**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>9-3-15</th>
</tr>
</thead>
</table>

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

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

<table>
<thead>
<tr>
<th>Street Address</th>
<th>225 Freeman St</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State, Zip Code</td>
<td>Woodbine, N.J., 08070</td>
</tr>
</tbody>
</table>

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

**FACILITY INFORMATION**

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

<table>
<thead>
<tr>
<th>Street Address</th>
<th>400 S Shore Rd</th>
</tr>
</thead>
<tbody>
<tr>
<td>City (5)</td>
<td>MARMORA</td>
</tr>
<tr>
<td>County (6)</td>
<td>CAPE MAY</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Klemco Inc</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>369 S Spruce Ave</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State, Zip Code</td>
<td>Maple Shade, N.J., 08052</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Telephone No.</th>
<th>856-779-0472</th>
</tr>
</thead>
<tbody>
<tr>
<td>License No.</td>
<td>0044</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of DSH/Manager (10)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Joesph Klemm</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>369 S, Spruce Ave</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State,</td>
<td>Maple Shade, N.J., 08052</td>
</tr>
<tr>
<td>Zip Code</td>
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</table>

<table>
<thead>
<tr>
<th>Scale of Work (Check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>12 ft or 12 ft high</td>
</tr>
<tr>
<td>24 ft or 24 ft high</td>
</tr>
<tr>
<td>36 ft or 36 ft high</td>
</tr>
<tr>
<td>Demolition</td>
</tr>
<tr>
<td>12 ft or 12 ft high</td>
</tr>
<tr>
<td>24 ft or 24 ft high</td>
</tr>
<tr>
<td>36 ft or 36 ft high</td>
</tr>
<tr>
<td>Renovation</td>
</tr>
<tr>
<td>12 ft or 12 ft high</td>
</tr>
<tr>
<td>24 ft or 24 ft high</td>
</tr>
<tr>
<td>36 ft or 36 ft high</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) to be Abated in Facility (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Siding X</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location Normally Used Solely by Maintenance/Operations Staff (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SIDING</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Amount (Specify BF or SF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1200 SF</td>
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<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
</tr>
</thead>
<tbody>
<tr>
<td>Klemco Inc</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NDEP Waste Hauler No.</th>
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</thead>
<tbody>
<tr>
<td>12907</td>
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<table>
<thead>
<tr>
<th>Cubic Yards of Waste Disposed</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>C.M.C. M.U.A.</td>
</tr>
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</table>

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

<table>
<thead>
<tr>
<th>Disposal Date</th>
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<tbody>
<tr>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Completed By</th>
</tr>
</thead>
<tbody>
<tr>
<td>Joseph Klemm</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>9-3-15</td>
</tr>
</tbody>
</table>

---

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

City of Notification (1):

9/3/15

Name of Building Owner/Operator (2):

EARTH TECH CONSTRUCTION

Street Address:

155 R. 50

City, State, Zip Code:

GREENFIELD, N.J.

Name of Contact:

BRUCE BLEINIC

Telephone Number:

FACILITY INFORMATION

Type of Facility (4):

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

Square Feet:

1700

# of Floors:

2

Bldg. No.:

40+

Current Use/Intention being demolished:

VACANT

County (6):

ATLANTIC

County Code (7) (STATE USE ONLY):

Name of Abatement Contractor (9):

KLEMM INC.

Street Address:

369 S. SPRUELE AVE.

City, State, Zip Code:

MAPLE SHADE, N.J. 08052

Telephone No:

609-779-0472

License No:

00494

Name of OSHA Monitor:

JOSEPH KLEMM

Street Address:

369 S. SPRUELE AVE.

City, State, Zip Code:

MAPLE SHADE, N.J. 08052

Date of Abatement (10):

9/16/15

Scheduled Completion Date (11):

9/23/15

Occupancy Status During Abatement (Check only one):

Factory/Used/Dwelling During Entire Period of Abatement [X]
Abatement Performed Outside of Normal Facility Hours [ ]
Other: [ ]

Scope of Work (Check all that apply):

[ ] Renovation
[ ] Demolition
[ ] Full Containment with Negative Pressure
[ ] Non Enclosure
[ ] Glovebag Procedure
[ ] Non-Exempted (*) and Non-Bifurcated Procedures

Location of Asbestos-Containing Material (ACM) TO BE ABRATED (12)

Asbestos-Containing Material (ACM) Used/Currently Used by Maintenance/Custodial Staff:

Location Normally Used/Safety

Name:

SIDING

NO

NTA

X

TRANSITE

1700SF

Amount:

SPECIFY SF or LF.

Name of Registered Waste Hauler:

KLEMM INC.

NJDEP Waste Hauler C-12:

1790

Cubic Yards of Waste:

Name of Registered Landfill:

ACUA

Disposal Date:

City, State:

PLEASANTVILLE, N.J.

Prepared by:

JOSEPH KLEMM

Title:

V/P

Signature:

9/3/15

* 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)
Sept. 3, 2015

Name of Building Owner/Operator (2)
John Georgiov

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

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

Street Address
338 Cedar Str

City, State, Zip Code
South Amboy, NJ

Name of Contact
John Georgiov

Telephone Number

FACILITY INFORMATION

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

Square Feet
2000

# of Floors
2

Bidg. Age
50+

County Code (7)
(n/a)

Current Use (Prior if being demolished)

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 Lane

City, State, Zip Code
Lincoln Park NJ 07035

Telephone No.
9737067950

License No.
01193

Name of OSHA Monitor
Loznica Management Corp

Street Address
22 Troy Lane

City, State, Zip Code
Lincoln Park NJ 07035

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)
9/15/2015

Scheduled Completion Date (11)
9/16/2015

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

Location of Asbestos-Containing Material (ACM)

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)

Location
Kitchen

VAT

Amount (Specify SF or LF)
160 SF

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

Name of Registered Waste Hauler
Loznica Management Corp

NJDEP Waste Hauler ID No.
0033137

Cubic Yards of Waste
TBD

Name of Registered Landfill
GROWS Landfill

City, State
Morrisville PA 19067

Completed by
E. Cirovic

Title
Secretary

Signature

Date
9/3/2015

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:65 and 12:120)

Date of Notification (1)
September 2, 2015

Name of Building Owner/Operator (2)
Mr. Larry Galvin

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

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

Street Address
2 Grant Ave.

City, State, Zip Code
Clifton, New Jersey 07011

Name of Contact
Mr. Larry Galvin

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Mr. Larry Galvin

Street Address
2 Grant Ave.

City (5)
Clifton,

County (6)
Passaic

County Code (7)
(State USE ONLY) ________

Current Use (Prior if being demolished)
House

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

ASCM No. __________________________

Name of Abatement Contractor (9)
Slavco Construction Inc.

Street Address
27 Willard Street

City, State, Zip Code
Garfield, NJ

Project Manager for Monitoring Firm
Boban Mickowski

Telephone No. 973-342-4049

License No. 00724

Start Date (10)
September 9, 2015

Scheduled Completion Date (11)
October 31, 2015

Name of OSHA Monitor
Slavco Construction Inc.

Street Address
164 Getty Ave.

City, State, Zip Code
Clifton, New Jersey 07011-1802

Occupancy Status During Abatement (Check Only One)
☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☒ Other – Describe: Monday-Friday 8:30am-4:30pm

Scope of Work (Check All That Apply)
☐ ≤ 500 sf or ≤ 500 If
☒ ≥ 1600 sf or ≥ 1600 If
☐ Demolition
☒ Renovation
☐ Full Containment with Negative Pressure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED
Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)

<table>
<thead>
<tr>
<th>Location</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
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</thead>
<tbody>
<tr>
<td>Basement</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pipe Insulation</td>
<td>40LF</td>
<td>x</td>
<td></td>
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</table>

Amount Specify SF or LF

Name of Registered Waste Hauler
Slavco Construction Inc.

NJDEP Waste Hauler ID No. 18508

Cubic Yards of Waste TBD

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

City, State
Clifton, New Jersey 07011-1802

Disposal Date TBD

City, State
Morrisville, Pa

Completed by
Vivian D. Jurcevic
Title Office Manager

Signature __________________________

Date September 2, 2015

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

**State of NJ**

**Notification of Asbestos Abatement**

(Pursuant to NJAC 8:60-7 and 12:120-7)

---

**EMERGENCY***

Check #7376

---

**B & G proj. #: 2015-166**

---

## Name of Building Owner/Operator (2)

Lower Cape May Regional School District

---

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

Lower Cape May Regional School District

---

**Street Address**

687 Route 9

---

**City, State, Zip Code**

Cape May, NJ 08204

---

**Name of Contact**

Mark Mallet, Business Administrator

---

**Telephone Number**

---

### FACILITY INFORMATION

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

Lower Cape May Regional High School-SUB 8

---

**Type of Facility (4)**

- School (K - 12)

---

**Square Feet**

---

**# of Floors**

---

**Bldg. Age**

---

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

---

### Name of Abatement Contractor (9)

B & G Restoration, Inc.

---

**Street Address**

105 Ryerson Road

---

**City, State, Zip Code**

Lincoln Park, NJ 07035

---

**Telephone Number**

973-696-6869

---

**License Number**

0378

---

**Name of Asbestos Abatement Monitor**

B & G Restoration, Inc.

---

**Street Address**

105 Ryerson Road

---

**City, State, Zip Code**

Lincoln Park, NJ 07035

---

### Occupancy Status During Abatement

- Facility closed/vacated during entire period of abatement.

---

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

- Abatement performed outside of normal facility hours:
  - Description:

---

**Other-Describe:**

---

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

- Demolition
- Renovation
- Full Containment with negative pressure chamber
- Mini-enclosure
- Non-tireable procedure

---

### Description of asbestos-containing material

- Location normally used solely by maintenance/custodial staff (12)

---

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

- Guidance Office
- VAT & Mastic
- Cleanup of the area

---

**Registered Waste Hauler**

B & G Restoration, Inc.

**NJDEP Hauler ID #**

19563

---

**Cubic Yards of Waste**

6 yards

---

**Name of Registered Landfill**

Tullytown Resource & Recovery Center

---

**City, State**

Lincoln Park, NJ 07035

---

**Disposal Date**

08/31/2015

---

**Name of Registered Landfill**

Tullytown Resource & Recovery Center

---

**City, State**

Lincoln Park, NJ 07035

---

**Completed by (Print or Type)**

Gordana Luna

---

**Title**

Secretary/Treasurer

---

**Signature**

Gordana Luna

---

**Date**

08/28/2015
### State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12:120-7)
***EMERGENCY***
Check #7375

#### Name of Building Owner/Operator (2)
Lower Cape May Regional School District

#### Street Address
657 Route 9
Cape May, NJ 08204

#### Name of Contact
Mark Mallet, Business Administrator

### FACILITY INFORMATION

#### Name of facility where abatement is taking place (3)
Lower Cape May Regional High School-SUB 8

#### Street Address
657 Route 9

#### City (6)
Cape May

#### County (6)
Cape May

#### Name of Monitoring Firm, Hired by Bldg. Owner (9)
AMERCON SOUTHERN

#### Street Address
P.O. Box 865
Ocean City, NJ 08231-0865

#### Project Manager for Monitoring Firm
John Snavely

#### Scheduled Start Date (10)
08/29/2015

#### Scheduled Completion Date (11)
08/30/2015

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

- [x] Facility closed/occupied during entire period of abatement.
- [ ] Abatement performed outside of normal facility hours.
- [ ] Abatement performed in an area that is not occupied.
- [ ] Other-Determine:

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

- [x] Demolition
- [ ] Renovation
- [ ] 3 sf of >25 sq ft
- [ ] 250 sf or >250 sf

