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

Date of Notification (1) 10/4/2013

Name of Building Owner/Operator (2)
Seminole Construction

Street Address 128 Bartlett Avenue

City, State, Zip Code West Creek, NJ 08092

Name of Contact Joyce Corliss

FACILITY INFORMATION

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

Street Address 14 E. South Carolina Avenue

City Long Beach Twp.

County (6) Ocean

County Code (7) ASCM No.

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

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

# of Floors 2

Bldg. Age 60

Current Use (Prior if being demolished)
Residence

Guardian Contracting, Inc.

Street Address 1889 Route 9, Unit 61

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

Name of Abatement Contractor (9)
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

Project Manager for Monitoring Firm Nicholas Fernicola

Scheduled Start Date (10) 10/7/13

Scheduled Completion Date (11) 10/9/13

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)
[ ] >3 sf or ≥3 lf
[ ] ≥160 sf or ≥260 lf
[ ] Renovation
[ ] Demolition

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

Is Location Normally used Solely by Maintenance/Custodial Staff

YES NO N/A

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

Amount (Specify SF or LF)

Abatement Type

Exterior

Asbestos siding

2450 sf

ENCLOSURE

NAME OF ABATEMENT CONTRACTOR

Guardian Contracting, Inc.

Cubic Yards of Waste 3

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

Disposal Date 10/10/13

City, State Tullytown, Pennsylvania

Completed by Project Manager Nicholas Fernicola

Title Project Manager

NJDEP Waste Hauler ID No. 20223

*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) OCTOBER 4, 2013

Name of Building Owner/Operator (2) S & D DEVELOPMENT

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

Street Address 1 INDUSTRIAL WAY WEST
City, State, Zip Code EATONTON, NJ 07724
Name of Contact WIN-WHITING LLC

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) VACANT BANK
Street Address 500 HIGHWAY 530
City (5) WHITING
County (6) OCEAN
County Code (7) N/A

Name of Monitoring Firm Hired by Building Owner (8) N/A
ASCM No. ASCM No.
Name of Abatement Contractor (9) Finishing Touch Asbestos Abatement Corp., Inc.

Street Address 17 Thompson Street
City, State, Zip Code West Long Branch, NJ 07764

Project Manager for Monitoring Firm Telephone No. Telephone No. 732-222-8372
License No. 00040

Start Date (10) 10/15/13 Scheduled Completion Date (11) 10/18/13
Name of OSHA Monitor n/a

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

Scope of Work (Check All That Apply)

≥32 sf or ≥6 if
≥160 sf or ≥260 if
Renovation Demolition

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

Table:

<table>
<thead>
<tr>
<th>Location</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>TELLER AREA</td>
<td>X</td>
<td>VAT</td>
<td>450 SF</td>
</tr>
<tr>
<td>ROOF</td>
<td>X</td>
<td>SURFACING</td>
<td>782 LF</td>
</tr>
<tr>
<td>WINDOWS</td>
<td>X</td>
<td>CAULKING</td>
<td>300 LF</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler Finishing Touch Asbestos Abatement Corp
NJDEP Waste Hauler ID No. 12056
Cubic Yards of Waste 7 CU
Name of Registered Landfill GROWS NORTH LANDFILL
City, State OCEANPORT, NJ 07757-0400
Disposal Date 10/19/13
City, State MORRISVILLE, PA

Completed by JOSEPH P. MILLER Title PRESIDENT
Signature

Date 10/4/13

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) 10/4/2013

Name of Building Owner/Operator (2) Seminole Construction

Street Address 128 Bartlett Avenue

City, State, Zip Code West Creek, NJ 08092

Name of Contact Joyce Corliss

Telephone Number

FACILITY INFORMATION

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

Street Address 11 E. North Carolina Avenue

City Long Beach Twp.

County Code (7) (STATE USE ONLY) Ocean

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

Square feet 3500 sf

# of Floors 3

Bldg. Age 60

Current Use (Prior if being demolished) Residence

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

Street Address 1889 Route 9, Unit 61

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

Telephone Number 732-349-9932

License Number 00624

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

Street Address 1056 Stelton Road

City, State, Zip Code Piscataway, New Jersey 08854

Scope of Work (Check all that apply)

[ ] 3 sf or ≥3 ft

[ ] ≥160 sf or ≥260 sf

[ ] Demolition

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

Exterior X Asbestos siding 3300 sf X

Name of Registered Waste Hauler Guardian Contracting, Inc.

NJDEP Waste Hauler ID No. 20223

Cubic Yards of Waste 5

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

City, State Toms River, New Jersey

Disposal Date 10/8/13

City, State Tullytown, Pennsylvania

Completed by (Print or Type) Nicholas Fernicola

Title Project Manager

Signature

Date 10/4/2013

*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 4, 2013

**Name of Building Owner/Operator (2):** Segal & Segal

**Street Address:** 465 South Street

**City, State, Zip Code:** Morristown, NJ 07962

**Name of Contact:** Fred Kimak

**Date RECEIVED:** 2013 OCT 9 PM 7:50

---

**FACILITY INFORMATION**

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

**Street Address:** 754 Scotland Road

**City:** Orange

**County:** Essex

**Square Feet:** 10,000 sf

**# of Floors:** 2

**Bldg. Age:** 80

**Type of Facility:** [x] School (k-12)

**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

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

**Street Address:** 1056 Stetson 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

**Schedule Start Date (10):** 10/4/13

**Scheduled Completion Date (11):** 10/8/13

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

- [x] >3 sf or ≥3 If
- [x] ≥160 sf or ≥260 If
- [x] Renovation
- [x] Demolition

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

- Building P Storage Room

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

- Asbestos pipe insulation

**Amount (Specify SF or LF):** 150 If

**Abatement Type:**

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

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

**City, State:** Tullytown, Pennsylvania

**Disposal Date:** 10/9/13

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

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

**Cubic Yards of Waste:** 3

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

**Title:** Project Manager

**Signature:**

**Date:** 10/4/2013

---

*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 4, 2013

**Name of Building Owner/Operator (2):** Segal & Segal

**Street Address:** 465 South Street

**City, State, Zip Code:** Morristown, NJ 07962

**Name of Contact:** Fred Kimak

**Telephone Number:**

### FACILITY INFORMATION

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

**Street Address:** 754 Scotland Road

**City:** Orange

**County:** Essex

**County Code:** ASCM No.

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

**Square feet:** 10,000 sf

**# of Floors:** 2

**Bldg. Age:** 80

**Current Use (Prior if being demolished):** Storage Room

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

**Street Address:** 1889 Rte. 9, Unit 61

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

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

**License Number:** 06624

**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
- [x] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Priable Procedure

**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

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

<table>
<thead>
<tr>
<th>TO BE ABATED</th>
<th>Specification</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Building A Storage Room</td>
<td>Asbestos pipe insulation</td>
<td>200 sf</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Specification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Building A Storage Room</td>
<td>Asbestos pipe 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):** 200 sf

**Abatement Type:**

| RE | REMOVAL |
| RE | REPAIR |
| ENC | ENCLOSURE |

**Date of Notification (1):** October 4, 2013

**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:** 10/9/13

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

**City, State:** Tullytown, Pennsylvania

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

**Title:** Project Manager

**Signature:**

**Date:** 10/4/2013

*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: October 4, 2013

Name of Building Owner/Operator: Michael Tennaro

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

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

Street Address: 134 Park Avenue

City, State, Zip Code: Hoboken, NJ 07030

Name of Contact: Michael Tennaro

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

Square feet: 1000 sf

# of Floors: 2

Bldg. Age: 60

Name of Abatement Contractor: Guardian Contracting, Inc.

Street Address: 1889 Rte. 9, Unit 61

City, State, Zip Code: Toms River, NJ 08755

Name of Monitoring Firm Hired by Building Owner: Guardian Contracting, Inc.

