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

**Date of Notification (1)**

11/10/13

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

LEWIS PERRY

**Street Address**

101 LOUISE STREET

**City, State, Zip Code**

LITTLE FALLS, NJ

**Name of Contact**

SCOTT MAJKA

---

**FACILITY INFORMATION**

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

LEWIS PERRY

101 LOUISE STREET

**County (6)**

PASSAIC

**County Code (7)**

(State use only)

**Type of Facility (4)**

- [X] Other (Private/Commercial Bldgs./Homes, etc.)

**Square Foot # of Floors Bldg. Age**

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

**Name of Abatement Contractor (9)**

D & S RESTORATION, INC.

20 California Ave.

Paterson, NJ 07503

**Telephone Number**

973-345-8020

**License Number**

01169

**Name of OSHA Monitor**

D & S Restoration, Inc.

20 California Avenue

Paterson, NJ 07503

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

- Renovation

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

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>BASEMENT</td>
<td>PIPE INSULATION</td>
<td>20 LF T</td>
</tr>
<tr>
<td>BASEMENT</td>
<td>PIPE INSULATION</td>
<td>110 LF T</td>
</tr>
</tbody>
</table>

Registered Waste Hauler

D & S RESTORATION, INC.

**Cubic Yards of Waste**

1 YD

**Name of Registered Landfill**

TULLYTOWN, RESOURCE RECOVERY

**City, State**

Paterson, NJ 07503

**Disposal Date**

10/27/13

**Name of Registered Landfill**

TULLYTOWN, PA

**Date**

10/23/13

---

**ASR-41**

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

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

**RECEIVED**

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<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
<th>Date: 10/23/13 Time: 2:18 P.M.</th>
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<tr>
<td>1 10/1/12 13 1 1/13</td>
<td>LEWIS PERRY 2013 OCT 28 AM 3:46</td>
<td></td>
</tr>
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**Agency Notified**

- DOL
- DEP
- EPA
- DOH
- DCA

**FACILITY INFORMATION**

- Name of Facility where abatement is taking place: LEWIS PERRY
- Street Address: 101 LOUISE STREET
- City, State, Zip Code: LITTLE FALLS, NJ
- County Code (7): PASSAIC
- Current Use (Prior if being demolished): Description

**Name of Monitoring Firm Hired by Bldg. Owner:**
- Name of Abatement Contractor: D & S RESTORATION, INC.
- Street Address: 20 California Ave.
- City, State, Zip Code: Paterson, NJ 07503
- Telephone number: 973-345-8020
- License Number: 01169
- Name of OSHA Monitor: D & S Restoration, Inc.
- Street Address: 20 California Avenue
- City, State, Zip Code: Paterson, NJ 07503

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

- >2 sf or >2 ft.
- Renovation
- Demolition

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

- Location normally used solely by maintenance/custodial staff:
  - BASEMENT: PIPE INSULATION 20 LFT
  - BASEMENT: PIPE INSULATION 110 LFT

**Registered Waste Hauler:**
- D & S Restoration, Inc.
- NJDEP Hauler Id: 13506
- Public Yards of Waste: 1 YD
- Name of Registered Landfill: TULLYTOWN, RESOURCE RECOVERY
- City, State: Paterson, NJ 07503
- Disposal Date: 10/27/13
- Completed by: BOGDAN JOLZIC

**ARR-41**

*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)
1/1/12

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

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

Name of Building Owner/Operator (2)
anderson & rasheda mitchell

Street Address
140 bowers street

City, State, Zip Code
JERSEY CITY, NJ 07306

Name of Contact
anderson & rasheda mitchell

Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
anderson & rasheda mitchell

Street Address
140 bowers street

City (5) County (6) County Code (7)
JERSEY CITY hudson

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
973-345-8020

License Number
01169

Name of OSHA Monitor
D & S Restoration, Inc.

Street Address
20 California Avenue

City, State, Zip Code
Paterson, NJ 07503

Occupy Status During Abatement (Check only one)
☐ Facility closed/evacuated during entire period of abatement.
☐ Abatement performed outside of normal facility hours.
Describe:
☒ Other

Scope of Work (check all that apply)
☒ 2 sf or > 3 ft
☐ Renovation
☐ ≥160 sf or ≥260 ft
☐ Demolition

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

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

Description of asbestos-containing material (ACM)
PIPE INSULATION

Amount (Specify SF or LF)
55 LF

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
TULLYTOWN, PA

Disposal Date
11/08/13

Completed by (Print or Type)
BOGDAN JOLDZIC
Title
PRESIDENT

Signature
Date
10/22/2013

* 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)

**RECEIVED**
2013 OCT 28 AM 3:44

**AGREEMENT CONTROL & LICENSING**

**FACILITY INFORMATION**

- **Name of Building Owner/Operator (2)**: SUSAN TUCK
- **Street Address**: 699 LINDEN AVENUE
- **City, State, Zip Code**: TEANECK, NJ 07666
- **Name of Contact**: SUSAN TUCK
- **Telephone Number**: 

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

- **Street Address**: 699 LINDEN AVENUE
- **City**: BERGEN
- **County**: BERGEN
- **County Code**: BERGEN

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

**Square Feet**: 
**# of Floors**: 
**Bldg. Age**: 

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

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

- **Street Address**: 20 California Ave.
- **City, State, Zip Code**: Paterson, NJ 07503

**Telephone Number**: 973-345-8020
**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)**: 11/02/13
**Sched. Completion Date (11)**: 11/22/13

**Occupancy Status During Abatement (Check only one)**
- [X] Normal Hours

**Scope of Work (check all that apply)**
- [X] >3 sf or >3 If
- [X] Renovation
- [ ] ≥160 sf or ≥260 If
- [ ] Demolition

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
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<tr>
<td>BASEMENT/CRRAW SPACE</td>
<td>[X]</td>
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<td></td>
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<td></td>
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<td></td>
</tr>
<tr>
<td>PIPE INSULATION</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Is location normally used solely by maintenance/custodial staff (12)**

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

**Description of asbestos-containing material (ACM)**: PIPE INSULATION

**Amount (Specify SF or LF)**: 118 LF

**Removal**: [ ]
**Repair**: [ ]
**Encapsulation**: [ ]
**Enclosure**: [ ]

**Registered Waste Hauler**

- **Name of Registered Landfill**: TULLYTOWN, RESOURCE RECOVERY
- **City, State**: Paterson, NJ 07503

**Disposal Date**: 11/03/13

**Completed by (Print or Type)**

- **Title**: President
- **Signature**: 
- **Date**: 10/22/132013
# Notification of Asbestos Abatement

## Pursuant to NJAC 8:60 and 12:120

### State of NJ

**D&S Proj. #:** 2013-399  
**Notification Date:** 2013-07-04 AM 3:44

### Agencies Notified

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

**Type Notification:** [ ] Initial  
[ ] Amended  
[ ] Emergency (including justification)

### Name of Building Owner/Operator

- **deborah viace**
- **Street Address:** 118 walnut street
- **City, State, Zip Code:** Bloomfield, NJ 07003

### Name of Contact

- **deborah viace**

### FACILITY INFORMATION

**Name of Facility where abatement is taking place:**  
- **Name of Monitoring Firm Hired by Bldg. Owner:** ASCM No.

### Project Manager for Monitoring Firm

- **Street Address:** 20 California Ave., Paterson, NJ 07503
- **City, State, Zip Code:** Paterson, NJ 07503

### Name of Abatement Contractor

- **Street Address:** 20 California Avenue, Paterson, NJ 07503
- **City, State, Zip Code:** Paterson, NJ 07503

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

- [X] Asbestos abatement to be performed outside of normal facility hours
- [ ] Renovation
- [ ] Demolition

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
<th>Description</th>
<th>Amount</th>
<th>Remove</th>
<th>Repair</th>
<th>Encap</th>
<th>Encol</th>
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<tbody>
<tr>
<td>BASEMENT</td>
<td></td>
<td>X</td>
<td></td>
<td>PIPE INSULATION</td>
<td>52 ft</td>
<td></td>
<td></td>
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<tr>
<td>BASEMENT BOILER</td>
<td></td>
<td>X</td>
<td></td>
<td>BOILER INSULATION</td>
<td>30 sq ft</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Registered Waste Hauler

**Name of Registered Landfill:** TULLYTOWN, RESOURCE RECOVERY

### Completed by (Print or Type)

- **Title:** President
- **Date:** 10/22/2013

---

**[Footer Image]**
Notification of Asbestos Abatement
(Pursuant to NJAC 8:80 and 12:120)

Date of Notification (1) 11/1/13

Name of Building Owner/Operator (2) deborah viacas

Agencies Notified
- EPA
- DEP
- DOL
- DOI
- DCA
- Cancelled

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

Street Address 118 walnut street

City, State, Zip Code BLOOMFIELD, NJ 07003

Name of Contact deborah viacas

Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
deborah viacas

Street Address 118 walnut street

City (5) BLOOMFIELD

County (6) ESSEX

County Code (7) (State use only)

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

Street Address 20 California Ave.

