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

### Date of Notification
- 10/4/16

### Name of Building Owner/Operator
- Mrs. V. Rindel

### Agency Notified
- [ ] EPA
- [ ] DEP
- [ ] DOL
- [ ] DOH
- [ ] DCA
- [ ] Type Notification
  - [ ] Initial
  - [ ] Amended
  - [ ] Emergency (including justification)
  - [ ] Cancellation

### Street Address
- [ ] Name of Facility Where Abatement is Taking Place
- [ ] Ms. Y. Kingell

### City
- [ ] West Orange

### County
- [ ] Essex

### Name of Facility Where Abatement is Taking Place
- [ ] Ms. Y. Kingell

### Name of Contractor
- [ ] Best Removal Inc

### ASCM No.
- [ ] Best Removal Inc

### Name of Abatement Contractor
- [ ] Best Removal Inc

### Street Address
- [ ] 450 South River St

### City, State, Zip Code
- [ ] Hackensack, N.J. 07601

### License No.
- [ ] 201-329-7444

### Telephone No.
- [ ] 00388

### Telephone No.
- [ ] Phone

### Name of OSHA Inspector
- [ ] Omega Environmental

### Street Address
- [ ] 280 Huyler St

### City, State, Zip Code
- [ ] S. Hackensack, N.J. 07606

### Scope of Work (Check all that apply)
- [ ] Repair
- [ ] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebox Procedure
- [ ] Non-Encapsulated (*) and Non-Friable Procedure

### Description of Asbestos-Containing Material (ACM) TO BE ABATED
- [ ] Location Normally Used Solely by Maintenance/ Custodial Staff
- [ ] (13)

### Description of Asbestos-Containing Material (ACM) (i.e., thermal systems, insulation, insulation, sheathing, VAT, or other miscellaneous)
- [ ] Location Normally Used Solely by Maintenance/ Custodial Staff
- [ ] (12)

### Amount
- [ ] Asbestos (SF or LP)
- [ ] 60 LF

### Abatement Type
- [ ] Repair
- [ ] Demolition

### Date of Disposal
- [ ] 10/4/16

### Name of Registered Waste Handler
- [ ] Minerva Enterprises, LLC

### Cubic Yards of Waste
- [ ] 25

### Name of Registered Waste Handler
- [ ] Best Removal Inc

### ID No.
- [ ] 17109

### City, State
- [ ] Hackensack, N.J. 07601

### Complied by
- [ ] J. Maiorano

### Title
- [ ] Estimator

### Date
- [ ] 10/4/16

---

* Do not use this form for asbestos-related exempted activity.
<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>9/21/16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>JOHN MACK</td>
</tr>
<tr>
<td>Street Address</td>
<td>[redacted]</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>ELIZABETH, N.J. 07201</td>
</tr>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td>RESIDENCE</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>ASCM No.</td>
</tr>
<tr>
<td>Street Address</td>
<td>[redacted]</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>MIDLAND PARK, NJ</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>[redacted]</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>[redacted]</td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>10/14/16</td>
</tr>
<tr>
<td>Completion Date (11)</td>
<td>10/30/16</td>
</tr>
<tr>
<td>Type of Facility (4)</td>
<td>RESIDENTIAL</td>
</tr>
<tr>
<td>Square Feet</td>
<td>2,800</td>
</tr>
<tr>
<td># of Floors</td>
<td>2</td>
</tr>
<tr>
<td>Bldg. Age</td>
<td>+50</td>
</tr>
<tr>
<td>Name of Abatement Contractor (6)</td>
<td>A.MAC Contracting Inc.</td>
</tr>
<tr>
<td>Current Use (Prior if being demolished)</td>
<td>RESIDENTIAL</td>
</tr>
<tr>
<td>License No.</td>
<td>00156</td>
</tr>
<tr>
<td>Name of OSHA Monitor</td>
<td>[redacted]</td>
</tr>
<tr>
<td>Address</td>
<td>HACKENSACK, NJ 07606</td>
</tr>
<tr>
<td>Scope of Work (Check All That Apply)</td>
<td>Renovation, Demolition</td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)</td>
<td>BASEMENT, ASSOC. CLIWAL</td>
</tr>
<tr>
<td>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</td>
<td>Yes</td>
</tr>
<tr>
<td>Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAM, or other miscellaneous)</td>
<td>PIPE INSULATION 3500 LF</td>
</tr>
<tr>
<td>Amount (Specify Sf or LF)</td>
<td>3500 LF</td>
</tr>
<tr>
<td>Abatement Type</td>
<td>Full Containment with Negative Pressure, Non-Exempted (*) and Non-Fireable Procedure</td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
<td>[redacted]</td>
</tr>
<tr>
<td>NJDEP Waste Hauler ID No.</td>
<td>04509</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td>[redacted]</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>IESI PA Bethlehem Landfill Corp.</td>
</tr>
<tr>
<td>City, State</td>
<td>BETHLEHEM, PA</td>
</tr>
<tr>
<td>Disposal Date</td>
<td>[redacted]</td>
</tr>
<tr>
<td>Completed by</td>
<td>[redacted]</td>
</tr>
<tr>
<td>Title</td>
<td>Vice President</td>
</tr>
<tr>
<td>Signature</td>
<td>[redacted]</td>
</tr>
<tr>
<td>Date</td>
<td>9/21/16</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>Name of Building Owner/Operator</th>
</tr>
</thead>
<tbody>
<tr>
<td>9/21/16</td>
<td>JOHN MACK</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Type Notification</th>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>Name of Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>ELIZABETH, N.J. 07031</td>
<td>JOHN MACK</td>
</tr>
</tbody>
</table>

FACILITY INFORMATION

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

<table>
<thead>
<tr>
<th>County Code (7)</th>
</tr>
</thead>
<tbody>
<tr>
<td>UNION</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Type of Facility (4)</th>
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<tbody>
<tr>
<td>Residential</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
</tr>
</thead>
<tbody>
<tr>
<td>POSTPONE</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of OSHA Monitor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Omega Environmental Services</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check All That Apply)</th>
</tr>
</thead>
<tbody>
<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>
<tbody>
<tr>
<td>Basement &amp; Assoc. Cranal</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>Pipe Insulation</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>350 LF</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
</tr>
</thead>
<tbody>
<tr>
<td>Newark Carting, Inc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cubic Yards of Waste</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>IESI PA Bethlehem Landfill Corp.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Disposal Date (16)</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/4/16</td>
</tr>
</tbody>
</table>

ASB-41 (R-06-08)

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

**Date of Notification (1)**
10/4/16

**Name of Building Owner/Operator (2)**
Ken Konchan Private Home

**Street Address**
[Redacted]

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

**City (5)**
(Cedar Bonnet Island) Manahawkin NJ 08050

**County (6)**
Ocean

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

**Name of Abatement Contractor (9)**
Pernaco Inc.

**Square Feet**
1000+

**# of Floors**
1

**Bldg. Age**
35+

**Level of asbestos-containing material (ACM) TO BE ABATED**

<table>
<thead>
<tr>
<th>Location</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
<th>Is location normally used solely by maintenance/custodial staff? (12)</th>
<th>Description of 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>Exterior Siding</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1200 SF</td>
<td>Demolition</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**
United Roll Off

