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

Date of Notification (1) September 14, 2015
Name of Building Owner / Operator (2) City of Jersey City

Agencies Notified Type Notification
☐ EPA
☐ DEP
☐ DOH
☐ DCA
X Initial
☐ Amended
☐ Amendment #
☐ Cancellation

Street Address 280 Grove Street
City, State & Zip Code Jersey City, NJ 07302

Name of Contact Brian Weller, Dept. of Administration
Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
City Hall

City (5) Jersey City

County (8) Hudson

County Code (7) USE ONLY

Name of Monitoring Firm Hired by Building Owner (8) Briggs Associates

ASCM No. 0004

Name of Abatement Contractor (9) Synatech, Inc.

Street Address 829 Radio Road
City, State & Zip Code Little Egg Harbor, NJ 08087

Telephone Number 609-296-6816
License Number 00817

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

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

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

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

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

Amount (Specify SF or LF) 150 SF

Abatement Type

Mail and Map rooms under ceramic tiles

X Black Mastic

Name of Registered Waste Hauler NJDEP Waste Hauler ID No. 27429

Cubic Yards of Waste 3

Name of Registered Landfill Grows Landfill

City, State

Little Egg Harbor, NJ 08087

Disposal Date September 28, 2015
City, State

Morrisville, PA

Completed By Diane Alola
Title Exec. Administrator

Signature

Date September 14, 2015

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

Date of Notification (1) 9/2/15

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

Type Notification
☐ Initial
☐ Amended
☐ Emergency (Including justification)
☐ Termination

Name of Building Owner/Operator (2)
Diocese of Paterson

Street Address
777 Valley Road

City, State, Zip Code
Clifton, New Jersey 07013

Name of Contact
Dennis Rodano

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
St. John the Baptist Church

Street Address
357-371 Main Street

City (5)
Paterson

County (6)
Passaic

Current Use (Prior if being demolished)
Church

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

ASCN No.

Name of Abatement Contractor (9)
Degni Inc.

Street Address
511 Canal Street

City, State, Zip Code
New York, NY 10013

Project Manager for Monitoring Firm

Telephone No.
(212) 431-0696

License No.
(212) 431-5764

Start Date (10)
9/17/15

Scheduled Completion Date (11)
12/15/15

Occupancy Status During Abatement (Check Only One)
☐ Facility Closed/Abandoned During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☐ Other – Describe: Exterior Side of Building

Scope of Work (Check All That Apply)
☐ ≥ 3,000 sf or ≥3 if
☐ ≥ 1,800 sf or ≥250 sf
☐ Renovation
☐ Demolition

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

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

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

Amount (Specify SF or LF)
80 sf

Abatement Type
☐ Removal
☐ Repair
☐ Encapsulate
☐ Endagered

Endangered

Name of Registered Waste Hauler
Newark Carting Inc.

NJDEP Waste Hauler ID No. 04509

Cubic Yards of Waste 10

Name of Registered Landfill
Waste Management Grandcentral

City, State
Newark, New Jersey 07105

Disposal Date TBD

City, State
Pen Argyl, PA 18072

Completed by
I. Robert Dombrowski

Title
Project Manager

Signature

Date 09/03/15

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

<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>Federal Aviation Administration</td>
</tr>
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<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ EPA</td>
<td>□ Initial</td>
<td>William J Hughes Tech. Center Bldg 306 TSF Annex</td>
</tr>
<tr>
<td>□ DOH</td>
<td>□ Amended</td>
<td>City, State, Zip Code: Atlantic City Airport, NJ 08405</td>
</tr>
<tr>
<td>□ DHSS</td>
<td>□ Amendment #1-9/14/15</td>
<td>Name of Contact: Chris Jones</td>
</tr>
<tr>
<td>□ DCA (NJAC 5:23-8)</td>
<td>□ Emergency (including justification)</td>
<td>Telephone Number: (302) 438-9962</td>
</tr>
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</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Type of Facility (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>William J Hughes Tech Center</td>
<td>□ School (K-12)</td>
</tr>
<tr>
<td></td>
<td>□ Subchapter 8 (Other than K-12)</td>
</tr>
<tr>
<td></td>
<td>□ Other (i.e., private and commercial buildings, homes, etc.)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Square Foot</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amelia Earhart Blvd</td>
<td></td>
</tr>
<tr>
<td>Atlantic City Airport</td>
<td></td>
</tr>
</tbody>
</table>

