State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

ETS JOB # 4287/14

Date of Notification (1):
10/9/2014

Name of Building Owner / Operator (2):
THE PORT AUTHORITY OF NEW YORK & NEW JERSEY

Street Address:
241 ERIE STREET, ROOM 236
City, State & Zip Code:
JERSEY CITY, NJ 07310

Name of Contact:
MR. RALPH CAMPIONE

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3):
HERTZ RENTAL FACILITY - BUILDING 23

Street Address:
NEWARK LIBERTY INTERNATIONAL AIRPORT
3 BREWSTER ROAD
City (5) County (6) County Code (7):
NEWARK ESSEX

Name of Monitoring Firm Hired by Building Owner (8):
CARDNO ATC
ASCN No.:
98

Name of Abatement Contractor (9):
ETS CONTRACTING, INC.

Square Feet:
8,000

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

# of Floors:
2

Bldg. Age:
50+

Current Use (Prior if being demolished):
COMMERCIAL - CAR RENTAL

Street Address:
104 E. 25TH STREET - 10TH FLOOR
City, State & Zip Code:
NEW YORK 10010

Name of OSHA Monitor:
TESTOR TECH.

Telephone Number:
718-706-6300

License Number:
00511

Project Manager for Monitoring Firm:
PATRICK SISK

Telephone Number:
212-353-8280

Scheduled Start Date (10):
12/31/2014

Scheduled Completion Date (11):
HOLD

Occupancy Status During Abatement (Check only one):
Facility Closed/Vacated During Entire Period of Abatement
Abatement Performed Outside of Normal Facility Hours
Describe: MONDAY - FRIDAY 7:00 AM - 3:30 PM

Scope of Work (Check all that apply):
Demolition
Renovation
Large Project
Small Project
Quantity is ≥3 SF or ≥3 LF ACM
Quantity is ≥160 SF or ≥250 LF ACM
Full Containment with Negative Pressure
Mini-Enclosure
Glovebag Procedure
Other:

Location of Asbestos-Containing Material (ACM):
Location Normally Used Solely by Maintenance or Custodial Staff
(12)

Is Location Normally Used Solely by Maintenance or Custodial Staff?
YES

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

Amount (Specify Square Feet or Linear Feet):
8 LF

Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure):
MINI ENCLOSURE

ROOF LEVEL

YES

TSI

8 LF

MINI ENCLOSURE

ROOF LEVEL

YES

ROOF FLASHING

25 SF

NON-FRIABLE REMOVAL

Name of Registered Waste Hauler:
NJDEP Waste Hauler ID #:
2A-456

Cu. Yds. of Waste:
5

Name of Registered Landfill:
MINERVA ENTERPRISES, INC.

City, State:
1199 RANDALL AVENUE, BRONX, NY 10474

Disposal Date:
TBD

City, State:
WAYNESBURG, OH 44688

Completed By (Print or Type)
Richie Smith
Title
Project Executive

Signature
Date:
10/9/2014

ASB-41 JUN 95 G4367
# State of New Jersey
NOTIFICATION OF ABSENSES ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

**Facility Where Abatement is Taking Place**: Bremo Lubrication mfg. Plant

### Facility Information
- **Type of Facility**: Storage Tank
- **Square Foot**: 2,250
- **No. of Floors**: N/A
- **Bid Age**: 98-14
- **Scheduled Completion Date**: 10-17-14
- **Name of Abatement Contractor**: Terra Contracting Service, Inc.
- **Address**: 5761 Stadium Drive
- **City, State, Zip Code**: Everett, MA 02149
- **Telephone**: 978-452-9217
- **License No.**: 01208
- **Name of OSHA Monitor**: Environmental Testing & Consulting Service
- **Address**: Plainview, NY 11803
- **Telephone**: 516-682-2671

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

<table>
<thead>
<tr>
<th>ACM Location</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>TANK 1-99</td>
<td>Tank Coating</td>
<td>2,250 SF</td>
</tr>
</tbody>
</table>

### Registered Waste Hauler
- **Name**: Environmental Group
- **ID No.**: 1665
- **Cubic Yards of Waste**: 30

**Name of Registered Landfill**: High Acres Landfill

**Disposal Date**: 9/13/14

**City, State**: Fairport, NY

**Title**: Director of Abatement

**Signature**: [Signature]

**Date**: 8/30/14

---

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

Date of Notification (1)

Name of Building Owner/Operator (2)

Abatement Required: X

Adhering Agencies Notified

Type Notification

Name of Facility Where Abatement is Taking Place (3)

Large, Inexpensive Lubrication Plant

City/State/Zip Code

County Code (7)

(STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.

Name of Abatement Contractor (9)

Street Address

Southampton, NY, 11968

City/State/Zip Code

County (6)

Located in

Location of

culated by

Information

Address

Name of Registered Waste Hauler

NJ DEP Waste Hauler ID No.