Telephone Number: 732-349-9932

Occuany Status During Abatement:
- [x] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Other

Scope of Work:
- [x] >3 sf or ≥3 If
- [x] ≥160 sf or ≥260 If
- [x] Renovation
- [x] Demolition

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

<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>Asbestos pipe wrap</td>
<td>50 lf</td>
</tr>
<tr>
<td>Exterior</td>
<td>X</td>
<td>Roofing</td>
<td>1000 sf</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler: Guardian Contracting, Inc.

City, State: Toms River, New Jersey

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

Dispose Date: 10/14/13

Name of Project Manager: Nicholas Fernicola

*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: October 4, 2013

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

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

Name of Building Owner/Operator: R.S Development

Street Address: 62A 4th Street
City, State, Zip Code: Hoboken, NJ 07030
Name of Contact: Steve McFarland

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place:
- Residence

Street Address: 136 Park Avenue
City: Hoboken
County: Hudson
County Code: ASCM No.

Name of Monitoring Firm Hired by Building Owner: Guardian Contracting, Inc.

Project Manager for Monitoring Firm: Nicholas Fernicola
Telephone Number: 732-349-9932

Scheduled Start Date: 10/9/13
Scheduled Completion Date: 10/11/13

Occupancy Status During Abatement (Check only one):
- [x] Abatement Performed Outside of Normal Facility Hours
- [ ] Other – Describe

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

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

<table>
<thead>
<tr>
<th>TO BE ABATED in facility</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>Exterior</td>
<td>YES</td>
<td>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td>100 sf</td>
<td>REMOVAL</td>
</tr>
</tbody>
</table>

Name of Abatement Contractor: Guardian Contracting, Inc.

Street Address: 1889 Rte. 9, Unit 61
City, State, Zip Code: Toms River, NJ 08755

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

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: 10/14/13

Completed by (Print or Type):
- Nicholas Fernicola
- Project Manager
- Signature

Date: 10/4/2013

*Do not use this form for asbestos licensure exempted activities.*
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant 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>10-4-13</td>
<td>Lorraine Brown</td>
</tr>
</tbody>
</table>

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

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

- Street Address
  - 11 Essex Rd

- City, State, Zip Code
  - Maplewood, NJ, 07040

- Name of Contact
  - Lorraine Brown

- Telephone Number
  - 973-744-8800

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

- Street Address
  - 86 Christopher St.

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

- Square Feet
  - 1600

- # of Floors
  - 2

- Bldg. Age
  - 80

- Name of OSHA Monitor
  - N/A

- Project Manager for Monitoring Firm
  - N/A

- Telephone Number
  - N/A

- Name of Monitoring Firm hired by Building Owner
  - N/A

- ASCM No.
  - N/A

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

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

- Description: Off Hours Descript
- [ ] other
- [ ] Other Occupancy Description

- Scope of Work (Check all that apply)
  - [X] 23 sf or > 23 sf
  - [ ] 260 sf or > 260 sf
  - [X] Renovation
  - [ ] Demolition
  - [ ] Pull Containment with Negative Pressure
  - [ ] Mini-Enclosure
  - [X] Glovebag Procedure
  - [ ] Non-Friable Procedure

- Is Location Normally Used Solely By Maintenance/Custodial Staff
  - Yes
  - No
  - N/A

- Location of Asbestos-Containing Material (ACM) to Be Abated
  - In Facility

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

- Amount (Specify SF or LF)

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

- Cubic Yards
  - 1.5

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

- City, State
  - Montclair, NJ 07042

- Disposal Date
  - 10-15-13

- Completed By (Print or Type)
  - Constantine Vivian

- Title
  - President

- Signature
  - [Signature]

- Date
  - 10/4/13
NOTIFICATION OF ASPEROS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1) 10-3-2013

Name of Building Owner/Operator (2) Matt Schweitzer

RECEIVED 10 OCT-9 PM 7:47

Street Address 87 Inwood Ave

City, State, Zip Code Montclair, NJ, 07042

Name of Contact Matt Schweitzer

FACILITY INFORMATION

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

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

Square Feet 2400

# of Floors 3

Bldg. Age 85

Current Use (Prior if being demolished)

Name of Monitoring Firm hired by Building Owner (6)
N/A

ASCM No. N/A

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

Street Address 86 Christopher St.

City, State, Zip Code Montclair, NJ 07042

Telephone Number (973) 744-8800

License Number 00371

Occupancy Status During Abatement (Check only one)
[X] Abatement Performed Outside of Normal Facility Hours - Describe: Off Hours Description

Scope of Work (Check all that apply)
[X] Renovation
[X] Demolition

Location of Asbestos-Containing Material (ACM)

Location 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
AZTECH MANAGEMENT, INC.

Cubic Yards of Waste 1.5

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

City, State Montclair, NJ 07042

Disposal Date 10-17-13

City, State Morrisville, PA 19067

Completed By (Print or Type) Constantine Vivian
Title President

Signature

Date 10-3-13
| Date of Notification | D. Rempel | 22 Edgebrook Road  
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td></td>
<td>Summit, NJ 0790</td>
</tr>
</tbody>
</table>

**Facility Information**

- **Type of Facility**: 22 Edgebrook Road
- **Location**: Summit, NJ 0790
- **Residence**: Union
- **Project Manager for Asbestos Removal**: Best Removal Inc
- **Address**: 450 S River St, Hackensack, NJ 07601
- **Telephone Number**: 201-229-7444
- **Contractor**: Omega Environmental Inc
- **Address**: 280 Ruyler St, Hackensack, NJ 07601

**Exposure Details**

- **Exposure Date**: 10-9-2013
- **Exposure Period of Asbestos**: 10-10-2013
- **Exposure Time**: 8AM-5PM

**Location of Asbestos Removal**

- **Location**: 5th Floor, Renovating Area
- **Description**: Thaw Hurl Insulation

**Removal Time**

- **Cost Estimate**: 7400
- **Location**: Hackensack, NJ 07601
- **Estimator**: R. Vellard
- **Date**: 10-4-13
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 18:38-12 and 12:12-5)

Date of Notification (1): 10/4/13
Home of Building Owner/Operator: Mr. David Surace

Agency Notified: DCA
Type Notification: Certified
Street Address: 190 May St
City, State, Zip Code: Hawthorne, NJ 07506

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (2): Mr. Surace
Street Address: 190 May St
City: Hawthorne
County: Passaic

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

Size: 2000 sq ft

Firm of Contractor (9):
Best Removal Inc
450 S River St
Hackensack, N.J. 07601

Date of Notification: 10/4/13
Date of Abatement: 10/15/13

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Normally Used Safely by Maintenance</th>
<th>Certified by</th>
<th>Description of ACM</th>
<th>Amount (SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>Yes</td>
<td>Yes</td>
<td>Thermal Surface Insulation</td>
<td>48 SF</td>
</tr>
<tr>
<td>Basement</td>
<td>No</td>
<td>No</td>
<td>Thermal Insulation</td>
<td>15 LF</td>
</tr>
</tbody>
</table>

Name of Registered Waste Handler:
Best Removal Inc
ID No.: 17109

Minerva Enterprises
City, State: Waynesburg, Oh

Date Completed: 10/4/13

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

Date of Notification (1) 10-4-13

Anita Jongco  

Street Address 344 Forest Road

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

[ ] EPA  
[ ] DEP  
[ ] DOH  
[X] NDOE

[ ] Initial Notification  
[ ] Amended Notification  
[ ] EMERGENCY  
[ ] Cancellation

FACILITY INFORMATION

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

City (5)  
County (6)  
State (7)  

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

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

Street Address  
86 Christopher St.

