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

Date of Notification (1) 10/20/2016
Name of Building Owner/Operator (2)
City of Camden

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

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

Street Address
PO Box 95120
City, State, Zip Code
Camden, NJ 08101

Name of Contact
James Rizzo
Telephone Number

Name of Facility Where Abatement Is Taking Place (3)
542 S. 7th Street

City (6)
Camden

County Code (7)
Camden (STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.

Name of Abatement Contractor (9)
Site Enterprises, Inc.

Street Address
6626 Delligah Road

City, State, Zip Code
Egg Harbor Township, NJ 08234

Project Manager for Monitoring Firm

Telephone No.
609-567-1250

License No.
01172

Start Date (10)
10/21/2016

Scheduled Completion Date (11)
11/04/2016

Name of OSHA Monitor

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

Scope of Work (Check All That Apply)
- ≥36 sf or ≥210 sf
- ≥150 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) 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
Encapsulation
Endorsement

See Attached Emergency

200 yd per reg

Name of Registered Waste Hauler
Site Enterprises Inc.

NJDEP Waste Hauler ID No.
0035220

Disposal Date
10/28/2016

City, State
Egg Harbor Township, NJ

Name of Registered Landfill
GROWS Landfill

City, State
Morrisville, PA 19067

Completed by
Eric Keys
Title
OM
Signature

Date
10/20/2016

* 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) October 24, 2016
Job #: 9624.02

Name of Building Owner/Operator (2)
Our Lady of Lourdes Medical Center

Street Address
1600 Haddon Avenue
City, State, Zip Code
Camden, NJ 08103

Name of Contact
Dan Hayes / West Chester Mechanical
Telephone Number

Name of Facility Where Abatement is Taking Place (3)
Our Lady of Lourdes Medical Center

Street Address
1600 Haddon Avenue
City (5)
Camden
County (6)
Camden County

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

ASCM No.

Name of Contractor (9)
Prime Group Remediation, Inc.

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

Square Feet
10,000

# of Floors
1

Bldg. Age
55 years

Current Use (prior if being demolished)
Hospital

Progress Way
City, State, Zip Code
Bensalem, PA 19026

Project Manager for Monitoring Firm
Michael Panepresso
Telephone Number
215-244-1300 Ext 26

License Number
008558

Scheduled Start Date (10) October 23, 2016
Scheduled Completion (11) October 23, 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: Work area was vacated during entire abatement.

Source of Work (Check all that apply)
Renovation
Demolition

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

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

Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
Pipe Insulation/Fittings/Debris
25 LF

Amount (Specify SF or LF)

Abatement Type
Removal
Repair
Encapsulate
Endorse

Name of Reg. Waste Hauler
Prime Group Remediation, Inc.

NJDEP Waste Hauler ID # 19272

Cubic Yards of Waste 1

Name of Reg. Landfill
Western Berks Community Landfill (DEP#100739)

Disposal Date 10/24/2016
City, State
Bensalem, PA

Completed by
Vincent Primavera
Title Project Manager
Signature
Date October 24, 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>10/25/16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>De uriarte</td>
</tr>
<tr>
<td>Street Address</td>
<td>Redacted</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>New Brunswick, NJ 08901</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Mr. Brian De uriarte</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>Blank</td>
</tr>
</tbody>
</table>

FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Residential</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>PO Box 341</td>
</tr>
<tr>
<td>City (5)</td>
<td>Midllesex</td>
</tr>
<tr>
<td>County (6)</td>
<td>New Brunswick, NJ</td>
</tr>
<tr>
<td>County Code (7)</td>
<td>Middlesex</td>
</tr>
<tr>
<td>Current Use (Prior if being demolished)</td>
<td>2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Abatement Contractor (9)</th>
<th>Stevens Environmental Services, Inc.</th>
</tr>
</thead>
<tbody>
<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>Telephone No.</td>
<td>(609) 259-9688</td>
</tr>
<tr>
<td>License No.</td>
<td>00493</td>
</tr>
<tr>
<td>Name of OSHA Monitor</td>
<td>MECS</td>
</tr>
<tr>
<td>Street Address</td>
<td>PO Box 341</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Crosswicks, NJ 08515</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Bill Weisgarber</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone No.</td>
<td>(609) 240-4070</td>
</tr>
</tbody>
</table>

| Start Date (10) | 11/14/16 |
| Scheduled Completion Date (11) | 11/18/16 |

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check only one)</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other - Describe</td>
<td>8 am - 4 pm</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
<th>Renovation Demolition</th>
</tr>
</thead>
<tbody>
<tr>
<td>≥ 3 sf or ≥ 3 if</td>
<td>Non-Friable Procedure</td>
</tr>
<tr>
<td>≥ 160 sf or ≥ 250 if</td>
<td>Full Containment with Negative Pressure</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)</th>
<th>Basement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</td>
<td>Yes</td>
</tr>
<tr>
<td>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td>Thermal Pipe Insulation</td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
<td>160 LF</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>Stevens Environmental Services, Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>NJ/DEP Waste Hauler ID No.</td>
<td>18292</td>
</tr>
<tr>
<td>City, State</td>
<td>Allentown, NJ</td>
</tr>
</tbody>
</table>

| Disposal Date | 11/18/16 |
| City, State | Morrisville, PA |

<table>
<thead>
<tr>
<th>Completed By</th>
<th>Mahlon E. Stevens</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
<td>Project Manager</td>
</tr>
<tr>
<td>Signature</td>
<td>Blank</td>
</tr>
<tr>
<td>Date</td>
<td>10/25/16</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)  10/25/16

