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

Date of Notification (1)  
10-2-2012  

Name of Building Owner/Operator (2)  
Randolph Township Board of Education

Agencies Notified  
☐ EPA  
☐ DEP  
☒ DOH  
☐ DOL

Type Notification  
☒ Initial  
☐ Amended  
☐ Emergency (including justification)  
☐ Cancellation

Street Address  
25 Schoolhouse Road  
City, State, Zip Code  
Randolph, NJ 07869

Name of Contact  
Frank W. Wrede

Name of Facility Where Abatement Is Taking Place (3)  
Ironia Elementary School

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  
50,000+

# of Floors  
2

Bldg. Age  
30+

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8)  
Ahera Consultants Inc  
ASCN No.  
0057

Name of Abatement Contractor (9)  
GL Group, Inc

Street Address  
PO Box 385  
Ocenville, NJ 08231-0385

City, State, Zip Code  
Oceanville, NJ 08231-0385

Telephone No.  
(609) 652-1833

License No.  
201-710-9725  
01084

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

Start Date (10)  
10-12-2012

Scheduled Completion Date (11)  
12-22-2012

Name of OSHA Monitor  
GL Group, Inc

Street Address  
140 Hamburg Turnpike  
City, State, Zip Code  
Bloomingdale, NJ 07403

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)

Name of Registered Waste Hauler  
GL Group, Inc

Cubic Yards of Waste  
TBD

Name of Registered Landfill  
Grows

City, State  
Bloomingdale, NJ

Disposal Date  
TBD

Completed by  
Elena Solakov  
Title  
President  
Signature  
Date  
10-2-2012

* 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>
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<tr>
<th>Date of Notification (1)</th>
<th>10-2-2012</th>
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<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Randolph Township Board of Education</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Frank W. Wrede</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

- **Name of Facility Where Abatement is Taking Place (3):** Fernbrook Elementary School
- **Street Address:** 206 Quaker Church Road
- **City (5):** Randolph
- **County (6):** Morris
- **Name of Monitoring Firm Hired by Building Owner (8):** Ahera Consultants Inc
- **ASCM No.:** 0057
- **Name of Abatement Contractor (9):** GL Group, Inc
- **Street Address:** PO Box 385
- **City, State, Zip Code:** Oceana, NJ 08231-0385
- **Project Manager for Monitoring Firm:** John Smoyer
- **Telephone No.:** (609) 652-1833
- **Start Date (10):** 10-12-2012
- **Scheduled Completion Date (11):** 12-22-2012
- **Occupancy Status During Abatement (Check Only One):** Facility Closed Vacated During Entire Period of Abatement
- **Scope of Work (Check All That Apply):**
  - 33 sf or >33
  - 160 sf or <2060
  - 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**

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<thead>
<tr>
<th>Location</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
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<tr>
<td>North Wing/Front Entrance</td>
<td>X</td>
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<tr>
<td>North Wing/Front Entrance</td>
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<tr>
<td>East Wing</td>
<td>X</td>
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<table>
<thead>
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<th>Description of Asbestos Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
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<tr>
<td>Window Caulk</td>
<td>736 LF</td>
<td>x</td>
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<tr>
<td>Window Glaze</td>
<td>1760 LF</td>
<td>x</td>
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<tr>
<td>Transite</td>
<td>352 SF</td>
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<table>
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<tr>
<th>Name of Registered Waste Hauler</th>
<th>GL Group, Inc</th>
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<tr>
<td>NUDEP Waste Hauler ID No.</td>
<td>0033034</td>
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<td>Disposal Date</td>
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<tr>
<td>City, State</td>
<td>Bloomingdale, NJ</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>Grows</td>
</tr>
</tbody>
</table>

**Completed by:**

- **Elena Solakova**
- **Title:** President

Signature: Elena Solakova
Date: 10-2-2012

* 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)

Name of Building Owner/Operator (2):
Randolph Township Board of Education

Name of Contact:
Frank W. Wrede

Name of Monitoring Firm Hired by Building Owner (8):
Ahera Consultants Inc

Name of Abatement Contractor (9):
GL Group, Inc

Name of Registered Waste Hauler:
GL Group, Inc

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

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

Facility Where Abatement is Taking Place (3):
Center Grove School

Street Address:
25 Schoolhouse Road

City (5):
Randolph

County (6):
Morris

County Code (7):
0057

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

Square Foot:
50,000+

# of Floors:
2

Bldg. Age:
30+

Current Use (Prior if being demolished):

