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

**Date of Notification**: 10/17/16  
**Name of Building Owner/Operator**: RPI Designs Build  
**Street Address**: 3 MILL ROAD  
**City, State, Zip Code**: Morris Plains, NJ 07951

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

**City**: Morris Plains  
**County Code**: Morris

**Type of Facility**: Residential  
**Square Feet**: 1800  
**# of Floors**: 2  
**Bldg. Age**: 25

**Name of Monitoring Firm Hired by Building Owner**: ASCM No.

**Project Manager for Monitoring Firm**:  
**Telephone No.**:  
**License No.**: 00156

**Start Date**: 11/01/16  
**Scheduled Completion Date**: 11/30/16

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

**Type of Work**: Renovation  
- Demolition

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

**Is Location Normally Used Solely by Maintenance/Custodial Staff**: Yes

**Description of Asbestos-Containing Material (ACM)**: Fire Insulation  
**Amount**: 180 LF

**Name of Registered Waste Hauler**: Newark Carting, Inc.
**NUDEP Hauler ID No.**: 04509  
**Cubic Yards of Waste**: 3

**Name of Registered Landfill**: IESI PA Bethlehem Landfill Corp.

**City, State**: Bethlehem, PA  
**Disposal Date**: 11/01/16

**Completed by**: Joseph Vocaturo  
**Title**: Vice President  
**Signature**: 

*Do not use this form for asbestos licensure exempted activities.*
Date of Notification (1): 10/17/16
Name of Building Owner/Operator (2): Subsouci, 810 Broadway

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residence
City (5): Bayonne

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

Square Feet: 2,500
# of Floors: 2
Bldg. Age: 450

Name of Monitoring Firm Hired by Building Owner (8): ASCM No.
Name of Abatement Contractor (9): A.MAC Contracting Inc.

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

Scope of Work (Check All That Apply):
- 23 sf or 23 if
- ≥150 sf or ≥250 if
- Removal
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Frisable Procedure

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

<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>Yes</td>
<td>Pipe Insulation, Docile, isolation</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler:
NJDEP Waste Hauler ID No.: 04509
Name of Registered Landfill:
IESI PA Bethlehem Landfill Corp.

Completed by: Joseph Vocatura
Title: Vice President
Signature: [Signature]
Date: 10/17/16

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

Date of Notification (1) 10/17/16
Name of Building Owner/Operator (2) ANTHONY LOSARDO

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

Street Address
City, State, Zip Code
EDISON, N.J. 08817.

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

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

Square Feet No. of Floors Bldg. Age
1,325

County Code (7) (STATE USE ONLY)

Current Use (Prior if being demolished)
RESIDENTIAL

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

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

Street Address
185 Vreeland Ave.

City, State, Zip Code
Midland Park, NJ

Phone No.
(201)352-5841

License No.
00156

Name of OSHA Monitor
Omega Environmental Services

Street Address
280 Huyler St.

City, State, Zip Code
Hackensack, NJ 07606

Start Date (10) 10/27/16
Scheduled Completion Date (11) 11/27/16

Facility Status During Abatement (Check Only One)

Facility Closed/Vacated During Entire Period of Abatement
Abatement Performed Outside of Normal Facility Hours

Facility Status

Other - Describe:

Scope of Work (Check All That Apply)

[ ] 23 sf or 23 ft
[ ] 3,150 sf or 3,150 ft

[ ] Renovation
[ ] Demolition

Full Containment with Negative Pressure
Mini-Enclosure
Glovebox Procedure
Non-Exempted (*) and Non-Flammable Procedure

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

In Facility

(13)

Is Location Normally Used Solely by
Maintenance/Custodial Staff? (14)

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

Location of Registered Waste Hauler

NJDEP Waste Hauler ID No.

Name of Registered Landfill

Name of Registered Landfill

Cubic Yards of Waste

City, State

Completing

10/27/16

City, State

Signature

Date

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): 10/17/16
Name of Building Owner/Operator (2): CARLOS GARCIA

Agencies Notified: EPA
Type Notification: Initial
Street Address: [Redacted]
City, State, Zip Code: New York, N.Y. 10041
Name of Contact: CARLOS GARCIA
Telephone Number: [Redacted]

Name of Facility Where Abatement is Taking Place (3): RESIDENCE
Type of Facility (4): School (K-12)
Square Feet: 2,100
# of Floors: 2
Bldg. Age: +/- 50

City (5): New York
County Code (7): (STATE USE ONLY) [Redacted]
Current Use (Prior or being demolished): RESIDENTIAL

Name of Monitoring Firm Hired by Building Owner (8): ASCM No. [Redacted]
Name of Abatement Contractor (9): A.MAC Contracting Inc.

Street Address: 185 Vreeland Ave.
City, State, Zip Code: Midland Park, NJ
Telephone No.: (201)262-5841
License No.: 00156

Project Manager for Monitoring Firm: ORMEGA ENVIRONMENTAL SERVICES

Start Date (10): 10/17/16
Scheduled Completion Date (11): 11/18/16
Name of OSHA Monitor: [Redacted]

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

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

- Basement
- Yes
- No
- N/A
- PIPE INSULATION
- 160 LF

Name of Registered Waste Hauler: N.J. DEP Waste Hauler ID No. 04509
Newark Carting, Inc.
Cubic Yards of Waste: [Redacted]
Name of Registered Landfill: IESI PA Bethlehem Landfill Corp.
Newark, NJ
City, State: Bethlehem, PA
Disposal Date: 10/21/16
Completed by: JOSEPH VOCATURTO
Title: Vice President
Signature: [Redacted]
Date: 10/17/16

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:89 and 8:16)

Date of Notification (1)  10/18/16

 Agencies Notified  Type Notification  Name of Building Owner/Operator (2)  King

☒ EPA  □ Initial  Street Address  
☐ DEP  □ Amended  □ Emergency (including justification)
☐ DOI  ☐ Amendment #  □ Cancellation
☐ DOH  ☐
☐ DCA  ☐

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

Street Address

City, State, Zip Code  Riverside, NJ 08075

County (6)  Burlington

County Code (7)  (STATE USE ONLY)  

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

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

Name of OSHA Monitor

Start Date (10)  11/2/16

Scheduled Completion Date (11)  11/8/16

Occupancy Status During Abatement (Check only one)
☒ Facility Closed/Vacated During Entire Period of Abatement
☒ Abatement Performed Outside of Normal Facility Hours
☐ Other - Describe: 8 am - 4 pm

Scope of Work (Check all that apply)
☐ ≥3 sf or ≥3 ft
☐ ≥160 sf or ≥260 sf
☒ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

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

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

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

Amount (Specify SF or LF)  

Abatement Type

Removal  ☒
Repair  
Encapsulate  
Endorse  

Name of Registered Waste Hauler  Stevens Environmental Services, Inc.