Name of Building Owner/Operator (2)  Falco


Type Notification  [X] Initial  [X] Amended  [X] Amendment #

[ ] Emergency (including justification)  [ ] Cancellation

Street Address  [ ] City, State, Zip Code  Middlesex, NJ  08846

Name of Contact  Mrs. Falco  Telephone Number

FACILITY INFORMATION

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

Street Address  [ ] City (5)  Middlesex, NJ

Square Feet  1800  # of Floors  2  Bldg. Age  75+/-

County (6)  Middlesex  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.

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

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

Start Date (10)  11/21/16  Scheduled Completion Date (11)  11/25/16

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:  8 am - 4 pm

Scope of Work (Check all that apply)
[X] 23 sf or 23 ft  [X] Renovation  [ ] Demolition  [ ] 2160 sf or 260 lf

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>Thermal Pipe Insulation</td>
<td>120 lf</td>
<td>[X]</td>
</tr>
<tr>
<td>Basement</td>
<td>[X]</td>
<td>Boiler Insulation</td>
<td>30 sf</td>
<td></td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler  Stevens Environmental Services, Inc.  NJDEP Waste Hauler ID No. 18292

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

City, State  Allentown, NJ  City, State, Zip Code  Crosswicks, NJ 08515

Completed By  Mahlon E. Stevens  Title  Project Manager

Signature  [ ]  Date  10/25/16

* 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)**

10/25/16

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

Weiner

**Street Address**

[Redacted]

**City, State, Zip Code**

Oceanport, NJ 07757

**Name of Contact**

Zackary Weiner

**Telephone Number**

[Redacted]

**FACILITY INFORMATION**

**Type of Abatement**

Residential

**Type of Facility (4)**

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

**Square Feet**

850

**# of Floors**

1

**Bldg. Age**

75+/-

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

MECS

**Name of Abatement Contractor (9)**

Stevens Environmental Services, Inc.

**Street Address**

PO Box 341

**City, State, Zip Code**

Crosswicks, NJ 08515

**Telephone No.**

(609) 240-4070

**Name of Monitoring Firm Hired by Building Owner**

MECS

**Name of Project Manager for Monitoring Firm**

Bill Weisgarber

**Telephone No.**

(609) 259-9688

**License No.**

00493

**Name of OSHA Monitor**

MECS

**Street Address**

PO Box 341

**City, State, Zip Code**

Crosswicks, NJ 08515

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

**TO BE ABATED**

IN Facility

(13)

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

(12)

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

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

**Amount (Specify SF or LF)**

1000 sf

**Abatement Type**

[ ] Renovation

[ ] Demolition

[ ] Full Containment with Negative Pressure

[ ] Mini-Enclosure

[ ] Glovebag Procedure

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

**Name of Registered Waste Hauler**

Stevens Environmental Services, Inc.

**NJDEP Waste Hauler ID No.**

18292

**Cubic Yards of Waste**

8 CU

**Name of Registered Landfill**

GROWS Landfill

**City, State**

Morrisville, PA

**Disposal Date**

11/14/16

**Completed By**

Mahlon E. Stevens

**Title**

Project Manager

**Signature**

[Signature]

**Date**

10/25/16

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

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

**Date of Notification (1)**
10/24/16

**Name of Building Owner/Operator (2)**
Glenwood Apartments & County Club

**Agencies Notified (3)**
- [ ] EPA
- [ ] DEP
- [ ] DOL
- [ ] DOH
- [ ] DCA

**Type Notification**
- [X] Initial
- [ ] Amended
- [ ] Emergency (including justification)
- [ ] Cancellation

**Street Address**
1 Cherry Hill Lane
City, State, Zip Code
Old Bridge, NJ 08857

**Name of Contact**
Eric Prieto
**Telephone Number**

---

**FACILITY INFORMATION**

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

**Street Address**
2-6 Glenwood Dr
City (5)
Old Bridge, NJ

**County (6)**
Middlesex

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

**Square Feet (8)**
2,000

**# of Floors (9)**
2

**Bldg Age (10)**
65+

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

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

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

**Street Address**
1360 Clifton Ave, PMB Suite 218
City, State, Zip Code
Clifton, NJ 07012

**Project Manager for Monitoring Firm**

**Telephone No.**
973-389-0089

**License No.**
00693

**Start Date (10)**
11/07/16

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

**Name of OSHA Monitor**
DIA General Construction, Inc

**Street Address**
1360 Clifton Ave, PMB Suite 218
City, State, Zip Code
Clifton, NJ 07012

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

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

**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) (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>2 A-D Poplar Ln</td>
<td>x</td>
<td></td>
<td></td>
<td>Pipe/Elbow Insulation</td>
<td>160 LF</td>
<td>X</td>
</tr>
<tr>
<td>4 A-D Poplar Ln</td>
<td>x</td>
<td></td>
<td>8</td>
<td>Pipe/Elbow Insulation</td>
<td>160 LF</td>
<td>X</td>
</tr>
<tr>
<td>6 A-D Poplar Ln</td>
<td>x</td>
<td></td>
<td></td>
<td>Pipe/Elbow Insulation</td>
<td>160 LF</td>
<td>X</td>
</tr>
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</table>