Cubic Yards of Waste

Name of Registered Landfill

On-Site

Disposal Date

City, State

Title

Signature

Date

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

Date of Notification (1) 10/9/14  Name of Building Owner/Operator (2) Montclair State University

Agencies Notified [ ] EPA [ ] Initial [ ] DEP Notification [ ] Emergency [ ] DOL [ ] Amended Notification #1 [ ] DOH [ ] DCA [ ] Cancellation

Street Address
One Normal Avenue

City, State, Zip Code
Upper Montclair, NJ 07043

Name of Contact
Amy Ferdinand

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

Street Address
1 Normal Avenue

City (5) Upper Montclair

County (6) Essex

County Code (7) STATE USE ONLY

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

Square Feet 80000

# of Floors 2

Bldg. Age ~ 50

Current Use (Prior if being demolished) educational

Name of Monitoring Firm Hired by Building Owner
Whitman Companies, Inc. ASCM No. 00110

Name of Abatement Contractor (9)
Jupiter Environmental Services, Inc.

Street Address
3 Lynn Court

City, State, Zip Code
Lincoln Park, NJ 07035

Telephone Number 732-390-5858

License Number 0973-709-0200 00852

Name of OSHA Monitor
J & S Environmental Laboratories, LLC

Street Address
2333 Route 22 W

City, State, Zip Code
Union, NJ 07083

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

[X] ≥ 3 sf or ≥ 3 If

[X] ≥ 160 sf or ≥ 260 If

Renovation

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

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

Yes No N/A

Is Location Normally Used Solely by Maintenance/Custodial Staff (13)

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 – Friable Procedure

Various areas – in phases X

VAT

4000 SF X

Various Areas – in phases X

TSI

2000 LF X

Name of Registered Waste Hauler
Jupiter Environmental Services

NJ/DEP Waste Hauler ID No. 04782

Cubic Yards Of Waste 60

Name of Registered Landfill
Minerva Landfill

City, State
Lincoln Park, NJ

Disposal Date 7/31/14 +

City, State
Waynesburg, OH

Completed By (Print or Type)
Pane Repic

Title General Manager

Signature
Date 10/9/14

ASB-41

Note: Work to be done in phases. First phase is to start on 6/23/14 with expected completion on/about 6/30/14. Some 40 LF of TSI is to be removed via "wrap & cut" method from areas by auditorium. Amendments will be sent for other phases.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 10/8/14
Name of Building Owner/Operator (2) Mr. Adam Guttenplan

Agencies Notified

☐ EPA
☐ DEP
☐ DOL
☐ DOH
☐ DCA

Type Notification

☐ Initial
☐ Amended
☐ Amendment #
☐ Emergency (including Justification)
☐ Cancellation

Street Address

70 Prospect Circle

City, State, Zip Code

Atlantic Highlands, NJ 07716

Name of Contact

Adam Guttenplan

Telephone Number

3280

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

50 Prospect Circle

City (6)

Atlantic Highlands

Square Feet

1200

# of Floors

2

Bldg. Age

60

County Code (7)

STATE USE ONLY

Current Use (Prior if being demolished)

Type of Facility (4)

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

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.

Name of Abatement Contractor (9)

ABS Environmental Services, LLC

Street Address

4 E Gate Drive, PO Box 483

City, State, Zip Code

Glenwood, NJ 07418

Telephone No.

973-533-8500

License No.

703

Name of OSHA Monitor

Street Address

City, State, Zip Code

Project Manager for Monitoring Firm

Telephone No.

Start Date (10)

10/13/14

Scheduled Completion Date (11)

11/16/14

Occupy Status During Abatement (Check Only One)

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

Scope of Work (Check All That Apply)

☐ 25 sf or 25 ft
☐ 160 sf or ≥260 ft
☐ Renovation
☐ Demolition

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

In Facility

Yes 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)

50 LF

Abatement Type

☐ WRAP & CUT
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friabile Procedure

Name of Registered Waste Hauler

Freehold Cartage

NJ DEP Waste Hauler ID No.

15959

Cubic Yards of Waste

Name of Registered Landfill

TBD

Disposal Date

TBD

City, State

Freehold NJ

Completed by

A. Scott Higgins

Title

President

Signature

Date

10/8/14

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

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

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<tr>
<th>Date of Notification (1)</th>
<th>BERGEN COUNTY IMPROVEMENT AUTHORITY</th>
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<tbody>
<tr>
<td>10/8/2014</td>
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</table>

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

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

**Street Address**
1 BERGEN PLAZA, 4TH FLOOR

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

**Name of Contact**
ROBERT S. GARRISON

**Telephone Number**

**Name of Facility Where Abatement is Taking Place (3)**
BERGEN REGIONAL MEDICAL CENTER

**Street Address**
230 EAST RIDGEWOOD AVENUE

**County (6)**
BERGEN

**Name of Monitoring Firm Hired by Building Owner (6)**
BRINKERHOFF ENVIRONMENTAL SERVICES

**ASCM No.**

**Name of Abatement Contractor (9)**
TWO BROTHERS CONTRACTING, INC.

**Street Address**
1805 ATLANTIC AVENUE

**City, State, Zip Code**
MANSQUAN, NJ 08736

**Telephone No.**
732-223-2225

**License No.**
00494

**Start Date (10)**
10/9/2014

**Scheduled Completion Date (11)**
10/13/2014

**Name of OSHA Monitor**
SAME AS (9) ABOVE

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

**Location of Asbestos-Containing Material (ACM) TO BE ABATED**
- [ ] Yes
- [ ] No
- [x] N/A

**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)**
15 LF

**Abatement Type**
( 

**Exterior (Wrap & Cut Only)**

**Name of Registered Waste Hauler**
TWO BROTHERS CONTRACTING

**NJDEP Waste Hauler ID No.**
18743

**Cubic Yards of Waste**
1

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

**City, State**
CLIFTON, NJ

**Disposal Date**
10/13/2014

**City, State**
MORRISVILLE, PA

**Completed by**
VIVECA RAMOS

**Title**
PROJECT COORDINATOR

**Signature**

**Date**
10/8/2014

*Do not use this form for asbestos licensure exempted activities.*
**State of NJ**
**Notification of Asbestos Abatement**
(Pursuant to NJAC 8:60-7 and 12:120-7)  
***EMERGENCY***

