GL16-004

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)
check # 2442
Page 1 of 1

Date of Notification (1)
9-21-2016

Name of Building Owner/Operator (2)
Ramapo College of New Jersey

Agencies Notified
☐ EPA
☐ DEF
☐ DOL
☐ DOH
☐ DCA

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

Street Address
505 Ramapo Valley Road

City, State, Zip Code
Mahwah, NJ 07430

Name of Contact
Gina Mayer-Costa

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Elm Building College Park Apartments

Street Address
505 Ramapo Valley Road

City (5)
Mahwah

County (6)
Bergen

County Code (7)
(STATE USE ONLY)

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

Square Feet
7,050

# of Floors
2

Bldg. Age
47

Current Use (Prior to being demolished)
College Apartments

Name of Monitoring Firm Hired by Building Owner (8)
USA Environmental Management, Inc

ASCM No.
00112

Name of Abatement Contractor (9)
GL Group, Inc

Street Address
344 West State Street

City, State, Zip Code
Trenton, New Jersey 08618

Project Manager for Monitoring Firm
William Weisgarber, Jr.

Telephone No.
609.686.8101

Street Address
140 Hamburg Turnpike

City, State, Zip Code
Bloomingdale, NJ 07403

License No.
01084

Start Date (10)
1-11-2017

Scheduled Completion Date (11)
2-24-2017

Name of OSHA Monitor
GL Group, Inc

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

Scope of Work (Check All That Apply)
☐ ≥ 3 sf or ≥ 3 If
☐ ≥ 100 sf or ≥ 250 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)

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
- Regrind
- Encapsulate
- Enclose

Name of Registered Waste Hauler
GL Group, Inc

Disposal Date
TBD

City, State
Bloomingdale, NJ

Name of Registered Landfill
Minerva

Title
President

Signature

Date
9-21-2016

* Do not use this form for asbestos licensure exempted activities.
Date of Notification (1): 9-21-2016

Name of Building Owner/Operator (2): Ramapo College of New Jersey

Agencies Notified: EPA, DEP, DOL, DOH, DCA

Type Notification: Initial

Street Address: 505 Ramapo Valley Road
City, State, Zip Code: Mahwah, NJ 07430

Name of Contact: Gina Mayer-Costa

Name of Facility Where Abatement is Taking Place (3): Palm Building, College Park Apartments

County Code (7): Bergen

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

Square Feet: 7,050

# of Floors: 2

Bldg. Age: 47

Name of Monitoring Firm Hired by Building Owner (8): USA Environmental Management, Inc

ASCM No: 00112

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

Street Address: 344 West State Street
City, State, Zip Code: Trenton, New Jersey 08618

Project Manager for Monitoring Firm: William Welzigerer, Jr.

Telephone No.: 609.666.8101

Start Date (10): 1-11-2017
Scheduled Completion Date (11): 2-24-2017

Name of OSHA Monitor: GL Group, Inc

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

Facility Closed/Vacated During Entire Period of Abatement: Yes

Occupy Status During Abatement: Other - Describe:

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

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

<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, VAP, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apartments A-H</td>
<td>X</td>
<td>Drywall and Joint Compound</td>
<td>28,628 SF</td>
<td>x</td>
</tr>
<tr>
<td>Apartments A-H</td>
<td>X</td>
<td>Stud/Joist Adhesive</td>
<td>15,500 LF</td>
<td>x</td>
</tr>
<tr>
<td>Apartments A-H</td>
<td>X</td>
<td>Resilient Floor Coverings</td>
<td>3,802 SF</td>
<td>x</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler: GL Group, Inc

NJDEP Waste Hauler ID No: 00033034

Cubic Yards of Waste: TBD

Name of Registered Landfill: Minerva

City, State: Bloomingdale, NJ

Disposal Date: TBD

City, State: Waynesburg, OH

Completed by: Elena Solakov

Title: President

Signature: [Signature]

Date: 9-21-2016

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

State of New Jersey

Date of Notification (1)
10/19/16

Name of Building Owner/Operator (2)
MARS CHOCOLATE NORTH AMERICA

Agencies Notified
- EPA
- DEP
- DOH
- DCA

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

Address
700 HIGH ST
HACKETTSTOWN, NJ 07840

Name of Contact Person
PHILIP PHUONG

Telephone Number


Name of Facility Where Abatement is Taking Place (3)
MARS CHOCOLATE
700 HIGH ST

City (6)
HACKETTSTOWN

County Code (7)
WARR

County
WARREN

Square Feet
25,000

# of Floors
2

Bldg. Age
60

Current Use (Prior to being demolished)
MANUFACTURING

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

Name of Abatement Contractor (8)
J.W. HERITAGE CONSTRUCTION

Name of Monitoring Firm Hired by Building Owner (8)
EUZ

ASCM No.

Name of OSHPA Monitor
EUZ

City, State, Zip Code
HACKETTSTOWN, NJ 07840

Street Address
657 WEST STONE TRAIL
SPARTA, NJ

Telephone No.
908-296-8078

License No.

Project Manager for Monitoring Firm
BILL BANDLER

Telephone No.
908-769-5649

License No.

Start Date (10)
10/19/16

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

Scope of Work (Check All That Apply)
- < 23 sf or < 23 if
- ≥160 sf or ≥280 if

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

In Facility

(with 13)

Is Location Normally Used Solely by Maintenance/Custodial Staff?

Yes

No

N/A

TSI

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

Amount (Specify SF or LF)
1735 SF

Abatement Type

- Full Containment with Negative Pressure
- Refill-Envelope
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

Name of Registered Waste Hauler
WASTE MANAGEMENT

NJDEP Waste Hauler ID No.
49723

Cubic Yards of Waste
80

Name of Registered Landfill
GROWS

City, State
EWING, NEW JERSEY

Disposal Date
10/8/16

City, State
MORRISVILLE, PA

Completed by
JOHN WASTHAN

Title
PRESIDENT

Signed

Date
07/11/16

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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)
10 / 4 / 16

Name of Building Owner/Operator (2)
Elwyn

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

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

Street Address
111 Elwyn Road
City, State, Zip Code
Media, PA 19063

Name of Contact
Kevin Sansalone

Telephone Number

FACILITY INFORMATION

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

Square Feet
50,000
# of Floors
3
Bldg. Age
100

County Code (?)(STATE USE ONLY)
Current Use (Prior if being demolished)

Vacant

Name of Monitoring Firm Hired by Building Owner (8)
AESC No.
Mgmt. & Environmental Consulting Services

Name of Abatement Contractor (9)
Shade Environmental, LLC

Street Address
PO Box 341
City, State, Zip Code
Chesterfield, NJ 08515

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

Project Manager for Monitoring Firm
Bill Weisgarber

Telephone No.
609-298-4070

Telephone No.
856-755-0059

License No.
08842

Name of OSHA Monitor
EMSL Analytical, Inc.

Start Date (10)
10 / 18 / 16
Scheduled Completion Date (11)
10 / 26 / 16

Occupy Status During Abatement (Check only one)
☒ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM/ PM/ AM

Scope of Work (Check all that apply)
☒ ≥3 sf or ≥3 if
☒ ≥160 sf or ≥250 sf
☐ Renovation
☐ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

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

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

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

Amount (Specify SF or LF)

Abatement Type

Remove
Repair
Encapsulate

c

Basement

1st Floor

Roof

Name of Registered Waste Hauler
Freehold Cartage

Freehold Cartage ID No.
18939

Cubic Yards of Waste
40

Name of Registered Landfill
Cumberland County Landfill

City, State
Freehold, NJ

Disposal Date
10/28/2016

City, State
Newburg, PA

Completed By (Print or Type)
Christina Lynch
Title
Operations Manager

Signature

Date
10/4/2016

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State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:69 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
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<tbody>
<tr>
<td>10-1-16</td>
<td>EARTHTECH CONTRACTING</td>
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<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Street Address</th>
</tr>
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<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
<td>RESIDENCE</td>
<td>155 RT 50</td>
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<td>DEP</td>
<td></td>
<td></td>
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<tr>
<td>DOL</td>
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<td></td>
</tr>
<tr>
<td>DOH</td>
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</tr>
<tr>
<td>DCA</td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>County (6)</th>
<th>Current Use (Prior if being demolished)</th>
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<tbody>
<tr>
<td>GREENFIELD N.J 08230</td>
<td>CAPE MAY</td>
<td>VACANT</td>
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</table>

<table>
<thead>
<tr>
<th>County Code (7)</th>
<th>Square Feet</th>
<th># of Floors</th>
<th>Bldg. Age</th>
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<tbody>
<tr>
<td>(STATE USE ONLY)</td>
<td>2000</td>
<td>2</td>
<td>50+</td>
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<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>ASCM No.</th>
</tr>
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<tbody>
<tr>
<td>N/A</td>
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<table>
<thead>
<tr>
<th>Name of Abatement Contractor (9)</th>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>KLEMSCO INC</td>
<td>369 S SPRUCE ALE</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>County Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>MAPLE SHADE N.J 08052</td>
<td>CAPE MAY</td>
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<table>
<thead>
<tr>
<th>License No.</th>
<th>Telephone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>00444</td>
<td>856-779-0472</td>
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<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
</tr>
</thead>
<tbody>
<tr>
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<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
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<tbody>
<tr>
<td>10-12-16</td>
<td>10-19-16</td>
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</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
<th>Scope of Work (Check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM)</th>
<th>Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)</th>
</tr>
</thead>
<tbody>
<tr>
<td>TO BE ABATED IN Facility (13)</td>
<td>Yes No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Renovation Demolition</th>
<th>Location of Asbestos-Containing Material (ACM)</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>TRANSITE</td>
<td>1750 SF X</td>
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</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>NUDEP Waste Hauler ID No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>KLEMSCO INC</td>
<td>0904</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
<th>Cubic Yards of Waste</th>
<th>Disposal Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>WOODBINE</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
<th>Disposal Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>WOODBINE</td>
<td></td>
</tr>
</tbody>
</table>