**Name of Registered Waste Hauler**

<table>
<thead>
<tr>
<th>Service Transport Group</th>
<th>NJDEP Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td></td>
<td>6 CY</td>
<td>Minerva Landfill</td>
</tr>
</tbody>
</table>

**City, State**
New Castle, DE 19720

**Disposal Date**
11/11/16

**City, State**
Waynesburg, OH 44688

**Completed by**
Krutarth Jagad
Title
President
**Signature**

**Date**
10/24/16

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

**State of NJ**  
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>
</tr>
</thead>
<tbody>
<tr>
<td>1/10/2016</td>
<td>Peter Manto</td>
</tr>
</tbody>
</table>

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

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

**Square Feet**  
- 20 California Ave.

**Current Use (Prior if being demolished)**  
- Paterson, NJ 07503

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

**Name of Abatement Monitor (10)**  
D & S Restoration, Inc.

**Description of asbestos-containing material (ACM)**

- **PIECE INSULATION**  
- 20 LFT
- **BARE HEATING PIPES**  
- 80 LFT

**Registered Waste Hauler**  
D & S RESTORATION, INC.

**Cubic Yards of Waste (11)**  
- 1.3506

**Name of Registered Landfill**  
TULLY TOWN, RESOURCE RECOVERY

**Disposal Date**  
- 10/27/16

**Completed by (Print or Type)**  
BOGDAN JOLDZIC  
Title: President  
Signature:  
Date: 10/20/2016
**State of NJ**
**Notification of Asbestos Abatement**
(Pursuant to NJAC 8:80 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (8)</th>
</tr>
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<tbody>
<tr>
<td>11/10/2016</td>
<td>Peter Mantlo</td>
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**Agency Notified**
- [ ] EPA
- [ ] DEP
- [ ] DOL
- [ ] DOH
- [ ] DCA

**Street Address**

<table>
<thead>
<tr>
<th>City/State/Zip Code</th>
<th>Name of Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bloomfield, NJ 07003</td>
<td>D &amp; S Restoration, Inc.</td>
</tr>
<tr>
<td>Street Address</td>
<td>20 California Ave.</td>
</tr>
<tr>
<td>City/State/Zip Code</td>
<td>Paterson, NJ 07003</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>City (5)</th>
<th>County (6)</th>
<th>County Code (7) (State use only)</th>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bloomfield</td>
<td>Essex</td>
<td>BLOOMFIELD</td>
<td>D &amp; S Restoration, Inc.</td>
</tr>
<tr>
<td>Street Address</td>
<td>Project Manager for Abatement Firm</td>
<td></td>
<td></td>
</tr>
<tr>
<td>City/State/Zip Code</td>
<td>Telephone Number</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phone Number</td>
<td>License Number</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Start Date</td>
<td>School Completion Date</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10/30/16</td>
<td>11/09/16</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Occupancy Status During Abatement (check only one)**
- [ ] Facility closed/evacuated during entire period of abatement
- [x] Abatement performed outside of normal facility hours

**Scope of Work (check all that apply)**
- [ ] Asbestos containing materials (ACM) to be abated in facility
- [ ] Excavation
- [ ] Renovation

**DISPOSAL**

<table>
<thead>
<tr>
<th>Registered Disposal Facility</th>
<th>Yards</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>D &amp; S Restoration, Inc.</td>
<td>13506</td>
<td>Tullytown, Resource Recovery</td>
</tr>
</tbody>
</table>

**Location of Abatement**

<table>
<thead>
<tr>
<th>Location of Abatement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
</tr>
<tr>
<td>Bare Heating Pipes</td>
</tr>
<tr>
<td>Pipes Insulation</td>
</tr>
</tbody>
</table>

**Amount (Applicable to LF or YR)**

<table>
<thead>
<tr>
<th>Location of Abatement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
</tr>
<tr>
<td>Bare Heating Pipes</td>
</tr>
<tr>
<td>Pipes Insulation</td>
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</table>

**Full Containment Win/Reinforcement**

**M A M A**

**Signature**

<table>
<thead>
<tr>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/20/2016</td>
</tr>
</tbody>
</table>
**State of NJ**

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

---

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

LUCILLE COSENZA

---

**Name of Contact**

LUCILLE COSENZA

---

**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

---

**Name of Abatement Contractor (9)**

D & S RESTORATION, INC.

---

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

<table>
<thead>
<tr>
<th>Basement</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
<th>Description of asbestos-containing material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Remove</th>
<th>Repair</th>
<th>Encap</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement Boiler</td>
<td>☒</td>
<td></td>
<td></td>
<td>PIPE INSULATION</td>
<td>20 LF</td>
<td>☒</td>
<td>☒</td>
<td>☒</td>
</tr>
<tr>
<td>Boiler Insulation (fire box)</td>
<td></td>
<td></td>
<td></td>
<td>BOILER INSULATION</td>
<td>45 sq ft</td>
<td>☒</td>
<td>☒</td>
<td>☒</td>
</tr>
</tbody>
</table>

---

**Registered Waste Hauler**

D & S RESTORATION, INC.