City, State, Zip Code Paterson, NJ 07503

Telephone Number 973-345-8020

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) 10/23/13

Scheduled Completion Date (11) 10/30/13

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 HOURS

Scope of Work (check all that apply)
- N/A
- Renovation
- Demolition

Location of asbestos-containing material (ACM) to be asbestos 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)

BASEMENT PIPE INSULATION 32.1 ft

BASEMENT BOILER BOILER INSULATION 30 sq ft

Registered Waste Hauler Hauler ID 13506

Name of Registered Landfill TULLY, RESOURCE RECOVERY

Disposal Date 12/4/13

City, State PATSON, NJ 07503

Completed by (Print or Type)

BOGDAN JODZIC

Title PRESIDENT

Signature

Date 10/22/2013

Do not use this form for asbestos licensor, exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)  
1310-4698
Check #5658

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>10/22/13</th>
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<tbody>
<tr>
<td>Name of Building Owner / Operator (2)</td>
<td>Verizon Communications</td>
</tr>
<tr>
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<td>EPA</td>
</tr>
<tr>
<td>Type Notification</td>
<td>Initial</td>
</tr>
<tr>
<td>Street Address</td>
<td>100 Greenwood Ave.</td>
</tr>
<tr>
<td>City, State &amp; Zip Code</td>
<td>Jenkintown, PA 19046</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Alex Baylor</td>
</tr>
</tbody>
</table>

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Verizon - Waverly CO
Street Address
224-240 Lyons Ave.
City (5) | Newark
County (6) | Essex
County Code (7)

USA Environmental
Name of Monitoring Firm HIred by Building Owner (8)
Street Address
8436 Enterprise Ave.
City, State & Zip Code
Philadelphia, PA 19153

Mark Jenkins
Project Manager for Monitoring Firm

215-356-5810
TelephoneNumber

Scheduled Start Date (10) | 10/28/13
Scheduled Completion Date (11) | 11/25/13

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

Scope of Work (Check all that apply)
- ≥3 sf or ≥3 if
- ≥160 sf ≥260 if
- 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)
- Yes
- No
- N/A

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

Amount (Specify SF or LF)
Abatement Type
Removal
Repair
Encapsulate
End-of-Use

Pipe Fitting Insulation 12 LF
Pipe Fitting Insulation 1 LF

Name of Registered Waste Hauler
AbateTech, Inc
NJDEP Waste Hauler ID No.
18750

Name of Registered Landfill
TRRF Landfill

Disposal Date
10/25/13
City, State
Lumberton, NJ
Tullytown, PA

Completed By (Print or Type)
Gwen Trumbetti
Title
Opps. Coord.
Signature
Date
10/22/13
**State of New Jersey**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to N.J.A.C. 8:60 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
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<tbody>
<tr>
<td>Name of Building Owner / Operator (2)</td>
<td>Middlesex County College</td>
</tr>
<tr>
<td>Street Address</td>
<td>2600 Woodbridge Ave.</td>
</tr>
<tr>
<td>City, State &amp; Zip Code</td>
<td>Edison, NJ 08818-3050</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Dan Fuchs</td>
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</table>

**FACILITY INFORMATION**

| Name of Facility Where Abatement is Taking Place (3) | Middlesex County College |
| Street Address | 2600 Woodbridge Ave. |
| City (5) | Edison |
| County (6) | Middlesex |
| County Code (7) | |

**Environmental Connection**

| Name of Monitoring Firm Hired by Building Owner (8) | ASCM No. |
| Environmental Connection | |
| Street Address | 120 North Warren Street |
| City, State & Zip Code | Trenton, NJ 08608 |

| Project Manager for Monitoring Firm | Telephone Number |
| Rick Beach | 609-392-4200 |

| Scheduled Start Date (10) | 10/21/13 |
| Scheduled Completion Date (11) | 10/22/13 |

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

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

| Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13) | Double Layer VAT & Mastic |
| Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous) | 30 SF |
| Amount (Specify SF or LF) | |
| Abatement Type | |

**Name of Registered Waste Hauler**

| Name of Registered Waste Hauler | AbateTech, Inc. |
| NJ DEP Waste Hauler ID No. | 18750 |
| Cubic Yards of Waste | 2 |
| Name of Registered Landfill | TRRF Landfill |
| City, State | Lumberton, NJ |
| Disposal Date | 10/22/13 |
| City, State | Tullytown, PA |
| Completed By (Print or Type) | Gwendolyn Trumbetti |
| Title | Opps. Coord. |
| Signature | |
| Date | 10/21/13 |
# Notification of Asbestos Abatement

**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to N.J.A.C. 8:60 and 12:120)

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<tr>
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<th>City, State &amp; Zip Code</th>
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<td>Jenkintown, PA 19046</td>
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<td>Cancellation</td>
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<tr>
<th>Name of Facility Where Abatement is Taking Place</th>
<th>Type of Facility</th>
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<tbody>
<tr>
<td>Verizon- Woodbridge CO</td>
<td>Other (i.e. private &amp; commercial buildings, homes, etc.)</td>
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<tr>
<th>City</th>
<th>County</th>
<th>County Code</th>
<th>ASCM No.</th>
<th>Name of Abatement Contractor</th>
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<tbody>
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<td>Woodbridge</td>
<td>Middlesex</td>
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<td>AbateTech, Inc.</td>
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<tr>
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<th>Telephone Number</th>
<th>License Number</th>
<th>Name of OSHA Monitor</th>
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<td>Facility Closed/Vacated</td>
<td>609-266-2107</td>
<td>00529</td>
<td>EMSL Analytical</td>
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<td>11/7/13</td>
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<tr>
<th>Scope of Work</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
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<tbody>
<tr>
<td></td>
<td>Full Containment with Negative Pressure</td>
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<tr>
<td></td>
<td>Mini-Enclosure</td>
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<td>Glove Bag Procedures</td>
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<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</th>
<th>Is Location Normally Used Solely by Maintenance or Custodial Staff?</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
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<tbody>
<tr>
<td>Roof</td>
<td>Yes</td>
<td>20 SF</td>
<td>Removal</td>
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<table>
<thead>
<tr>
<th>Roof Sealant</th>
<th>Coping Stone Caulk</th>
<th>Vent Caulking</th>
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<td>120 LF</td>
<td>26 LF</td>
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<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>Name of Registered Landfill</th>
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<tbody>
<tr>
<td>AbateTech, Inc</td>
<td>TRRF Landfill</td>
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</tbody>
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<table>
<thead>
<tr>
<th>City, State</th>
<th>Disposal Date</th>
<th>City, State</th>
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<tbody>
<tr>
<td>Westmont, NJ</td>
<td>11/7/13</td>
<td>Tullytown, PA</td>
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<table>
<thead>
<tr>
<th>Completed By</th>
<th>Title</th>
<th>Signature</th>
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<tr>
<td>Gwen Trumbetti</td>
<td>Opps. Coord.</td>
<td>[Signature]</td>
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</thead>
<tbody>
<tr>
<td>5721</td>
<td>10/23/13</td>
</tr>
</tbody>
</table>
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to N.J.A.C. 8:60 and 12:120)

**Date of Notification (1)**  
10/22/13

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

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

**Type Notification**  
- Initial
- Amended #
- Emergency
- Cancellation

**Street Address**  
100 Greenwood Ave.

**City, State & Zip Code**  
Jenkintown, PA 19046

**Name of Contact**  
Alex Baylor

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**  
Verizon- Rutherford CO

**Street Address**  
30-40 Orient Way

**City (5)**  
Rutherford

**County (6)**  
Bergen

**County Code (7)**

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

**Square Feet**

**# of Floors**

**Bldg. Age**

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

**Offices**

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

**Street Address**  
8436 Enterprise Ave.

**City, State & Zip Code**  
Philadelphia, PA 19153

**Name of Abatement Contractor (9)**  
AbateTech, Inc.

**Street Address**  
PO Box 25

**City, State & Zip Code**  
Lumberton, NJ 08048

**Project Manager for Monitoring Firm**  
Mark Jenkins

**Telephone Number**  
215-375-5580

**Telephone Number**  
609-265-2107

**License Number**  
00529

**Name of OSHA Monitor**  
EMSL Analytical

**Street Address**  
108 Haddon Ave.

**City, State & Zip Code**  
Westmont, NJ 08108

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

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

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

- ≥3 sf or ≥3 lf
- ≥160 sf ≥280 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 Soloely by Maintenance or 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**

**Small Roof**  
- Roof flashing  1,100 SF  
- Roof Caulking  320 SF

**Large Roof**

**Name of Registered Waste Hauler**  
AbateTech, Inc

**NJDEP Waste Hauler ID No.**  
18750

**Cubic Yards of Waste**  
6

**Name of Registered Landfill**  
TRRF Landfill

**City, State**  
Lumberton, NJ

**Disposal Date**  
11/11/13

**City, State**  
Tullytown, PA

**Completed By (Print or Type)**

Gwen Trumbetti

**Title**  
Opps. Coord.

**Signature**

**Date**  
10/22/13
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1) 10/22/13
Name of Building Owner / Operator (2) Verizon Communications

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

Type Notification
- [ ] Initial
- [ ] Amended #2
- [ ] Emergency
- [ ] Cancellation

Street Address
100 Greenwood Ave.

