Occupancy Status During Abatement</th>
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</thead>
<tbody>
<tr>
<td>[X] Facility Closed/Vacated During Entire Period of Abatement</td>
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</table>

<table>
<thead>
<tr>
<th>Scope of Work</th>
</tr>
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<tbody>
<tr>
<td>[X] Demolition</td>
</tr>
<tr>
<td>[X] 3' x 3' or 33 sq. ft</td>
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<tr>
<td>[X] 160 sq. ft or 160 sq. ft</td>
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<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility</th>
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<tbody>
<tr>
<td>Transite Panels</td>
</tr>
<tr>
<td>Floor Tile</td>
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<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Freehold Cartage</td>
<td>30</td>
<td>G. R. O. W. Southlandfill</td>
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</table>

**Abatement Type**

| [X] Full Containment with Negative Pressure |
| [X] Mini-Enclosure |
| [X] Glovebag Procedure |
| [X] Non-Friable Procedure |

**Human Resources**

<table>
<thead>
<tr>
<th>Role</th>
<th>Name</th>
<th>Title</th>
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<tbody>
<tr>
<td>Kurt Nale</td>
<td>Superintendent</td>
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**Waste Disposal**

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<th>Freehold NJ</th>
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<tbody>
<tr>
<td>N/A</td>
<td>Morrisville PA</td>
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<th>Completed By</th>
<th>Signature</th>
<th>Date</th>
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<tbody>
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<td>N/A</td>
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**References**

G4667
**State of NJ**
**Notification of Asbestos Abatement**
(Pursuant to NJAC 8:60 and 12:120)

**D&S Proj. #: 2013-359**

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
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<tr>
<td>10/19/12</td>
<td>ROBERT HORN</td>
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** Agencies Notified**
- [ ] EPA
- [ ] DEP
- [x] DOL
- [x] DOH
- [ ] DCA

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

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<td>1</td>
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**FACILITY INFORMATION**

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<tr>
<th>Name of Facility where abatement is taking place (3)</th>
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<tr>
<td>ROBERT HORN</td>
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<table>
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<td>136 DEMOREST AVENUE</td>
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<th>City (5)</th>
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<th>Name of Monitoring Firm Hired by Bldg. Owner (8)</th>
<th>ASCM No.</th>
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<tr>
<th>Name of Abatement Contractor (9)</th>
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<tbody>
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<td>D &amp; S RESTORATION, INC.</td>
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<th>Street Address</th>
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<tr>
<td>20 California Ave.</td>
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<table>
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<tr>
<th>City, State, Zip Code</th>
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<tr>
<td>973-345-8020</td>
<td>01169</td>
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<tr>
<th>Start Date (10)</th>
<th>Sched. Completion Date (11)</th>
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<td>10/18/13</td>
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<table>
<thead>
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<th>Occupancy Status During Abatement (Check only one)</th>
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<tbody>
<tr>
<td>[x] Facility closed/vacated during entire period of abatement.</td>
</tr>
<tr>
<td>[ ] Abatement performed outside of normal facility hours-</td>
</tr>
<tr>
<td>[ ] Other-Describe: NORMAL HOURS</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>[x] &gt;3 sf or &gt;3 if</td>
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<tr>
<td>[x] 260 sf or 260 if</td>
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<table>
<thead>
<tr>
<th>Location of asbestos-containing material (acm) to be abated in facility (15)</th>
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<tbody>
<tr>
<td>PIPE INSULATION</td>
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<table>
<thead>
<tr>
<th>Description of asbestos-containing material (ACM)</th>
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<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
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<tr>
<th>Rem. &amp; Enc.</th>
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<tbody>
<tr>
<td>[ ] Full Containment w/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>
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</table>

**BASEMENT**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
<th>Description of asbestos-containing material (ACM)</th>
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<tr>
<td></td>
<td></td>
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<td>PIPE INSULATION</td>
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<table>
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<tr>
<th>Registered Waste Hauler</th>
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<tbody>
<tr>
<td>D &amp; S RESTORATION, INC.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NJDEP Hauler ID</th>
<th>Cubic Yards of Waste</th>
</tr>
</thead>
<tbody>
<tr>
<td>13506</td>
<td>1 YD</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
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</thead>
<tbody>
<tr>
<td>TULLYTOWN, RESOURCE RECOVERY</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>PATerson, NJ 07503</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Disposal Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/02/13</td>
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</table>

<table>
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<tr>
<th>Completed by (Print or Type)</th>
</tr>
</thead>
<tbody>
<tr>
<td>BOGDAN JOLDSIC</td>
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</table>

<table>
<thead>
<tr>
<th>Title</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRESIDENT</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/02/2013</td>
</tr>
</tbody>
</table>

---

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

Date of Notification (1)
10/19/2013

Address Notified

Type of Notification
SPA

Amended

Amendment #: DOL

Emergency (including justification)

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

Subchapter 8 (Other than K-12)

Other (Private/Commercial S légère Homes, etc.)

Name of Building Owner/Operator (2)
ROBERT HORN

Address

136 DEMOREST AVENUE

Avenel, NJ 07001

City, State, Zip Code

Name of Contact

ROBERT HORN

Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (5)

ROBERT HORN

Street Address

136 DEMOREST AVENUE

Avenel, MIDDLESEX

City (8)

County (8)

County Code (7)

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

A&C No.

Type of Abatement Contractor (8)

D & S RESTORATION, INC.

Street Address

20 California Ave.

Paterson, NJ 07503

City, State, Zip Code

License Number
978-346-7620

Name of OSHA Monitor
D & S Restoration, Inc.

Street Address

20 California Avenue

Paterson, NJ 07503

City, State, Zip Code

Start Date (10)
10/01/13

End Date: Completion Date (11)
10/18/13

Occupancy Status During Abatement (Check only one)
Facility closed/evacuated during entire period of abatement.
Abatement performed outside of normal facility hours.

Other (Describe):

NORMAL HOURS

Scope of Work (check all that apply)

>500 square feet or >5000 Hr

Removal

Demolition

Location of asbestos-containing material (ACM) to be abated in facility (18)

Yes

No

N/A

Description of asbestos-containing material (ACM)

Location normally used solely by maintenance/operational staff (12)

BASEMENT

PIPE INSULATION

25 L FT

Amount (Square feet or LF)

Registration of Waste Hauler

D & S RESTORATION, INC.

Registered Waste Hauler ID

01516

Yard of Waste

1 YD

Name of Registered Hauler

TULLY TOWN, RESOURCES RECOVERY

City, State

Paterson, NJ 07503

Disposal Date

10/02/13

Completed by (Print or Type)

BOGDAN JOLDZEC

Title

PRESIDENT

Date

10/02/2013

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

**Date of Notification (1):**
10/04/13

**Name of Building Owner / Operator (2):**
First Energy

**Street Address:**
76 South Street

**City, State, Zip Code:**
Akron, Ohio 44308

**Name of Contact:**
Jim Halsey

**Date:**
OCT 7 2013

---

**Facility Information**

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

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

**Street Address:**
Ocean Avenue & Bath Avenue

**City, State, Zip Code:**
Ocean Grove, NJ 07730

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

**Telephone Number:**

---

**Environmental Health Investigations**

**Name of Monitoring Firm Hired by Bldg. Owner (8):**
ASCN NO

**ASCM NO:**

**Street Address:**
655 West Shore Trail

**City, State, Zip Code:**
Sparta, NJ 07871

**Project Mgr. For Monitoring Firm:**
Dino Nappi

**Telephone Number:**
212-682-9271

**City, State, Zip Code:**
East Hanover, NJ 07036

---

**Occupancy Status During Abatement (Check Only 1):**
- [ ] Activity Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility Hours - Describe:
  - [ ] Monday 9:00 am to 5:00 pm
  - [ ] Other - Describe:

**Name of OSHA Monitor:**
LVI Demolition Services Inc.

**Street Address:**
32 Williams Parkway

**City, State, Zip Code:**
East Hanover, NJ 07036

---

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

---

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

**Material (ACM):**
(i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)

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

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

**Abatement Type:**

---

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

**Ext. Telephone Pole:**

**Transite Pipe:**

40 LF

**Name of Registered Waste Hauler:**
NEWARK CARTING

**New Jersey Waste Hauler ID No:**
4509

**Cubic Yards of Waste:**

**Name of Registered Landfill:**
I.E.S.I.

**City, State:**
NEWARK, NJ

**Disposal Date:**
BETHLEHEM, PA 18105

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

**Title:**
Operation Manager

**Signature:**

**Date:**
09/27/13

---

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

**Ext. Telephone Pole:**

**Transite Pipe:**

**Name of Registered Waste Hauler:**
NEWARK CARTING

**New Jersey Waste Hauler ID No.**
4509

**Cubic Yards of Waste:**

**Name of Registered Landfill:**
I.E.S.I.

**City, State:**
NEWARK, NJ

**Disposal Date:**
BETHLEHEM, PA 18105

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

**Title:**
Operation Manager

**Signature:**

**Date:**
09/27/13

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**Ext. Telephone Pole:**

**Transite Pipe:**

**Name of Registered Waste Hauler:**
NEWARK CARTING

**New Jersey Waste Hauler ID No.**
4509

**Cubic Yards of Waste:**

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I.E.S.I.