**Cubic Yards of Waste**
3

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

**Disposal Date**
10/17/16

**City, State, Zip Code**
Morrisville PA 19067

**Completed by**
Anthony T Perna

**Title**
President

**Signature**

**Date**
10/4/16

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

**Date of Notification (1)**
10/4/16

**Name of Building Owner/Operator (2)**
Thomas Keller  Private Home

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

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

**Street Address**

**City, State, Zip Code**
Spray Beach NJ 08008

**Name of Contact**
Vanessa

**Facility Information**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Type of Facility (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thomas Keller  Private Home</td>
<td></td>
</tr>
</tbody>
</table>

**Square Feet**
1000+

**# of Floors**
2

**Bldg Age**
35+

<table>
<thead>
<tr>
<th>County (5)</th>
<th>County Code (7)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ocean</td>
<td>(STATE USE ONLY)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>ASCM No.</th>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td></td>
<td>Pernaco Inc.</td>
</tr>
</tbody>
</table>

**Street Address**
PO Box 329

**City, State, Zip Code**
West Berlin NJ 08091

**Project Manager for Monitoring Firm**

<table>
<thead>
<tr>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>856-753-9800</td>
<td>00727</td>
</tr>
</tbody>
</table>

**Start Date (10)**
10/1/16

**Scheduled Completion Date (11)**
10/21/16

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

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

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) in Facility (13)</th>
<th>Is Location Normally Used Solely by Maintenance Custodial Staff? (12)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exterior Siding</td>
<td>[x] N/A</td>
</tr>
</tbody>
</table>

| Location of Exterior Siding | Exterior Siding | 2500 SF | [x] |

**Name of Registered Waste Hauler**
United Roll off

**NJDEP Waste Hauler ID No.**
22459

**Cubic Yards of Waste**
5

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

**City, State, Zip Code**
Morrisville PA 19067

**Disposal Date**
10/18/16

**Completed by**
Anthony T Perna

**Title**
President

**Signature**

**Date**
10/4/16

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

Date of Notification (1)
10/4/16

Name of Building Owner/Operator (2)
Robert & Barbara Podstaski  Private Home

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

Street Address
[Redacted]

City, State, Zip Code
Surf City NJ 08008

Name of Contact
Robert

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Robert & Barbara Podstaski  Private Home

Street Address
[Redacted]

City (5)
Surf City NJ 08008

County (6)
Ocean

County Code (7)  (STATE USE ONLY) 

Square Feet
1000+

# of Floors
2

Bldg. Age
35+

Current Use (Prior if being demolished)
Home

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

ASCM No.

Name of Abatement Contractor (9)
Pernaco Inc.

Street Address
PO Box 329

City, State, Zip Code
West Berlin NJ 08091

Project Manager for Monitoring Firm

Telephone No.
856-753-9800

License No.
00727

Start Date (10)
10/13/16

Scheduled Completion Date (11)
10/18/16

Name of OSHA Monitor
Same

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
- 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

Exterior Siding  x

Exterior Siding  1900 SF  x

Name of Registered Waste Hauler
United Roll off

NJ/DEP Waste Hauler ID No.
22439

Cubic Yards of Waste
4

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

City, State
Elm NJ

Disposal Date
10/18/16

City, State
Morrisonville PA 19067

Completed by
Anthony T Perna
Title
President

Signature

Date
10/4/16

* Do not use this form for asbestos licensure exempted activities.
# Notification of Non-Friable Asbestos Work Activities

**Must be submitted 10 days prior to the beginning of work. Please type or print legibly.**

## I. Notification Information

<table>
<thead>
<tr>
<th>Date of Notification:</th>
<th>10 / 3 / 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial</td>
<td>✔️</td>
</tr>
<tr>
<td>Amended</td>
<td>✗️</td>
</tr>
<tr>
<td>Cancellation</td>
<td>✗️</td>
</tr>
<tr>
<td>Emergency (must include justification)</td>
<td>✔️</td>
</tr>
</tbody>
</table>

Type of Work:
- Demolition
- Renovation

## II. Building Information

<table>
<thead>
<tr>
<th>Name of Building Owner/Operator:</th>
<th>Jacob Harmon</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address:</td>
<td></td>
</tr>
<tr>
<td>City:</td>
<td>Montclair</td>
</tr>
<tr>
<td>State:</td>
<td>NJ</td>
</tr>
<tr>
<td>Zip:</td>
<td>07042</td>
</tr>
<tr>
<td>Name of Contact:</td>
<td>Carl George - Paul Davis Restoration</td>
</tr>
<tr>
<td>Telephone No.:</td>
<td></td>
</tr>
</tbody>
</table>

## III. Facility Information

- **Name of Facility Where Work Activity is to Take Place:** Harmon Residence
- **Residence**

<table>
<thead>
<tr>
<th>County Name:</th>
<th>Essex</th>
</tr>
</thead>
<tbody>
<tr>
<td>City:</td>
<td>Montclair</td>
</tr>
<tr>
<td>State:</td>
<td>NJ</td>
</tr>
<tr>
<td>Zip:</td>
<td>07042</td>
</tr>
</tbody>
</table>

Scheduled Start Date: 10 / 13 / 2016

Scheduled Completion Date: 10 / 14 / 2016

Occupancy Status During Activity (check only one):
- Facility Closed/Vacated During Entire Activity

Activity Performed Outside Normal Facility Hours—Describe:

Other—Describe:

Scope of Work (check all that apply):
- Floor Tile
- Mastic

<table>
<thead>
<tr>
<th>Square Footage</th>
<th>Percentage Asbestos:</th>
</tr>
</thead>
<tbody>
<tr>
<td>150 SF</td>
<td>%</td>
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<tr>
<td>150 SF</td>
<td>%</td>
</tr>
</tbody>
</table>

## IV. Contractor Information

<table>
<thead>
<tr>
<th>Company Name:</th>
<th>Shade Environmental, LLC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address:</td>
<td>623 Cutler Avenue</td>
</tr>
<tr>
<td>City:</td>
<td>Maple Shade</td>
</tr>
<tr>
<td>State:</td>
<td>NJ</td>
</tr>
<tr>
<td>Zip:</td>
<td>08052</td>
</tr>
</tbody>
</table>

New Jersey Asbestos License Number (if applicable): 00842

Monitoring Firm (if applicable): Mgmt. & Enviro. Consulting Services

Telephone No.: 856-755-0099

## V. Signature

Completed By:
- Christina Lynch

Title: Vice President of Operations

Date: October 3, 2016
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

State of New Jersey

Date of Notification (1) 10 / 4 / 16
Weekstown Gun Club

Agencies Notified
☐ EPA
☐ DOLWD
☐ DOH
☐ DCA
(NJAC 5:23-8)

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

Street Address
2530 4th Avenue
City, State, Zip Code
Hampton, NJ 08037

Name of Building Owner/Operator (2)
Jack Harvey - Paul Davis Restoration

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Weekstown Gun Club

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

Street Address
2530 4th Avenue
City (5)
Hampton
County (6)
Atlantic
County Code (7)(STATE USE ONLY)
Current Use (Prior to being demolished)
Hunting Lodge

Square Feet
2,320
# of Floors
3
Bldg. Age
80

Name of Monitoring Firm Hired by Building Owner (8)
MDG Environmental, LLC

Name of Abatement Contractor (9)
Shade Environmental, LLC

Street Address
1000 Maplewood Drive, Suite 207
City, State, Zip Code
Maple Shade, NJ 08052

Telephone No.
856-755-9300
License No.
00842

Project Manager for Monitoring Firm
Chris Macri

Name of OSHA Monitor
EMSL Analytical, Inc.