City, State & Zip Code
Jenkintown, PA 19046

Name of Contact
Alex Baylor

FACILITY INFORMATION
Name of Facility Where Abatement is Taking Place (3)
Verizon-Waverly CO
Street Address
224-240 Lyons Ave.

City (5) Newark
County (6) Essex
County Code (7)

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

Square Feet
# of Floors
Bidg. Age
Current Use (Prior if being demolished)
Offices

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

Telephone Number
215-385-5810

Name of Abatement Contractor (9)
AbateTech, Inc.

Street Address
8436 Enterprise Ave.

City, State & Zip Code
Philadelphia, PA 19153

License Number
00529

Project Manager for Monitoring Firm
Mark Jenkins

Telephone Number
609-285-2107

Name of OSHA Monitor
EMSL Analytical

Street Address
PO Box 25

City, State & Zip Code
Lumberton, NJ 08048

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

Describe:

Scope of Work (Check all that apply)
- [ ] ≥ 3 sf or ≥ 3 lf
- [ ] ≥ 160 sf or ≥ 260 lf
- [ ] Renovation
- [ ] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glove Bag Procedures
- [ ] Non-Exempted and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>1st Floor Frame Area</th>
<th>2nd Floor-Women's Room</th>
<th>Roof</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

Pipe Fitting Insulation
- [ ] 12 LF
- [ ] 4 LF

Pipe Fitting Insulation
- [ ] 3,300 SF

Name of Registered Waste Hauler
AbateTech, Inc

NJDEP Waste Hauler ID No.
18750

Cubic Yards of Waste
6

Name of Registered Landfill
TRRF Landfill

Completed By (Print or Type)
Gwen Trumbetti

Title
Opps. Coord.

Signature

Disposal Date
11/25/13

City, State
Lumberton, NJ
Tullytown, PA

Date
10/22/13
**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**  
Rosa International School  
Street Address  
485 Browning Lane  
City (5)  
Cherry Hill  
County (6)  
Camden  
County Code (7)  

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

**Square Feet**  

**# of Floors**  

**Bldg. Age**  

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

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

**ASCM No.**  

**Name of Abatement Contractor (9)**  
AbateTech, Inc.

**Street Address**  
1253 North Church Street  
City, State & Zip Code  
Moorestown, NJ 08057

**Telephone Number**  
856-840-8800

**License Number**  
609-265-2107  
00529

**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 Hours
- Describe: 4PM start on 11/6
- Facility Occupied During Abatement

**Scope of Work (Check all that apply)**  
- ≥3 sf or ≥3 if
- ≥160 sf ≥280 if
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glove Bag Procedures
- Non-Exempted and Non-Friable Procedure

**Is Location Normally Used Solely by Maintenance or 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)**  

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

**Boiler Room**

**Pipe Fittings**  
100 total

**Name of Registered Waste Hauler**  
AbateTech, Inc.

**NJDEP Waste Hauler ID No.**  
18750

**Disposal Date**  
11/9/13

**Name of Registered Landfill**  
TRRF Landfill

**City, State**  
Lumberton, NJ

**Completed By (Print or Type)**  
Gwen Trumbetti

**Title**  
Office Coord.

**Signature**  

**Date**  
10/24/13
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to N.J.A.C. 8:60 and 12:120)

**Date of Notification (1):** 10/24/13  
**Name of Building Owner / Operator (2):** Cherry Hill B.O.E.

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

**Type Notification:**  
- Initial  
- Amended #  
- Emergency  
- Cancellation

**Street Address:** 45 Ranoldo Terrace  
**City, State & Zip Code:** Cherry Hill, NJ 08034

**Name of Contact:** Tom Carter  
**Telephone Number:**

---

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3):** Horace Mann School  
**Street Address:** 150 Walt Whitman Blvd.

**City (5):** Cherry Hill  
**County (6):** Camden  
**County Code (7):**

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

**Square Feet:**

**# of Floors:**

**Bldg. Age:**

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

**Name of Monitoring Firm Hired by Building Owner (8):** TTI Environmental  
**Street Address:** 9 East Stow Rd.

**City, State & Zip Code:** Marlton, NJ 08053

**Project Manager for Monitoring Firm:** Jim Guilliardi  
**Telephone Number:** 856-985-8800

**Scheduled Start Date (10):** 11/6/13  
**Scheduled Completion Date (11):** 11/9/13

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

**Describe:** 4PM start 11/6

**Scope of Work (Check all that apply):**  
- ≥3 sf or ≥3 If  
- ≥160 sf ≥260 If  
- 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):**

- Boiler Room
- Boiler Room
- Pipe Fittings 23 total
- Boiler Breaching 250 SF

**Is Location Normally Used Solely by Maintenance or 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:**

**Name of Registered Waste Hauler:** AbateTech, Inc.  
**NJDEP Waste Hauler ID No.:** 18750  
**Cubic Yards of Waste:** 5

**Name of Registered Landfill:** TRRF Landfill  
**Disposal Date:** 11/9/13  
**City, State:** Tullaway, PA

**Completed By (Print or Type):** Gwen Trumbetti  
**Title:**  
**Office Coord.:**  
**Signature:**

**Date:** 10/24/13
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 10/23/13
Agencies Notified EPA
Type Notification Initial

Name of Building Owner/Operator (2) P.S.E.G.

Street Address 4000 HADLEY ROAD
City, State, Zip Code SOUTH PLAINFIELD, NJ 07080

Name of Contact FOX McGUIRE
FACILITY INFORMATION

Type of Facility (4)

Name of Facility Where Abatement is Taking Place (3) PSE & G

Street Address 996 KLEMM AVE.
City (5) GLOUCESTER
County (6) Gloucester

Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS
ENVIROMENTAL TACTICS
ASCM No. 0045

Name of Abatement Contractor (9) UNIQUE SYSTEMS OF AMERICA

Street Address 64 BROAD STREET
City, State, Zip Code MATAWAN, NJ 07747

Project Manager for Monitoring Firm TOM GEIGER
Telephone No. 732-292-2217

Start Date (10) 1/14/13
Scheduled Completion Date (11) 1/31/13

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

Other – Describe: OUTDOORS

Scope of Work (Check All That Apply)

- ≥ 3,000 sf or ≥ 3 if
- ≥ 160 sf or ≥ 260 if
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

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

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

Amount (Specify SF or LF) 100 LF

Abatement Type

Endorsement

Name of Registered Waste Hauler WASTE MANAGEMENT
NJDEP Waste Hauler ID No. 1125

Cubic Yards of Waste 15

Disposal Date TBD

Name of Registered Landfill GROWS NORTH
City, State ELIZABETH, NJ

Completed by CAROL RAIMO
Title OFFICE MGR.

Signature * Carol Raimo
Date 1/23/13

ASB-41 (R-06-08)
* 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) 10/22/2013
Name of Building Owner/Operator (2) Glenwood Apartment & Courtyard Club

Agencies Notified Type Notification

- EPA
- DEP
- DOL
- DOH
- DCA
- Initial
- Amended
- Amendment #
- Emergency (including justification)
- Cancellation

Street Address 1655 US HWY 9
City, State, Zip Code Old Bridge, NJ 08857

Name of Contact Bernadette Poppell

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Apartments Bldg.
Street Address 18-20 Cherry Hill Lane
City (6) Old Bridge,
County (6) Middlesex

Type of Facility (4)

- School (K-12)
- Subchapter 8 (Other than K-1 2)
- Other (i.e., private & commercial buildings, homes, etc.)