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

- [x] Guidance Office
- [ ] Custodial Rooms

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

- [x] Asbestos contaminated carpet
- [x] VAT & Mastic
- [x] cleanup of the area

#### Amount

- [x] No
- [ ] Yes
- [ ] NA

- [x] Guidance Office
- [ ] Custodial Rooms

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

#### Name of Registered Hauler
B & G Restoration, Inc.

#### City, State
Lincoln Park, NJ 07035

#### Disposal Date
08/31/2015

#### Name of Registered Landfill
Tulytown Resource & Recovery Center

#### City, State
Lincoln Park, NJ 07035

#### Completed by (Print or Type)
Gordana Lanza

#### Title
Secretary/Treasurer

#### Signature
Gordana Lanza

#### Date
08/28/2015
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>
<th>Name of Building Owner / Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Hazlet Township Public Schools</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ EPA</td>
<td>□ Initial</td>
<td>Raritan HS</td>
</tr>
<tr>
<td>□ DEP</td>
<td>□ Emergency</td>
<td></td>
</tr>
<tr>
<td>□ DOL</td>
<td>□ Amended R#2-9/2/15</td>
<td></td>
</tr>
<tr>
<td>□ DOH</td>
<td>□ Cancellation</td>
<td></td>
</tr>
<tr>
<td>□ DCA</td>
<td></td>
<td></td>
</tr>
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<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State &amp; Zip Code</th>
</tr>
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<tbody>
<tr>
<td>421 Middle Road</td>
<td>Hazlet, NJ 07730</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Contact</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mr. Charles Hildner</td>
<td></td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (6)</th>
<th>Environmental Connection</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rollo Jones</td>
<td>ASCM No.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State &amp; Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>120 North Warren Street</td>
<td>Trenton, NJ 08600</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rollo Jones</td>
<td>609-392-4200</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scheduled Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>5/19/15</td>
<td>PROJECT COMPLETE</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check only one)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ Facility Closed/Vacated During Entire Period of Abatement</td>
</tr>
<tr>
<td>☐ Abatement Performed Outside of Normal Hours - 7am to 3pm Describe: 4 PM to 12:30 AM</td>
</tr>
<tr>
<td>☐ Facility Occupied During Abatement</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ 2-3 sf or 2-5 sf</td>
</tr>
<tr>
<td>☑ 160 sf or 260 sf</td>
</tr>
<tr>
<td>☑ Renovation</td>
</tr>
<tr>
<td>☑ Demolition</td>
</tr>
<tr>
<td>☐ Full Containment with Negative Pressure</td>
</tr>
<tr>
<td>☐ Mini-Enclosure</td>
</tr>
<tr>
<td>☐ Glove Bag Procedures</td>
</tr>
<tr>
<td>☐ Non-Exempted and Non-Friable Procedure</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Throughout</td>
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<table>
<thead>
<tr>
<th>Is Location Normally Used Solely by Maintenance or Custodial Staff?</th>
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<tbody>
<tr>
<td>Yes</td>
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<table>
<thead>
<tr>
<th>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)</th>
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<tbody>
<tr>
<td>Pipe Insulation Wrap &amp; Cut</td>
</tr>
<tr>
<td>Pipe fittings</td>
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<th>Amount (Specify SF or LF)</th>
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<td>100 LF</td>
<td>Removal</td>
</tr>
<tr>
<td>4 LF</td>
<td>Repair</td>
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<tr>
<td>50 ea</td>
<td>Encapsulation</td>
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<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>Service Transport Inc.</th>
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<tr>
<td></td>
<td>NJDEP Waste Hauler ID No. 20990</td>
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<tr>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
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<tr>
<td>7 cu yd</td>
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<thead>
<tr>
<th>Disposal Date</th>
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<th>Title Project Manager</th>
<th>Signature</th>
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<tr>
<td>Gino Pizzigoni</td>
<td></td>
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<table>
<thead>
<tr>
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NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1)

<table>
<thead>
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<th>Agencies Notified</th>
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<td>EPA</td>
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<td>DOL</td>
<td>Emergency</td>
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<td>DOH</td>
<td>Cancellation</td>
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<td>DCA</td>
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Name of Building Owner / Operator (2)
Hazlet Township Public Schools

Street Address
421 Middle Road

City, State & Zip Code
Hazlet, NJ 07730

Name of Contact
Mr. Charles Hildner

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Raritan HS

Street Address
419 Middle Road

City (5)
Hazlet

County (6)
Monmouth

County Code (7)

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

Project Manager for Monitoring Firm
Rollie Jones

Telephone Number
609-392-4200

Scheduled Start Date (10)
5/19/15

Occupancy Status During Abatement (Check only one)

- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Hours - 7am to 3pm
- 4 PM to 12:30 AM
- Facility Occupied During Abatement

Scope of Work (Check all that apply)

| | | 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?

Yes No N/A

Name of Registered Waste Hauler
Service Transport Inc.

Cubic Yards of Waste
7 cu yd

Name of Registered Landfill

Disposal Date
5/21/14

City, State
New Castle, DE

Completed By (Print or Type)
Gino Pizzigoni

Title
Project Manager

Signature

Date
5/22/15
State of New Jersey  
APPROVED: PAUL HORN, DEO.
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to N.J.A.C. 8:60 and 12:120)

**Date of Notification (1)**  5/18/2015

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<tr>
<td>DOH</td>
<td>Cancellation</td>
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<tr>
<td>DCA</td>
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</tbody>
</table>

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

**Street Address**  421 Middle Road

**City, State & Zip Code**  Hazlet, NJ 07730

**Name of Contact**  Charles Hildner  
**Telephone Number**

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**  Raritan High School

**Street Address**  419 Middle Road

**City (5)**  Hazlet, NJ  
**County (6)**  Monmouth  
**County Code (7)**

**Type of Facility (4)**  School (K-12) NON SUB B

**Square Feet**  
**# of Floors**  
**Bidg. Age**

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

**Street Address**  120 N. Warren St

**City, State & Zip Code**  Trenton, NJ 08608

**Project Manager for Monitoring Firm**  Rollie Jones

**Telephone Number**  609-392-4200

**Scheduled Start Date (10)**  5/19/2015

**Scheduled Completion Date (11)**  5/22/2015

**Occupancy Status During Abatement**  
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Hours – 7am to 3pm
- Describe: 4:00 PM to 12:30AM
- Facility Occupied During Abatement

**Scope of Work (Check all that apply)**
- ≥ 3 sf or ≥ 3 ld
- ≥ 160 sf or ≥ 260 sf
- 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>Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)</th>
<th>Is Location Normally Used Solely by Maintenance or 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>C Wing</td>
<td>Yes</td>
<td>Pipe Insulation</td>
<td>5 LF</td>
<td></td>
</tr>
<tr>
<td>C and D Wing</td>
<td>No</td>
<td>Fittings (Cut and wrap from fiberglass line)</td>
<td>150 LF</td>
<td></td>
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</table>

**Name of Registered Waste Hauler**  NJDEP Waste Hauler ID No. 20590

**Service Transport Group Inc**

**City, State**  New Castle, DE

**Completed By (Print or Type)**  Gino Pizzigoni

**Title**  Project

**Cubic Yards of Waste**  5

**Name of Registered Landfill**  Minerva Landfill

**Disposal Date**  5/22/2015

**City, State**  Waynesburg, OH

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

<table>
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<tr>
<th>Date of Notification (1)</th>
<th>9-4-15</th>
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<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Camden County Improvement Authority</td>
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<tr>
<td>Agency Notified Type Notification</td>
<td>DEPA</td>
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<tr>
<td>Street Address</td>
<td>2220 Voorhees Town Center</td>
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<tr>
<td>City, State, Zip Code</td>
<td>Voorhees Township, NJ 08043</td>
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<tr>
<td>Facility Information</td>
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<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td>Former Trinity German Evangelical Lutheran Church</td>
</tr>
<tr>
<td>Street Address</td>
<td>511-525 Stevens Street</td>
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<tr>
<td>City (5)</td>
<td>Camden</td>
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<tr>
<td>County Code (7) (STATE USE ONLY)</td>
<td>50,000</td>
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<tr>
<td>Current Use (Prior to being demolished)</td>
<td>vacant</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (6)</td>
<td>Health and Safety</td>
</tr>
<tr>
<td>ASCM No.</td>
<td>Pepper Environmental Services, Inc.</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>Jim Proctor</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>856-452-1311</td>
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<tr>
<td>Start Date (10)</td>
<td>9-9-15</td>
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<tr>
<td>Scheduling Completion Date (11)</td>
<td>9-30-15</td>
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<tr>
<td>Occupancy Status During Abatement (Check only one)</td>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
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<tr>
<td>Scope of Work (Check all that apply)</td>
<td><em>abatement prior to demo</em></td>
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<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED</td>
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<tr>
<td>IN Facility (13)</td>
<td></td>
</tr>
<tr>
<td>Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)</td>
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</tr>
<tr>
<td>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
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<tr>
<td>Amount (Specify SF or LF)</td>
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<td>Abatement Type</td>
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<tr>
<td>Name of Registered Waste Hauler</td>
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<td>Service Transport</td>
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<td>City, State</td>
<td>Morrisville, PA</td>
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<tr>
<td>Name of Registered Landfill</td>
<td>A &amp; L Salvage</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Dir. of Operations</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
<tr>
<td>Completed by</td>
<td>Jennifer Niven</td>
</tr>
<tr>
<td>Signature</td>
<td></td>
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<tr>
<td>Date</td>
<td>9-4-15</td>
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* Do not use this form for asbestos license exempted activities.*
<table>
<thead>
<tr>
<th>CODE</th>
<th>DESCRIPTION OF MATERIAL</th>
<th>LOCATION OF MATERIAL</th>
<th>Amount</th>
<th>Code**</th>
<th>Code***</th>
<th>Code ****</th>
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<tbody>
<tr>
<td>NF1</td>
<td>ceiling panel</td>
<td>addition wing, basement, and HVAC units</td>
<td>30 SF</td>
<td>REM</td>
<td>PCM</td>
<td>PCM</td>
</tr>
<tr>
<td>NF1</td>
<td>9x9 floor tile and mastic</td>
<td>addition wing, 2nd fl, below 2 layers of non-asbestos floor tile and plywood</td>
<td>1850 SF</td>
<td>REM</td>
<td>PCM</td>
<td>PCM</td>
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<tr>
<td>NF1</td>
<td>window glazing</td>
<td>church t/p the 1st and 2nd fl</td>
<td>24 LF</td>
<td>REM</td>
<td>PCM</td>
<td>PCM</td>
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<tr>
<td>NF2</td>
<td>black asphalt layered roofing felt</td>
<td>roof</td>
<td>3000 SF</td>
<td>REM</td>
<td>PCM</td>
<td>PCM</td>
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<tr>
<td>NF2</td>
<td>black asphalt roof flashing/sealant compound</td>
<td>roof</td>
<td>500 SF</td>
<td>REM</td>
<td>PCM</td>
<td>PCM</td>
</tr>
</tbody>
</table>
**State of New Jersey**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60 and 12:120)

**Date of Notification (1)**
9/4/15

**Name of Building Owner/Operator (2)**
Township of West Orange (Public Works)

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

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

**Street Address**
22 Lakeside Ave.

**City, State, Zip Code**
West Orange

**Name of Contact**
Nicola Salesse

**Telephone Number**

**FACILITY INFORMATION**

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

**Street Address**
60 Cherry St.

**City (5)**
West Orange

**County Code (7)**
Essex

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

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

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

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

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

**Project Manager for Monitoring Firm**

**Telephone No.**
908-218-0860

**License No.**
01228

**Start Date (10)**
9/16/15

**Scheduled Completion Date (11)**
9/18/15

**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] ≥3 sf or ≥3 ft
- [ ] ≥180 sf or ≥260 ft
- [ ] Renovation
- [x] Demolition
- [x] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

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

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

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

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

**Abatement Type**
- [x] Removal
- [ ] Repair
- [ ] Encapsulate
- [ ] Enclosure

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

**NJDEP Waste Hauler ID No.**
17467

**Cubic Yards of Waste**
4 CY

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

**Disposal Date**
9/18/15

**City, State**
Kinnelon, NJ

**Complanted by**
Anna Bastos

**Title**
Administrative Assistant

**Signature**

**Date**
9/4/15

* 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)**
9/4/15

**Name of Building Owner/Operator (2)**
Patriot Village URA II, LP

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<td>Montclair, NJ 07042</td>
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**Name of Contact**
Amber Delaney