---

**Disposal Date**

10/26/16

---

**Signature**

BOGDAN IOLDZIC

---

**Date**

10/19/16

---

*Do not use this form for asbestos treatment exempted activities.*
# Notification of Asbestos Abatement
(Pursuant to NJAC 8:70 and 12:120)

**State of NJ**

**Name of Building Owner/Operator (a)**

Lucille Cosenza

**Street Address**

Newark, NJ 07104

**Name of Contact**

Lucille Cosenza

**Telephone Number**


**Name of Facility where abatement is taking place (b)**

Lucille Cosenza

**Street Address**

Newark, NJ 07104

**City**

Newark

**County**

Essex

**County Code**

(01)

**Facility Information**

**Type of Facility (4)**

School (K-12)

**Other (Private/Commercial Buildings, etc.)**


**Start Date (10)**

10/23/16

**Completion Date (11)**

11/04/16

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

- Facility closed/vacated during entire period of abatement.
- Abatement performed outside of normal facility hours.

**Other (Describe):**

NORMAL BUSINESS

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

- >200 sf of < 10 ft
- >100 sf of < 200 sf
- Renovation
- Asbestos-containing material (ACM) to be abated

**Location of asbestos-containing material (ACM) to be abated (15)**

- **Basement**
  -**Pipe Inspection**
  - Location: 20 LFT

**Registration Data**

- **D & S Restoration, Inc.**
  - NJ
  - 20 California Avenue
  - PATERSON, NJ 07503

**Name of Registered Responsible Party**

Lucille Cosenza

**Signature**


**Disposal Date**

10/25/16

**Compacted by (Print or Type)**

Bogdan Jolicic

**Title**

President

**Date**

10/19/16
# NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:69 and 12:120)

## FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place</th>
<th>Glenwood Apartments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>23-25 Apple Tree Ln</td>
</tr>
<tr>
<td>City</td>
<td>Old Bridge, NJ</td>
</tr>
<tr>
<td>County Code (STATE USE ONLY)</td>
<td></td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner</td>
<td>N/A</td>
</tr>
<tr>
<td>ASCM No.</td>
<td></td>
</tr>
<tr>
<td>Name of Abatement Contractor</td>
<td>DIA General Construction, Inc</td>
</tr>
<tr>
<td>Address</td>
<td>1360 Clifton Ave, PMB Suite 218</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>973-389-0089</td>
</tr>
<tr>
<td>License No.</td>
<td>00693</td>
</tr>
</tbody>
</table>

## Scope of Work (Check All That Apply)

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>23 A-D Apple Tree Ln</td>
<td>x</td>
<td>Pipe/Elbow Insulation</td>
<td>180 LF</td>
<td>x</td>
</tr>
<tr>
<td>25A-D Apple Tree Ln</td>
<td>x</td>
<td>Pipe/Elbow Insulation</td>
<td>150 LF</td>
<td>x</td>
</tr>
</tbody>
</table>

## Service Transport Group

- Name of Registered Waste Hauler: Minerva Landfill
- NDEP Waste Hauler ID No.: 20990
- Cubic Yards of Waste: 6 CY
- Name of Registered Landfill
- Disposal Date: 11/11/16
- City, State: Waynesburg, OH 44688

## Completed by

- Name: Krutarth Jaged
- Title: President
- Signature: Signature
- Date: 10/24/16

* 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)**

<table>
<thead>
<tr>
<th>Agency</th>
<th>Type Notification</th>
<th>Amendment:</th>
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<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
<td></td>
</tr>
<tr>
<td>DEP</td>
<td>Amended</td>
<td></td>
</tr>
<tr>
<td>DOL</td>
<td>Emergency</td>
<td></td>
</tr>
<tr>
<td>DOH</td>
<td>(including</td>
<td></td>
</tr>
<tr>
<td></td>
<td>justification)</td>
<td></td>
</tr>
<tr>
<td>DCA</td>
<td>Cancellation</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>arlene russp</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address:</th>
</tr>
</thead>
<tbody>
<tr>
<td>[Redacted]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>UNION, NJ 07083</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of Contact</th>
<th>evelyn kaiser</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Telephone Number</th>
</tr>
</thead>
</table>

