## State of New Jersey
### Notification of Asbestos Abatement
(Pursuant to NJAC 8:60 and 12:20)

**Date of Notification (1):** 10/20/16  
**Name of Building Owner/Operator (2):** Bryan Backer  
**Agency Notified:** EPA

**Type of Facility:** Residence

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

**Street Address:** (Redacted)  
**City:** Bergenfield  
**County:** Bergen  
**Square Feet:** 1575  
**Current Use:** Residential  
**Children Living in Facility:** Yes

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

**Name of Abatement Contractor (9):** A. MAC Contracting Inc.  
**Address:** 185 Vreeland Ave.

**Start Date (10):** 1/3/16  
**Scheduled Completion Date (11):** 1/30/16

**Scope of Work (12):** Renovation Demolition

### Location

<table>
<thead>
<tr>
<th>Asbestos-Containing Material (ACM)</th>
<th>TO BE ABATED In Facility (13)</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>Pipe Insulation</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Basement</td>
<td>Boiler Packing</td>
<td>✓</td>
<td></td>
<td></td>
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</table>

### Location Normally Used Solely by Maintenance/Custodial Staff

<table>
<thead>
<tr>
<th>Description of Asbestos-Containing Material (ACM)</th>
<th>(e.g., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
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<tbody>
<tr>
<td>Pipe Insulation</td>
<td>138 LF</td>
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<tr>
<td>Boiler Packing</td>
<td>67 SF</td>
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**Name of Registered Waste Hauler:** Newark Carting, Inc.  
**Name of Registered Landfill:** IESI PA Bethlehem Landfill Corp.

**City, State:** Newark, NJ  
**Cubic Yards of Waste:** 3

**Disposal Date:** 1/3/16  
**City, State:** Bethlehem, PA

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

*Do not reuse this form for asbestos licensure exempted activities.*
**State of New Jersey**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:20 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>10/28/16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>William Brown</td>
</tr>
<tr>
<td>Agencies Notified</td>
<td>EPA, DEP, DOH, DCA</td>
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<tr>
<td>Type Notification</td>
<td>Amended</td>
</tr>
<tr>
<td>Street Address</td>
<td>[Redacted]</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>TEANECK, N.J. 07666</td>
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<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td>RESIDENCE</td>
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<tr>
<td>City (5)</td>
<td>TEANECK</td>
</tr>
<tr>
<td>County (6)</td>
<td>BERGEN</td>
</tr>
<tr>
<td>County Code (7)</td>
<td>[STATE USE ONLY]</td>
</tr>
<tr>
<td>Square Feet</td>
<td>1,370</td>
</tr>
<tr>
<td># of Floors</td>
<td>2</td>
</tr>
<tr>
<td>Buld. Age</td>
<td>+50</td>
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<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>ASCM No.</td>
</tr>
<tr>
<td>Street Address</td>
<td>165 Vreeland Ave.</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Midland Park, NJ</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>(201)262-5841</td>
</tr>
<tr>
<td>License No.</td>
<td>001556</td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>A.MAC Contracting Inc.</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>(201)262-5841</td>
</tr>
<tr>
<td>License No.</td>
<td>001556</td>
</tr>
<tr>
<td>Name of OSHA Monitor</td>
<td>Omega Environmental Services</td>
</tr>
<tr>
<td>Street Address</td>
<td>280 Huysen St.</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Hackensack, NJ 07606</td>
</tr>
</tbody>
</table>

**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 ft
- [ ] #160 sf or #260 ft
- [ ] Renovation
- [ ] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovesbag Procedure
- [ ] Non-Exempted (*) and Non-Fireable Procedure

**Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)**
- [ ] WALL
- [ ] WALL PLASTER
- [ ] 30SF

**Name of Registered Waste Hauler**
Newark Carting, Inc.

**NJDEP Waste Hauler ID No.**
04509

**Cubic Yards of Waste**
1

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

**Disposal Date**
11/02/16

**City, State**
Bethlehem, PA

**Completed by**
Joseph Vocaturo

**Title**
Vice President

**Signature**
[Signature]

**Date**
10/28/16

*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)

Date of Notification (1) 10/21/16

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

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

Name of Building Owner/Operator (2)

Street Address 224-226 Franklin St.
City, State, Zip Code Hightstown, NJ 08520

Name of Contact Mr. Bharat Shah Telep

FACILITY INFORMATION

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

Street Address 224-226 Franklin St.
City (5) Hightstown, NJ

County (8) Mercer
County Code (7) (STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner MECS

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

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

Square Feet 4000
# of Floors 2
Bldg. Age 75+/-

Current Use (Prior if being demolished)

Name of Project Manager for Monitoring Firm Bill Weisgarber
Telephone No. (609) 240-4070

Start Date (10) 11/2/16
Scheduled Completion Date (11) 11/9/16

Occupancy Status During Abatement
☐ 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 ft
☒ Renovation Demolition

Location of Asbestos-Containing Material (ACM)

TO BE ABATED IN Facility

Yes No N/A

Crawl Space ☒
Basement ☒

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

Amount (Specify SF or LF) 20 lf

Abatement Type
☑ Removal
☐ Engage
do
☐ Enclosure

Name of Registered Waste Hauler Stevens Environmental Services, Inc.

Cubic Yards of Waste 2 CU
Name of Registered Landfill GROWS Landfill

City, State Allentown, NJ
Disposal Date 11/9/16
City, State Morrisville, PA

Completed By Mahlon E. Stevens Title Project Manager

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

Date of Notification (1)
[ ] 1/10/11 [ ] 1/17 [ ] 1/18 [ ] 1/19

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

Type Notification
[ ] Initial [ ] Amended [x] Amendment #:

City, State, Zip Code
scotch plains, nj 07076

Name of Building Owner/Operator (2)
gloria wolf

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
gloria wolf

Street Address

City (5) County (6) County Code (7)
scotch plains UNION

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

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

Square Feet # of Floors Bldg. Age

Current Use (Prior if being demolished)

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

Street Address
20 California Ave.

City, State, Zip Code
Paterson, NJ 07503

Telephone Number License Number
973-345-8020 01169

Name of OSHA Monitor
D & S Restoration, Inc.

Street Address
20 California Avenue

City, State, Zip Code
Paterson, NJ 07503

Start Date (10) Sched. Completion Date (11)
10/18/16 11/15/16

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: NORMAL HOURS

Scope of Work (check all that apply)
[ ] ≥2 sf or ≥3 lfr [ ] Renovation
[ ] ≥160 sf or ≥360 sf

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

BASEMENT

PIPE INSULATION

Description of asbestos-containing

material (ACM)

Amount (Specify SF or LF)

Full Containment w/negative pressure

Mini-enclosure

Glovebag procedure

Non-Exempted (*) and Non-Friable procedure

Registered Waste Hauler
D & S RESTORATION, INC.

NJDEP Hauler ID
13506

Cubic Yards of Waste
1 yd.

Name of Registered Landfill
TULLYTOWN, RESOURCE RECOVERY

City, State
Paterson, NJ 07503

Disposal Date
10/19/16

Completed by (Print or Type) Title Signature Date
BOGDAN JOLDZIC PRESIDENT

10/17/2016

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

Date of Notification (1)
10/21/2016

Agency Notified
☐ EPA
☐ DEP
☐ DOH
☐ DCA

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

Name of Building Owner/Operator (2)
Brookchester Apartments

Street Address
847 Berkley Street

City, State, Zip Code
New Milford, NJ 07646

Name of Contact
Mr. Nancy Bates

Telephone Number

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

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

ASCN No.