City, State  Allentown, NJ

NJDEP Waste Hauler ID No.  18292

Cubic Yards of Waste  1 CU

Name of Registered Landfill  GROWS Landfill

City, State  Morrisville, PA

Completed By  Mahlon E. Stevens  Project Manager

Signature  

Date  10/18/16

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>10/18/16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Funkalea</td>
</tr>
<tr>
<td>Name of Facility Where Abatement Is Taking Place (3)</td>
<td>Residential</td>
</tr>
<tr>
<td>Type of Facility (4)</td>
<td>Residential</td>
</tr>
<tr>
<td>Street Address</td>
<td>PO Box 341</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Princeton, NJ 08542</td>
</tr>
<tr>
<td>County Code (7)</td>
<td>Mercer</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>MECS</td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>Stevens Environmental Services, Inc.</td>
</tr>
<tr>
<td>Street Address</td>
<td>PO Box 322</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Allentown, NJ 08501</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>Bill Weisgarber</td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>10/31/16</td>
</tr>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>11/8/16</td>
</tr>
<tr>
<td>Occupancy Status During Abatement (Check only one)</td>
<td>X Facility Closed/Vacated During Entire Period of Abatement</td>
</tr>
<tr>
<td>Scope of Work (Check all that apply)</td>
<td>X 160 sf or ≥260 sf</td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED</td>
<td>Exterior Carport Ceiling</td>
</tr>
<tr>
<td>Location Normally Used Solely by Maintenance/Custodial Staff? (12)</td>
<td>X</td>
</tr>
<tr>
<td>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td>Transite</td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
<td>600 sf</td>
</tr>
<tr>
<td>Abatement Type</td>
<td>Encapsulate</td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
<td>Stevens Environmental Services, Inc.</td>
</tr>
<tr>
<td>City, State</td>
<td>Allentown, NJ</td>
</tr>
<tr>
<td>Disposal Date</td>
<td>11/8/16</td>
</tr>
<tr>
<td>Completed By</td>
<td>Mahlon E. Stevens</td>
</tr>
</tbody>
</table>

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

Date of Notification (1) 10/17/16
Name of Building Owner/Operator (2) Wayne Senior Citizens Runnymede Corp
Job #1502-1959 Chk. 4508

Agencies Notified
- EPA
- DOLWD
- DHSS
- DCA
(NJAC 5:23-8)
Type Notification
- Initial
- Amended Amendment #
- Emergency (including justification)
- Cancellation

Street Address
100 Runnymede Drive
City, State, Zip Code
Wayne, NJ 07470
Name of Contact
Vincy Bruno

FACILITY INFORMATION
Name of Facility Where Abatement is Taking Place (3)
Edward Bisso Sr. Citizens Village

Street Address
100 Runnymede Drive
City (5)
Wayne
County (6)
Passaic

County Code (7) (STATE USE ONLY)
Name of Monitoring Firm Hired by Building Owner (8)
Criterion Laboratories

ASCM No.
Name of Abatement Contractor (9)
Asbestos and Mold Services, Corp.

Street Address
3370 Progress Drive, Suite J
City, State, Zip Code
Bensalem, PA

Project Manager for Monitoring Firm
Mike Panepresso
Telephone No.
215-244-1300

Current Use (Prior if being demolished)
R-2

Start Date (10)
October 10 / 28 / 16
Scheduled Completion Date (11)
October 10 / 29 / 16

Occupancy Status During Abatement (Check only one)
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement AM, PM, AM, PM.

Scope of Work (Check all that apply)
- ≥3 sf or ≥3 if
- ≥180 sf or ≥260 if
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Units</th>
<th>Description</th>
<th>Amount</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>818, 918, 819, 919, 820, 920, 821, 921, 822, 922</td>
<td>Popcorn Ceiling (1&quot; strip per unit)</td>
<td>approx. 5 SF per unit</td>
<td></td>
</tr>
<tr>
<td>SAME UNITS AS ABOVE</td>
<td>Floor Tile &amp; Mastic (14 SF per unit)</td>
<td>140 SF</td>
<td></td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
Carnevale Disposal

NJDEP Waste Hauler ID No. 17287
Completed By (Print or Type)
Kimberly A. Trumbetti
Title
Office Coordinator

Signature

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

<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>Name of Building Owner / Operator</th>
<th>Street Address</th>
<th>City, State &amp; Zip Code</th>
<th>Name of Contact</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/11/16</td>
<td>GECMC C-1 2006 Office 33, LLC</td>
<td>29-39 Washington Street</td>
<td>Newark, NJ 07102</td>
<td>Joanne Orozco</td>
<td></td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place</th>
<th>Type of Facility</th>
<th>Square Feet</th>
<th># of Floors</th>
<th>Bidg. Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vacant Office</td>
<td>School (K-12)</td>
<td>21,000</td>
<td>15</td>
<td>46</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner</th>
<th>ASCM No.</th>
<th>Name of Abatement Contractor</th>
<th>License Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>ERM</td>
<td>N/A</td>
<td>Global Abatement Services, LLC</td>
<td>00714</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone Number</th>
<th>Street Address</th>
<th>City, State &amp; Zip Code</th>
<th>Name of OSHA Monitor</th>
<th>Telephone Number</th>
<th>License Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ashish Patel</td>
<td>847-258-8900</td>
<td>443 Schoolhouse Road</td>
<td>Monroe Township, NJ 08831</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement</th>
<th>Scope of Work</th>
<th>Location of Asbestos-Containing Material (ACM)</th>
<th>Is Location Normally Used Solely by Maintenance or Custodial Staff?</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
<th>Amount</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>X Facility Closed/Vacated During Entire Period of Abatement</td>
<td>X Renovation</td>
<td>TO BE ABATED in Facility</td>
<td>(13)</td>
<td>(i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)</td>
<td>12,700</td>
<td>Removal</td>
</tr>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours - Describe:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other - Describe:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Location</th>
<th>Description</th>
<th>Amount</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>5th Floor</td>
<td>Mastic</td>
<td>12,700</td>
<td>Removal</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>Cu. Yds. of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Freehold Cartage</td>
<td>60</td>
<td>GROWS</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed By (Print or Type)</th>
<th>Title</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dominick Tringali</td>
<td>Manager</td>
<td></td>
<td>10/11/16</td>
</tr>
</tbody>
</table>
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60-7 and 12:120-7)