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<td>☑ DEP</td>
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</tr>
<tr>
<td>☑ Amendment</td>
<td></td>
</tr>
<tr>
<td>☑ Cancellation</td>
<td></td>
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</tbody>
</table>

**Name of Building Owner/Operator (2)**
Linden Board of Education

**Name of Contact**
Kathleen A. Gaylord

**FACILITY INFORMATION**

**Name of facility where abatement is taking place (3)**
School # 8 (NON-SUB 8)

**Street Address**
500 W Blancke Street

**City (5)**
Linden, NJ

**County (6)**
Union

**County Code (7)**

**Type of Facility (4)**
☑ School (K - 12)
☐ Subchapter 8 (Other than K-12)
☐ Other (Private/Commercial Bldgs./Homes, etc.)

**Square Foot # of Floors**

**Current Use (Prior if being demolished)**
school non sub 8

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

**Name of Abatement Contractor (9)**
B & G Restoration, Inc.

**Street Address**
105 Ryerson Road

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

**Telephone Number**
973-695-5869

**License Number**
0378

**Name of OSHA Monitor**
B & G Restoration, Inc.

**Street Address**
105 Ryerson Road

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

**Scheduled Start Date (10)**
10/09/2014

**Sched. Completion Date (11)**
10/10/2014

**Occupancy Status During Abatement (Check only one)**
☐ Facility close/vacated during entire period of abatement.
☐ Abatement performed outside of normal facility hours-
Describe:
☑ Other-Describe: start work @ 4:00 pm

**Scope of Work (check all that apply)**
☐ Demolition
☑ Renovation
☐ Full Containment w/negative pressure
☐ Mini-enclosure
☐ Non-friable procedure

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

<table>
<thead>
<tr>
<th>Old Cafeteria</th>
<th>X</th>
<th>pipe (wrap &amp; cut)</th>
<th>12 if</th>
</tr>
</thead>
</table>

**Registered Waste Hauler**
B & G Restoration, Inc.

**NJDHEP Hauler ID#**
19563

**Cubic Yards of Waste**
%

**Name of Registered Landfill**
Tullitytown Resource & Recovery Center

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

**Disposal Date**
10/10/2014

**Completed by (Print or Type)**
Gordana Luna

**Title**
Secretary/Treasurer

**Signature**

**Date**
10/08/2014
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Name of Building Owner/Operator: DIV HDV Newark LLC c/o Highland Development Enterprises

Address: 405 Tarrytown Road, Suite 1011

City, State, Zip Code: White Plains, NY 10607

Name of Contact: Paul Young

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place:
Formerly Family Laundry
50-64 Gould Avenue
Newark

County: Essex

County Code: [STATE USE ONLY] 00079

Name of Monitoring Firm Hired by Building Owner:
EnviroVision Consultants, Inc.

Street Address: 20-21 Wagawar Road – Bldg. 35E
Fair Lawn, New Jersey 07410

Project Manager for Monitoring Firm: Fred Larson

Telephone No.: 973-636-9145

Start Date: 10/20/2014

Scheduled Completion Date: 12/20/2014

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 ft or ≥ 30 ft
- [ ] ≥ 100 sf or ≥ 280 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

<table>
<thead>
<tr>
<th>Location of ACM</th>
<th>Yes</th>
<th>No</th>
<th>N/A</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 - Boiler Room</td>
<td>X</td>
<td></td>
<td></td>
<td>Boiler Insulation</td>
<td>3,600 SF</td>
<td>x</td>
</tr>
<tr>
<td>Basement - Boiler Room</td>
<td>X</td>
<td></td>
<td></td>
<td>Pipe Insulation</td>
<td>200 LF</td>
<td>x</td>
</tr>
<tr>
<td>Basement - Boiler Room</td>
<td>X</td>
<td></td>
<td></td>
<td>Fire Brick</td>
<td>500 SF</td>
<td>x</td>
</tr>
<tr>
<td>Basement - Boiler Room</td>
<td>X</td>
<td></td>
<td></td>
<td>Transite Electrical Panel</td>
<td>10 SF</td>
<td>x</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler: Atlantic Carting, LLC