City (5) | # of Floors | Bldg. Age | County Code (7) | Current Use (Prior to being demolished) |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Atlantic</td>
<td></td>
<td></td>
<td></td>
<td>Office</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>ASCM No.</th>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>NONE</td>
<td></td>
<td>BRISTOL ENVIRONMENTAL, INC.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>215-788-6040</td>
</tr>
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<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
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</thead>
<tbody>
<tr>
<td>ON HOLD</td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check only one)</th>
<th>Name of OSHA Monitor</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Facility Closed/Vacated During Entire Period of Abatement</td>
<td>BRISTOL ENVIRONMENTAL, INC.</td>
</tr>
<tr>
<td>□ Abatement Performed Outside of Normal Facility Hours - Describe</td>
<td></td>
</tr>
</tbody>
</table>

| Time of Abatement: 7:00AM-4:00PM/PM-AM |

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ ≥3 sq ft or ≥3 if</td>
</tr>
<tr>
<td>□ ≥160 sq ft or ≥260 if</td>
</tr>
<tr>
<td>□ Full Containment with Negative Pressure</td>
</tr>
<tr>
<td>□ Mini-Enclosure</td>
</tr>
<tr>
<td>□ Glovebag Procedure</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</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
</tr>
</thead>
<tbody>
<tr>
<td>(13)</td>
<td>(12)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location 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>transite conduit</td>
<td>40 LF</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Abatement Type</th>
<th>Removal</th>
<th>Repair</th>
<th>Encapsulation</th>
<th>Endorsement</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>NUDP Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>BRISTOL ENVIRONMENTAL, INC.</td>
<td>18706</td>
<td></td>
<td>G.R.O.W.S. NORTH LANDFILL</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>Disposal Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>BRISTOL, PA 19007</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed By (Print or Type)</th>
<th>Title</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brian Scafiro</td>
<td>Estimator</td>
<td>[Signature]</td>
</tr>
</tbody>
</table>

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

Date of Notification (1)
9/14/2015

Name of Building Owner/Operator (2)
Bayer Brothers GMC

Agencies Notified
EPA
DEP
DOL
DOH
DCA
Type Notification
Initial
Amended
Amendment #1
Emergency (including justification)
Cancellation

Street Address
109 Broad Ave

City, State, Zip Code
Fairview, NJ 07022

Name of Contact
Michael Bayer

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Structure Associated with Route 1 & 9

Street Address
155 Broad Avenue

City (6)
Fairview

County (6)
Bergen

County Code (7)

Current Use (Prior if being demolished)

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

Square Feet

# of Floors

Bldg. Age

n/a

n/a

n/a

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

ASCM No.

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

Street Address
PO Box 365

City, State, Zip Code
Berlin, NJ 08009

Project Manager for Monitoring Firm
James Proctor

Telephone No.
856-452-1311

License No.
609-567-1250

Name of OSHA Monitor
Health & Safety Services, Inc.

Street Address
PO Box 365

City, State, Zip Code
Berlin, NJ 08009

Scope of Work (Check All That Apply)

100 sq ft or 100 sf
160 sf or 160 sf

Removal
Demolition

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

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

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

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

Amount (Specify SF or LF)

Abatement Type
Removal
Repair
Encapsulate
Endorse

Windows
X
Window Caulk
17 Windows

Basement
X
Pipe
80 LF

Roof
X
Roofing Tile
4,000 SF

Throughout
X
Fire Doors
4 Doors

Name of Registered Waste Hauler
Site Enterprises Inc.

NJDEP Waste Hauler ID No. 0035220

Cubic Yards of Waste
20 cy

Name of Registered Landfill
Tullytown Landfill

Disposal Date
9/28/2015

City, State
Fairview, NJ

Completed by
Eric Keys

Signature

Title
OM

Date
9/14/2015

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

**(Pursuant to NJAC 5:90 and 12:120)**

**Date of Notification (1)**  
9/14/2015

**Name of Building Owner/Operator (2)**  
Beyer Brothers GMC

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

**Type Notification**  
- X Initial  
- X Amended

**Street Address**  
109 Broad Ave

**City, State, Zip Code**  
Fairview, NJ 07022

**Name of Contact**  
Michael Beyer

### FACILITY INFORMATION

**Name of Facility Where Abatement is Taking Place (3)**  
Structure Associated with Route 1 & 9

**Street Address**  
155 Broad Avenue

**City (6)**  
Fairview

**County (8)**  
Bergen

**County Code (7)**  

**Current Use (Prior if being demolished)**  
n/a

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

**ASCM No.**

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

**Site Address**  
PO Box 365

**City, State, Zip Code**  
Berlin, NJ 08009

**Street Address**  
211 East Essex Ave

**City, State, Zip Code**  
Linwood, NJ 08221

**Project Manager for Monitoring Firm**  
James Proctor

**Telephone No.**  
856-452-1311

**Start Date (10)**  
9/8/2015

**Scheduled Completion Date (11)**  
9/28/2015

**Name of OSHA Monitor**  
Health & Safety Services, Inc.

**Occupancy Status During Abatement (Check Only One)**

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

**Other – Describe: Vacant**

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

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

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

**In Facility (13)**

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

- Yes  
- No  
- N/A

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>X</td>
</tr>
<tr>
<td>Floor Tile</td>
<td>250 SF X</td>
</tr>
</tbody>
</table>