<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>10/7/16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner / Operator</td>
<td>Trevencon Construction, Inc.</td>
</tr>
<tr>
<td>Street Address</td>
<td>30 Church Street</td>
</tr>
<tr>
<td>City, State &amp; Zip Code</td>
<td>Liberty Corner, NJ 07938</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Josh MacDougall</td>
</tr>
</tbody>
</table>

FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place</th>
<th>Vacant Building</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>11 S. Front Street</td>
</tr>
<tr>
<td>City</td>
<td>Elizabeth</td>
</tr>
<tr>
<td>County</td>
<td>Union</td>
</tr>
<tr>
<td>County Code</td>
<td>N/A</td>
</tr>
</tbody>
</table>

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

| Square Feet | 2,700 |
| # of Floors | 1 |
| Bidg. Age | 50+ |

Current Use (Prior if being demolished)
- Residence

<table>
<thead>
<tr>
<th>Name of Abatement Contractor</th>
<th>Global Abatement Services, LLC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>443 Schoolhouse Road</td>
</tr>
<tr>
<td>City, State &amp; Zip Code</td>
<td>Monroe Township, NJ 08831</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>732-505-9062</td>
</tr>
<tr>
<td>License Number</td>
<td>00714</td>
</tr>
</tbody>
</table>

Name of OSHA Monitor  
- Global Abatement Services, LLC  
- Street Address  
- 443 Schoolhouse Road  
- City, State & Zip Code  
- Monroe Township, NJ 08831

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

- Describe:

Other - Describe:

Scope of Work (Check all that apply)
- Demolition
- Renovation
- Large Project
- Quantity is ≥ 3 SF or ≥ 3 LF ACM
- Quantity is ≥ 160 SF or ≥ 260 LF ACM

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Interior</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location</th>
<th>Roof</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Description of Asbestos-Containing Material (ACM) (Specify Square Feet or Linear Feet)</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plaster</td>
<td>2,000 SF</td>
</tr>
<tr>
<td>Roofing</td>
<td>2,700 SF</td>
</tr>
</tbody>
</table>

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

Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>- N/A</td>
</tr>
<tr>
<td>- N/A</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler  
- Freehold Cartage  
- NJDEP Waste Hauler ID # 18693  
- Cu. Yds. of Waste  
- 60  
- Name of Registered Landfill  
- GROWS  
- City, State  
- Freehold, NJ  
- Disposal Date  
- 10/30/16  
- City, State  
- Morrisville, PA  
- Date  
- 10/7/16

ASB-41 JUN 96 G4687
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:50 and 12:120)

Date of Notification (1)  
10-13-2016

Name of Building Owner/Operator (2)  
Rajendra Singh

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

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

Name of Contact  
Rajendra Singh

Street Address  
City, State, Zip Code  
Jersey City, NJ 07304

FACILITY INFORMATION

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

City (6)  
Jersey City, NJ 07304

County (6)  
Hudson

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

Square Feet  
2050

# of Floors  
2

Bldg. Age  
75+

Current Use (Prior if being demolished)

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

Street Address  
235 Virginia Avenue

City, State, Zip Code  
Jersey City, NJ 07304

Telephone No.  
201-333-8855

License No.  
01174

Name of OSHA Monitor  
Same as above

Project Manager for Monitoring Firm  

Telephone No.  

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

Start Date (10)  
10-14-2016

Scheduled Completion Date (11)  
10-14-2016

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

Scope of Work (Check All That Apply)  
- ≥250 sf or ≥3 if  
- ≥160 sf or ≥200 sf

Renovation  
- Demolition

Full Containment with Negative Pressure  
- Glovebox Procedure  
- Non-Exempted () and Non-Fireable Procedure

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

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

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

Amount (Specify SF or LF)  
80 LF

Abatement Type  

End Result  
- Removal  
- Repair  
- Encapsulate  
- Other

Name of Registered Waste Hauler  
Green Environmental Services

NJDEP Waste Hauler ID No.  
0034889

Cubic Yards of Waste  
2

Disposal Date  
10-14-2016

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

City, State  
Morrisville, PA

Completed by  
Liliana Serrano  
Title  
Office Manager  
Signature  

Date  
10-13-2016

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

Date of Notification (1) 10/17/2016
Name of Building Owner/Operator (2) Ed Levy
Agencies Notified Type Notification
□ EPA □ Initial
□ DEP □ Amended
□ DOL □ Amendment #
□ DOH □ Emergency (including justification)
□ DCA □ Cancellation
Street Address [Redacted]
City, State, Zip Code Cherry Hill, NJ 08003
Name of Contact Stu Wanicur
Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) 312 Kresson Road (small building on the property)
Street Address 312 Kresson Road
City (5) Cherry Hill NJ 08034
County (6) Camden
County Code (7) [STATE USE ONLY] 
Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9)
ELCON Environmental Inc
Street Address 150 Glenwood Dr
City, State, Zip Code Washington Crossing, PA 18977
Project Manager for Monitoring Firm Telephone No. Telephone No. License No.
267-240-6356 01225
Start Date (10) 11-1-16 Scheduled Completion Date (11) 11-2-16
Name of OSHA Monitor same
Occupancy Status During Abatement (Check Only One)
☑ Facility Closed/Vacated During Entire Period of Abatement
☑ Abatement Performed Outside of Normal Facility Hours
Other – Describe:
Scope of Work (Check All That Apply)
☐ ≥30 sf or ≥3 if 
☒ ≥160 sf or ≥2600 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)
Name of Registered Waste Hauler
Service Transport NJDEP Waste Hauler ID No. SW2117
Cubic Yards of Waste TBD
Name of Registered Landfill Minerva Enterprises
City, State New Castle DE
Disposal Date TBD
City, State Waynesburg, OH
Completed by Elizabeth Gosek Title President
Signature
Date 10/17/2016

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
<th>Name of Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/17/16</td>
<td>S. COYLE</td>
<td>M. COYLE</td>
</tr>
</tbody>
</table>