Completed By: Michael Klima  
Title: SUP.  
Signature:  
Date: 10-1-16  

* Do not use this form for asbestos licensure exempted activities.
<table>
<thead>
<tr>
<th>State of New Jersey</th>
<th>NOTIFICATION OF ASBESTOS ABATEMENT</th>
<th>(Pursuant to NJAC 8:60 and 12:120)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Notification (1): 09/30/16</td>
<td>Name of Building Owner/Operator (2): AZIZ ASY</td>
<td></td>
</tr>
<tr>
<td>Agencies Notified</td>
<td>Type Notification</td>
<td>Street Address</td>
</tr>
<tr>
<td>EPA</td>
<td>Initial</td>
<td></td>
</tr>
<tr>
<td>DEP</td>
<td>Amended</td>
<td></td>
</tr>
<tr>
<td>DOL</td>
<td>Amendment #</td>
<td></td>
</tr>
<tr>
<td>DOH</td>
<td>Emergency (including Justification)</td>
<td></td>
</tr>
<tr>
<td>DCA</td>
<td>Cancellation</td>
<td></td>
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<tr>
<td>City, State, Zip Code: Secaucus, NJ, 07096</td>
<td>Name of Contact: AZIZ ASY</td>
<td>Telephone Number:</td>
</tr>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3): AZIZ'S HOME</td>
<td>Type of Facility (4):</td>
<td></td>
</tr>
<tr>
<td>Street Address: 14 Mill St.</td>
<td>School (K-12)</td>
<td></td>
</tr>
<tr>
<td>City (8): Secaucus</td>
<td>Subchapter 6 (Other than K-12)</td>
<td></td>
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<tr>
<td>County (6): Hudson</td>
<td>Other (i.e. private &amp; commercial buildings, homes, etc.)</td>
<td></td>
</tr>
<tr>
<td>Square Feet: 2400</td>
<td># of Floors: 2</td>
<td>Bldg. Age: 1935</td>
</tr>
<tr>
<td>Current Use (Prior if being demolished): Home</td>
<td></td>
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<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8): Asbestos Robotics and Industrial Abatement</td>
<td>ASCM No:</td>
<td></td>
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<tr>
<td>Street Address: 14 Mill St.</td>
<td>Name of Abatement Contractor (9):</td>
<td></td>
</tr>
<tr>
<td>City, State, Zip Code: Paterson, NJ 07501</td>
<td>Telephone No: 973-639-6662</td>
<td>License No: 1257</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm: Goran Iggy</td>
<td>Telephone No:</td>
<td></td>
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<tr>
<td>Start Date (10): 10/10/16</td>
<td>Scheduled Completion Date (11): 10/17/16</td>
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<tr>
<td>Occupancy Status During Abatement (Check Only One):</td>
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<tr>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
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<tr>
<td>Abatement Performed Outside of Normal Facility Hours</td>
<td></td>
<td></td>
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<tr>
<td>Other – Describe:</td>
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<td></td>
</tr>
<tr>
<td>Scope of Work (Check All That Apply):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>≤23 sf or ≤23 If</td>
<td>Renovation</td>
<td></td>
</tr>
<tr>
<td>≥100 sf or ≥230 If</td>
<td>Demolition</td>
<td></td>
</tr>
<tr>
<td>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12): Yes</td>
<td></td>
<td></td>
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<tr>
<td>Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous): Tranzite 3000SF</td>
<td></td>
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<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13): Exterior Siding</td>
<td></td>
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<tr>
<td>Amount (Specify SF or LF):</td>
<td></td>
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<tr>
<td>Abatement Type:</td>
<td></td>
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<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13): Exterior Siding</td>
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<td></td>
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<tr>
<td>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12): Yes</td>
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<tr>
<td>Name of Registered Waste Hauler: Indian Arrow Industries 36031</td>
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<tr>
<td>NUIDEP Waste Hauler ID No: TBD</td>
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<tr>
<td>Cubic Yards of Waste:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name of Registered Landfill: G.R.O.W.S</td>
<td></td>
<td></td>
</tr>
<tr>
<td>City, State: Paterson, NJ</td>
<td></td>
<td></td>
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<tr>
<td>Disposal Date: TBD</td>
<td></td>
<td></td>
</tr>
<tr>
<td>City, State: Morrisville, PA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Completed by: Goran Iggy</td>
<td>Title: V.P</td>
<td></td>
</tr>
<tr>
<td>Signature:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date: 09/30/16</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Date of Notification (1):
09/30/2016

Name of Building Owner/Operator (2):
BHR Ringwood Real Estate, LLC

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

Type Notification:
- [X] Initial
- [ ] Amended

Street Address:
200 Powell Place
City, State, Zip Code
Brentwood, TN 37027

Name of Contact:
Jose Orozco

Telephone Number

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

Street Address:

City (5):
Ringwood

County (6):
Passaic

County Code (7):
(STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8):
Whitestone Associates, Inc.

ASOM No.

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

Street Address:
1360 Clifton Avenue, Unit 365
City, State, Zip Code
Clifton, NJ 07012

Telephone No.:
(215) 712-2700
(973) 450-9500

License No.:
001036

Name of OSHA Monitor:
Incinia Contracting, Inc.

Start Date (10):
10/14/2016

Scheduled Completion Date (11):
10/14/2016

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

Other - Describe:

Scope of Work (Check All That Apply):
- [X] ≥3 sf or ≥3 If
- [ ] ≥160 sf or ≥260 If
- [ ] Renovation
- [X] Demolition

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

In Facility

Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12):
- [ ] Yes
- [ ] No
- [X] N/A

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

Description of Asbestos-Containing Material (ACM)

Amount (Specify SF or LF):

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

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

Ground

Transit Pipe

200 SF

Name of Registered Waste Hauler:
Atlantic Carting

NJDEP Waste Hauler ID No.
NJ641

Cubic Yards of Waste:
40

Name of Registered Landfill:
Grand Central Sanitary Landfill Corp.

Disposal Date:
TBD

City, State:
Wayne, NJ

Pen Argyl, PA

Completed by:
Milena Zoric

Title:
Executive Director

Signature:

Date:
09/30/2016

* 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)**
OCT. 7, 2016

**Name of Building Owner/Operator (2)**
FOX & FOXX DEVELOPMENT, LLC

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

**Street Address**
940 AMBOY AVENUE, STE. 101

**City, State, Zip Code**
EDISON, NJ 08837

**Name of Contact**
JIM WIRKOWSKI

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**
FOX & FOXX DEVELOPMENT, LLC PROPERTY

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

**Square Feet**
1646 SF

**# of Floors**
2

**Bldg. Age**
1953

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

**Name of Monitoring Firm Hired by Building Owner (5)**
N/A

**ASCM No.**
N/A

**Name of Abatement Contractor (6)**
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**
N/A

**Telephone No.**
732-222-8372

**License No.**
00040

**Start Date (10)**
OCT. 17, 2016

**Scheduled Completion Date (11)**
OCT. 18, 2016

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

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

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

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

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

**Abatement Type**
- Removal
- Repair
- Encapsulate
- Endorse

**Location of Registered Waste Hauler**
Finishing Touch Asbestos Abatement Corp., Inc.

**NJDEP Waste Hauler ID No.**
12058

**Cubic Yards of Waste**
3 CY

**Name of Registered Landfill**
TRRF LANDFILL

**City, State**
WEST LONG BRANCH, NJ 07764

**Disposal Date**
10/19/16

**Completed by**
JOSEPH P. MILLER

**Title**
PRESIDENT

**Signature**

**Date**
10/7/16
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:80 and 8:16)

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

**Name of Building Owner/Operator (2)**
- Johnson & Johnson

**Address**
- 501 George Street

**City, State, Zip Code**
- New Brunswick, NJ 08901

**Name of Contact**
- Nadita Kamdar

**Facility Information**

<table>
<thead>
<tr>
<th>Type of Facility (4)</th>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>School (K-12)</td>
<td>USA Environmental Management, Inc.</td>
</tr>
<tr>
<td>Subchapter 8 (Other than K-12)</td>
<td>909 W. Washington Boulevard, Suite 400, Philadelphia, PA 19104</td>
</tr>
<tr>
<td>Other (i.e., private and commercial buildings, homes, etc.)</td>
<td>215-686-4010</td>
</tr>
</tbody>
</table>

**Name of Abatement Contractor (9)**
- USA Environmental Management, Inc.

**Street Address**
- 909 W. Washington Boulevard, Suite 400, Philadelphia, PA 19104

**Telephone No.**
- 215-686-4010

**Square Feet**
- 3,150

**Occupancy Status During Abatement (Check only one)**
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00 AM-9:30 PM

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

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
</tr>
</thead>
<tbody>
<tr>
<td>USA Environmental Management, Inc.</td>
</tr>
</tbody>
</table>

**Cubic Yards of Waste**
- 1

**Name of Registered Landfill**
- GROWB Landfill

**Disposal Date**
- 11/16/16

**City, State**
- Morrisville, PA

**Compiled By** (Print or Type)
- Kevin Mlodrum

**Title**
- Project Manager

**Signature**

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

Date of Notification (1) 10 / 4 / 16

Name of Building Owner/Operator (2) Johnson & Johnson

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

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

Street Address
501 George Street

City, State, Zip Code
New Brunswick, NJ 08901

Name of Contact
Nandita Kamdar

Telephone Number

FACILITY INFORMATION

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

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

Square Feet
8500

# of Piccs
2

Bldg. Age +/- 70

Current Use (Prior if being demolished)
Vacant

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

ASCM No.