Project Manager for Monitoring Firm:
John Smoyer

Telephone No.:
(609) 652-1833

Start Date (10):
10-12-2012

Scheduled Completion Date (11):
12-22-2012

Occupy Status During Abatement:
Facility Closed/Vacated During Entire Period of Abatement

Scope of Work (Check All That Apply):
- x3 sf or x3 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):

<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>
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<tbody>
<tr>
<td>1954 Wing</td>
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<td>Window Caulk</td>
<td>952 LF</td>
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<tr>
<td>1954 Wing</td>
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<td>Window Glaze</td>
<td>2760 LF</td>
<td>X</td>
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Name of Registered Landfill:
Grows

City, State:
Bloomingdale, NJ

Disposal Date:
TBD

Completed by:
Elena Solakov
Title:
President

Signature:

Date:
10-2-2012

ASB-41 (R-06-09)

* 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)  
10-2-2012  

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

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

Name of Building Owner/Operator (2)  
Randolph Township Board of Education  

Street Address  
25 Schoolhouse Road  

City, State, Zip Code  
Randolph, NJ 07869  

Name of Contact  
Frank W. Wrede  

FACILITY INFORMATION  

Name of Facility Where Abatement is Taking Place (3)  
Shongum Elementary School  

Street Address  
9 Arrow Place  

City (5)  
Randolph  

County (6)  
Morris  

Current Use (Prior if being demolished)  

Name of Monitoring Firm Hired by Building Owner (9)  
Ahera Consultants Inc  

ASCM No.  
0057  

Name of Abatement Contractor (9)  
GL Group, Inc  

Street Address  
PO Box 385  

City, State, Zip Code  
Oceanieva, NJ 08231-0385  

Project Manager for Monitoring Firm  
John Smoyer  

Telephone No.  
(609) 652-1833  

Telephone No.  
201-710-9725  

License No.  
01084  

Telephone No.  

Name of OSHA Monitor  
GL Group, Inc  

Start Date (10)  
10-12-2012  

Scheduled Completion Date (11)  
12-22-2012  

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 >50 sf  
☐ Renovation  
☐ Demolition  
☐ Full Containment with Negative Pressure  
☐ Mini-Enclosure  
☐ Glovebag Procedure  
☐ Non-Exempted (*) and Non-Friable Procedure  

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

In Facility (13)  

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

Yes  
No  
N/A  

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

Amount (Specify SF or LF)  

Abatement Type  

Removal  
Repair  
Encapsulate  
Endorse  

Rooms 1-23,35, Offices,Nurse ofc  
X  
Exterior Window Caulk  
2088 LF  
X  

Rooms 1-23,35, Offices,Nurse ofc  
X  
Exterior Window Glaze  
7800 LF  
X  

Name of Registered Waste Hauler  
GL Group, Inc  

NJDEP Waste Hauler ID No.  
0033034  

Cubic Yards of Waste  
TBD  

Name of Registered Landfill  
Grows  

City, State  
Bloomindale, NJ  

Disposal Date  
TBD  

City, State  
Morrisonville, PA  

Completed by  
Elena Solakov  
Title  
President  
Signature  
Elena Solakov  
Date  
10-2-2012  

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

State of NJ

RECEIVED
2012 OCT 10 AM 10:54

FACILITY INFORMATION

Name of facility where abatement is taking place (3)

ALFRED WELLER
Street Address
187 COOPER AVENUE
City (5) Country (6) County Code (7) (State use only)
MONTCLAIR, ESSEX

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

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

Current Use (Prior if being demolished)

Name of Abatement Contractor (9)

D & S RESTORATION, INC.
Street Address
20 California Ave.
City, State, Zip Code Paterson, NJ 07503
Telephone Number 973-345-8020 License Number 01169

Name of OSHA Monitor
D & S Restoration, Inc.
Street Address
20 California Avenue
City, State, Zip Code Paterson, NJ 07503

Scope of Work (check all that apply)

□ ≥3 sf or ≥3 l f
□ 160 sf or ≥260 l f
□ Renovation
□ Demolition

Full Containment w/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)

Description of asbestos-containing material (ACM)

Amount (Specify SF or LF)

R E M O V E
R E P A I R
E N C A P
E N C L

Registered Waste Hauler
D & S RESTORATION, INC.
NJDEP Hauler ID# 13506
Cubic Yards of Waste 3 YDS
Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATerson, NJ 07503 Disposal Date 10/15/12