<table>
<thead>
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<th>Type Notification</th>
<th>Street Address</th>
<th>City, State, Zip Code</th>
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<tr>
<td>EPA</td>
<td>Initial</td>
<td></td>
<td>Haworth, N.J., 07641</td>
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<table>
<thead>
<tr>
<th>FACILITY INFORMATION</th>
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<tbody>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
</tr>
<tr>
<td>Street Address</td>
</tr>
<tr>
<td>City:</td>
</tr>
<tr>
<td>County (6)</td>
</tr>
<tr>
<td>County Code (7) (STATE USE ONLY)</td>
</tr>
<tr>
<td>Square Feet</td>
</tr>
<tr>
<td># of Floors</td>
</tr>
<tr>
<td>Bldg. Age</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>
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<tbody>
<tr>
<td>Best Removal Inc</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>201-329-7444</td>
<td>00388</td>
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<tr>
<th>Start Date, (10)</th>
<th>Scheduled Completion Date (11)</th>
<th>Name of OSHA Monitor</th>
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<tbody>
<tr>
<td>11/3/16</td>
<td>11/4/16</td>
<td>Omega Environmental</td>
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<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check only one)</th>
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<tbody>
<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>
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<tr>
<td>☐ Other - Describe: 7:30 AM to 5:30 PM</td>
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<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
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</thead>
<tbody>
<tr>
<td>☐ Full Containment with Negative Pressure</td>
</tr>
<tr>
<td>☐ Tented Enclosure</td>
</tr>
<tr>
<td>☐ Glovebox Procedure</td>
</tr>
<tr>
<td>☐ Non-Exempted (*) and Non-Frangible Procedure</td>
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<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility</th>
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</thead>
<tbody>
<tr>
<td>☐ Renovation</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
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<tbody>
<tr>
<td>☐ Thermal System Insulation</td>
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<table>
<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
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<tr>
<td>2675</td>
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<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler:</th>
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<tbody>
<tr>
<td>Best Removal Inc</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>NJ/DEP Waste Hauler ID No.</th>
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</thead>
<tbody>
<tr>
<td>17109</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Complete by</th>
</tr>
</thead>
<tbody>
<tr>
<td>J. Maiorano</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Estimator</td>
</tr>
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</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)
10/17/16

Name of Building Owner/Operator (2)
D2 Development Group

Street Address
614 Sun Valley Way
City, State, Zip Code
Florham Park, NJ 07932

Name of Contact
Dan Bamdas

FACILITY INFORMATION

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

Street Address
[redacted]
City (5) Summit
County Code (7) (STATE USE ONLY) Union

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
2200
# of Floors
2
Bldg. Age
65

Current Use (Prior to if being demolished)

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

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

Street Address
PO Box 483, 4 E Gate Drive
City, State, Zip Code Glenwood, NJ 07418

Project Manager for Monitoring Firm Telephone No.

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

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

Scope of Work (Check All That Apply)
[x] 23 sf or 23 ft
[] 150 sf or 150 ft
[x] Renovation
[x] Demolition
[x] [x]
[x] Full Containment with Negative Pressure
[x] Min-Enclosure
[x] Glovebag Procedure
[x] Non-Exempted (*) and Non-Friable Procedure

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

Is Location Normally Used Solely by Maintenance/Custodial Staff?
Yes No N/A
(x) wall plaster & ceiling plaster

Description of Asbestos-Containing Material (ACM)

Amount (Specify SF or LF)
4000 SF

Abatement Type

Name of Registered Waste Hauler
NJDEP Waste Hauler ID No. 15559

Cubic Yards of Waste TBD

Name of Registered Landfill
Western Berks Landfill

City, State Freehold NJ
Disposal Date TBD

City, State Birdsboro, PA

Completed by
A. Scott Higgins Title President
Signature
Date 10/17/16

* 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 12:120)

**Date of Notification (1):**

10/17/16

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

Mr. & Mrs. Tom Cole

**Agencies Notified:**

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

**Type Notification:**

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

**Street Address:**

[Redacted]

**City, State, Zip Code:**

Scotch Plains, NJ 07076

**Name of Contact:**

Matie Cole-O'Brien

**Telephone Number:**

[Redacted]

---

### FACILITY INFORMATION

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

*House*

**Street Address:**

[Redacted]

**City (5):**

Scotch Plains

**County (6):**

Bergen

**Square Feet:**

2400

**# of Floors:**

2

**Bldg. Age:**

67

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

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

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

ASCM No.

**Name of Abatement Contractor (8):**

ABS Environmental Services, LLC

**Street Address:**

PO Box 483, 4 E Gate Drive

**City, State, Zip Code:**

Glenwood, NJ 07418

**Telephone No.:**

973-784-2276

**License No.:**

703

**Name of OSHA Monitor:**

[ ] Street Address

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

- [ ] 23 sf or 25 ft
- [ ] ≥160 sf or >2601 ft
- [ ] Renovation
- [ ] Demolition
- [ ] Full Containment with Negative Pressure
- [X] Mini-Enclosure
- [X] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

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

13

<table>
<thead>
<tr>
<th>Location Normally Used Solely by Maintenance/Custodial Staff?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>---------------------------------------------------------------</td>
</tr>
<tr>
<td>[X] basement</td>
</tr>
</tbody>
</table>

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

Pipe insulation

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

90 LF

**Abatement Type:**

[ ] Removal
- [ ] Repair
- [ ] Encapsulate
- [X] Enclose

**Name of Registered Waste Hauler:**

Freehold Cartage

**Freehold Cartage: NJDEP Waste Hauler ID No.:**

15359

**Cubic Yards of Waste:**

TBD

**Name of Registered Landfill:**

Western Berks Landfill

**City, State:**

Birdsboro, PA

**Disposal Date:**

TBD

**Completed by:**

A. Scott Higgins

**Title:**

President

**Signature:**

[Redacted]