Name of Abatement Contractor (9)
USA Environmental Management, Inc.

Street Address
8436 Enterprise Avenue

City, State, Zip Code
Philadelphia, PA 19153

Project Manager for Monitoring Firm
William Kerbel

Telephone No.
973-728-5649

License No.
215-365-5810

Name of OSHA Monitor
USA Environmental Management, Inc

Start Date (10) 10 / 5 / 16

Scheduled Completion Date (11) 11 / 5 / 16

Occupancy Status During Abatement (Check only one)
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-5:30PM/____PM-____AM

Name of Registered Waste Hauler
USA Environmental Mgmt., Inc

NJDEP Waste Hauler ID No.
32610

Cubic Yards of Waste
1

Name of Registered Landfill
GROWS Landfill

City, State
Philadelphia, PA

Disposal Date
11/8/16

Endorsements

Abatement Type

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

Scope of Work (Check all that apply)
- ≥23 sf or ≥3 If
- ≥160 sf or ≥260 If
- Renovation
- Demolition

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

IN Facility

Yes No N/A

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

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

Amount (Specify SF or LF)

- Fitting Insulation
- Domestic Water Lines
- Pipe & Fitting Insulation 3 EA

Title
Project Manager

Signature

Date 10/4/16

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

(Pursuant to NJAC 8:30 and 3:16)

**Date of Notification:** 10/05/2016

**Name of Building Owner/Operator:** Glenn G. Cella

**Address:**
- Street Address: [Redacted]
- City, State, Zip Code: [Redacted]

**Facility Information**

- **Name of Facility Where Abatement is Taking Place:** [Redacted]
- **Type of Facility:**
  - School (K-12)
  - Subchapter 8 (Other than K-12)
- **Square Foot:** [Redacted]
- **# of Floors:** [Redacted]
- **Building Age:** [Redacted]

**County Code:** [Redacted]

**License No.:** 0127

**From:** Envirosion Consultants, Inc

**Street Address:** 20-21 Wagner Road, Bldg. #35B

**City, State, Zip Code:** Wayne, NJ 07470

**Name of Asbestos Abatement Contractor:** Gr. Tech LLC

**ASCM No.:** 00319785

**Phone Number:** [Redacted]

**Start Date:** 10/06/2016

**Scheduled Completion Date:** 10/07/2016

**Scope of Work:**
- Clean up and decontamination with negative pressure
- Full containment with negative pressure
- Mini-Enclosure
- Glovebag Procedure
- Tent with Negative Pressure
- Non-Encrusted (*) and Non-Encrusted Procedure

**Description of Asbestos Containing Material (ACM):**
- Asbestos-Supplied Insulation
- Other Miscellaneous

**Amount (Specify S/F or LF):** 24 SF

**Abatement Type:**
- None

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

**Basement:**
- Boiler insulation

**Name of Registered Waste Hauler:** Envirosion Consultants, Inc

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

**Disposal Date:** [Redacted]

**Date:** 10/05/16

---

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

**Date of Notification (1)**
10/05/2016

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

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

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

**Street Address**

**City, State, Zip Code**
GREENWICH NJ 08023

**Name of Contact**
MICHAEL

**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.)

**Number of Floors**
2

**Bldg. Age**
100+

**Square Feet**
2272

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

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

**Name of Monitoring Firm Hired by Building Owner (8)**
ACER ASSOC.

**Name of Abatement Contractor (9)**
ASSURED ENVIRONMENTAL SERVICES INC.

**Street Address**
1012 INDUSTRIAL DRIVE

**City, State, Zip Code**
WEST BERLIN NJ 08091

**Telephone No.**
856-905-7703

**License No.**
01145

**Start Date (10)**
10/17/2016

**Scheduled Completion Date (11)**
10/18/2016

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

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

**In Facility (13)**

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

**Yes**

**No**

**N/A**

**Description of Asbestos-Containing Material (ACM)**
(Thermal Systems Insulation, Surfacing, VAT, or other miscellaneous)

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

**Abatement Type**

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

**In Facility (13)**

**Pipe Insulation**

**Name of Registered Waste Hauler**
ASSURED ENVIRONMENTAL

**NJDEP Waste Hauler ID No.**
0034895

**Cubic Yards of Waste**
12

**Name of Registered Landfill**
MINERVA LANDFILL

**City, State**
MULLICA HILL NJ

**Disposal Date**

**City, State**
WAYNESBURG, OH

**Completed by**
RON SWANSON

**Title**
GENERAL MANAGER

**Signature**

**Date**
10/05/2016

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

### Date of Notification (1)
- **10/6/16**

### Name of Building Owner/Operator (2)
- **Mr. Bryan Chan**

### Agency Notified
- □ EPA
- □ DEP
- □ DBL
- □ DOH
- □ DCA

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

### Street Address
- [redacted]

### City, State, Zip Code
- Closter, NJ 07624

### Name of Facility Where Abatement Is Taking Place (3)
- **Mr. Chan**

### Current Use (Prior to being demolished)
- **Residence**

### County Code (7) (State Use Only)
- BERGEN

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

### Square Feet
- 2,500

### # of Floors
- 2

### Bldg. Age
- 1950

### Name of Monitoring Firm Hired by Building Owner (8)
- Best Removal Inc

### Name of Asbestos Contractor (9)
- Omega Environmental

### Street Address
- 450 South River St

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

### Telephone No.
- 201-329-7444

### License No.
- 00388

### Name of OSHA Monitor
- S. Hackensack, N.J. 07606

### Scope of Work (Check all that apply)
- □ Renovation
- □ Demolition
- □ Full Containment with Negative Pressure
- □ Min-Enclosure
- □ Glovebox Procedure
- □ Non-Exempted (*) and Non-PriFlyable Procedure

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

<table>
<thead>
<tr>
<th>Location of ACM</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Description of ACM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boiler Room</td>
<td>Yes</td>
<td>Thermal Spraying</td>
</tr>
<tr>
<td></td>
<td></td>
<td>ASSF (-)</td>
</tr>
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<td></td>
</tr>
</tbody>
</table>

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

### NJ/DEP Waste Handler ID No.
- 17109

### Cubic Yards of Waste
- 2,000

### Name of Registered Landfill
- Minerva Enterprises, LLC

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

### Disposal Date
- 10/19/16

### City, State
- Waynesburg, Oh 44688

### Completed by
- J. Maiorano

### Title
- Estimator

ASB-61

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

### Date of Notification (1)
10/05/2016

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

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

### Name of Building Owner/Operator (2)
Labash Investment LLC

### Street Address
1205 Foster Terr

### City, State, Zip Code
Plainfield NJ 07080

### Name of Contact
Herbie Spencer

### Telephone Number

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

### Street Address
[Redacted]

### City (5)
West Orange NJ 07052

### County (8)
Essex

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

### Name of Monitoring Firm Hired by Building Owner (8)
Bioterra Solution

### ASCM No.

### Name of Abatement Contractor (9)
Amax Contracting LLC

### Street Address
po box 734

### City, State, Zip Code
Woodland Park NJ 07424

### Project Manager for Monitoring Firm
Rick Eustaquio

### Telephone No.
973-494-3762

### License No.
01266

### Start Date (10)
10/08/2016

### Scheduled Completion Date (11)
10/10/2016

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

### Scope of Work (Check All That Apply)
- ≥3 sf or ≥3 lf  
- ≥160 sf or ≥260 lf  
- 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>Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>x</td>
<td>PIPE INSULATION</td>
<td>20 LF</td>
<td>x</td>
</tr>
<tr>
<td>Basement</td>
<td>x</td>
<td>Basement Clean Up</td>
<td>600 SF</td>
<td>x</td>
</tr>
</tbody>
</table>

### Name of Registered Waste Hauler
Amax Contracting LLC

### NJDEP Waste Hauler ID No.
36184

### Cubic Yards of Waste
2 CY

### Name of Registered Landfill
GROWS

### City, State
Woodland Park NJ 07424

### Disposal Date
10/14/2016

### Completed by
Tome Maslarkov  
Title: Project Manager

### Signature

### Date
10/05/2016

---

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

**Date of Notification (1)**  
09-30-16

**Name of Building Owner/Operator (2)**  
Adulfo Blanco Jr

**Street Address**

**City, State, Zip Code**  
Teeanck, NJ 07666

**Name of Contact**  
Adulfo Blanco

**Telephone Number**

### FACILITY INFORMATION

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

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

**Square Feet**

**# of Floors**

**Bldg. Age**

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

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

**ASCM No.**

**Name of Abatement Contractor (9)**  
Delfa Contracting LLC

**Street Address**

522 7th St.

**City, State, Zip Code**  
Union City NJ 07087

**Telephone No.**

201 216-9603

**License No.**  
01206

**Project Manager for Monitoring Firm**

**Start Date (10)**

04-10-16

**Scheduled Completion Date (11)**

04-10-16

**Name of OSHA Monitor**  
Delfa Contracting LLC

**Street Address**

522 7th St.

**City, State, Zip Code**  
Union City NJ 07087

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

- [ ] Facility Closed/Vacated During Entire Period of Abatement
- [x] Abatement Performed Outside of Normal Facility Hours
- [ ] Other – Describe: 7:00 am - 5:00 pm

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

- [ ] Renovation
- [x] Demolition

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

**In Facility (13)**

<table>
<thead>
<tr>
<th>Basement</th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pipe Insulation</td>
<td>90 LF</td>
</tr>
</tbody>
</table>

**Location Normally Used Solely by Maintenance/Custodial Staff?**

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

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

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

(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)

**Amount (Specify SF or LF)**

**Abatement Type**

**Endorse**

**Name of Registered Waste Hauler**

Delfa Contracting LLC

**NJDEP Waste Hauler ID No.**

35240

**Cubic Yards of Waste**

2

**Name of Registered Landfill**

Tullytown Resource Recovery Facility

**City, State**

Tullytown, PA

**Disposal Date**

10-07-16

**City, State**

Union City, NJ

**Completed by**

Jaime Delgado

**Title**

Proj. Manager.