Name of Abatement Contractor (9)
DIA General Construction, Inc.

Street Address
1360 Clifton Avenue, PMB Suite 218

City, State, Zip Code
Clifton, NJ 07012

Project Manager for Monitoring Firm

Telephone No.

License No.
973-389-0089
00693

Start Date (10)
11/4/2016

Scheduled Completion Date (11)
11/7/2016

Square Feet
25000

# of Floors
4

Bldg. Age
70+

Office Building

Current Use (Prior if being demolished)

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)
☒ ≥ 3,000 sq ft or ≥ 3 if
☒ ≥ 600 sq ft or ≥ 250 if
☒ Renovation
☒ Demolition

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

In Facility

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

Description of Asbestos-Containing Material (ACM).

Amount (Specify SF or LF)

Abatement Type

Facility

Basement
Pipe/Elbow Insulation
148 LF

Location

Name of Registered Waste Hauler
NJDEP Waste Hauler ID No.
20990

Cubic Yards of Waste
6

Name of Registered Landfill
Minerva Landfill

Disposal Date
11/7/2016

City, State
Waynesburg, OH 44688

Completed by
Krutarth Jagad
Title
Project Manager

Signature

Date
10/21/2016

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

(State of New Jersey)

(Pursuant to NJAC 8:80 and 12:120)

**Date of Notification (1)**
10/21/16

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

**Type Notification**
- [ ] Initial
- [ ] Amended
- [ ] Amendment #1
- [ ] Emergency (Including justification)
- [ ] Cancellation

**Name of Building Owner/Operator (2)**
Township of Woolwich

**Street Address**
120 Village Green Drive

**City, State, Zip Code**
Woolwich Township, NJ 08085

**Name of Contact**

---

**FACILITY INFORMATION**

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

**Street Address**
371 High Hill Rd

**City (5)**
Woolwich

**County (6)**
Gloucester

**County Code (7)**
1200

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

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

**ASCM No.**

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

**Street Address**
135 Kinnelon Rd., Suite 102

**City, State, Zip Code**
Kinnelon, NJ 07405

**Project Manager for Monitoring Firm**

**Telephone No.**
908-218-0880

**License No.**
01228

**Name of OSHA Monitor**
Yannuzzi Environmental Services, Inc.

**Street Address**
135 Kinnelon Rd., Suite 102

**City, State, Zip Code**
Kinnelon, NJ 07405

**Start Date (10)**
10/6/16

**Scheduled Completion Date (11)**
10/26/16

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

**Scope of Work (Check All That Apply)**
- [ ] ≥3 sf or ≥3 l
- [ ] ≥150 sf or ≥260 l
- [ ] Renovation
- [ ] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Encapsulation
- [ ] 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, VAC, or other miscellaneous)

---

**Abatement Type**

**Amount (Specify SF or LF)**

---

**Name of Registered Waste Hauler**
Yannuzzi Group, Inc.

**NJ DEP Waste Hauler ID No.**
17467

**Cubic Yards of Waste**
100

**Name of Registered Landfill**
GROWS

**Disposal Date**
10/26/16

**City, State**
Morrisville, PA

**Completed by**
Anna Bastos

**Title**
Asst. Project Mgr.

**Signature**

**Date**
10/21/16

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*Do not use this form for asbestos licensure exempted activities.*
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 7:26-2.12)

Date of Notification (1)
10/20/16

Name of Building Owner/Operator (2)
Calpine New Jersey Generation LLC

Street Address
717 Texas Ave, Suite 1000
City, State, Zip Code
Houston, TX 77002-2743

Name of Contact
Paul Ostberg
Tel. Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Calpine New Jersey Generation LLC

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

Sq. Feet 97,850 # of Floors 6

Bldg. Age 55
Current Use (prior if being demolished): Power Plant

Name of Monitoring Firm Hired by Bldg. Owner (8)
Horizon Environmental Group
ASCN No.
000073

Name of Contractor (9)
Brandenburg Industrial Service Company

Street Address
PO Box 316
City, State, Zip Code
Bethlehem, Pennsylvania 18015

Telephone Number
856-848-0600
Telephone Number
610-691-1800
License Number
00721

Name of OSHA Monitor
Brandenburg Industrial Service Company

Street Address
2217 Spillman Dr
City, State, Zip Code
Bethlehem, PA 18015

Accreditation Status During Abatement
( ) Facility Closed/Vacated During Entire Period of Abatement
( ) Abatement Performed Outside of Normal Facility Hours

Occupancy Status During Abatement (Check only one)
( ) Demolition

Describe Demolition
SRO Demo Start 07/11/16
SRO Demo Completion 09/29/17

Source of Work (Check all that apply)
( ) Demolition
( ) Renovation
( ) Large Proj. (>160 SF or >250 LF ACM) ( ) Small Proj. (>25<160 SF or >10<250 LF ACM) ( ) Minor Proj. (<25 SF or <10 LF ACM)
( ) Full Containment with Negative Pressure ( ) Min-Enclosure ( ) Glovebag Procedure

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

<table>
<thead>
<tr>
<th>Location Normally Used Solely by Maint./Custodial Staff? (12)</th>
<th>NO</th>
<th>NA</th>
<th>Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other misc.)</th>
<th>Amount (Specify SF or LF)</th>
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</thead>
<tbody>
<tr>
<td>Plant Boilers x Insulation 80,000 sf x</td>
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<tr>
<td>Plant Boilers x Fire Brick 24,000 sf x</td>
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<td>Main Plant x Pipe Insulation 12,500 ft x</td>
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<td>Main Plant x Transite/Galbestos 29,265 sf x</td>
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<tr>
<td>Main Plant x VAT 53,000 sf x</td>
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<td>Main Plant x Flashing/Tar Paper 64,100 sf x</td>
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<td>Main Plant x Caulk/Exp. Jt 13,570 sf x</td>
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<td>Pipe Rack x Pipe Insulation 9,520 sf x</td>
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<td>Conveyor x Galbestos 8,000 sf x</td>
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<td>Misc Small Out Bldgs x Transite/Galbestos 4,450 sf x</td>
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<td>Misc Small Out Bldgs x Insulation 2,840 sf x</td>
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Name of Reg. Waste Hauler
njdep Waste Hauler ID #
United Trucking, Inc
City, State
Mariton, NJ

Cubic Yards of Waste
Name of Reg. Landfill

Disposal Date
City, State

08/11/16
Conestoga Landfill
Morgantown, PA

United Trucking, Inc
City, State
Mariton, NJ
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<tr>
<th>Nature of Reg. Waste Hauler</th>
<th>NJDEP Waste Hauler ID #</th>
<th>Cubic Yards of Waste</th>
<th>Name of Reg. Landfill</th>
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<tbody>
<tr>
<td>Brandenburg Industrial Service Company</td>
<td>21838</td>
<td>300 cy</td>
<td>IESI</td>
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<tr>
<td>Bethlehem, PA 18015</td>
<td></td>
<td></td>
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<tr>
<th>City, State</th>
<th>Disp. Date</th>
<th>City, State</th>
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<tbody>
<tr>
<td>Bethlehem, PA</td>
<td>10/24/16</td>
<td>Bethlehem, PA</td>
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<tr>
<th>Completed by (Print or Type)</th>
<th>Title</th>
<th>Signature</th>
<th>Date</th>
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</thead>
<tbody>
<tr>
<td>Jennifer Polzer</td>
<td>Contract Manager</td>
<td>[Signature]</td>
<td>10/20/16</td>
</tr>
</tbody>
</table>