**Date:**

10/17/16

---

*Do not use this form for asbestos licensure exempted activities.*
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:126)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>4/26/16</th>
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<tbody>
<tr>
<td>Agency Notified</td>
<td>DEPA</td>
</tr>
<tr>
<td>Type Notification</td>
<td>Asbestos</td>
</tr>
<tr>
<td>Street Address</td>
<td>25 MIDDLETOWN ESSEX TURNPIKE</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>ISelin, NJ 08830</td>
</tr>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td>BASF</td>
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<tr>
<td>County (6)</td>
<td>MIDDLETOWN</td>
</tr>
<tr>
<td>ASCM No.</td>
<td>ERI</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner</td>
<td>SPEAK</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>201-329-7444</td>
</tr>
<tr>
<td>Name of Abatement Contractor (5)</td>
<td>Best Removal Inc</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>973-729-3649</td>
</tr>
<tr>
<td>License No.</td>
<td>00388</td>
</tr>
<tr>
<td>Name of OSHA Monitor</td>
<td>Omega Environmental</td>
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<tr>
<td>Start Date (10)</td>
<td>4/16/16</td>
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<tr>
<td>Scheduled Completion Date (11)</td>
<td>5/1/16</td>
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<tr>
<td>Reason for Abatement</td>
<td>Demolition</td>
</tr>
<tr>
<td>Scope of Work (Check all that apply)</td>
<td>Yes</td>
</tr>
<tr>
<td>Is Location Normally Used Solely by Maintenance/ Custodial Staff? (13)</td>
<td>No</td>
</tr>
<tr>
<td>Description of Asbestos-Containing Material (ACM) (I.e., thermal systems insulation, sealing, VIT, or other miscellaneous)</td>
<td>YATTA MASTIC</td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN FACILITY</td>
<td>1ST FLOOR LAB</td>
</tr>
<tr>
<td>2ND FLOOR LAB</td>
<td></td>
</tr>
<tr>
<td>Name of Registered Waste Handler</td>
<td>Best Removal Inc</td>
</tr>
<tr>
<td>Conservative Waste Handler ID No.</td>
<td>17109</td>
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<tr>
<td>Name of Registered Landfill</td>
<td>Minerva Enterprises, LLC</td>
</tr>
<tr>
<td>City, State</td>
<td>Hackensack, N.J. 07601</td>
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<tr>
<td>Disposal Date</td>
<td>4/16/16</td>
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*Do not use this form for asbestos license exempted activities.*
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<td><strong>(Pursuant to NJAC 8:68 and 12:120)</strong></td>
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<th><strong>Date of Notification (1)</strong></th>
<th>10/17/16</th>
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<tr>
<td><strong>Name of Building Owner/Operator (2)</strong></td>
<td>BASF</td>
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<td><strong>Agency Notified</strong></td>
<td>DOT, DEP, NDEP, DOH, DCA</td>
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<tr>
<td><strong>Type Notification</strong></td>
<td>Initial, Amended, Emergency</td>
</tr>
<tr>
<td><strong>Street Address</strong></td>
<td>25 Middlesex Essex Turnpike, Iselin, NJ. 08830</td>
</tr>
<tr>
<td><strong>City, State, Zip Code</strong></td>
<td>Iselin, NJ. 08830</td>
</tr>
<tr>
<td><strong>Name of Contact</strong></td>
<td>Ms. Diana Wright</td>
</tr>
<tr>
<td><strong>Telephone Number</strong></td>
<td>732-729-4249</td>
</tr>
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</table>

**FACILITY INFORMATION**

| **Name of Facility Where Abatement is Taking Place (3)** | Middlesex |
| **Street Address** | 25 Middlesex Essex Turnpike, Iselin, NJ. 08830 |
| **City (5)** | Iselin |
| **County (6)** | Middlesex |
| **County Code (7)** | 07072 |
| **ASCM No.** | E41 |
| **Name of Monitoring Firm Hired by Building Owner (8)** | EH |
| **Name of Abatement Contractor (9)** | Best Removal Inc |
| **Address** | 450 South River St, Hackensack, N.J. 07601 |
| **Telephone No.** | 201-329-7444 |
| **License No.** | 00388 |
| **Start Date (10)** | 10/17/16 |
| **Scheduled Completion Date (11)** | 11/18/16 |
| **Occupancy Status During Abatement (Check only one)** | 
- [ ] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility Hours
- [ ] Other — Describe: 7:00 AM TO 5:00 PM |
| **Scope of Work (Check all that apply)** | 
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Transferable Procedure |

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

<table>
<thead>
<tr>
<th><strong>Location Normally Used Solely by Maintenance/Custodial Staff (12)</strong></th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
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<tbody>
<tr>
<td><strong>Name of Registered Waste Hauler</strong></td>
<td>Best Removal Inc</td>
<td></td>
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<tr>
<td><strong>ID No.</strong></td>
<td>17109</td>
<td></td>
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<tr>
<td><strong>Cubic Yards of Waste</strong></td>
<td>200YS</td>
<td></td>
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<tr>
<td><strong>Name of Registered Landfill</strong></td>
<td>Minerva Enterprises, LLC</td>
<td></td>
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<tr>
<td><strong>Disposal Date</strong></td>
<td>11/18/16</td>
<td></td>
<td></td>
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<tr>
<td><strong>City, State</strong></td>
<td>Hackensack, N.J. 07601</td>
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</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)
10/17/16

Name of Building Owner/Operator (2)
Jeff Wadsworth Private Home

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

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

Street Address [Blacked Out]
City, State, Zip Code
North Beach Haven NJ 08008

Name of Contact
Jeff

Name of Facility Where Abatement is Taking Place (3)
Jeff Wadsworth Private Home

Street Address [Blacked Out]
City (5)
North Beach Haven NJ 08008

County (6)
Ocean

County Code (7)

(SATE 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
1000+

# of Floors
2

Bldg. Age
35+

Current Use (Prior to being demolished)
Home

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

ASCM No.

Name of Abatement Contractor (9)
Pernaco Inc.

Street Address
PO Box 329

City, State, Zip Code
West Berlin NJ 08091

Telephone No.
856-753-9800

License No.
00727

Schedule Completion Date (11)
11/3/16

Start Date (10)
10/28/16

Project Manager for Monitoring Firm

Telephone No.

Name of OSHA Monitor
Same

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

Scope of Work (Check All That Apply)
☐ ±3 sf or ±3 if
☑ ±180 sf or ±280 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)

Exterior Siding

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

Description of Asbestos Containing Material (ACM)

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

Amount (Specify SF or LF)

Abatement Type

Removal
Repair
Encapsulate
Endorse

Name of Registered Waste Hauler
United Roll off

Waste Hauler ID No. 22459

Cubic Yards of Waste
4

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

City, State
Morrisville PA 19067

Disposal Date
11/3/16

Name of Registered Landfill

City, State

Morrisville PA 19067

Disposal Date
11/3/16

Completed by
Anthony T Perna
Title
President

Signature

Date
10/17/16

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

**Date of Notification (1):** 10/17/16

**Name of Building Owner/Operator (2):** David Seyer Private Home

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

**Type Notification:** Initial

**Street Address:** [Redacted]

**City, State, Zip Code:** Manahawkin NJ 08050

**Name of Contact:** Dave

**Telephone Number:** [Redacted]

---

### FACILITY INFORMATION

**Name of Facility Where Abatement is Taking Place (3):**
- David Seyer Private Home

**Street Address:** [Redacted]

**City (5):** Manahawkin

**Ocean:** NJ 08050

**County Code (7):** [State Use Only]

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

**County (8):** Ocean

**Square Feet:** 1000+

**# of Floors:** 1

**Bldg. Age:** 35+

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

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

**Street Address:** PO Box 329

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

**Telephone No.:** 856-763-9800

**License No.:** 00727

**Start Date (10):** 10/27/16

**Scheduled Completion Date (11):** 11/2/16

**Name of OSHA Monitor:**
- Same

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

**Scope of Work (Check All That Apply):**
- 3 square feet or more
- 160 square feet or more
- 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