**Signature**

**Date**

09-23-16

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

Date of Notification (1)
09-29-16

Name of Building Owner/Operator (2)
Caravella Demolition

Agencies Notified

<table>
<thead>
<tr>
<th>Agency</th>
<th>Notification Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
</tr>
<tr>
<td>DEP</td>
<td>Amendment # 2</td>
</tr>
<tr>
<td>DOL</td>
<td></td>
</tr>
<tr>
<td>DCH</td>
<td></td>
</tr>
<tr>
<td>DCA</td>
<td></td>
</tr>
</tbody>
</table>

Street Address
40 Deforest Ave.

City, State, Zip Code
East Hanover NJ 07936

Name of Contact
Cary Palmer III

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement Is Taking Place (3)
Commercial Property

Type of Facility (4)

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

Square Feet

# of Floors

Bldg. Age

Current Use (Prior if being demolished)

Name of Abatement Contractor (5)
Delta Contracting LLC.

Street Address
522 7th St.

City, State, Zip Code
Union City NJ 07087

License No.
01206

Telephone No.
201 216-9803

Name of OSHA Monitor
Delta Contracting LLC

Street Address
522 7th St.

City, State, Zip Code
Union City NJ 07087

Scope of Work (Check All That Apply)

- 2,3 sf or 23 sf
- 160 sf or 2,260 sf
- Renovation
- Demolition
- Other

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos-Containing Material (ACM)</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>40 LF</td>
<td>x</td>
</tr>
<tr>
<td>1st Floor</td>
<td>x</td>
<td>VAT &amp; Mastic</td>
<td>375 SF</td>
<td>x</td>
</tr>
<tr>
<td>1st &amp; 2nd Floor</td>
<td>x</td>
<td>Wall Plaster</td>
<td>4,500 SF</td>
<td>x</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
Delta Contracting LLC

Waste Hauler ID No. 35240

Cubic Yards of Waste
20

Name of Registered Landfill
Tullytown Resource Recovery Facility

City, State
Tullytown, PA

Disposal Date
10-10-16

Completed by
Jaime Delgado

Title
Proj. Manager.

Signature
date
09-29-16

* Do not use this form for asbestos licensure exempted activities.
Name of Building Owner/Operator: Caravella Demolition
Street Address: 40 Deforest Ave.
City, State, Zip Code: East Hanover NJ 07936
Name of Contact: Cary Palmer III

FACILITY INFORMATION
Name of Abatement Contractor: Delta Contracting LLC.
Street Address: 522 7th St.
City, State, Zip Code: Union City NJ 07087
License No.: 01206

Project Manager for Monitoring Firm: Telephone No.

Start Date: 10-06-16
Scheduled Completion Date: 10-14-16

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

Scope of Work (Check All That Apply)
- Yes
- Τ
- Χ

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>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>X</td>
</tr>
<tr>
<td>1st Floor</td>
<td>X</td>
</tr>
<tr>
<td>2nd Floor</td>
<td>X</td>
</tr>
</tbody>
</table>

Description of Asbestos-Containing Material (ACM)
(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)
- PIPE INSULATION / WRAP-CUT: 80 LF
- JOINT COMPOUND: 4,000 SF
- WALL PLASTER: 2,200 SF

Amount (Specify SF or LF)

Abatement Type
- Removal
- Repair
- Encapsulate
- Envelope

Name of Registered Waste Hauler: Delta Contracting LLC
Waste Hauler ID No.: 35240
Cubic Yards of Waste: 30
Disposal Date: 10-17-16
City, State: Tullytown, PA

Completed by: Jaime Delgado
Title: Proj. Manager.

Signature: Date 09-29-16

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

Name of Building Owner/Operator (1): Caravella Demolition

Street Address: 40 Deforest Ave.
City, State, Zip Code: East Hanover NJ 07936
Name of Contact: Cary Palmer III

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: N/A
# of Floors: N/A
Bldg. Age: N/A

Current Use (Prior to being demolished): N/A

Name of Abatement Contractor (9): Delta Contracting LLC
Street Address: 522 7th St.
City, State, Zip Code: Union City NJ 07087
License No.: 01206

Name of OSHA Monitor: Delta Contracting LLC
Street Address: 522 7th St.
City, State, Zip Code: Union City NJ 07087

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

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

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

| Location of Asbestos-Containing Material (ACM) TO BE ABATED
| Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) |
| Amount (Specify SF or LF) |
| Removal |
| Repair |
| Encapsulate |
| Enclose |

Location Normalized Used Solely by Maintenance/Custodial Staff?

| Location Normalized Used Solely by Maintenance/Custodial Staff? |
| Yes |
| No |
| N/A |

Location:
- Roof

Asbestos Material:
- Roof Flasing
- 3,400 SF

Disposal Date: 10-11-16
City, State: Tullytown, PA
Name of Registered Landfill: Tullytown Resource Recovery Facility

Name of Registered Waste Hauler: Delta Contracting LLC
Waste Hauler ID No.: 35240

City, State: Union City, NJ
Completed by: Jaime Delgado
Title: Proj. Manager.

Signature: [Signature]
Date: 09-29-16

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

State of New Jersey

Date of Notification (1)
09-29-16

Name of Building Owner/Operator (2)
Caravella Demolition

Street Address
40 Deforest Ave.

City, State, Zip Code
East Hanover NJ 07936

Name of Contact
Cary Palmer III

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

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

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

# of Floors

Bidg. Age

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

Street Address
220 W. Westfield Ave.

City (5)
Roselle Park

County Code (7)
County (STATE USE ONLY)

Current Use (Prior to being demolished)

Name of Abatement Contractor (9)
Delta Contracting LLC

Street Address
522 7th St.

City, State, Zip Code
Union City NJ 07087

Telephone No.
201 216-9603

License No.
01206

Name of OSHA Monitor
Delta Contracting LLC

Street Address
522 7th St.

City, State, Zip Code
Union City NJ 07087

Scope of Work (Check All That Apply)

☐ ≥3 sf or ≥3 if
☐ ≥160 sf or ≥250 sf
☐ Renovation
☐ Demolition

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

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

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

Amount (Specify SF or LF)

Abatement Type

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

Name of Registered Waste Hauler
Delta Contracting LLC

Disposal Date
10-18-16

Name of Registered Landfill
Tullytown Resource Recovery Facility

City, State
Tullytown, PA

Completed by
Jaime Delgado

Title
Proj. Manager.

Signature
[Signature]

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

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>October 5, 2016</th>
</tr>
</thead>
</table>

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

Name of Building Owner/Operator (2)
Bacorp Building Group

Street Address
1044 Lacey Road

City, State, Zip Code
Forked River, NJ 08731

Name of Contact
Alan

Telephone Number

---

## FACILITY INFORMATION

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

Street Address [Redacted]

City
Holgate

County (6)
Ocean

County Code (7) (STATE USE ONLY)

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

ASCM No

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

Street Address
1889 Route 9, Unit 61

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

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

Street Address
1056 Stetton Road

City, State, Zip Code
Piscataway, New Jersey 08854

---

Scheduled Start Date (10)
10/6/16

Scheduled Completion Date (11)
10/7/16

Occupancy Status During Abatement (Check only one)

[ ] Facility Closed/Vacated During Entire Period of Abatement

[ ] Abatement Performed Outside of Normal Facility Hours

[ ] Other – Describe

---

Scope of Work (Check all that apply)

[ ] Full Containment with Negative Pressure

[ ] Mini-Enclosure

[ ] Glovebag Procedure

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

---

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

---

Amount (Specify SF or LF)

---

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

---

Abatement Type

---

Exterior

X

Asbestos siding

1900 sf

X

---

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
10/10/16

City, State
Tullytown, Pennsylvania

Completed by (Print or Type)
Nicholas Fennica

Title
Project Manager

Signature

Date
10/5/16

---

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

<table>
<thead>
<tr>
<th>Operator Project #:</th>
<th>Postmark:</th>
<th>Notification:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>O</td>
</tr>
</tbody>
</table>

**I. TYPE OF NOTIFICATION (O - Original R - Revised C - Cancelled): O**

**II. IS ASBESTOS PRESENT? (Yes/No): Y**

**III. FACILITY INFORMATION (Identify owner, removal contractor and other operator)**

<table>
<thead>
<tr>
<th>OWNER NAME:</th>
<th>Bacorp Building Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>1044 Lacey Road</td>
</tr>
<tr>
<td>City:</td>
<td>Forked River</td>
</tr>
<tr>
<td>State:</td>
<td>NJ</td>
</tr>
<tr>
<td>Zip:</td>
<td>08731</td>
</tr>
<tr>
<td>Contact:</td>
<td>Alan</td>
</tr>
<tr>
<td>Tel:</td>
<td>609-693-2040</td>
</tr>
</tbody>
</table>

**REMOVAL CONTRACTOR:** Guardian Contracting, Inc.

**Address:** 1889 Route 9, Unit 61

**City:** Toms River

**State:** New Jersey

**Zip:** 08755

**Contact:** Nicholas Fernicola

**Tel:** 732-349-9932

**OTHER OPERATOR (if different):**

<table>
<thead>
<tr>
<th>Address:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>City:</td>
<td></td>
</tr>
<tr>
<td>State:</td>
<td></td>
</tr>
<tr>
<td>Zip:</td>
<td></td>
</tr>
<tr>
<td>Tel:</td>
<td></td>
</tr>
</tbody>
</table>