Street Address
623 Cutler Avenue
City, State, Zip Code
Maple Shade, NJ 08052

Start Date (10)
10 / 17 / 16
Scheduled Completion Date (11)
10 / 19 / 16

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

Time of Abatement: ___ AM, ___ PM, ___ PM, ___ AM

Name of Registered Waste Hauler
Shade Environmental, LLC

Cubic Yards of Waste
2

Endorsements
Endorsement
Removal
Repair
Emergencate

Location of Asbestos-Containing Material (ACM)

TO BE ABATED
IN Facility

(13)

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

Location
Kitchen

☐ Linoleum

255 SF

Name of Registered Landfill
Atlantic County Utilities Authority

City, State
Egg Harbor Township, NJ

Complied By (Print or Type)
Christina Lynch

Title
Operations Manager

Signature

Date
10-4-16

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

Date of Notification (1)
4/10/16

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

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

Name of Building Owner/Operator (2)
Alam Sm Private Home

Street Address

City, State, Zip Code
Atlantic City NJ 08401

Name of Contact
Chris

Telephone Number

FACILITY INFORMATION

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

Street Address

City (5)
Atlantic City NJ 08401

County (6)
Atlantic

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

Square Feet
1000+

# of Floors
2

Bldg. Age
35+

Current Use (Prior if being demolished)
Home

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

ASCM No.

Name of Abatement Contractor (9)
Pernaco inc.

Street Address
PO Box 329

City, State, Zip Code
West Berlin NJ 08091

Project Manager for Monitoring Firm

Telephone No.

Telephone No.
856-753-9800

License No.
00727

Start Date (10)
10/18/18

Scheduled Completion Date (11)
10/21/16

Occupy 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 ft
☐ ≥160 sf or ≥260 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)

Yes
No
N/A

Exterior siding
x

Exterior siding
1050 SF

bedroom
x

Floor tile
560 SF

Name of Registered Waste Hauler

United Roll Off

NJDEP Waste Hauler ID No.
22459

Cubic Yards of Waste
4

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

City, State
Elm NJ

Disposal Date
10/21/16

City, State
Morrisville PA 19067

Completed by
Anthony T Perna

Title
President

Signed By
Date
10/4/16

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

Date of Notification (1) 10/3/2016

Name of Building Owner/Operator (2) Patrick Simone

Street Address

City, State, Zip Code Montclair, NJ, 07043

Name of Contact Patrick Simone

FACILITY INFORMATION

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

Square Feet 2000

# of Floors 1

Bldg. Age 57

Current Use (Prior if being demolished)

Name of Facility Where Abatement is Taking Place (3)
Patrick Simone

Street Address

City (5) Montclair

County (6) Essex

County Code (7)

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

Street Address 86 Christopher St.

City, State, Zip Code

Telephone Number (973) 744-8800

License Number 00371

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

Name of OSHA Monitor N/A

Schedule Start Date (10) 10/12/16

Sched. Completion Date (11) 10/13/16

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

Scope of Work (Check all that apply)
- [X] ≥3 sf or ≥3.0 lf
- [X] ≥160 sf or ≥260.0 lf
- [ ] Renovation
- [ ] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [X] Glovebag Procedure
- [X] Non-Friable Procedure

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

Location Normally Used Solely By Maintenance, Custodial, U Staff (12)
- [X] Location

Yes No N/A

Description of Asbestos-Containing Material (ACM)

Amount (Specify SF or LF)

Abatement Type

REMOVAL REPAIR ENCLOSURE

Location

Garage

X Duct insulation 50 sf X

Name of Registered Waste Hauler
AZTECH MANAGEMENT, INC.

NUDEP Waste Hauler ID No. 17040

Cubic Yards of Waste 1.0

Name of Registered Landfill Minerva Enterprise INC

City, State Montclair, NJ 07042

Disposal Date 10/14/16

City, State Waynesburg, Ohio 44688

Completed By (Print or Type) Constantine Vivian

Title President

Signature

Date 10/3/2016
State of New Jersey
NOTIFICATION OF Asbestos Abatement
(Pursuant to NJAC 8.60-7 and 12.120-7)

Date of Notification (1) 10 / 3 /16

Name of Building Owner/Operator (2)
MERCK SHARP & DOHME CORPORATION

Agencies Notified
EPA X Initial Notification
DEP DOH X On Hold
DOL DOH DCA EMERGENCY NOTIFICATION

Address (3)
2000 GALLOPING HILL ROAD

Name of Facility Where Abatement is Taking Place
MERCK SHARP & DOHME CORPORATION

City (5) KENILWORTH
County (6) UNION
County Code (7) 104

Expected Date (10)
10 / 17 / 16

Name of Abatement Contractor
PAR ENVIRONMENTAL CORPORATION

Street Address 665 WEST SHORE TRAIL
City, State, Zip Code SPARTA, NEW JERSEY 07871

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

Scheduled Completion Date (11)
12 / 30 / 16

City, State, Zip Code SUFFERN, NEW YORK 10901

Name of OSHA Monitor
QUALITY ENVIRONMENTAL SOLUTIONS & TECH.

Occupancy Status During Abatement (12)

Street Address 1376 ROUTE 9
City, State, Zip Code WAPPINGERS FALLS, NY 12590

Scope of Work (Check all that apply)

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

LOWER LEVEL/MER ACS 1 & 2 X ACM MASTIC 1900 SF X
LOWER LEVEL/MER ACS 1 & 2 X ACM CAULK 275 SF X
LOWER LEVEL/MER ACS 1 & 2 X ACM SEAL MASTIC 47 LF X
LOWER LEVEL/MER ACS 1 X ACM ADHESIVE 100 SF X
LOWER LEVEL/MER ACS 1 & 2 X ACM PUTTY 240 SF X
LOWER LEVEL MERA CORRIDOR X PIPE SADDLES 630 LF X
LOWER LEVEL MER ACS 1 & 2 X SEAM CAULK 1900 SF X
LOWER LEVEL WEST AIR INTAKE ROOM X WATERPROOFING MASTIC 1100 SF X

Name of Registered Waste Hauler
FREEHOLD CARTAGE, INC.