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

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

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

**Abatement Type:**
- Removal
- Repair
- Encapsulate
- Endosse

---

### Exterior Siding

- Exterior Siding: 1000 SF

---

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

**NJDEP Waste Hauler ID No.:** 22459

**Cubic Yards of Waste:** 3

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

**City, State:** Elms NJ

**Disposal Date:** 11/2/16

**City, State:** Morrisville PA 19067

**Data:** 10/17/16

---

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

---

**By:** Anthony T Perna

**Title:** President

---

**Signature:**

---

**Date:** 10/17/16
Date of Notification (1) | 10/13/2016
---|---
Name of Building Owner/Operator (2) | Derek Armstead
Agencies Notified | EPA
Type Notification | Initial
Street Address | [redacted]
City, State, Zip Code | Elizabeth, NJ, 07201
Name of Contact | DEREK ARMSTEAD
FACILITY INFORMATION
Name of Facility Where Abatement is Taking Place (3) | PRIVATE HOUSE
Street Address | [redacted]
City, (5) | ELIZABETH
County (6) | ESSEX
County Code (7) | [STATE USE ONLY]
Name of Monitoring Firm Hired by Building Owner (8) | N/A
ASCM No. | N/A
Type of Facility (4) | School (K-12)
Name of Abatement Contractor (9) | EHW ABATEMENT LLC
Street Address | 89 FRANKLIN STREET
City, State, Zip Code | PATERSOON, NJ, 07524
Project Manager for Monitoring Firm | [redacted]
Telephone No. | 973-333-5144
License No. | 01274
Start Date (10) | 10/24/2016
Scheduled Completion Date (11) | 11/19/2016
Occupancy Status During Abatement (Check Only One) | Facility Closed/Vacated During Entire Period of Abatement
Facility Closed/Vacated During Entire Period of Abatement | [redacted]
Abatement Performed Outside of Normal Facility Hours | [redacted]
Other – Describe | [redacted]
Scope of Work (Check All That Apply) | ≥3 sf or ≥3 lf
≥160 sq ft or ≥260 sq ft | Renovation
Demolition | [redacted]
Full Containment with Negative Pressure | [redacted]
Mini-Enclosure | [redacted]
Glovebag Procedure | [redacted]
Non-Exempted (*) and Non-Friable Procedure | [redacted]
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility | [redacted]
Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | Yes No N/A
FIRST FLOOR | X
SECOND FLOOR | X
BASEMENT | X
PLASTER | 3000SF
PLASTER | 3000SF
PIPE INSULATION | 75LF
Name of Registered Waste Hauler | TRI STATE TRANSFER
NJDEP Waste Hauler ID No. | N/A
Cubic Yards of Waste | N/A
Name of Registered Landfill | MINERVA INTERPRISES
City, State | RANDALL AVE BRONX, NY
Disposal Date | TBD
City, State | 900 MINERVA RD WAYNESBURG
Completed by | VICTOR ESPRITU
Title | PROJECT MANAGER
Signature | [redacted]
Date | 10/13/2016

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

## NOTIFICATION OF ASBESTOS ABATEMENT

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

### Date of Notification (1)
10/12/16

### Name of Building Owner/Operator (2)
Sharp Office Holdings, LLC, Sharp Office Tremont, LLC dba The Becker Co.

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

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

### Street Address
24 Church Street

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

### Name of Contact
Joseph A. Zito

### Telephone Number

### FACILITY INFORMATION

#### Name of Facility Where Abatement is Taking Place (3)
Sharp Plaza

#### Street Address
1 Sharp Plaza

#### City (5)
Mahwah

#### County (6)
Bergen

#### County Code (7)

#### Current Use (Prior if being demolished)
Commercial

#### Name of Monitoring Firm Hired by Building Owner (8)
Enviro-Sciences (of Delaware), Inc.

#### ASCM No.

#### Name of Abatement Contractor (9)
P&C Restoration Inc

#### Street Address
781 Route 15 South

#### City, State, Zip Code
Lake Hopatcong, NJ 07849

#### Project Manager for Monitoring Firm
Brian Mende

#### Telephone No.
973-810-9015

#### Telephone No.
917-364-7165

#### License No.
01289

#### Start Date (10)
10/21/2016

#### Scheduling Completion Date (11)
10/28/2016

#### Name of OSHA Monitor
Desiree Montejano

#### 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] 23 sf or 23 if
- [x] 2160 sf or 2250 if
- [x] Renovation
- [x] Demolition
- [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

<table>
<thead>
<tr>
<th>Location</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st Floor Kitchen</td>
<td>X</td>
<td></td>
<td></td>
<td>Hood Duct Insulation</td>
</tr>
<tr>
<td>1st Floor Break Room</td>
<td>X</td>
<td></td>
<td></td>
<td>Sink Undercoating</td>
</tr>
<tr>
<td>2nd Floor Break Room</td>
<td>X</td>
<td></td>
<td></td>
<td>Sink Undercoating</td>
</tr>
</tbody>
</table>

#### Name of Registered Waste Hauler
ATC

#### NJDEP Waste Hauler ID No.
SW24310

#### Cubic Yards of Waste
6

#### Name of Registered Landfill
Minerva

#### City, State
Shirley, NY 11967

#### Disposal Date
10/22/16

#### City, State
Waynesburg, OH 44688

#### Completed by
Sanford Alper

#### Title
Senior Project Executive

#### Signature

#### Date
10/12/16

---

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

**Date of Notification (1)**  
10/14/16

**Name of Building Owner/Operator (2)**  
Jyoti Sharma

**Agency Notified (3)**  
- [X] EPA  
- [X] DEP  
- [X] DOH  
- [X] DCA  
- [ ] Initial  
- [X] Amended  
- [ ] Emergency (including justification)  
- [ ] Cancellation

**Street Address**  
[Redacted]

**City, State, Zip Code**  
Waldwick, NJ 07463

**Name of Contact**  
Mr. Jyoti Sharma

**Name of Facility Where Abatement is Taking Place (3)**  
- [ ] house  
- [ ] apartment  
- [ ] office  
- [ ] trailer  
- [ ] others

**Street Address**  
Wyckoff

**City (5)**  
Bergen

**County Code (6)**  
[STATE USE ONLY] 2100

**Square Feet**  
2100

**# of Floors**  
2

**Bldg Age**  
68

**Current Use (Prior if being demolished)**  
- [ ] Business/Industrial  
- [ ] Commercial  
- [ ] Residential  
- [ ] Governmental  
- [ ] Institutional  
- [ ] Educational  
- [ ] Religious  
- [ ] Other