Square Feet 2000 SF
# of Floors 2
Bldg. Age 60+

Current Use (Prior to being demolished)

Apartment Bldg.

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

ASCM 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

Telephone No. 973-389-0089
License No. 00693

Name of OSHA Monitor
DIA General Construction, Inc.
Street Address 1360 Clifton, Avenue, PMB Suite 218
City, State, Zip Code Clifton, NJ 07012

Occupancy Status During Abatement (Check only one)

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

Scope of Work (Check all that apply)

- >3 sf or >3 if
- >160 sf or >260 if
- Demolition
- Renovation

Location of Asbestos-Containing Material (ACM)

TO BE ABATED
IN Facility

(13)

Is Location Normally Used Solely by Maintenance/Custodial staff?

Yas 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

Enclosure

Removal

Repair

Name of Registered Waste Hauler
NJDEP Waste Hauler ID No.
Disposal Date 11/11/2013
Name of Registered Landfill
Minerva Landfill
City, State New Castle, DE

Date 10/22/2013

* 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) 10/22/2013
Name of Building Owner/Operator (2) Glenwood Apartment & Country Club

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

Type Notification
- Initial
- Amended

Street Address
1655 US HWY 9

City, State, Zip Code
Old Bridge, NJ 08857

Name of Contact
Bernadette Poppol

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Apartments Bldg.

Street Address
19 - 25 Cyprus Lane

City (5)
Old Bridge,

County (6)
Middlesex

Square Feet
2000 SF

County Code (7) (STATE USE ONLY)

Current Use (Prior to being demolished)
Apartment Bldg.

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

# of Floors
2

Blg. Age
60+

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

ASCM 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

Telephone No.
973-389-6089

Name of OSHA Monitor
DIA General Construction, Inc.

Street Address
1360 Clifton, Avenue, PMB Suite 218

City, State, Zip Code
Clifton, NJ 07012

Start Date (10)
11/12/2013

Scheduled Completion Date (11)
11/18/2013

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

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

Location of Asbestos-Containing Material (ACM)

TO BE ABATED
IN Facility

Location

Normal Location

Is Location Typically Used Solely by Maintenance/Custodial Staff?

Yes

No

N/A

Pipe/Elbow Insulation

180 LF

X

Pipe/Elbow Insulation

200 LF

X

Pipe/Elbow Insulation

160 LF

X

Pipe/Elbow Insulation

180 LF

X

Name of Registered Waste Hauler
Service Transport Group

NJDEP Waste Hauler ID No.
20970

Cubic Yards of Waste
9

Name of Registered Landfill
Minerva Landfill

City, State
Waynesburg, OH 44688

Committed By
Krutarth Jagad

Title
President

Signature

Date 10/22/2013

*Do not use this form for asbestos licensure exempted activities.*
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 7:25-2.12)

Date of Notification (1) October 24, 2013

Name of Building Owner/Operator (2) Lafarge North America Inc.

Agencies Notified Notification Type
(X) EPA
(X) DEP
(X) DOH
(X) DCA
(X) Initial Notification
( ) Amended Certification
( ) Cancelled

Street Address 12018 Sunrise Valley Dr.

City, State, Zip Code Reston, VA 20191

Name of Contact Charles Flack

Name of Facility Where Abatement is Taking Place (3)
Lafarge Mill Building – Port Authority

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

Sq. Feet 4,500 

# of Floors 2

Bldg. Age 18 years

Current Use (prior if being demolished): Refinery

Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No.
McCabe Environmental Services LLC

Name of Contractor (9) Brandenburg Industrial Service Company

Street Address
464 Valley Brook Avenue
City, State, Zip Code
Lyndhurst, New Jersey 07071

Telephone Number (201) 483-4839

License Number 00721

Name of OSHA Monitor NA

Street Address 2217 Spillman Drive
City, State, Zip Code Bethlehem, Pennsylvania 18015

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

Describe

Other – Buildings are being turned back over to the Port Authority

Source of Work (Check all that apply)
(X) Demolition ( ) Renovation
( ) Large Proj. (>150 SF or >250 LF ACM) (X) SM Proj. (>25<160 SF or >10 <260 LF ACM) ( ) Minor Proj. (<25 SF or <10 LF ACM)
( ) Full Containment with Negative Pressure ( ) Mini-Enclosure ( ) Glovebag Procedure

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


Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)

Amount (Specify SF or LF)

Abatement Type


Roof of Mill Building

X Cautelking on roof

30 LF X

Name of Reg. Waste Hauler NJ/DEP Waste Hauler ID #

Tri-State Transfer Association

NJ 19551

Cubic Yards of Waste Less than 1

Name of Reg. Landfill IESI Bethlehem Landfill

City, State Disp. Date 10/29/2013

Bethlehem, Pa. City, State

Completed by (Print or Type) Title
Joshua Pickens Project Manager

Signature

Date October 24, 2013

Mail to: Department of Labor
Division of Public Safety & Occupational Safety & Health
Asbestos Control & Licensing Section
P.O. Box 949
**STATE OF NEW JERSEY**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(PURSUANT TO NJAC 8:80-7 AND 12:12-7)

**Date of Notification (1)**  
10/17/13  

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

**Agency Notified**  
- [ ] EPA  
- [ ] DOH  
- [ ] DOL  

**Type of Notification**  
- [ ] Initial  
- [ ] Amended  
- [ ] Amendment # 1  
- [ ] Emergency w/ justification  
- [ ] Cancellation

**Name of Contact**  
ALEX BAYLOR

**Facility Information**

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

**Street Address**  
6000 HADLEY ROAD

**City**, **State**, **Zip Code**  
SOUTH PLAINFIELD, NJ 07080

**Square Feet**  
65,000

**# of Floors**  
3

**Building Age**  
40+

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

**Name of Monitoring Firm Hired by Bldg. Owner (9)**  
ESIS

**Address No.**  
ASCM NO

**Name of Abatement Contractor (9)**  
LVI DEMOLITION SERVICES INC

**Street Address**  
10 EXCHANGE PLACE

**City**, **State**, **Zip Code**  
JERSEY CITY, NJ 07302

**Telephone Number**  
201-356-5166

**EAST HANOVER, NJ 07936**

**Name of Project Monitor**  
BRIAN KINGSBURY

**Telephone Number**  
973-772-3660

**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 - 3:30 PM MON-FRI
- [ ] Other - Describe:

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

- [ ] 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>Isolation 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>ROOF</td>
<td>[ ] YES NO N/A TAR/MASTIC</td>
<td>80 SF</td>
<td>REMOVAL</td>
<td></td>
</tr>
<tr>
<td>ROOF</td>
<td>[ ] YES NO N/A FLASHING SEALANT</td>
<td>2500 LF</td>
<td>REPAIR</td>
<td></td>
</tr>
<tr>
<td>ROOF</td>
<td>[ ] YES NO N/A CAULK</td>
<td>250 SF</td>
<td>REPLACEMENT</td>
<td></td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**  
NEWARK CARTING

**NJDEP Waste Hauler ID No.**  
4609

**Cubic Yards of Waste**  
GROWS

**Name of Registered Landfill**

**City**, **State**  
NEWARK, NJ

**Disposal Date**  
10/25/13

**Completed by (Print or Type)**  
STEVEN STILES

**Title**  
PROJECT MANAGER

**Signature**

**Date**  
10/25/13
**NOTIFICATION OF ASBESTOS ABATEMENT**

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

**Date of Notification (1):** 10/23/2013

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

**Type of Notification:**
- [ ] Initial Notification
- [ ] Amended Notification
- [ ] Emergency
- [ ] Cancellation

**Name of Building Owner/Operator:** Seminole Construction

**Street Address:** 128 Bartlett Avenue

**City, State, Zip Code:** West Creek, NJ 08092

**Name of Contact:** Joyce Corliss

**Telephone Number:**

**FACILITY INFORMATION**

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

**Street Address:** 16 Clarence Dr.

**City:** Beach Haven West

**County:** Ocean

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

**ASCM No.:** N/A

**Type of Facility:**
- [X] School (k-12)
- [X] Subchapter 8 (other than k12)
- [ ] Other (i.e., private & commercial buildings, homes, etc.)