**FACILITY INFORMATION**

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<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
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<th>Name of Abatement Contractor (9)</th>
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<td>Yannuzzi Environmental Services, Inc.</td>
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<table>
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<tr>
<th>Street Address</th>
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<tbody>
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<td>135 Kinnelon Rd., Suite 102</td>
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<table>
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<th>City, State, Zip Code</th>
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<td>Kinnelon, NJ 07405</td>
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<table>
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<tr>
<th>Project Manager for Monitoring Firm</th>
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<thead>
<tr>
<th>Telephone No.</th>
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<tr>
<td>908-218-0880</td>
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<tr>
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<table>
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<tbody>
<tr>
<td>9/18/15</td>
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<table>
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<tr>
<th>Scheduled Completion Date (11)</th>
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<table>
<thead>
<tr>
<th>Occuancy Status During Abatement (Check Only One)</th>
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<tbody>
<tr>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
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<tr>
<td>Abatement Performed Outside of Normal Facility Hours</td>
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<tr>
<td>Other – Describe:</td>
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<table>
<thead>
<tr>
<th>Scope of Work (Check All That Apply)</th>
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<tbody>
<tr>
<td>23 sf or 23 sq ft</td>
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<tr>
<td>2160 sf or 2260 sf</td>
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<tr>
<td>Renovation</td>
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<tr>
<td>Demolition</td>
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<table>
<thead>
<tr>
<th>Full Containment with Negative Pressure</th>
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<tbody>
<tr>
<td>Mini-Enclosure</td>
</tr>
<tr>
<td>Glovebag Procedure</td>
</tr>
<tr>
<td>Non-Exempted (*) and Non-Friable Procedure</td>
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<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st Floor</td>
</tr>
<tr>
<td>Roof</td>
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<table>
<thead>
<tr>
<th>Is Location Normally Used Solely by Maintenance/ Custodial Staff?</th>
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<tbody>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
</tr>
<tr>
<td>N/A</td>
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<tr>
<th>Description of Asbestos Containing Material (ACM) (i.e. thermal systems, insulation, surfacing, VAT, or other miscellaneous)</th>
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<tbody>
<tr>
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<tr>
<td>Roofing</td>
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<th>Amount (Specify SF or LF)</th>
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<thead>
<tr>
<th>Abatement Type</th>
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<tbody>
<tr>
<td>Removal</td>
</tr>
<tr>
<td>Repair</td>
</tr>
<tr>
<td>Encapsulate</td>
</tr>
<tr>
<td>Endorse</td>
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<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yannuzzi Group, Inc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NJDEP Waste Hauler ID No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>17467</td>
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</table>

<table>
<thead>
<tr>
<th>Cubic Yards of Waste</th>
</tr>
</thead>
<tbody>
<tr>
<td>20 cy</td>
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</table>

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

<table>
<thead>
<tr>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kinnelon, NJ</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Disposal Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>9/23/15</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Morrisville, PA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed by</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anna Bastos</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adminisrative Assistant</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anna Bastos</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>9/4/15</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 8:15)

Date of Notification (1)  9/4/15  

Name of Building Owner/Operator (2)  
Newark Beth Israel Medical Center

Agencies Notified  
- EPA  
- DEP  
- DOH  

Type Notification  
- Initial  
- Amended  
- Cancellation

Street Address  
201 Lyons Ave.

City, State, Zip Code  
Newark, NJ 07112

Name of Contact  
Ron Carvalho

Telephone Number  

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  
Newark Beth Israel Medical Center

Street Address  
201 Lyons Ave.

City (5)  
Newark, NJ 07112

County (6)  
Essex

Square Feet  
200000

Bldg. Age  
80+/-

County Code (7) (STATE USE ONLY)  

Current Use (Prior if being demolished)  

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

ASCM No.  

Name of Abatement Contractor (8)  
Stevens Environmental Services, Inc.

Street Address  
PO Box 322

City, State, Zip Code  
Allentown, NJ 08501

License No.  
00493

DB Environmental

Street Address  
4 Berkeley Place

City, State, Zip Code  
Freehold, NJ 07728

State Date (10)  
9/4/15

Scheduled Completion Date (11)  
10/16/15

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

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

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

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)  

Boiler Room  
- Thermal Pipe, Joint Insulation  
- 9 lf  
- (Glove Bag)

Boiler Room  
- Thermal Pipe, Joint Insulation  
- 150 lf  
- (Wrap & Cut)

Name of Registered Waste Hauler  
Stevens Environmental Services, Inc.

NJDEP Waste Hauler ID No.  
18292

Cubic Yards of Waste  
3 CU

Name of Registered Landfill  
GROWS Landfill

City, State  
Allentown, NJ

Disposal Date  
10/16/15

City, State  
Morrisville, PA

Completed By  
Mahlon E. Stevens

Title  
Project Manager

Signature  

Date  
9/4/15

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

Date of Notification (1):
10/19/2015

Name of Building Owner/Operator (2):
ARTURO SANTOS

Street Address:
7706 4TH AVENUE

City, State, Zip Code:
NORTH BERGEN, NJ 07047

Name of Contact:
ARTURO SANTOS

FACILITY INFORMATION

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

Street Address:
7706 4TH AVENUE

City (5):
NORTH BERGEN

County (6):
BERGEN

County Code (7) (State use only):

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

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:
973-345-8020

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):
09/09/15

Sched. Completion Date (11):
09/25/15

Occuancy 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 sq ft or >3 if

>100 sq ft 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 (12): Yes No N/A

Description of asbestos-containing material (ACM):
BOILER INSULATION

Amount (Specify SF or LF):
44 SQ FT

Full Containment w/negative pressure

Mini-enclosure

Glovebag procedure

Non-Exempted (*) and Non-friable procedure

Registered Waste Hauler:
D & S RESTORATION, INC.

NJDEP Hauler ID#:
13506

Cubic Yards of Waste:
1 yd.

Name of Registered Landfill:
TULLYTOWN, RESOURCE RECOVERY

City, State:
PATERSON, NJ 07503

Disposal Date:
09/10/15

City, State:
TULLYTOWN, PA

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

Date:
09/02/2015

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

Date of Notification (1)
[ ] 1/10/12 [ ] 1/15

Name of Building Owner/Operator (2)
ARTURO SANTOS

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

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

Street Address
7706 4TH AVENUE

City, State, Zip Code
NORTH BERGEN, NJ 07047

Name of Contact
ARTURO SANTOS

Telephone Number

Facility Information

Name of facility where abatement is taking place (8)
ARTURO SANTOS

Street Address
7706 4TH AVENUE

City (9) BERGEN

County (8)

County Code (7) [ ] State use only

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

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
973-945-8020

License Number
01169

Name of OSHA Monitor
D & S Restoration, Inc.

Street Address
20 California Ave.

City, State, Zip Code
PATERSON, NJ 07503

Occurrence Status During Abatement (Check only one)
Facility closed/unoccupied during entire period of abatement.

Abatement performed outside of normal facility hours. Describer:
Other-Describe: NORMAL HOURS

Scope of Work (check all that apply)

>-3 sf or >3 if

<100 sf or <250 if

Removal

Demolition

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

Basement

Boiler Insulation

44 SQ FT

Registered Waste Handler
D & S RESTORATION, INC.

NJ DEP Hauler (ID#)
13306

Cubic Yards of Waste
1 yd.

Disposal Date
09/10/15

Name of Registered Landfill
TULLYTOWN, RESOURCE RECOVERY

City, State
PATERSON, NJ 07503

Completed by (Print or Type)
BOGDAN JOLDZIC

Title
PRESIDENT

Date
09/09/15
Date of Notification (1)

Name of Building Owner/Operator (2)

Name of facility where abatement is taking place (3)

GLEN SPEARMAN

1510 HIGHLAND AVENUE

HILLSIDE, NJ 07205

GLEN SPEARMAN

Type of Facility (4)

D & S RESTORATION, INC.

20 California Ave.

Paterson, NJ 07503

License Number 01169

Current Use (Prior if being demolished)

Telephone Number 973-345-8020

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

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

Description of asbestos-containing material (ACM)

Amount (Specify SF or LF)

Full Containment with negative pressure

Mini-enclosure

Glovebag procedure

Non-Exempted (*) and Non-triable procedure

basement

PIPE INSULATION 13 LF

PIECE INSULATION 101 ft

nci

TULLYTOWN, RESOURCES RECOVERY

TULLYTOWN, PA

09/02/15

09/04/15

SIGNATURE

BOGDAN JOLDZIC

PRESIDENT
### FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Building Owner/Operator</th>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>GLEN SPEARMAN</td>
<td>1510 HIGHLAND AVENUE</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City (9)</th>
<th>County (9)</th>
<th>County Code (7)</th>
</tr>
</thead>
<tbody>
<tr>
<td>HILLSDIDE</td>
<td>UNION</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Abatement Contractor</th>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>D &amp; S RESTORATION, INC.</td>
<td>20 California Ave.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>Telephone Number</th>
<th>Licensee Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paterson, NJ 07503</td>
<td>973-343-8020</td>
<td>01169</td>
</tr>
</tbody>
</table>

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

- [ ] >2 sf or #8 if
- [ ] 160 sf or #260 if
- [ ] Demolition

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

<table>
<thead>
<tr>
<th>Description of asbestos-containing material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>PIPE INSULATION</td>
<td>13.5 FT</td>
</tr>
<tr>
<td>PIPE INSULATION</td>
<td>10.1 FT</td>
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</tbody>
</table>

### Registered Waste Hauler

<table>
<thead>
<tr>
<th>D &amp; S RESTORATION, INC.</th>
<th>Name of Registered Hauler</th>
</tr>
</thead>
<tbody>
<tr>
<td>PATTERSON, NJ 07503</td>
<td>TULLYTOWN, RESOURCE RECOVERY</td>
</tr>
</tbody>
</table>
## NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 5:80-7 and 12:120-7)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>9-3-15</td>
<td>Mr. Tuscanes</td>
</tr>
</tbody>
</table>

### Agencies Notified

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

### Type Notification

- [X] Initial Notification
- [ ] Amended Notification
- [ ] Emergency
- [ ] Cancellation

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

**Same as above**

<table>
<thead>
<tr>
<th>City ($)</th>
<th>County (6)</th>
<th>County Code (7)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Essex</td>
<td>(STATE USE ONLY)</td>
</tr>
</tbody>
</table>

### Square Feet | # of Floors | Bldg. Age
---|-------------|-------------|
1900 | 3           | 101         |

### Name of Monitoring Firm hired by Building Owner (8)

**N/A**

### Telephone Number

- 973-744-8800

### Name of Abatement Contractor (9)

**AZTECH MANAGEMENT, Inc.**

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>86 Christopher St.</td>
<td>Montclair, NJ 07042</td>
</tr>
</tbody>
</table>

### Name of OSHA Monitor

**N/A**

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

- [X] Renovation
- [ ] Demolition
- [ ] Pull Containment with Negative Pressure
- [ ] Mini-Enclosure
- [X] Glovebag Procedure
- [ ] Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Location Normally Used</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
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</table>

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

<table>
<thead>
<tr>
<th>Material (ACM)</th>
<th>Recovery</th>
</tr>
</thead>
<tbody>
<tr>
<td>120 l f</td>
<td>X</td>
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</table>

### Name of Registered Waste Hauler

**AZTECH MANAGEMENT, INC.**

<table>
<thead>
<tr>
<th>NJDEP Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
</tr>
</thead>
<tbody>
<tr>
<td>17040</td>
<td>1.5</td>
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</table>

### Name of Registered Landfill

**G.R.O.W.S.**

<table>
<thead>
<tr>
<th>City, State</th>
<th>Disposal Date</th>
<th>Name of Registered Landfill</th>
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</thead>
<tbody>
<tr>
<td>Morrisville, PA</td>
<td>9-18-15</td>
<td>G.R.O.W.S.</td>
</tr>
</tbody>
</table>

### Completed By (Print or Type)

<table>
<thead>
<tr>
<th>Constantine Vivian</th>
<th>Title</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>President</td>
<td></td>
<td></td>
<td>9-3-15</td>
</tr>
</tbody>
</table>
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1) 9-3-15

Name of Building Owner/Operator (2) Jerome Fazzari

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

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

Street Address 18 Warner Ave.

City, State, Zip Code Jersey City, NJ, 07305

Name of Contact Jerome Fazzari

Telephone Number

Name of Facility Where Abatement is Taking Place (3) Same as above

City (5) County (6) Essex County Code (7) (STATE USE ONLY)

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

ASCM No. Name of Abatement Contractor (9) AZ TECH MANAGEMENT, Inc.

Project Manager for Monitoring Firm N/A Telephone Number (973) 744-8800 License Number 00371

Scheduled Start Date (10) 9-12-15 Sched. Completion Date (11) 9-15-15

Month Day Year Month Day Year

Occupancy Status During Abatement (Check only one) [X] Abatement Performed Outside of Normal Facility Hours - Describe: [ ] other - Describe: Other Occupancy Describes

Scope of Work (Check all that apply) [X] Renovation  [ ] Demolition  [X] Full Containment with Negative Pressure  [ ] Mini-Enclosure  [X] Glovebag Procedure  [ ] Non-Friable Procedure

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

Is Location Normally Used Solely By Maintenance/Custodial Staff (12) Yes No /\ A

Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VLT, or other miscellaneous) Amount (Specify SF or LF)

Abatement Type REMOVAL REPAIR ENCLOSURE

Location

Basement X Pipe Insulation 220 lf X

Name of Registered Waste Hauler AZ TECH MANAGEMENT, INC.