Disposal Date: TBD

Name of Registered Landfill: IESI PA Bethlehem Landfill Corporation

City, State: Bethlehem, PA

Completed by: Sean Zoric
Title: President

Signature: [Signature]
Date: 10/16/2014

* Do not use this form for asbestos licensure exempted activities.
<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)</th>
<th>Is Location Normally Used Solely by Maintenance Custodial Staff? (12)</th>
<th>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>X</td>
<td>Pipe Insulation &amp; Insulation Debris</td>
<td>200 LF</td>
<td>X</td>
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<tr>
<td>Basement Restroom</td>
<td>X</td>
<td>Plaster</td>
<td>300 SF</td>
<td>X</td>
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<tr>
<td>Basement</td>
<td>X</td>
<td>Exhaust Packing</td>
<td>10 SF</td>
<td>X</td>
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<tr>
<td>1st Floor Restroom</td>
<td>X</td>
<td>9&quot;x9&quot; Floor Tiles and Mastic</td>
<td>250 SF</td>
<td>X</td>
</tr>
<tr>
<td>1st Floor Middle Section</td>
<td>X</td>
<td>Sprayed On Insulation</td>
<td>250 SF</td>
<td>X</td>
</tr>
<tr>
<td>1st Floor South Side</td>
<td>X</td>
<td>Pipe Insulation</td>
<td>10 LF</td>
<td>X</td>
</tr>
<tr>
<td>2nd Floor North West Corner</td>
<td>X</td>
<td>Wall Plaster</td>
<td>200 SF</td>
<td>X</td>
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<tr>
<td>2nd Floor West Side</td>
<td>X</td>
<td>Tar Paper Under Wood Floor</td>
<td>5,000 SF</td>
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<tr>
<td>2nd Floor</td>
<td>X</td>
<td>Pipe Insulation</td>
<td>50 LF</td>
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<tr>
<td>3rd Floor Fur Room</td>
<td>X</td>
<td>Plaster / Insulation Under Plaster</td>
<td>2,000 SF</td>
<td>X</td>
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<tr>
<td>3rd Floor Fur Room</td>
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<td>Pipe Insulation</td>
<td>30 LF</td>
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<td>Lower Roof Parapet</td>
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<td>SW Corner Roof</td>
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<td>Boiler Room Wall</td>
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<td>Sheeting</td>
<td>500 SF</td>
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</table>
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1):
10/11/14

Name of Building Owner/Operator (2):
Rump House

Street Address:
320 Cooks Rd

City, State, Zip Code:
Pleasant Beach, New Jersey 08735

Name of Contact:
Done

Agencies Notified:

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<th>Agency</th>
<th>Type Notification</th>
<th>Initial</th>
<th>Amended</th>
<th>Amendment</th>
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<tr>
<td>DCA</td>
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</tbody>
</table>

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3):
Pleasant Beach Rump House

Street Address:
320 Cooks Rd

City (5):
Pleasant Beach

County (6):
Ocean

County Code (7) (STATE USE ONLY):

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

ACSM No.:

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

Street Address:
95 Montrose Road

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

Project Manager for Monitoring Firm:

Telephone No.:
732-294-1757

License No.:
000029

Start Date (10):
10/11/14

Scheduled Completion Date (11):
10/13/14

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):

- Renovation
- Demolition

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

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

Indoors

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

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

Amount (Specify SF or LF):

Abatement Type:

Endorse:

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

NJDEP Waste Hauler ID No.:
12086

Cubic Yards of Waste:
1

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

City, State:
Colts Neck, New Jersey

Dispose Date:
10/13/14

City, State:
Tullytown, PA

Completed by:
Bree McGuire

Title:
Secretary Treasurer

Signature:

Date:
10/11/14

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

Date of Notification (1) 10/11/14

Name of Building Owner/Operator (2) Wm. Blanchard Company

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

Street Address 199 Mountain Ave
City, State, Zip Code Springfield, New Jersey 07080
Name of Contact 151 Harrington Telephone Number

FACILITY INFORMATION
Name of Facility Where Abatement is Taking Place (3) Phosphor Production Building
Street Address 214 Kings Highway
City (5) Washington Township
County (6) Expires: 10/28/14

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

Square Feet # of Floors Bldg. Age

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9)
Street Address 95 Montrose Road
City, State, Zip Code Colts Neck, N.J. 07722

Project Manager for Monitoring Firm Telephone No. Telephone No.

License No. 732-294-1757 00029

Start Date (10) 10/11/14 Scheduled Completion Date (11) 10/28/14

Name of OSHA Monitor

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

Scope of Work (Check All That Apply)
□ ≥3 sf or ≥3 ft
□ ≥160 sf or ≥260 li
□ 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)

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

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

Amount (Specify SF or LF)

Abatement Type
Removal Repair Enqueue Prolong

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

NJDEP Waste Hauler ID No. 12086

Cubic Yards of Waste 20

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

Disposal Date 10/28/14

City, State Colts Neck, New Jersey Tullytown, PA

Completed by Bree McGuire Title Secretary Treasurer

Signature Date 10/11/14

A85-41 (R-06-06)

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

**Date of Notification (1)**  
October 10, 2014

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

**Street Address**  
175 Hudson Street

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

**Name of Contact**  
Ted Berzak

---

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**  
OK Sales Tip Top Tops

**Street Address**  
375 Blair Road

**City (5)**  
Avenel

**County (6)**  
Middlesex

**Square Feet**  
50,000

**# of Floors**  
1

**Bldg. Age**  
49

**Current Use (Prior if being demolished)**  
Office/Showroom and Warehouse

---

**Type of Facility (4)**

- [ ] School (K-12)
- [ ] Subchapter 5 (Other than K-12)
- [x] Other (i.e., private & commercial buildings, homes, etc.)