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

**V. FACILITY DESCRIPTION (Including building name, number and floor or room number):**

<table>
<thead>
<tr>
<th>Building Name:</th>
<th>Residence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>7 W Marshall Avenue</td>
</tr>
<tr>
<td>City:</td>
<td>Holgate</td>
</tr>
<tr>
<td>State:</td>
<td>New Jersey</td>
</tr>
<tr>
<td>County:</td>
<td>Ocean</td>
</tr>
<tr>
<td>Site Location:</td>
<td>Exterior</td>
</tr>
<tr>
<td>Building Size:</td>
<td>2000 sf</td>
</tr>
<tr>
<td># of Floors:</td>
<td>1</td>
</tr>
<tr>
<td>Age in Years:</td>
<td>60</td>
</tr>
</tbody>
</table>

**Present Use: Residence**

**Prior Use: Residence**

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

**IS MATERIAL ASSUMED TO BE ASBESTOS?**

**VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:**

<table>
<thead>
<tr>
<th>RACM To Be Removed</th>
<th>LOCATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cat I</td>
<td>Cat II</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Pipes (Linear feet):</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

| Surface Area (Square feet): 1900 sf |
| Asbestos siding |

<table>
<thead>
<tr>
<th>RACM Off Facility Component (Cubic feet):</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

**VIII. SCHEDULE DATES ASBESTOS REMOVAL (MM/DD/YY):**

<table>
<thead>
<tr>
<th>Start:</th>
<th>Complete:</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/6/16</td>
<td>10/7/16</td>
</tr>
</tbody>
</table>
NOTIFICATION OF DEMOLITION AND RENOVATION (continued)

x. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED

xi. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:

Prior to removal, the work area around the building will be roped off with caution tape and warning signs. Plastic sheeting will be placed on the ground below and the asbestos will be removed by non-friable procedures. All waste will be placed in double 6 mil. Bags, sealed and labeled and placed in a locked container for disposal.

xii. WASTE TRANSPORTER #1 Name: Guardian Contracting, Inc.
Address: 1889 Route 9, Unit 61
City: Toms River State: New Jersey Zip: 08755
Contact Person: Nicholas Fernicola

WASTE TRANSPORTER #2 Name:
Address:
City: State: Zip:
Contact Person:

xiii. WASTE DISPOSAL SITE Name: T.R.R.F.
Location: Bordentown Road
City: Tullytown State: Pennsylvania Zip: 19007
Telephone: 215-943-9732 Permit #: 101494

xiv. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW AND ATTACH COPY OF ORDER
Name: Title:
Authority:
Date of Order (MM/DD/YY): Date Ordered to Begin (MM/DD/YY):

 xv. FOR EMERGENCY RENOVATIONS

Date and Hour of Emergency (MM/DD/YY):
Description of the Sudden, Unexpected Event:
Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:

xvi. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBBLED, PULVERIZED, OR REDUCED TO POWDER

xvii. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ONSITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS-HOURS. (Required after November 20, 1991)

Nicholas Fernicola / Project Manager (Printed Name/Title) October 5, 2016 (Signature of Owner/Operator) (Date)

xviii. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

Nicholas Fernicola / Project Manager (Printed Name/Title) October 5, 2016 (Signature of Owner/Operator) (Date)
NOTIFICATION OF ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) October 5, 2016

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

<table>
<thead>
<tr>
<th>Name of Building Owner/Operator (2)</th>
<th>K C Homes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>3620 Route 35 North</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Normandy Beach, NJ 08739</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Chris Frew</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
</tbody>
</table>

FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Residence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td></td>
</tr>
<tr>
<td>City</td>
<td>Lavallette</td>
</tr>
<tr>
<td>County</td>
<td>Ocean</td>
</tr>
<tr>
<td>County Code (7) (STATE USE ONLY)</td>
<td></td>
</tr>
<tr>
<td>Square feet</td>
<td>1000 sf</td>
</tr>
<tr>
<td># of Floors</td>
<td>1</td>
</tr>
<tr>
<td>Bldg. Age</td>
<td>60</td>
</tr>
</tbody>
</table>

| Description of Asbestos-Containing Material (5)     |                     |
| Location Normally used Solely by Maintenance/Custodial Staff | (12) |
| Exterior                                            | X       |
| Asbestos siding                                     | 1000 sf  |

| Name of Abatement Contractor (6)                     | 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 lf                                  | [ ] Demolition |
| [ x ] ≥160 sf or ≥260 lf                            | [ ] Renovation |

<table>
<thead>
<tr>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>REMOVAL</td>
</tr>
<tr>
<td>REPAIR</td>
</tr>
<tr>
<td>ENCAPSULE</td>
</tr>
</tbody>
</table>

| Name of Registered Waste Hauler                     | Guardian Contracting, Inc. |
| NIDEP Waste Hauler ID No.                            | 20223 |
| Cubic Yards of Waste                                | 3      |
| Name of Registered Landfill                         | T.R.R.F. |
| City, State                                         | Toms River, New Jersey |
| Disposal Date                                       | 10/19/16 |
| City, State                                         | Tullytown, Pennsylvania |
| Completed by (Print or Type)                         | Nicholas Fernicola |
| Title                                               | Project Manager |
| Signature                                           |           |

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

<table>
<thead>
<tr>
<th>Operator Project #:</th>
<th>Postmark:</th>
<th>Notification:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| TYPE OF NOTIFICATION (O - Original  R - Revised  C - Cancelled): | O |

| IS ASBESTOS PRESENT? (Yes/No): | Y |

<table>
<thead>
<tr>
<th>FACILITY INFORMATION (identify owner, removal contractor and other operator)</th>
</tr>
</thead>
<tbody>
<tr>
<td>OWNER NAME:</td>
</tr>
<tr>
<td>Address:</td>
</tr>
<tr>
<td>City:</td>
</tr>
<tr>
<td>State:</td>
</tr>
<tr>
<td>Zip:</td>
</tr>
<tr>
<td>Contact:</td>
</tr>
<tr>
<td>Tel:</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>REMOVAL CONTRACTOR:</th>
<th>Guardian Contracting, Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>1889 Route 9, Unit 61</td>
</tr>
<tr>
<td>City:</td>
<td>Toms River</td>
</tr>
<tr>
<td>State:</td>
<td>New Jersey</td>
</tr>
<tr>
<td>Zip:</td>
<td>08755</td>
</tr>
<tr>
<td>Contact:</td>
<td>Nicholas Fernicola</td>
</tr>
<tr>
<td>Tel:</td>
<td>732-349-9932</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OTHER OPERATOR (if different)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
</tr>
<tr>
<td>City:</td>
</tr>
<tr>
<td>State:</td>
</tr>
<tr>
<td>Zip:</td>
</tr>
<tr>
<td>Contact:</td>
</tr>
<tr>
<td>Tel:</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>FACILITY DESCRIPTION (Including building name, number and floor or room number)</th>
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<tbody>
<tr>
<td>Building Name:</td>
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<tr>
<td>Address:</td>
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<tr>
<td>City:</td>
</tr>
<tr>
<td>State:</td>
</tr>
<tr>
<td>County:</td>
</tr>
<tr>
<td>Site Location:</td>
</tr>
<tr>
<td>Building Size:</td>
</tr>
<tr>
<td># of Floors:</td>
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<tr>
<td>Age in Years:</td>
</tr>
<tr>
<td>Present Use:</td>
</tr>
<tr>
<td>Prior Use:</td>
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<table>
<thead>
<tr>
<th>PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>IS MATERIAL ASSUMED TO BE ASBESTOS?</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Regulated ACM to be removed</td>
</tr>
<tr>
<td>2. Category I ACM not removed</td>
</tr>
<tr>
<td>3. Category II ACM not removed</td>
</tr>
<tr>
<td>RACM</td>
</tr>
<tr>
<td>To Be Removed</td>
</tr>
<tr>
<td>LOCATION</td>
</tr>
<tr>
<td>Nonfrangible Asbestos Material Not To Be Removed</td>
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<tr>
<td>Cat</td>
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<table>
<thead>
<tr>
<th>Pipes (Linear feet):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surface Area (Square feet):</td>
</tr>
<tr>
<td>1000 sf</td>
</tr>
<tr>
<td>RACM Off Facility Component (Cubic feet):</td>
</tr>
<tr>
<td>Asbestos siding</td>
</tr>
<tr>
<td>Exterior</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SCHEDULE DATES ASBESTOS REMOVAL (MM/DD/YY)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Start:</td>
</tr>
</tbody>
</table>
NOTIFICATION OF DEMOLITION AND RENOVATION (continued)

DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:

DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS DURING THE DEMOLITION AND RENOVATION SITE:

Prior to removal, the work area around the building will be roped off with caution tape and warning signs. Plastic sheeting will be placed on the ground below and the asbestos will be removed by non-friable procedures. All waste will be placed in double 6 mil bags, sealed and labeled and placed in a locked container for disposal.