**Square Feet:** 850 sf

**# of Floors:** 1

**Bidg. Age:** 45

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

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

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

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

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

**License Number:** 00624

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

**Street Address:** 1056 Stelton Road

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

**Scope of Work (Check all that apply):**
- [X] Full Containment with Negative Pressure
- [X] Non-Exempted (*) and Non-Friable Procedure
- [ ] Renovation
- [X] Demolition

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

**TO BE ABATED**
- Exterior
- [X] Asbestos siding

**Is Location Normally used Solely by Maintenance/Custodial Staff:**
- [ ] YES
- [X] NO
- [ ] N/A

**Amount (Specify SF or LF):** 750 sf

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

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

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

**NJDEP Waste Hauler ID No.:** 20225

**Cubic Yards of Waste:** 2

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

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

**Disposal Date:** 11/08/2013

**City, State:** Tullytown, Pennsylvania

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

**Title:** Project Manager

**Signature:**

**Date:** 10/23/2013

*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)**
10-02-2013

**Name of Building Owner/Operator (2)**
297 LINCOLN AVE., LLC.

**Agency**
- EPA
- DOL
- DOH
- DCA

**Contact Information**
- **Street Address:** 297 - LINCOLN Ave.
- **City:** Orange, **State:** N.J., **Zip Code:** 07050
- **Name:** Brenda Zaada

**FACILITY INFORMATION**
- **Type of Facility:** Commercial Building
- **Square Feet:** 22,000
- **Current Use:** Office
- **Building Age:** 92 years

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

**Name of Monitoring Firm Hired by Building Owner (9)**
N/A

**Name of Abatement Contractor (9)**
Sharon Quality Construction

**Start Date (10)**
10-11-2013

**Scheduled Completion Date (11)**
10-15-2013

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

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

**Description of Asbestos-Containing Material (ACM)**
- Pipe Insulation

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

**Name of Registered Landfill**
Minerva Enterprise, INC

**Name of Registered Waste Hauler**
Sharon Quality Construction

**Name of Registered Waste Hauler ID No.**
0033967

**Cubic Yards of Waste**
TBD

**Disposal Date**
TBD

**City, State**
Hackensack, N.J.

**Safety Manager**
Carlos Esquivel

**Signature**
Carlo Esquivel

**Date**
10-02-13

---

*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**: 09-17-2013  
**Name of Building Owner/Operator**: Joan Y. Back

### Agencies Notified
- [X] EPA
- [X] DEP
- [X] DOL
- [ ] DOJ
- [ ] DCA

### Type Notification
- [ ] Initial
- [ ] Amended
- [X] Amendment #1
- [X] Emergency (including justification)
- [ ] Cancellation

### Street Address
- 47 - Brinkerhoff Terrace
- Palisade Park, N.J. 07650

### City, State, Zip Code
- Palisade Park, N.J. 07650

### Name of Contact
- Joan Y. Back

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

### Street Address
- 47 - Brinkerhoff Terrace
- Palisade Park, N.J. 07650

### County
- N/A

### County Code
- 0765

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

### Square Feet
- 2,600

### # of Floors
- 2

### Building Age
- 86

### Name of Monitoring Firm Hired by Building Owner
- N/A

### ASCM No
- N/A

### Name of Abatement Contractor
- Sharon Quality Construction

### Street Address
- 22 - Van Orden PL
- Hackensack, N.J. 07601

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

### Telephone No
- 201-708-4270

### License No
- 01135

### Name of OSHA Monitor
- EML - ANALYTICAL INC.

### Street Address
- 307 - West 38th, New York

### City, State, Zip Code
- New York, N.Y. 10018

### Start Date
- 09-19-2013

### Scheduled Completion Date
- 09-20-2013

### 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)
- [ ] Yes
- [ ] No
- [ ] N/A

### 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>
</tr>
</thead>
<tbody>
<tr>
<td>Kitchen</td>
<td>X</td>
<td>Walls, Plaster</td>
</tr>
<tr>
<td>First Floor</td>
<td>X</td>
<td>Ceiling, Plaster</td>
</tr>
<tr>
<td>Basement</td>
<td>X</td>
<td>Walls, Pipe Insulation</td>
</tr>
<tr>
<td>Outdoor</td>
<td>X</td>
<td>Clean, ACM, Debris, Shingles</td>
</tr>
</tbody>
</table>

### Name of Registered Waste Hauler
- Sharon Quality Construction

### NJDEP Waste Hauler ID No
- 033467

### Cubic Yards of Waste
- TBD

### Name of Registered Landfill
- Minerva Enterprise, Inc.

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

### Disposal Date
- TBD

### Completed by
- Carlos Esquivel, Safety Manager

**Signature**: Carlos Esquivel, Safety Manager

**Date**: 09-20-2013

---

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

Date of Notification (1)
10-23-13

Name of Building Owner/Operator (2)
MRY Associates LLC

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

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

Street Address
355 Springfield Ave

City, State, Zip Code
Summit, NJ 07901

Name of Contact
Joe

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Former Dry Cleaner

Street Address
466-474 Springfield Ave

City (5)
Summit

County (6)

Union

County Code (7) (STATE USE ONLY) __________

Square Feet
9500

Bldg. Age
50 +

Current Use (Prior if being demolished)
Former Dry Cleaner

Name of Monitoring Firm Hired by Building Owner (8)
n/a

ASCM No.
n/a

Name of Abatement Contractor (9)
Loznica Management Corp

Street Address
22 Troy Ln

City, State, Zip Code
Lincoln Park, NJ 07035

Project Manager for Monitoring Firm
n/a

Telephone No.
n/a

Telephone No.
973-706-7950

License No.
01193

Start Date (10)
10-24-13

Scheduled Completion Date (11)
10-30-13

Name of OSHA Monitor
n/a

Occupy Status During Abatement (Check Only One)

Facility Closed/Vacated During Entire Period of Abatement

Other – Describe: Scheduled for Demo

Scope of Work (Check All That Apply)

☒ ≥3 sf or ≥3 If

☒ ≥160 sf or ≥260 If

☐ Renovation

☒ Demolition

☐ Full Containment with Negative Pressure

☐ Mini-Enclosure

☐ Glovebag Procedure

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

Location of Asbestos-Containing Material (ACM)

TO BE ABATED

in Facility

(13)

Location of Asbestos-Containing Material (ACM)

Used Solely by

Maintenance/Custodial Staff?

(12)

Yes
No
N/A

Asbestos Transite

5,000 SF

Amount

Description of

(Express SF or LF)

Abatement Type

Removal

Repair

Encapsulate

Enduse

Name of Registered Waste Hauler
Rovic Transport

NJDEP Waste Hauler ID No.
20785

Cubic Yards of Waste
TBD

Name of Registered Landfill
GROWS Landfill

City, State
Riverdale, NJ

Disposal Date
TBD

City, State
Morrisville, PA

Completed by
E. Cirovic

Title
Secretary

Signature

Date
10-23-13

* Do not use this form for asbestos licensure exempted activities.
**State of New Jersey**
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to N.J.A.C. 8:6B and 12:12B)

**CK# 0358**

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>10-23-13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>MRY Associates LLC</td>
</tr>
<tr>
<td>EPA Notified</td>
<td>Yes</td>
</tr>
<tr>
<td>DOL Notified</td>
<td>Yes</td>
</tr>
<tr>
<td>DOH Notified</td>
<td>Yes</td>
</tr>
<tr>
<td>Street Address</td>
<td>935 Springfield Ave</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Summit, NJ 07901</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Joe</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3)
Former Dry Cleaner

<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 (i.e. private &amp; commercial buildings, houses, etc.)</td>
</tr>
</tbody>
</table>

| Square Feet | 9500 |
| # of Floors | 2 |
| Age | 50+ |

Name of Monitoring Firm Hired by Building Owner (5)
r/a
Name of Abatement Contractor (9)
Lazicca Management, Corp

| Street Address | 465-474 Springfield Ave |
| City, State, Zip Code | Summit, NJ 07901 |
| Telephone No. | 973-705-7950 |
| License No. | 01193 |

Start Date (16) | 10-24-13 |
Scheduled Completion Date (11) | 10-30-13 |

Name of OSHA Monitor | n/a |

Scope of Work (Check All That Apply)
- Asbestos-containing materials (ACM) TO BE ABATED in Facility |
- Asbestos Transite 5,000 SF

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (14)

<table>
<thead>
<tr>
<th>Description of Location of Asbestos Containing Materials (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cubic Yards of Waste</td>
</tr>
<tr>
<td>Name of Registered Waiver Holder</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
</tr>
<tr>
<td>Disposal Date</td>
</tr>
<tr>
<td>City, State</td>
</tr>
</tbody>
</table>