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

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

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

**Abatement Type**  
X

**Location of Registered Waste Hauler**

**Name of Registered Landfill**

Site Enterprises Inc.  
Tullytown Landfill

**NJ DEP Waste Hauler ID No.**  
0035220

**Cubic Yards of Waste**  
20 cy

**Disposal Date**  
9/28/2015

**Name of Registered Landfill**  
Tullytown Landfill

**City, State**  
Linwood, NJ 08221

**City, State**  
Bristol, PA

**Completed by**  
Eric Keys

**Title**  
OM

**Signature**  
Eric Keys

**Date**  
9/14/2015

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*Do not use this form for asbestos licensure exempted activities.*
<table>
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<tr>
<th><strong>NOTIFICATION OF ASBESTOS ABATEMENT</strong></th>
<th><strong>(Pursuant to NJAC 8:66 and 12:120)</strong></th>
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<tbody>
<tr>
<td><strong>Date of Notification (1)</strong></td>
<td><strong>9-15-15</strong></td>
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<tr>
<td><strong>Name of Building Owner/Operator (2)</strong></td>
<td><strong>EARTHTECH CONTRACTING</strong></td>
</tr>
<tr>
<td><strong>Agency Notified</strong></td>
<td><strong>DEP</strong></td>
</tr>
<tr>
<td><strong>Type Notification</strong></td>
<td><strong>Amended</strong></td>
</tr>
<tr>
<td><strong>Street Address</strong></td>
<td><strong>155 RT. 50</strong></td>
</tr>
<tr>
<td><strong>City, State, Zip Code</strong></td>
<td><strong>GREENFIELD, N.J. 08730</strong></td>
</tr>
<tr>
<td><strong>Name of Contact</strong></td>
<td><strong>BRUCE, BRENNIE</strong></td>
</tr>
<tr>
<td><strong>Telephone</strong></td>
<td><strong>201-711-6121</strong></td>
</tr>
<tr>
<td><strong>Name of Facility Where Abatement is Taking Place (3)</strong></td>
<td><strong>Residence</strong></td>
</tr>
<tr>
<td><strong>Street Address</strong></td>
<td><strong>1445-47, WEST AVE</strong></td>
</tr>
<tr>
<td><strong>City (5)</strong></td>
<td><strong>OCEAN CITY</strong></td>
</tr>
<tr>
<td><strong>County Code (6)</strong></td>
<td><strong>CAPE MAY</strong></td>
</tr>
<tr>
<td><strong>Name of Abatement Contractor (9)</strong></td>
<td><strong>KLEEMCO INC</strong></td>
</tr>
<tr>
<td><strong>Street Address</strong></td>
<td><strong>369 S. SPRUCE AVE</strong></td>
</tr>
<tr>
<td><strong>City, State, Zip Code</strong></td>
<td><strong>MAPLE SHADE, N.J. 08052</strong></td>
</tr>
<tr>
<td><strong>Scheduled Completion Date (11)</strong></td>
<td><strong>10-5-15</strong></td>
</tr>
<tr>
<td><strong>Occupancy Status During Abatement (Check only one)</strong></td>
<td><strong>Vacant</strong></td>
</tr>
<tr>
<td><strong>Scope of Work (Check all that apply):</strong></td>
<td><strong>Renovation, Demolition</strong></td>
</tr>
<tr>
<td><strong>Location of Asbestos-Containing Material (ACM)</strong></td>
<td><strong>SIDING</strong></td>
</tr>
<tr>
<td><strong>Description of Asbestos-Containing Material (ACM)</strong></td>
<td><strong>TRIANGULATION</strong></td>
</tr>
<tr>
<td><strong>Abatement Type</strong></td>
<td><strong>End Cap</strong></td>
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</table>

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**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60-12.10)

**Date of Notification:** 9-15-15  
**Name of Building Owner/Operator:** Hanrahan Development  
**Address:** 318 Glassboro Rd  
**City, State, Zip Code:** Woodbury Heights, N.J. 08097

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place</th>
<th>County</th>
<th>Type of Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>RESIDENCE</td>
<td>CAPE MAY</td>
<td>SCHOOL (K-12)</td>
</tr>
</tbody>
</table>

**Street Address:** 237 7th St.  
**City:** Avalon  
**State:** N/A  
**Zip Code:** 08202

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

**Name of Abatement Contractor:** Klemco Inc.  
**Address:** 369 S. Spruce Ave.  
**City, State, Zip Code:** Maple Shade, N.J. 08052

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

**Description of ACM:** TRANSLATE 2500 SF

**Name of Registered Waste Hauler:** Klemco Inc.  
**Waste Disposal Facility:** C.M.C. M.U. A.C.
**State of New Jersey**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60 and 13:120)

**Date of Notification:** 9-15-15

**Name of Building Owner/Operator:** HANNAUGH DEVELOPERS, INC.

**Address:**
- **Street Address:** 318 Glassboro Road
- **City, State, Zip Code:** WOODBURY HEIGHTS, NJ 08093
- **Telephone Number:**

**FACILITY INFORMATION**

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

- **Square Feet:** 1000
- **# of Floors:** 2
- **Blog Age:** 40+ years
- **Current Use:** Vacant