**City, State:**
NEWARK, NJ

**Disposal Date:**
BETHLEHEM, PA 18105

**Completed by (Print or Type):**
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**Title:**
Operation Manager

**Signature:**

**Date:**
09/27/13

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**Transite Pipe:**

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NEWARK CARTING

**New Jersey Waste Hauler ID No.**
4509

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**Signature:**

**Date:**
09/27/13

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**Ext. Telephone Pole:**

**Transite Pipe:**

**Name of Registered Waste Hauler:**
NEWARK CARTING

**New Jersey Waste Hauler ID No.**
4509

**Cubic Yards of Waste:**

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**Ext. Telephone Pole:**

**Transite Pipe:**

**Name of Registered Waste Hauler:**
NEWARK CARTING

**New Jersey Waste Hauler ID No.**
4509

**Cubic Yards of Waste:**

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**Ext. Telephone Pole:**

**Transite Pipe:**

**Name of Registered Waste Hauler:**
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**New Jersey Waste Hauler ID No.**
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**Cubic Yards of Waste:**

**Name of Registered Landfill:**
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**Location of Asbestos Containing Material (ACM):**

**Ext. Telephone Pole:**

**Transite Pipe:**

**Name of Registered Waste Hauler:**
NEWARK CARTING

**New Jersey Waste Hauler ID No.**
4509

**Cubic Yards of Waste:**

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**Disposal Date:**
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**Completed by (Print or Type):**
Ralph Barnhardt

**Title:**
Operation Manager

**Signature:**

**Date:**
09/27/13

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

**Ext. Telephone Pole:**

**Transite Pipe:**

**Name of Registered Waste Hauler:**
NEWARK CARTING

**New Jersey Waste Hauler ID No.**
4509

**Cubic Yards of Waste:**

**Name of Registered Landfill:**
I.E.S.I.

**City, State:**
NEWARK, NJ

**Disposal Date:**
BETHLEHEM, PA 18105

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

**Title:**
Operation Manager

**Signature:**

**Date:**
09/27/13

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

**Ext. Telephone Pole:**

**Transite Pipe:**

**Name of Registered Waste Hauler:**
NEWARK CARTING

**New Jersey Waste Hauler ID No.**
4509

**Cubic Yards of Waste:**

**Name of Registered Landfill:**
I.E.S.I.

**City, State:**
NEWARK, NJ

**Disposal Date:**
BETHLEHEM, PA 18105

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

**Title:**
Operation Manager

**Signature:**

**Date:**
09/27/13
# NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

**Date of Notification:** 9/6/2013

**Name of Building Owner/Operator:** Messercola Enterprises

**Name of Contact:** Fernando

**Street Address:** 538 Route 9

**City, State, Zip Code:** Waretown, NJ 08758

**FACILITY INFORMATION**

- **Name of Facility Where Abatement is Taking Place:** Residence
- **Street Address:** 1095 Mill Creek Road
- **County:** Manahawkin
- **County Code:** Ocean
- **Type of Facility:**
  - School (k-12)
  - Subchapter 8 (other than k-12)
  - Other (i.e., private & commercial buildings, homes, etc.)
- **Square feet:** 1500 sf
- **Bldg. Age:** 60

**Name of Monitoring Firm Hired by Building Owner:** ASCM No.

**Name of Monitoring Firm for Abatement Contractor:** E.M.S.L. Analytical

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

**License Number:** 00624

**Address:** 1056 Stetton Road

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

**Scope of Work: Check all that apply**

- [ ] >3 sf or ≥3 lf
- [ ] ≥160 sf or ≥260 lf
- [X] Other – Describe
- [ ] Renovation
- [X] 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**

**Amount (Specify SF or LF):** 1250sf

**Exterior:** X

**Asbestos siding**

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

**Disposal Date:** 9/11/13

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

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

**Cubic Yards of Waste:** 3

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

**City, State:** Tullytown, Pennsylvania

**Disposal Date:** 9/11/13

**Sold by:** Guardian Contracting, Inc.

**Title:** Project Manager

**Signature:**

**Date:** 9/6/2013

*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) 9/6/2013

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

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

Name of Building Owner/Operator (2)
Leonard Mendola

Street Address
1614 West 5th Street

City, State, Zip Code
Brooklyn, NY 11223

Name of Contact
Leonard Mendola

Telephone Number

FACILITY INFORMATION

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

Street Address
40 Budd Drive

City
Manahawkin

County (6)
Ocean

County Code (7) (STATE USE ONLY)

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

ASCM No.

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

Street Address
1889 Route 9, Unit 61

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

Project Manager for Monitoring Firm

Telephone Number

Scheduled Start Date (10)
9/7/13

Scheduled Completion Date (11)
9/10/13

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 ≥31 ft
[ ] ≥160 sf or ≥260 ft
[ X ] Renovation
[ ] 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

Exterior

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

Name of Registered Waste Hauler
Guardian Contracting, Inc.

NIDEP Waste Hauler ID No.
20223

Cubic Yards of Waste
4

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

City, State
Toms River, New Jersey

Disposal Date
9/11/13

City, State
Tullytown, Pennsylvania

Completed by (Print or Type)
Nicholas Fernicola

Title
Project Manager

Signature

Date
9/6/2013

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

### State of New Jersey

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

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<tr>
<th>Date of Notification (1)</th>
<th>9/6/2013</th>
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<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>John Kiernan</td>
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<tr>
<td>Street Address</td>
<td>369 Loretto Street</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Staten Island, NY 10307</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Leonard Mendola</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
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### FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Residence</th>
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<tbody>
<tr>
<td>Street Address</td>
<td>8 Glenn Drive</td>
</tr>
<tr>
<td>City</td>
<td>Manahawkin</td>
</tr>
<tr>
<td>County (6)</td>
<td>Ocean</td>
</tr>
<tr>
<td>County Code (7)</td>
<td>N/A</td>
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<tr>
<td>Type of Facility (4)</td>
<td>School (k-12)</td>
</tr>
<tr>
<td>Square feet</td>
<td>1200 sf</td>
</tr>
<tr>
<td># of Floors</td>
<td>1</td>
</tr>
<tr>
<td>Building Age</td>
<td>60</td>
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<tr>
<td>Current Use</td>
<td>Residence</td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>Guardian Contracting, Inc.</td>
</tr>
<tr>
<td>Street Address</td>
<td>1889 Route 9, Unit 61</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Toms River, New Jersey 08755-1271</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>N/A</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>732-349-9932</td>
</tr>
<tr>
<td>License Number</td>
<td>00624</td>
</tr>
<tr>
<td>Name of OSHA Monitor</td>
<td>E.M.S.L. Analytical</td>
</tr>
<tr>
<td>Street Address</td>
<td>1056 Stetson Road</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Piscataway, New Jersey 08854</td>
</tr>
<tr>
<td>Scope of Work (Check all that apply)</td>
<td>Full Containment with Negative Pressure</td>
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<tr>
<td>Renovation</td>
<td>Mini-Enclosure</td>
</tr>
<tr>
<td>Demolition</td>
<td>Glovebag Procedure</td>
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<tr>
<td>Non-Exempted (*) and Non-Friable Procedure</td>
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</table>

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

<table>
<thead>
<tr>
<th>Location Normally used by Maintenance/Custodial Staff (12)</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
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<tbody>
<tr>
<td>YES NO N/A</td>
<td>(i.e., thermal systems, surfacing, VAT, or other miscellaneous)</td>
</tr>
<tr>
<td>Exterior</td>
<td>Asbestos siding</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td>3</td>
</tr>
</tbody>
</table>

### Name of Registered Waste Hauler

Guardian Contracting, Inc.

Name of Registered Landfill

T.R.R.F.

**Complete by (Print or Type)**

**Title** Project Manager

**Name** Nicholas Fernicola

**Date** 9/6/2013

*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): 9/6/2013  
Name of Building Owner/Operator (2): Shawn Visco

Agencies Notified:  
[X] EFA  
[X] DOL  
[X] ROH  
[ ] DEP  
[ ] DCA

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

FACILITY INFORMATION

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

Street Address: 905 Jane Drive  
City: Manahawkin  
County: Ocean

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

Square feet: 800 sf  
# of Floors: 1  
Bldg. Age: 60

Current Use (Prior if being demolished): Residence  
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

Telephones 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] 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 (13):

Exterior: X  
Asbestos siding: 650 sf  
Abatement Type: X

Name of Registered Waste Hauler: Guardian Contracting, Inc.  
NIKE Waste Hauler ID No.: 20223  
Cubic Yards of Waste: 0.3  
Name of Registered Landfill: T.R.R.F.

City, State: Toms River, New Jersey  
Disposal Date: 9/11/13  
City, State: Tullytown, Pennsylvania

Completed by (Print or Type): Nicholas Pernicola  
Title: Project Manager  
Signature: [Signature]  
Date: 9/6/2013

*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) 09 / 25 / 13

Name of Building Owner/Operator (2) Mr. Stephen Donahue

Agencies Notified

- EPA
- DEP
- DCA (NJAC 5:16)
- DHSS
- DCA (NJAC 5:23-8)

Type Notification

- Initial
- Amended
- Amendment #
- Emergency (Including justification)
- Cancellation

Street Address
23 Auburn Drive

City, State, Zip Code
Delran, NJ 08075

Name of Contact
Stephen Donahue

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
23 Auburn Drive

Square Feet
1,500

# of Floors
2

Bldg. Age
50+

Residential

Current Use (Prior if being demolished)

City (5)
Delran

County Code (7)(STATE USE ONLY)

County (6)
Burlington

Name of Abatement Contractor (9)
Diamond Huntbach Construction Corporation

Street Address
500 East Luzerne Street

City, State, Zip Code
Philadelphia, PA 19124

License No.
00646

ASCM No.