Completed by | E. Cirovic |
Title | Secretary |
Signature | E. Cirovic |
Date | 10-23-13 |

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

**State of New Jersey**

**Pursuant to NJAC 8:60 and 12:120**

---

**Date of Notification:**
10-22-2013

**Name of Building Owner/Operator:**
301-Newark St., LLC.

**Street Address:**
301 - Newark St.

**City, State, Zip Code:**
Hoboken, N.J.

---

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

**Street Address:**
78 - Willow Ave.

**City:**
Hoboken, N.J.

**County Code:**

**County:**

**Type of Facility:**

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

**Square Feet:**
25,000 SF

**# of Floors:**
3

**Bldg. Age:**
72

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

- [X] Yes

---

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

**ASCM No.:**

**Name of Abatement Contractor:**
Sharon Quality Construction

**Street Address:**
22 - Van Orden Pl.

**City, State, Zip Code:**
Hackensack, N.J. - 07601

**Telephone No.:**
201-908-4270 - 1135

**Name of OSHA Monitor:**

**Street Address:**
307-W 38 New York, N.Y.

**City, State, Zip Code:**
New York, 10018 - N.Y.

---

**Start Date:**
10-31-2013

**Scheduled Completion Date:**
11-04-2013

**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):**

- [ ] 3 SF or >=3 If
- [X] 160 SF or >=260 If
- [ ] Renovation - Demolition

---

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

- [X] Roof Lower Level.
- [X] Roof Upper Level.
- [X] Roofing Material (Black Membrane)

---

**Name of Registered Waste Hauler:**
Sharon Quality Construction

**Waste Hauler ID No.:**
0033967

**Cubic Yards of Waste:**
TBD

**Name of Registered Landfill:**
Minerva Enterprise Inc.

**Disposal Date:**
TBD

**City, State:**
Hoboken, N.J.

**Date:**
10-22-2013

---

**Completed By:**
Carlos Esquivel
**Title:**
Safety Manager

---

*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 18, 2013

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

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

Name of Building Owner/Operator (2):
DeForest Demolition

Street Address:
2406 Herbertsville Road

City, State, Zip Code:
Point Pleasant, NJ 08742

Name of Contact:
Dane

Telephone Number:

FACILITY INFORMATION

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

Street Address:
80 Haddonfield Avenue

City:
Lavallette

County (6):
Ocean

County Code (7):
(STATE USE ONLY)

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

ASCM No.:

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

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

Telephone Number:
732-349-9932

License Number:
00624

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

Street Address:
1056 Stelton Road
Piscataway, New Jersey 08854

City, State, Zip Code:

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

Square feet:
200 sf

# of Floors:
50

Bldg. Age:
50

Current Use (Prior to being demolished):
Storage Shed

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

Abatement Type:

REM OVAL
REPAIR
ENCAPSULE
ENCLOSURE

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

- [ ] Exterior
- [x] Asbestos siding

Exterior:

Asbestos siding:
150sf

Amount (Specify SF or LF):

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

Amount (Specify SF or LF):

Abatement Type:

REM OVAL
REPAIR
ENCAPSULE
ENCLOSURE

Name of Registered Waste Hauler:
Guardian Contracting, Inc.

N/DEP 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:
10/22/2013

City, State:
Tullytown, Pennsylvania

Completed by (Print or Type):
Nicholas Fernicola
Title:
Project Manager

Signature:

Date:
10/18/2013

*Do not use this form for asbestos licensure exempted activities.
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 50:20 and 12:122)

**Date of Notification (4)**
09-06-2013

**Name of Building Owner/Occupant (2)**
I. S. ABDALLAH

**Address of Notification**
State:
County:
City:
Street:
Zip Code:
Name of Contractor:
I. S. ABDALLAH

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

**Street Address**
424 - Columbia Ave.

**City (5)**
Cliffside Park, N.J.

**County (6)**

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

**ASCN No.**

**Name of Abatement Contractor (9)**
SHARON QUALITY CO.

**City, State, Zip Code**
22 - VAN ORDEN PL
HACKENSACK, N.J. 07601

**Telephone No.**
201-708-4270

**License No.**
01135

**Name of OSHA Monitor**
EMS Analytical Inc.

**Street Address**
307 - WEST NEW YORK, N.Y.

**City, State, Zip Code**

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

**Start Date (10)**
09-16-2013

**Scheduled Completion Date (11)**
09-19-2013

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

**Abatement Performed Outside of Normal Facility Hours**

**Scope of Work (Check All That Apply)**
- 25 or 30 ft.
- 500 ft.
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mist-Enclosure
- Glovebag Procedure
- Non-Encapsulated (7) and Non-Friable Procedure

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

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

**Description of Asbestos-Containing Material (ACM)**
Pipe Insulation

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

**Abatement Type**
Removal

**Name of Registered Waste Hauler**
SHARON QUALITY CO.

**City, N.J. 07601**

**Name of Registered Landfill**
MINERVA ENTERPRISES

**Address**
Waukesha, Wisc., Ohio

**Completed by**
CARLOS ESQUEVIL
Title: SAFETY MANAGER

**Print Form**

---

*Do not use this form for asbestos licensure exempted activities.*
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:90 and 12:129)

CK# 3057

Date of Notification (1)  
10-23-13

Name of Building Owner/Operator (2)  
Henry Ryan

Agencies Notified  
EPA  
DEP  
DOL  
DOH  
DCA  
Type Notification  
Initial  
Amended  
Emergency (including justification)  
Street Address  
3 Center Ave  
City, State, Zip Code  
Middletown, NJ  
Name of Contact  
Marc

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  
Residential Property Scheduled for Demo

City (5)  
Middletown

County (6)  
Monmouth

County Code (7)  

Square Feet  
2,000

# of Floors  
2

Bidg. Age  
50+

Type of Facility (4)  

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

Current Use (Prior to being demolished)  
Residential Property

Name of Monitoring Firm Hired by Building Owner (8)  

n/a

ASCM No.  
n/a

Name of Abatement Contractor (9)  
Loznica Management Corp

Street Address  
22 Troy Ln

City, State, Zip Code  
Lincoln Park, NJ 07035

Telephone No.  
973-706-7950

License No.  
01193

Start Date (10)  
10-25-13

Scheduled Completion Date (11)  
10-26-13

Occupancy Status During Abatement (Check Only One)  

- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other – Describe: Scheduled for Demo

Name of OSHA Monitor  
n/a

Scope of Work (Check All That Apply)  

- 23 sf or under
- 160 sf or 269 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)

Exterior  
Transite Shingles  
40 SF  

Interior North West Room  
Floor Tile  
210 SF

Interior North East Utility Room  
Floor Tile  
50 SF

Interior North East Utility Room  
Fiber Cement Board  
6 SF

Name of Registered Waste Hauler  
Loznica Management Corp

NJDEP Waste Hauler ID No.  
00331137

Cubic Yards of Waste  
TBD

Name of Registered Landfill  
GROWS North Landfill

City, State  
Lincoln Park, NJ 07035

Disposal Date  
TBD

Completed by  
E. Cirovic

Title  
Secretary

Signature  

Date  
10-23-13

* 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)

**CK # 0357**

- **Date of Notification (1)**: 10-23-13
- **Name of Building Owner/Operator (2)**: Henry Ryan
- **Agency Notified**: EPA
- **Type Notification**: Initial
- **Street ADDRESS**: 3 Center Ave
- **City, State, Zip Code**: Middletown, NJ

---

**FACILITY INFORMATION**

- **Name of Facility Where Abatement is Taking Place (8)**: Residential Property Scheduled for Demo
- **Address**: 3 Center Ave
- **City**: Middletown
- **County**: Monmouth
- **State Use Only**: Residential Property
- **Name of Monitoring Firm Hired by Building Owner (9)**: n/a
- **Licence No.**: 01183
- **Name of Abatement Contractor (10)**: Loznica Management Corp
- **Telephone No.**: 973-706-7950
- **Street Address**: 22 Troy Ln
- **Telephone No.**: n/a
- **License No.**: n/a
- **Occupancy Status During Abatement (Check Only One)**: n/a
- **Facility Closed/Vacated During Entire Period of Abatement**: Yes
- **Abatement Performed Outside of Normal Facility Hours**: n/a

---

**Type of Facility (14)**

- School (K-12)
- Subchapter 3 (Other than K-12)
- Other (i.e., private & commercial buildings, homes, etc.)