City, State, Zip Code  
Montclair, NJ 07042

Telephone Number  
(973) 744-8800

License Number  
00371

Name of OSHA Monitor N/A

Scheduled Start Date (10)  
Month Day Year  
10-16-13

Scheduled Completion Date (11)  
Month Day Year  
10-17-13

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

Hours - Describe: Off Hours Describes

[ ] Other - Describe: Other Occupancy Describes

Scope of Work (Check all that apply)
[X] 2 sf or >=120 sf  
[X] 120 sf or >=260 sf  
[X] Renovation  
[X] Demolition

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

In Facility (13)

Location

Normally

Used

Solesly

By

Maintenance/

Custodial

Staff (12)

Yes No N/A

Location

Pipe Insulation 210 sf

Location

Basement X

Location

Name of Registered Waste Hauler
AZTECH MANAGEMENT, INC.

Waste Hauler ID No. 17040

Pounds of Waste 2.0

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

Disposal Date 10-7-13

City, State
Montclair, NJ 07042

Morrisville, PA 19067

Completed By (Print or Type)
Constantine Vivian

Title President

Signature

Date 10-4-13
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:20)

Name of Building Owner/Operator (2)
Spectrum for Living Group Homes, Inc.

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Ringwood ATC

Type of Facility (4)

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

□ 2000
□ # of Floors
□ Bldg. Age

□ Vacant for Demolition

Current Use (Prior to being demolished)

County Code (7)
Passaic

(State Use Only)

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

Street Address
1380 Clifton Avenue, Unit 365

City, State, Zip Code
Clifton, NJ 07012

License No.
01036

Name of OSHA Monitor
Incinia Contracting, Inc.

Tel.
973-450-9500

Licensed for:

□ Asbestos Abatement

□ Renovation Demolition

□ Full Containment with Negative Pressure

□ Mini-Enclosure

□ Glovebag Procedure

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

□ Other:

Scope of Work (Check All That Apply)

□ ≥350 sf or ≥350 ft
□ ≥100 sf or ≥260 ft

Location of Asbestos-Containing Material (ACM)

TO BE ABATED

Location Normally Used Solely by

Maintenance/ Custodial Staff? (12)

Yes No N/A

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

Amount (Specify SF or LF)

Abatement Type

Removal Repair Encapsulation

Enclosure

Name of Registered Waste Hauler
Atlantic Carting, LLC

NJ DEP Waste Hauler ID No.
NJ-641

Cubic Yards of Waste
20

Date of Disposal
TBD

City, State
Bethlehem, PA

Name of Registered Landfill
IESI PA Bethlehem Landfill Corp.

Name of Contact
William Schuldte

Telephone Number

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 5:16)

**Date of Notification (1)**
- 9 / 19 / 13

**Name of Building Owner/Operator (2)**
- Kinder Morgan

**Street Address**
- 78 Lafayette Street

**City, State, Zip Code**
- Carteret, NJ 07008

**Name of Contact**
- Matthew Manchester

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

**Street Address**
- 920 High Street

**City (5)**
- Perth Amboy

**County (6)**
- Middlesex County

**County Code (7)/STATE USE ONLY**
- 0

**Square Feet**
- 3,600

**Type of Facility (4)**
- ☑ Other (i.e., private and commercial buildings, homes, etc.)

**# of Floors**
- 0

**Bldg. Age**
- 40

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

**Name of Monitoring Firm Hired by Building Owner (8)**
- Groundwater & Environmental Services

**ASCM No.**
- 

**Name of Abatement Contractor (9)**
- VersiTech Industrial Services of PA, Inc

**Street Address**
- 1340 Campus Parkway, Suite B4

**City, State, Zip Code**
- Neptune, NJ 07753

**Telephone No.**
- 800-220-3068

**License No.**
- 01123

**Name of OSHA Monitor**
- VersiTech Industrial Services of PA, Inc

**Street Address**
- 100 Alexander Drive

**City, State, Zip Code**
- Monaca, PA 15061

**Telephone No.**
- 724-728-6144

**Name of Registered Landfill**
- Monmouth County Reclamation Center

**City, State**
- Tinton Falls, NJ 07753

**Disposal Date**
- 10/18/13

**Completed By (Print or Type)**
- Jim Kreider

**Title**
- Project Manager

**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)
9-30-13

Name of Building Owner/Operator (2)
Summerwood Corporation

Agency Notified
☐ EPA
☐ DEP
☐ DOL
☐ DOH
☐ DCA

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

Street Address
14 Balligomingo Blvd.

City, State, Zip Code
Conshohocken, PA 19428

Name of Contact
Samuel Nasuti

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Commercial Building

Street Address
Coopertowne Blvd. & White Horse Pike

City (5)
Magolia

County Code (7)
Camden

County (6)

Square Feet
8,000

# of Floors
2

Bldg. Age
53 yrs.

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

Current Use (Prior to being demolished)
commercial business

License No.
00398

License No.

Name of Abatement Contractor (9)
Plymouth Environmental Co., Inc.

Telephone No.
610-239-9920

Telephone No.
302-737-3376

ASCM No.
-

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

Project Manager for Monitoring Firm
Todd Zeisloft

Start Date (10)
10/14/13

Completion Date (11)
10/31/13

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)
☐ ≥2,000 sf or ≥250 sf
☐ ≥160 sf or ≥260 sf
☐ Renovation
☐ Demolition

Location of Asbestos-Containing Material (ACM)

<table>
<thead>
<tr>
<th>TO BE ABATED</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<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>roof</td>
<td>x</td>
<td>roofing material</td>
<td>6,320 SF</td>
</tr>
<tr>
<td>1st floor</td>
<td>x</td>
<td>VAT &amp; mastic</td>
<td>3,270 SF</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
Robinson Waste

Cubic Yards of Waste
100

Name of Registered Landfill
GROWS, Inc.

Disposal Date
10/31/13

City, State
Bellemead, NJ

Completed by
Timothy E. Bryan

Title
Vice-President

Signature

Date
9-30-13

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

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>9-30-13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Macy's Incorporated</td>
</tr>
<tr>
<td>Street Address</td>
<td>7 W. 7th Street</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Cincinnati, OH 45202</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Tia Liddell</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
</tbody>
</table>

FACILITY INFORMATION

Name of Facility Where Abatement Is Taking Place (3)  
Macy's - Menlo Park Mall

Street Address  
275 Menlo Park Mall

City (5)  
Edison

County (6)  
Middlesex

Square Feet |
390,000

# of Floors |
4

Bldg. Age |
47 yrs.

Current Use (Prior if being demolished)  
retail store

Name of Monitoring Firm Hired by Building Owner (8)  
Pennacli Associates

ASCM No.  
-

Name of Abatement Contractor (9)  
Plymouth Environmental Co., Inc.

Street Address  
923 Haws Avenue

City, State, Zip Code  
Norristown, PA 19401

Project Manager for Monitoring Firm  
Joe Anello, Jr.

Telephone No.  
856-547-0505

Name of OSHA Monitor  
Plymouth Environmental Co., Inc.