Completed by (Print or Type) Title Signature Date
BOGDAN JOLDZIC PRESIDENT 10/02/12

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

**State of NJ**

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

**Fax:**

Oct 2 2012 02:40pm P001/001

**D&B Proj #:** MS 12


<table>
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<th>Type Notification</th>
<th>Initial</th>
<th>Amended</th>
<th>Emergency (Including Justification)</th>
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<td>[☐] DCA</td>
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</table>

**Name of Building Owner/Operator (2):** BRENDA MITCHELL

**Street Address:** 20 LEO PLACE

**City, State, Zip Code:** NEWARK, NJ 07104

**Name of Contact:** BRENDA MITCHELL

**Telephone Number:**

---

**FACILITY INFORMATION**

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

BRENDA MITCHELL

**Street Address:** 20 LEO PLACE

**City (5):** NEWARK

**County (6):** ESSEX

**County Code (7):** (State use only)

**Name of Monitoring Firm (8):**

D & S RESTORATION, INC.

**Street Address:** 20 California Ave.

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

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

**License Number:** 01169

**Name of OSHA Monitor:**

D & S Restoration, Inc.

**Street Address:** 20 California Avenue

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

---

**Occupyancy Status During Abatement (Check only one):**

- [ ☑ ] Facility closed/evacuated during entire period of abatement.
- [ ☑ ] Abatement performed outside of normal facility hours:
  - [ ☑ ] Normal hours
  - [ ☑ ] Other: Describe

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

- [ ☑ ] 2800 sf or >
- [ ☑ ] Renovation
- [ ☑ ] Demolition

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

- [ ☑ ] Basemen
- [ ☑ ] Basement Boiler

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

- [ ☑ ] PIPE INSULATION: 45 Lf
- [ ☑ ] Boiler Insulation: 65 Lf

**Registered Waste Hauler:**

D & S RESTORATION, INC.

**NJDEP Hauler #:** 13505

**Disposal Date:**

2 yrs

**Name of Registered Landfill:**

TULLYTOWN, RESOURCE RECOVERY

**City, State:**

TULLYTOWN, PA

**Disposal Date:**

10/09/12

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

BOGDAN IOLDZIC

**Title:** PRESIDENT

**Signature:**

Date: 10/02/12

---

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

- **Name of Facility Where Abatement is Taking Place:**
  - Brenda Mitchell
  - Street Address:
    - 20 Leo Place
  - City, State, Zip Code:
    - Newark, NJ 07104
  - County: Essex

- **Name of Abatement Contractor:**
  - D & S Restoration, Inc.
    - Street Address:
      - 20 California Ave.
    - City, State, Zip Code:
      - Paterson, NJ 07503

- **Occupancy Status During Abatement:**
  - Abatement performed outside of normal facility hours

- **Scope of Work:**
  - Asbestos-containing material (ACM) to be abated in facility
  - Description of ACM:
    - Pipe Insulation
    - Boiler Insulation

- **Registered Waste Hauler:**
  - D & S Restoration, Inc.
    - City, State:
      - Paterson, NJ 07503

**Abatement Details**

- **Abatement Method:**
  - Pull Containment with negative pressure

- **Estimated Amount of ACM:**
  - 451 ft²

- **Registered Waste Hauler:**
  - D & S Restoration, Inc.
    - NJDEP Hauler ID:
      - 13505
    - Cubic Yards of Waste:
      - 2 yrs
    - Name of Registered Landfill:
      - Tullytown, Resource Recovery
    - City, State:
      - Paterson, NJ 07503

**Disposal Information**

- **Hauler's Date:**
  - 10/09/12

**Other Details**

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

Date of Notification (1) 11/10/2012

Name of Building Owner/Operator (2) BRENDI MITCHELL

Agencies Notified
- DOL

Type Notification
- Emergency

Amendment #: __________

Street Address
20 LEO PLACE

City, State, Zip Code
NEWARK, NJ 07104

Name of Contact
BRENDI MITCHELL

Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
BRENDI MITCHELL

Street Address
20 LEO PLACE

City (5) COUNTY (6)
NEWARK ESSEX

County Code (7)

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

ASCM No.

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

Street Address
20 California Ave.

City, State, Zip Code
Paterson, NJ 07503

Telephone Number
973-345-8020

License Number
01169

Name of OSHA Monitor
D & S Restoration, Inc.