Mail to: NJDEP-DSHW-BRRTP 401 E. State St., PO 414 Trenton, NJ 08625-0414

Telephone 609-984-6620

C:/WORD/MYDOCS/ASBESTOS

9/13/00
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

**Name of Building Owner/Operator:** Ralph Rosenbaum  
**Name of Contact:** Ralph Rosenbaum

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

**Type Notification:** Initial

**Street Address:** [Redacted]

**City, State, Zip Code:** Matawan, NJ 07747

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place:** [Redacted]  
**Building:**

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

**Telephone No.:** 973-345-8855

**License No.:** 01311

**Name of Abatement Contractor:** D&S Abatement, Inc.

**Street Address:** 11 Rosengren Avenue

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

**Start Date:** 10/28/2016

**Scheduled Completion Date:** 10/29/2016

**Occupancy Status During Abatement:** Occupied

**Scope of Work:**
- Renovation
- Demolition

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>x</td>
<td>Duct Insulation</td>
<td>150 SF</td>
<td>x</td>
</tr>
<tr>
<td>Basement</td>
<td>x</td>
<td>Boiler Insulation</td>
<td>80 SF</td>
<td>x</td>
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</tbody>
</table>

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

**Number:** NJDEP Waste Hauler ID No. 20996

**Cubic Yards of Waste:** TBD

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

**City, State:** Totowa, NJ

**Completed by:** Ned Joksimovic

**Title:** PM

**Signature:** [Signature]

**Date:** 10/18/2016

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

**State of New Jersey**

**Pursuant to NJAC 8:58-12:120**

**Date of Notification (1)**: October 18, 2016

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

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

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

**Street Address**
- [Redacted]

**City, State, Zip Code**
- Haddon Township, NJ 08033

**Contact Information**
- Name: Steven Petridge
- Telephone Number: [Redacted]

**Facility Information**
- **Type of Facility (4)**: Residential Dwelling
- **Square Feet**: 1400
- **# of Floors**: 2
- **Bldg. Age**: 65 yrs
- **Current Use**: Residential

**Name of Monitoring Firm HIred by Building Owner (8)**: Quality Environmental Concepts

**Street Address**
- 1053 North Tuckahoe Road

**City, State, Zip Code**
- Williamstown, New Jersey 08094

**Project Manager for Monitoring Firm**
- Edward Knorr
- Telephone No.: 856-629-1166

**Start Date (10)**: October 28, 2016

**Scheduled Completion Date (11)**: October 30, 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: Real Estate Transaction

**Scope of Work (Check All That Apply)**
- ≥3 of or ≥30 ft
- ≥160 sf or ≥260 sf
- Renovation
- Demolition

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

**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)**
- Air-Cell pipe insulation: 208 ft
- Ductwork: 1 sf

**Name of Registered Waste Hauler**
- Quality Environmental Concepts
- NJDEP Waste Hauler ID No.: 19710
- Cubic Yards of Waste: 2 cy
- Name of Registered Landfill: Salem County Solid Waste Landfill
- Disposal Date: City, State: Alloway, NJ

**Completed by**
- Edward Knorr
- Title: Vice President
- Signature: [Signature]
- Date: 10/18/2016

---

*Do not use this form for asbestos license exempted activities.*
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:96 and 12:120)

Date of Notification (1) 10/20/16
Name of Building Owner/Operator (2) ASH HR MARRI ISSA
PARKERS VIEW URBAN RENEWAL LLC

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

Street Address
1970 BROWNSVILLE AVE
City, State, Zip Code
LAWRENCEVILLE N.J. 08857
Date of Notice
OCT 24 2016
Name of Location
MARK ISSA
Telephone
08857

Name of Facility Where Abatement is Taking Place (3)
Street Address
230 PARKER ROAD
City (5)
ELIZABETH N.J.
County (6)
UNION
County Code (7)
STATE USE ONLY
Current Use (Prior if being demolished)
Bldg. Age
50

Name of Monitoring Firm Hired by Building Owner (8) ASCM No.
Name of Abatement Contractor (9) NOVATECH INC

Street Address
P.O. Box 814
City, State, Zip Code
OLD BRIDGE N.J. 08857

Project Manager for Monitoring Firm
Telephone No.
732 238-7500
License No.
00 806
Name of OSHA Monitor
NOVATECH INC

Start Date (10)
10/29/16
Scheduled Completion Date (11)
1/31/17
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)
≥2 sf or ≥3 ft
≥100 sf or ≥250 ft
Renovation
Demolition

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

Is Location Normally Used Solely by Maintenance/Custodial Staff?

Yes No N/A

Location of Asbestos-Containing Material (ACM)

Description of Asbestos-Containing Material (ACM)

Amount
Type
Removal
Repair
Encapsulation
Endorse

EXTERIOR WINDOW CAULK
BASEBOARD/HAND RAIL

7,200 LF

Name of Registered Waste Hauler NOVATECH INC
City, State, Zip Code
OLD BRIDGE N.J. 08857

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

Completed by
CARLOS ALMEIDA
Title
PRESIDENT

Disposal Date 10/20/16

* Do not use this form for asbestos licensure exempted activities.
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60 and 12:20/N.J.A.C. 7:26-2.12)

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility</th>
<th>ETC Management, Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>313 State Street</td>
<td></td>
</tr>
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</table>

| City/State/Zip Code | Perth Amboy/PA 08861 |

<table>
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<tr>
<th>County</th>
<th>Middlesex</th>
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<table>
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<tr>
<th>County Code</th>
<th>08861</th>
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<tr>
<th>Name of Monitoring Firm</th>
<th>West Chester Environmental</th>
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<tr>
<td>ASCM No.</td>
<td>00127</td>
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<table>
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<tr>
<th>Name of OSHA Monitor</th>
<th>Metro Analytical Laboratories</th>
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<table>
<thead>
<tr>
<th>Project Manager</th>
<th>Abraham</th>
</tr>
</thead>
</table>