Telephone No.  
610-239-9920

License No.  
00398

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)  
☐ ≥3 sf or ≥3 if  
☒ ≥160 sf or ≥260 if  
☐ Renovation  
☒ Demolition  
☐ Full Containment with Negative Pressure  
☐ Mini-Enclosure  
☐ Glovebag Procedure  
☐ Non-Exempted (*) and Non-Friable Procedure

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

<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>Amount (Specify SF or LF)</td>
</tr>
<tr>
<td>Abatement Type</td>
</tr>
<tr>
<td>Location of Normally Used Solely by Maintenance/Custodial Staff? (12)</td>
</tr>
<tr>
<td>roof</td>
</tr>
<tr>
<td>x</td>
</tr>
<tr>
<td>pipe insulation</td>
</tr>
<tr>
<td>x</td>
</tr>
<tr>
<td>100 LF</td>
</tr>
<tr>
<td>x</td>
</tr>
<tr>
<td>roof</td>
</tr>
<tr>
<td>x</td>
</tr>
<tr>
<td>caulking</td>
</tr>
<tr>
<td>x</td>
</tr>
<tr>
<td>60 LF</td>
</tr>
<tr>
<td>x</td>
</tr>
<tr>
<td>roof</td>
</tr>
<tr>
<td>x</td>
</tr>
<tr>
<td>flashing</td>
</tr>
<tr>
<td>100 LF</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler  
Newark Carting

NJDEP Waste Hauler ID No.  
4509

Cubic Yards of Waste  
3

Name of Registered Landfill  
IESI

City, State  
Newark, NJ  
Bethlehem, PA

Completed by  
Timothy E. Bryan  
Vice-President

Signature  

Date  
9-30-13

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

(Pursuant to NJAC 8:90 and 12:120)

**Date of Notification (1)**
10/3/2013

**Check #2514**

**Name of Building Owner/Operator (2)**
Holy Trinity School

**AGENCIES NOTIFIED**

- EPA
- DEP
- DOL
- DOH
- DCA

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

**Street Address**
34 Maple Avenue

**City, State, Zip Code**
Hackensack, NJ 07601

**Name of Contact**
Tom Hickey

**TELEPHONE NUMBER**

**FACILITY INFORMATION**

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

**Square Feet**
40,000

**# of Floors**
3

**Bldg. Age**
60+

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

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

**Street Address**
34 Maple Avenue

**City (5)**
Hackensack, NJ 07601

**County Code (6) (STATE USE ONLY)**
N/A

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

**ASCM No.**

**Name of Abatement Contractor (9)**
EA Services Corporation

**Street Address**
426 69th Street

**City, State, Zip Code**
Guttenberg, NJ 07093

**Telephone No.**
201-295-1700

**License No.**
01074

**Project Manager for Monitoring Firm**

**Telephone No.**

**Name of OSHA Monitor**
Same as above

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

**Start Date (10)**
10/19/13

**Scheduled Completion Date (11)**
10/21/2013

**Scope of Work (Check All That Apply)**
- ≥3 sf or ≥3 lf
- ≥160 sf or ≥260 lf
- Demolition
- Renovation

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

**TO BE ABATED**

**In Facility (13)**

| Cafeteria-Basement | CPI pipe chase | 20 LF |

**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, VAM, or other miscellaneous)

**Amount (Specify SF or LF)**

**Abatement Type**

- Full Containment with Negative Pressure
- Min-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure
- Removal
- Repair
- Encapsulate
- Endorse

**Name of Registered Waste Hauler**
Freehold Carting

**Waste Hauler ID No.**
15939

**Cubic Yards of Waste**
tbd

**Name of Registered Landfill**
Waste Management

**City, State**
Tullytown, PA

**PO Box**
5010

**Completed by**
Gina Salvador

**Title**
Office 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 8:66 and 10:138)

**Date of Notification:**
9/23/2013

**Name of Building Owner/Operator:**
Ana Gomez

**Street Address:**
30 and 28 1/2 Cleveland Ave

**City, State, Zip Code:**
Harrison NJ

**Name of Contact:**
Ana Gomez

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

**Street Address:**
30 and 28 1/2 Cleveland Ave

**City:**
Harrison

**Square Feet:**
1000

**Type of Facility:**
First Phase Group Inc

**County:**
Union county

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

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

**ASCM No.:**
N/A

**Name of Abatement Contractor:**
J&S Environmental Corp

**City, State, Zip Code:**
West New York NJ 07093

**Telephone No.:**
201-758-7159

**License No.:**
001144

**Name of GSHA Monitor:**
2333 Route 22 West

**Occupancy Status During Abatement:**
Vacant

**Type of Work:**

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED</th>
<th>Presence Normally Used Solely by Custodial Staff (12)</th>
<th>Description of Asbestos Containing Material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Roof</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler:**
Tri State Transfer Assoc Inc

**Tri DEP Waste Hauler ID No.:**
182551

**Disposal Date:**
Minerva Enterprises

**City:**
Westwaytown OH 44686

**Completed by:**
Edwin Pracilia

**Date:**
9/22/2013

---

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

**NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:98 and 12:126)**

**Data of Notification (1)**
10-4-2013

**Name of Building Owner/Operator (2)**
2 Fifth Street Associates

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

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

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

**Address**
2 Fifth Street

**City (5)**
Englewood Cliffs

**County (6)**
Bergen

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

**Square Feet**

**# of Floors**

**Bldg. Age**

**Current Use (If being demolished)**

**Name of Monitoring Firm Hired by Building Owner (6)**
n/a

**Name of Abatement Contractor (8)**
Lozinka Management Corporation

**Project Manager for Monitoring Firm**
n/a

**Telephone No.**
973-706-7950

**License No.**
01193

**Occuancy Status During Abatement (Check Only One)**
- Full Containment with Negative Pressure
- Non-Enclosure
- Non-Enclosure (Type) - Non-Fireproof Procedure

**Location of Asbestos-Containing Material (ACM) TO BE ABATED**
- In Building (12)

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

**Amount (Specify BF or LF)**

**Abatement Type**
- Removal
- Repair
- Encapsulation

**Name of Registered Waste Handler**
Lozinka Management Corporation

**Waste Handler ID No.**
0035137

**Name of Registered Landfill**
GROWNS Landfill

**Name of Contact**
Carmelo

**Telephone Number**

**Completed by**
E. Cirovic

**Title**
Secretary

**Date**
10-4-2013

**Not Approved**

**Signature**

*Do not use this form for asbestos removal exempted activities.*
State of New Jersey
NOTIFICATION OF ASbestos ABATEMENT
(Pursuant to NJAC 8:08 and 12:120)
CHECK # 0342

Date of Notification (1)
10-4-2013

Agency notifying
EPA
DEP
DOL
DOH
DCA

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

Name of Building Owner/Operator (2)
Legow Management

Street Address
160 S. Livingston Ave.

City, State, Zip Code
Livingston, NJ 07039

Name of Contact
John

Telephone Number

Name of Facility Where Abatement is Taking Place (3)
Chilton Towers Apt. 10d

Street Address
220 W. Jersey Street

City (5)
Elizabeth

County (6)

County Code (7)

(FACILITY INFORMATION)

Square Feet
10,000

# of Floors
15

Bldg. Age
50+

Current Use (Prior to being demolished)
Apartment Building

Name of Monitoring Firm Hired by Building Owner (8)
Loznica Management Corporation

ASCM No.
n/a

Name of Abatement Contractor (9)
Loznica Management Corporation

Street Address
22 Troy Lane

City, State, Zip Code
Lincoln Park, NJ 07035

Project Manager for Monitoring Firm

Telephone No.
n/a

License No.
973-706-7950

01193

Name of OSHA Monitor
Loznica Management Corporation

Street Address
22 Troy Lane

City, State, Zip Code
Lincoln Park, NJ 07035

Start Date (10)
10-15-2013

Scheduled Completion Date (11)
10-16-2013

Occupancy Status During Abatement (Check Only One)

Facility Closed/Vacated During Entire Period of Abatement

Abatement Performed Outside of Normal Facility Hours

Other – Describe: Apartment is vacated

Scope of Work (Check All That Apply)

≥3 sf or ≥3 if

≥160 sf or ≥260 if

Renovation

Demolition

Full Containment with Negative Pressure

Mini-Enclosure

Glovebag Procedure

Non-Exempted (*) and Non-Fireable Procedure

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

In Facility

(12)

Yes

No

N/A

Is Location Normally Used Solely by Maintenance/Custodial Staff?