Street Address
20 California Avenue

City, State, Zip Code
Paterson, NJ 07503

Start Date (10)
10/08/12

Sched. Completion Date (11)
10/18/12

Occupancy Status During Abatement (Check only one)
- Facility closed/vacated during entire period of abatement.
- Abatement performed outside of normal facility hours:
  Other-Describe: NORMAL HOURS

Scope of Work (check all that apply)
- >3 sf or >3 lf
- Renovation
- >160 sf or >260 lf
- Demolition

Full Containment winogative pressure
Mini-enclosure
Glovebag procedure
Non-Exempted (*) and Non-fragile procedure

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

<table>
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<th>Description of asbestos-containing material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
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<td>PIPE INSULATION</td>
<td>45.1 LF</td>
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<td></td>
<td>Boiler Insulation</td>
<td>65.1 FT</td>
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Registered Waste Hauler
D & S RESTORATION, INC.

NUDEP Hauler ID# 13506

City, State
PATERSON, NJ 07503

Disposal Date
10/09/12

Completed by (Print or Type)
BOGDAN JOLDZIC

Title PRESIDENT

Signature

Date 10/02/12

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

Date of Notification (1)
10/2/12

Name of Building Owner / Operator (2)
State of NJ Department of Children & Families – Office of Education

Street Address
10 Quakerbridge Plaza
City, State & Zip Code
Trenton, NJ 08625

Name of Contact
Mr. Ronald Wybraniec, Operations Mgr.

AGENCIES NOTIFIED

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<th>Type Notification</th>
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<td>Cancellation</td>
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<tr>
<td>DCA</td>
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FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Cape May Campus

Street Address
131 Haven Road

City (5) County (6) County Code (7)
Cape May

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
11,253 1 1967

Current Use (Prior if being demolished)
School

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

ASCM No.
00030

Name of Abatement Contractor (9)
Asbestos and Mold Services, Corp.

Street Address
120 North Warren Street
City, State & Zip Code
Trenton, NJ 08608

Name of OSHA Monitor
EMSL Analytical

Street Address
107 Haddon Ave.
City, State & Zip Code
Westmont, NJ 08108

Project Manager for Monitoring Firm
Brian Holbig

Telephone Number
609-462-3218

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

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

Scope of Work (Check all that apply)
- ≥3 sf or ≥31 ft
- ≥160 sf ≥260 ft
- Renovation
- Demolition

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

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

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

Amount (Specify SF or LF)

Abatement Type

Window Framing

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<th>Asbestos Caulk (exterior) 450 LF</th>
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Name of Registered Waste Hauler
NJDEP Waste Hauler ID No. 22612

Cubic Yards of Waste
10

Name of Registered Landfill
GROWS

City, State
Trenton, NJ

Disposal Date
10/12/12

Completed By (Print or Type)
Kim Trumbetti

Title
Admin.

Signature

Date
10/2/12
State of New Jersey  
Notification of Asbestos Abatement  
Pursuant to N.J.A.C. 8:60 and 12:120

Date of Notification (1)  
9/21/12  

Name of Building Owner / Operator (2)  
State of NJ Department of Children & Families - Office of Education  

Street Address  
10 Quakerbridge Plaza  

City, State & Zip Code  
Trenton, NJ 08625  

Name of Contact  
Mr. Ronald Wybraniec, Operations Mgr.  

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  
Mercer Campus  

Street Address  
1600 Stuyvesant Avenue  

City (5)  
Trenton  

County (6)  
Mercer  

County Code (7)  
13,110  

Square Feet  

Current Use (Prior if being demolished)  
School  

Name of Abatement Contractor (9)  
Asbestos and Mold Services, Corp.  

Street Address  
3959 Sylon Blvd.  

City, State & Zip Code  
Hainesport, NJ 08036  

Telephone Number  
609-702-0400  

License Number  
00862  

Project Manager for Monitoring Firm  
Brian Holbig  

Telephone Number  
609-462-3218  

License Number  
000030  

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

Street Address  
120 North Warren Street  

City, State & Zip Code  
Trenton, NJ 08608  

Scheduled Start Date (10)  
10/3/12  

Scheduled Completion Date (11)  
10/8/12  

Occupancy Status During Abatement (Check only one)  
Describe: Working Saturday, too.  