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

Street Address
617 Stokes Road-Suite 4-318

City, State, Zip Code
Medford, NJ 08055

Telephone No.
888-715-2211

Start Date (10)
09 / 30 / 13

Scheduled Completion Date (11)
10 / 07 / 13

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: 7AM-4PM/7PM-AM

Scope of Work (Check all that apply)
- ≥3 sf or ≥3 l.f.
- ≥160 sf or ≥260 l.f.

- 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

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)
1,200 SF

Abatement Type

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

Attic

- Yes
- No
- N/A

Vermiculite Insulation

Name of Registered Waste Hauler
Diamond Huntbach Construction

NJDEP Waste Hauler ID No.
19669

Disposal Date
10/31/13

Name of Registered Landfill
Minerva

City, State
Waynesburg, OH 44688

Completed By (Print or Type)
Charles F. Imbimbo

Title
Project Manager

Signature

* 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)**  
9/24/13

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

**Street Address**  
15 EAST MONTGOMERY PLACE

**City, State, Zip Code**  
PITTSBURGH, PA 15212

**Name of Contact**  
ANTHONY PORTA

**FACILITY INFORMATION**

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

**Street Address**  
100 S. 8TH STREET

**City (6)**  
VINELAND, NJ

**County (6)**  
CUMBERLAND

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

**Square Feet**  
43000

**# of Floors**  
4

**Bldg. Age**  
75

**Type of Work**
- 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>In Facility (13)</th>
<th>Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement Diesel Room</td>
<td>No</td>
<td>Muffler Insulation</td>
<td>40 LF</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**

**Service Transport Group, Inc.**

**NJDEP Waste Hauler ID No.**  
20990

**Cubic Yards of Waste**  
2

**Name of Registered Landfill**

**Minerva Landfill**

**City, State**

**Disposal Date**

**City, State**

**WAYNESBURG, OH 44688**

**Completed by**  
PATRICK T. DECARO

**Title**

**ESTIMATOR**

**Signature**

**Date**  
9/24/13

*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)

**RECEIVED**

**Date of Notification (1)**
9/24/13

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

**Street Address**
15 EAST MONTGOMERY PLACE
ASBESTOS CONTROL
PITTSBURGH, PA 15212

**Name of Contact**
ANTHONY PORTA

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

**Type of Facility (4)**

**Square Feet**
43000

**# of Floors**
4

**Bld. Age**
75

**County Code (7)**
CUMBERLAND

**County Code (7)**
CUMBERLAND

**Current Use (Prior to or after demolition)**

**Name of Abatement Contractor (9)**
BRISTOL ENVIRONMENTAL, INC.

**Project Manager for Monitoring Firm**
MARK JENKINS

**Telephone No.**
215-365-5810

**License No.**
00509

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

<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>
</tr>
</thead>
<tbody>
<tr>
<td>Basement Storage Room</td>
<td>Yes</td>
</tr>
<tr>
<td>Basement Storage Room</td>
<td>Yes</td>
</tr>
<tr>
<td>Basement Storage Room</td>
<td>Yes</td>
</tr>
<tr>
<td>Basement Diesel Room</td>
<td>Yes</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
</tr>
</thead>
<tbody>
<tr>
<td>VAT/Mastic</td>
</tr>
<tr>
<td>Pipe Insulation</td>
</tr>
<tr>
<td>Gasket Insulation</td>
</tr>
<tr>
<td>Gasket Insulation</td>
</tr>
</tbody>
</table>

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

**City, State**
NEW CASTLE, DE 19720

**Waste Hauler ID No.**
20990

**Cubic Yards of Waste**
2

**Name of Registered Landfill**
MINERVA LANDFILL

**City, State**
WAYNESBURG, OH 44688

**Disposal Date**

**Committed by**
PATRICK T. DeCARO

**Title**
ESTIMATOR

**Signature**

**Print Form**

* 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**

**NOTIFICATION OF ASBESTOS ABATEMENT**

**Date of Notification (1)**  
10 / 02 / 13

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

Phil Caruso

**Address**

50 Spenser Road  
Basking Ridge, NJ 07920

**Type of Facility (4)**

Other (i.e., private and commercial buildings, homes, etc.)

**Square Feet # of Floors**

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

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

**Name of Abatement Contractor (9)**

Gr Tech LLC

**Street Address**

576 Valley Rd #283  
Wayne, NJ 07470

**Telephone No.**

973-638-1777  
01127

**Name of OSHA Monitor**

Envirovision Consultants, Inc

**Street Address**

20-21 Waghrar Road, Bldg. # 35 E  
Fair Lawn, NJ 07410

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

- Clean up and decontamination with negative pressure
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Tent with Negative Pressure
- Non-Exempted (*) and Non-Friable Procedure

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

**Attic**

- Yes
- No  

- N/A

- Vermiculite residual clean up  

- 350 SF

**Abatement Type**

- X

**Name of Registered Waste Hauler**

Gr Tech LLC

**Negotiated Disposal Fee**

TBD

**Name of Registered Landfill**

T.R.R.F. Inc

**City, State**

Wayne, NJ 07470

**Disposal Date**

TBD

**Tullytown, PA**

**Completed By (Print or Type)**

N. Jevtic

**Title**

Owner

**Signature**

Date 10/02/2013

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

Date of Notification (1) 10/2/13
Name of Building Owner/Operator (2) Mary B. DeLorenzo

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

Street Address
16 Mountain Avenue

City, State, Zip Code
Dover, NJ 07801

Name of Contact
Joseph Nazzaro

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) house
Street Address
16 Mountain Avenue
City (5)
Dover
County (6)
Morris
County Code (7) (STATE USE ONLY)  

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.
Telephone No. 973-583-8500
License No. 703

Start Date (10) 10/11/13
Scheduled Completion Date (11) 10-21-13

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 33 ft
☐ 2,160 sf or 2,390 ft
☐ Renovation Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

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

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

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

Amount (Specify SF or LF)

Abatement Type

Removal
Repair
Encapsulate
Enclosure

Name of Registered Waste Hauler
NJDEP Waste Hauler ID No.
Cubic Yards of Waste
Name of Registered Landfill

City, State

Completed by Andrew Scott Higgins Title President
Signature
Date 10/2/13

* Do not use this form for asbestos licensure exempted activities.
**Emergency Request for Waiver of 10-Day Notice**

**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**

**(Pursuant to N.J.A.C. 8:15 and 12:9:16)**

<table>
<thead>
<tr>
<th>Date: 10-1-2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Person Responsible: MRS. SCOTT</td>
</tr>
<tr>
<td>Address: 20 ARNOLD AVENUE, CLOSTER, NJ 07624</td>
</tr>
<tr>
<td>Name of Client: MRS. SCOTT</td>
</tr>
</tbody>
</table>

**Property Information**

| Property Address: 20 ARNOLD AVENUE, CLOSTER, NJ 07624 |
| County Code: BERGEN |
| Property Type: RESidence |
| Owner's Name: MRS. SCOTT |
| Owner's Address: 20 ARNOLD AVENUE, CLOSTER, NJ 07624 |

**Asbestos Removal Contractors**

| Contractor: Omega Environmental Inc |
| Address: 280 Huyler St, Hackensack, NJ 07606 |
| Phone: 201-329-7444 |

**Location of Abatement**

<table>
<thead>
<tr>
<th>Bathroom</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location</td>
</tr>
<tr>
<td>Control Method</td>
</tr>
</tbody>
</table>

**Amount**

<table>
<thead>
<tr>
<th>Type</th>
<th>Bathrooms</th>
</tr>
</thead>
<tbody>
<tr>
<td>VAT</td>
<td>100</td>
</tr>
</tbody>
</table>

**Disposal**

| Contractor: Omega Environmental Inc |
| Address: 280 Huyler St, Hackensack, NJ 07606 |
| Date: 10-1-13 |

---

**Note:** All information is subject to change and should be verified with the appropriate authorities.
**State of New Jersey**
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:50 and 12:120)

**Name of Building Owner/Operator:** Take Realty LP  
**Name of Contact:** Michael Yun

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

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

**Facility Information:**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place</th>
<th>Type of Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>House</td>
<td></td>
</tr>
</tbody>
</table>

**Street Address:** 366 Central Ave  
**City:** Jersey City  
**State:** NJ  
**Zip Code:** 07307

**Square Feet:** N/A  
**# of Floors:** N/A  
**Bldg. Age:** N/A

**Name of Monitoring Firm Hired by Building Owner:** N/A  
**ASCM No.:** N/A  
**Name of Abatement Contractor:** D&S Abatement, Inc.