**FACILITY INFORMATION**

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

| arlene russp                |

<table>
<thead>
<tr>
<th>Street Address:</th>
</tr>
</thead>
<tbody>
<tr>
<td>[Redacted]</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>City (5)</th>
<th>County (6)</th>
<th>County Code (7)</th>
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<tr>
<td>UNION</td>
<td>UNION</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Type of Facility (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ School (K-12)</td>
</tr>
<tr>
<td>□ Subchapter 8 (Other than K-12)</td>
</tr>
<tr>
<td>□ Other (Private/Commercial Bldgs/Buildings, etc.)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Square Feet</th>
<th># of Floors</th>
<th>Bldg. Age</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Current Use (Prior if being demolished)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Bldg. Owner (8)</th>
<th>ASCM No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>D &amp; S Restoration, Inc.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address:</th>
</tr>
</thead>
<tbody>
<tr>
<td>[Redacted]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>Paterson, NJ 07503</th>
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<table>
<thead>
<tr>
<th>Phone Number</th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Sched. Completion Date (11)</th>
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<tbody>
<tr>
<td>10/25/16</td>
<td>11/10/16</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check only one)</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Facility closed/abandoned during entire period of abatement.</td>
</tr>
<tr>
<td>□ Abatement performed outside of normal facility hours.</td>
</tr>
<tr>
<td>□ Other - Describe: NORMAL HOURS.</td>
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</table>

<table>
<thead>
<tr>
<th>Scope of Work (check all that apply):</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ &gt;3 ft or &gt;3 sf</td>
</tr>
<tr>
<td>□ &gt;160 sf or &gt;260 ft</td>
</tr>
<tr>
<td>□ Renovation</td>
</tr>
<tr>
<td>□ Demolition</td>
</tr>
<tr>
<td>□ Non-Exempted (‘X’ and Non-Exemptible procedure)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of asbestos-containing material (ACM) to be abated in facility (13):</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Description of asbestos-containing material (AGM):</th>
</tr>
</thead>
<tbody>
<tr>
<td>PIPE INSULATION</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Amount: (Specify SF or LF):</th>
</tr>
</thead>
<tbody>
<tr>
<td>135.1 ft</td>
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<table>
<thead>
<tr>
<th>Registered Waast Hauler:</th>
</tr>
</thead>
<tbody>
<tr>
<td>D &amp; S Restoration, Inc.</td>
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<table>
<thead>
<tr>
<th>NJDEP Hauler ID:</th>
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</thead>
<tbody>
<tr>
<td>13506</td>
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</table>

<table>
<thead>
<tr>
<th>Cubic Yards of Waste:</th>
</tr>
</thead>
<tbody>
<tr>
<td>(not applicable)</td>
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</table>

<table>
<thead>
<tr>
<th>Name of Registered Landfill:</th>
</tr>
</thead>
<tbody>
<tr>
<td>TULLYTOWN, RESOURCE RECOVERY</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
</tr>
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<tbody>
<tr>
<td>PATERSON, NJ 07503</td>
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<table>
<thead>
<tr>
<th>Disposal Date</th>
<th>15</th>
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<table>
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<tr>
<th>Completed by (Print or Type)</th>
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<tbody>
<tr>
<td>BOGDAN ZOLDZIC</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Title</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRESIDENT</td>
<td></td>
<td>10/21/2016</td>
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</table>

<table>
<thead>
<tr>
<th>Received by:</th>
</tr>
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<tbody>
<tr>
<td>ASBESTOS CONTROL &amp; LICENSING</td>
</tr>
<tr>
<td>RECEIVED OCT 2 2016</td>
</tr>
</tbody>
</table>
State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:80 and 12:120)

Date of Notification (1)
[ ] Initial
[ ] Amended
[ ] Emergency
[ ] Cancellation

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

Name of Building Owner/Operator (2)

Site Address:

City, State, Zip Code:
UNION, NJ 07083

Name of Contact:
evelyn kaiser

Telephone Number:

FACILITY INFORMATION

Name of facility where abatement is taking place (3)

Street Address:

City (5)

County (6)

County Code (7)

ASCM No.

Name of Abatement Contractor (9)

D & S RESTORATION, INC.

Street Address:
20 California Ave.

City, State, Zip Code:
PATERSON, NJ 07503

Telephone Number:
973-345-2020

License Number:
01169

Name of OSHA Monitor:
D & S Restoration, Inc.

Street Address:
20 California Avenue

City, State, Zip Code:
PATERSON, NJ 07503

Start Date (10)
10/25/15

Sched. Completion Date (11)
11/10/16

Occupancy Status During Abatement
[ ] Facility closed/evacuated during entire period of abatement
[ ] Abatement performed outside of normal facility hours

Other/Describe:

Normal Hours

Shops of Work (check all that apply)
[ ] >8 af or >2% of
[ ] 160 af or 2% of
[ ] Demolition

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

Yes
No
N/A

Description of asbestos-containing material (ACM)

Amount (Specify BF or LF)

TABLE 1

<table>
<thead>
<tr>
<th>Material</th>
<th>Location Normally Used Solely by Maintenace/Level (18)</th>
</tr>
</thead>
<tbody>
<tr>
<td>PIPE INSULATION</td>
<td>ENSHIELD INSULATION</td>
</tr>
<tr>
<td>1551 ft</td>
<td></td>
</tr>
</tbody>
</table>

Registered Waste Handler
D & S RESTORATION, INC.