WASTE TRANSPORTER #1 Name: Guardian Contracting, Inc.
Address: 1889 Route 9, Unit 61
City: Toms River State: New Jersey Zip: 08755
Contact Person: Nicholas Fernicola

WASTE TRANSPORTER #2 Name:
Address:
City: State: Zip:
Contact Person:

WASTE DISPOSAL SITE Name: T.R.R.F.
Location: Bordentown Road
City: Tullytown State: Pennsylvania Zip: 19007
Telephone: 215-943-9732 Permit #: 101494

IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW AND ATTACH COPY OF ORDER
Name: Title:
Authority:
Date of Order (MM/DD/YY): Date Ordered to Begin (MM/DD/YY):

FOR EMERGENCY RENOVATIONS
Date and Hour of Emergency (MM/DD/YY):
Description of the Sudden, Unexpected Event:
Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:

DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLING, PULVERIZED, OR REDUCED TO POWDER

I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ONSITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required after November 20, 1991)

Nicholas Fernicola / Project Manager (Printed Name/Title)

(Signature of Owner/Operator) October 5, 2016 (Date)

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

Nicholas Fernicola / Project Manager (Printed Name/Title)

(Signature of Owner/Operator) October 5, 2016 (Date)
**State of New Jersey**  
**NOTIFICATION OF ASPEROS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>October 5, 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>K C Homes</td>
</tr>
<tr>
<td>Street Address</td>
<td>3620 Route 35 North</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Normandy Beach, NJ 08739</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Chris Frew</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Residence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>[ ]</td>
</tr>
<tr>
<td>City</td>
<td>Lavallette</td>
</tr>
<tr>
<td>County (6)</td>
<td>Ocean</td>
</tr>
<tr>
<td>County Code (7) (STATE USE ONLY)</td>
<td></td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>N/A</td>
</tr>
<tr>
<td>ASCM No.</td>
<td></td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>Guardian Contracting, Inc.</td>
</tr>
<tr>
<td>Street Address</td>
<td>1889 Route 9, Unit 61</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Toms River, New Jersey 08755-1271</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>732-349-9932</td>
</tr>
<tr>
<td>License Number</td>
<td>00624</td>
</tr>
<tr>
<td>Name of OSHA Monitor</td>
<td>E.M.S.L. Analytical</td>
</tr>
<tr>
<td>Street Address</td>
<td>1056 Stelton Road</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Piscataway, New Jersey 08854</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Type of Facility (4)</th>
<th>[ ] School (k-12)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>[ ] Subchapter 8 (other than k-12)</td>
</tr>
<tr>
<td></td>
<td>[ x ] Other (i.e., private &amp; commercial buildings, homes, etc.)</td>
</tr>
<tr>
<td>Square feet</td>
<td>1000 sf</td>
</tr>
<tr>
<td># of Floors</td>
<td>1</td>
</tr>
<tr>
<td>Bldg. Age</td>
<td>60</td>
</tr>
<tr>
<td>Current Use (Prior if being demolished)</td>
<td>Residence</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check only one)</th>
<th>[ x ] Facility Closed/Vacated During Entire Period of Abatement</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>[ ] Abatement Performed Outside of Normal Facility Hours</td>
</tr>
<tr>
<td></td>
<td>[ ] Other – Describe ________________________________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
<th>[ ] Full Containment with Negative Pressure</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] &gt;3 sf or ≥3 if</td>
<td>[ ] Mini-Enclosure</td>
</tr>
<tr>
<td>[ x ] ≥160 sf or ≥260 if</td>
<td>[ x ] Glovebag Procedure</td>
</tr>
<tr>
<td>[ ] Demolition</td>
<td>[ x ] Non-Exempted (*) and Non-Friable Procedure</td>
</tr>
</tbody>
</table>

<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>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] YES</td>
<td>NO</td>
<td>N/A</td>
</tr>
</tbody>
</table>

| Exterior | X | Asbestos siding | 1000 sf | X |

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>Guardian Contracting, Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>NJDEP Waste Hauler ID No.</td>
<td>20223</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td>3</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td></td>
</tr>
<tr>
<td>City, State</td>
<td>Toms River, New Jersey</td>
</tr>
<tr>
<td>Disposal Date</td>
<td>10/19/16</td>
</tr>
<tr>
<td>City, State</td>
<td>Tullytown, Pennsylvania</td>
</tr>
<tr>
<td>Completed by (Print or Type)</td>
<td>Nicholas Fernicola</td>
</tr>
<tr>
<td>Title</td>
<td>Project Manager</td>
</tr>
<tr>
<td>Signature</td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td>10/5/2016</td>
</tr>
</tbody>
</table>

*Do not use this form for asbestos licensure exempted activities.*
# Demolition / Renovation Notification

**Operator Project #:**

**Postmark:**

**Notification:**

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

### III. FACILITY INFORMATION (Identify owner, removal contractor and other operator)

**OWNER NAME:** K C Homes

**Address:** 3620 Route 35 North

**City:** Normandy Beach  **State:** NJ  **Zip:** 08739

**Contact:** Chris Frew  **Tel:** 908-812-2442

**REMOVAL CONTRACTOR:** Guardian Contracting, Inc.

**Address:** 1889 Route 9, Unit 61

**City:** Toms River  **State:** New Jersey  **Zip:** 08755

**Contact:** Nicholas Fernicola  **Tel:** 732-349-9932

**OTHER OPERATOR (If different):**

**Address:**

**City:**

**State:**

**Zip:**

**Tel:**

<table>
<thead>
<tr>
<th>IV. TYPE OF OPERATION (D - Demo  O - Ordered Demo  R - Renovation  E - Emergency Renovation):</th>
<th>D</th>
</tr>
</thead>
<tbody>
<tr>
<td>V. FACILITY DESCRIPTION (Including building name, number and floor or room number):</td>
<td></td>
</tr>
<tr>
<td><strong>Building Name:</strong> Residence</td>
<td></td>
</tr>
<tr>
<td><strong>Address:</strong> 121 Brooks Road</td>
<td></td>
</tr>
<tr>
<td><strong>City:</strong> Lavallette  <strong>State:</strong> NJ  <strong>County:</strong> Ocean</td>
<td></td>
</tr>
<tr>
<td><strong>Site Location:</strong> exterior</td>
<td></td>
</tr>
<tr>
<td><strong>Building Size:</strong> 1000 sf  <strong># of Floors:</strong> 1  <strong>Age in Years:</strong> 60</td>
<td></td>
</tr>
<tr>
<td><strong>Present Use:</strong> Residence  <strong>Prior Use:</strong> Residence</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>VII. IS MATERIAL ASSUMED TO BE ASBESTOS?</th>
</tr>
</thead>
<tbody>
<tr>
<td>VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:</td>
</tr>
<tr>
<td>1. Regulated ACM to be removed</td>
</tr>
<tr>
<td>2. Category I ACM not removed</td>
</tr>
<tr>
<td>3. Category II ACM not removed</td>
</tr>
<tr>
<td><strong>RACM To Be Removed</strong></td>
</tr>
<tr>
<td><strong>LOCATION</strong></td>
</tr>
<tr>
<td><strong>Nonfriable Asbestos Material Not To Be Removed</strong></td>
</tr>
<tr>
<td><strong>Cat I</strong></td>
</tr>
<tr>
<td><strong>Cat II</strong></td>
</tr>
<tr>
<td><strong>Pipes (Linear feet):</strong></td>
</tr>
<tr>
<td><strong>Surface Area (Square feet):</strong> 1000 sf  <strong>Asbestos siding</strong>  <strong>Exterior</strong></td>
</tr>
<tr>
<td><strong>RACM Off Facility Component (Cubic feet):</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>VIII. SCHEDULE DATES ASBESTOS REMOVAL (MM/DD/YY)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Start:</strong> 10/17/16  <strong>Complete:</strong> 10/18/16</td>
</tr>
</tbody>
</table>
DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED.

DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:

Prior to removal, the work area around the building will be roped off with caution tape and warning signs. Plastic sheeting will be placed on the ground below and the asbestos will be removed by non-fibrous procedures. All waste will be placed in double 6 mil. Bags, sealed and labeled and placed in a locked container for disposal.

WASTE TRANSPORTER #1 Name: Guardian Contracting, Inc.
Address: 1889 Route 9, Unit 61
City: Toms River State: New Jersey Zip: 08755
Contact Person: Nicholas Fernicola

WASTE TRANSPORTER #2 Name: 
Address: 
City: State: Zip: 
Contact Person: 

WASTE DISPOSAL SITE Name: T.R.R.F.
Location: Bordentown Road
City: Tullytown State: Pennsylvania Zip: 19007
Telephone: 215-943-9732 Permit #: 101494

IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW AND ATTACH COPY OF ORDER
Name: 
Title: 

Date of Order (MM/DD/YY): 
Date Ordered to Begin (MM/DD/YY):

FOR EMERGENCY RENOVATIONS

Date and Hour of Emergency (MM/DD/YY):
Description of the Sudden, Unexpected Event:
Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:

DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER

I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ONSITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS—(Required after November 20, 1991)

Nicholas Fernicola / Project Manager (Printed Name/Title) 
(Signature of Owner/Operator) 

October 5, 2016 (Date)

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

Nicholas Fernicola / Project Manager (Printed Name/Title) 
(Signature of Owner/Operator) 

October 5, 2016 (Date)
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:80 and 12:120)

Date of Notification (1)
October 7, 2016

Name of Building Owner/Operator (2)
Entact, LLC

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

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

Street Address
70 Carteret Avenue

City, State, Zip Code
Jersey City, NJ

Name of Contact
Brady Bonsted

Telephone Number

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

Street Address
51 Pacific Avenue

City (5)
Jersey City

County (6)
Hudson

Current Use (Prior to being demolished)
Manufacturing/Offices

Name of Monitoring Firm Hired by Building Owner (8)
AECOM

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

Square Feet
100,000

# of Floors
2

Bldg Age
100+

Name of Abatement Contractor (9)
Abatement Unlimited, Inc.

Street Address
30 Knightsbridge Rd, Suite 520

City, State, Zip Code
Piscataway, NJ 08854

Project Manager for Monitoring Firm
Mark Connors

Telephone No.
718 994-1374

License No.
01067

Start Date (10)
10-24-18

Scheduled Completion Date (11)
12-31-16

Name of OSHA Monitor
AET Inc.