**Street Address:**  
- 11 Rosengren Avenue  
- Totowa, NJ 07512

**Project Manager for Monitoring Firm:**  
**Telephone No.:** 973-345-8685  
**License No.:** #00675

**Start Date:** 10/15/13  
**Scheduled Completion Date:** 10/16/13

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

**Scope of Work:**  
- [ ] ±3 sf or ±3 ft
- [ ] ±160 sf or ±260 ft
- [X] ±500 sf or ±800 ft

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

<table>
<thead>
<tr>
<th>Location of ACM To Be Abated</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>basement</td>
<td>[X]</td>
<td>pipe insulation</td>
<td>150 LF</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler:** D&S Abatement, Inc.  
**NJDEP Waste Hauler ID No.:** #20996  
**Cubic Yards of Waste:** TBD  
**Name of Registered Landfill:** Waste Management of PA

**City:** Totowa, NJ  
**State:** NJ  
**Disposal Date:** TBD  
**City:** Tullytown, PA  
**Date:** 9/26/13

**Completed by:** Deanna Brekusnin  
**Title:** Project Manager

*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)**
9/26/13

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

\[RECEIVED\]

2013 OCT - 7 AM 2:01

---

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

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

**Street Address**
17 Hearthstone Terrace

**City, State, Zip Code**
Livingston, NJ 07039

**Name of Contact**
David Swenson

**Telephone Number**

---

**FACILITY INFORMATION**

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

**Street Address**
17 Hearthstone Terrace

**City** (5)
Livingston

**County (6)**
Essex

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

**Square Feet**
N/A

**# of Floors**
N/A

**Bldg. Age**
N/A

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

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

**ASCM No.**

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

**Street Address**
11 Rosengren Avenue

**City, State, Zip Code**
Totowa, NJ 07512

**Project Manager for Monitoring Firm**

**Telephone No.**
973-345-8685

**License No.**
#00675

**Start Date (10)**
10/09/13

**Scheduled Completion Date (11)**
10/10/13

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

**Street Address**
11 Rosengren Avenue

**City, State, Zip Code**
Totowa, NJ 07512

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

**Scope of Work (Check All That Apply)**
- [x] ≥3 sf or ≥3 ft
- [ ] ≥160 sf or ≥260 ft
- [ ] 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**

**In Facility**

<table>
<thead>
<tr>
<th>(13)</th>
</tr>
</thead>
<tbody>
<tr>
<td>garage</td>
</tr>
<tr>
<td>duct insulation</td>
</tr>
</tbody>
</table>

**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
- [ ] Workshop

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

**NJDEP Waste Hauler ID No.**
#20996

**Cubic Yards of Waste**
TBD

**Name of Registered Landfill**
Waste Management of PA

**City, State**
Totowa, NJ

**Disposal Date**
TBD

**City, State**
Tullytown, PA

**Completed by**
Deanna Brkusin

**Title**
Project Manager

**Signature**

\[Date\]
9/26/13

---

*Do not use this form for asbestos licensure exempted activities.*
Date of Notification (1) 9/26/13
Name of Building Owner/Operator (2) Scott Rosmarin

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
</tr>
<tr>
<td>DEP</td>
<td>Amendments #</td>
</tr>
<tr>
<td>DOL</td>
<td>Emergency (including justification)</td>
</tr>
<tr>
<td>DOH</td>
<td>Cancellation</td>
</tr>
</tbody>
</table>

Street Address 40 Deer Trail Road
City, State, Zip Code North Caldwell, NJ 07006

Name of Contact Scott Rosmarin

Name of Facility Where Abatement is Taking Place (3) House
Street Address 40 Deer Trail Road
City (5) North Caldwell
County (6) Essex
County Code (7) (STATE USE ONLY) N/A

Name of Monitoring Firm Hired by Building Owner (8) ASCM No. N/A
Name of Abatement Contractor (9) D&S Abatement, Inc.

Street Address 11 Rosengren Avenue
City, State, Zip Code Totowa, NJ 07512

Project Manager for Monitoring Firm
Telephone No. Telephone No. 973-345-8685
License No. #00675

Start Date (10) 10/16/13 Scheduled Completion Date (11) 10/17/13
Name of OSHA Monitor D&S Abatement, Inc.

Street Address 11 Rosengren Avenue
City, State, Zip Code Totowa, NJ 07512

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

Scope of Work (Check All That Apply)
- ≥3 sf or ≥3 if
- ≥150 sf or ≥250 sf
- Renovation Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>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>garage</td>
<td>No</td>
<td>pipe insulation</td>
<td>75 LF</td>
<td>X</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler D&S Abatement, Inc.
NJDEP Waste Hauler ID No. #20936

Cubic Yards of Waste TBD

Name of Registered Landfill Waste Management of PA

City, State Totowa, NJ Tullytown, PA
Completed by Deanna Brkusin
Title Project Manager
Signature

Date 9/26/13

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>30 Sep 2013</td>
<td>2013 Oct 7 AM 8:00</td>
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<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
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<tr>
<td>EPA</td>
<td>Initial</td>
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<tr>
<td>DEP</td>
<td>Amended Amendment #</td>
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<tr>
<td>DOH</td>
<td>Emergency (including justificaation)</td>
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<tr>
<td>DCA</td>
<td>Cancellation</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>65 Delaware Ave</td>
<td>Yardley, PA 08353</td>
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</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
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<table>
<thead>
<tr>
<th>Square Feet</th>
<th># of Floors</th>
<th>Bldg. Age</th>
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<tbody>
<tr>
<td>1235</td>
<td>2</td>
<td>20 years</td>
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<table>
<thead>
<tr>
<th>Current Use (Prior to being demolished)</th>
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</thead>
<tbody>
<tr>
<td>N/A</td>
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</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>ASOM No.</th>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Gibbons Environmental LLC</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>65 Delaware Ave</td>
<td>Yardley, PA 08353</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>N/A</td>
</tr>
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<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 Oct 2013</td>
<td>7 Oct 2013</td>
</tr>
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<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check only one)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
</tr>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours</td>
</tr>
<tr>
<td>Other - Describe:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>23 sf or 23 if</td>
</tr>
<tr>
<td>2160 sf or 2960 if</td>
</tr>
<tr>
<td>Demolition</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>20 sf</td>
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<table>
<thead>
<tr>
<th>Abatement Type</th>
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<tbody>
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<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
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</thead>
<tbody>
<tr>
<td>A Greener Recycling</td>
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<table>
<thead>
<tr>
<th>NJDEP Waste Hauler ID No.</th>
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<tbody>
<tr>
<td>96451</td>
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<table>
<thead>
<tr>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>Groves Landfill</td>
</tr>
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<table>
<thead>
<tr>
<th>Disposal Date</th>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>01, Yardley, PA</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Completed By</th>
<th>Title</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fred Gibbons</td>
<td>Owner</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Date of Notification (1)  
10-3-13

Name of Building Owner/Operator (2)  
Keller

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

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

Street Address  
12 Beach Avenue

City, State, Zip Code  
Sea Bright, NJ 07760

Name of Contact  
John

Telephone Number  

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

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  

Bidg. Age  

Current Use (Prior if being demolished)  
Residence

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

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

Street Address  
95 Montrose Road

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

Project Manager for Monitoring Firm  

Telephone No.  
732-294-1757

License No.  
000029

Start Date (10)  
10-12-73

Scheduled Completion Date (11)  
10-17-13

Occupy 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

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

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

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

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

Amount (Specify SF or LF)  

Abatement Type

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

NJDEP Waste Hauler ID No.  
12086

Cubic Yards of Waste  

Name of Registered Landfill  
Chri's

City, State  
Colts Neck, New Jersey

Disposal Date  
10-17-13

City, State  
Easton, Pa

Completed by  
George Wuest

Title  
President

Signature  

Date  
10-3-13

* 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)**
October 2, 2013

**Name of Building Owner/Operator (2)**
Rich-Mark Contracting, Inc.

**Street Address**
P.O. Box 124

**City, State, Zip Code**
Toms River, NJ 08754

**Name of Contact**
Mark Tucker

**Telephone Number**

---

**FACILITY INFORMATION**

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

**Street Address**
120 San Fernando Dr.

**City**
Lavallette

**County**
Ocean

**County Code (7)**
(State Use Only)

**ASCM No.**
N/A

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

**Square feet**
900 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

**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 ≥30 if
- [X] ≥160 sf or ≥260 if
- [X] Renovation
- [X] Demolition

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

| Exterior | Asbestos siding | 1050 sf | X |

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

<table>
<thead>
<tr>
<th>Normally used by Maintenance/Custodial Staff (12)</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>YES</td>
<td>NO</td>
<td>N/A</td>
<td>Asbestos siding</td>
<td>1050 sf</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler (14)**
Guardian Contracting, Inc.