**Name of Facility Where Abatement is Taking Place:**
- **Type:** Residence
- **Name:** AVALON
- **Location:** CAPE MAY

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

**Name of Abatement Contractor:** KLEMCO INC.

**Address:**
- **Street Address:** 369 S. Spruce Ave.
- **City, State, Zip Code:** MAPLE SHADE, N.J. 08052

**Project Manager for Monitoring Firm:**
- **Name:** JOSEPH KLEMCO
- **License No.:** 856-779-0422

**Name of OSHA Monitor:**
- **Name:** JOSEPH KLEMCO
- **License No.:** 856-779-0422

**Scheduled Completion Date:** 10/2/15

**Occupy Status During Abatement:**
- [ ] Facility: Closed/ Vacated During ENTIRE Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility Hours
- [ ] Other: Describe

**Scope of Work:**
- [ ] Removal
- [ ] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Non-Enclosure
- [ ] Knee Bag Procedure
- [ ] Non-Exempted (1) and Non-Removable Procedure

**Location of Asbestos-Containing Material (ACM) TO BE ABATED:**
- **Location:** Siding
- **Location Name:** TRANSITE
- **Quantity:** 1300 lbs

**Name of Registered Waste Hauler:** KLEMCO INC.

**Disposal Date:** 10/2/15

**Name of Registered Landfill:** C.M., M.U.A.

**Date of Closure:** 9-15-15

**Complains by:** JOSEPH KLEMCO

**Owner:**

**Signature:**

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*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) 9-15-15

Name of Building Owner/Operator (2) ADAMS CONTRACTING

Street Address 716 HAVEN LAUE
City, State, Zip Code OCEAN CITY N.J. 08226-3713

Name of Contact DEAN ADAMS

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

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

Square Feet 1500 # of Floors 2 Bidg. Age 50-

County Code (7) (STATE USE ONLY)

County Name CAPE MAY

License No. 856-779-0472 00444

Name of Abatement Contractor (8) KLEMCO INC

Telephone No. 369 S. SPRUCE AVE
City, State, Zip Code MAPLE SHADE N.J. 08052

Name of OSHA Monitor JOSEPH KLEMC

Telephone No. 369 S. SPRUCE AVE
City, State, Zip Code MAPLE SHADE N.J. 08052

Start Date (10) 9-25-15 Scheduled Completion Date (11) 10-2-15

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 fl
- >= 160 sf or >= 260 fl
- Renovation
- Demolition

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

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

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

Amount (Specify SF or LF)

Abatement Type

Name of Registered Waste hauler KLEMCO INC

NJDEP Waste Hauler ID No. 15904

Cubic Yards of Waste

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

City, State MAPLE SHADE N.J.

Disposal Date 9-15-15

Completed By MICHAEL KLEMC

Signature

Date 9-15-15

* 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)
9/14/2015

Name of Building Owner/Operator (2)
Anita R. Clough

Receivd
CHECK # 1262
2015 SEP 18 AM 1:45

Agency Notified
EPA
DEP
DOL
DOH
DCA

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

Street Address
7 Glenwood Ave.

City, State, Zip Code
Leonia, NJ 07605

Name of Contact
Roosemarie Naimo

Telephone Number

FACILITY INFORMATION

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

Street Address
7 Glenwood Ave.

City (5)
Leonia

County (6)
Bergen

County Code (7)
(SATE USE ONLY)

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.

Name of Abatement Contractor (9)
Unicorn Contracting Corp.

Street Address
205 Route 46, Suite 7A

City, State, Zip Code
Totowa, NJ 07525

Project Manager for Monitoring Firm

Telephone No.
973-333-9176

License No.
01232

Start Date (10)
9/26/2015

Scheduled Completion Date (11)
9/27/2015

Name of OSHA Monitor
Enviroyision Consultants Inc.

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

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)

TO BE ABATED
In Facility (13)

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

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

Amount (Specify SF or LF)

Abatement Type

Removal
Repair
Encapsulate
Endoscope

Location of Registered Waste Hauler

Name of Registered Landfill

City, State

Totowa, New Jersey

G.R.O.W.S., Inc.

Morrisville, Pennsylvania

Completed by

Diomo Golcev

Title
Project Manager

Signature

Date
9/14/2015

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

Date of Notification (1)
09/15/2015

Name of Building Owner/Operator (2)
Wayne Township Public Schools

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

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

Street Address
50 Nelligs Dr

City, State, Zip Code
Wayne NJ 07470

Name of Contact
John Maso

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Wayne Township Public Schools

Street Address
50 Nelligs Dr

City (5)
Wayne NJ

County (5)
Passaic

County Code (7) (STATE USE ONLY)

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

Square Feet

# of Floors

Bldg. Age

Name of Monitoring Firm Hired by Building Owner (8)
Ahera Consultants

ASCM No.
00057

Name of Abatement Contractor (9)
Academy Construction Inc

Street Address
PO Box 365

City, State, Zip Code
Oceanville NJ 08231

Project Manager for Monitoring Firm
John Smoyer

Telephone No.
609 652 1833

Start Date (10)
09/24/2015

Scheduled Completion Date (11)
10/15/2015

Name of OSHA Monitor
same as above

Occupancy Status During Abatement (Check Only One)
- Facility Closed/Vacated during Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other – Describe: 700am 330pm Occupied

Scope of Work (Check All That Apply)
- ≥3 sf or ≥3 if
- ≥160 sf or ≥280 if
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