<table>
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<tr>
<th>Telephone No.</th>
<th>610-996-3515</th>
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<th>11/30/16</th>
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<thead>
<tr>
<th>Occupancy Status During Abatement</th>
<th>Abatement Performed Outside of Normal Facility Hours</th>
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<tbody>
<tr>
<td>[ ] Facility Closed/vacated During Entire Period of Abatement</td>
<td>[ ]</td>
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<tr>
<td>[ ] Abatement Performed Outside of Normal Facility Hours</td>
<td>[ ]</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Scope of Work</th>
<th>[ ] Full Containment with Negative Pressure</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>[ ] Mini-Enclosure</td>
</tr>
<tr>
<td></td>
<td>[ ] Glovebag Procedure</td>
</tr>
<tr>
<td></td>
<td>[ ] Non-Exempted (*) and Non-Friable Procedure</td>
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<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility</th>
<th>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
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<tbody>
<tr>
<td>10TH FLOOR</td>
<td>FLOOR TILE</td>
<td>3,000 SF</td>
<td>*</td>
</tr>
<tr>
<td>9TH FLOOR</td>
<td>FLOOR TILE</td>
<td>4,600 SF</td>
<td>*</td>
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<tr>
<td>8TH FLOOR</td>
<td>FLOOR TILE</td>
<td>4,600 SF</td>
<td>*</td>
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<tr>
<td>7TH FLOOR</td>
<td>FLOOR TILE</td>
<td>4,600 SF</td>
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<tr>
<td>6TH FLOOR</td>
<td>FLOOR TILE</td>
<td>4,600 SF</td>
<td>*</td>
</tr>
<tr>
<td>10TH FLOOR</td>
<td>PIPE INSULATION</td>
<td>666 FL</td>
<td>*</td>
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<tr>
<td>9TH FLOOR</td>
<td>PIPE INSULATION</td>
<td>150 LF</td>
<td>*</td>
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<td>PIPE INSULATION</td>
<td>150 LF</td>
<td>*</td>
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</tr>
<tr>
<td>6TH FLOOR</td>
<td>PIPE INSULATION</td>
<td>150 LF</td>
<td>*</td>
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<td>Insulation Type</td>
<td>Quantity</td>
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<tr>
<td>Basement Elevator</td>
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<td>PIPE INSULATION</td>
<td>100 LF</td>
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<td>Basement Pump Room</td>
<td>X</td>
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<td>Basement Boiler Room</td>
<td>X</td>
<td>PIPE INSULATION</td>
<td>100 LF</td>
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<tr>
<td>Basement Boiler</td>
<td>X</td>
<td>PIPE INSULATION</td>
<td>180 LF</td>
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<tr>
<td>Basement Boiler</td>
<td>X</td>
<td>DUCT INSULATION</td>
<td>396 SF</td>
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Name of Registered Waste Hauler: JIMMY BYRNE TRUCKING
NJDEP Waste Hauler ID No.: 19551
Cubic Yards of Waste: 30
Name of Registered Landfill: MINERVA ENTERPRISES, INC.

City, State: Bronx, NY 10474
Disposal Date:  
City, State: Waynesburg, OH 44688
Completed By: Sylvester Oraegbunam
Title: President
Signature: [Signature]
Date: 10/19/2016
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1) 10-19-2016

Name of Building Owner / Operator (2) Kennedy University Hospital

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

Type Notification
- Initial
- Amended/Additional Scope
- Emergency
- Cancellation

Street Address
18 E. Laurel Road
City, State & Zip Code
Stratford, NJ 08084

Name of Contact
Mr. James Barth

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Kennedy University Hospital - MRI area

Street Address
18 E. Laurel Road
City, State & Zip Code
Stratford, NJ 08084

Name of Monitoring Firm Hired by Building Owner (8)
Criterion Laboratories

ASCM No.

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

Square Feet
25,000
# of Floors
2
Bldg. Age
52

Current Use (Prior if being demolished)
Hospital

Street Address
2115 Hamilton Ave, Suite 202
City, State & Zip Code
Trenton, NJ 08619

Name of Abatement Contractor (9)
Resource Management Group, LLC

Street Address
3370 Progress Drive, Suite J
City, State & Zip Code
Bensalem, PA 19020

Name of OSHA Monitor
J&S Environmental Laboratories Inc

Telephone Number
215-244-1200
License Number
909-914-4279

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

Describe: Project to be conducted 2nd shift 4:00pm to 12:30am

Facility Occupied During Abatement

Scope of Work (Check all that apply)
- ≥3 sf or ≥3 lf
- ≥160 sf ≥260 lf
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glove Bag Procedures
- 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 or Custodial Staff? (12)

Name of Registered Waste Hauler
NJDEP Waste Hauler ID No. 0035218

Resource Management Group, LLC

City, State
Trenton, NJ

Disposal Date
TBD

Name of Registered Landfill
Grows Landfill

Completed By (Print or Type)
Mr. Brian J. Haney

Title
President

Signature

Date 10/19/2016
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to N.J.A.C. 8:60 and 12:120)

**Date of Notification (1)**  
10-14-2016

**Name of Building Owner / Operator (2)**  
Kennedy University Hospital

**Street Address**  
18 E. Laurel Road

**City, State & Zip Code**  
Stratford, NJ 08948

**Name of Contact**  
Mr. James Barth

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

**Type Notification**  
- [X] Initial  
- [ ] Amended(Extended End Date)  
- [ ] Emergency  
- [ ] Cancellation

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**  
Kennedy University Hospital- MRI area

**Street Address**  
18 E. Laurel Road

**City, State & Zip Code**  
Stratford, NJ, 08948

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

**Street Address**  
3370 Progress Dr., Suite J

**City, State & Zip Code**  
Bensalem, PA, 19020

**Project Manager for Monitoring Firm**  
Mr. Mike Panepresso

**Telephone Number**  
215-244-1300

**Scheduled Start Date (10)**  
9-26-2016

**Scheduled Completion Date (11)**  
10-24-2016

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

**Describe:** Project to be conducted 2nd shift 4:00pm to 12:30am

**Scope of Work (Check all that apply)**  
- [X] Renovation  
- [ ] Demolition  
- [X] Full Containment with Negative Pressure

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

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

- [ ] Yes  
- [X] No  
- [ ] N/A

**Motion of**  
Spray on fire proofing

**Amount (Specify SF or LF)**  
1,100 SF

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

**Abatement Type**

**Name of Registered Waste Hauler**  
Resource Management Group, LLC  
0035218

**Name of Registered Landfill**  
Grows Landfill

**Disposal Date**  
TBD

**Date**  
10/14/2016
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1) 9-12-2018

Name of Building Owner / Operator (2) Kennedy University Hospital

Street Address 18 E. Laurel Road
City, State & Zip Code Stratford, NJ 080848

Name of Contact Mr. James Barth

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

Name of Facility Where Abatement is Taking Place (3) Kennedy University Hospital- MRI area

Street Address 18 E. Laurel Road
City (5) Stratford, NJ
County (6) Camden
County Code (7)

Name of Monitoring Firm Hired by Building Owner (8) Criterion Laboratories
Street Address 3370 Progress Drive, Suite J
City, State & Zip Code Bensalem, PA, 19020

ASCM No.

Project Manager for Monitoring Firm Mr. Mike Panevresse

Scheduled Start Date (10) 9-25-2016
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 Hours

Describe: Project to be conducted 2nd shift 4:00pm to 12:30am

Facility Occupied During Abatement

Scope of Work (Check all that apply)
☑ ≥3 sf or ≥3 l f
☑ ≥160 sf ≥260 l f
[ ] Renovation [ ] Demolition

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

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

Spray on fire proofing 1,100 SF

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 ☑ Glove Bag Procedures ☑ Non-Exempted and Non-Friable Procedure ☑

Name of Registered Waste Hauler NJDEP Waste Hauler ID No. 0036218
Resource Management Group, LLC
City, State Trenton, NJ

Completed By (Print or Type) Mr. Brian J. Haney
Title President

Signature

Disposal Date TBD
Name of Registered Landfill Grows Landfill
City, State Morristown, PA
Date 09/12/2016
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

**Date of Notification (1)**  
10/18/2016

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

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

**Name of Building Owner/Operator (2)**  
COUNTY OF HUDSON

**Street Address**  
567 PAVONIA AVENUE

**City, State, Zip Code**  
JERSEY CITY, NJ 07306

**Name of Contact**  
RALPH SAX

**FACILITY INFORMATION**

Name of Facility Where Abatement Is Taking Place (3)  
Hudson Co. Administration Bldg. Underground Garage

**Street Address**  
595 NEWARK AVENUE

**City**  
JERSEY CITY

**County**  
HUDSON

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

**Telephone No.**  
(732) 390-5858

**Start Date (10)**  
11/1/2016

**Scheduled Completion Date (11)**  
12/30/2016

**Occupancy Status During Abatement (Check Only One)**
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other -- Describe: OCCUPIED Wk M-F: 8:00 AM - 5:00 PM