City, State, Zip Code:
PATERSON, NJ 07503

Disposal Date:
15

Name of Registered Handler:
TULLYTOWN, RESOURCE RECOVERY

City, State, Zip Code:
PATERSON, NJ 07503

Completed by (Print or Type):
BOGDAN JOLDZIC
Title:
PRESIDENT
Signature:
Date:
10/21/2016

Note: The contents of this document are for asbestos abatement related to the State of New Jersey.
State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)
11/01/16

Name of Building Owner/Operator (2)
bill de vito

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

Type Notification
☒ Initial
☐ Amended
☐ Amendment #: -

Address
Street Address
City, State, Zip Code
BLOOMFIELD, NJ 07003

Name of Contact
liz green

Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
bill de vito

Street Address

City (5)
BLOOMFIELD

County (8)
ESSEX

County Code (7) (State use only)

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 Monitoring Firm Hired by Bldg. Owner (8)

ASCM No.

Start Date (10)
10/31/16

Sched. Completion Date (11)
11/11/16

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)

☒ >3 sf or >3 ll
☒ Renovation
☐ >160 sf or >280 ll
☐ Demolition

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

Is location normally used solely by maintenance/custodial staff (12)
Yes No N/A

Description of asbestos-containing material (ACM)

Amount (Specify SF or LF)

Removal Repair Encap ECL

Full Containment w/negative pressure Mini-enclosure
Glovebag procedure Non-Exempted (*) and Non-removal procedure

BASEMENT

PIPE INSULATION
60 ± 1 ft

Registered Waste Hauler
D & S RESTORATION, INC.
NJDEP Hauler ID# 13506

Cubic Yards of Waste
1 yd

Name of Registered Landfill
TULLITYTOWN, RESOURCE RECOVERY

City, State
PATerson, NJ 07053

Disposal Date
11/01/16

City, State
TULLITYTOWN, PA

Completed by (Print or Type)
BOGDAN JOLDZIC
Title
PRESIDENT

Signature

Date
10/20/2016

(For use with asbestos-containing painted or coated surfaces, do not use this form for asbestos-containing painted or coated objects or objects).
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 6:16)

State of New Jersey

Date of Notification (1)
10 / 24 / 16

Name of Building Owner/Operator (2)
South Jersey Gas / Job #1610-5079 Check #8579

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

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

Street Address
1 South Jersey Plaza
Folsom, NJ

Name of Contact
Patrick Carr

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement Is Taking Place (3)
South Jersey Gas

City (5)
Pleasantville, NJ 08232

County (6)
Atlantic

County Code (?)(STATE USE ONLY)

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

Square Feet

# of Floors

Bldg. Age

Name of Monitoring Firm Hired by Building Owner (8)
Health & Safety Services

Name of Abatement Contractor (9)
AbateTech, Inc.

Street Address
PO Box 365
Berlin, NJ 08009

City, State, Zip Code
Lumberton, NJ 08048

Project Manager for Monitoring Firm
Jim Proctor

Telephone No.
609-639-2432

License No.
00529

Start Date (10)
11 / 2 / 16

Scheduled Completion Date (11)
11 / 11 / 16

Name of OSHA Monitor
EMSL Analytical

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 if
☐ ≥160 sf or ≥260 if
☐ 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)

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

Exterior

Transite Siding
1,260 SF
☐ Removal
☐ Repair
☐ Encapsulation
☐ Enclosure

Exterior

Window Glazing
39 LF

Door Sealant
4 LF

Name of Registered Waste Hauler
AbateTech, Inc.

NJDEP Waste Hauler ID No. 18750

Cubic Yards of Waste
40

Name of Registered Landfill
A.C.U.A. Landfill

City, State
Lumberton, NJ

Disposal Date
11/11/16

City, State
Atlantic City, NJ

Completed By (Print or Type)
Gwendolyn Trumbetti

Title
Operations Coordinator

Signature

Date
10/24/16

* 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)

Name of Building Owner/Operator (2)
JC Penney Corporation / Job #1609-5069

Check #

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

Type Notification
□ Initial
☑ Amended
□ Amendment # 1
□ Emergency (including justification)
□ Cancellation

Address
6501 Legacy Drive MS 2108

City, State, Zip Code
Piano, Texas 75024

Name of Contact
Timothy Parks

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
JC Penney - Woodbridge Center Store #1983

Street Address
428 Woodbridge Center Drive

City (5)
Woodbridge, NJ 07095

County Code (7) (STATE USE ONLY)
Middlesex

County Name

Name of Monitoring Firm Hired by Building Owner (8)
Hillman Consulting, LLC

ASCM No.

Name of Abatement Contractor (9)
AbateTech, Inc.

Street Address
1600 Route 22 East, SUite #107

City, State, Zip Code
Union, NJ 07083

Telephone No.
908-688-7800

Name of OSHA Monitor
ESMSL Analytical

Street Address
30 Maple Ave. PO Box 25

City, State, Zip Code
Lumberton, NJ 08048

License No.
00529

Name of Encapsulator

Scope of Work (Check all that apply)
☐ Renovation
☐ Demolition

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (10)

Location Normally Used Solely by Maintenance/ Custodial Staff? (11)
Yes
No
N/A

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

Upper Level Portrait Studio, East Side
Floor tile & Carpet Padding Mastic
640 SF

Upper Level Portrait Studio, West Side
Carpet Padding Mastic
310 SF

Name of Registered Waste Hauler
AbateTech, Inc.