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

Location

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

Amount (Specify SF or LF)

Abatement Type

Removal
Repair
Encapsulate
Enclose

Boiler Room
X Boiler packing 45 sf X X

Boiler Room
X Breaching 130 sf X X

Boiler Room
X Pipe Fittings 110 fittings X X

Name of Registered Waste Hauler
Academy Construction Inc

N/DEP Waste Hauler ID No.
0034422

Cubic Yards of Waste
10

Name of Registered Landfill
GROWS Landfill

City, State
Totowa NJ

Disposal Date
TBD

City, State
Tullytown PA

Completed by
Zlate Geleski

Title
VP

Signature

Date
09/15/2015

* 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)**
09/14/2015

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

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

**Name of Building Owner/Operator (2)**
Felician Sisters of North America

**Street Address**
260 South Main Street

**City, State, Zip Code**
Lodi, NJ 07644

**Name of Contact**
Nick D’Amore

**Telephone Number**

---

**FACILITY INFORMATION**

**Name of Facility Where Abatement Is Taking Place (3)**
Felician Care Center

**Street Address**
260 South Main Street

**City (5)**
Lodi

**County Code (7)**
Bergen

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

**Name of Abatement Contractor (9)**
GSC Services Corp

**Street Address**
748 Black Oak Ridge Road

**City, State, Zip Code**
Wayne, NJ 07470

**Project Manager for Monitoring Firm**

**Telephone No.**
973-750-0752

**License No.**
01253

**Start Date (10)**
09/24/2015

**Scheduled Completion Date (11)**
11/24/2015

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

---

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

<table>
<thead>
<tr>
<th>Location of ACM</th>
<th>Yes</th>
<th>No</th>
<th>N/A</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>
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<tbody>
<tr>
<td>Ground-4th Floor</td>
<td>X</td>
<td></td>
<td>N/A</td>
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<td>VAT &amp; Mastic</td>
<td>19,000SF</td>
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<td>Ground-4th Floor</td>
<td>X</td>
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<td>TSI</td>
<td>810 LF</td>
<td>X</td>
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<tr>
<td>Ground-4th Floor</td>
<td>X</td>
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<td>N/A</td>
<td></td>
<td>Windows</td>
<td>92</td>
<td>X</td>
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<tr>
<td>Incinerator Room</td>
<td>X</td>
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<td>N/A</td>
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<td>Boiler Insulation</td>
<td>100SF</td>
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**Name of Registered Waste Hauler (13)**
Newark Carting

**NUDEP Waste Hauler ID No.**
04509

**Cubic Yards of Waste**

**Disposal Data**

**Name of Registered Landfill**
TRRF

**City, State**
Tullytown, PA

**Completed by**
Daniela Antic

**Title**
President

**Signature**

**Date**
09/14/2015

---

*Do not use this form for asbestos licensure exempted activities.*
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:1-120)

Date of Notification (1):
09/14/2015

Name of Building Owner/Operator (2):
Morristown-Beard School

Agencies Notified
☐ EPA
☐ DEP
☐ DOL
☐ DOH
☐ DGA

Type Notification
☐ Initial
☐ Amended
☐ Emergency (Including Justification)
☐ Amendment #
☐ Cancellation

Street Address
70 Whippany Road

City, State, Zip Code
Morristown, NJ 07960

Name of Contact
Mr. Mark Clar

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement Is Taking Place (3):
Morristown-Beard School

Street Address
70 Whippany Road

City (5)
Morristown

County (6)
Morris

County Code (7) (STATE USE ONLY) __________

Current Use (Prior if being demolished)

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

Name of Abatement Contractor (9):
GSC Services Corp

Street Address
748 Black Oak Ridge Road

City, State, Zip Code
Wayne, NJ 07470

Project Manager for Monitoring Firm

Telephone No.
973-750-0752

License No.
01253

Start Date (10)
10/1/15

Scheduled Completion Date (11)
10/1/15

Name of OSHA Monitor
BioTerra Solutions

Occupancy Status During Abatement (Check Only One):

Space Available

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 ≥2260 if

☐ Renovation
☐ Demolition

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

In Facility (13)

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)

Abatement Type

Removal
Repair
Encapsulate
Endure

Basement, First & Second Floors

Plaster
11,500SF

X

Basement

TSI
20LF

X

Hall

VAT
120SF

X

Name of Registered Waste Hauler
Newark Carting

NDEP Waste Hauler ID No.
04509

Cubic Yards of Waste

Name of Registered Landfill
TRRF

City, State
Newark, NJ

Disposal Date

City, State
Tullytown, PA

Completed by
Daniela Antic

Title
President

Signature

Date

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

ASS-41 (R-05-08)
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)
9-11-2015

Name of Building Owner/Operator (2)
Stephen Miller

Street Address
1348 Noah Road

City, State, Zip Code
North Brunswick, NJ 08902

Name of Contact
Stephen Miller

Type Notification
Initial

City (5)
North Brunswick, NJ 08902

Square Feet
1870

County (6)
Middlesex

Commercial

County Code (?)
(STATE USE ONLY)

Bldg. Age
50+

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

Telephone No.
201-333-8855

License No.
01174

Project Manager for Monitoring Firm

Telephone No.