---

**Name of Abatement Contractor (9)**  
ELCON Environmental Inc.

**Street Address**  
150 Glenwood Drive

**City, State, Zip Code**  
Washington Crossing, PA 18977

**License No.**  
01225

**Name of OSHA Monitor**  
Same

**Street Address**  

**City, State, Zip Code**  

---

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

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

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

- [x] Renovation/Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Frangible Procedure

---

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

<table>
<thead>
<tr>
<th>East portion of office/showroom</th>
<th>x</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Description of Asbestos-Containing Material (ACM)</strong></td>
<td></td>
</tr>
<tr>
<td>(i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td></td>
</tr>
<tr>
<td><strong>Amount (Specify SF or LF)</strong></td>
<td></td>
</tr>
<tr>
<td><strong>2,000 SF</strong></td>
<td></td>
</tr>
</tbody>
</table>

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

**NJDEP Waste Hauler ID No.**  
SW2117

**Cubic Yards of Waste**  
TBD

**Name of Registered Landfill**  
Minerva Enterprises

**City, State**  
Waynesburg, OH

**Disposal Date**  
TBD

**Completed by**  
Elizabeth Gosek

**Title**  
President

**Signature**  

**Date**  
10/10/2014

---

* Do not use this form for asbestos licensure exempted activities.
# State of New Jersey
## NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:66 and 5:18)

### Date of Notification
10 / 09 / 14

### Name of Building Owner/Operator
Gladys Rosado

### Address
717 Floral Avenue, Elizabeth, NJ 07208

### Name of Facility Where Abatement is Taking Place
Private home

### Building Address
717 Floral Avenue

### City
Elizabeth, NJ 07208

### County Code
Union

### ASCM No.

### Name of Abatement Contractor
Gr Tech LLC

### Street Address
576 Valley Rd #283, Wayne, NJ 07470

### Telephone No.
973-638-1777

### Current Use (Prior if being demolished)

### Name of OSHA Monitor
Envirosion Consultants, Inc.

### Street Address
20-21 Wagaraw Road, Bldg. #34A, Fair Lawn, NJ 07410

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

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

### Location of ACM
- Pipe insulation
  - Basement
  - Yes
  - No
  - N/A

### Amount (Specify SIF or LF)
165 LF

### Abatement Type

### Name of Registered Waste Hauler
Gr Tech LLC

### Cubic Yards of Waste
TBD

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

### Disposal Date
TBD

### Tullytown, PA

### Owner
N. Jevtic

### Signature

### Date
10/09/2014

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

**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 8:60 and 12:11-20)

---

**Date of Notification:** 10/10/14

**Name of Building Owner/Operator:**

- Mr. H. Joshua

**Street Address:**

- 506 Clifton Ave

**City, State, Zip Code:**

- Newark, N.J. 07104

**Type of Facility:**

- School (K-12)

**Square Feet:**

- 2200

**# of Floors:**

- 2

**Bldg Age:**

- 85 years

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

- Mr. Joshua

**Name of Abatement Contractor:**

- Best Removal Inc

**Street Address:**

- 450 S. River St

**City, State, Zip Code:**

- Hackensack, N.J. 07601

**Telephone No.:**

- 201-329-7444

**License No.:**

- 00388

**Name of OSHA Monitor:**

- Omega Environmental Inc

**Street Address:**

- 280 Huyler St

**City, State, Zip Code:**

- South Hackensack, N.J. 07606

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

- Facility Closed/Vacated During Entire Period of Abatement

**Start Date:**

- 10/23/14

**Scheduled Completion Date:**

- 10/24/14

**Facility Closed/Vacated During Entire Period of Abatement:**

- Yes

**Occupancy Status During Abatement:**

- Yes

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

- Basement

**Type of ACM:**

- Thermal Insulation

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

- 170 LF

**Name of Registered Waste Hauler:**

- Best Removal Inc

**ID No.:**

- 17109

**Name of Registered Landfill:**

- Minerva Enterprises

**City, State:**

- Hackensack, N.J. 07601

**Disposal Date:**

- 10/24/14

**Completed by:**

- J. Maiorano

**Title:**

- Estimator

---

*Do not use this form for asbestos licensure or approved activities.*
**SOTIFICATION OF ASBESTOS ABATEMENT**
(Pertinent to NJAC 8:60 and 12:120)

<table>
<thead>
<tr>
<th>Agency Modified</th>
<th>Type Notification</th>
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<tbody>
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<td>DOL</td>
<td>Asbestos Removal</td>
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<table>
<thead>
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<th>Type of Asbestos</th>
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<tr>
<td>10/9/14</td>
<td>Asbestos</td>
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<table>
<thead>
<tr>
<th>Facility Information</th>
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<tbody>
<tr>
<td>Name of Facility: Afnk 24- AVE</td>
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<tr>
<td>115 FAIRMOUNT AVE</td>
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<tr>
<td>HACKENSACK, NJ.</td>
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<table>
<thead>
<tr>
<th>County Code</th>
<th>City, State, Zip Code</th>
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<tbody>
<tr>
<td>Bergen</td>
<td>HACKENSACK</td>
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<tr>
<td>07601</td>
<td>NJ</td>
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<table>
<thead>
<tr>
<th>Name of Monitoring Firm Held by Building Owner</th>
<th>Owner No.</th>
<th>Name of Abatement Contractor</th>
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<tbody>
<tr>
<td>Best Removal Inc</td>
<td>430 S. River St</td>
<td>Hackensack, N.J. 07601</td>
</tr>
<tr>
<td></td>
<td>Hackensack, N.J. 07601</td>
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<td>10/15/2014</td>
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<th>Type of Asbestos</th>
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<td>Asbestos</td>
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<table>
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<tr>
<th>Description of Location of Asbestos-Containing Materials (ACM)</th>
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<tr>
<td>Observed</td>
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<tr>
<th>Name of Registered Vendor Handler</th>
<th>ID No.</th>
<th>Cubic Yards of ACM</th>
<th>Name of Registered Vendor</th>
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<tbody>
<tr>
<td>Best Removal Inc</td>
<td>17109</td>
<td>60 UF</td>
<td>Minerva Enterprises</td>
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</table>