City, State
Lumberton, NJ

Disposal Date
10/17/16

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

City, State
Tullytown, PA

Completed By (Print or Type)
Gwendolyn Trumbetti
Title
Operations 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 and 8:16)

Date of Notification (1)
10 / 21 / 16

Name of Building Owner/Operator (2)
Burlington County Bridge Commission / Job #1610-5078 Check #8678

Agencies Notified
- EPA
- DOH
- DHSS
- DOA
(NJAC 8:23-8)

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

Street Address
1300 Route 73 N PO Box 6
City, State, Zip Code
Palmyra, NJ 08043

Name of Contact
Bob S

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Burlington Bristol Bridge- Toll Plaza

Street Address
460 Veterans Drive
City (5)
Burlington, NJ 08016
County (6)
Burlington

County Code (7) (STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8)
Health & Safety Services

ASCM No.

Name of Abatement Contractor (9)
AbateTech, Inc.

Street Address
PO Box 365
City, State, Zip Code
Berlin, NJ 08009

Project Manager for Monitoring Firm
Jim Proctor

Tel. No.
856-452-1311

License No.
00529

Name of OSHA Monitor
EMSL Analytical

Start Date (10)
10 / 22 / 16

Scheduled Completion Date (11)
10 / 25 / 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- _____PM- _____AM

Scope of Work (Check all that apply)

- ≥3 sf or ≥5 if
- ≥150 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)

Yes No N/A

Exterior

Galbestos

150 SF

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)

<table>
<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>150 SF</td>
</tr>
</tbody>
</table>

Abatement Type

- Removal
- Repair
- Encapsulate
- Endorse

Name of Registered Waste Hauler
AbateTech, Inc.

NJDEP Waste Hauler ID No.
18750

Cubic Yards of Waste
20

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

City, State
Lumberton, NJ
Tullytown, PA

Disposal Date
10/25/16

Completed By (Print or Type)
Gwendolyn Trumbetti

Title
Operations Coordinator

Signature

Date
10/21/16

* Do not use this form for asbestos licensure exempted activities.
**State of New Jersey**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:80 and 8:16)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>10 / 24 / 16</td>
<td>Burlington County Bridge Commission / Job #1810-5078 Check #8678</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>✔ EPA</td>
<td>□ Initial</td>
</tr>
<tr>
<td>✔ DOLWDD</td>
<td>□ Amended</td>
</tr>
<tr>
<td>✔ DHSS</td>
<td>□ Emergency (including justification)</td>
</tr>
<tr>
<td>□ DCA (NJAC 5:23-8)</td>
<td>□ Cancellation</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>1300 Route 73 N PO Box 6</td>
<td>Palmyra, NJ 08043</td>
</tr>
</tbody>
</table>

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

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Burlington Bristol Bridge- Toll Plaza</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>County Code (FX) (STATE USE ONLY)</th>
</tr>
</thead>
<tbody>
<tr>
<td>460 Veterans Drive</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City (5)</th>
<th>County (6)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Burlington, NJ 08016</td>
<td>Burlington</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>ASCM No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health &amp; Safety Services</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
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<tbody>
<tr>
<td>PO Box 365</td>
<td>Berlin, NJ 08009</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jim Proctor</td>
<td>856-452-1311</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>10 / 22 / 16</td>
<td>10 / 27 / 16</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Type of Facility (4)</th>
<th>Square Feet</th>
<th># of Floors</th>
<th>Blg. Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other (i.e., private and commercial buildings, homes, etc.)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Current Use (Prior if being demolished)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Toll Plaza</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Abatement Contractor (9)</th>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>AbateTech, Inc.</td>
<td>Street Address</td>
<td>Lumberton, NJ 08048</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of OSHA Monitor</th>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>EMSL Analytical</td>
<td>609-265-2107</td>
<td>00529</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ ≥3 sf or ≥3 if</td>
</tr>
<tr>
<td>☐ ≥160 sf or ≥260 if</td>
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<td></td>
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<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description of Asbestos Containing Material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED</th>
</tr>
</thead>
<tbody>
<tr>
<td>IN Facility (13)</td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Amount (Specify SF or LP)</th>
</tr>
</thead>
<tbody>
<tr>
<td>150 SF</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Abatement Type</th>
<th>Repair</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>NJDEP Waste Hauler ID No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>AbateTech, Inc.</td>
<td>18750</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>20</td>
<td>G.R.O.W.S. Landfill</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>Disposal Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lumberton, NJ</td>
<td>10/27/16</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>Gwendolyn Trumbetti</td>
<td>Operations Coordinator</td>
<td></td>
<td>10/24/16</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 8:60-7 AND 12:120-7)

Date of Notification (1)
10 / 25 / 16

Name of Building Owner / Operator (2)
PSE&G

Street Address
4000 HADLEY ROAD

City, State, Zip Code
SOUTH PLAINFIELD, NJ 07080

Name of Contact
MIKE PERCARIO

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

Type of Notification
[ ] Initial
[ ] Amended
[ ] Amendment # __
[ ] Emergency w/ justification
[ ] Cancellation

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Street Address
155 VAN KEUREN AVE

City (5)
JERSEY CITY

County (6)
HUDSON

County Code (7)

Square Feet
N/A

# Of Floors
N/A

Building Age
N/A

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

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

ASCM NO
N/A

Name of Monitoring Firm Hired by Bldg. Owner (8)
NORTHSTAR CONTRACTING GROUP, INC.