Kitchen Apt 10D

VAT

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

Endeavor

Name of Registered Waste Hauler

Loznica Management Corporation

NJDEP Waste Hauler ID No.

0033137

Cubic Yards of Waste

TBD

Name of Registered Landfill

GROWS Landfill

Disposal Date

TBD

City, State

Morrison PA 19067

Completed by

E. Cirovic

Title

Secretary

Signature

Date

10-4-2013

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

**CHECK # 0320**

**Name of Building Owner/Operator (2):**
Legow Management

**Street Address:**
160 S. Livingston Ave.

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

**Name of Contact:**
John

**Telephone Number:**

### FACILITY INFORMATION

**Name of Facility Where Abatement is Taking Place (3):**
Chilton Towers Apt. 8c

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

**Street Address:**
220 W. Jersey Street

**City (5):**
Elizabeth

**County (6):**
Union

**Square Feet:**
10,000

**# of Floors:**
15

**Bldg. Age:**
50+

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

**Current Use (Prior if being demolished):**
Apartment Building

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

**ASCM No.:**
n/a

**Name of Abatement Contractor (9):**
Loznica Management Corporation

**Street Address:**
22 Troy Lane

**City, State, Zip Code:**
Lincoln Park, NJ 07035

**Project Manager for Monitoring Firm:**
n/a

**Telephone No.:**
973-706-9750

**License No.:**
01193

**Start Date (10):**
10-16-2013

**Scheduled Completion Date (11):**
10-17-2013

**Name of OSHA Monitor:**
Loznica Management Corporation

**Street Address:**
22 Troy Lane

**City, State, Zip Code:**
Lincoln Park, NJ 07035

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

- [x] ≥3 sf or ≥3 ft
- [x] ≥180 sf or ≥280 ft
- [ ] Renovation
- [ ] Demolition
- [x] Full Containment with Negative Pressure
- [x] Mini-Enclosure
- [x] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

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

**TO BE ABATED**
In Facility (13)

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

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

**Name of Registered Waste Hauler:**
Loznica Management Corporation

**NJDEP Waste Hauler ID No.:**
0033137

**Cubic Yards of Waste:**
TBD

**Name of Registered Landfill:**
GROWS Landfill

**City, State:**
Lincoln Park, NJ 07035

**Disposal Date:**
TBD

**City, State:**
Morrisville PA 19067

**Completed by:**
E. Cirovic

**Title:**
Secretary

**Signature:**

**Date:**
10-4-2013

*Do not use this form for asbestos licensure exempted activities.*
<table>
<thead>
<tr>
<th><strong>Data of Notification (1)</strong></th>
<th>9-30-2013</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Name of Building Owner/Operator (2)</strong></td>
<td>Northwest Realty LLC</td>
</tr>
<tr>
<td><strong>Street Address</strong></td>
<td>PO Box 916</td>
</tr>
<tr>
<td><strong>City, State, Zip Code</strong></td>
<td>Millburn, NJ 07076</td>
</tr>
<tr>
<td><strong>Name of Contractor</strong></td>
<td>John</td>
</tr>
<tr>
<td><strong>Name of Person</strong></td>
<td>NOT APPLICABLE</td>
</tr>
<tr>
<td><strong>Name of Company</strong></td>
<td>NOT APPLICABLE</td>
</tr>
<tr>
<td><strong>Street Address</strong></td>
<td>NOT APPLICABLE</td>
</tr>
<tr>
<td><strong>City, State, Zip Code</strong></td>
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</tr>
<tr>
<td><strong>Name of Facility Where Abatement is Taking Place (3)</strong></td>
<td>House for Demo</td>
</tr>
<tr>
<td><strong>Facility Information</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Type of Facility (4)</strong></td>
<td>School (K-12)</td>
</tr>
<tr>
<td><strong>Building</strong></td>
<td>Subchapter 6 (Other than K-12)</td>
</tr>
<tr>
<td><strong>Type</strong></td>
<td>Other (i.e., private &amp; commercial buildings, homes, etc.)</td>
</tr>
<tr>
<td><strong>Location CODE</strong></td>
<td>13 Overlook Terrace</td>
</tr>
<tr>
<td><strong>City/State/Zip Code</strong></td>
<td>Short Hills, Essex, N.J. 07076</td>
</tr>
<tr>
<td><strong>County Code (7)</strong></td>
<td>22Troy Lane</td>
</tr>
<tr>
<td><strong>Project Manager for Monitoring Firm</strong></td>
<td>Lincoln Park, NJ 07076</td>
</tr>
<tr>
<td><strong>Telephone No.</strong></td>
<td>22 Troy Lane</td>
</tr>
<tr>
<td><strong>License No.</strong></td>
<td>978-795-9000</td>
</tr>
<tr>
<td><strong>Name of OSHA Monitor</strong></td>
<td>773-795-9000</td>
</tr>
<tr>
<td><strong>Name of Abatement Contractor (9)</strong></td>
<td>Loznica Management Corporation</td>
</tr>
<tr>
<td><strong>License No.</strong></td>
<td>1111111</td>
</tr>
<tr>
<td><strong>Name of Abatement Control</strong></td>
<td>22 Troy Lane</td>
</tr>
<tr>
<td><strong>Name of OSHA Monitor</strong></td>
<td>Lincoln Park, NJ 07076</td>
</tr>
<tr>
<td><strong>Name of Building Owner/Operator (2)</strong></td>
<td>Northwest Realty LLC</td>
</tr>
<tr>
<td><strong>Street Address</strong></td>
<td>PO Box 916</td>
</tr>
<tr>
<td><strong>City, State, Zip Code</strong></td>
<td>Millburn, NJ 07076</td>
</tr>
<tr>
<td><strong>Name of Contractor</strong></td>
<td>John</td>
</tr>
<tr>
<td><strong>Name of Company</strong></td>
<td>NOT APPLICABLE</td>
</tr>
<tr>
<td><strong>Street Address</strong></td>
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<tr>
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</tr>
<tr>
<td><strong>Facility Information</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Type of Facility (4)</strong></td>
<td>School (K-12)</td>
</tr>
<tr>
<td><strong>Building</strong></td>
<td>Subchapter 6 (Other than K-12)</td>
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<tr>
<td><strong>Type</strong></td>
<td>Other (i.e., private &amp; commercial buildings, homes, etc.)</td>
</tr>
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</tr>
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<td>773-795-9000</td>
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</tr>
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</tr>
<tr>
<td><strong>Name of Contractor</strong></td>
<td>John</td>
</tr>
<tr>
<td><strong>Name of Company</strong></td>
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</tr>
<tr>
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<td><strong>Type of Facility (4)</strong></td>
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</tr>
<tr>
<td><strong>Name of OSHA Monitor</strong></td>
<td>Lincoln Park, NJ 07076</td>
</tr>
</tbody>
</table>

| **Scope of Work (Check All That Apply)** | |
| **Location of Asbestos-Containing Material (ACM)** | In Facility (13) |
| **Location Normally Used Solely by Maintenance/ Custodial Staff?** | Yes/No/N/A |
| **Description of ACM (i.e., thermal systems, insulation, surfacing, VAT, or other miscellaneous)** | Wall Plaster |
| **Amount (Specify SF or LF)** | 1,000 SF |
| **Abatement Type** | Removal |
| **Date** | 9-30-2013 |

* Do not use this form for asbestos failure exempted activities.
**STATE OF NEW JERSEY**