Cubic Yards of Waste 80

Name of Registered Landfill
LYCOMING COUNTY RESOURCE MANAGEMENT SERVICES

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

Signature Date 10/3/16
Date of Notification (1): 9/4/16
Name of Building Owner/Contact (2): Doug Burgess
City, State, Zip Code: Ridgewood, N.J. 07450
Type of Facility (4): RESIDENCE
Name of Facility Where Abatement is Taking Place (3):
Name of Abatement Contractor (5): A.MAC Contracting Inc.
ABCM No.: 49476
Street Address: 185 Van Alen Ave.
City, State, Zip Code: Midland Park, N.J.
License No.: 00156
Telephone No.: (201) 222-6541
Scope of Work (Check All That Apply):
- 23 if or 23 If
- 9165 at 23 769
Scope of Work: Restoration
- Demolition
- RGC Containment with Negative Pressure
- Min-Enclosure
- Glueup Procedure
- Non-asbestos (1) and Non-Friable Procedure
Facility: Completed / Vacated During Entire Period of Abatement
Site Preparation Complete of Normal Facility Hours
Location of Asbestos-Containing Material (ACM) TO BE ABATED
in Facility (13):
- 1ST FLOOR
- BASEMENT
- PIPE INSULATION 20 LF
- PIPE INSULATION 10 LF
Name of Registered Hazardous Material Handler:
Newark Carding, Inc.
City, State, Zip Code: Newark, N.J.
Cubic Yards of Waste: 0.62
Name of Registered Landfill:
IESI PA Bethlehem Landfill Corp.
City, State: Bethlehem, PA
Disposal Date: 10/4/16
Compliance by:
Joseph Vatalaro
Title: Vice President
Signature: Vatalaro
Date: 10/4/16
* Do not use this form for asbestos license exempted activities.
<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>10/14/16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agency (2)</td>
<td>EPA</td>
</tr>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Hilton Hotels</td>
</tr>
<tr>
<td>Street Address</td>
<td>7930 Jones Beach Dr.</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Davie, FL 33316</td>
</tr>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td>Hilton</td>
</tr>
<tr>
<td>Street Address</td>
<td>Woodcliff Lake</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Bergen County, NJ 07604</td>
</tr>
<tr>
<td>Type of Facility (4)</td>
<td>Hotel (a)</td>
</tr>
<tr>
<td>Name of Monitoring Firm/Hired by Building Owner (5)</td>
<td>ASCM Inc.</td>
</tr>
<tr>
<td>Name of Abatement Contractor (6)</td>
<td>A/MAC Contracting Inc.</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td></td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>10/14/16</td>
</tr>
<tr>
<td>Scheduling Completion Date (11)</td>
<td>10/30/16</td>
</tr>
<tr>
<td>Location 1 of 1</td>
<td></td>
</tr>
<tr>
<td>Asbestos-Containing Material (ACM) TO BE ABATED</td>
<td></td>
</tr>
<tr>
<td>Description of ACM</td>
<td></td>
</tr>
<tr>
<td>Amount</td>
<td>17.5 SF</td>
</tr>
<tr>
<td>Asbestos Abatement Type</td>
<td></td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
<td></td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td></td>
</tr>
<tr>
<td>Completed by</td>
<td></td>
</tr>
</tbody>
</table>

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

**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 8:6A and 12:130)

---

**Date of Notification (1)**
9/8/2016

**Agency Notified**
- EPA
- DEP
- DOL
- DCA

**Type Notification**
- Initial
- Amended
- Amendment #
- Emergency (Including Justification)
- Cancellation

---

**Name of Building Owner/Operator (2)**
Mr. Scott Spick

**Current Use (Prior to being demolished)**
- Commercial

---

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

**Street Address**
[Redacted]

**City (5)**
Maplewood

**County (6)**
Essex

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

**Square Feet**
3,000

**No. of Floors**
2

**Bldg. Age**
80

---

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

**Name of Asbestos Contractor (6)**
Sky Contracting, LLC

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

**Street Address**
1365 Valley Road, Suite K

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

---

**Start Date (10)**
9/8/2016

**Scheduled Completion Date (11)**
9/30/2016

---

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

---

**Scope of Work (Check All That Apply)**
- 23 sf or 23 sq ft
- 2160 sf or 2250 sq ft
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Gloving Procedure
- Non-Exempted (*) and Non-Friable Procedure

---

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

**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)**
1,340 SF

---

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

**Disposal Date**
TBD

**City, State**
Waynesburg, Ohio

---

**Completed by**
Predrag Sarcev

**Title**
Vice President

**Signature**
[Redacted]

**Date**
9/8/2016

---

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

Date of Notification (1):
10/04/2016

Name of Building Owner/Operator (2):
Felim O'Mally

Agency(ies) Notified:
- EPA
- DEP
- DOL
- DOH
- DCA

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

Street Address:

City, State, Zip Code:
West Orange N.J. 07052

Name of Contact:
Carlo Frassetti

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3):
None

Street Address:

City (5):
West Orange, New Jersey 07052

County (6):
Essex County

County Code (7):
(STATE USE ONLY)

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

Square Feet:
140

Floors:
2.5

Age of Building:
30+

Current Use (Prior if being demolished):
None Occupied - Being Demolished

Name of Monitoring Firm Hired by Building Owner (8):
Altomonte Environmental Services, LLC

ASCN No.:
74536

Name of Abatement Contractor (9):
Precision Services, LLC

Street Address:
165 Amboy Road, Suite 404, Building D

City, State, Zip Code:
Morganville, New Jersey 07751

Name of OSHA Monitor:

Project Manager for Monitoring Firm:
Carmelo Altomonte

Telephone No.:
201-884-6583

Telephone No.:
732-982-1070

License No.:
01308

Start Date (10):
10/14/2016

Scheduled Completion Date (11):
10/02/2017

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

Scope of Work (Check All That Apply):
- 33 ft or 33 ft
- ±150 sf or ±250 sf

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>1St Floor Rear Roof</td>
<td>X</td>
<td>Roof Flashing</td>
<td>36 SF</td>
<td>X</td>
</tr>
<tr>
<td>2Nd Floor Chimney Base</td>
<td>X</td>
<td>Roof Flashing</td>
<td>4 SF</td>
<td>X</td>
</tr>
<tr>
<td>2nd Floor Roof Set Back</td>
<td>X</td>
<td>Roof Flashing</td>
<td>100 SF</td>
<td>X</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler:
Freehold Carting

NJ/DEP Waste Hauler ID No.:
02265

Cubic Yards of Waste:

Disposal Date:
11/15/2016

Name of Registered Landfill:
Southern Alleganies Land Fill

City, State:
625 State Route 33, Freehold N.J. 07728

City:
Davidsville, Pennsylvania

Date:
10/04/2016

Completed by:
Michael Frassetti
Title:
Managing Partner

* 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 4, 2016

Name of Building Owner/Operator (2)
KPS Sons Carpentry, LLC

Street Address
46 Princeton Avenue

City, State, Zip Code
Brick, New Jersey 08724

Name of Contact
Ken

TelephoneNumber

FACILITY INFORMATION

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

Street Address

City
Toms River

County
Ocean

County Code (STATE USE ONLY)

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

ASCM No

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

Square Feet
1600 sf

# of Floors
1

Bldg Age
60

Current Use (Prior to 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

Scheduled Start Date (10)
10/14/16

Scheduled Completion Date (11)
10/17/16

Scope of Work (Check all that apply)
[ ] >3 sf or ≤5 lffi
[x] ≥160 sf or ≥260 lffi
[ x ] Renovation
[ x ] Demolition

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

Is Location Normally used Solely by Maintenance/Custodial Staff (12)
[ ] YES
[ ] NO
[ ] N/A

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

Amount (Specify SF or LF)
1650 sf

Abatement Type
[ ] REMOVAL
[ ] REPAIR
[ ] ENCAPSULATION
[ ] ENCLOSURE

Name of Registered Waste Hauler
Guardian Contracting, Inc.