**NIDEP 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**
10/08/2013

**City, State**
Tullytown, Pennsylvania

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

**Title**
Project Manager

**Signature**
Nicholas Fernicola

**Date**
10/02/2013

*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>October 2, 2013</th>
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</table>

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

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

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

**Street Address**
57 North Union Street

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

**Name of Contact**
Gosyane Sechard

**Facility Information**

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

<table>
<thead>
<tr>
<th>Street Address</th>
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</thead>
<tbody>
<tr>
<td>57 North Union Street</td>
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</table>

<table>
<thead>
<tr>
<th>City</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lambertville</td>
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</table>

<table>
<thead>
<tr>
<th>County</th>
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</thead>
<tbody>
<tr>
<td>Hunterdon</td>
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<table>
<thead>
<tr>
<th>County Code (7) (STATE USE ONLY)</th>
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</thead>
<tbody>
<tr>
<td>ASCM No.</td>
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</table>

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

<table>
<thead>
<tr>
<th>Square Feet</th>
<th># of Floors</th>
<th>Bldg Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000 sf</td>
<td>2</td>
<td>60</td>
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<table>
<thead>
<tr>
<th>Current Use (Prior if being demolished)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residence</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Guardian Contracting, Inc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
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<tbody>
<tr>
<td>1889 Rte. 9, Unit 61</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
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<tbody>
<tr>
<td>Toms River, New Jersey 08755</td>
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<table>
<thead>
<tr>
<th>Telephone Number</th>
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<tbody>
<tr>
<td>732-249-9932</td>
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<table>
<thead>
<tr>
<th>License Number</th>
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<tbody>
<tr>
<td>00624</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of OSHA Monitor</th>
</tr>
</thead>
<tbody>
<tr>
<td>E.M.S.L. Analytical</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
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</thead>
<tbody>
<tr>
<td>1056 Stelton Road</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Piscataway, New Jersey 08854</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Telephone Number</th>
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</thead>
<tbody>
<tr>
<td>Toms River, New Jersey 08755-1271</td>
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<table>
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<tr>
<th>License Number</th>
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<tbody>
<tr>
<td>00624</td>
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<table>
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<th>Name of OSHA Monitor</th>
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</thead>
<tbody>
<tr>
<td>E.M.S.L. Analytical</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ x ] &gt;3 sf or ≥3 if</td>
</tr>
<tr>
<td>[ x ] ≥160 sf or ≥260 if</td>
</tr>
<tr>
<td>[ ] Renovation</td>
</tr>
<tr>
<td>[ ] Demolition</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Is Location Normally used Solely by Maintenance/Custodial Staff (12)</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
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<table>
<thead>
<tr>
<th>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
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</table>

<table>
<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
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<tbody>
<tr>
<td>170 if</td>
</tr>
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</table>

**Abatement Type**
- X Removal
- R Encapsulation
- E Enclosure

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
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</thead>
<tbody>
<tr>
<td>Guardian Contracting, Inc.</td>
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<table>
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<tr>
<th>NJDEP Waste Hauler ID No.</th>
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<tbody>
<tr>
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<table>
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<tr>
<th>Cubic Yards of Waste</th>
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<tbody>
<tr>
<td>2</td>
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<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
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<tbody>
<tr>
<td>T.R.R.F.</td>
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<table>
<thead>
<tr>
<th>City, State</th>
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<tr>
<td>Toms River, New Jersey</td>
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<tbody>
<tr>
<td>Nicholas Fernicola</td>
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<table>
<thead>
<tr>
<th>Title</th>
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<tbody>
<tr>
<td>Project Manager</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Signature</th>
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<tbody>
<tr>
<td>[Signature]</td>
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<table>
<thead>
<tr>
<th>Date</th>
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<tr>
<td>10/2/2013</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) October 2, 2013

Name of Building Owner/Operator (2) DeForest Demolition

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

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

Street Address 2406 Herbertsville Road

City, State, Zip Code Point Pleasant, NJ 08742

Name of Contact Dane

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Residence

Street Address 1961 E. Railway Ave.

City Ortley Beach

County (6) Ocean

County Code (7) (STATE USE ONLY)

Square feet 1400 sf

Bldg. Age 60

Current Use (Prior if being demolished) Residence

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

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

License Number 732-349-9932 00624

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

Street Address 1056 Steilto Road

City, State, Zip Code Piscataway, New Jersey 08854

Scope of Work (Check all that apply)

[ ]  >3 sf or >31 if
[x] ≥160 sf or ≥260 if
[ ] Demolition

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

Location of Abatement

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

Location

is Location Normally used Solely by Maintenance/Custodial Staff (12)

YES NO N/A

Exterior X Asbestos siding 1150 sf X

Abatement Type

Removal
Repair
Encapsulation
Closure

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 10/08/2013

City, State Tullytown, Pennsylvania

Completed by (Print or Type) Nicholas Fernicola

Title Project Manager

Signature

Date 10/02/2013

*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) 10/2/2013

Name of Building Owner/Operator (2)
RED Excavation

FACILITY INFORMATION

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

Street Address 1501 Baltimore Ave.

City Lavallette
County (6) Ocean
County Code (7) 07
STATE USE ONLY

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

ASCM No.

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

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

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

Square feet 1200 sf
# of Floors 1
Bldg. Age 60

Current Use (Prior if being demolished)
Residence

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

Scope of Work (Check all that apply)
[ ] >3 sf or ≥1 l
[ x ] 160 sf or ≥260 l
[ x ] Demolition

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

Exterior X Asbestos siding

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) 1900 sf
Abatement Type [X] X

Name of Registered Waste Hauler Guardian Contracting, Inc.

City, State Toms River, New Jersey

Disposal Date 10/08/2013

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

Cubic Yards of Waste 3

Name of Contact Rich

Telephone Number

License Number 00624

Project Manager for Monitoring Firm

Scheduled Start Date (10) 10/03/2013
Scheduled Completion Date (11) 10/07/2013

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

NJDEP Waste Hauler ID No. 20223

City, State Tullytown, Pennsylvania

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

Signature

Disposal Date 10/08/2013

*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): October 2, 2013

Agencies Notified: [x] EPA, [x] DOH

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

Name of Building Owner/Operator (2): John Moran

Street Address: 9 Wetmore Dr

City, State, Zip Code: Boonton Twp., NJ 07005

Name of Contact: John Moran

FACILITY INFORMATION

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

Street Address: 249 Newark Ave.

City: Lavallette

County (6): Ocean

County Code (7): (STATE USE ONLY)

APCM No.:

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

Street Address:

City, State, Zip Code:

Project Manager for Monitoring Firm: Guardian Contracting, Inc.

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

Type of Facility (4):

[ ] School (K12)

[ ] Subchapter 8 (other than K12)

[ ] Other (i.e., private & commercial buildings, homes, etc.)

Square feet: 1500 sf

# of Floors: 1

Bldg. Age: 58

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:

License Number:

Name of OSHA Monitor:

Street Address:

City, State, Zip Code:

Scope of Work (Check all that apply):

[ ] Full Containment with Negative Pressure

[ ] Mini-Enclosure

[ ] Glovebag Procedure

[ ] Non-Exempt (*) and Non-Friable Procedure

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

in facility (13):

Exterior

X

Asbestos siding

Amount (Specify SF or LF):

900 sf

Abatement Type:

REMOVABLE ENCLOSURE

REPAIR ENCLOSURE

REPAIR ENCLOSURE

REM O V A L

Name of Registered Waste Hauler:
Guardian Contracting, Inc.

NJDEP Waste Hauler ID No.: 20223

Cubic Yards of Waste: 2

Name of Registered Landfill: T.R.F.

City, State:

Toms River, New Jersey

Disposal Date:

10/08/2013

City, State:

Tullytown, Pennsylvania

Completed by (Print or Type):
Nicholas Fennica

Title: Project Manager

Signature:

10/2/2013

*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) 10/2/2013

Name of Building Owner/Operator (2)
Bayside Marine Construction

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

Street Address
11 Birdsall St.

City, State, Zip Code
Waretown, NJ 08758

Name of Contact
Adam Risden

Telephone Number

FACILITY INFORMATION

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

Street Address
28 Traveler Way

City
Bayville

County
Ocean

County Code (7)
STATE USE ONLY

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

Square feet
1300 sf

# of Floors
1

Bldg. Age
60

Current Use (Prior if being demolished)
Residence

Name of Abatement Contractor (5)
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)
- [ ] 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 (13)

YES NO N/A

Exterior
X

Asbestos siding

Amount (Specify SF or LF)
500 sf

Abatement Type

Location of Asbestos-Containing Material (ACM)

TO BE ABATED

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

YES NO N/A

Exterior
X

Asbestos siding

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

Amount (Specify SF or LF)
500 sf

Abatement Type

Amount (Specify SF or LF)
500 sf

Abatement Type

Name of Registered Waste Hauler
Guardian Contracting, Inc.

NJDEP Waste Hauler ID No.
20223

Cubic Yards of Waste
2

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

City, State
Toms River, New Jersey

Disposal Date
10/04/2013

City, State
Tullytown, Pennsylvania

Completed by (Print or Type)
Nicholas Fernicola

Title
Project Manager

Signature

Date
10/02/2013

*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): October 2, 2013

Name of Building Owner/Operator (2): Pat Jones

FACILITY INFORMATION

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

Street Address: 1874 Skiff Ct.

City: Toms River
County (6): Ocean
County Code (7): N/A

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

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

ASCM No.:

Street Address:

City, State, Zip Code:

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

Project Manager for Monitoring Firm:

Telephone Number:

Scheduled Start Date (10):
10/02/2013

Scheduled Completion Date (11):
10/03/2013

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 ≥31 if
- ≥160 sf or ≥260 if

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

Amount (Specify SF or LF):

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

Exterior:

[x] Asbestos siding

1400 sf

[x] Full Containment with Negative Pressure

[x] MIni-Enclosure

[x] Glovebag Procedure

[x] Non-Exempted (*) and Non-Friable Procedure

Name of Registered Waste Hauler:
Guardian Contracting, Inc.