**NOTIFICATION OF ASBESTOS ABATEMENT**

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

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

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

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

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

**Street Address**
2511 Tack Circle

**City, State, Zip Code**
Scotch Plains, NJ 07076

**Name of Contact**
Ben Boisvert

**Telephone Number**

### FACILITY INFORMATION

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

**Street Address**
2511 Tack Circle

**City (5)**
Scotch Plains

**County (6)**
Union

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

**Square Feet**
2,000 +

**# of Floors**
2

**Bldg. Age**
50+

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

**Name of Monitoring Firm Hired by Building Owner (8)**
ASCM No. 02622

**Name of Abatement Contractor (9)**
Pyramid Contracting Corp.

**Street Address**
163 Sargeant Avenue

**City, State, Zip Code**
Clifton, NJ 07013

**Telephone No.**
973-692-6281

**License No.**
01099

**Name of OSHA Monitor**

**J&S Environmental Laboratories LLC**

**Street Address**
2333 Route 22 West

**City, State, Zip Code**
Clifton, NJ 07013

**Telephone No.**

**License No.**

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

**City, State**
Morrisville, Pennsylvania

**Disposal Date**
10/14/13

**Abatement Type**

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surface, V.A.T., or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Garbage-Basement</th>
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</thead>
<tbody>
<tr>
<td>Garage-Basement X Transite Panels 400 SF</td>
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<td></td>
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**Location of Asbestos-Containing Material (ACM)**
- TO BE ABATED
- In Facility

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

**Name of Registered Waste Hauler**
Pyramid Contracting Corp.

**NJ DEP Waste Hauler ID No.**
32813

**Cubic Yards of Waste**
1

**Completed by**
Dimo Golcev

**Title**
President

**Signature**

**Date**
10/04/13

*Do not use this form for asbestos licensure exempted activities.*
Date of Notification (1)  
10/02/2013  

Name of Building Owner/Operator (2)  
Tower West Condominium Association,  

Address Information  
Street Address  
6050 John F. Kennedy Blvd E  

City, State, Zip Code  
West New York, NJ 07093  

Name of Contact  
Sean Nelson  

FACILITY INFORMATION  
Name of Facility Where Abatement is Taking Place (3)  
Residential Property  
Street Address  
6050 John F. Kennedy Blvd E  

City (5)  
West New York  

County (6)  
HUDSON  

County Code (7)  
ASCM No.  
N/A  

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

Sq. Feet: 345,000  
# of Floors: 23  
Bldg. Age: 60  

Current Use (if being demolished):  
Industrial Safety & Environmental Solutions, Inc.  
Address Information  
Street Address  
3300 Hudson Avenue  

City, State, Zip Code  
Union City, NJ 07087  

License Number  
01124  

Name of OSHA Monitor  
ISES, Inc.  

Street Address  
3300 Hudson Avenue  

City, State, Zip Code  
Union City, NJ 07087  

Type of Work (Check all that apply)  
( ) Demolition  
( ) Renovation  
( ) Full Containment with Negative Pressure  
( ) Mini-Enclosure  
( ) Glove-bag Procedure  
( ) Non-Exempted (*) and Non-Friable Procedure  

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

<table>
<thead>
<tr>
<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>
</table>
| ( ) Through-out  
Pipe TSI (elbows and debris)  
| ~ 80 SFT | Removal |
| ( ) Maintenance room  
Pipe TSI  
| ~ 60 | Repair |
| ( ) Exterior perimeter and lobby area  
Pipe TSI  
| ~ 100 | Encapsulate |

Name of Reg. Waste Hauler  
NEWARK CARTING  
ADDRESS  
04509  

Cubic Yards of Waste  
15  

Name of Reg. Landfill  
IESI BETHELHEM LANDFILL  
ADDRESS  
BETHELHEM, PA 18015  

Disp. Date  
12/20/2013  

Completed by (Print or Type)  
David Camacho  
Title  
Project Supervisor  
Signature  
[Signature]  
Date  
10/02/2013
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1) 10/3/13

Name of Building Owner/Operator (2) Borough of Paramus

Agencies Notified

<table>
<thead>
<tr>
<th>Agency</th>
<th>Type of Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial Notification</td>
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<tr>
<td>DEP</td>
<td>Emergency Notification</td>
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<tr>
<td>DOL</td>
<td>Amended Notification</td>
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<tr>
<td>DOH</td>
<td>Cancellation</td>
</tr>
</tbody>
</table>

Street Address Jockish Square
City, State, Zip Code Paramus, NJ 07652
Name of Contact Guy Picone

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Office
Street Address 97 Farview Ave
City (5) Paramus
County (6) Bergen
County Code (7) ASCM No.

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

Name of Abatement Contractor (9) Jupiter Environmental Services, Inc.
Street Address 3 Lynn Court
City, State, Zip Code Lincoln Park, NJ 07035
Telephone Number 732-390-5858
License Number 973-709-0200 00852

Project Manager for Monitoring Firm Kevin Lovely
Scheduled Start Date (10) 10/15/13
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 – Describe:
[ ] Other – Describe: partially vacated

Scope of Work (Check all that apply)
[ ] Demolition
[ ] Renovation

<table>
<thead>
<tr>
<th>Location of Asbestos - Containing Material (ACM) TO BE ABATED In Facility (13)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler Jupiter Environmental Services
Name of Registered Landfill Minerva Landfill

Location of Asbestos - Containing Material (ACM) 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) 10/3/13
Abatement Type

Name of Registered Waste Hauler ID No. 04782
Cubic Yards Of Waste 1/8

Disposal Date 10/18/13
City, State Waynesburg, OH

Completed By (Print or Type) Pane Repic
Title General Manager
Signature

Check # 7297
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

State of New Jersey

Date of Notification (1)

10/3/13

Name of Building Owner/Operator (2)

City of Camden

 erf g f g 22

Agencies Notified

[x] EPA

Type of Notification

[x] Initial Notification

[ ] Emergency

[ ] Amended Notification

[ ] Cancellation

City Address

City Hall - Room 213

City, State, Zip Code

Camden, NJ 08101

Name of Contact

Rueben Perez

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

DPW Bldg.

Street Address

101 Newton Avenue

City (5)

Camden

County (6)

Camden

County Code (7)

(State USE ONLY)

Name of Monitoring Firm Hired by Building Owner

TTI Environmental, Inc

ASCM No.

00003

Type of Facility (4)

[x] Subchapter 8 (Other than K-12)

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

Square Feet

20000

Bldg. Age

~ 50

Current Use (Prior if being demolished)

DPW bldg

Name of Abatement Contractor (9)

Jupiter Environmental Services, Inc

Street Address

3 Lynn Court

City, State, Zip Code

Lincoln Park, NJ 07035

Telephone Number

973-709-0200

License Number

00852

Name of OSHA Monitor

J & S Environmental Laboratories, LLC

Street Address

2333 Route 22 W

City, State, Zip Code

Union, NJ 07083

Occupancy Status During Abatement (Check only one)

[ ] Facility Closed/Vacated During Entire Period of Abatement

[x] Abatement Performed Outside of Normal Facility Hours – Describe: evenings/weekend

[ ] Other – Describe:

Scope of Work (Check all that apply)

[ ] Demolition

[ ] ≥ 3 sf or ≥ 3 if

[x] ≥160 sf or ≥280 if

[ ] Renovation

[x] Full Containment with Negative Pressure

[ ] Mini – Enclosure

[x] Glovebag Procedure

[ ] Non – Friable Procedure

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

In Facility

(13)

Boiler room

x

Water tank insulation

600 SF

Boiler room

x

Pipe insulation

40 LF

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, VACT, or other miscellaneous)

Amount

(Specify SF or LF)

Abatement Type

REMOVAL

REPAIR

ENCLOSURE

ENCLOSURE

ENCLOSURE

Enclosure

Enclosure

Enclosure

Name of Registered Waste Hauler

Jupiter Environmental Services

NJ DEP Waste Hauler ID No.