<table>
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<th>Disposal Date (DD/MM/YYYY)</th>
<th>Disposal City, State</th>
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<td>10/19/2014</td>
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<table>
<thead>
<tr>
<th>Name of Registered Vendor Handler</th>
<th>ID No.</th>
<th>Cubic Yards of ACM</th>
<th>Name of Registered Vendor</th>
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</thead>
<tbody>
<tr>
<td>Minerva Enterprises</td>
<td></td>
<td>60 UF</td>
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<table>
<thead>
<tr>
<th>Disposal Date (DD/MM/YYYY)</th>
<th>Disposal City, State</th>
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</thead>
<tbody>
<tr>
<td>10/19/2014</td>
<td>Mayesburg, OH</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Name of Registered Vendor Handler</th>
<th>ID No.</th>
<th>Cubic Yards of ACM</th>
<th>Name of Registered Vendor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minerva Enterprises</td>
<td></td>
<td>60 UF</td>
<td></td>
</tr>
</tbody>
</table>
**State of New Jersey**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:66 and 12:120)

**Date of Notification (1)**
10/06/14

**Name of Building Owner/Operator (2)**
Oiga San George

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

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

**Street Address**
910 Queen Ann Road

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

**Name of Contact**
Oiga San George

**FACILITY INFORMATION**

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

**Street Address**
910 Queen Ann Road

**City (5)**
Teaneck

**County (6)**
Bergen

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

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

**Square Feet**
N/A

**# of Floors**
N/A

**Bldg. Age**
N/A

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

**Street Address**
11 Rosengren Avenue

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

**License No.**
973-345-8885

**Telephone No.**
973-345-8885

**ASCM No.**
N/A

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

**Street Address**
11 Rosengren Avenue

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

**Scope of Work (Check All That Apply)**
- [x] ≥23 sf or ≥32 sf
- [ ] ≥160 sf or ≥250 sf
- [ ] Renovation
- [x] Demolition
- [x] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

**Start Date (10)**
10/21/14

**Completion Date (11)**
10/22/14

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

**Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)**
- basement: X

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

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

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

**Abatement Type**
- [x] Enclosure

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

**Cubic Yards of Waste**
TBD

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

**City, State**
Totowa, NJ

**Disposal Date**
TBD

**Tulloctown, PA**

**Completed by**
Deanna Biskusin

**Title**
Project Manager

**Signature**

**Date**
10/06/14

---

* 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)**
10/07/14

**Name of Building Owner/Operator (2)**
A. Molly Company

**Street Address**
31 Vose Avenue

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

**Name of Contact**
Gary Toriello

**FACILITY INFORMATION**

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

**Street Address**
1 Colony Court

**City (5)**
West Orange

**County (6)**
Essex

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

**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 if being demolished)**
House

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

**ASCM No.**
N/A

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

**Street Address**
11 Rosengren Avenue

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

**Project Manager for Monitoring Firm**
N/A

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

**License No.**
#00675

**Start Date (10)**
10/08/14

**Scheduled Completion Date (11)**
10/11/14

**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)**

- ≥30 sf or ≥3 If
- ≥160 sf or ≥260 sf
- Renovation
- Demolition

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
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</thead>
<tbody>
<tr>
<td>living room</td>
<td>X</td>
<td>ceiling plaster</td>
<td>200 SF</td>
<td>Non-Exempted (*) and Non-Friable Procedure</td>
</tr>
<tr>
<td>master bedroom</td>
<td>X</td>
<td>wall plaster</td>
<td>30 SF</td>
<td>Non-Exempted (*) and Non-Friable Procedure</td>
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**Location of Registered Waste Hauler**
D&S Abatement, Inc.

**Disposal Date**
TBD

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

**City, State**
Totowa, NJ

**Completed by**
Susan Brikusin

**Title**
Project Manager

**Signature**

**Date**
10/07/14

*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):
10/09/14

Name of Building Owner/Operator (2):
Susan Waters

Agencies Notified

<table>
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<th>Agency</th>
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<td>DOH</td>
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<tr>
<td>DCA</td>
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</table>

Street Address
321 West End Road

City, State, Zip Code
South Orange, NJ 07079

Name of Contact
Susan Waters

FACILITY INFORMATION

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

Type of Facility (4):

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

Street Address
321 West End Road

City (5)
South Orange

Square Feet
N/A

# of Floors
N/A

Bldg. Age
N/A

Current Use (Prior If being demolished): House

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

ASCM No.

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

Street Address
11 Rosengren Avenue

City, State, Zip Code
Totowa, NJ 07512

Project Manager for Monitoring Firm

Telephone No.
973-345-8685

License No.
#00675

Start Date (10)
10/23/14

Scheduled Completion Date (11)
10/24/14

Name of OSHA Monitor
D&S Abatement, Inc.