Scope of Work (Check all that apply)  
Restoration  
Demolition  

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  

Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)  
1,650 LF  

Amount (Specify SF or LF)  

Abatement Type  

(22) Window Openings  

Window Glazing  

Full Containment with Negative Pressure  
Mini-Enclosure  
Glove Bag Procedures  
Non-Exempted and Non-Friable Procedure  

Name of Registered Waste Hauler  
NJDEP Waste Hauler ID No. 22812  

Cubic Yards of Waste  
10  

Name of Registered Landfill  
GROWS  

City, State  
Morrisville, PA  

Disposal Date  
10/8/12  

Completed By (Print or Type)  
Kim Trumbetti  

Title  
Admin.  

Signature  

Date  
10/1/12
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)
October 05/2012

Name of Building Owner/Operator (2)
Walter Ricciardi

Street Address
20 Hilltop circle

City, State, Zip Code
Morristown, NJ 07960

Name of Contact
Walter Ricciardi

Network INFORMATION

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

Type Notification
☐ Initial
☒ Amended
☒ Amendment # 01
☐ Emergency (including justification)
☐ Cancellation

FACILITY INFORMATION

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

Street Address
20 Hilltop circle

City (5)
Morristown

County (6)
Morris

Name of Monitoring Firm Hired by Building Owner (8)
AZ Solution Consulting LLC

Street Address
7007 50th Street

City, State, Zip Code
Ridgewood, NY 11385

Project Manager for Monitoring Firm
Alex Mavragis

Telephone No.
287-349-1479

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

Square Feet
8,000

# of Floors
2

Bldg. Age
97

Current Use (Prior if being demolished)
non occupant

Name of Abatement Contractor (9)
Makigar LLC

Street Address
140 Ray str. ap. 6

City, State, Zip Code
Carndale, NJ 07026

Telephone No.
973-292-2197

Occupancy Status During Abatement (Check Only One)
☒ Facility Closed/Nullated During Entire Period of Abatement
☒ Abatement Performance Outside of Normal Facility Hours
☐ Other - Describe. Minimal business hours

Notes of Work (Check All That Apply)
☐ Renovation
☐ Demolition

Location of Asbestos-Containing Material (ACM) (2)

In Facility

Description of Asbestos Containing Material (ACM) (Specify FT 2 or LF)

Amount

Exposure

Abatement Type

- Full Containment with Negative Pressure
- SPRAY- Enclosure
- SPRAY- Enclosure
- Other - Describe

Name of Registered Waste Hauler
Makigar LLC

Hauler #
92989

Quantity of Waste
40

On or Before Date
10/05/2012

Name of Registered Landfill
Grows Landfill

City, State
Carndale, NJ 07026

Completed by
Veselin Petrovski
Title
President

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

**Date of Notification (1)**  
September 25/2012

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

**Street Address**  
20 Hilltop circle

**City, State, Zip Code**  
Morristown, NJ 07960

**Name of Contact**  
Walter Ricciardi

**Telephone Number**

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

**Street Address**  
20 Hilltop circle

**City (5)**  
Morristown

**County (6)**  
Morris

**County Code (7)**  
(State Use Only) 54105

**Name of Monitoring Firm Hired by Building Owner (8)**  
AZ Solution Consulting LLC

**ASCM No.**  
54105

**Name of Abatement Contractor (9)**  
Maktilgar LLC

**Street Address**  
140 Ray str. Apt. 6

**City, State, Zip Code**  
Garfield, NJ 07026

**Telephone No.**  
973 262 2120

**License No.**  
01177

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**Name of OSHA Monitor**  
AZ Solution Consulting LLC

**Street Address**  
7007 60th. Street

**City, State, Zip Code**  
Ridgefield, NJ 11385

**Telephone No.**

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**Start Date (10)**  
10/06/2012

**Scheduled Completion Date (11)**  
11/06/2012

**Occupy Status During Abatement (Check Only One)**

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

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

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

<table>
<thead>
<tr>
<th>Location of ACM 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 Fitting Insulation</td>
<td>700 l.ft.</td>
<td>x</td>
</tr>
<tr>
<td>Basement</td>
<td>x</td>
<td>Small Boiler</td>
<td>200 sq.ft.</td>
<td>x</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**  
Maktilgar LLC

**NJ DEP Waste Hauler ID No.**  
32 909

**Cubic Yards of Waste**  
10

**Name of Registered Landfill**  
Grows Landfill

**City, State**  
Garfield, NJ 07026

**Disposal Date On completion**  
09/25/2012

**Completed by**  
Veselin Petrovski

**Title**  
President

**Signature**

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