---

**Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (75)**

<table>
<thead>
<tr>
<th>Exterior</th>
<th>Transite Shingles</th>
<th>40 SF</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interior North West Room</td>
<td>Floor Tile</td>
<td>210 SF</td>
</tr>
<tr>
<td>Interior North East Utility Room</td>
<td>Floor Tile</td>
<td>50 SF</td>
</tr>
<tr>
<td>Interior North East Utility Room</td>
<td>Fiber Cement Board</td>
<td>8 SF</td>
</tr>
</tbody>
</table>

---

**Disposal Date**: TBD

**Name of Registered Landfill**: GROWS North Landfill

**Completed by**: E. Cirovic

**Date**: 10-23-13

---

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

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

**Date of Notification (1)**
October 22, 2013

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

**Agency Notified**

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

**Street Address**
212 2nd Street

**City, State, Zip Code**
Lakewood

**Name of Contact**
Saul Miz

**FACILITY INFORMATION**

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

**Street Address**
945 River Avenue

**City**
Lakewood

**County**
Ocean

**County Code (STATE USE ONLY)**

**Name of Monitoring Firm**
N/A

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

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

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

**Telephone Number**
732-349-9932

**License Number**
00624

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

**Street Address**
1056 Stelton Road

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

**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

**Scheduled Start Date (10)**
11/07/2013

**Scheduled Completion Date (11)**
11/08/2013

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

- [ ] >3 sf or ≥3 lf
- [ ] ≥160 sf or ≥260 lf
- [X] Demolition
- [X] Renovation

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

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

**Amount (Specify SF or LF)**
200 sf

**Abatement Type**

<table>
<thead>
<tr>
<th>REMOVAL</th>
<th>REPAIR</th>
<th>ENCAPSULE</th>
<th>CLOSURE</th>
</tr>
</thead>
<tbody>
<tr>
<td>[X]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Interior</th>
<th>Exterior</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ]</td>
<td>[X]</td>
</tr>
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</table>

**Is Location Normally used Solely by Maintenance/Custodial Staff**

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

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

**NIDEP Waste Hauler ID No.**
202223

**Cubic Yards of Waste**
2

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

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

**Disposal Date**
11/11/2013

**City, State**
Tullytown, Pennsylvania

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

**Title**
Project Manager

**Signature**

**Date**
10/22/2013

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

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

**State of New Jersey**

**Date of Notification (1):** October 22, 2013

**Name of Building Owner/Operator:** Ocean Beach Property Management

**Street Address:** PO-Box 474 3250 RK 35 north

**City, State, Zip Code:** Lavallette, NJ 08735

**Name of Contact:** Tom Costello

**FACILITY INFORMATION**

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

**Street Address:** 116 West Sandpiper Way

**City:** Ocean Beach III

**County:** Ocean

**County Code (7) (STATE USE ONLY):** N/A

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

**ASCM No.:**

**Street Address:**

**City, State, Zip Code:**

**Project Manager for Monitoring Firm:**

**Telephone Number:**

**Scheduled Start Date (10):** 11/06/2013

**Scheduled Completion Date (11):** 11/08/2013

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

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

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

- [ ] >3 sf or ≥31 ft
- [x] ≥160 sf or ≥260 ft
- [ ] ≥31 sf or ≥31 ft
- [ ] 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 (13):**

- [ ] Exterior
- [x] Asbestos siding

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

- 400 sf

**Abatement Type:**

- [ ] Removal
- [x] Repair
- [ ] Encapsulation
- [x] Enclosure

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

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

**Cubic Yards of Waste:** 2

**Disposal Date:** 11/11/2013

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

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

**City, State:** Tullytown, Pennsylvania

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

**Title:** Project Manager

**Signature:**

**Date:** 10/22/2013

*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)**
10/22/2013

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

**Street Address**
PO Box 790

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

**Name of Contact**
Fernando

### FACILITY INFORMATION

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

**Street Address**
1555 Millcreek Rd.

**County (6)**
Ocean

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

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

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

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

**Telephone Number**
732-349-9932

**License Number**
00624

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

**Street Address**
1056 Stelton Road

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

**Scope of Work (Check all that apply)**
- [ ] >3 sq ft or ≥3 if
- [x] ≥160 sq ft or ≥260 if
- [x] Demolition
- [x] Renovation
- [ ] Full Containment with Negative Pressure
- [x] Mini-Enclosure
- [x] Glovebag Procedure
- [x] 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)**

<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>

**Exterior**
X

**Asbestos siding**

600sf

**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**
2

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

**Disposal Date**
1/07/2013

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

**Completed by (Print or Type)**
Nicholas Fennicola

**Title**
Project Manager

**Signature**

**Date**
10/22/2013

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

Date of Notification (1)  
October 22, 2013

Name of Building Owner/Operator (2)  
Ocean Beach Property Management  
ch. 22832

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

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

Street Address  
P.O. Box 474  
3250 24 35 N.

City, State, Zip Code  
Lavallette, NJ 08735

Name of Contact  
Tom Costello

FACILITY INFORMATION

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

Street Address  
36 East Sandpiper Way

City  
Ocean Beach III

County (6)  
Ocean

County Code (7)  
(STATE USE ONLY)

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

ASCM No.  
Guardian Contracting, Inc.

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

Street Address  
1889 Route 9, Unit 61

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

Telephone Number  
732-349-9932

License Number  
00624

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

Street Address  
1056 Stelton Road

City, State, Zip Code  
Piscataway, New Jersey 08854

Scheduled Start Date (10)  
11/06/2013

Scheduled Completion Date (11)  
11/08/2013

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)  
[ ] >3 sf or ≥3 if  
[ X ] ≥160 sf or ≥260 if  
[ ] Renovation  
[ ] 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 (13)  
Exterior  
X  
Asbestos siding  
400 sf  
X

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

RE MO YAL  
RE PA IR  
ENC AP S UL E  
EN CLO SE R

Name of Registered Waste Hauler  
Guardian Contracting, Inc.

NJDEP Waste Hauler ID No.  
20223

Cubic Yards of Waste  
2

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

City, State  
Toms River, New Jersey

Disposal Date  
11/11/2013

Completed by (Print or Type)  
Nicholas Fernicola  
Project Manager

Signature  

Date  
10/22/2013

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>10/24/13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Eugene O'Neill Private Home</td>
</tr>
<tr>
<td>Agencies Notified</td>
<td>EPA, DEP, DOL, DOH, DCA</td>
</tr>
<tr>
<td>Type Notification</td>
<td>Initial, Amended, Emergency (including justification)</td>
</tr>
<tr>
<td>Street Address</td>
<td>120 Magee</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Lavallette NJ 08735</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Eugene</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3)  
Eugene O'Neill Private Home

Street Address  
120 Magee

City (5)  
Lavallette NJ 08735

County (6)  
Ocean

County Code (7)  
N/A

License No.  
00727

Square Feet  
1000+

Current Use (Prior if being demolished)  
Home

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

Telephone No.  
856-753-9800

Name of Abatement Contractor (9)  
Pernaco Inc.

Telephone No.  
856-753-9800

Name of OSHA Monitor  
Same

Start Date (10)  
10/28/13

Scheduled Completion Date (11)  
11/1/13

Facility Closed/Vacated During Entire Period of Abatement  
Yes

Facility Occupied During Entire Period of Abatement  
No

Occupy Status During Abatement (Check Only One)  
Exterior Siding

Renovation  
Demolition

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

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

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

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

Amount (Specify SF or LF)  
1200 SF

Abatement Type  
Removal  
Repair  
Encapsulate  
Enclose

Name of Registered Waste Hauler  
United Containers  
NJDEP Waste Hauler ID No. 22459

Cubic Yards of Waste  
3

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

City, State  
Elm NJ

Disposal Date  
11/1/13

City, State  
Morrisville PA 19067

Completed by  
Anthony T Perna  
Title  
President

Signature  
Date  
10/24/13

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

State of New Jersey

Name of Building Owner/Operator: Charles Termini Private Home

Date of Notification: 10/24/13

Agencies Notified:

- EPA
- DEP
- DOL
- DOH
- DCA

Type Notification: Cancellation

Street Address:
123 north Burgee

City, State, Zip Code:
Little Egg Harbor NJ 08070

Name of Contact:
Charles

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place:
Charles Termini Private Home

Street Address:
123 north Burgee

City:
Little Egg Harbor

County:
OCEAN

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

ASCM No.:

Name of Abatement Contractor:
Pernaco Inc.