Street Address
11 Rosengren Avenue

City, State, Zip Code
Totowa, NJ 07512

Occupancy Status During Abatement (Check Only One):

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

Scope of Work (Check All That Apply):

- ≥200 sf or ≥2000 ft²
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Location</th>
<th>ACM Normally Used Solely by Maintenance/Custodial Staff?</th>
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<tbody>
<tr>
<td>basement</td>
<td>No</td>
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</table>

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

Pipe insulation: 126 LF

Abatement Type

<table>
<thead>
<tr>
<th>Type</th>
<th>Amount (Specify SF or LF)</th>
<th>Encapsulation</th>
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<tbody>
<tr>
<td></td>
<td>126 LF</td>
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Name of Registered Waste Hauler
D&S Abatement, Inc.

NJDEP Waste Hauler ID No. #20996

Cubic Yards of Waste TBD

Name of Registered Landfill
Waste Management of PA

City, State
Totowa, NJ

Disposal Date TBD

City, State
Tullytown, PA

Completed by
Deanna Biskusian

Title
Project Manager

Signature

Date
10/09/14

* Do not use this form for asbestos licensure exempted activities.
### State of New Jersey
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60 and 12:20)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
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<tr>
<td>10-10-2014</td>
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</table>

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

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 Commerce St.</td>
<td>Branchburg, NJ 08876</td>
</tr>
</tbody>
</table>

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

### FACILITY INFORMATION

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

<table>
<thead>
<tr>
<th>Address</th>
<th>Square Feet</th>
<th># of Floors</th>
<th>Bldg. Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>300 North 2nd Street</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>City (5)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Harrison</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>County (6)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hudson</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>ASCM No.</th>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>n/a</td>
<td>n/a</td>
<td>Loznica Management Corp</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>22 Troy Lane</td>
<td>Lincoln Park, NJ 07035</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>n/a</td>
<td>973-706-7950</td>
<td>01193</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>10-20-2014</td>
<td>10-27-2014</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check Only One)</th>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
<td>22 Troy Lane</td>
<td>Lincoln Park, NJ 07035</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check All That Apply)</th>
<th>Is Location Normally Used Solely by Maintenance/ Custodial Staff?</th>
<th>Description of Asbestos Containing Material (ACM)</th>
<th>Amount</th>
<th>Abatement Type</th>
<th>Endorse</th>
</tr>
</thead>
<tbody>
<tr>
<td>23 ft or less</td>
<td>Yes</td>
<td>Linoleum Floor Sheetling</td>
<td>288 SF</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>≥160 sf or ≥260 ft</td>
<td>No</td>
<td>Brown Floor Tile</td>
<td>256 SF</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Floor Tile Under Floor Sheetling</td>
<td>300 SF</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Flashing</td>
<td>770 SF</td>
<td>x</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM)</th>
<th>Name of Registered Waste Hauler</th>
</tr>
</thead>
<tbody>
<tr>
<td>TO BE ABATED</td>
<td>Loznica Management Corp</td>
</tr>
<tr>
<td>In Facility (13)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
<th>City, State</th>
<th>Disposal Date</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>GROWS Landfill</td>
<td>Morristown, PA 19067</td>
<td>TBD</td>
<td>10-10-2014</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed by</th>
<th>Title</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>E. Cirovic</td>
<td>Secretary</td>
<td></td>
<td>10-10-2014</td>
</tr>
</tbody>
</table>

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

Date of Notification (1)
10/6/14

Agency(ies) Notified
EPA
DEP
DOL
DOH
DCA

Type Notification
Initial
Amended
Emergency (Including justification)
Cancellation

Name of Building Owner/Operator (2)
Ms. Iwona Dankowski

Street Address

City, State, Zip Code

Name of Contact
Iwona Dankowski

Telephone Number

FACILITY INFORMATION

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

Street Address
171 Madison Avenue

City (5)
Westfield

County (6)
Union

County Code (7) (STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.

Name of Abatement Contractor (9)
ABS Environmental Services, LLC

Street Address
4 E Gate Drive, PO Box 483

City, State, Zip Code
Glenwood, NJ 07418

Project Manager for Monitoring Firm

Telephone No.
973-583-8500

License No.
703

Start Date (10)
10/7/14

Scheduled Completion Date (11)
11/16/14

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)
≥5,000 sq ft or ≥27 ft
≥160 sq ft or ≥2260 lb