Hauler ID No. 17040

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

City, State Montclair, NJ 07042

Disposal Date 9-16-15

Completed By (Print or Type) Title Constantine Vivian President

Signature Date 9-3-15
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:80 and 12:120)

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Name of Building Owner/Operator</th>
<th>Street Address</th>
<th>City, State, Zip Code</th>
<th>Name of Contact</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
<td>ROBERT RYE</td>
<td>103 ABBOTT AVE</td>
<td>OCEAN GROVE, NJ 07756</td>
<td>ROBERT RYE</td>
<td></td>
</tr>
</tbody>
</table>

### FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place</th>
<th>Type of Facility</th>
<th>Square Feet</th>
<th># of Floors</th>
<th>Building Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>ROBERT RYE PROPERTY</td>
<td>School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private &amp; commercial buildings, homes, etc.)</td>
<td>1200</td>
<td>2</td>
<td>1356</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Current Use (Prior to Demolition)</th>
<th>Name of Abatement Contractor</th>
</tr>
</thead>
<tbody>
<tr>
<td>RESIDENCE</td>
<td>INDIAN ARROW INDUSTRIES</td>
</tr>
</tbody>
</table>

### Monitoring Information

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner</th>
<th>ASCM No.</th>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASCM</td>
<td></td>
<td>144 MILL ST</td>
</tr>
</tbody>
</table>

### Project Information

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>9136539565</td>
<td>1257</td>
</tr>
</tbody>
</table>

### Start and Completion Dates

<table>
<thead>
<tr>
<th>Start Date</th>
<th>Scheduled Completion Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>08/11/15</td>
<td>10/11/15</td>
</tr>
</tbody>
</table>

### Occupancy Status During Abatement

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

### Description of Scope of Work

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

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) to Be Abated</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>BASEMENT</td>
<td>Yes</td>
<td>TSI</td>
<td>±40 LF</td>
<td>Repair</td>
</tr>
<tr>
<td>CRAWL SPACE</td>
<td>No</td>
<td>TSI</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Name of Registered Waste Hauler

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>NJ/DEP Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>ATLANTIC CARTING</td>
<td>26085</td>
<td>TBD</td>
<td>G.R.C.W.S.</td>
</tr>
</tbody>
</table>

### Name of Registered Landfill

<table>
<thead>
<tr>
<th>City, State</th>
<th>Disposal Date</th>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>WAYNE, NJ</td>
<td>TBD</td>
<td>TULLYTOWN, PA</td>
</tr>
</tbody>
</table>

### Completed by

<table>
<thead>
<tr>
<th>Completed by</th>
<th>Title</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>GORAN IGEOV</td>
<td>SECRETARY</td>
<td></td>
<td>08/31/15</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 8:68 and 12:120)

Date of Notification (1)
9-1-15

Name of Building Owner/Operator (2)
Ben Gindville

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

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

Street Address
1047 Maple Ave

City, State, Zip Code
Acto NJ 08004

Name of Contact
Bill White

Telephone Number

FACILITY INFORMATION

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

Street Address
1047 Maple Ave

City (5)
Acto

County (6)
Camden

County Code (7)
(State Use Only)

Current Use (Prior if being demolished)

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

Square Feet
3000

# of Floors
2

Bldg. Age
50

Name of Monitoring Firm Hired by Building Owner (8)
Connell Greene

ASCM No.

Name of Abatement Contractor (9)
Assured Environmental

Street Address
570 Clemns Run

City, State, Zip Code
Mullica Hill, NJ 08062

Project Manager for Monitoring Firm
Rick Pellissier

Telephone No.
484-432-9363

Telephone No.
610-304-4676

License No.

Start Date (10)
9-3-15

Scheduled Completion Date (11)
9-8-15

Name of OSHA Monitor
EMSL

Street Address
200 RT 130 N

City, State, Zip Code
Cinnaminson NJ 08077

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 ≥250 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  No  N/A

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

Amount (Specify SF or LF)
60 SF

Abatement Type
Removal  Repair  Encapsulation  Enclosure

Name of Registered Waste Hauler
Assured Environmental

NJDEP Waste Hauler ID No.

Cubic Yards of Waste
1

Name of Registered Landfill
Minvira Landfill

City, State
Mullica Hill NJ

Disposal Date

City, State
Waynasburg OH

Completed by
John Zumbo
Title
President
Signature
Date
9-1-15

* 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)
9/2/15

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Notification Type</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(X) EPA</td>
<td>(X) Initial Notification</td>
<td>Sunoco Partners Marketing &amp; Terminals, L.P.</td>
</tr>
<tr>
<td>() DEP</td>
<td>() Amended Certification</td>
<td></td>
</tr>
<tr>
<td>(X) DOL</td>
<td>() Cancelled</td>
<td></td>
</tr>
<tr>
<td>(X) DOH</td>
<td></td>
<td></td>
</tr>
<tr>
<td>() DCA</td>
<td></td>
<td></td>
</tr>
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</table>

## Street Address
US Route 130 & I-295

<table>
<thead>
<tr>
<th>City (5)</th>
<th>County (6)</th>
<th>County Code (7)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Westville</td>
<td>Gloucester</td>
<td>(State Use Only)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sunoco Partners Marketing &amp; Terminals, L.P.</td>
</tr>
</tbody>
</table>

## Type of Facility (4)

| ) School (K-12) |
| (X) Subchapter 8 (other than K-12) |
| (X) Other (i.e. private & commercial bldgs., homes, etc.) |

<table>
<thead>
<tr>
<th>Sq. Feet N/A</th>
<th># of Floors</th>
<th>N/A</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Bldg. Age</th>
<th>(Outside piping)</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>FACILITY INFORMATION</th>
</tr>
</thead>
</table>

## Name of Monitoring Firm Hired by Bldg. Owner (8)
KA Industrial services, LLC

<table>
<thead>
<tr>
<th>ASCM No.</th>
<th>Name of Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>KA Industrial Services LLC.</td>
</tr>
</tbody>
</table>

## Street Address
26 Colonial Ave

<table>
<thead>
<tr>
<th>City, State, Zip</th>
<th>Woodbury Nj 08096</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scott Dechant</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>856-224-4393</td>
</tr>
</tbody>
</table>

## Scheduled Start Date (10)
9/17/15

## Scheduled Completion Date (11)
11/19/15

<table>
<thead>
<tr>
<th>Name of OSHA Monitor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Same</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>800 Billings Rd</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Faulkboro, NJ 08086</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>License Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>00857</td>
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</table>

## Occupancy Status During Abatement (Check only one)

<table>
<thead>
<tr>
<th>Facility Closed/Vacated During Entire Period of Abatement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours -</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other - Describe - Exterior abatement/renovations within restricted work area, no other contractors present</th>
</tr>
</thead>
</table>

## Source of Work (Check all that apply)

<table>
<thead>
<tr>
<th>Demolition</th>
<th>(X) Renovation</th>
</tr>
</thead>
<tbody>
<tr>
<td>(X) Large Proj. (&gt;160 SF or &gt;250 LF ACM)</td>
<td>() SM Proj. (&gt;25&lt;160 SF or &gt;10 &lt;250 LF ACM)</td>
</tr>
<tr>
<td>() Minor Proj. (&lt;25 SF or &lt;10 LF ACM)</td>
<td></td>
</tr>
<tr>
<td>(X) Full Containment</td>
<td>() Mini-Enclosure</td>
</tr>
<tr>
<td>(X) Glovebag Procedure</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Various Pipe in Rack Under Dock 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
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## Is Location Normally Used Solely by Maint./Custodial Staff? (12)

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>NA</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Pipe Insulation - TSI</th>
</tr>
</thead>
<tbody>
<tr>
<td>700 LF</td>
</tr>
</tbody>
</table>

## Amount (Specify SF or LF) (Estimated)

<table>
<thead>
<tr>
<th>700 LF</th>
</tr>
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</table>

## Abatement Type

|------|------|-------|---------|

<table>
<thead>
<tr>
<th>Name of Reg. Waste Hauler</th>
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</thead>
<tbody>
<tr>
<td>Waste Management, Inc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NJDEP Waste Hauler ID #</th>
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<tbody>
<tr>
<td>17273</td>
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<table>
<thead>
<tr>
<th>Cubic Yards of Waste</th>
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</thead>
<tbody>
<tr>
<td>40 (estimated)</td>
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</table>

<table>
<thead>
<tr>
<th>Name of Reg. Landfill</th>
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</thead>
<tbody>
<tr>
<td>Gloucester County Landfill</td>
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<table>
<thead>
<tr>
<th>City, State</th>
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<tbody>
<tr>
<td>South Harrison, NJ</td>
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<table>
<thead>
<tr>
<th>Disp. Date</th>
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<tbody>
<tr>
<td>Various</td>
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<table>
<thead>
<tr>
<th>Date</th>
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<tbody>
<tr>
<td>9/2/15</td>
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</table>

<table>
<thead>
<tr>
<th>Mail to:</th>
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<tbody>
<tr>
<td>NJDEP-DOW-BRRTP</td>
</tr>
<tr>
<td>401 E. State St., PO 414</td>
</tr>
<tr>
<td>Trenton, NJ 08625-0414</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Telephone</th>
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<tbody>
<tr>
<td>609-984-6620</td>
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<table>
<thead>
<tr>
<th>Name</th>
</tr>
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<tbody>
<tr>
<td>ANDREW GREEN</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>MANAGER - KAIS</td>
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<table>
<thead>
<tr>
<th>Signature</th>
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<tbody>
<tr>
<td>[Signature]</td>
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<table>
<thead>
<tr>
<th>Date</th>
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<tbody>
<tr>
<td>9/18/00</td>
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</table>

C:\WORD\MYDOCS\ASBESTOS
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 5:18)

Date of Notification (1)  
09 / 03 / 15

Name of Building Owner/Operator (2)  
Nelson Suriel

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

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

Street Address  
24 Union Street

City, State, Zip Code  
Jersey City, NJ 07304

Name of Contact  
Nelson Suriel

Telephone Number

FACILITY INFORMATION

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

Square Feet  

# of Floors  

Bldg. Age

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

Current Use (Prior if being demolished)

County Code (7) (STATE USE ONLY)

Name of Abatement Contractor (8)  
Gr Tech LLC

ASCM No.

License No.

Start Date (10)  
09 / 12 / 15

Scheduled Completion Date (11)  
09 / 13 / 15

Name of OSHA Monitor

Envirosion Consultants, Inc

Street Address  
576 Valley Rd #283

City, State, Zip Code  
Wayne, NJ 07470

Project Manager for Monitoring Firm  

Telephone No.

973-638-1777

Occupancy Status During Abatement (Check only one)  
☒ Facility Closed/Vacated During Entire Period of Abatement

Street Address  
20-21 Wagahow Road, Bldg. # 35E

City, State, Zip Code  
Fair Lawn, NJ 07410

Time of Abatement: AM: PM: PM: AM

Scope of Work (Check all that apply)  
☐ > 3 sf or > 3 if  
☐ > 180 sf or > 260 if  
☐ Renovation  
☐ Demolition  
☐ Clean up and decontamination with negative pressure  
☐ Full Containment with Negative Pressure  
☐ Mini-Enclosure  
☐ Glovebag Procedure  ☐ Tent with Negative Pressure  
☐ Non-Exempted (*) and Non-Friable Procedure

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

| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility  
| (13) | Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify Sf or LF) | Abatement Type |
|---|---|---|---|---|---|
| Basement | ☐ | ☐ | Pipe insulation | 80 LF | ☒ | |

Name of Registered Waste Hauler  
Gr Tech LLC

NJDEP Waste Hauler ID No.  
0033785

Cubic Yards of Waste  
TBD

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

City, State  
Wayne, NJ 07470

Disposal Date  
TBD

City, State  
Tullytown, PA

Completed By (Print or Type)  
N.Jevtic  
Owner  

Signature  

Date  
09/03/2015

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

Date of Notification (1)  
9-3-15

Name of Building Owner/Operator (2)  
Jerome Fazzari

Street Address  
190 Woodlawn

City, State, Zip Code  
Jersey City, NJ, 07305

Name of Contact  
Jerome Fazzari

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  
Same as above

Type of Facility (4)  
[X] 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 (5)  
N/A

ASCM No.  
N/A

Name of Abatement Contractor (9)  
AZTECH MANAGEMENT, Inc.

Street Address  
86 Christopher St.