04762

Cubic Yards

10

Disposal Date

11/1/13

Name of Registered Landfill

Minerva Landfill

City, State

Lincoln Park, NJ

Completed By (Print or Type)

Pane Repic

Title

General Manager

Signature

Date

10/3/13

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

Date of Notification: 10/4/13

Name of Building Owner/Operator: S. FAIR ANDERSON

Facility Information:
- Name of Facility Where Abatement is Taking Place: RESIDENCE
- Street Address: 6703 Ocean Drive
- City: Avalon
- County: Cape May
- ASCH# No.: N/A

Abatement Contractor:
- Name: Klemco Inc.
- Street Address: 369 S. Spruce Ave.
- City, State, Zip Code: Maple Shade, NJ 08052
- Telephone No.: 856-779-0922
- License No.: 00044

Scope of Work:
- Renovation / Demolition:
- Full Containment with Negative Pressure:
- Non-Enclosure:
- Glovebox Procedure:
- Non-Exempted (I) and Non-Firable Procedure:
- Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility:
  - Yes No N/A

Sidew.

Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VLT, or other miscellaneous):
- Amount (Specify SF or LF):

Name of Registered Waste Hauler:
- Klemco Inc.
- NJDEP Waste Hauler D No: 19903
- Cubic Yards of Waste:

Name of Registered Landfill:
- C.M.C., M.U.A
- City, State: Maple Shade, N.J. 08052

Completion By:
- Name: Joseph Klemm
- 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 8:60 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>10/14/13</td>
<td>PINELANDS CONSTRUCTION</td>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
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</thead>
<tbody>
<tr>
<td>300 77TH ST.</td>
<td>SEASIDE CITY, N.J. 08243</td>
</tr>
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</table>

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

<table>
<thead>
<tr>
<th>County</th>
<th>County Code (7)</th>
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</thead>
<tbody>
<tr>
<td>LACEY TWP</td>
<td>ASCM No.</td>
</tr>
</tbody>
</table>

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

Name of Abatement Contractor (9)
KLEECO INC.

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>369 S, SPRUE CO.</td>
<td>MAPLE SHADE, N.J. 08052</td>
<td>02454</td>
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</table>

<table>
<thead>
<tr>
<th>Telephone No.</th>
<th>Name of OSHA Monitor</th>
</tr>
</thead>
<tbody>
<tr>
<td>556-772-0472</td>
<td>JOSEPH KLEMM</td>
</tr>
</tbody>
</table>

Start Date (10) | Scheduled Completion Date (11)
10/14/13 | 10/25/13

Scope of Work (Check all that apply)
[ ] 33 sf or 33 ft  [ ] 2160 sf or 2360 ft
[ ] Renovation  [ ] Demolition

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

<table>
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<th>Description of Asbestos-Containing Material (ACM)</th>
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<tr>
<td>Amount (Specify SF or LF)</td>
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<tr>
<td>Abatement Type</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>NDEP Waste Material No.</th>
<th>NDMHP Waste Material No.</th>
<th>Concrete Yards of Waste</th>
<th>Name of Registered Landfill</th>
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</thead>
<tbody>
<tr>
<td>1294</td>
<td>294</td>
<td>1300</td>
<td>C.M.C.M.V.A.</td>
</tr>
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<table>
<thead>
<tr>
<th>City, State</th>
<th>Disposal Date</th>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>MAPLE SHADE</td>
<td>10/25/13</td>
<td>WOODBINE, N.J.</td>
</tr>
</tbody>
</table>

Completed By: JOSPEH KLEMM  Time: 11/13

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:90 and 12:120)

Date of Notification: 10/14/13
Name of Building Owner/Operator: Robert Greenbalt

Name of Contact: Andrew Ricco

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place: Residence
Street Address: 28 E 3rd Avenue
City: Pine Hill
County: Camden

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

Square Feet: 1130
# of Floors: 1.5
Bldg. Age: 93
Current Use: Vacant

Name of Abatement Contractor: Ricco Construction Corp

Start Date: 10/18/13
Scheduled Completion Date: 10/25/13

Occupancy Status During Abatement:
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other - Describe: None

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

Amount (Specify SF or LF): 250 SF

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

Name of Registered Waste Hauler: Ricco Construction Corp
NJ/DEP Waste Hauler ID No.: 28909
Cubic Yards of Waste: 2

Name of Registered Landfill: Salem County
Disposal Date: IBD
City, State: Alloway, NJ

Completed by: Andrew Ricco
Title: Owner
Signature: [Signature]
Date: 10/14/13

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

**State of New Jersey**

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>B. DONN</th>
</tr>
</thead>
<tbody>
<tr>
<td>10-4-13</td>
<td></td>
</tr>
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**Address**

<table>
<thead>
<tr>
<th>Agency Notified</th>
<th>EPA</th>
</tr>
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<tbody>
<tr>
<td>Type Notification</td>
<td>Remediation</td>
</tr>
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<table>
<thead>
<tr>
<th>State Address</th>
<th>188 GRIGGS AVENUE</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State, Zip Code</td>
<td>TEANECK, N.J. 07666</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Building Owner/Operator</th>
<th>B. DONN</th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Type of Facility (4)</th>
<th>School (K-12)</th>
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<table>
<thead>
<tr>
<th>Name of Facility Where Abatement Is Taking Place</th>
<th>B. DONN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>188 GRIGGS AVENUE</td>
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<tr>
<td>City</td>
<td>TEANECK</td>
</tr>
<tr>
<td>County</td>
<td>BERGEN</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Current Use (Prior to Demolition)</th>
<th>RESIDENCE</th>
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<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner</th>
<th>ASCH No.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of Abatement Contractor (5)</th>
<th>Best Removal Inc</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>450 S. River St</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State, Zip Code</td>
<td>Hackensack, N.J. 07601</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Plan</th>
<th>Telephone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project Manager</td>
<td>201-329-7444</td>
</tr>
<tr>
<td>License No.</td>
<td>00388</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of OSHA Monitor</th>
<th>Omega Environmental Inc</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>280 Huyler St</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State, Zip Code</td>
<td>South Hackensack, N.J. 07606</td>
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<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
<th>Renovation</th>
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</thead>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM)</th>
<th>BASEMENT</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Description of ACM, Location, and Use</th>
<th>THERMAL INSULATION</th>
</tr>
</thead>
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<table>
<thead>
<tr>
<th>Name of Registered Waste Handler</th>
<th>Best Removal Inc</th>
</tr>
</thead>
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<table>
<thead>
<tr>
<th>NDEP Waste Handler ID No.</th>
<th>17109</th>
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<tbody>
<tr>
<td>Name of Registered Landfill</td>
<td>Minerva Enterprises</td>
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</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>Hackensack, N.J. 07601</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Estimated Date</th>
<th>10-15-13</th>
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</thead>
<tbody>
<tr>
<td>City, State</td>
<td>Waynesburg, OH</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed by</th>
<th>R. Veldran</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Time</th>
<th>10-4-13</th>
</tr>
</thead>
</table>

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

**Date of Notification (1)** 10/4/13

**Name of Building Owner/Operator (2)** Bergen County Housing Authority

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

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

**Street Address**
One Bergen County Plaza, Second Floor

**City, State, Zip Code** Hackensack, NJ 07601

**Name of Contact** Jason Rooney

**Telephone Number**

### FACILITY INFORMATION

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

**Street Address** 151 Hackensack Street

**City (5)** East Rutherford

**County (6)** Bergen

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

**Square Feet** 1796

**# of Floors** 2

**Bldg. Age** 63

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

**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

**Telephone No.** 973-583-8500

**License No.** 703

**Name of OSHA Monitor**

**Project Manager for Monitoring Firm**

**Start Date (10)** 10/9/13

**Scheduled Completion Date (11)** 11/9/13

**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)**
- [ ] 23 sf or < 23 if
- [x] 2160 sf or > 2250 if
- [ ] Renovation
- [x] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Flexible Procedure

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>basement</td>
<td>x</td>
<td>pipe insulation</td>
<td>130 LF</td>
<td>x</td>
</tr>
</tbody>
</table>

**Amount**

**Name of Registered Waste Hauler**

Freehold Cartage

**Cubic Yards of Waste** 10

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

**Disposal Date** TBD

**City, State** Morrisville, PA

**Completed by**

Andrew Scott Higgins

**Title** President

**Signature**

**Date** 10/4/13

---

*Do not use this form for asbestos licensure exempted activities.*
New Jersey Department of Health
Consumer, Environmental & Occupational Health Service
PO Box 369, Trenton, NJ 08625-0369
Telephone: 609-826-4950 Fax: 609-826-4975

NOTIFICATION OF NON-FRIABLE ASBESTOS WORK ACTIVITIES
Must be submitted 10 days prior to the beginning of work. Please type or print legibly.