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

Scope of Work (Check All That Apply)
☒ ≥ 2 sf or ≥ 3 if
☐ ≥ 160 sf or ≥ 250 sf
☐ Renovation
☐ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

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

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)
80 SF

Abatement Type
☐ Removal
☐ Repair
☐ Encapsulate

Endorsement

Name of Registered Waste Hauler
Newark Carting

NJDEP Waste Hauler ID No.
NJ-913

Cubic Yards of Waste
1000

Name of Registered Landfill
Grand Central Sanitary Landfill

City, State
Pen Argyl, PA 18072

Disposal Date
TBD

Completed by
John Barone
Title
Senior Project Manager
Signature

Date
10-7-16

ANB-4/1 (R-06-09)

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):
10-10-16

Name of Building Owner/Operator (2):
Michael Baker, Jr.

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

Street Address
300 American Metro Blvd., Suite 154
City, State, Zip Code
Hamilton, NJ 08619

Name of Contact
Gilberto Bosque

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement Is Taking Place (3):
County Route 530 Improvement Project
Street Address
County Route 530 (various lot locations)
City (5)
PENMBERTON, NJ
County (6)
BURLINGTON

County Code (7) (STATE USE ONLY) ______________________

Current Use (Prior if being demolished):
APARTMENTS

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

Square Ft: 25000
# of Floors: 2
Bldg. Age: +/-100

Name of Monitoring Firm Hired by Building Owner (8):
HEALTH AND SAFETY SERVICES
ASCM No. ______________________
Name of Abatement Contractor (9):
PEPPER ENVIRONMENTAL SERVICES, INC.

Street Address
2251 FRALEY STREET
City, State, Zip Code
PHILADELPHIA, PA 19137

Telephone No. 215-533-5155
License No.: 01166

Name of OSHA Monitor:
HEALTH AND SAFETY SERVICES, INC.

Project Manager for Monitoring Firm
JIM PROCTOR

Telephone No. 609-839-2432

Start Date (10):
10-19-16

Scheduled Completion Date (11):
12-31-16

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

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

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

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

Description of Asbestos-Containing Material (ACM)

Amount (Specify SF or LF)

Abatement Type
Removal
Repair
Enclosure

Name of Registered Waste Hauler
SERVICE TRANSPORT

NJDEP Waste Hauler ID No. ______________________
Cubic Yards of Waste ______________________

Name of Registered Landfill
A & L SALVAGE

City, State
LIBSON, OH

Completed by
JENNIFER NIVEN
Title DIR. OF OPERATIONS

Signature ______________________
Date ______________________

ASB-41 (R-06-06)

Do not use this form for asbestos licensure exempted activities.
### Property #1 - Block 101, Lot 13

<table>
<thead>
<tr>
<th>CODE</th>
<th>DESCRIPTION OF MATERIAL</th>
<th>LOCATION OF MATERIAL</th>
<th>Amount</th>
<th>Code**</th>
<th>Code***</th>
<th>Code ****</th>
</tr>
</thead>
<tbody>
<tr>
<td>NF2</td>
<td>flashing</td>
<td>flat roof above motel rooms (under O.S.B. board)</td>
<td>9000</td>
<td>SF</td>
<td>REM</td>
<td>PCM</td>
</tr>
<tr>
<td>NF2</td>
<td>flashing</td>
<td>small parapet roof</td>
<td>100</td>
<td>SF</td>
<td>REM</td>
<td>PCM</td>
</tr>
<tr>
<td>NF2</td>
<td>rolled shingle</td>
<td>roof parapet wall</td>
<td>100</td>
<td>SF</td>
<td>REM</td>
<td>PCM</td>
</tr>
<tr>
<td>NF2</td>
<td>roofing material</td>
<td>sub-roof below motel room flat roof</td>
<td>9000</td>
<td>SF</td>
<td>REM</td>
<td>PCM</td>
</tr>
</tbody>
</table>

### Property #2 - Block 101, LOT 3

<table>
<thead>
<tr>
<th>CODE</th>
<th>DESCRIPTION OF MATERIAL</th>
<th>LOCATION OF MATERIAL</th>
<th>Amount</th>
<th>Code**</th>
<th>Code***</th>
<th>Code ****</th>
</tr>
</thead>
<tbody>
<tr>
<td>FR1</td>
<td>plaster</td>
<td>throughout the building</td>
<td>1400</td>
<td>SF</td>
<td>REM</td>
<td>PCM</td>
</tr>
<tr>
<td>FR1</td>
<td>pipe wrap</td>
<td>Baabamane</td>
<td>10</td>
<td>LF</td>
<td>REM</td>
<td>PCM</td>
</tr>
</tbody>
</table>

### Property #3 - Block 101, Lot 10

<table>
<thead>
<tr>
<th>CODE</th>
<th>DESCRIPTION OF MATERIAL</th>
<th>LOCATION OF MATERIAL</th>
<th>Amount</th>
<th>Code**</th>
<th>Code***</th>
<th>Code ****</th>
</tr>
</thead>
<tbody>
<tr>
<td>FR1</td>
<td>linoleum</td>
<td>back porch</td>
<td>50</td>
<td>SF</td>
<td>REM</td>
<td>PCM</td>
</tr>
<tr>
<td>FR1</td>
<td>linoleum-brick pattern</td>
<td>first floor - kitchen</td>
<td>220</td>
<td>SF</td>
<td>REM</td>
<td>PCM</td>
</tr>
<tr>
<td>NF1</td>
<td>9x12 brown floor tile</td>
<td>2nd floor - kitchen</td>
<td>230</td>
<td>SF</td>
<td>REM</td>
<td>PCM</td>
</tr>
<tr>
<td>NF1</td>
<td>9x12 brown floor tile</td>
<td>2nd floor - kitchen</td>
<td>230</td>
<td>SF</td>
<td>REM</td>
<td>PCM</td>
</tr>
<tr>
<td>NF2</td>
<td>rolled asphalt</td>
<td>main house roof</td>
<td>1400</td>
<td>SF</td>
<td>REM</td>
<td>PCM</td>
</tr>
</tbody>
</table>

### Property #4 - Block 101, LOT 8

<table>
<thead>
<tr>
<th>CODE</th>
<th>DESCRIPTION OF MATERIAL</th>
<th>LOCATION OF MATERIAL</th>
<th>Amount</th>
<th>Code**</th>
<th>Code***</th>
<th>Code ****</th>
</tr>
</thead>
<tbody>
<tr>
<td>NF1</td>
<td>9x12 brown floor tile</td>
<td>office and bathroom</td>
<td>152</td>
<td>SF</td>
<td>REM</td>
<td>PCM</td>
</tr>
<tr>
<td>NF2</td>
<td>exterior</td>
<td></td>
<td>500</td>
<td>SF</td>
<td>REM</td>
<td>PCM</td>
</tr>
</tbody>
</table>

### Property #5 - Block 100.01, LOT 5

<table>
<thead>
<tr>
<th>CODE</th>
<th>DESCRIPTION OF MATERIAL</th>
<th>LOCATION OF MATERIAL</th>
<th>Amount</th>
<th>Code**</th>
<th>Code***</th>
<th>Code ****</th>
</tr>
</thead>
<tbody>
<tr>
<td>NF1</td>
<td>floor tile and mastic</td>
<td>kitchen</td>
<td>144</td>
<td>SF</td>
<td>REM</td>
<td>PCM</td>
</tr>
</tbody>
</table>

### Property #7 - Block 100, LOT 16

<table>
<thead>
<tr>
<th>CODE</th>
<th>DESCRIPTION OF MATERIAL</th>
<th>LOCATION OF MATERIAL</th>
<th>Amount</th>
<th>Code**</th>
<th>Code***</th>
<th>Code ****</th>
</tr>
</thead>
<tbody>
<tr>
<td>FR1</td>
<td>plaster skim coat</td>
<td>Apartment #2 throughout</td>
<td>6000</td>
<td>SF</td>
<td>REM</td>
<td>PCM</td>
</tr>
<tr>
<td>NF2</td>
<td>window glazing</td>
<td>exterior</td>
<td>10</td>
<td>SF</td>
<td>REM</td>
<td>PCM</td>
</tr>
</tbody>
</table>

### Property #8 - Block 100, LOT 11.01

<table>
<thead>
<tr>
<th>CODE</th>
<th>DESCRIPTION OF MATERIAL</th>
<th>LOCATION OF MATERIAL</th>
<th>Amount</th>
<th>Code**</th>
<th>Code***</th>
<th>Code ****</th>
</tr>
</thead>
<tbody>
<tr>
<td>NF2</td>
<td>transite wall board</td>
<td>furnace room</td>
<td>100</td>
<td>SF</td>
<td>REM</td>
<td>PCM</td>
</tr>
</tbody>
</table>
### Property #11 - Block 101, LOT 2 and 2.01

<table>
<thead>
<tr>
<th>CODE</th>
<th>DESCRIPTION OF MATERIAL</th>
<th>LOCATION OF MATERIAL</th>
<th>Amount</th>
<th>Code**</th>
<th>Code***</th>
<th>Code ****</th>
</tr>
</thead>
<tbody>
<tr>
<td>NF1</td>
<td>sheet rock and joint compound</td>
<td>mechanical room</td>
<td>100</td>
<td>SF</td>
<td>REM</td>
<td>PCM</td>
</tr>
</tbody>
</table>

### Property #14 - Block 794, Lot 2.02

<table>
<thead>
<tr>
<th>CODE</th>
<th>DESCRIPTION OF MATERIAL</th>
<th>LOCATION OF MATERIAL</th>
<th>Amount</th>
<th>Code**</th>
<th>Code***</th>
<th>Code ****</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRI</td>
<td>pipe insulation</td>
<td>basement</td>
<td>20</td>
<td>LF</td>
<td>REM</td>
<td>PCM</td>
</tr>
</tbody>
</table>
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) 10 / 06 / 16

Name of Building Owner/Operator (2) Verizon Communications

Agencies Notified
- [X] EPA
- [ ] DOLWD
- [ ] DOH
- [ ] DCA
- [ ] NJAC 5:23-8

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

Street Address
15 East Montgomery Place
Pittsburgh, PA 15212

Name of Contact
Alex Baylor

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Verizon-Burlington Central Office

Street Address
446 High Street

City (5)
Burlington

County (6)
Burlington

Name of Monitoring Firm HIred by Building Owner (8)
USA

ASCM No.