**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-Firable 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>
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</thead>
<tbody>
<tr>
<td>NORTHEAST CORNER</td>
<td>X</td>
<td>SPRAY ON FIREPROOFING</td>
<td>18,000 SF</td>
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<tr>
<td>NORTHEAST CORNER</td>
<td>X</td>
<td>PIPE INSULATION INCLUDING</td>
<td>3,000 SF</td>
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</tr>
<tr>
<td>NORTHEAST CORNER</td>
<td>X</td>
<td>RUBBER DUCT INSULATION</td>
<td>1,000 SF</td>
<td>x</td>
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</table>

**Name of Registered Waste Hauler**
TWO BROTHERS CONTRACTING  
NJDEP Waste Hauler ID No. 18743  
Cubic Yards of Waste 120 +/-  
Name of Registered Landfill  
WASTE MANAGEMENT G.R.O.W.S.  
City, State  
TOTOWA, NJ  
MORRISVILLE, PA

**Completions by**  
VIVECA RAMOS  
PROJECT COORDINATOR  
Date  
10/18/2016

*Do not use this form for asbestos licensure exempted activities.*
<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
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<tbody>
<tr>
<td>Name of Building Owner/Operator</td>
<td>Garden Homes</td>
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<tr>
<td>Street Address</td>
<td>820 Morris Turnpike</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Short Hills, NJ 07078</td>
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<tr>
<td>Name of Contact</td>
<td>Joe DeNivo</td>
</tr>
<tr>
<td>Name of Facility Where Abatement Is Taking Place</td>
<td>Former Hackensack DPW Complex</td>
</tr>
<tr>
<td>Street Address</td>
<td>66-70 Zabriskie St</td>
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<tr>
<td>City, State, Zip Code</td>
<td>Hackensack, Bergen, NJ 07601</td>
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<tr>
<td>Name of Monitoring Firm Hired by Bldg. Owner</td>
<td>ISES, Inc.</td>
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<tr>
<td>Street Address</td>
<td>3300 Hudson Avenue</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Union City, NJ 07087</td>
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<tr>
<td>Project Manager for Monitoring Firm</td>
<td>David Camacho</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>201-325-0055</td>
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<td>Scheduled Start Date</td>
<td>09/06/2016</td>
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<td>Scheduled Completion Date</td>
<td>11/20/2016</td>
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<tr>
<td>Occupancy Status During Abatement (Check only one)</td>
<td>(X) Facility Closed/Vacated During Entire Period of Abatement</td>
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<td>(X) Abatement Performed Outside of Normal Facility Hours -</td>
<td>( ) Other - Describe.</td>
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<tr>
<td>Source of Work (Check all that apply)</td>
<td>(X) Demolition</td>
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<td>(X) Renovation</td>
<td>( ) Full Containment with Negative Pressure</td>
</tr>
<tr>
<td>(X) Mini-Enclosure with Negative Pressure</td>
<td>(X) Glove-bag Procedure and Wrap and cut procedure</td>
</tr>
<tr>
<td>(X) Non-Exempted (*) and Non-Friable Procedure</td>
<td>(X) Large Project (&gt;160 SF or &gt; 250 LF ACM)</td>
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<tr>
<td>Location of Asbestos-Containing Material (ACM)</td>
<td>YES</td>
</tr>
<tr>
<td>Location Normally Used Solely by Maintenance or Custodial Staff?</td>
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<tr>
<td>Description of ACM (i.e. thermal systems insulation, surfacing,</td>
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<tr>
<td>Amount (Specify SF or LF)</td>
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<tr>
<td>Building 8</td>
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<tr>
<td>Building 2 Attic Space (2 sections)</td>
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<td>Attic (Roof undercoating) Former Administrative Offices and Warehouse Building</td>
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</tr>
<tr>
<td>Roof Built-up roofing Former Administrative Offices and Warehouse Building</td>
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NJDEP Waste Hauler ID #: 50452

Cubic Yards of Waste: ~ 30

Name of Reg. Landfill: Grand Central Sanitation
1963 Pen Argyl Road

City, State: 311 East Blackwell Street, Dover, NJ 07801
Disp. Date: 11/20/2016

Name of Reg. Waste Hauler: Newark Carting
NJDEP Waste Hauler ID #: 04509

Cubic Yards of Waste: ~ 30

City, State: 311 East Blackwell Street, Dover, NJ 07801
Disp. Date: 11/20/2016

Name of Reg. Landfill: Grand Central Sanitation
1963 Pen Argyl Road

City, State: 311 East Blackwell Street, Dover, NJ 07801
Disp. Date: 11/20/2016

Completed by (Print or Type): David Camacho
Title: Project Supervisor
Signature: [Signature]
Date: 10/18/2016
**State of New Jersey**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:80 and 12:120)

**Date of Notification**: 10/18/16
**Name of Building Owner/Operator**: Fred Lawless
**Street Address**: [Name Obfuscated]
**City, State, Zip Code**: Lavallette, NJ 08735
**Name of Contact**: Eric Plackis

**FACILITY INFORMATION**

**Name of Facility Where Abatement Is Taking Place**: [Name Obfuscated]
**Street Address**: [Name Obfuscated]
**City**: Lavallette
**County**: Ocean
**Type of Facility**: [Name Obfuscated]
**Square Feet**: 2144
**# of Floors**: 2
**Bldg. Age**: 126
**Current Use (Prior to if being demolished)**: Home

**Name of Monitoring Firm Hired by Building Owner**: [Name Obfuscated]
**ASCM No.**: [Name Obfuscated]
**Name of Abatement Contractor**: Brick Industries Inc.
**Street Address**: P.O. Box 915
**City, State, Zip Code**: Brick, New Jersey 08723
**Telephone No.**: (732) 899-7499
**License No.**: 01196

**Start Date**: 10/12/16
**Scheduled Completion Date**: 11/10/16
**Name of OSHA Monitor**: [Name Obfuscated]

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

**Scope of Work (Check All That Apply)**:
- [ ] ±3 sf or ±3 lf
- [ ] ±180 sf or ±250 lf
- [ ] Renovation
- [ ] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

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

- In Facility (13)
- Normal Use Solely by Maintenance/Custodial Staff? (12)

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

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

- thermal systems insulation, surfacing, VAT, or other miscellaneous

**Amount (Specify SF or LF)**: 1900 SF

**Name of Registered Waste Hauler**: Brick Industries Inc.
**NJDEP Waste Hauler ID No.**: 21602
**Cubic Yards of Waste**: 6
**Name of Registered Landfill**: GROWS Inc.
**City, State**: Brick, New Jersey PA
**Disposal Date**: 11/10/16

**Completed by**: Eric Plackis
**Title**: President

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

Date of Notification (1) 10 / 18 / 16

Name of Building Owner/Operator (2) Somerdale Board of Education

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

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

Street Address 301 Grace Street
City, State, Zip Code Somerdale, NJ 08083

Name of Contact Melissa Engelhardt Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement Is Taking Place (3) Somerdale Park School

Street Address 301 Grace Street
City (5) Somerdale
County (6) Camden

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

Square Feet 20,000
# of Floors 2
Bidg. Age 80

Name of Monitoring Firm Hired by Building Owner (8) Mgmt. & Enviro, Consulting Services

ASCM No.