NDEP Waste Hauler ID No. 20223

Cubic Yards of Waste
3

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

Disposal Date
10/18/16

City, State
Tullytown, Pennsylvania

Completed by (Print or Type)
Nicholas Fennica

Title
Project Manager

Signature

Date
10/4/2016

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

**Date of Notification (1):** October 4, 2016

**Name of Building Owner/Operator (2):** KPS Sons Carpentry, LLC

**Street Address:** 46 Princeton Avenue

**City, State, Zip Code:** Brick, New Jersey 08724

**Name of Contact:** Ken

**Telephone Number:**

### FACILITY INFORMATION

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

**Street Address:**

**City:** Toms River

**County:** Ocean

**County Code (7) (STATE USE ONLY):** ASCM No.

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

**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

**Scheduled Start Date (10):** 10/14/16

**Scheduled Completion Date (11):** 10/17/16

**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)

<table>
<thead>
<tr>
<th></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>
</tr>
</thead>
<tbody>
<tr>
<td>Exterior</td>
<td>X</td>
<td>Asbestos siding</td>
<td>1650 sf</td>
</tr>
</tbody>
</table>

### Name of Registered Waste Hauler

**Name:** Guardian Contracting, Inc.

**NJDEP Waste Hauler ID No.:** 20223

**Cubic Yards of Waste:** 3

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

**City, State:** Tullytown, Pennsylvania

**Disposal Date:** 10/18/16

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

**Title:** Project Manager

**Signature:**

**Date:** 10/4/2016

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

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

<table>
<thead>
<tr>
<th>III. FACILITY INFORMATION (identify owner, removal contractor and other operator)</th>
</tr>
</thead>
<tbody>
<tr>
<td>OWNER NAME: KPS Sons Carpentry, LLC</td>
</tr>
<tr>
<td>Address: 46 Princeton Avenue</td>
</tr>
<tr>
<td>City: Brick</td>
</tr>
<tr>
<td>State: New Jersey</td>
</tr>
<tr>
<td>Zip: 08724</td>
</tr>
<tr>
<td>Contact: Ken</td>
</tr>
<tr>
<td>Tel: 732-684-0275</td>
</tr>
<tr>
<td>REMOVAL CONTRACTOR: Guardian Contracting, Inc.</td>
</tr>
<tr>
<td>Address: 1889 Route 9, Unit 61</td>
</tr>
<tr>
<td>City: Toms River</td>
</tr>
<tr>
<td>State: New Jersey</td>
</tr>
<tr>
<td>Zip: 08755</td>
</tr>
<tr>
<td>Contact: Nicholas Fernicola</td>
</tr>
<tr>
<td>Tel: 732-349-9932</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>V. FACILITY DESCRIPTION (Including building name, number and floor or room number)</th>
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</thead>
<tbody>
<tr>
<td>Building Name: Residence</td>
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<tr>
<td>Address: 5 St. John Avenue</td>
</tr>
<tr>
<td>City: Toms River</td>
</tr>
<tr>
<td>State: New Jersey</td>
</tr>
<tr>
<td>County: Ocean</td>
</tr>
<tr>
<td>Site Location: Exterior</td>
</tr>
<tr>
<td>Building Size: 1600 sf</td>
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<tr>
<td># of Floors: 1</td>
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<tr>
<td>Age in Years: 60</td>
</tr>
<tr>
<td>Present Use: Residence</td>
</tr>
<tr>
<td>Prior Use: Residence</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>VII. IS MATERIAL ASSUMED TO BE ASBESTOS?</th>
</tr>
</thead>
<tbody>
<tr>
<td>APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:</td>
</tr>
<tr>
<td>1. Regulated ACM to be removed</td>
</tr>
<tr>
<td>2. Category I ACM not removed</td>
</tr>
<tr>
<td>3. Category II ACM not removed</td>
</tr>
</tbody>
</table>

| Pipes (Linear feet):                      |
| Surface Area (Square feet): 1650 sf       |
| RACM Off Facility Component (Cubic feet):  |

<table>
<thead>
<tr>
<th>VIII. SCHEDULE DATES ASBESTOS REMOVAL (MM/DD/YY)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Start: 10/14/16</td>
</tr>
<tr>
<td>Complete: 10/17/16</td>
</tr>
</tbody>
</table>
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:68 and 12:120)

Date of Notification (1)
10/04/2016

Name of Building Owner/Operator (2)

Agencies Notified Type Notification

EPA Initial
DEP Amended
DOL Amendment #
DOH Emergency (including justification)
DCA Cancellation

Street Address
State Route 36

City, State, Zip Code
Union Beach, NJ 07736

Name of Contact
Gary Stapperfenno/Proj Mngr

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement Is Taking Place (3)
International Flavors & Fragrances

Type of Facility (4)
Subchapter 2 (Other than K-12)
Other (i.e., private & commercial buildings, homes, etc.)

Square Feet

# of Floors

Bldg. Age

County Code (7)
Monmouth

Current Use (Prior to being demolished)
factory

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

License No.

Name of Abatement Contractor (9)
Lilich Corporation

Street Address
555 South Broad Street

City, State, Zip Code
Glen Rock, NJ 07452

Telephone No.
201-652-1119

License No.
01104

Street Address
606 McBride Ave

City, State, Zip Code
Woodland Park, NJ 07424

Project Manager for Monitoring Firm
Bruce Wolf

Name of OSHA Monitor

Telephone No.
973-225-8400

Iris Environmental Laboratories, LLC

Street Address
2333 Route 22 West

City, State, Zip Code
Union, NJ 07083

Start Date (10)
10-14-16

Name of Registered Waste Hauler
Lilich Corporation

Completed by
Momo Glavatovic Title vice president

Scheduled Completion Date (11)
10-15-16

Disposal Date

Endorse

Scope of Work (Check All That Apply)

Full Containment with Negative Pressure

Minit-Enclosure

Glovebag Procedure limited contain-

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
or Custodial Staff? (12)
Yes No N/A

boiler room
ox

oven insulation

boiler room

elbows

102 each

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

Amount (Specify SF or LF)
145 SF

Abatement Type
Removal
Repair
 encapsulate
Endorse

Name of Registered Landfill
GROWS Landfill

Cubic Yards of Waste

Disposal Date

City, State
Woodland Park, New Jersey
Morrisville, PA

Date
10/04/2016

* 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>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>09/28/2016</td>
<td>Inga Guy &amp; Oriel Cohen</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>Name of Contact</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Livingston NJ, 07039</td>
<td>Inga Guy</td>
<td></td>
</tr>
</tbody>
</table>

### FACILITY INFORMATION

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

<table>
<thead>
<tr>
<th>Street Address</th>
<th>County Code (7)</th>
</tr>
</thead>
<tbody>
<tr>
<td>3401 Foster ave.#4B</td>
<td>Essex (STATE USE ONLY)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Type of Facility (4)</th>
<th>Square Feet</th>
<th># of Floors</th>
<th>Bldg. Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other (i.e. private &amp; commercial buildings, homes, etc.)</td>
<td>933</td>
<td>1</td>
<td>69 years</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Current Use (Prior if being demolished)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vacant</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>ASCM No.</th>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>58967</td>
<td>Divine Development LLC.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Telephone No.</th>
<th>License No.</th>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>9175171800</td>
<td>01294</td>
<td>3401 Foster ave.#4B</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>Name of OSHA Monitor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brooklyn NY, 11210</td>
<td>Olumide Ayandeji</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/02/2016</td>
<td>10/07/2016</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check All That Apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>≥23 sf or ≥23 If</td>
</tr>
<tr>
<td>≥160 sf or ≥260 If</td>
</tr>
<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</th>
</tr>
</thead>
<tbody>
<tr>
<td>In Facility (13)</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>Transite 934</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>934</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
</tr>
</thead>
<tbody>
<tr>
<td>Newark Carting</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Newark NJ</td>
</tr>
</tbody>
</table>

**Completed by**

<table>
<thead>
<tr>
<th>Jovan Surdoski</th>
</tr>
</thead>
</table>

**Title**

<table>
<thead>
<tr>
<th>Owner</th>
</tr>
</thead>
</table>

**Signature**

**Date**

| 09/28/2016 |

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

Date of Notification (1)
09/29/2016

Name of Building Owner/Operator (2)
Opus KTV

Listed of Agencies Notified

☑ EPA
☑ DEP
☑ DOL
☑ DOH
☑ DCA

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

Street Address
55 Country club drive Suite200

City, State, Zip Code
Downington PA, 19335

Name of Contact
Rob Banks

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Phillipsburg Industrial Park

Street Address
125 Bronico Way Bldg.34

City (5)
Phillipsburg NJ, 08865

County Code (7)
Warren

County Code (7) (STATE USE ONLY) __________

Square Feet
18402

# of Floors
2

Bidg. Age
64 years

Name of Abatement Contractor (9)
Divine Development LLC.