**Name of Monitoring Firm Hired by Building Owner (8)**  
[Redacted]

**ASCM No.**  
[Redacted]

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

**Street Address**  
PO Box 483, 4 E Gate Drive

**City, State, Zip Code**  
Glenwood, NJ 07418

**Telephone No.**  
973-784-2276

**License No.**  
703

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

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

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

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

**Location of Asbestos-Containing Material (ACM) TO BE ABATED**  
- [ ] in Facility  
- [ ] in Annex  
- [ ] in unheated basement  
- [ ] in unheated attic  
- [ ] in crawl space  
- [ ] in other

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

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

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

**Abatement Type**  
- [X] Removal
- [ ] Repair
- [ ] Encapsulate
- [ ] Endorse

**Name of Registered Waste Hauler**  
[Redacted]

**Freehold Cartage**  
NJDEP Waste Hauler ID No. 15989

**Cubic Yards of Waste**  
TBD

**Disposal Date**  
TBD

**Name of Registered Landfill**  
Western Berks Landfill

**City, State**  
Birdsboro, PA

**Completed by**  
A. Scott Higgins

**Title**  
President

**Signature**  
[Redacted]

**Date**  
10/14/16

---

*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)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>10/14/16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Chris Munford</td>
</tr>
</tbody>
</table>

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

**Street Address**  
- [ ] Initial  
- [ ] Amended  
- [ ] Emergency (including justification)  
- [ ] Cancellation

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

**Square Feet**  
- [ ] # of Floors  
- [ ] Bldg. Age

**County Code (7)**

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

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

**Project Manager for Monitoring Firm**  
- Telephone No.

**Start Date (10)**  
- 10/17/16

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

**Scope of Work (Check All That Apply)**
- [ ] ≥23 sf or ≥3 if
- [x] ≥160 sf or ≥260 if
- [ ] Renovation
- [ ] Demolition
- [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 In Facility (13)**

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>basement</td>
<td>[x]</td>
<td>pipe insulation</td>
<td>20 LF</td>
<td></td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**
- Freehold Cartage

**Cubic Yards of Waste**
- TBD

**Name of Registered Landfill**
- Western Berks Landfill

**Completed by**
- A. Scott Higgins  
- Title  
- President  
- Signature  
- Date  
- 10/14/16

*Do not use this form for asbestos licensure exempted activities.*
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:09 and 12:125)

Date of Notification (1) 10-12-2016
Name of Building Owner/Operator (2)
State of New Jersey
Center - East Campus
ASBESTOS CONTROL & LICENSING

Name of Facility Where Abatement Is Taking Place (3)
Bassett Cottage
on East Campus

Street Address 1676 East Landis Avenue
City, State, Zip Code Vineland, New Jersey 08362

Name of Contact Bruce D. Mondock
Telephone Number

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

Square Feet 3800
# of Floors 1
Bldg. Age 60 yrs

Current Use (Prior if being demolished) Disabled Residence

Name of Monitoring Firm HIred by Building Owner (5)
Quality Environmental Concepts, Inc.

ASCM No. NA
Name of Abatement Contractor (9)
Quality Environmental Concepts, Inc.

Street Address 1053 North Tuckahoe Road
City, State, Zip Code Williamstown, New Jersey 08094

Project Manager for Monitoring Firm Edward J. Knorr
Telephone No. 856-629-1166
License No. 01086

Start Date (10) 10-12-2016
Scheduled Completion Date (11) 10-12-2016

Name of OSHA Monitor Quality Environmental Concepts, Inc.

Street Address 1053 North Tuckahoe Road
City, State, Zip Code Williamstown, New Jersey 08094

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

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

<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>CTS Office</td>
<td>X</td>
<td>12&quot; x 12&quot; Floor Tile, &quot;Presumed&quot; not yet tested</td>
<td>112 sf</td>
<td></td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler Quality Environmental Concepts
Quality Environmental Concepts Hauler ID No. 19710
Cubic Yards of Waste 1.5
Disposal Date TBD
City, State Vineland, NJ