Name of OSHA Monitor
Same as above

Start Date (10)
9-12-2015

Scheduled Completion Date (11)
9-12-2015

Scope of Work (Check All That Apply)

Renovation
Demolition

Location of Asbestos-Containing Material (ACM)

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

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

Amount (Specify SF or LF)

Description

Abatement Type

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

Laundry / Utility room

VAT

250 SF

X

X

X

Name of Registered Waste Hauler
Green Environmental Services, LLC

NJDEP Waste Hauler ID No.
0034889

Cubic Yards of Waste
2

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

Disposal Date
9-15-2015

City, State
Morrisville, PA

Completed by
Liliana Serrano
Title
Office Manager

Signature

Date
9-11-2015

* 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) 8-24-2015

Name of Building Owner/Operator (2) PEM Construction & Development Co., Inc

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

Street Address
826 South Avenue, West

City, State, Zip Code
Westfield, NJ 07090

Name of Contact
John Ciuflo

Telephone Number

FACILITY INFORMATION

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

Street Address
8 South Street

City (5)
Morristown, NJ 07960

County (6)
Morris

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.
201-333-8855

License No.
01174

Start Date (10) 8-25-2015
Scheduled Completion Date (11) 8-25-2015

Name of OSHA Monitor
Same as above

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

Scope of Work (Check All That Apply)
☐ ≥33 sf or ≥33 ft
☐ ≥160 sf or ≥260 ft
☒ 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)

VAT

Amount (Specify SF or LF)
540 SF

Abatement Type

Removal ☑
Repair ☐
Encapsulate ☐
Enclosure ☒

Name of Registered Waste Hauler
Green Environmental Services, LLC

NJDEP Waste Hauler ID No.
0034859

Cubic Yards of Waste
5

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

City, State
Morrisville, PA

Completed by
Liliana Serrano
Title
Office Manager

Signature

Date 8-24-2015

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

**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:69 and 12:120)

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<tr>
<th>Date of Notification (1)</th>
<th>9/15/15</th>
<th>Name of Building Owner/Operator (2)</th>
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<td>MRS. MARY GIAMBONO</td>
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<tr>
<td>□ EPA</td>
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<td>SEP 18 AM 11:45</td>
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<td>□ DEP</td>
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<td>□ DCA</td>
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<td>□ Cancellation</td>
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<td>FACILITY INFORMATION</td>
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<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td>MRS. GIAMONDO</td>
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<tr>
<td>Street Address</td>
<td>1120 14TH ST</td>
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<td>City (5)</td>
<td>FORT LEE, N.J., 07606</td>
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<td>County (6)</td>
<td>BERGEN</td>
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<td>Current Use (Prior if being demolished)</td>
<td>RESIDENT</td>
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<td>Name of Monitoring Firm Hired by Building Owner (9)</td>
<td>Best Removal Inc</td>
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<tr>
<td>Street Address</td>
<td>450 South River St</td>
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<td>City, State, Zip Code</td>
<td>Hackensack, N.J. 07601</td>
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<td>Project Manager for Monitoring Firm</td>
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<tr>
<td>Telephone No.</td>
<td>201-329-7444</td>
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<td>License No.</td>
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<td>Scheduled Completion Date (11)</td>
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<td>Occupancy Status During Abatement (Check only one)</td>
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<td>□ Facility Closed/Vacated During Entire Period of Abatement</td>
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<td>□ Abatement Performed Outside of Normal Facility Hours</td>
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<td>□ Other – Describe:</td>
<td>7/24-085X</td>
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<td>Scope of Work (Check all that apply)</td>
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<td>□ ≥ 150 of or ≥ 250 ft</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>
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<tr>
<td>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</td>
<td>Yes</td>
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<td>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td>THERMAL SYSTEMS INSULATION</td>
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<td>End Result Requirements</td>
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<td>□ Full Containment with Negative Pressure</td>
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<td>□ Misi-Enclosure</td>
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<td>□ Stovebag Procedure</td>
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<td>□ Non-Exempted (*) and Non-Frisable Procedure</td>
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<tr>
<td>Name of Registered Waste Hauler</td>
<td>Best Removal Inc</td>
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<tr>
<td>NJ/DEP Waste Hauler ID No.</td>
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<td>Cubic Yards of Waste</td>
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<tr>
<td>Name of Registered Landfill</td>
<td>Minerva Enterprises, LLC</td>
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<tr>
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<td>Hackensack, N.J. 07601</td>
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<tr>
<td>Completed by</td>
<td>J. Maiorano</td>
<td></td>
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<tr>
<td>Title</td>
<td>Estimator</td>
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<td></td>
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<tr>
<td>Date</td>
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* Do not use this form for asbestos licensure exempted activities.
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

State of New Jersey

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

Agency Notified

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

Type Notification

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

Street Address

133 Tulit St

City, State, Zip Code

Summit, NJ 07901

Name of Contact

Mr. Agnese

Telephone Number

- 313-B

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Mr. Agnese

Date of Notification (1)

9/15/15

Type of Facility (4)

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

Square Feet

2800

# of Floors

2

Bldg. Age

30 Years

County Code (7) (STATE USE ONLY)

UNION

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.