Street Address
572 south 12 street

City, State, Zip Code
Newark NJ, 07103

Project Manager for Monitoring Firm
Oumlumide Ajandjeji

Telephone No.
9175175830

Telephone No.
9172165472

License No.
01294

Name of OSHA Monitor
Oumlumide Ayandeji

Start Date (10)
10/10/2016

Scheduled Completion Date (11)
10/31/2016

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

Scope of Work (Check All That Apply)
☐ ☑ ≥3 sf or ≥3 if
☐ ≥180 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? | Description of Asbestos Containing Material (ACM) 
(i.e. thermal systems insulation, surfacing, VART, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Roof and Tool crib Office</td>
<td>X</td>
<td>Transite</td>
<td>550SF</td>
</tr>
<tr>
<td>Former office and men bathroom</td>
<td>X</td>
<td>3 and 4 inch pipe insulation</td>
<td>105LF</td>
</tr>
<tr>
<td>Tool crib floor</td>
<td>X</td>
<td>Linoleum tan color</td>
<td>150SF</td>
</tr>
<tr>
<td>Telephone room and Locker shower</td>
<td>X</td>
<td>12x12 floor tiles</td>
<td>325SF</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
Newark Carting

NJ/DEP Waste Hauler ID No.
04509

Cubic Yards of Waste
AS needed

Name of Registered Landfill
IESI Landfill

Disposal Date
TBD

City, State
Bethlehem PA

Completed by
Jovan Surdoski

Title
Owner

Signature

Date
09/29/2016

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/03/2016</td>
<td>Stevens Institute of Technology</td>
</tr>
</tbody>
</table>

<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>Amended</td>
</tr>
<tr>
<td>DOL</td>
<td>Emergency (including justification)</td>
</tr>
<tr>
<td>DOH</td>
<td>Cancellation</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Castle Point on Hudson</td>
<td>Hoboken, NJ 07030</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Contact</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>David Fernandez</td>
<td></td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

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

<table>
<thead>
<tr>
<th>Street Address:</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Castle Point on Hudson</td>
<td>Hoboken, NJ 07030</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>County Code (7)</th>
<th>Current Use (Prior to being demolished)</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>School</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (5)</th>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>TBD</td>
<td>D&amp;S Abatement, Inc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>11 Rosengren Avenue</td>
<td>Totowa, NJ 07512</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>973-345-8885</td>
<td>01311</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/14/2016</td>
<td>10/15/2016</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Scope of Work (Check All That Apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ ≥ 3 ft s² or ≥ 3 ft</td>
</tr>
<tr>
<td>□ ≥ 1900 ft s² or ≥ 2290 ft</td>
</tr>
<tr>
<td>□ Renovation</td>
</tr>
<tr>
<td>□ Demolition</td>
</tr>
<tr>
<td>□ Full Containment with Negative Pressure</td>
</tr>
<tr>
<td>□ Mini-Enclosure</td>
</tr>
<tr>
<td>□ Glovebag Procedure</td>
</tr>
<tr>
<td>□ Non-Exempted (•) and Non-Friable Procedure</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM)</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
</tr>
</thead>
<tbody>
<tr>
<td>TO BE ABATED In Facility (13)</td>
<td>Yes</td>
</tr>
<tr>
<td>Room # 616</td>
<td>X</td>
</tr>
<tr>
<td>VAT &amp; Mastic</td>
<td></td>
</tr>
<tr>
<td>350 SF</td>
<td>X</td>
</tr>
<tr>
<td>Room # 616</td>
<td>X</td>
</tr>
<tr>
<td>Transit table</td>
<td></td>
</tr>
<tr>
<td>50 SF</td>
<td>X</td>
</tr>
<tr>
<td>Room # 616</td>
<td>X</td>
</tr>
<tr>
<td>Pipe insulation (Wrap &amp; Cut)</td>
<td></td>
</tr>
<tr>
<td>70 LF</td>
<td>X</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
</tr>
</thead>
<tbody>
<tr>
<td>D&amp;S Abatement, Inc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NJDEP Waste Hauler ID No. (14)</th>
</tr>
</thead>
<tbody>
<tr>
<td>20996</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cubic Yards of Waste (15)</th>
</tr>
</thead>
<tbody>
<tr>
<td>TBD</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Waste Management of PA</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Completed by</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oliver Hegedus</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project Manager</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/03/2016</td>
<td></td>
</tr>
</tbody>
</table>

Do not use this form for asbestos licensure exempted activities.
## NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:56 and 12:1206)

### Date of Notification (1)
10/1/16

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

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

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

### Street Address
261 Rte 201

### City, State, Zip Code
Chester, New Jersey 07930

### Name of Facility Where Abatement is Taking Place (3)
Township-owned property

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

### Square Footage
1,200

### No. of Floors
1

### Building Age
30 years

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

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

### Project Manager for Monitoring Firm

### Telephone No.
732-294-1757

### License No.
00029

### Start Date (10)
10/1/16

### Occupancy Status During Abatement (Check Only One)
- [ ] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility Hours
- [ ] No
- [ ] Other – Describe:

### Scope of Work (Check All That Apply)
- [ ] 23 sf or 23 if
- [ ] 160 sf or 2260 sf
- [ ] Renovation
- [ ] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

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

- [ ] In Facility

### Is Location Normally Used Solely by Maintenance/Custodial Staff?
- [ ] Yes
- [ ] No
- [ ] N/A

### 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
- [ ] Enclosure

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

### NJDEP Waste Hauler ID No.
12086

### Cubic Yards of Waste
3

### Name of Registered Landfill
Chrin's Landfill

### City, State
Colts Neck, New Jersey

### Disposal Date
10/19/16

### City, State
Easton, PA

### Completed by
Bree McGuire

### Title
Secretary Treasurer

### Signature

### Data
10/19/16

*Do not use this form for asbestos licensure exempted activities.
STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT
(NUISANCE TO NJAC 8:60-7 AND 12:120-7)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner / Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/05/16</td>
<td>First Energy</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type of Notification</th>
<th>Name of Contact</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
<td>Jim Halsey</td>
<td></td>
</tr>
<tr>
<td>DEP</td>
<td>Amended</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DOH</td>
<td>Amendment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DOL</td>
<td>Emergency w/justification</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Cancellation</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City (5)</th>
<th>County (6)</th>
<th>County Code (7)</th>
<th>Square Feet</th>
<th># Of Floors</th>
<th>Building Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>LAKEWOOD</td>
<td>OCEAN</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FACILITY INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
</tr>
<tr>
<td>90 SPRUCE STREET</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

| Name of Monitoring Firm Hired by Bldg. Owner (5) | Environmental Health Investigations |
| ASCM NO                                          | NORTHSTAR CONTRACTING GROUP, INC. |

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
<th>Telephone Pole</th>
</tr>
</thead>
<tbody>
<tr>
<td>555 West Shore Trail</td>
<td>Spera, NJ 07771</td>
<td></td>
</tr>
</tbody>
</table>

| Project Mgr. For Monitoring Firm | Telephone Number |
| Dino Napoli                      | 212-882-9271 |