City, State, Zip Code  
Montclair, NJ, 07042

Telephone Number  
(973) 744-8800

License Number  
00371

Name of OSHA Monitor  
N/A

Scheduled Start Date (10)  
9-12-15

Sched. Completion Date (11)  
9-15-15

Month Day Year  
Month Day Year

Occupancy Status During Abatement (Check only one)  
[X] Abatement Performed Outside of Normal Facility Hours - Describe:

Other - Describe:  

Scope of Work (Check all that apply)  
[X] 23 sf or > 23 sq ft

[X] Renovation

[X] Demolition

[X] Full Containment with Negative Pressure

[X] Mini-Enclosure

[X] Glovebag Procedure

[X] Non-Pireable 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  

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  

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  

Name of Registered Waste Hauler  
AZTECH MANAGEMENT, INC.

NUDEP Waste Hauler ID No.  
17040

Cubic Yards of Waste  
1.5

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

City, State  
Morrisville, PA, 19067

Disposal Date  
9-16-15

Completed By (Print or Type)  
Constantine Vivian

Title  
President

Signature  
Vivian

Date  
9-3-15
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:68 and 12:120)

Date of Notification (1) 8/31/15

Agencies Notified  Name of Building Owner/Operator (2) Jennifer Doyle

- EPA
- DEP
- DOL
- DOH
- DCA

Type Notification  Street Address 39 Concord Avenue

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

City, State, Zip Code Maplewood, NJ 07040

Name of Contact Jennifer Doyle

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement Is Taking Place (3) House

Street Address 39 Concord Avenue

City (5) Maplewood

County (6) Essex

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

Current Use (Prior if being demolished) House

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

ASCM No.

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

Street Address 11 Rosengren Avenue

City, State, Zip Code Totowa, NJ 07512

Project Manager for Monitoring Firm

Telephone No. 9733458685

License No. #00675

Start Date (10) 9/17/15

Scheduled Completion Date (11) 9/18/15

Occupancy Status During Abatement (Check Only One)

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

Scope of Work (Check All That Applies)

- ≥3 sf or ≥3 if
- ≥180 sf or ≥250 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 No N/A

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

Amount (Specify SF or LF) 80 LF

Abatement Type

Removal

End of Useful Life

Endorsement

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

NJDEP Waste Hauler ID No. #20596

Cubic Yards of Waste TBD

Name of Registered Landfill Waste Management of PA

City, State Totowa, NJ

Disposal Date TBD

City, State Tullytown, PA

Completed by Deanna Brikusanin

Title Project Manager

Signature

Date 8/31/15

* Do not use this form for asbestos licensure exempted activities. ASB-41 (R-06-06)
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:69 and 12:120)

Date of Notification (1)
September 03, 2015

Name of Building Owner/Operator (2)
Matrix Realty, Inc.

Type of Facility (4)

Agency Notified

EPA

DEP

DOL

DOH

DCA

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

Street Address
CN 4000

City, State, Zip Code
CRANBURY, NJ

Current Use (Prior to being demolished)
TBD

Telephone Number

Name of Facility Where Abatement is Taking Place (3)
Building E1

Square Feet

# of Floors

Bldg. Age

County (6)
Middlesex County

County Code (7)

Name of Monitoring Firm Hired by Building Owner (8)
Hillmann Environmental Co Inc

Current Use

ASCM No.
The MACK Group, LLC.

Name of Abatement Contractor (9)

Street Address
1600 Us Route 22

City, State, Zip Code
Merchantville, NJ 08109

License No.
00781

Telephone No.
(973) 759 - 5000

Name of OSHA Monitor
The MACK Group, LLC.

Street Address
1500 Kings HWY N, STE 209

City, State, Zip Code
Cherry Hill, NJ 08034

Scope of Work (Check All That Apply)

≥3 sf or ≥3lf
≥160 sf or ≥260 lf
Renovation
Demolition

Start Date (10)
9/17/15

Scheduled Completion Date (11)
10/17/15

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

Other - Describe:

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 Fitting insulation on fiberglass
32

floor tile & mastic
1500 sf

floor tile
400 SF

Mirror mastic
8 SF

Amount (Specify SF or LF)

Abatement Type

Removal
Repair
Encapsulation
Endoscope

Location

Mechanical Room, North Side

Room # 11-03 and 11-04

Women's Rest Room

Endoscope

Endoscope

Endoscope

Endoscope

Name of Registered Waste Hauler

Newark Carting / Freehold Cartage

Cumberland Co. / BFI / GROWS / TRRF

Cubic Yards of Waste

22253

19.8

Disposal Date

10/17/15

Name of Registered Landfill

Newburg / Imperial / Morrisville, PA

City, State

Newburg / Imperial / Morrisville, PA

City, State

ASB-41 (R-06-08)

Title
President

Completed by
Michael Cooper

* 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) 8/31/15

Name of Building Owner/Operator (2)
James Parola

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

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

Street Address
24 Grant Avenue

City, State, Zip Code
Dumont, NJ 07628

Name of Contact
James Parola

FACILITY INFORMATION

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

Street Address
24 Grant Avenue

City (6)
Dumont

County (6)
Bergen

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

ASCM No.

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

Street Address
11 Rosengren Avenue

City, State, Zip Code
Totowa, NJ 07512

Project Manager for Monitoring Firm

Telephone No.
9733458885

License No.
#00675

Start Date (10) 9/16/15

Scheduled Completion Date (11) 9/17/15

Occupancy Status During Abatement (Check Only One)

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

Scope of Work (Check All That Apply)

- ≥3 sq. or ≥3 ft
- ≥600 sq. or ≥600 ft
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Fireable 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 No N/A

pipe insulation

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

Amount (Specify SF or LF)
195LF

Abatement Type

Endure

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

NJ/DEP Waste Hauler ID No. #20996

Cubic Yards of Waste TBD

Name of Registered Landfill
Waste Management of PA

City, State
Totowa, NJ

Disposal Date TBD

City, State
Tullytown, PA

Completed by
Deanna Brkusuin

Title
Project Manager

Signature

Date 8/31/15

* 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) 8/31/15

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Name of Building Owner/Operator (2)</th>
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<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
<td>Gene &amp; Pat Kolakowski</td>
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<tr>
<td>DEP</td>
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<td></td>
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<tr>
<td>DOL</td>
<td>Amendment #</td>
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<td>DOH</td>
<td>Emergency (including justification)</td>
<td></td>
</tr>
<tr>
<td>DCA</td>
<td>Cancellation</td>
<td></td>
</tr>
</tbody>
</table>

Street Address 156 Emerson Ave
City, State, Zip Code Carteret, NJ 07002

Name of Contact Gene & Pat Koakowski
Tel. Number Telephone

FACILITY INFORMATION

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

Street Address 156 Emerson Ave
City (5) Carteret
County (6) Middlesex

County Code (7) N/A

Square Feet N/A
# of Floors N/A
Bldg. Age N/A

Name of Monitoring Firm Hired by Building Owner (8) ASCM No.
N/A D&S Abatement, Inc.

Street Address 11 Rosengren Avenue
City, State, Zip Code Totowa, NJ 07512

Project Manager for Monitoring Firm Telephone No.

Name of Abatement Contractor (9) Telephone No.
D&S Abatement, Inc. 9733458665

License No. #00675

Name of OSHA Monitor D&S Abatement, Inc.

Street Address 11 Rosengren Avenue
City, State, Zip Code Totowa, NJ 07512

Start Date (10) 9/15/15
Scheduled Completion Date (11) 9/16/15

Occupancy Status During Abatement (Check Only One)

Facility Closed/Vacated During Entire Period of Abatement

Abatement Performed Outside of Normal Facility Hours

Other — Describe: Occupied

Scope of Work (Check All That Apply)

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

Asbestos 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 160 LF

Amount (Specify SF or LF)

Abatement Type

Removal

Repair

Encapsulation

Endorsement

Name of Registered Waste Hauler

D&S Abatement, Inc.

NJDEP Waste Hauler ID No. #20996

Cubic Yards of Waste TBD

Name of Registered Landfill Waste Management of PA

City, State Totowa, NJ

Disposal Date TBD

City, State Tullytown, PA

Completed by Deanna Briansin Title Project Manager

Signature 8/31/15

ASB-41 (R-05-08)

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

**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 5:80 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>9/31/15</th>
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<tr>
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<td>DOH</td>
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<tr>
<td>DCA</td>
<td></td>
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<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Kurt Schinder</td>
</tr>
<tr>
<td>Street Address</td>
<td>PO Box 631</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Chatham, NJ 07928</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Kurt Schinder</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

| Name of Facility Where Abatement Is Taking Place (3) | House |
| Street Address                                      | 37 North Passaic Ave |
| City (5)                                             | Chatham |
| County Code (7)                                      | Morris |
| Current Use (Prior to if being demolished)           | House |
| Name of Monitoring Firm Hired by Building Owner (8)  | N/A    |
| Name of Abatement Contractor (9)                    | D&S Abatement, Inc. |
| Street Address                                      | 11 Rosengren Avenue |
| City, State, Zip Code                                | Totowa, NJ 07512 |
| Telephone No.                                       | 9733458885 |
| License No.                                         | #00675 |
| Start Date (10)                                      | 9/14/15 |
| Scheduled Completion Date (11)                       | 9/15/15 |
| Occupancy Status During Abatement (Check Only One)   |         |
| Facility Closed/Vacated During Entire Period of Abatement |         |
| Abatement Performed Outside of Normal Facility Hours |         |
| Other - Describe: Occupied                          |         |
| Scope of Work (Check All That Apply)                 |         |
| ≥ 30 sf or ≥ 30 ft                                   |         |
| ≥ 160 sf or ≥ 260 sf                                 |         |
| Renovation Demolition                               |         |
| Full Containment with Negative Pressure             |         |
| Mini-Enclosure                                       |         |
| Glovebag Procedure                                  |         |
| Non-Exempted (* and Non-Friable Procedure)          |         |

| Location of Asbestos-Containing Material (ACM)      |
| TO BE ABATED                                        |
| Is Location Normally Used Solely by Maintenance/    |
| Custodial Staff? (12)                               |
| Yes | No | N/A |
| Crawl Space                                        | X |
| pipe insulation                                    | 140 LF |
| Description of Asbestos Containing Material (ACM)   |
| (i.e. thermal systems insulation, surfacing, VAT,  |
| or other miscellaneous)                            |
| Amount (Specify SF or LF)                           |

<p>| Abatement Type                                       |</p>
<table>
<thead>
<tr>
<th>Removal</th>
<th>Repair</th>
<th>Encapsulate</th>
<th>Endorse</th>
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</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Name of Registered Waste Hauler                     |
| D&S Abatement, Inc.                                 |
| NJDEP Waste Hauler ID No.                           |
| #20996                                            |
| Cubic Yards of Waste                                |
| TBD                                               |
| Name of Registered Landfill                         |
| Waste Management of PA                              |
| City, State                                        |
| Totowa, NJ                                         |
| Disposal Date                                      |
| TBD                                               |
| City, State                                        |
| Tullytown, PA                                      |
| Completed by                                       |
| Deanna Brkusanim                                   |
| Title Project Manager                              |
| Signature                                          |
| Date 8/31/15                                       |

* 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)
August 27, 2015

Name of Building Owner/Operator (2)
Edward Brennan
Check #2359

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

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

Street Address
16 Springfield Avenue

City, State, Zip Code
Merchantville, NJ 08110

Name of Contact
Mika Tippin

Telephone Number

FACILITY INFORMATION

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

Street Address
16 Springfield Avenue

City (5)
Merchantville

County (6)
Camden

County Code (7)

Current Use (Prior if being demolished)
Residence

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

ASCM No.

Name of Abatement Contractor (9)
Shade Environmental, LLC

Street Address
623 Cutler Avenue

City, State, Zip Code
Maple Shade, NJ 08052

Project Manager for Monitoring Firm
Bill Weisgarber

Telephone No.
609-286-4070

License No.
00842

Start Date (10)
September 18, 2015

Scheduled Completion Date (11)
September 25, 2015

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

Scope of Work (Check All That Apply)
☒ 33 sq ft or 33 ft
☒ 160 sq ft or 280 ft
☐ Renovation
☐ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Removable Procedure

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

In Facility (13)

Location Normally Used Solely by Maintenance Custodial Staff? (12)
Yes ☒ No ☑

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

Amount (Specify SF or LF)
75 LF

Abatement Type
☐ Removal
☐ Repair
☐ Encapsulate
☐ Endure

Name of Registered Waste Hauler
NJDEP Waste Hauler ID No.
02265

Cubic Yards of Waste
2

Name of Registered Landfill
Cumberland County Landfill

City, State
Newburg, PA

Disposal Date
9/25/2015

City, State
Freehold, NJ

Completed by
Diana Lynch

Title
Owner

Signature

Date
9/2/2015

ASB-41 (R-06-06)

* Do not use this form for asbestos licensure exempted activities.
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:110)

Date of Notification (1)  9-1-15

Name of Building Owner/Operator (2)  PINNACLE CONSTRUCTION

Agency Notified  Type Notification
☐ EPA  ☑ Initial
☐ DOL  ☑ Amended
☐ DMC  ☑ Amendment #: ______
☐ OSHA  ☑ Emergency (including justification)
☐ CCA  ☑ Cancellation

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

Street Address  1137 WEST AVE

City (5)  OCEAN CITY

County (6)  CAPE MAY

Telephone No.  369 S. SPRUCE AVE.