NIDEP Waste Hauler ID No.:
20223

Cubic Yards of Waste:
2

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

City, State:
Toms River, New Jersey

Disposal Date:
10/04/2013

City, State:
Tullytown, Pennsylvania

Name of Registered Landfill:

Date:
10/02/2013

*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)  
October 2, 2013

Name of Building Owner/Operator (2)  
Atlantic County Div. Facilities Management

Agencies Notified  

<table>
<thead>
<tr>
<th>Agency</th>
<th>Type Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
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<tr>
<td>DOL</td>
<td>Cancellation</td>
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<tr>
<td>DOH</td>
<td></td>
</tr>
<tr>
<td>DCA</td>
<td></td>
</tr>
</tbody>
</table>

Street Address  
1227 Drexel Avenue

City, State, Zip Code  
Atlantic City, NJ 08401

Name of Contact  
Dan Kashey

Table: FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
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</thead>
<tbody>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td>Atlantic County Div. Facilities Management</td>
</tr>
<tr>
<td>Street Address</td>
<td>1227 Drexel Avenue</td>
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<tr>
<td>City (5)</td>
<td>Atlantic City</td>
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<td>County (6)</td>
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<td>County Code (7) (STATE USE ONLY)</td>
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<td>Current Use (Prior if being demolished)</td>
<td>Office</td>
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<tr>
<td>Square Feet</td>
<td>5,000</td>
</tr>
<tr>
<td># of Floors</td>
<td>2</td>
</tr>
<tr>
<td>Bldg. Age</td>
<td>100</td>
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</table>

Table: Name of Monitoring Firm Hired by Building Owner (8)  
Management and Env. Consulting Services

<table>
<thead>
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<th>Field</th>
<th>Value</th>
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<tbody>
<tr>
<td>Name of Monitoring Firm</td>
<td>ASCM No.</td>
</tr>
<tr>
<td>Management and Env. Consulting Services</td>
<td>Shade Environmental, LLC</td>
</tr>
<tr>
<td>Street Address</td>
<td>PO 341</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Chesterfield, NJ 08515</td>
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<tr>
<td>Telephone No.</td>
<td>609-298-4070</td>
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</table>

Table: Start Date (10)  
October 14, 2013

Table: Scheduled Completion Date (11)  
October 16, 2013

Table: 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:  

Table: Scope of Work (Check All That Apply)  
X ≥3 sf or ≥1 if  
X ≥100 sf or ≥260 if  
Renovation  
Demolition  

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

<table>
<thead>
<tr>
<th>Room</th>
<th>Value</th>
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<tbody>
<tr>
<td>1</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Rooms</td>
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</table>

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

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
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</thead>
</table>
| Description of Asbestos Containing Material (ACM)  
(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Cement Board |
| Amount (Specify SF or LF)          | 186 SF |
| Abatement Type                     |  
| Removal                            |      |
| Repair                             |      |
| Encapsulate                        |      |
| Endorse                            |      |

Table: Name of Registered Waste Hauler  
Freehold  
NJDEP Waste Hauler ID No.  
22253

Table: Cubic Yards of Waste  
1

Table: Name of Registered Landfill  
Grows Landfill  

Table: Disposal Date  
10/16/2013

Table: City, State  
Mount Holly, New Jersey 08060

Table: Completed by  
Christina Lynch  
Title Operations Manager

Table: Signature  
10/02/2013

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

**Emergency Friable Initial Notification / Check #: 5588**

**NAME AND ADDRESS OF OWNER OR OPERATOR**

<table>
<thead>
<tr>
<th>Name of Building Owner/Operator</th>
<th>RECEIVED</th>
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</thead>
<tbody>
<tr>
<td>Montville Township Public Schools</td>
<td></td>
</tr>
</tbody>
</table>

**STREET ADDRESS**

- 86 River Road
- Montville, NJ 07045

**AGENCIES NOTIFIED**

- DEPA
- DEP
- DOL
- DOH
- IDCA

**NOTIFICATIONS**

- Initial Notification
- Amended Notification
- Cancellation

**FACILITY INFORMATION**

- **Name and Address of Facility Where Abatement is Taking Place**
  
  Montville Township High School
  
  100 Horseneck Road
  
  City: Montville, NJ 07045
  
  County: Morris

- **Type of Facility**
  
  School (K-12)
  
<table>
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<tr>
<th>Square Feet</th>
<th># of Floors</th>
<th>Bldg. Age</th>
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<tr>
<td>10,000</td>
<td>2</td>
<td>90</td>
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<tr>
<td>Vacant</td>
<td></td>
<td></td>
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</tbody>
</table>

- **Name of Monitoring Firm**
  
  AERO Environmental Services, Inc.

- **Project Manager for Monitoring Firm**
  
  Mike Berta
  
  973-219-7510

- **Scheduled Start Date and Completion Date**
  
<table>
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<tr>
<th>Month</th>
<th>Day</th>
<th>Year</th>
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</thead>
<tbody>
<tr>
<td>08</td>
<td>19</td>
<td>13</td>
</tr>
</tbody>
</table>

- **Occupancy Status**
  
  - Facility Closed/Vacated During Entire Period

- **Abatement Type**
  
  - Renovation
  
  - Full Containment with Negative Pressure
  
  - Non-Friable Procedure

- **Location of Asbestos-Containing Material (ACM) TO BE ABATED in FACILITY**
  
  - Girls Locker Room
  
  - Elbow Pipe insulation

- **Cubic Yards of Waste**
  
  N/A

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

- **Date of Completion**
  
  9/27/13

**SIGNED IN THE PRESENCE OF**

- **Signature**
  
  B. [Signature]

- **Date**
  
  9/27/13

**Mandatory Field**

- **Telephone Number**
  
  973-614-0377

- **Name of Abatement Contractor**
  
  Four Strong Builders, Inc.

- **Street Address**
  
  180 Sargeant Avenue
  
  City: Clifton, NJ 07013-1935

- **License Number**
  
  00807
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1) 10/1/13

Name of Building Owner/Operator (2) Montclair State University

Agencies Notified

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

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

Street Address
Normal Avenue

City, State, Zip Code
Upper Montclair, NJ 07043

Name of Contact
Amy Ferdinand

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Stone Hall, Montclair State University

Street Address
1 Normal Avenue

City (5) Upper Montclair

County (6) Essex

County Code (7) (STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner
Whitman Companies, Inc.

ASCM No.
00110

Project Manager for Monitoring Firm
Kevin Lovely

Telephone Number
732-390-5858

Scheduled Start Date (10)
10/11/13

Scheduled Completion Date (11)
10/15/13

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

Other — Describe:

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

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

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

Yes No N/A

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

Amount (Specify SF or LF)

Abatement Type

Location Name of Registered Waste Hauler

Jupiter Environmental Services

NJ DEP Waste Hauler ID No.
04782

Cubic Yards Of Waste
2

Name of Registered Landfill
Minerva Landfill

City, State
Lincoln Park, NJ

Disposal Date
10/18/13

Complied By (Print or Type)
Pane Repic

Title
General Manager

Signature

City, State
Waynesburg, OH

Completed Date
10/1/13

ASB-41
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60 and 12:120)

**Date of Notification (1)**
October 3, 2013

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

**Street Address**
9 Wetmore Dr

**City, State, Zip Code**
Boonton Twp., NJ 07005

**Name of Contact**
John Moran

**Telephone Number**

### FACILITY INFORMATION

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

**Street Address**
246 Newark Ave.

**City**
Lavallette

**County**
Ocean

**County Code**
(State Use Only)

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

**Square feet**
1300 sf

**# of Floors**
1

**Bldg. Age**
58

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

**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

**Project Manager for Monitoring Firm**

**Telephone Number**

**Scheduled Start Date (10)**
10/03/2013

**Scheduled Completion Date (11)**
10/07/2013

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

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

[ ] Abatement Performed Outside of Normal Facility Hours

[ ] Other – Describe

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

[ ] >3 sf or ≥3 lf

[ x ] ≥160 sf or ≥260 lf

[ ] Renovation

[ x ] Demolition

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

**TO BE ABATED in facility**
(13)

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

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

**Exterior**

**Asbestos siding**

900 sf

**X**

**Abatement Type**

**Amount (Specify SF or LF)**

**Location of Registered Waste Hauler**

**NJDEP Waste Hauler ID No.**
20223

**Cubic Yards of Waste**
2

**Name of Registered Landfill**

**City, State**
T.R.R.F.

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

**Disposal Date**
10/08/2013

**Completed by (Print or Type)**

**Nicholas Pernicola**

**Title**
Project Manager

**Signature**

**Date**
10/3/2013

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

Date of Notification (1)  10-2-13

Name of Building Owner/Operator (2) BRIAN D'AMICO

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

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

Street Address
12 CARLTON RD
City, State, Zip Code
FLANDERS NJ 07836

Name of Contact
ERIC PLACKIS

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Street Address
252 COOLIDGE AVE
City (5) ORTLEY BEACH NJ 08751
County (6) OCEAN

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

Square Feet
600
# of Floors
1
Bldg. Age
50

Current Use (Prior if being demolished)
VACANT

Name of Abatement Contractor (9) ERIC PLACKIS BRICK IND INC

ASCM No.