<table>
<thead>
<tr>
<th>Scheduled Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/18/16</td>
<td>10/21/16</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check Only 1)</th>
<th>Name of OSHA Monitor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility Closed/Vacated During Entire Period of</td>
<td>NORTHSTAR CONTRACTING GROUP, INC.</td>
</tr>
<tr>
<td>Abatement</td>
<td>Street Address</td>
</tr>
<tr>
<td>Abatement Performed Outside of Normal Facility</td>
<td>32 Williams Parkway</td>
</tr>
<tr>
<td>Hours - Describe: __ Friday, 8:00 am to 6:00 pm</td>
<td>City, State, Zip Code</td>
</tr>
<tr>
<td>Other - Describe: ______________________________</td>
<td>East Hanover, NJ 07603</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos Containing TO BE ABATED in Facility (13)</th>
<th>Location Normally Used</th>
<th>Description of Asbestos - Containing Material (ACM)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES NO N/A</td>
<td></td>
<td>(i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Exterior Telephone Pole</th>
<th>Transite Conduit</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES NO N/A</td>
<td>40 LF</td>
</tr>
</tbody>
</table>

| Name of Registered Waste Hauler | Cubic Yards of Waste | Name of Registered Landfill |
| NEWARK CARTING                | 4509               | I.E.S.I.                     |

<table>
<thead>
<tr>
<th>City, State</th>
<th>Disposal Date</th>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>NEWARK, NJ</td>
<td>BETHLEHEM, PA 18105</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed by (Print or Type)</th>
<th>Title</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Steven Stiles</td>
<td>Project Manager</td>
<td>[Signature]</td>
<td>10/06/18</td>
</tr>
</tbody>
</table>
State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
<td>ezquel Garcia</td>
</tr>
<tr>
<td>DEP</td>
<td>Amended</td>
<td></td>
</tr>
<tr>
<td>DOL</td>
<td>Amendment #</td>
<td></td>
</tr>
<tr>
<td>DOH</td>
<td>Emergency</td>
<td></td>
</tr>
<tr>
<td>Cancellation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Street Address</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

City, State, Zip Code
HILLSIDE, NJ 07205

Name of Contact
ezquel Garcia

Telephone Number

Current Use (Prior if being demolished)

Type of Facility (4)

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

Square Feet # of Floors Bldg. Age

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

Project Manager for Monitoring Firm

Start Date (10)
10/11/16

Occupancy Status During Abatement (Check only one)

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

Scope of Work (check all that apply)

- ≥3 or ≥3 ft
- Renovation
- ≥150 sf or ≥280 sf
- Demolition
- No

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>X</td>
<td></td>
</tr>
</tbody>
</table>

Description of asbestos-containing material (ACM)
PIPE INSULATION

Amount (Specify SF or LF)
144 ft

Removal
Repair
Encapsulation

Registered Waste Hauler

D & S RESTORATION, INC.

Cubic Yards of Waste
TULLYTOWN, RESOURCE RECOVERY

Disposal Date
10/12/16

City, State
TULLYTOWN, PA

Committed by (Print or Type)
BOGDAN JOLDZIC
Title
PRESIDENT

Signature

Date
09/30/16

* 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)
05 October 2016

Name of Building Owner/Operator (2)
Medford Township

Agencies Notified
☐ EPA
def
☐ DOL
def
☐ DOH
def
☐ DCA
def

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

Street Address
17 Main Street

City, State, Zip Code
Medford, NJ 08055

Name of Contact
Richard Parks

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Residential home

Street Address

City (5)
Medford

County (6)
Burlington

County Code (7) (STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8)
Self monitored

ASCM No.

Name of Abatement Contractor (9)
Silt Asbestos Abatement

Street Address
38 Algonquin Trail

City, State, Zip Code
Medford Lakes, NJ 08055

License No.
01303

Name of OSHA Monitor
Self monitored

Start Date (10)
15 October 2016

Scheduled Completion Date (11)
19 October 2016

Occupancy Status During Abatement (Check Only One)
☒ Facility Closed/Vacated During Entire Period of Abatement
☐ Other — Describe:

Scope of Work (Check All That Apply)
☒ ≥3 sf or ≥3 l f
☒ ≥100 sf or ≥260 l f
☐ Renovation
def
☒ Demolition
def
☒ Full Containment with Negative Pressure
☐ Mini-Enclosure
def
☐ Grovetag Procedure
☐ Non-Exempted (*) and Non-Editable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED
☐ In Facility
☐ Not 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

Endorse

Disposal Date
20OCT16

Name of Registered Waste Hauler
Robinson Waste

NJ/DEP Waste Hauler ID No.
17304

Cubic Yards of Waste
3.4

Name of Registered Landfill
Quickway Transfer Station

City, State
Philadelphia, PA

Completed by
Jeff Yenkochik

Title
Owner

Signature

Date
05 October 2016

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>10/5/16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>White</td>
</tr>
<tr>
<td>Agencies Notified</td>
<td></td>
</tr>
<tr>
<td>[ ] EPA</td>
<td></td>
</tr>
<tr>
<td>[ ] DEP</td>
<td></td>
</tr>
<tr>
<td>[ ] DOH</td>
<td></td>
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<tr>
<td>[ ] DOL</td>
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<tr>
<td>Type Notification</td>
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</tr>
<tr>
<td>[ ] Initial</td>
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<tr>
<td>[ ] Amended</td>
<td></td>
</tr>
<tr>
<td>[ ] Emergency (including justification)</td>
<td></td>
</tr>
<tr>
<td>[ ] Cancellation</td>
<td></td>
</tr>
<tr>
<td>Street Address</td>
<td></td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>East Orange, NJ</td>
</tr>
</tbody>
</table>

### FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Residential</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td></td>
</tr>
<tr>
<td>City (5)</td>
<td>East Orange, NJ</td>
</tr>
<tr>
<td>County (6)</td>
<td>Essex</td>
</tr>
<tr>
<td>Square Feet</td>
<td>1800</td>
</tr>
<tr>
<td># of Floors</td>
<td>2</td>
</tr>
<tr>
<td>Bldg. Age</td>
<td>75+/-</td>
</tr>
<tr>
<td>Current Use (Prior if being demolished)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>MECS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>PO Box 341</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Crosswicks, NJ 08515</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>Bill Weisgraber</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>(609) 240-4070</td>
</tr>
</tbody>
</table>

| Start Date (10) | 10/17/16 |
| Scheduled Completion Date (11) | 10/25/16 |
| Occupancy Status During Abatement (Check only one) |     |
| [ ] Facility Closed/Vacated During Entire Period of Abatement |     |
| [ ] Abatement Performed Outside of Normal Facility Hours |     |
| [ ] Other - Describe: | 8 am - 4 pm |

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

<table>
<thead>
<tr>
<th>Check all that apply</th>
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<tbody>
<tr>
<td>[ ] ≥ 500 sq ft or ≥ 3 ft</td>
<td></td>
</tr>
<tr>
<td>[ ] ≥ 1600 sq ft or ≥ 280 ft</td>
<td></td>
</tr>
<tr>
<td>[ ] Renovation</td>
<td></td>
</tr>
<tr>
<td>[ ] Demolition</td>
<td></td>
</tr>
<tr>
<td>[ ] Full Containment with Negative Pressure</td>
<td></td>
</tr>
<tr>
<td>[ ] Mini-Enclosure</td>
<td></td>
</tr>
<tr>
<td>[ ] Glovebag Procedure</td>
<td></td>
</tr>
<tr>
<td>[ ] Non-Exempted (*) and Non-Friable Procedure</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Location Normally Used Solely by Maintenance/Custodial Staff (12)</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>[x]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Basement</td>
<td>[x]</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Description of Asbestos-Containing Material (ACM) (i.e., insulation, surfacing, VAT, etc.)