Name of Monitoring Firm Hired by Building Owner (8)
Klemco INC.

Name of Abatement Contractor (9)
Klemco INC.

Start Date (10)  9/14/15

Scheduled Completion Date (11)  9/21/15

Facility Closed/Vacated During Abatement (Check only one)
☑ Yes  ☑ No

Ablation Performed Outside of Normal Facility Hours
☐ Yes  ☑ No

Scope of Work (Check all that apply)
☐ Renovation  ☑ Demolition
☐ Partial  ☑ Full
☐ 2300 sf or 2300 sf
☐ 2300 sf or 2300 sf

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

Is Location Normally Used Solely by Maintenance/Operational Staff?
☐ Yes  ☑ No

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

Removal
3500 SF

Type of Abatement
Removal

Name of Registered Waste Hauler
Klemco INC.

Name of Registered Landfill
C.M.C.M.U.T.

Date of Completion
9-1-15

Signature
Joseph E. Klemm

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><strong>Date of Notification</strong></th>
<th>9-1-15</th>
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<tbody>
<tr>
<td><strong>Name of Building Owner/Operator</strong></td>
<td>EARTHTECH CONTRACTING</td>
</tr>
<tr>
<td><strong>Street Address</strong></td>
<td>155 RT 50</td>
</tr>
<tr>
<td><strong>City, State, Zip Code</strong></td>
<td>GREMPELO, N.J. 08230</td>
</tr>
<tr>
<td><strong>Name of Contact</strong></td>
<td>BRUCE BRENNIG</td>
</tr>
<tr>
<td><strong>Telephone Number</strong></td>
<td>N/A</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

| **Name of Facility Where Abatement is Taking Place** | RESIDENCE |
| **Street Address** | 938 OCEAN AVE |
| **City, State** | OCEAN CITY, N.J. |
| **County** | CAPE MAY |
| **Current Use (Prior to being demolished)** | VACANT |

**Name of Abatement Contractor**

| **Name of Abatement Contractor** | KLEEMCO INC. |
| **Street Address** | 369 S SPRUCE AVE |
| **City, State, Zip Code** | MAPLE SHAPE, N.J. 08052 |
| **Telephone No** | 856-759-0472 |
| **License No** | 00444 |

**Scope of Work**

- Demolition

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

- Siding

**Location of ACM Normally Used Solely by Maintenance, Custodial Staff**

- Yes

**Description of ACM**

- Asbestos-containing material (ACM) in thermal systems insulation, surfacing, VAP, or other miscellaneous

**Amount (Specify SF or LF)**

- N/A

**Abatement Type**

- N/A

**Name of Registered Waste Hauler**

| **Name of Registered Waste Hauler** | KLEEMCO INC. |
| **Cubic Yards of Waste** | 5 |
| **Name of Registered Landfill** | C.M.C.M.U.A |

**Completed By**

| **Completed By** | MICHAEL KLEEMCO |
| **Vice President** | N/A |

**Signature**

| **Signature** | N/A |
| **Date** | 9-1-15 |

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

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

**Date of Notification:** 9-1-15  
**Name of Building Owner/Operator:** Earthtech Contracting

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

**Street Address:** 188 Rt. 50  
**City, State, Zip Code:** Greenfield, N.J. 08730

**Name of Contact:** Bruce Breunig  
**Telephone Number:** Cell: 1-516-434-5003

**Name of Facility Where Abatement is Taking Place:** Residence  
**Street Address:** 7109 Haven Ave  
**City:** Ocean City  
**County:** Cape May

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

**Type of Facility:** Residential  
**Square Feet:** 1500  
**# of Floors:** 2  
**Bldg. Age:** 40+

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

**Address:** 369 S. Spruce Ave  
**City, State, Zip Code:** Maple Shade, N.J. 08052

**Telephone No.:** 856-759-0472  
**License No.:** 00444  
**Name of OSHA Monitor:** Joseph Klemm Jr.

**Address:** 369 S. Spruce Ave  
**City, State, Zip Code:** Maple Shade, N.J. 08052

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

**Location of Asbestos-Containing Material (ACM) to be Abated:**  
- **Siding:** X  
- **Transite:** 800 SF

**Name of Registered Waste Hauler:** Klemco Inc.

**Cubic Yards of Waste:** 5  
**Name of Registered Landfill:** C.M.C.M.U.A.

**City, State:** Maple Shade, N.J.

**Completed by:** Michael Klemm  
**Title:** Vice President  
**Signature:**  
**Date:** 9-1-15

---

*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)

**Name of Building Owner/Operator**: Lev Krugelyakov

**Street Address**: 8 Millbrook Court

**City, State, Zip Code**: Livingston, NJ 07039

**Name of Contact**: Ron

**Telephone Number**: N/A

---

**FACILITY INFORMATION**

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

- **Square Feet**: 2000
- **# of Floors**: 2
- **Bldg. Age**: 50+

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

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

**ASCM No.**: n/a

**Name of Abatement Contractor**: Loznica Management Corp

- **Street Address**: 22 Troy Lane
- **City, State, Zip Code**: Lincoln Park NJ 07035

**Telephone No.**: 9737067950

**License No.**: 01193

**Name of OSHA Monitor**: Loznica Management Corp

- **Street Address**: 22 Troy Lane
- **City, State, Zip Code**: Lincoln Park NJ 07035

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

- [ ] 23 sf or ≥35 ft
- [ ] ≥160 sf or ≥260 ft
- [ ] Renovation
- [ ] Demolition

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

- **In Facility**: Basement

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

- **Yes**: No

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

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

- **Amount (Specify SF or LF)**: 15 SF

**Abatement Type**

- [ ] Removal
- [ ] Encapsulate
- [ ] Endoscope

**Name of Registered Landfill**: GROWS Landfill

- **City, State**: Morristown PA 19067

**Disposal Date**: TBD

**Name of Registered Waste Hauler**: NJDEP Waste Hauler ID No. 0033137

- **Cubic Yards of Waste**: TBD

**Completed by**: E. Cirovic

**Title**: Secretary

**Signature**: [Signature]

**Date**: 9/1/2015

---

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

Date of Notification (1): 9/2/15  
Name of Building Owner/Operator (2): Greg TROOPER

Agency Notified:  
- EPA  
- DEP  
- DOH  
- DCA  
- DOJ

Type Notification:  
- Initial  
- Amended

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3):  
101 Runson Place  
City: Little Silver  
County: Monmouth

Square Feet: 2,500  
# of Floors: 2  
Bldg. Age: 85 yrs

Name of Monitoring Firm Hired by Building Owner (5):  
ASCM No.:  
Name of Abatement Contractor (9): Best Removal Inc

Start Date (10): 9/17/15  
Scheduled Completion Date (11): 9/18/15

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

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

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): Thermal Insulation

Amount (Specify SF or LF): 95 LF

Name of Registered Waste Hauler: Best Removal Inc  
ID No.: 17109

Minerva Enterprises, LLC

City, State: Hackensack, N.J. 07601

Disposal Date: 9/18/15

Completed by: J. Maiorano  
Title: Estimator

Signature: [Signature]  
Date: 9/2/15

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to HJAC 8:66 and 12:120)

Date of Notification (1)
9-2-2015

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

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

Name of Building Owner/Operator (2)
27 66th STREET CONDO ASSOC

Street Address
27 66th STREET

City, State, Zip Code:
WEST NEW YORK, N.J. 07093

Name of Contractor:
J. ROY

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
27 66th STREET CONDO ASSOC

Name of Monitoring Firm Hired by Building Owner (8)

Name of Asbestos Contractor (9)
Best Removal Inc

ASCM No.

Street Address
450 South River St

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

Project Manager for Monitoring Firm

Telephone No.
201-329-7444

License No.
00388

Start Date (10)
9-15-2015

Scheduled Completion Date (11)
9-16-2015

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

Scope of Work (Check all that apply)
☐ 2.3 sq ft or >= 3 sq ft
☐ 160 sq ft or <= 260 sq ft
☐ Per Foot
☐ Per Square Foot
☐ Per Square Yard

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

In Location
Normally
Located by
Maintenance/
Contracted
Shift
Other

Yes
No
N/A

Description of Asbestos-Containing Material (ACM)
(i.e., thermal system insulation, including Mav, or other asbestos-containing materials)

Amount (Specify SF or LF)

Abatement Type

Location
Basement

Material
Thermal Insulation

120 LF

Name of Registered Waste Handler
Best Removal Inc

C.O.
17109

Name of Registered Landfill
Minerva Enterprises, LLC

City, State
Hackensack, N.J. 07601

Compliant by
R. VELDREN

Title
Estimator

Signature
R. VELDREN

Date
9-2-2015

* Do not use if for asbestos literature collection activities.
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)

<table>
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<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
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<tr>
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<td>Jefferson Gardens</td>
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Agency Notified  
- EPA  
- DEP  
- DOL  
- DOH  
- DCA  
- DCA

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

Facility Information  
Name of Facility Where Abatement is Taking Place (3)  
Jefferson Gardens

Street Address  
90 Marilyn Place

City, State, Zip Code  
Clifton, N.J. 07015

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

Name of Monitoring Firm Hired by Building Owner (8)  
Best Removal Inc

ASCM No.  

Name of Abatement Contractor (9)  
Best Removal Inc

Residence Arts

Street Address  
450 South River St

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

License No.  
201-329-7444  
00388

Name of OSHA Monitor  
Omega Environmental

Street Address  
280 Huyler St

City, State, Zip Code  
Hackensack, N.J. 07606

Scope of Work (Check all that apply)  
- 3 sf or < 3 sf  
- 180 sf or 260 sf

Occuicany Status During Abatement (Check only one)  
- Facility Closed/Vacated During Entire Period of Abatement  
- Abatement Performed Outside of Normal Facility Hours  
- Other - Describe: from 8am to 5pm

Start Date (10)  
9/14/15

Scheduled Completion Date (11)  
9/15/15

Abatement Type  
- Full Containment with Negative Pressure  
- Demolition  
- Thermal Enclosure Procedure  
- Glovebox Procedure  
- Non-Exempted (*) and Non-Frisable Procedure

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

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

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

Amount (Specify SF or LF)  
85 LF

Name of Registered Waste Hauler  
Best Removal Inc

NICP Waste Hauler ID No.  
17109

Cubic Yards of Waste  
3.125

Name of Registered Landfill  
Minerva Enterprises, LLC

City, State  
Waynesburg, Ohio 44688

Completed by  
J. Maiorano

Title  
Estimator

Signature  

Date  
9/2/15

* Do not use this form for asbestos licensure declination activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:89 and 12-120)

Date of Notification (1)
08-01-15

Name of Building Owner/Operator (2)
Michele Solowiski

Agencies Notified

- EPA
- DEP
- DOL
- DOH
- DCA

Type Notification

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

Street Address
879 York St.

City, State, Zip Code
East Rutherford, NJ 07073

Name of Contact
Michele Solowiski

FACILITY INFORMATION

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

Street Address
879 York St.

City (5)
East Rutherford

County (6)
Bergen

County Code (7)
(STATE USE ONLY)

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

ASCM No.

Name of Abatement Contractor (9)
Della Contracting LLC.

Street Address
522 7th St.

City, State, Zip Code
Union City NJ 07087

Project Manager for Monitoring Firm

Telephone No.

License No.
201 216-9603
01206

Start Date (10)
08-11-15

Scheduled Completion Date (11)
08-12-15

Occupancy Status During Abatement (Check Only One)

Facility Closed/Vacated During Entire Period of Abatement

Abatement Performed Outside of Normal Facility Hours

Other - Describe: 7:00 AM-5:00 PM

Scope of Work (Check All That Apply)

- 23 sf or 23 sf
- 2160 sf or 2260 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

Is Location Normally Used Solely by Maintenance/ Custodial Staff?