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)
siding

Amount (Specify SF or LF)
1200 SF

Abatement Type

Endorse

Endorse

Name of Registered Waste Hauler
Freehold Cartage

NJDEP Waste Hauler ID No.
15959

Cubic Yards of Waste
TBD

Name of Registered Landfill
TBD

City, State
Freehold NJ

Completed by
A. Scott Higgins
Title
President

Signature

Date
10/6/14

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

**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60 and 8:16)

**Date of Notification (1):**

| 10 | 11 | 14 |

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

Richard Lee

**Street Address:**

5 Russell Terrace

**City, State, Zip Code:**

Montclair, NJ 07042

**Name of Contact:**

Richard Lee

**Telephone Number:**

**FACILITY INFORMATION**

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

Private home

**Street Address:**

5 Russell Terrace

**City (5):**

Montclair, NJ 07042

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

Essex

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

Gr Tech LLC

**ASC No.:**

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

Gr Tech LLC

**Street Address:**

576 Valley Rd #283

**City, State, Zip Code:**

Wayne, NJ 07470

**License No.:**

01/127

**Name of OSHA Monitor:**

Envirovision Consultants, Inc

**Street Address:**

20-21 Wagaw Road, Bldg. #34A

**City, State, Zip Code:**

Fair Lawn, NJ 07410

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

- [x] >3 sf or >3 if
- [x] 160 sf or >280 sf
- [x] Demolition

**Description of Asbestos-Containing Material (ACM) TO BE ABATED IN FACILITY (13):**

Pipe insulation

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

250 LF

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

Basement

**Name of Registered Waste Hauler:**

Gr Tech LLC

**NJDEP Waste Hauler ID No.:**

0033785

**Cubic Yards of Waste:**

TBD

**Name of Registered Landfill:**

T.R.R.F. Inc

**City, State:**

Wayne, NJ 07470

**Disposal Date:**

TBD

**City, State:**

Tullytown, PA

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

N. Jevtic

**Title:**

Owner

**Signature:**

Date:

10/11/2014

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

Date of Notification (1)
October 10, 2014

Name of Building Owner/Operator (2)
DNA Demolition

Street Address
2156 Camplain Road

City, State, Zip Code
Hillsborough, NJ 08844

Name of Contact
Antonio Dimuzio
Telediphon Number

FACILITY INFORMATION

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

Street Address
349 East Clay Avenue

City
Roselle Park

County (6)
Union

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
2000 sf

# of Floors
1

Bldg. Age
65

Current Use (Prior if being demolished)
Residence

Name of Monitoring Firm Hired by Building Owner (8)
Guardian Contracting Inc.

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

Toms River, New Jersey 08755

Telephone Number
732-349-9932

License Number
00624

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

Street Address
2056 Stelton Road

City, State, Zip Code
Piscataway, New Jersey 08854

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

Scope of Work (Check all that apply)
[ ] 3 sf or 23 ft
[ ] >160 sf or >260 sf
[ ] 23 sf or 23 lf
[ ] 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)

Removal
Repair
Encapsulation
Enclosure

Abatement Type

Asbestos pipe insulation

10 lf

Name of Registered Waste Hauler
Guardian Contracting, Inc.

NJDEP Waste Hauler ID No
20222

Cubic Yards of Waste
2

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

City, State
Toms River, New Jersey

Disposal Date
10/13/14

Completed by (Print or Type)
Nicholas Fernicola

Title
Project Manager

Signature
Nicholas Fernicola

Date
10/10/2014

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

Date of Notification (1)
10 / 15 / 14

Name of Building Owner / Operator (2)
MARS SNACK FOODS

Agency Notified Type of Notification
☐ EPA ☐ Initial
☐ DEP ☐ Amended
☐ DOH ☐ Amendment #
☐ DOL ☐ Emergency w/ justification
☐ DCA ☐ Cancellation

Street Address
700 HIGH STREET

City, State, Zip Code
HACKETTSTOWN, NJ 07840

Name of Contact
JON VANDERWAL

FACILITY INFORMATION

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

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

Street Address
700 HIGH STREET

City (5) County (6) County Code (7)
HACKETTSTOWN WARREN

Square Feet
800,000

Building Age
40+

Current Use (Prior if being demolished)
MANUFACTURING

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

Name of Abatement Contractor (9)
NORTHSTAR CONTRACTING GROUP, INC.

AET

Street Address
807 DOOLITTLE DRIVE

City, State, Zip Code
BRIDGEWATER, NJ 08807

Telephone Number
908-318-1108

Name of OSHA Monitor
NORTHSTAR CONTRACTING GROUP, INC.

Street Address
32 Williams Parkway

City, State, Zip Code
East Hanover, NJ 07936

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

Location of Description of
Location of Description of
Location of Description of
Asbestos Containing
Asbestos - Containing
Asbestos - Containing
Material (ACM) Material (ACM)
Material (ACM)
TO BE ABATED (13)
(i.e., thermal systems
(i.e., thermal systems
(i.e., thermal systems
in Facility
insulation, surfacing, VAT,
or other miscellaneous)
or other miscellaneous)
or other miscellaneous)

Amount
REMOVAL
REPAIR
CAPS
CLOSURE

TANK 1702
TANK 1702

Name of Registered Waste Hauler
NEWARK CARTING

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

Cubic Yards
4500

Disposal Date
BETHLEHEM, PA

Completed by (Print or Type)
STEVE STILES

Signature
Date
10/15/14
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) 10/13/14

Name of Building Owner/Operator (2) Dulkin

Street Address 12 Random Rd.

City, State, Zip Code Princeton, NJ 08540

Name of Contact Ryan Dulkin

FACILITY INFORMATION

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

Street Address 12 Random Rd.

County (5) Mercer

Name of Monitoring Firm Hired by Building Owner MECS

Name of Abatement Contractor (9) Stevens Environmental Services, Inc.

Square Feet 1800

Current Use (Prior if being demolished) 60+/-

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

City, State, Zip Code Crosswicks, NJ 08515

County Code (7) (STATE USE ONLY)

License No. 00493

Telephone No. (609) 259-9688

Bldg. Age 60+/-

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

Scope of Work (Check all that apply)
Renovation
Demolition

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

Cubic Yards of Waste 2 CU

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

City, State Allentown, NJ Tulltown, PA

Disposal Date 11/28/14

Completed By Mahlon E. Stevens

Title Project Manager

Signature

Date 10/13/14

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