<table>
<thead>
<tr>
<th>Location Normally Used Solely by Maintenance/Custodial Staff (12)</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>Thermal Pipe Insulation</td>
<td>24 ft</td>
<td>x</td>
</tr>
<tr>
<td>Basement</td>
<td>Pipe Debris</td>
<td>30 ft</td>
<td>x</td>
</tr>
</tbody>
</table>

### Name of Registered Waste Hauler

<table>
<thead>
<tr>
<th>Stevens Environmental Services, Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State</td>
</tr>
<tr>
<td>NJDEP Waste Hauler ID No.</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
</tr>
</tbody>
</table>

### Completed By

<table>
<thead>
<tr>
<th>Mahlon E. Stevens</th>
<th>Project Manager</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State</td>
<td>Allentown, NJ</td>
</tr>
<tr>
<td>Disposal Date</td>
<td>10/25/17</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>GROWS Landfill</td>
</tr>
</tbody>
</table>

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

**Date of Notification (1):** 10/5/16  
**Name of Building Owner/Operator (2):** Lynch  
**Street Address:** [Redacted]  
**City, State, Zip Code:** Florence, NJ 08518  
**Name of Contact:** Kevin Lynch  
**Telephone Number:** [Redacted]

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3):** Residential  
**Street Address:** [Redacted]  
**City:** Florence, NJ  
**County:** Burlington  
**County Code:** [STATE USE ONLY]  
**Square Feet:** 2400  
**# of Floors:** 2  
**Bldg. Age:** 75+/-

**Name of Monitoring Firm Hired by Building Owner (8):** MECS  
**Street Address:** PO Box 341  
**City, State, Zip Code:** Crosswicks, NJ 08515  
**Telephone No.:** (609) 240-4070  
**Name of Abatement Contractor (9):** Stevens Environmental Services, Inc.  
**Street Address:** PO Box 322  
**City, State, Zip Code:** Allentown, NJ 08501  
**Telephone No.:** (609) 259-9688  
**License No.:** 00493  
**Name of OSHA Monitor:** MECS  
**Street Address:** PO Box 341  
**City, State, Zip Code:** Crosswicks, NJ 08515

**Start Date (10):** 10/17/16  
**Scheduled Completion Date (11):** 10/28/16  
**Occupancy Status During Abatement (Check only one):**  
- Facility Closed/Vacated During Entire Period of Abatement  
- Abatement Performed Outside of Normal Facility Hours  
- Other - Describe: 8 am - 4 pm

**Scope of Work (Check all that apply):**  
- ≥3 sf or ≥3 ft  
- ≥160 sf or ≥280 ft

**Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13):**  
- Basement  
- [X] Thermal Pipe Insulation

**Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous):**  
- [X] 245 lf

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

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

**Name of Registered Waste Hauler:** Stevens Environmental Services, Inc.  
**City, State:** Allentown, NJ  
**NDEP Waste Hauler ID No.:** 18292  
**Cubic Yards of Waste:** 2 CU  
**Name of Registered Landfill:** GROWS Landfill  
**City, State:** Morrisville, PA  
**Disposal Date:** 10/28/17  
**Completed By:** Mahlon E. Stevens  
**Title:** Project Manager  
**Signature:** [Redacted]  
**Date:** 10/5/16

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

Date of Notification (1)  
10/04/16

Name of Building Owner/Operator (2)  
Glenwood Apartments & County Club

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

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

Street Address  
1 Cherry Hill Lane

City, State, Zip Code  
OldBridge, NJ 08857

Name of Contact  
Eric Prieto

Telephone Number __________

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  
Glenwood Apartments

Street Address  
51-53 Apple Tree Ln

City (5)  
Oldbridge, NJ

County (6)  
County Code (7)  
[STATE USE ONLY] __________

Square Feet  
2,000

# of Floors  
2

Bidg. Age  
65+

Current Use (Prior if being demolished)  
Apartment

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

Name of Abatement Contractor (9)  
DIA General Construction, Inc

Street Address  
1360 Clifton Ave, PMB Suite 218

City, State, Zip Code  
Clifton, NJ 07012

Project Manager for Monitoring Firm

Telephone No.  
973-389-0089

License No.  
00693

Start Date (10)  
10/18/2016

Scheduled Completion Date (11)  
10/22/16

Name of OSHA Monitor  
DIA General Construction, Inc

Street Address  
1360 Clifton Ave, PMB Suite 218

City, State, Zip Code  
Clifton, NJ 07012

Occancy 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 sft or ≥3 if  
[ ] ≥160 sfo or ≥260 if  
[X] 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)  
[ ] Full Containment with Negative Pressure  
[ ] Mini-Enclosure  
[ ] Glovebag Procedure  
[ ] Non-Exempted (*) and Non-Friable Procedure

Abatement Type

Removal  
Repair  
Encapsulation  
Endosulfan

51 A-D Apple Tree Ln- Crawl Space  
Pipe/Elbow Insulation  
180 LF  
[X]

53 A-D Apple Tree Ln-Crawl Space  
Pipe/Elbow Insulation  
150 LF  
[X]

Name of Registered Waste Hauler  
NJ DEP Waste Hauler ID No. 20990

Service Transport Group  
Cubic Yards of Waste 6 CY

Name of Registered Landfill  
Minerva Landfill

City, State  
New Castle, DE 19720

Disposal Date  
10/22/16

City, State  
Waynesburg, OH 44688

Completed by  
Milan Njezic

Title  
Vice President

Signature __________

Date 10/04/2016

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

Date of Notification (1)
10/04/16

Name of Building Owner/Operator (2)
Glenwood Apartments & County Club

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

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

Street Address
1 Cherry Hill Lane
City, State, Zip Code
Old Bridge, NJ 08857

Name of Contact
Eric Prieto
Telephone Number

Name of Facility Where Abatement Is Taking Place (3)
Glenwood Apartments
Street Address
24-26 Cherry Hill Ln
City (6)
Old Bridge, NJ

County Code (7)
County (6)

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

Name of Abatement Contractor (9)
DIA General Construction, Inc
Street Address
1360 Clifton Ave, PMB Suite 218
City, State, Zip Code
Clifton, NJ 07012

Current Use (Prior if being demolished)
Apartment

Project Manager for Monitoring Firm

Telephone No.
973-389-0089
License No.
00693

Name of OSHA Monitor
DIA General Construction, Inc
Street Address
1360 Clifton Ave, PMB Suite 218
City, State, Zip Code
Clifton, NJ 07012

Start Date (10)
10/18/2016
Scheduled Completion Date (11)
10/22/16

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

Other – Describe:

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED
Location
24 A-D Cherry Hill Ln - Crawl Space
26 A-D Cherry Hill Ln - Crawl Space

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

Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)
- [x] Pipe/Elbow Insulation
Pipe/Elbow Insulation

Amount (Specify SF or LF)
180 LF
150 LF
X
X

Abatement Type
Removal
Repair
Encapsulate
Enclose

Name of Registered Waste Hauler Service Transport Group
NJDEP Waste Hauler ID No.
20990
Cubic Yards of Waste
6 CY
Name of Registered Landfill
Minerva Landfill
Disposal Date
10/22/16
City, State
Waynesburg, OH 44688

Completed by
Milan Njezić
Title
Vice President
Signature
Date
10/04/2016

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