<table>
<thead>
<tr>
<th>Type of Notification (check one) and Date Submitted</th>
</tr>
</thead>
<tbody>
<tr>
<td>✔ Initial  ❌ Amended  ❌ Cancellation  ❌ Emergency (must include justification) Date of Notification: 10/03/2013</td>
</tr>
</tbody>
</table>

Building Information

Name of Building Owner/Operator: Mercer County Technical Schools
Street Address: 1085 Old Trenton Road City: Trenton State: NJ zip: 08690
Name of Contact: Sean Cavalier Telephone No.: 

Facility Information

Name of Facility Where Work Activity is to Take Place: Arthur Sypek Center
Describe Facility Use: School
Street Address: 129 Bull Run Road City: Pennington State: NJ zip: 08534
County Name: Mercer County Code (state use only): 
Scheduled Start Date: 10/16/2013 Scheduled Completion Date: 10/22/2013

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 Square Footage: 3,112 SF (non-asbestos) Percentage Asbestos: 
- ✔ Mastic Square Footage: 3,112 SF Percentage Asbestos: 
- Other Square Footage: 

Contractor Information

Company Name: Shade Environmental, LLC Telephone No.: (856)755-0099
Street Address: 623 Cutler Avenue City: Maple Shade State: NJ zip: 08052
New Jersey Asbestos License Number (if applicable): 00842
Monitoring Firm (if applicable): Pars Environmental Telephone No.: 609-890-7277

Signature

Completed By (type or print legibly): Christina Lynch Title: Office Manager Date: 10/03/2013
**New Jersey Department of Health**

**Consumer, Environmental & Occupational Health Service**

PO Box 369, Trenton, NJ 08625-0369

Telephone: 609-292-4950  Fax: 609-292-4975

CONTRACTOR INFORMATION FOR NON-FRIABLE ASBESTOS WORK ACTIVITIES—Exemption Request

Please Type or Print Legibly

---

**Type of Exemption Request**

- [x] Floor Tile
- [ ] Roofing
- [ ] Siding
- [ ] Transite
- [ ] Other, explain:

---

**General Information**

**Company Name:** Shade Environmental, LLC

**Mailing Address:**
- 623 Cutler Avenue, City: Maple Shade, State: NJ, Zip: 08052

**Company Name:** Shade Environmental, LLC

**Telephone No.:** (856)755-0099

**Fax No.:** (856)482-5879

**Telephone No.:** (856)755-0099

**Federal I.D. Number:** 87-0721731

**Corporation Number (if applicable):** N/A

**Date Incorporated:**

**State Incorporated In:**

---

**Name:** William J. Lynch

**Title:** Owner

**Address:**
- 623 Cutler Avenue, City: Maple Shade, State: NJ, Zip: 08052

---

**Company (as identified above) Information**

How long has the company/agency been in existence?  9 Years  8 Months

Has the company's name changed within the past two (2) years? [x] No  [ ] Yes

If yes, explain below:

---

Is the company/agency an affiliate or subsidiary of any other organization? [x] No  [ ] Yes*

*If you answered yes to the above question, list the name(s) and address(es) of the related organization(s) and explain the relationship on a separate piece of paper.

---

List all owners, partners, shareholders (10% or more), officers, and directors of the company (use a separate piece of paper if necessary):

<table>
<thead>
<tr>
<th>Name (Last, First, Middle Initial)</th>
<th>Address</th>
<th>Office/Title</th>
<th>% Ownership</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lynch, Diana B.</td>
<td>623 Cutler Avenue, Maple Shade, NJ 08052</td>
<td>Owner</td>
<td>80%</td>
</tr>
<tr>
<td>Lynch, William J.</td>
<td>623 Cutler Avenue, Maple Shade, NJ 08052</td>
<td>Owner</td>
<td>20%</td>
</tr>
</tbody>
</table>

---

Go To Page 2 to Complete This Application

---

**Directions for the Completion and Submission of Contractor Information for Non-Friable Asbestos Work Activities—Exemption Request form**

---

Page 2 of 3
CONTRACTOR INFORMATION FOR NON-FRIABLE ASBESTOS WORK ACTIVITIES (cont'd)

Company's History of Legal Actions

If you answer "yes" to any of the following questions, you must provide a detailed statement to fully explain the circumstances, and attach the statement to this form.

Has the company or any person identified on this form:
- been subject to, or has pending, any disciplinary action(s), suspension(s), or citation(s) of violation(s) by any administrative, governmental or regulatory agency, including, but not limited to, OSHA, EPA, NJDOLWD, NJDEP, NJDOA or NJDOH?
- No ☐ Yes ☑

- now or has been subject to any order resulting from any criminal, civil or administrative proceeding brought against such company, persons or parties by any administrative, governmental or regulatory agency?
- No ☐ Yes ☑

- been denied any license/certification/approval, or had it suspended or revoked by any administrative, governmental or regulatory agency?
- No ☐ Yes ☑

- been disbarred, suspended or disqualified by any federal, state or municipal agency?
- No ☐ Yes ☑

- been a defendant in any civil or criminal litigation?
- No ☐ Yes ☑

Historical Data (check most appropriate)

☐ I intend to use the data provided by the RFI/which indicates that no significant exposure exists during the removal of asbestos containing floor tile, when their methodology is applied to their described situation.

☐ The RFI data is not applicable to the floor tile removal I am undertaking. Attached is data for the removal method which will be employed. This data represents airborne asbestos levels generated during and after the removal, and is proof that no significant exposure exists.

☐ I am undertaking the removal of (check one):
  ☐ tilingável, ☐ roofing ☐ siding

Attached is historical or current data for this type of removal which indicates that no significant exposure exists during or after the removal of the material.

Statement and Signature

I agree that the information contained herein is accurate, true and complete, to the best of my knowledge. I understand that if such information contained herein is found to be false, I may be subject to the penalty provisions of N.J.A.C. 8:60.

I understand that this information is subject to verification and that I agree to provide any additional documentation, as required. For the same purpose, I also understand that outside sources may be contacted, therefore I hereby give permission for disclosure of any information which may be needed to determine if the contents of this document is valid and/or eligible. I also understand that failure to provide full disclosure of any of the requested or required information may result in the rejection of this request. I also understand that completion of this form does not guarantee approval of this Request.

By signing this form, I understand that, should this request be approved, I am required to follow any and all procedures prescribed by the New Jersey Department of Health in regulation and/or guidance documents as provided.

I am authorized to sign for and in behalf of persons listed as owners, partners, shareholders, officers and directors of the company identified in this document.

Name (Print): Christina Lynch
Title: Office Manager
Signature: [Signature]
Date: 10/03/2013

Directions for the Completion and Submission of Contractor Information for Non-Friable Asbestos Work Activities—Exemption Request form