Street Address
907 Doolittle Drive

City, State, Zip Code
Bridgewater, NJ 08807

Telephone Number
908-218-1108

Name of Contact
MARC PERCARIO

Sheduled Start Date (10)
11 / 08 / 16

Sched. Completion Date (11)
11 / 30 / 16

Telephone Number
973-884-8582

License Number
00880

Occupancy Status During Abatement (Check Only 1)
[ ] Facility Closed/Vacated During Entire Period of Abatement
[ ] Abatement Performed Outside of Normal Facility

Hours - Describe:
7:00AM - 3:30PM

Scope of Work (Check All That Apply)
[ ] Demolition
[ ] Renovation
[ ] Full Containment with Negative Pressure
[ ] >360 sf or >260 if
[ ] Mini - Enclosure
[ ] Glovebag Procedure
[ ] Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos Containing Material (ACM)

<table>
<thead>
<tr>
<th>Location of Asbestos Containing Material (ACM)</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>TO BE ABATED in Facility (13)</td>
<td>(i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td>400 SF</td>
<td></td>
</tr>
<tr>
<td>UNIT 1 STACK</td>
<td>GASKETS</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
NEWARK CARTING

NJDEP Waste Hauler ID No.
4509

Cubic Yards of Waste

Name of Registered Landfill
GROWS

City, State
NEWARK, NJ

Disposal Date

Completed by (Print or Type)
Steve Stiles

Signature

Date
10/25/16

ASB-41
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:59 and 12:120)

Date of Notification (1) 10/25/2016

Name of Building Owner/Operator (2) PSE&G

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

Name of Building Owner/Operator (2) PSE&G

Street Address 4000 Hadley Road - Second Floor

City, State, Zip Code South Plainfield, NJ 07080

Name of Contact Thomas Laviato

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Former PSE&G Facility

Street Address 90 Duffield Street

City (5) Jersey City

County (6) N/A

Union N/A

Name of Monitoring Firm Hired by Building Owner ASCM No

Name of Abatement Contracting Firm Degmaz Environmental Services LLC.

Street Address 511 Canal Street

City, State, Zip Code New York, NY 10013

Project Manager for Monitoring Firm

Name of OSHA Monitor EMSL Analytical, Inc.

Telephone No. (212) 431-0696

License No. 01314

Start Date (10) 11/8/2016

Scheduled Completion Date (11) 12/15/2016

Occupancy Status During Abatement (Check Only One)
☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☐ Other – Describe: Excavated pipe is outdoors in remote area

Scope of Work (Check All That Apply)
☐ Yes X 23 sf or ±3 sf
☐ No ☐ ±160 sf or ≥260 sf
☐ N/A

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 insulation, surfacing, VAT, or other miscellaneous)

Amount (Specify SF or LF)

Abatement Type

Remote area of open lot X Coal Tar wrapped gas pipe 2,000 LF

Name of Registered Waste Hauler

NJDEP Waste Hauler ID No.

Cubic Yards of Waste

Name of Registered Landfill

City, State

Completed by

J. Robert Dombrowski Senior Project Manager

Signature

Date 10/25/2016

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

**Date of Notification (1)**  
10 / 25 / 16

**Name of Building Owner/Operator (2)**  
Bank of America

**Agencies Notified**  
- EPA
- DOLWD
- DHSS

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

**Street Address**  
937 Broadway

**City, State, Zip Code**  
Bayonne, NJ 07002

**Name of Contact**  
Courtney Otsaszewski

**Telephone Number**

**FACILITY INFORMATION**

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

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

**Square Feet**  
2,000

**# of Floors**  
1

**Bldg. Age**  
45

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

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

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

**Name of Abatement Contractor (9)**  
JVN Restoration Inc

**Street Address**  
88 Harbor Road

**City, State, Zip Code**  
Port Washington, NY 11050

**Telephone No.**  
516-944-9500

**License No.**  
718-605-6256

**Testor Tech**

**Start Date (10)**  
11 / 12 / 16

**Scheduled Completion Date (11)**  
12 / 31 / 16

**Occupancy Status During Abatement (Check if none)**  
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: **AM - 1:00 PM or 9:00 PM - Saturday and Sunday, AM**

**Scope of Work (Check all that apply)**  
- ≥3 sf or ≥3 If
- ≥150 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**

**Yes**  
- Drive Thru Roof
- Drive Thru Roof

**No**  
- Drive Thru Roof
- Drive Thru Roof

**N/A**

---

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

**Amount (Specify SF or LF)**

- Roof Flashing 30SF
- Caulking 5SF

---

**Location of Nuisance Asbestos**

**NJ/DEP Waste Hauler ID No.**  
NJ-566

**Cubic Yards of Waste**  
15

**Name of Registered Landfill**  
IESI

**City, State**  
Newark, NJ

**Disposal Date**  
11/2016

**City, State**  
Bethlehem, PA

**Completed By**  
Ralph Barnhardt

**Title**  
Project Manager

**Signature**  
[Signature]

**Date**  
10-25-16

---

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