Yes No N/A

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

Amount (Specify SF or LF)
20 LF

Abatement Type
Removal Repair Encapsulation

Name of Registered Waste Hauler
Della Contracting LLC

NJDEP Waste Hauler ID No.
35240

Cubic Yards of Waste
1

Name of Registered Landfill
Tullytown Resource Recovery Facility

City, State
Union City NJ

Disposal Date
08-14-15

City, State
Tullytown, PA

Completed by
Jaime Delgado

Title
Proj. Manager.

Signature

Date
08-11-15

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

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

**Date of Notification (1)**
8-27-2015

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

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

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

**Street Address**
44 Bilton Avenue

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

**Name of Contact**
Fatima Sanchez

**Telephone Number**

### FACILITY INFORMATION

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

**Street Address**
44 Bilton Avenue

**City (5)**
Teaneck, NJ 07666

**County (6)**
Bergen

**Square Feet**
1696

**# of Floors**
2

**Bldg. Age**
75+

**Name of Monitoring Firm Hired by Building Owner (8)**
Green Environmental Services, LLC

**ASCM No.**

**Name of Abatement Contractor (9)**

**Street Address**
235 Virginia Avenue

**City, State, Zip Code**
Jersey City, NJ

**Telephone No.**
201-333-8855

**License No.**
01174

**Name of OSHA Monitor**
Same as above

**Start Date (10)**
8-27-2015

**Scheduled Completion Date (11)**
8-27-2015

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

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

**In Facility (13)**

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED</th>
<th>Description of Asbestos Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>Pipe insulation</td>
<td>100 LF</td>
<td>X</td>
</tr>
</tbody>
</table>

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

- Yes
- No
- N/A

**Name of Registered Waste Hauler**
Green Environmental Service, LLC

**NUDEP Waste Hauler ID No.**
0034889

**Cubic Yards of Waste**
2

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

**City, State**
Jersey City, NJ

**Disposal Date**
8-28-2015

**City, State**
Morrismville, PA

**Completed by**
Liliana Serrano

**Title**
Office Manager

**Signature**

**Date**
8-27-2015

*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)
9-8-2015

Name of Building Owner/Operator (2)
Robert Lukenda

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

Type Notification
☐ Initial
☐ Amended
☐ Amendment # 1
☐ Emergency (including notification
☐ Cancellation

Street Address
216 North Avenue East

City, State, Zip Code
Cranford, NJ 07016

Name of Contact:
Gary Junko

Telephone Number

FACILITY INFORMATION

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

Street Address
27 South Avenue West

City (5)
Cranford, NJ 07016

County (6)
Union

County Code (7) (STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8)
ASCM No.
Name of Abatement Contractor (9)
Green Environmental Services, LLC

Street Address
235 Virginia Avenue

City, State, Zip Code
Jersey City, NJ 07304

Project Manager for Monitoring Firm

Telephone No.

Telephone No.
201-333-8855

License No.
01174

Start Date (10)
9-8-2015

Scheduled Completion Date (11)
9-8-2015

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)
☐ 200 sf or 200 ft
☒ 160 sf or 260 ft
☐ Renovation
☒ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebox Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

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

In Facility (13)

Yes No N/A

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

Is Location Normally Used Solely by Maintenance/ Custodial Staff? (15)

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

Amount (Specify SF or LF)
2004 SF

Abatement Type

House perimeter

X

Shingle Siding

Name of Registered Waste Hauler
Green Environmental Services

NJDEP Waste Hauler ID No.
0034889

Cubic Yards of Waste
6

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

Disposal Date
9-8-2015

City, State
Morrismville, PA

Completed by
Liliana Serrano

Title
Office Manager

Signature

Date
9-8-2015

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey - Notification of Asbestos Abatement
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC Project # 060-15

Date of Notification (1)
August 31, 2015

 Agencies Notified
EPA
DCA
DOL
DEP - No Longer REQUIRED
DOH

Notification Type
X Initial Notification
Amended Notification #
Emergency (including justification)
Cancelled

Name of Building Owner/Operator (2)
RUTGERS, THE STATE UNIVERSITY OF NJ

Street Address
ENVIRONMENTAL HEALTH & SAFETY DEPT.
27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS
PISCATAWAY, NJ 08854

Name of Contact
MICHAEL SMITH, ENV.
HEALTH & SAFETY

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

Sq. Feet: N/A
# of Floors: 8
Bldg. Age: 60+ years

Current Use (prior if being demolished): ACADEMIC

PHARMACY, BLDG. # 3750

Street Address
BUSCH CAMPUS

City (5)
PISCATAWAY

County (6)
MIDDLESEX

County Code (7)
(State Use Only)
0098

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

ASCM No.
0098

Address
3 TERRI LANE

City, State, Zip Code
BURLINGTON, NJ 08016

Project Manager for Monitoring Firm
BRIAN KEARNY

Telephone Number
609-386-8800

Scheduled Start Date (10)
09/11/15

Scheduled Completion Date (11)
09/14/15

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: Shift Hours: 5:00 PM - 5:00 AM
(24 hours as needed)

Scope of Work (Check all that apply)
☐ ≥ 3 sf or ≥ 3 if
☐ ≥ 160 sf or ≥ 260 if
☐ Renovation
☐ Demolition

Location of Asbestos-Containing Material (ACM) in Facility (13)
X Is Location Normally Used Solely by Maint./Casual Staff? (12)
YES NO NA

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

Amount (Specify SF or LF)

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

Rooms 301 & 305
TSI - Pipe Insulation
<9 LF

Name of Reg. Waste Hauler
NJDEP Waste Hauler ID #

See Hauler Below #1 & 2
See Below

Cubic Yards of Waste: 5 CY

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

Hauler #1) Greenwood Abatement Consultants, Inc. – Butler, NJ 07405
NJDEP # 28969
Hauler #2) 5 TG – 58 Pylas Lane, New Castle, De 19720
NJ DEP # 20990

Completed by (Print or Type)
RAYMOND C. PEDALINO
SENIOR PROJECT MANAGER

Signature
Raymond C. Pedalino

Date
August 31, 2015

Copies To: Rutgers, REHS, Attn: Mike Smith
and Cardno ATC, Attn: Brian Kearney
# NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

## Date of Notification (1)
September 1, 2015

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

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

## Name of Building Owner/Operator (2)
Seminole Construction

## Street Address
128 Bartlett Avenue

## City, State, Zip Code
West Creek, NJ 08092

## Name of Contact
Joyce

## Telephone Number

## FACILITY INFORMATION

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

### Street Address
1517 Daytona Road

### City
Forked River

### County
Ocean

### County Code (STATE USE ONLY)

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

### Square feet
1200 sf

### # of Floors
1

### Bldg. Age
60

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

### 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

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

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

### Is Location Normally used Solely by Maintenance/Custodial Staff (12)
YES NO N/A

### Description of Asbestos-Containing Material (ACM)
Exterior house

### Exterior house
Asbestos siding

### Amount (Specify SF or LF)
1100 sf

### Abatement Type
X

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

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

### NIDEP Waste Hauler ID No.
20223

### Cubic Yards of Waste
3

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

### City, State
Toms River, New Jersey

### Disposal Date
9/14/15

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

### Title
Project Manager

### 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 12:120)

Date of Notification (1)
8/27/15 & 9/2/15

Name of Building Owner/Operator (2)
John & Helena Zablocki

Agencies Notified
EPA
DEP
DOH
DOL
DCA

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

Street Address
6 Butler Street

City, State, Zip Code
Pompton Lakes, NJ 07442

Name of Contact
John & Helena

Facility Information

Name of Facility Where Abatement is Taking Place (3)
Private single family home

Square Feet
2500

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

# of Floors
2

County Code (5)
Passaic

Bldg. Age
95

County Code (7)
(State Use Only)

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8)
J & S Environmental Laboratories

ASCM No.

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

Street Address
2333 Route 22 W

City, State, Zip Code
Union, NJ 07083

License No.
703

Telephone No.
973-764-2276

Name of OSHA Monitor

Project Manager for Monitoring Firm

Scheduled Completion Date (11)
11/2/15

Facility Closed/Vacated During Entire Period of Abatement

Scope of Work (Check All That Apply)

Acceptable • Unacceptable

Exposure

X 20 to 250 sf

X 160 to 2600 sf

X Renovation

X Demolition

X Full Containment with Negative Pressure

X Mini-Enclosure

X Glovebox Procedure

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

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM)</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>TO BE ABATED in Facility</td>
<td>(13)</td>
<td>(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>basement</td>
<td>x</td>
<td>floor tile &amp; mastic</td>
<td>420 LF</td>
<td>x</td>
</tr>
<tr>
<td>basement</td>
<td>x</td>
<td>pipe insulation</td>
<td>150 LF</td>
<td>x</td>
</tr>
<tr>
<td>basement boiler room</td>
<td>x</td>
<td>backing flue</td>
<td>2 SF</td>
<td>x</td>
</tr>
<tr>
<td>basement staircase</td>
<td>x</td>
<td>linoleum</td>
<td>30 SF</td>
<td>x</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler Freehold Cartage
NJDEP Waste Hauler ID No. 15959

Cubic Yards of Waste TDB

Name of Registered Landfill
Western Berks Landfill

City, State
Freehold, NJ

Disposal Date
TBD

City, State
Birdsboro, PA

Completed by
A. Scott Higgins
Title
President

Signature
Date
8/27/15 & 9/2/15

* Do not use this form for asbestos license exempted activities.
### ZABLOCKI RESIDENCE

**6 BUTLER DRIVE**  
POMPTON LAKES, NJ

<table>
<thead>
<tr>
<th>Location</th>
<th>ACM Description</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>floor tile &amp; mastic</td>
<td>420 SF</td>
</tr>
<tr>
<td>Basement</td>
<td>pipe insulation (fiberglass)</td>
<td>150 LF</td>
</tr>
<tr>
<td>Boiler Room</td>
<td>backing flue</td>
<td>2 SF</td>
</tr>
<tr>
<td>Basement staircase</td>
<td>linoleum</td>
<td>30 SF</td>
</tr>
</tbody>
</table>
State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12:120-7)
*** ADDITIONAL FOOTAGE & Comp Date ***
Check # 7389

**Date of Notification (1) 2015 SEP - B 11/11/11**

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Name of Building Owner/Operator (2)</th>
<th>Check # 7389</th>
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<tbody>
<tr>
<td>□ EPA</td>
<td>□ Initial</td>
<td>Atlantic Health System</td>
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<tr>
<td>□ DEP</td>
<td>□ Amendment</td>
<td>City, State, Zip Code</td>
<td></td>
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<tr>
<td>X DOL</td>
<td>□ Cancellation</td>
<td>Morristown, NJ 07960</td>
<td></td>
</tr>
<tr>
<td>□ DOH</td>
<td></td>
<td>Name of Contact Peter Palmer</td>
<td></td>
</tr>
<tr>
<td>□ DCA</td>
<td></td>
<td>Phone Number</td>
<td></td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

Name of facility where abatement is taking place (3)
Morristown Medical Center, Franklin Building

Street Address
100 Madison Avenue, 5th floor, West wing

City (5)
Morristown

County (6)
Morris

County Code (7)
Morris

Name of Monitoring Firm Hired by Bldg. Owners (8)
T&M Associates

ACSM No. 0145

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

Square Feet

# of Floors

Bldg. Age

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

Street Address
105 Ryerson Road

City, State, Zip Code
Lincoln Park, NJ 07035

Telephone Number
(973)686-6659

License Number
00378

Name of OSHA Monitor
B & G Restoration, Inc.

Occupancy Status During Abatement
□ Facility closed/vacated during entire period of abatement.
□ Abatement performed outside of normal facility hours
Other: Describe: work shift 4:00am - 12:30am

Name of Registered Hauler
B & G Restoration, Inc.

NJDEP Hauler ID# 19563
Cubic Yards of Waste
4 yds

Registered Waste Hauler
B & G Restoration, Inc.

City, State
Lincoln Park, NJ

Disposal Date
09/08/2015

Name of Registered Landfill
Tullytown Resource & Recovery Center

City, State
Tullytown, PA

Completed by (Print or Type)
Gordana Luna

Title
Secretary/Treasurer

Signature
Gordana Luna

Date
09/02/2015

Scope of Work (check all that apply)
□ Demolition
□ Renovation
□ >3 sf or >3 if
□ >160 sf or >280 if

Full Containment w/negative pressure
□ Glovebag procedure
□ Mini-enclosure
□ Non-friable procedure

Location of asbestos-containing material 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>x</td>
<td></td>
</tr>
</tbody>
</table>

Description of asbestos-containing material (ACM)

<table>
<thead>
<tr>
<th>pipe fittings</th>
<th>50 fittings</th>
</tr>
</thead>
<tbody>
<tr>
<td>large drain pipe fittings</td>
<td>2 fittings</td>
</tr>
<tr>
<td>pipe insulation ***</td>
<td>60 if ***</td>
</tr>
</tbody>
</table>

Amount (Specify SF or LF)

Removal
Repair
Encap
Enc1

Regulated Waste Hauler
B & G Restoration, Inc.