Name of Abatement Contractor (9) Shade Environmental, LLC

Street Address PO Box 341 Chesterfield, NJ 08515

City, State, Zip Code Maple Shade, NJ 08052

Project Manager for Monitoring Firm Bill Weisgarber Telephone No. 609-298-4070

License No. 855-755-0099

Start Date (10) 11 / 9 / 16

Scheduled Completion Date (11) 11 / 10 / 16

Name of OSHA Monitor EMSL Analytical, Inc.

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/ PM- AM

Scope of Work (Check all that apply)
☐ ≥3 sf or ≥ 3 ft
☐ ≤160 sf or ≤250 ft
☐ Renovation
☐ Demolition
☐ Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)
☐ Yes
☐ No
☐ N/A

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

Amount (Specify SF or LF)

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

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

Storage Room Near Stage ☐ ☐ ☐ Pipe Fittings 2 LF ☐ ☐ ☐
Cafeteria ☐ ☐ ☐ Pipe Fittings 2 LF ☐ ☐ ☐
Music Room Storage ☐ ☐ ☐ Pipe Fittings 3 LF ☐ ☐ ☐

Name of Registered Waste Hauler Freehold Cartage

Freehold Cartage ID No. 15939 Cubic Yards of Waste 1

Name of Registered Landfill Cumberland County Landfill

City, State Freehold, NJ Newburg, PA

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

Signature Date 10/18/16

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

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

**Date of Notification:** October 19, 2016

**Agency Notified:**
- [x] EPA
- [x] DEP
- [x] DOL
- [x] DOH
- [ ] DCA

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

**Name of Building Owner/Operator:** Lynx Waste & Recycling, Inc.

**Street Address:** P O Box 188

**City, State, Zip Code:** Spring Lake, NJ 07762

**Name of Contact:** Richard Hyde

**Telephone Number:**

**FACILITY INFORMATION**

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

**Street Address:**

**City:** Point Pleasant Beach

**County:** Ocean

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

**Name of Abatement Contractor:** Guardian Contracting, Inc.

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

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

**License Number:** 00624

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

**Street Address:** 1056 Stelton Road

**City, State, Zip Code:** Piscataway, New Jersey 08854

**Scheduled Start Date:** 10/19/16

**Scheduled Completion Date:** 10/20/16

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

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

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

<table>
<thead>
<tr>
<th>Is Location Normally used Solely by Maintenance/Custodial Staff (12)</th>
<th>[ ]</th>
<th>[ ]</th>
<th>[x]</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>NO</td>
<td>N/A</td>
<td></td>
</tr>
</tbody>
</table>

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

**Amount (Specify SF or LF):** 500 sf

**Abatement Type:**
- [ ] REMOVAL
- [x] REPAIR
- [ ] ENCAPSULATION
- [ ] ENCLOSURE

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

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

**Cubic Yards of Waste:**

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

**City, State:** Toms River, New Jersey

**Disposal Date:** 10/21/16

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

**Title:** Project Manager

**Signature:**

**Date:** 10/19/2016

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

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

<table>
<thead>
<tr>
<th>TYPE OF NOTIFICATION (O - Original, R - Revised, C - Cancelled):</th>
<th>R</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>IS ASBESTOS PRESENT? (Yes/No):</th>
<th>Y</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>OWNER NAME:</th>
<th>Lynx Waste &amp; Recycling, Inc.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Address:</th>
<th>P O Box 188</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>City:</th>
<th>Spring Lake</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>State:</th>
<th>New Jersey</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Zip:</th>
<th>07762</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Contact:</th>
<th>Richard Hyde</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Tel:</th>
<th>732-762-7365</th>
</tr>
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<table>
<thead>
<tr>
<th>REMOVAL CONTRACTOR:</th>
<th>Guardian Contracting, Inc.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>NJ License:</th>
<th>00624</th>
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</table>

<table>
<thead>
<tr>
<th>Address:</th>
<th>1889 Route 9, Unit 61</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>City:</th>
<th>Toms River</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>State:</th>
<th>New Jersey</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Zip:</th>
<th>08755</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Contact:</th>
<th>Nicholas Femicola</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Tel:</th>
<th>732-349-9932</th>
</tr>
</thead>
</table>

## IV. OTHER OPERATOR (if different)

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<thead>
<tr>
<th>Address:</th>
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</thead>
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<table>
<thead>
<tr>
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<table>
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<table>
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<tr>
<th>Zip:</th>
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</thead>
</table>

<table>
<thead>
<tr>
<th>Contact:</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Tel:</th>
<th></th>
</tr>
</thead>
</table>

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

## VI. FACILITY DESCRIPTION (Including building name, number and floor or room number)

<table>
<thead>
<tr>
<th>Building Name:</th>
<th>Residence</th>
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</table>

<table>
<thead>
<tr>
<th>Address:</th>
<th>16 Danby Place</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>City:</th>
<th>Point Pleasant Beach</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>State:</th>
<th>New Jersey</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>County:</th>
<th>Ocean</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Site Location:</th>
<th>Exterior</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Building Size:</th>
<th>700 sf</th>
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</table>

<table>
<thead>
<tr>
<th># of Floors:</th>
<th>1</th>
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</table>

<table>
<thead>
<tr>
<th>Age in Years:</th>
<th>80</th>
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<table>
<thead>
<tr>
<th>Present Use:</th>
<th>Residence</th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Prior Use:</th>
<th>Residence</th>
</tr>
</thead>
</table>

## VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:

<table>
<thead>
<tr>
<th>Nonfriable Asbestos Material Not To Be Removed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cat I</td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>Surface Area (Square feet):</th>
<th>500 sf</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Exterior</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Asbestos siding</th>
</tr>
</thead>
</table>

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

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

<table>
<thead>
<tr>
<th>Start:</th>
<th>10/19/16</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Complete:</th>
<th>10/20/16</th>
</tr>
</thead>
</table>

Guardian Contracting, Inc.
1889 Route 9
Suite 61
Toms River, New Jersey 08755
NOTIFICATION OF DEMOLITION AND RENOVATION (continued)

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

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

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

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

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

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

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

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

FOR EMERGENCY RENOVATIONS

Date and Hour of Emergency (MM/DD/YY):
Description of the Sudden, Unexpected Event:

Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:

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

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

Nicholas Fermicola / Project Manager
(Printed Name/Title) October 19, 2016 (Signature of Owner/Operator) (Date)

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

Nicholas Fermicola / Project Manager
(Printed Name/Title) October 19, 2016 (Signature of Owner/Operator) (Date)
# Notification of Asbestos Abatement