Name of Registered Landfill Cumberland County

Completed by Edward J. Knorr Title Vice President Signature
Date 10-12-2016

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>10 / 12 / 16</th>
<th>Name of Building Owner/Operator (2)</th>
<th>AvalonBay Communities, Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agencies Notified</td>
<td></td>
<td>Street Address</td>
<td>Woodbridge Place</td>
</tr>
<tr>
<td>□ EPA</td>
<td></td>
<td>City, State, Zip Code</td>
<td>517 Route One South, Suite 5500</td>
</tr>
<tr>
<td>□ DOLWD</td>
<td></td>
<td>Name of Contact</td>
<td>Albert Hromin</td>
</tr>
<tr>
<td>□ DHSS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ DCA</td>
<td></td>
<td>Type of Facility (4)</td>
<td></td>
</tr>
<tr>
<td>□ (NJAC 5:23-8)</td>
<td></td>
<td>□ School (K-12)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ Subchapter 8 (Other than K-12)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ Other (i.e., private and commercial buildings, homes, etc.)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Square Feet</td>
<td>117,000</td>
</tr>
<tr>
<td></td>
<td></td>
<td># of Floors</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Bldg. Age</td>
<td>50+</td>
</tr>
<tr>
<td></td>
<td></td>
<td>County Code (?)(STATE USE ONLY)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Current Use (Prior to being demolished)</td>
<td>Vacant / Office Building</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td>Former Ashland Inc Office Building</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Street Address</td>
<td>1 Wootton Street</td>
<td></td>
<td></td>
</tr>
<tr>
<td>City (5)</td>
<td>Boonton</td>
<td></td>
<td></td>
</tr>
<tr>
<td>County (6)</td>
<td>Morris</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>Environmental Health Investigations, Inc</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ASCM No.</td>
<td>29737</td>
<td></td>
<td></td>
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<tr>
<td>Name of Abatement Contractor (9)</td>
<td>Superior Abatement Inc</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Street Address</td>
<td>655 West Shore Trail</td>
<td></td>
<td></td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Sparta, NJ 07871</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>Jean Van Von Doehren</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Telephone No.</td>
<td>(609) 704-8850</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>09 / 12 / 16</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>10 / 12 / 16</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Occupancy Status During Abatement (Check only one)</td>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours - Describe</td>
<td>Time of Abatement: <em>AM</em> PM_ PM_ AM</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Scope of Work (Check all that apply)</td>
<td>□ Renovation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Demolition</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ ≥3 sf or ≥12 if</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ ≥160 sf or ≥250 if</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)</td>
<td>Yes No N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hallways/Offices</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Sub Grade Exterior Wall</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Computer Room</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Roof</td>
<td></td>
<td></td>
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<tr>
<td>□ Flooring Material / Roof Flashing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name of Registered Waste Hauler Service Transport Group Inc</td>
<td>NJDEP Waste Hauler ID No. SW2117</td>
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<tr>
<td>Disposal Date</td>
<td>10/12/2016</td>
<td></td>
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</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>Minerva Enterprises</td>
<td></td>
<td></td>
</tr>
<tr>
<td>City, State</td>
<td>New Castle, DE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Completed By (Print or Type)</td>
<td>Nick Petrovski</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Title</td>
<td>President</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Signature</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td>10-19-16</td>
<td></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 8:60 and 5:16)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>09 / 02 / 18</td>
<td>AvalonBay Communities, Inc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ EPA</td>
<td>☑ Initial</td>
<td>Former Ashtabula Office Building</td>
</tr>
<tr>
<td>☑ DOL/WD</td>
<td>☑ Amended</td>
<td></td>
</tr>
<tr>
<td>☑ DHSS</td>
<td>☑ Emergency (including justification)</td>
<td></td>
</tr>
<tr>
<td>☑ DCA (NJAC 5:23-6)</td>
<td>☑ Cancellation</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Woodbridge Place</td>
<td>517 Route One South, Suite 5500</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>FACILITY INFORMATION</th>
<th>Type of Facility (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☑ School (K-12)</td>
</tr>
<tr>
<td></td>
<td>☑ Subchapter 8 (Other than K-12)</td>
</tr>
<tr>
<td></td>
<td>☑ Other (i.e., private and commercial buildings, homes, etc.)</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>Environmental Health Investigations, Inc</td>
<td>29737</td>
<td>Superior Abatement Inc</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>655 West Shore Trail</td>
<td>Sparta, NJ 07871</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>Jean Paul Von Doehren</td>
<td>(809) 704-8850</td>
<td>973-808-1616</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>09 / 12 / 16</td>
<td>10 / 21 / 16</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check only one)</th>
<th>Name of OSHA Monitor</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ Facility Closed/Vacated During Entire Period of Abatement</td>
<td>Superior Abatement Inc</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
<th>Renovation</th>
<th>Demolition</th>
<th>Full Containment with Negative Pressure</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ 3 sf or 32 sf</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>☑ 100 sf or 210 sf</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>☑ Time of Abatement: AM, PM, PM, AM</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (12)</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hallways/Offices</td>
<td>☑ No</td>
<td>Floor Tile</td>
<td>8,624 SF</td>
</tr>
<tr>
<td>Sub Grade Exterior Wall</td>
<td>☑ No</td>
<td>Interior Water Proofing</td>
<td>9,628 SF</td>
</tr>
<tr>
<td>Computer Room</td>
<td>☑ No</td>
<td>Mastic (Floor Posts)</td>
<td>2,200 SF</td>
</tr>
<tr>
<td>Roof</td>
<td>☑ No</td>
<td>Roofing Material / Roof Flashing</td>
<td>45,745 SF/1840</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>Service Transport Group Inc</th>
</tr>
</thead>
<tbody>
<tr>
<td>NJDEP Waste Hauler ID No.</td>
<td>SW2117</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Disposal Date</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/21/2016</td>
<td>Minerva Enterprises</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>Completed By (Print or Type)</th>
<th>Title</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Canaan, DE</td>
<td>Nick Petrovski</td>
<td>President</td>
<td>[Signature]</td>
</tr>
</tbody>
</table>

*MSP 41  MAY 11*

*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)
10/14/16

Name of Building Owner/Operator (2)
Chris Munford

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

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

Street Address

City, State, Zip Code

Name of Contact
Chris Munford

Telephone Number

FACILITY INFORMATION

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

Street Address

City (5)
Englewood

County (6)
Bergen

County Code (7)
(STATE USE ONLY)

Current Use (Prior if being demolished)

Square Feet
2300

# of Floors
2

Bldg. Age
70

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

Name of Monitoring Firm Hired by Building Owner (6)

ASCM No.

Name of Abatement Contractor (8)
ABS Environmental Services, LLC

Street Address
PO Box 483, 4 E Gate Drive

City, State, Zip Code
Glenwood, NJ 07418

Telephone No.
973-784-2276

License No.
703

Project Manager for Monitoring Firm

Start Date (10)
10/23/16

Scheduled Completion Date (11)
11/30/16

Name of OSHA Monitor

Occupyancy 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 sf or 23 if
☐ 2100 sf or 2200 if
☐ Renovation
☐ Demolition
☒ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Riftable Procedure

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

Is Location Normally Used Solely by Maintenance/Custodial Staff? (14)
Yes 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)
20 LF

Abatement Type

Location of Registered Waste Hauler
NJDEP Waste Hauler ID No. 15959

Cubic Yards of Waste
TBD

Name of Registered Landfill
Western Berks Landfill

Disposal Date
TBD

City, State
Birdsboro, PA

Completed by
A. Scott Higgins
Title
President
Signature
Date
10/14/16

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

Date of Notification (1)
10/10/16

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

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

Name of Building Owner/Operator (2)
Christine Olson

Street Address

City, State, Zip Code
Maplewood, NJ 07079

Name of Contact
Christine Olson

Telephone Number

FACILITY INFORMATION

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

Street Address

City (5)
Maplewood

County Code (7)
Essex

County (6)

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.)

Square Feet
2300

# of Floors
2

Bldg. Age
80

Name of Monitoring Firm Hired by Building Owner (6)

ASCM No.

Name of Abatement Contractor (6)
ABS Environmental Services, LLC

Street Address
PO Box 483, 4 E Gate Drive

City, State, Zip Code
Glenwood, NJ 07418

Project Manager for Monitoring Firm

Telephone No.
973-764-2276

License No.
703

Start Date (10)
10/20/16

Scheduled Completion Date (11)
11/15/16

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:

Scope of Work (Check All That Apply)
☐ ≥ 35 sq ft or ≥ 3 if
☐ ≥ 1000 sq ft 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

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

Amount (Specify SF or LF)

Abatement Type

Removal
Repair
Encapsulate
Endorse

Living room
ceiling plaster
400 SF

Name of Registered Waste Hauler

Freehold Cartage

NJDEP Waste Hauler ID No.
1S958

Cubic Yards of Waste
TBD

Name of Registered Landfill
Western Berks Landfill

City, State
Freehold, NJ

Disposal Date
TBD

City, State
Birdsboro, NJ

Completed by
A. Scott Higgins
Title
President
Signature

Date
10/10/16

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