City, State
Lincoln Park, NJ

Disposal Date
09/08/2015

Name of Registered Landfill
Tullytown Resource & Recovery Center

City, State
Tullytown, PA

Completed by (Print or Type)
Gordana Luna

Title
Secretary/Treasurer

Signature
Gordana Luna

Date
09/02/2015
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 5:60 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>August 24, 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>United States Department of Justice - Federal Correctional Institution</td>
</tr>
<tr>
<td>Agencies Notified</td>
<td>Type Notification</td>
</tr>
<tr>
<td>× EPA</td>
<td>Initial</td>
</tr>
<tr>
<td>× DEP</td>
<td>Amended</td>
</tr>
<tr>
<td>× DOL</td>
<td>Amendment #</td>
</tr>
<tr>
<td>× DOH</td>
<td>Emergency (including justification)</td>
</tr>
<tr>
<td>× DCA</td>
<td>Cancellation</td>
</tr>
<tr>
<td>Street Address</td>
<td>38 Pointville Road, Building 5814, (Joint Base McQuire/Fort Dix/Lakehurst)</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Fort Dix, New Jersey 08640</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Mr. Michael O'Neill</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>856-629-1166</td>
</tr>
</tbody>
</table>

### FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Various Buildings East and/or West Compound</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>East &amp; West Compound Sites</td>
</tr>
<tr>
<td>City (5)</td>
<td>Fort Dix</td>
</tr>
<tr>
<td>County (6)</td>
<td>Burlington County</td>
</tr>
<tr>
<td>County Code (7)</td>
<td>(STATE USE ONLY)</td>
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</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>Quality Environmental Concepts, Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASCM No.</td>
<td>NA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Abatement Contractor (9)</th>
<th>Quality Environmental Concepts, Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>1053 North Tuckahoe Road</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Williamstown, New Jersey 08094</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>856-629-1166</td>
</tr>
<tr>
<td>License No.</td>
<td>01086</td>
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<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Edward J. Knorr</th>
</tr>
</thead>
<tbody>
<tr>
<td>Start Date (10)</td>
<td>August 31, 2015</td>
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<tr>
<td>Scheduled Completion Date (11)</td>
<td>August 31, 2016</td>
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<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check Only One)</th>
<th>Facility Closed/Vacated During Entire Period of Abatement</th>
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<tbody>
<tr>
<td>Other – Describe:</td>
<td>Emergency Clean Up</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check All That Apply)</th>
<th>Renovation Demolition</th>
</tr>
</thead>
<tbody>
<tr>
<td>≥360 sf or ≥6 rooms</td>
<td></td>
</tr>
<tr>
<td>≥160 sf or ≥283 sf</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)</th>
<th>Various Locations &amp; Buildings</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAC, or other miscellaneous)</td>
<td>Floor Tile, pipe insulation, misc.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
<td>TBD</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Abatement Type</th>
<th>Removal</th>
<th>Repair</th>
<th>Encapsulate</th>
<th>Endorse</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full Containment with Negative Pressure</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mini-Enclosure</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Glovebox Procedure</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-Exempted (*) and Non-Friable Procedure</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-exempted (*) and Non-Friable Procedure</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>Robinson Waste Disposal Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>NJDEP Waste Hauler ID No.</td>
<td>19710</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Disposal Date</th>
<th>TBD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Registered Landfill</td>
<td>GROWS Landfill</td>
</tr>
<tr>
<td>City, State</td>
<td>Morrisville, PA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed by</th>
<th>Edward J. Knorr</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
<td>Vice President</td>
</tr>
<tr>
<td>Signature</td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td>August 24, 2015</td>
</tr>
</tbody>
</table>

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

Date of Notification (1)
08/31/2015

Name of Building Owner/Operator (2)
Wanaque Municipal Township

Agencies Notified
☐ EPA
☐ DEP
☐ DOL
☐ DOH
☐ DCA
☐ Initial
☐ Amended
☐ Amendment #2
☐ Emergency (including justification)
☐ Cancellation

Street Address
579 Ringwood Ave.

City, State, Zip Code
Wanaque, NJ, 07465

Name of Contact
Toni Jovanovski

Telephone Number

FACILITY INFORMATION

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

Street Address
579 Ringwood Ave.

City (5)
Wanaque, NJ 07465

County (6)
Passaic

County Code (7) (STATE USE ONLY) _________

Current Use (Prior if being demolished)
Municipal Building

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

Square Feet
24000

# of Floors
2

Bldg. Age
90

Name of Monitoring Firm Hired by Building Owner (6)
McCabe Environmental Services

ASCM No.
00118

Name of Abatement Contractor (9)
OK Contractors LLC

Street Address
454 Valley Brook Ave #3A

City, State, Zip Code
Lyndhurst, NJ 07071

Telephone No.
201 438-4839

Telephone No.
973 513-4245

License No.
01236

Project Manager for Monitoring Firm
Ralph Coppola

Start Date (10)
08/21/2015

Scheduled Completion Date (11)
08/31/2015

Occuancy 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 fl
☐ ≥180 sf or ≥260 sf
☐ Renovation
☐ Demolition

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

In Facility
☐ Administration Clerk’s Office
☐ Tax Office
☐ Conference Room 2nd flr
☐ Assessor’s Office 2nd flr

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>Description</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>VAT/Mastic</td>
<td>800sf</td>
</tr>
<tr>
<td>VAT/Mastic</td>
<td>800sf</td>
</tr>
<tr>
<td>VAT/Mastic</td>
<td>725sf</td>
</tr>
<tr>
<td>VAT/Mastic</td>
<td>275sf</td>
</tr>
</tbody>
</table>

Amount (Specify SF or LF)

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>VAT/Mastic</td>
<td>800sf</td>
</tr>
<tr>
<td>VAT/Mastic</td>
<td>800sf</td>
</tr>
<tr>
<td>VAT/Mastic</td>
<td>725sf</td>
</tr>
<tr>
<td>VAT/Mastic</td>
<td>275sf</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
Atlantic Carting LLC

NJDEP Waste Hauler ID No.
A901 #26086

Cubic Yards of Waste
20

Name of Registered Landfill
Grand Central Sanitary Landfill

City, State
Wayne, NJ 07470

Completed by
Toni Kocevski

Title
Project Manager

Signature

Date
08/31/2015

* 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) 08/27/2015
Name of Building Owner/Operator (2) Wanaque Municipal Township

Agencies Notified Type Notification Street Address: 579 Ringwood Ave.
EPA Initial City, State, Zip Code: Wanaque, NJ, 07465
DEP Amended
DOL Amendment #1
DOH Emergency (including Cancellation justifications)
DCA

Name of Contact: Toni Jovanoski Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement Is Taking Place (3) Wanaque Municipal Building

Street Address: 579 Ringwood Ave.
City: Wanaque, NJ 07465
County: Passaic

Square Feet: 24000 # of Floors: 2
Bldg. Age: 90

Current Use (Prior if being demolished): Municipal Building

Name of Monitoring Firm Hired by Building Owner (8) McCabe Environmental Services
ASCM No. 00118

Name of Abatement Contractor (9) GK Contractors LLC
Street Address 464 Valley Brook Ave #3A
City, State, Zip Code Lyndhurst, NJ, 07071

Telephone No. 201 438-4839
License No. 973 513-4245 01236

Project Manager for Monitoring Firm Ralph Coppola

Start Date (10) 08/21/2015 Scheduled Completion Date (11) 09/02/2015

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)

| ≥ 30 sf or ≥ 300 sf | Renovation
| ≥ 160 sf or ≥ 200 sf | Demolition
| x | 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

<table>
<thead>
<tr>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>VAT/Mastic</td>
<td>800sf</td>
</tr>
<tr>
<td>No</td>
<td>VAT/Mastic</td>
<td>800sf</td>
</tr>
<tr>
<td>N/A</td>
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<td>725sf</td>
</tr>
<tr>
<td></td>
<td>VAT/Mastic</td>
<td>275sf</td>
</tr>
</tbody>
</table>

Administration Clerk’s Office
Tax Office
Conference Room 2nd flr
Assessor’s Office 2nd flr

Name of Registered Waste Hauler
Atlantic Carting LLC
NJDEP Waste Hauler ID No. A901 #26085
Cubic Yards of Waste 20
Name of Registered Landfill Grand Central Sanitary Landfill
City, State 1141 Route 23, Wayne, NJ 07470
Disposal Date 08/28/2015
City, State Pen Argyl, PA

Completed by Ivica Gjorsoski
Title Project Manager
Signature
Date 08/27/2015

* 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)
8/28/2015

Agency Notified Type Notification

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

Name of Building Owner/Operator (2)
JAN SMITH

Street Address
38 GARRETSON AVE.

City, State, Zip Code
BAYONNE, NJ 07002

Name of Contact
JAN SMITH

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
JAN SMITH

Street Address
38 GARRETSON AVE.

City (5)
BAYONNE, NJ 07086

County (6)
HUDSON

County Code (7)

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.

Name of Abatement Contractor (9)
GOLD COAST ABATEMENT & DEMOLITION

Street Address
25 CAMBRIDGE WAY

City, State, Zip Code
WEEHAWKEN, NJ 07086

Project Manager for Monitoring Firm

Telephone No.

Start Date (10)
9/11/15

Scheduled Completion Date (11)
9/13/15

Occupy Status During Abatement (Check Only One)

Facility Closed/Vacated During Entire Period of Abatement

Abatement Performed Outside of Normal Facility Hours

Other – Describe:

Scope of Work (Check All That Apply)

≥3 sf or ≥3 if
≥360 sf or ≥2600 sf

Renovation
Demolition

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

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

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

Yes No N/A

BASEMENT

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

PIPE INSULATION

Amount (Specify SF or LF)
185 LF

Abatement Type

Removal
Repair
Encapsulate
Enclosure

Name of Registered Waste Hauler
GOLD COAST ABATEMENT & DEMOLITION

NJDEP Waste Hauler ID No.

Cubic Yards of Waste

Name of Registered Landfill

TRI STATE TRANSFER STATION

City, State
WEEHAWKEN, NJ 07086

Disposal Date
9/13/15

City, State
BRONX NY 10474

Completed by
ANTHONY RANDESI

Title
PRESIDENT

Signature

Date 8/28/15

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

**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**

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

**Date of Notification (1)**
09/01/2015

**Name of Building Owner/Operator (2)**
2016 SEP - 12

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

**Type Notification**
- [X] Initial
- [ ] Amended
- [ ] Amendment #
- [ ] Emergency (Including Justification)
- [ ] Cancellation

**Street Address**
220 Clark Street

**City, State, Zip Code**
Westfield, NJ 07090

**Name of Contact**
Clark Lagemann

**Telephone Number**

**Name of Facility Where Abatement is Taking Place (3)**
Westfield area Y

**Street Address**
220 Clark Street

**City, State, Zip Code**
Westfield, NJ 07090

**County (6)**
Union

**County Code (7)**

**Name of Monitoring Firm Hired by Building Owner (8)**
Detail Associates, INC

**ASCM No.**

**Name of Abatement Contractor (9)**
Lilich Corporation

**Street Address**
608 McBride Avenue

**City, State, Zip Code**
Woodland Park, NJ

**Telephone No.**
908-623-7141

**License No.**
01104

**Name of OSHA Monitor**
J&S Environmental Labs, LLC

**Name of OSHA Monitor**

**Street Address**
2333 Route West

**City, State, Zip Code**
Union, New Jersey

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

**Start Date (10)**
09/04/2015

**Scheduled Completion Date (11)**
09/06/2015

**Scope of Work (Check All That Apply)**
- [X] 32 sq ft or 23 ft
- [ ] 160 sq ft or 260 ft
- [X] Renovation
- [ ] Demolition

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (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>Wellness center</td>
<td>Yes</td>
<td>O&amp;M - vacuum cleaning&amp;remove</td>
<td>.8 LF</td>
<td>Removal</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Handler**
Lilich Corporation

**NJDEP Waste Hauler ID No.**
18724

**Cubic Yards of Waste**

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

**City, State**
Morrisville, Pennsylvania

**Completed by**
Momo Glavatovic

**Title**
Vice President

**Signature**

**Date**
09/01/2015

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