**State of New Jersey**

**Notification of Asbestos Abatement**
(Pursuant to NJAC 8:60 and 12:120)

**Date of Notification:** October 19, 2016

**Name of Building Owner/Operator:** Stephen Fortunak

**Name of Contact:** Stephen Fortunak

**City, State, Zip Code:** Levittown, PA 19057

**Type of Facility:** Residence

**Facility Information**

**Name of Facility Where Abatement is Taking Place:** Beach Haven West Ocean

**City:** Beach Haven West

**County:** Ocean

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

**Type of Abatement Contractor:** Guardian Contracting, Inc.

**Street Address:** 1889 Route 9, Unit 61 Toms River, New Jersey 08755-1271

**Telephone Number:** 732-349-9932 License Number 00624

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

**Street Address:** 1056 Stetson Road Piscataway, New Jersey 08854

**City, State, Zip Code:**

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

**Scheduled Start Date:** 10/31/16

**Scheduled Completion Date:** 11/1/16

**Scope of Work:**

- >3 sf or ≥3 lf
- ≥160 sf or ≥260 lf
- Other - Describe

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

**Abatement Type:**
- Removal
- Repair
- Encapsulation
- Enclosure

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

**Exterior:** X Asbestos siding

**Amount (Specify SF or LF):** 950 sf

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

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

**City, State:** Toms River, New Jersey

**Title:** Project Manager

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

**Completer:** Nicholas Fernicola

**Date:** 10/19/2016

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

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

<table>
<thead>
<tr>
<th>TYPE OF NOTIFICATION (O - Original R - Revised C - Cancelled):</th>
<th>O</th>
</tr>
</thead>
<tbody>
<tr>
<td>IS ASBESTOS PRESENT? (Yes/No): Y</td>
<td></td>
</tr>
<tr>
<td>-----------------------------------------------------------------</td>
<td>---</td>
</tr>
<tr>
<td>FACILITY INFORMATION (identify owner, removal contractor and other operator):</td>
<td></td>
</tr>
<tr>
<td>OWNER NAME: Stephen Fortunak</td>
<td></td>
</tr>
<tr>
<td>Address:</td>
<td></td>
</tr>
<tr>
<td>City: Levittown</td>
<td>State: PA</td>
</tr>
<tr>
<td>Zip: 19057</td>
<td></td>
</tr>
<tr>
<td>Contact: Stephen Fortunak</td>
<td></td>
</tr>
<tr>
<td>Tel: 215-208-5821</td>
<td></td>
</tr>
<tr>
<td>REMOVAL CONTRACTOR:</td>
<td></td>
</tr>
<tr>
<td>Guardian Contracting, Inc.</td>
<td></td>
</tr>
<tr>
<td>NJ License: 00624</td>
<td></td>
</tr>
<tr>
<td>Address: 1889 Route 9, Unit 61</td>
<td></td>
</tr>
<tr>
<td>City: Toms River</td>
<td>State: New Jersey</td>
</tr>
<tr>
<td>Zip: 08755</td>
<td></td>
</tr>
<tr>
<td>Contact: Nicholas Fermico</td>
<td></td>
</tr>
<tr>
<td>Tel: 732-349-9932</td>
<td></td>
</tr>
<tr>
<td>OTHER OPERATOR (if different):</td>
<td></td>
</tr>
<tr>
<td>Address:</td>
<td></td>
</tr>
<tr>
<td>City:</td>
<td>State:</td>
</tr>
<tr>
<td>Zip:</td>
<td></td>
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<tr>
<td>Contact:</td>
<td></td>
</tr>
<tr>
<td>Tel:</td>
<td></td>
</tr>
<tr>
<td>TYPE OF OPERATION (D - Demo O - Ordered Demo R - Renovation E - Emergency Renovation):</td>
<td>D</td>
</tr>
<tr>
<td>FACILITY DESCRIPTION (Including building name, number and floor or room number):</td>
<td></td>
</tr>
<tr>
<td>Building Name: Residence</td>
<td></td>
</tr>
<tr>
<td>Address: 31 Florence Lane</td>
<td></td>
</tr>
<tr>
<td>City: Beach Haven West</td>
<td>State: New Jersey</td>
</tr>
<tr>
<td>County: Ocean</td>
<td></td>
</tr>
<tr>
<td>Site Location: Exterior</td>
<td></td>
</tr>
<tr>
<td>Building Size: 1000 sf</td>
<td></td>
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<tr>
<td># of Floors: 1</td>
<td></td>
</tr>
<tr>
<td>Age in Years: 60</td>
<td></td>
</tr>
<tr>
<td>Present Use: Residence</td>
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</tr>
<tr>
<td>Prior Use: Residence</td>
<td></td>
</tr>
<tr>
<td>PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:</td>
<td></td>
</tr>
<tr>
<td>IS MATERIAL ASSUMED TO BE ASBESTOS?</td>
<td></td>
</tr>
<tr>
<td>APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:</td>
<td></td>
</tr>
<tr>
<td>1. Regulated ACM to be removed</td>
<td></td>
</tr>
<tr>
<td>2. Category I ACM not removed</td>
<td></td>
</tr>
<tr>
<td>3. Category II ACM not removed</td>
<td></td>
</tr>
<tr>
<td>RACM To Be Removed</td>
<td></td>
</tr>
<tr>
<td>LOCATION</td>
<td></td>
</tr>
<tr>
<td>Nonfibrous Asbestos Material Not To Be Removed</td>
<td></td>
</tr>
<tr>
<td>Cat I</td>
<td>Cat II</td>
</tr>
<tr>
<td>Pipes (Linear feet):</td>
<td></td>
</tr>
<tr>
<td>Surface Area (Square feet): 950 sf</td>
<td></td>
</tr>
<tr>
<td>RACM Off Facility Component (Cubic feet):</td>
<td></td>
</tr>
<tr>
<td>SCHEDULE DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 10/31/16 Complete: 11/1/16</td>
<td></td>
</tr>
</tbody>
</table>
NOTIFICATION OF DEMOLITION AND RENOVATION (continued)

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

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

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

xii. WASTE TRANSPORTER #1 Name: Guardian Contracting, Inc.

Address: 1889 Route 9, Unit 61
City: Toms River State: New Jersey Zip: 08755
Contact Person: Nicholas Fernicola

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

xiii. WASTE DISPOSAL SITE Name: T.R.R.F.

Location: Bordentown Road
City: Tullytown State: Pennsylvania Zip: 19007
Telephone: 215-943-9732 Permit #: 101494

xiv. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW AND ATTACH COPY OF ORDER

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

xv. FOR EMERGENCY RENOVATIONS

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

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

xvii. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ONSITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required after November 30, 1991)

Nicholas Fernicola / Project Manager (Printed Name/Title) October 19, 2016 (Signature of Owner/Operator) (Date)

xviii. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

Nicholas Fernicola / Project Manager (Printed Name/Title) October 19, 2016 (Signature of Owner/Operator) (Date)
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:90 and 12:120)

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

Agencies Notified

<table>
<thead>
<tr>
<th>Agency</th>
<th>Type Notification</th>
<th>Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
<td></td>
</tr>
<tr>
<td>DEP</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DOL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DOH</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DCA</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Name of Building Owner/Operator (2):
Auchter Industries

Street Address:
1200 State Street,

City, State, Zip Code:
Perth Amboy, NJ 08861

Name of Contact:

Telephone Number:

FACILITY INFORMATION

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

Street Address:
1200 State Street

City (5):
Perth Amboy

County (6):
Middlesex County

County Code (7):

Use (Prior if being demolished):

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

ASCM No.:

Name of Abatement Contractor (9):
Pro Abatement

Street Address:
1009 87th Street Suite A4

City, State, Zip Code:
North Bergen, NJ 07047

Project Manager for Monitoring Firm:

Telephone No.:
201-293-6305

License No.:
01223

Start Date (10):
10/31/16

Scheduled Completion Date (11):
11/14/16

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

Scope of Work (Check All That Apply):

- ±33 sf or ±33 sf
- ≥160 sf or ≥260 sf
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM)

<table>
<thead>
<tr>
<th>Location</th>
<th>TO BE ABATED</th>
<th>Normally Used Solely by Maintenance/Custodial Staff? (12)</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>Tank 700, 701</td>
<td></td>
<td>Yes</td>
<td>Other (i.e., thermal systems insulation,</td>
<td>300 SF</td>
<td>Removal</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>surfacing, VAT, or other miscellaneous)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tank 702, 703</td>
<td></td>
<td></td>
<td>TSI</td>
<td>65 LF</td>
<td></td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler:
NEWARK CARTING

NJ.DEP Waste Hauler ID No.:
04509

Cubic Yards of Waste:

Name of Registered Landfill:
WASTE MANAGEMENT GROWS N.