Street Address:
PO Box 329

City, State, Zip Code:
West Berlin NJ 08091

Project Manager for Monitoring Firm:

Telephone No.:
856-753-9800

License No.:
00727

Start Date:
10/28/13

Scheduled Completion Date:
11/11/13

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

Scope of Work (Check All That Apply):
- 23 sf or 23 If
- 160 sf or 220 If
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Ritable Procedure

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

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

- Yes
- No
- N/A

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

Amount (Specify SF or LF):
1200 SF

Abatement Type:

Location of Registered Waste Hauler:
United Containers

NJ/DEP Waste Hauler ID No.:
22459

Cubic Yards of waste:
3

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

City, State:
Morrisville PA 19067

Completed by:
Anthony T Perna

Title:
President

Signature:

Date:
10/24/13

* 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) 10/24/13

Name of Building Owner/Operator (2) William Manisa Private Home

AEGAS Notified Type Notification

EPA Initial
DEP Amended
DOL Amendment #
DOH Emergency (Including justification)
DCA Cancellation

Street Address 65 Albert

City, State, Zip Code Manahawkin NJ 08050

Name of Contact William

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
William Manisa Private Home

Streeth Address 65 Albert

City (5)
Manahawkin NJ 08050

County (6)
Ocean

County Code (7) [STATE USE ONLY]

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

ASCM No.

Name of Abatement Contractor (9)
Pemaco Inc.

Street Address PO Box 329

City, State, Zip Code West Berlin NJ 08091

Project Manager for Monitoring Firm

Telephone No. 856-753-9800

License No. 00727

Start Date (10) 10/28/13

Scheduled Completion Date (11) 11/1/13

Name of OSHA Monitor Same

Occuancy 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)

- ≥ 1 sf or ≥ 1 if
- ≥ 160 sf or ≥ 260 if
- Renovation
- Demolition

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

In Facility

Yes No N/A

Location of Exterior Siding

x Exterior Siding

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

Amount (Specify SF or LF)

Abatement Type

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

Name of Registered Waste Hauler United Containers

NJDEP Waste Hauler ID No. 22459

Cubic Yards of Waste 3

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

City, State Elm NJ

Disposal Date 11/1/13

City, State Morrisville PA 19067

Completed by Anthony T Pema
Title President
Signature:

Date 10/24/13

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

**Date of Notification (1):** 10/24/13

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
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<tbody>
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<td>DEP</td>
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<tr>
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<tr>
<td>DOM</td>
<td></td>
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<tr>
<td>DCA</td>
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| Name of Building Owner/Operator (2): | CONFEDERATION COUNTRY CLUB |

<table>
<thead>
<tr>
<th>Street Address</th>
<th>ASBESTOS CONTROL &amp; LICENSING</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State &amp; Zip Code</td>
<td>Greenfield, N.J. 08230</td>
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<table>
<thead>
<tr>
<th>Name of Contact</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>KLAUS AMUNIC</td>
<td></td>
</tr>
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FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3):</th>
<th>RESIDENCE</th>
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<tbody>
<tr>
<td>Street Address</td>
<td>315 20TH STREET</td>
</tr>
<tr>
<td>City, State &amp; Zip Code</td>
<td>OCEAN CITY, N.J. 08226</td>
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<table>
<thead>
<tr>
<th>County Code (4)</th>
<th>County Name</th>
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<tbody>
<tr>
<td>CAYE MAP</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Name of Abatement Contractor (5):</th>
<th>KLEEMCO INC.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>369 S. SPRUCE AVE.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State &amp; Zip Code</th>
<th>MAPLE SHADE, NJ. 08052</th>
</tr>
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<table>
<thead>
<tr>
<th>License No.</th>
<th>Telephone No.</th>
<th>License Type</th>
</tr>
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<tbody>
<tr>
<td>0044</td>
<td>856-779-0422</td>
<td></td>
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<table>
<thead>
<tr>
<th>Project Manager/Person Responsible for Monitoring Firm</th>
</tr>
</thead>
<tbody>
<tr>
<td>JEFFREY L. KLEM</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduling Completion Date (11)</th>
</tr>
</thead>
</table>

Occurrence Status During Abatement (Check only one)

- X Facilty Closed/Vacated During Entire Period of Abatement
- X Abatement Performed Outside of Normal Facility Hours
- Other: Descriiption

Scope of Work (Check all that apply)

- X Demolition
- X Renovation

11:30 AM to 4:30 PM
10:00 AM to 2:30 PM

11:00 AM to 4:00 PM
10:00 AM to 2:00 PM

<table>
<thead>
<tr>
<th>Description of Asbestos Containing Material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>TO BE ABATED IN FACILITY</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of ACM normally used solely by maintenance/custodial staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>X TRANSITE 22000 X</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>KLEEMCO INC.</th>
</tr>
</thead>
<tbody>
<tr>
<td>NDEP Waste Hauler D No.</td>
<td>29017</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cubic Yards of Waste</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State &amp; Zip Code</td>
<td>WESTMINE, N.J. 08052</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Owner</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>JEFFREY L. KLEM</td>
<td>10/24/13</td>
</tr>
</tbody>
</table>

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

(State of New Jersey)

**DATE OF NOTIFICATION:** 10/24/13

**AGENCIES NOTIFIED:**
- BPA
- DEP
- DOL
- DCOA
- OSHA

**NAME OF BUILDING OWNER/OPERATOR:**
- RAMONE'S

**STREET ADDRESS:**
- 5405 Simpson Ave.

**CITY:**
- Ocean City

**COUNTY:**
- Cape May

**NAME OF FACILITY WHERE ABATEMENT IS TAKING PLACE:**
- RESIDENCE

**CURRICUMLUM CODE:**
- 10.00

**CURRENT USE:**
- Vacant

**NAME OF MENTIONING FIRM HIRING BY BUILDING OWNER:**
- N/A

**NAME OF ABATEMENT COMPANY:**
- Klemco Inc.

**STREET ADDRESS:**
- 369 S. Spruce Ave.

**CITY, STATE, ZIP CODE:**
- Maple Shade, N.J., 08052

**LICENSE NO.:**
- DS-1799-0422

**LICENSEE:**
- Joseph Klemm

**SCOPE OF WORK:**
- Asbestos-containing material (ACM) to be abated in facility.

**LOCATION OF ASBESTOS-CONTAINING MATERIAL (ACM) TO BE ABATED:**
- IN WALLS, CEILINGS, ETC.

**DESCRIPTION OF ASBESTOS-CONTAINING MATERIAL (ACM):**
- Thermal systems insulation, surfacing, and other miscellaneous materials.

**AMOUNT (SPECIFY SF, FT² OR LB):**
- 1000 SF

**DATE OF ABATEMENT:**
- 11/4/13

**SIGNATURE:**
- Joseph Klemm

**DATE:**
- 10/24

**Do not use this form for asbestos license exempted counties.**
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 13:13)

Date of Notification (1): 10/24/13

Name of Building Owner/Operator (2):

Agency Housed Type Notification
EPA National
DEP DMS
DOH Emergency (including
Discretion)
DOA Cancellation

Additional Information

FACILITY INFORMATION

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

1355 TIOGA TERRACE
Ocean City
Cape May

County Code (4) STATE
USE ONLY

1000
Lot

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

Name of Facility Manager:

Noray Coherent, Inc.

Name of Abatement Contractor (5):

Klemco INC.

Address:
369 S. Spruce Ave.
Ocean Shade, N.J. 08052

Name of Registered Hazardous Material Handler:

Klemco INC.

Certification No.:

17995

Amount of Asbestos Found:

Cubic Yards of Waste:

Disposal Date:

CITY: 
STATE: 

Signature:

Date:

10/24/13

OWNER

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

**State of New Jersey**

**Name of Building Owner/Operator:**

**Address:** 1652 Asbury Ave., Ocean City, NJ 08226

**Name of Contact:** Steve Vaccaro

**Phone Number:**

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

1652 Asbury Ave., Ocean City, NJ 08226

**County Code (7):**

**STATE USE ONLY:**

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

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

**Name of Abatement Contractor:** Kienco Inc.

**Address:** 369 S. Spruce Ave., Maple Shade, N.J. 08052

**Number of OSHA Monitors:**

**Telephone No.:** 856-779-0472

**License No.:** 00444

**Type of Abatement:** Abatement Performed Outside of Normal Facility Hours

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

**Name of Registered Waste hauler:** Kienco Inc.

**Location normally Used solely by Maintenance Custodial Staff:**

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

**Acreage:**

**Location Normally Used Solely by Maintenance Custodial Staff:**

**Amount:**

**Asbestos Type:**

**Name of Registered Contractor:**

**Disposal Date:**

**City, State:**

**Owner:**

**Date:** 10/24/13