Name of Monitoring Firm Hired by Building Owner

ASCM No.

Name of Monitoring Firm Hired by Building Owner (8)

Telephone No.

Name of Abatement Monitor

License No.

Street Address
145 NATICK TRAIL
City, State, Zip Code BRICK NJ 08721

Project Manager for Monitoring Firm

Telephone No.

Name of OSHA Monitor

License No.

Expiration Date
01/01/2016

Start Date (10)
10-23-13
Scheduled Completion Date (11)
10-29-13

Occupancy Status During Abatement (Check only one)
☐ Abatement Performed Outside of Normal Facility Hours
☐ Other - Describe: VACANT

Scope of Work (Check all that apply)

☐ ≥ 3 s.f. or ≥ 3 if
☐ ≥ 160 s.f. or ≥ 2000 if
☐ Demolition
☐ Renovation
☐ 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

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

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

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

Amount (Specify SF or LT)

Abatement Type

Name of Registered Wastes Handler

NUDEP Waste Handler ID No.

Cubic Yards of Waste

Name of Registered Landfill

Disposal Date

City, State

Completed By

Signature

Date

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

ERIC PLACKIS PRES.
10-6-13

BRICK INDUSTRIES INC.
2/6002
5
GROWS

BRICK NEW JERSEY
10-31-13
PA
**State of New Jersey**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60 and 12:120)

<table>
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<td>DCA</td>
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<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Transformation Enterprises</td>
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<tr>
<td>Street Address</td>
<td>601 W. CLARKS LAURIN ROAD</td>
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<tr>
<td>City, State, Zip Code</td>
<td>EC HARRISON, N.J., 07019</td>
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<tr>
<td>Name of Contact</td>
<td>BOROUGHS</td>
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<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td>RESIDENCE</td>
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<td>2 12TH ST NORTH</td>
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<tr>
<td>City</td>
<td>BRONX</td>
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<tr>
<td>County</td>
<td>ALBANY</td>
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<tr>
<td>Name of Monitoring Firm Hired by Building Owner (5)</td>
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<tr>
<td>ASCM No.</td>
<td></td>
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<tr>
<td>Name of Abatement Contractor (9)</td>
<td>Klcemco Inc.</td>
</tr>
<tr>
<td>Street Address</td>
<td>369 S. SPRUCE ST</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>MAPLE SNAKE, N.J., 08052</td>
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<tr>
<td>Telephone No.</td>
<td>856-779-0472</td>
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<tr>
<td>License No.</td>
<td>084-44</td>
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<tr>
<td>Name of OSHA Monitor</td>
<td>N/A</td>
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<td>Start Date (10)</td>
<td>10/21/13</td>
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<td>Occupancy Status During Abatement (Check only one)</td>
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<td>Facility Closed/Vacated During Entire Period of Abatement</td>
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<td>Abatement Performed Outside of Normal Facility Hours</td>
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<td>Other - Describe</td>
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<td>Scope of Work (Check all that apply)</td>
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<td>- 23 sq ft or 23 sq ft</td>
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<td>- 180 sq ft or 200 sq ft</td>
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<td>- Renovation</td>
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<td>- Full Containment with Negative Pressure</td>
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<td>- Mini-Enclosure</td>
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<tr>
<td>- Glovebag Procedure</td>
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<tr>
<td>- Non-Exempted (*) and Non-Friable Procedure</td>
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<tr>
<td>Location of Asbestos-Containing Material (ACM)</td>
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</tr>
<tr>
<td>TO BE ABATED IN Facility (13)</td>
<td></td>
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<tr>
<td>Siding</td>
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<tr>
<td>Name of Registered Waste Hauler</td>
<td>Klcemco Inc</td>
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<tr>
<td>Njdep Waste Hauler ID No.</td>
<td>17904</td>
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<tr>
<td>Name of Registered Landfill</td>
<td>ACUA</td>
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<tr>
<td>Disposal Date</td>
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<tr>
<td>City, State</td>
<td>PLEASANTVILLE, N.J.</td>
</tr>
<tr>
<td>Completed By</td>
<td>JOSPEH LEVER</td>
</tr>
<tr>
<td>Title</td>
<td>OWNER</td>
</tr>
<tr>
<td>Signature</td>
<td></td>
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</tbody>
</table>

* Do not use this form for asbestos licensure exempted activities.
Date of Notification (1) | Name of Building Owner/Operator (2)  
--- | ---  
10/4/13 | Bill Rick Private Home  

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

Street Address | City, State, Zip Code | Name of Contact | Telephone Number  
--- | --- | --- | ---  
12 East 52nd St. | Brant Beach NJ 08008 | Bill |  

FACILITY INFORMATION  

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

Street Address | City (5) | County Code (6) | County (7)  
--- | --- | --- | ---  
12 East 52nd St. | Brant Beach NJ 08008 |  

Name of Monitoring Firm Hired by Building Owner (8) | ASCM No. | Name of Abatement Contractor (9)  
--- | --- | ---  
N/A | Pernaco Inc  

City, State, Zip Code | Project Manager for Monitoring Firm | Telephone No. | License No.  
--- | --- | --- | ---  
PO Box 329 |  

Start Date (10) | Scheduled Completion Date (11) | Name of OSHA Monitor | Street Address | City, State, Zip Code  
--- | --- | --- | --- | ---  
10/15/13 | 10/18/13 | Same | West Berlin NJ 08091 |  

Ocupancy 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  

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

Yes | No | N/A | Exterior Siding  
--- | --- | --- | ---  
X | | |  

Name of Registered Waste Hauler | Cubic Yards of Waste | Name of Registered Landfill  
--- | --- | ---  
United Containers | 3 | G.R.O.W.S.  

City, State | Completion by | Title | Signature  
--- | --- | --- | ---  
Elm NJ | Anthony T Perna | President |  

Date  
10/4/13  

*Do not use this form for asbestos licensure exempted activities.
**State of New Jersey**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:53 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>10/4/13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Marie Jones Private Home</td>
</tr>
<tr>
<td>Street Address</td>
<td>13 South Burgee Dr</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Little Egg Harbor NJ 08087</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Marie</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

| Name of Facility Where Abatement is Taking Place (3) | Marie Jones Private Home |
| Street Address | 13 South Burgee Dr |
| City (5) | Little Egg Harbor NJ 08087 |
| County Code (7) | Ocean |
| County Code (7) (STATE USE ONLY) | County Code (7) (STATE USE ONLY) |
| Square Feet | 1000 + |
| # of Floors | 1 |
| Bidg. Age | 35+ |
| Current Use (Prior if being demolished) | Home |

| Name of Monitoring Firm Hired by Building Owner (8) | N/A |
| Street Address | |
| City, State, Zip Code | |
| Project Manager for Monitoring Firm | |
| Telephone No. | |

| Start Date (10) | 10/14/13 |
| Scheduled Completion Date (11) | 10/19/13 |

| Occupancy Status During Abatement (Check Only One) | Facility Closed/Vacated During Entire Period of Abatement |
| Other – Describe: | |

| Scope of Work (Check All That Apply) | 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) | Exterior Siding |
| 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) | Exterior Siding 1200 Sq |
| Amount (Specify SF or LF) | |
| Abatement Type | |
| Removal | |
| Repair | |
| Encapsulate | |
| Endure | |

| Name of Registered Waste Hauler | United Containers |
| NJDEP Waste Hauler ID No. | 22459 |
| Name of Registered Landfill | G.R.O.W.S. |
| City, State | Elm NJ |
| Disposal Date | 10/18/13 |
| City, State | Morrisville PA 19067 |
| Completed by | Anthony T Pema |
| Title | President |
| Signature | |
| Date | 10/4/13 |

*Do not use this form for asbestos licensure exempted activities.*
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:80 and 12:120)

Date of Notification (1)
10/4/13

Name of Building Owner/Operator (2)
Dr. Haig Garjian Private Home

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

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

Name of Facility Where Abatement Is Taking Place (3)
Dr. Haig Garjian Private Home

Street Address
1301 Atlantic Ave

City, State, Zip Code
North Beach Haven NJ 08008

Name of Contact
Dr. Haig

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

County (5)
Ocean

Square Feet
1000 +

Bldg. Age
35+

County Code (7)
[STATE USE ONLY]

Current Use (Prior if being demolished)
Home

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

License No.
00727

Name of Abatement Contractor (9)
Pernaco Inc

Street Address
PO Box 329

Telephone No.
856-753-9800

City, State, Zip Code
West Berlin NJ 08091

Project Manager for Monitoring Firm

Name of OSHA Monitor
Same

Telephone No.