City, State:
HILLSDALE, NJ

Disposal Date:
City, State:
MORRISVILLE PA

Completed by:
Bryan Parra

Title:
Project Manager

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 8:50 and 12:120)

Date of Notification (1):
OCTOBER 13, 2016

Name of Building Owner/Operator (2):
Gosana Constructions

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

Type Notification:
- Initial

Address:
Street Address:
14 Oxford Street
City, State, Zip Code:
Newark NJ 07105

Name of Contact:
Bolivar Martinez

FACILITY INFORMATION

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

Street Address:
1 Garden Terrace apto 27D
City (5):
North Arlington

County (6):
Bergen county

County Code (7) (STATE USE ONLY):

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

Name of Abatement Contractor (9):
All Solutions Contracting INC

Street Address:
24 Church Street
City, State, Zip Code:
Elmwood Park NJ 07407

Project Manager for Monitoring Firm:

Telephone No.:
201 873-9418

License No.:
01301

Start Date (10):
October 16, 2016

Scheduled Completion Date (11):
October 30, 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: apartment get fire

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

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

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

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

Amount (Specify SF or LF):
31 LF

Abatement Type:
- [ ] Removal
- [x] Encapsulate
- [ ] Endorse

Name of Registered Waste Hauler:
Atlantic Carting

City, State:
Pen Argyl PA 18072

Name of Registered Landfill:
Grand Central Sanitary

Disposal Date:
TDB

City, State:
Pen Argyl PA 18072

Completed by:
Luis Aroila

Title:
President

Signature:

Date:
10/17/2016

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

Date of Notification (1):
10/12/2016

Name of Building Owner/Operator (2):
Opus KTV

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

Type Notification:
- [x] Initial
- [ ] Amended
- [ ] Emergency (Including justification)

Street Address:
55 Country Club drive Suite 200
Dowington, PA

City, State, Zip Code:
Downington, PA

Name of Contact:
Rob Banks

FACILITY INFORMATION

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

Street Address:
159 Bronco Way BLDG.12
Philipsburg, NJ 08865

County Code (6):
Warren

County Code (7):

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

Square Feet:
40,026

# of Floors:
1

Bldg. Age:
111 years

Current Use (Prior if being demolished):
Vacant

Name of Abatement Contractor (9):
Divine Development LLC,

Address:
572 South 12 street
Newark NJ 07103

Telephone No.:
9172185472

License No.:
01294

Name of OSHA Monitor:
Divine Development LLC,

Street Address:
572 South 12 street
Newark NJ 07103

Project Manager for Monitoring Firm:
Olumide Ajandeji

Telephone No.:
9175171860

Scope of Work (Check All That Apply):
- [ ] ≥300 sf or ≥30 ft
- [ ] ≥160 sf or ≥260 ft
- [ ] Renovation
- [ ] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [x] Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM)

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subway Tunnel System</td>
<td>[x]</td>
<td>Pipe Insulation</td>
<td>759 LF</td>
<td>x</td>
</tr>
<tr>
<td>Roof, Boiler Room</td>
<td>[x]</td>
<td>Roofing, Transit, Fl. Tiles, Glazing</td>
<td>7090 SF</td>
<td>x</td>
</tr>
<tr>
<td>Boiler Room</td>
<td>[x]</td>
<td>Boiler, Duct, Tank Insulation</td>
<td>5550SF</td>
<td>x</td>
</tr>
<tr>
<td>Boiler Room</td>
<td>[x]</td>
<td>Pipe Insulation</td>
<td>2870 LF</td>
<td>x</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler:
Newark Carting

Disposal Date:
TBD

Name of Registered Landfill:
IESI Landfill

City, State:
Newark NJ

Completed by:
Jovan Surdoski

Title:
Owner

Signature:

Date:
10/12/2016

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

Date of Notification (1)
10/12/2016

Name of Building Owner/Operator (2)
Opus KTV

Street Address
55 Country Club Drive Suite 200
Downington, PA

Name of Contact
Rob Banks

TBD

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Philipsburg Industrial Park

Street Address
Lokomotiv Shed BLDG. 29

City (5)
Philipsburg, NJ 08865

Square Feet
3600

County (6)
Warren

County Code (7)

Current Use (Prior if being demolished)
Vacant

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

ASCM No
58967

Name of Abatement Contractor (9)
Divine Development, LLC.

Street Address
3401 Foster Ave. #48
Brooklyn, NY 11210

City, State, Zip Code

Telephone No.
9175171860

Telephone No.
9172156472

License No.
01294

Project Manager for Monitoring Firm
Olumide Ajandejii

Type of Facility (4)
School (K-12)
Subchapter 9 (Other than K-12)
Other (i.e., private & commercial buildings, homes, etc.)

City, State, Zip Code
Newark, NJ 07103

Square Feet
3600

# of Floors
1

Bldg. Age
97 years

Name of OSHA Monitor
Divine Development, LLC.

Street Address
572 South 12 Street

Start Date (10)
10/22/2016

Scheduled Completion Date (11)
11/15/2016

Name of Registered Waste Hauler
Newark Carting

Cubic Yards of Waste
As needed

Name of Registered Landfill
IESI Landfill

City, State, Zip Code
Newark, NJ

Completed by
Jovan Surdolski

TBD

Title
Owner

* 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):
10/12/2016

Name of Building Owner/Operator (2):
Opus KTV

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

Type Notification:
- Initial
- Amended
- Amendment #
- Emergency (Including justification)

Street Address:
55 Country Club drive Suite 200

City, State, Zip Code:
Downtown, PA

Name of Contact:
Rob Banks

FACILITY INFORMATION

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

Street Address:
223 Cameron Drive BLDG.101

City (5):
Philipsburg, NJ 08865

County (6):
Warren

County Code (7) (STATE USE ONLY):

Current Use (Prior to being demolished):
Vacant

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

ASCM No.:
58967

Name of Abatement Contractor (9):
Divine Development LLC

Street Address:
3401 Foster ave.#4B

City, State, Zip Code:
Brooklyn NY 11210

Project Manager for Monitoring Firm:
Olumide Ajandevi

Telephone No.:
9175171880

Start Date (10):
10/25/2016

Scheduled Completion Date (11):
11/20/2016

Name of OSHA Monitor:
Divine Development LLC

Street Address:
572 South 12 street

City, State, Zip Code:
Newark NJ 07103

Scope of Work (Check All That Apply):
- ≥3 sf or ≥3 l
- ≥160 sf or ≥260 l
- Demolition
- Renovation
- 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>Normal Maintenance/Custodial Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Storage</td>
<td>Yes</td>
</tr>
</tbody>
</table>

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

12X12inch. floor tiles and mastic

Amount (Specify SF or LF):
484 SF

Abatement Type:

Name of Registered Waste Hauler:
Newark Carting

Cubic Yards of Waste AS needed:
0

Name of Registered Landfill:
IESI Landfill

City, State:
Newark NJ

Disposal Date:
TBD

City, State:
Bethlehem PA

Completed by:
Jovan Surdoski

Title:
Owner

Signature:

Date:
10/12/2016

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