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

Street Address
1123 BEAVER STREET

City, State, Zip Code
BRISTOL, PA 19007

Project Manager for Monitoring Firm
Mark Jenkins

Telephone No.
215-365-5810

Name of OSHA Monitor
BRISTOL ENVIRONMENTAL, INC.

Street Address
1123 BEAVER STREET

City, State, Zip Code
BRISTOL, PA 19007

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

Occupancy Status During Abatement (Check only one)
- [X] Facility Closed/Vacated During Entire Period of Abatement
- [X] Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM-PM 5:00PM-1:30AM

Scope of Work (Check all that apply)
- [X] >3 sf or >3 lf
- [X] 160 sf or >280 lf
- [ ] Renovation
- [X] 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)

Location Normally Used Solely by Maintenance/Custodial Staff? (12)
- [X] 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

Pipe Insulation 18 LF

Basement Mechanical Room

Name of Registered Waste Hauler
SERVICE TRANSPORT GROUP, INC.

NJDEP Waste Hauler ID No.
20990

Cubic Yards of Waste

Name of Registered Landfill
MINERVA LANDFILL

City, State
NEW CASTLE, DE

Completed By (Print or Type)
Patrick T. DeCaro
Title
Estimator

Disposal Date

City, State
WAYNESBURG, OH

Date
10/6/16

Signature
Patrick T. DeCaro

* Do not use this form for asbestos licensure exempted activities.
<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>10/07/16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Bryan Backer</td>
</tr>
<tr>
<td>Address</td>
<td>P.O. Box 555, Bergenfield, NJ 07621</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Bergenfield, NJ 07621</td>
</tr>
<tr>
<td>Name of Contractor</td>
<td>Bryan Backer</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
<tr>
<td>FACILITY INFORMATION</td>
<td></td>
</tr>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td>RESIDENCE</td>
</tr>
<tr>
<td>Type of Facility (4)</td>
<td>RESIDENTIAL</td>
</tr>
<tr>
<td>Square Feet</td>
<td>1575</td>
</tr>
<tr>
<td># of Floors</td>
<td>3</td>
</tr>
<tr>
<td>Bidg. Age</td>
<td>4.50</td>
</tr>
<tr>
<td>County Code (7)</td>
<td>BERGEN</td>
</tr>
<tr>
<td>Current Use (Prior or being demolished)</td>
<td>RESIDENTIAL</td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>A.MAC Contracting Inc.</td>
</tr>
<tr>
<td>Street Address</td>
<td>305 Vreeland Ave.</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Hackensack, NJ 07606</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>(201)282-5841</td>
</tr>
<tr>
<td>License No.</td>
<td>00358</td>
</tr>
<tr>
<td>Name of OSHA Monitor</td>
<td>Omega Environmental Services</td>
</tr>
<tr>
<td>Street Address</td>
<td>220 Huyler St.</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Hackensack, NJ 07606</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td></td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>10/17/16</td>
</tr>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>10/30/16</td>
</tr>
<tr>
<td>Occupancy Status During Abatement (Check Only One)</td>
<td></td>
</tr>
<tr>
<td>Facility Closed/Unoccupied During Entire Period of Abatement</td>
<td></td>
</tr>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours</td>
<td></td>
</tr>
<tr>
<td>Other -- Describe:</td>
<td></td>
</tr>
<tr>
<td>Scope of Work (Check All That Apply)</td>
<td></td>
</tr>
<tr>
<td>- 23 sf or 23 ft</td>
<td></td>
</tr>
<tr>
<td>- 160 sf or 180 sf</td>
<td></td>
</tr>
<tr>
<td>- Demolition</td>
<td></td>
</tr>
<tr>
<td>- Renovation</td>
<td></td>
</tr>
<tr>
<td>- Full Containment with Negative Pressure</td>
<td></td>
</tr>
<tr>
<td>- Mini-Enclosure</td>
<td></td>
</tr>
<tr>
<td>- Glovebagging Procedure</td>
<td></td>
</tr>
<tr>
<td>- Non-Exempted (*) and Non-Exemptable Procedure</td>
<td></td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (19)</td>
<td></td>
</tr>
<tr>
<td>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</td>
<td>Yes</td>
</tr>
<tr>
<td>Location</td>
<td>basement</td>
</tr>
<tr>
<td>Description of Asbestos-Containing Material (ACM)</td>
<td>PIPE INSULATION</td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
<td>138 LF</td>
</tr>
<tr>
<td>Location</td>
<td>basement</td>
</tr>
<tr>
<td>Description of Asbestos-Containing Material (ACM)</td>
<td>BOULT PACKING</td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
<td>28 LF</td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
<td>NJ DEP Waste Hauler ID No. D4600</td>
</tr>
<tr>
<td>Newark Carting, Inc.</td>
<td></td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td>3</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>IESI PA Bethlehem Landfill Corp.</td>
</tr>
<tr>
<td>Disposal Date</td>
<td>10/07/16</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Bethlehem, PA 18017</td>
</tr>
<tr>
<td>Completed by</td>
<td>Joseph Vocaturo</td>
</tr>
<tr>
<td>Title</td>
<td>Vice President</td>
</tr>
<tr>
<td>Signature</td>
<td></td>
</tr>
</tbody>
</table>

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:80 and 12:129)

Date of Notification (1):
10/19/16

Name of Building Owner/Operator (2):
CORNELIA WENDZICKI

Agencies Notified (3):
☐ EPA
☐ DEP
☐ DOL
☐ DOH
☐ DCA

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

Street Address:

City, State, Zip Code:
FORT LEE, NJ 07024

Name of Contact:
CORNELIA WENDZICKI

Name of Facility Where Abatement Is Taking Place (3):
CONDOMINIUM

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

Square Feet:
25,000

# of Floors:
6

Bidg. Age:
+50

Current Use (Prior to being demolished):
RESIDENCE

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

Name of Abatement Contractor (9):
A. MAC Contracting Inc.

ASCM No.:

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

Street Address:

City, State, Zip Code:

Project Manager for Monitoring Firm:

Telephone No.:
(201) 732-5841

License No.:
00156

Start Date (10):
10/19/16

Scheduled Completion Date (11):
10/31/16

Name of OSHA Monitor:
Omega Environmental Services

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

Scope of Work (Check All That Apply):
☐ 23 sq ft or ≥ 25 ft
☐ >150 sq ft or >=260 ft
☐ Demolition
☐ Full Containment with Negative Pressure
☐ 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) (i.e thermal systems insulation, surfacing, VAT, or other miscellaneous):

Amount (Spicily SF or LF):
14,968.4

Abatement Type:

Name of Registered Waste Hauler:

Newark Carting, Inc.

NJDEP Waste Hauler ID No.:
04508

Cubic Yards of Waste:
5

Name of Registered Landfill:
IESI PA Bethlehem Landfill Corp.

City, State:
BETHLEHEM, PA

Disposal Date:
10/19/16

Completed by:
Joseph Vocaturo

Title:
Vice President

Signature:

Date:
10/19/16

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

**Date of Notification (1)**
September 26, 2016

**Name of Building Owner/Operator (2)**
PA of NY & NJ

**Street Address**
Goethals Bridge, 2777 Goethal Road North

**City, State, Zip Code**
Staten Island, NY 10303-8413

**Name of Contact**
Uday Mehta

**Telephone Number**

---

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**
Goethals Bridge - New Jersey Side of Bridge

**Street Address**
2777 Goethals Road North

**City**
Staten Island, NY 10303-8413

**County**
Middlesex

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

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

**Square Feet**
440,758

**# of Floors**
1

**Bldg. Age**
88 +/-

---

**Name of Monitoring Firm Hired by Building Owner**
Saban Engineering Group, Inc.

**ASCM No.**
N/A

**Name of Abatement Contractor (9)**
B&N&K. Restoration Company, Inc.

**Street Address**
201 Stuyvesant Ave

**City, State, Zip Code**
Lyndhurst, NJ 07071

**Telephone No.**
201-673-0064

**License No.**
973-478-4681
00120

**Name of OSHA Monitor**
McCabe Environmental Services, L.L.C.

**Street Address**
464 Valley Brook Avenue

**City, State, Zip Code**
Lyndhurst, NJ 07071

**Start Date (10)**
October 07, 2016

**Scheduled Completion Date (11)**
December 31, 2016

**Occupancy Status During Abatement (Check only one)**
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other - Describe: Non-friable exterior work

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

---

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED</th>
<th>In Facility (13)</th>
<th>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>Bakers Basin</td>
<td>x</td>
<td></td>
<td>Concrete Encased Transite Pipe (Duct Bank)</td>
<td>300 ln ft</td>
</tr>
<tr>
<td>Bakers Basin</td>
<td>x</td>
<td></td>
<td>Two debris piles consisting of transite pipe &amp; concrete</td>
<td>20 yards each</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**
Two Brothers Contracting, Inc.

**NJ DEP Waste Hauler ID No.**
18743

**Cubic Yards of Waste**

**Name of Registered Landfill**
Grand Central Sanitary Landfill

**Disposal Date**
10/07/2016 - 12/31/2016

**City, State**
Totowa, NJ 07512-1120

**Name of Contact**
G. Roger Woodman

**Title**
Project Manager

**Signature**

**Date**
10/5/2016

---

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