Start Date (10)
10/14/13

Scheduled Completion Date (11)
10/18/13

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)

Renovation
Demolition

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

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

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

Amount (Specify SF or LF)

Exterior Siding

Exterior Siding

1400 Sf

Abatement Type

Removal
Repair
Encapsulate
Endoscope

Name of Registered Waste Hauler
United Containers

Cubic Yards of Waste
3

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

City, State
Morrisville PA 19067

Disposal Date
10/18/13

City, State
Elm NJ

Completed by
Anthony T Perna

Title
President

Signature

Date
10/4/13

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)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>10/3/13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agencies Notified</td>
<td>EPA, DOB, DOL</td>
</tr>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>PINELANDS CONSTRUCTION</td>
</tr>
<tr>
<td>Street Address</td>
<td>300 7731 B St.</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>TAYLOR CITY, N.J. 08223</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>John Egan</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

- **Type of Facility** (4):
  - School (K-12)
- **Square Feet**:
- **Current Use** (Prior if being demolished): VACANT

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>RESIDENCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>317 29th Street</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>BURLINGTON, NJ</td>
</tr>
<tr>
<td>County Code (6)</td>
<td>ATLANTIC</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>N/A</td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>KLEEMCO INC.</td>
</tr>
<tr>
<td>Street Address</td>
<td>369 S. SPRUCE ST.</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>MAPLE SHADE, N.J. 08052</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>856-779-0477</td>
</tr>
<tr>
<td>License No.</td>
<td>00444</td>
</tr>
</tbody>
</table>

| Start Date (10)          | 10/17/13 |
| Scheduled Completion Date (11) | 10/22/13 |

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):
- 33 sf or 2311
- 2160 sf or 2980 sf

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)</th>
<th>SIDING</th>
</tr>
</thead>
<tbody>
<tr>
<td>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>TRANSITE 1800</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler: KLEEMCO INC.
City, State: MAPLE SHADE, N.J.
Name of Registered Landfill: A.C.U.A.
Completed By: JOSEPH KLEEM |
Title: VP | Signature: |
Date: 10/3/13

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>03/13</th>
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<tbody>
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<td>Amended</td>
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<td></td>
<td>Amendment #</td>
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<td></td>
<td>Emergency (including justification)</td>
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<tr>
<td></td>
<td>Cancellation</td>
</tr>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>PINELANDS CONSTRUCTION</td>
</tr>
<tr>
<td>Street Address</td>
<td>77 MAIN ST.</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>EAGLE CITY, N.J. 07413</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>L. FAITH EDWARDS</td>
</tr>
<tr>
<td>Phone Number</td>
<td>2967</td>
</tr>
</tbody>
</table>

FACILITY INFORMATION

| Name of Facility Where Abatement Is Taking Place (3) | RESIDENCE |
| Street Address                                      | 32 GORDON ST. |
| City, State                                          | EAGLE CITY |
| Square Feet                                         | 2967 |
| # of Floors                                         | 1 |
| Bldg Age                                            | 1 |
| County Code (6)                                     | MURRAY |
| Name of Abatement Contractor (9)                   | VACANT |
| Name of Monitoring Firm Hired by Building Owner (8) | N/A |
| ASCM No.                                             | |
| Name of Abatement Contractor (9) |
| Street Address                                      | 369 S. SPRUCE AVE. |
| City, State, Zip Code                               | MAPLE SHADE, N.J. 08052 |
| Telephone No.                                       | 856-779-0477 |
| License No.                                         | 00443 |
| Name of OSHA Monitor                                | JOSEPH KLEMM |
| Street Address                                      | 369 S. SPRUCE AVE. |
| City, State, Zip Code                               | MAPLE SHADE, N.J. 08052 |
| Scope of Work (Check all that apply)                | |
| 23 sf or smaller                                    | Renovation |
| 2160 sf or larger                                   | Demolition |
| Location of Asbestos-Containing Material (ACM)      | |
| TO BE ABATED IN Facility (13)                       | |
| Location Normally Used Solely by Maintenance/ Custodial Staff? (12) |
| Yes | No | N/A |
| Description of Asbestos Containing Material (ACM)   | TRANSITE |
| (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) |
| Amount (Specify SF or LF)                           | 18000 |
| Abatement Type                                      | |
| | |
| Name of Registered Waste Hauler                      | KLEMM INC. |
| NIDEP Waste Hauler ID No.                            | 17963 |
| Cubic Yards of Waste                                 | |
| Name of Registered Landfill                          | C.M.C.M.U.A. |
| City, State                                          | WOODBINE, N.J. |
| Disposal Date                                        | |
| Signature                                            | JOSEPH KLEMM |
| Date                                                 | 03/13 |

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>10 / 02 / 13</th>
<th>Name of Building Owner/Operator (2)</th>
<th>New Jersey Turnpike Authority</th>
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<tbody>
<tr>
<td>Agencies Notified</td>
<td>□ EPA</td>
<td>Type Notification</td>
<td>Initial</td>
</tr>
<tr>
<td>□ DEP</td>
<td>□ Amended #</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ DCA (NJAC 5:16)</td>
<td>□ Amendment #</td>
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<tr>
<td>□ DHSS</td>
<td>□ Emergency (including justification)</td>
<td></td>
<td></td>
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<tr>
<td>□ DCA (NJAC 5:23-8)</td>
<td>□ Cancellation</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>581 Main Street</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State, Zip Code</td>
<td>Woodbridge, NJ 08863</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Contact</th>
<th>Jon Barger</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Bridge Str. 55.10 over the NJ Turnpike</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>Bordentown-Chesterfield Road (CR 528)</td>
</tr>
<tr>
<td>City (5)</td>
<td>Chesterfield</td>
</tr>
<tr>
<td>County (6)</td>
<td>Burlington</td>
</tr>
<tr>
<td>County Code (7)</td>
<td></td>
</tr>
<tr>
<td>Current Use (Prior if being demolished)</td>
<td>Road</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>Envirosion Consultants, Inc</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASCM No.</td>
<td>0079</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Abatement Contractor (9)</th>
<th>Diamond Huntbach Construction Corporation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>500 East Luzerne Street</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Philadelphia, PA 19124</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Mark Stern</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone No.</td>
<td>973-636-9145</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of OSHA Monitor</th>
<th>SAME AS ABOVE</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>10 / 03 / 13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>10 / 10 / 13</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
<th>□ ≥3 sf or ≥3 if</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ ≥150 sf or ≥250 if</td>
<td>Rev, Demol</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)</th>
<th>Transite Conduit Pipe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td>250 LF</td>
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</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler (14)</th>
<th>NJDEP Waste Hauler ID No. 02285</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cubic Yards of Waste</td>
<td>3 cy</td>
</tr>
<tr>
<td>Name of Registered Landfill Grows Landfill</td>
<td></td>
</tr>
<tr>
<td>City, State</td>
<td>North Tullytown, PA</td>
</tr>
<tr>
<td>Freehold Cartage</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed By (Print or Type)</th>
<th>Charles F. Imbinimo</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
<td>Project Manager</td>
</tr>
<tr>
<td>Signature</td>
<td></td>
</tr>
</tbody>
</table>

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

(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

Date of Notification (1)
October 3, 2013

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

Notification Type
☒ Initial Notification
☐ Amended Certification
☐ Emergency (including justification)
☐ Cancelled

Name of Building Owner/Operator (2)
Andrea Kelly

Street Address
137 Washington Avenue
City, State, Zip Code
Morristown, NJ

Name of Contact
Andrea Kelly

FACILITY INFORMATION

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

Street Address
137 Washington Avenue
City (6)
Morristown
County (6)
Morris
County Code (7) (State Use Only)

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

ASCM No.
00079

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

Sq. Feet: Unknown
# of Floors: 2
Bldg. Age: 50 years

Current Use (prior if being demolished):

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

Street Address
20-21 Wagawar Road, Bldg # 34A
City, State, Zip Code
Fair Lawn, NJ 07410

Name of OSHA Monitor
EMSL inc.

Street Address
1056 Stelton Road
City, State, Zip Code
Piscataway, NJ 08854

Telephone Number
973-492-0477
License Number
00840

Occupancy Status During Abatement (Check only one)

Facility Closed/Vacated During Entire Period of Abatement
Abatement Perfomed Outside of Normal Facility Hours - Describe
Other - Describe:  Day Shift

Scheduled Start Date (10)
October 16, 2013
Scheduled Completion Date (11)
October 19, 2013

Source of Work (Check all that apply)

☒ ≥ 3 sf or ≥ 3 lf
☐ ≥ 160 sf or ≥ 260

Demolition
Renovation

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

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

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

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

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

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

Amount (Specify SF or LF)

Abatement Type

Remove, Repair, Encap, Enclose

Basement

☒ TSI

180 LF

Name of Reg. Waste Hauler
See Hauler Below # 1 & 2

NJDEP Waste Hauler ID #
See Below

Cubic Yards of Waste:
3

Name of Registered Landfill
Meadowfill Landfill
G.R.O.W.S
Minerva Ent. Ohio

Hauler #1
GREENWOOD ABATEMENT CONSULTANTS, INC. – Butler, NJ 07405
NJ DEP # 12561 NY DEP #

Hauler #2
Newark Carting, Inc. – Newark, NJ 04509, NJ DEP # 19551

Hauler #3
Tri State-Bronx NY DEP # NY 10474 – NJ DEP #19591

Disposal Date
October 19, 2013
City, State, Zip Code
Route 2, Box 66
Bridgewater, WVA
304-842-2784
9000 Minerva Road
Waynesburg, OH

Completed by (Print or Type)
Marin Graure
Title
SENIOR PROJECT MANAGER
Signature
Marin Graure
Date
October 3, 2013

GAC # 2013-9027