Name of Abatement Contractor (9)

Best Removal Inc

Street Address

450 South River St

City, State, Zip Code

Hackensack, N.J. 07601

Telephone No.

201-329-7444

License No.

00388

Project Manager for Monitoring Firm

Start Date (10)

10/1/15

Scheduled Completion Date (11)

10/2/15

Occupancy Status During Abatement (Check only one)

- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other - Describe: 7AM TO 5PM

Scope of Work (Check all that apply)

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

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

Name of OSHA Monitor

- IN Facility

- 100 LF

Name of Registered Waste Hauler

Best Removal Inc

ID No.

17109

Cubic Yards of Waste

2/27

Name of Registered Landfill

Minerva Enterprises, LLC

Disposal Date

10/2/15

City, State

Waynesburg, Oh. 44688

Completed by

J. Maiorano

Title

Estimator

Signature

Date

9/15/15

* Do not use this form for asbestos licensing exempted activities.
Date of Notification (1):

<table>
<thead>
<tr>
<th>Date</th>
<th>Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>9/4/15</td>
<td>Initial</td>
</tr>
</tbody>
</table>

Name of Building Owner/Operator (2):
PSEG

Street Address:
4000 Hadley Road

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

Name of Contact:
JOHN MAROTTE

Telephone Number:

Name of Facility Where Abatement is Taking Place (3):
PSEG - Circuit 1344, CSX Little Ferry

Street Address:
1 West Side Ave.

City (5):
RIDGEFIELD

County (6):
BERGEN

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

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

ASCM No.:
0045

Name of Abatement Contractor (9):
UNIQUE SYSTEMS OF AMERICA

Street Address:
396 Whitehead Ave.

City, State, Zip Code:
SOUTH RIVER, NJ 08882

Project Manager for Monitoring Firm:
TOM GEIGER

Telephone No.:
732-292-2217

License No.:
01111

Start Date (10):
9/8/15

Scheduled Completion Date (11):
12/31/15

Name of OSHA Monitor:
UNIQUE SYSTEMS OF AMERICA

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

Scope of Work (Check All That Apply):
- ≥3 sf or ≥3 if
- ≥160 sf or ≥280 if
- Renovation
- Demolition

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

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

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

Amount (Specify SF or LF):
200 LF

Waste Management:

Name of Registered Waste Hauler:
NJ DEP Waste Hauler ID No. 1125

Cubic Yards of Waste:
APR 10

Name of Registered Landfill:
GROWS NORTH

City, State:
ELIZABETH, NJ

Disposal Date:
TBD

City, State:
MORRISVILLE, PA

Completed by:
CAROL RAIMO
Title: OFFICE MGR.

Signature:

Date: 9/4/15

* 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)**
9-15-15

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

**Street Address**
731 Irving Place

**City, State, Zip Code**
Secaucus, NJ, 07094

**Name of Contact**
David McIntyre

---

**FACILITY INFORMATION**

**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.**

**Type 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

---

**Project Manager for Monitoring Firm**

**Telephone Number**
N/A

---

**Scheduled Start Date (10) Sched. Completion Date (11)**
9-24-15 9-24-15

**Month Day Year Month Day Year**

---

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

[X] Facility Closed/Vacated During Entire Period of Abatement

[ ] Abatement Performed Outside of Normal Facility Hours - Describe: Other Occupancy Describe:

---

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

[X] 3 sf or ≥ 3 lf

[ ] 160 sf or ≥ 260 lf

[X] Demolition

[X] Renovation

---

**Name of Registered Waste Hauler**
AZTECH MANAGEMENT, INC.

**Waste Hauler ID No.**
NUDEP Waste 17040

**Cubic Yards of Waste**
1.5

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

**City, State**
Montclair, NJ 07042

**Disposal Date**
9-28-15

**City, State**
Morrisville, PA 19067

---

**Completed By (Print or Type)**
Constantine Vivian

**Title**
President

**Signature**

**Date**
9-15-15
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>Name of Building Owner/Operator</th>
</tr>
</thead>
<tbody>
<tr>
<td>09/15</td>
<td>Mary Bush-Scott</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Name of Monitoring Firm Hired by Building Owner</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
<td>ASCM No. Gr Tech LLC</td>
</tr>
<tr>
<td>DOL/WD</td>
<td>Amended Amendment #</td>
<td>ASCM No. Gr Tech LLC</td>
</tr>
<tr>
<td>DHSS</td>
<td>Emergency (including justification)</td>
<td>ASCM No. Gr Tech LLC</td>
</tr>
<tr>
<td>DCA (NJAC 5:23-8)</td>
<td>Cancellation</td>
<td>ASCM No. Gr Tech LLC</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Type of Facility</th>
<th>Facility Where Abatement is Taking Place</th>
</tr>
</thead>
<tbody>
<tr>
<td>School (K-12)</td>
<td>Private House</td>
</tr>
<tr>
<td>Other (i.e., private and commercial buildings, homes, etc.)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>County Code (STATE USE ONLY)</th>
<th>Current Use (Prior if being demolished)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Essex</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Envirovision Consultants, Inc</td>
<td>973-638-1777</td>
<td>01127</td>
</tr>
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<table>
<thead>
<tr>
<th>Start Date</th>
<th>Scheduled Completion Date</th>
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<tbody>
<tr>
<td>09/23/15</td>
<td>09/24/15</td>
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<table>
<thead>
<tr>
<th>Occupancy Status During Abatement</th>
<th>Nearest Period of Abatement</th>
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<tbody>
<tr>
<td>FACILITY CLOSED/VACATED</td>
<td></td>
</tr>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM PM PM AM</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
<th>Location of Asbestos-Containing Material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>&gt; 3 sq ft or &gt;3 if</td>
<td>TO BE ABATED IN Facility (13)</td>
</tr>
<tr>
<td>&gt; 150 sq ft or &gt;260 if</td>
<td>Basement</td>
</tr>
<tr>
<td>Clean up and decontamination</td>
<td>Basement</td>
</tr>
<tr>
<td>MFR Containment with Negative Pressure</td>
<td>Basement</td>
</tr>
<tr>
<td>MFR-Mini-Enclosure</td>
<td>Basement</td>
</tr>
<tr>
<td>Glovebag Procedure</td>
<td>Basement</td>
</tr>
<tr>
<td>Non-Exempted (*) Non-Friable Procedure</td>
<td>Basement</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description of Asbestos-Containing Material (ACM)</th>
<th>Amount (Specify SIF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>(i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td>150 LF</td>
<td>X X X X X X X X</td>
</tr>
<tr>
<td>Pipe insulation</td>
<td>150 LF</td>
<td>X X X X X X X X</td>
</tr>
<tr>
<td>Boiler insulation</td>
<td>40 SF</td>
<td>X X X X X X X X</td>
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</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>UCID Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
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</thead>
<tbody>
<tr>
<td>Gr Tech LLC</td>
<td>0033785</td>
<td>TBD</td>
<td>T.R.R.F. Inc</td>
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</table>

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Disposal Date</th>
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</thead>
<tbody>
<tr>
<td>Wayne, NJ 07470</td>
<td>TBD</td>
<td>Tullytown, PA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed By</th>
<th>(Print or Type)</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>N. Jevtic</td>
<td>Owner</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>jenneva wernaat</td>
<td>09/13/2015</td>
</tr>
</tbody>
</table>

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

**Date of Notification [1]**  
SEPT. 16, 2015

**Name of Building Owner/Operator [2]**  
177 MAIN STREET, LLC

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

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

**Street Address**  
290 PHILADELPHIA BOULEVARD

**City, State, Zip Code**  
SEA GIRT, NJ 08750

**Name of Contact**  
EILEEN LASZLO

**Telephone Number**

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place [3]**  
FLORIST

**Street Address**  
177 MAIN STREET

**City [5]**  
MANASQUAN

**County [8]**  
MONMOUTH

**Square Feet**  
2800 sf

**# of Floors**  
2

**Bldg. Age**  
80+ years

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

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

**Name of Monitoring Firm Hired by Building Owner [8]**  
N/A

**Name of Abatement Contractor [9]**  
Finishing Touch Asbestos Abatement Corp., Inc.

**Street Address**  
17 Thompson Street

**City, State, Zip Code**  
West Long Branch, NJ 07764

**Project Manager for Monitoring Firm**

**Telephone No.**

**License No.**

**Start Date [10]**  
9/17/15

**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 - Describe:**

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

- ≥3 sf or ≥3 if
- ≥160 sf or ≥280 sf

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

**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)**

**BASEMENT**

- TSI under boiler jacket  
  19 SF

**Location of Registered Waste Hauler**  
Finishing Touch Asbestos Abatement Corp., Inc.

**Cubic Yards of Waste**  
3 cy

**Name of Registered Landfill**  
TRRF Landfill

**Disposal Date**

**Completed by**  
Joseph P. Miller  
Title  President

**Date**  
9/16/15
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)
9-10-2015

Name of Building Owner/Operator (2)
Suey Chiu

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

Street Address
100 Chestnut Street

City, State, Zip Code
West Orange NJ 07052

Name of Contact
Suey Chiu

Telephone Number

FACILITY INFORMATION

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

Street Address
100 Chestnut Street

City (5)
West Orange NJ 07052

County (6)
Essex

County Code (7)

Current Use (Prior if being demolished)

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.
201-333-8855

License No.
01174

Start Date (10)
9-11-2015

Scheduled Completion Date (11)
9-11-2015

Name of OSHA Monitor
Same as above

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

Scope of Work (Check All That Apply)
☒ 23 sf or 23 if
☒ 2160 sf or 2280 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

Yes No N/A

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

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

Amount (Specify SF or LF)

Abatement Type

Removal
Repair
Encapsulate
Enclosure

Basement / boiler room

pipe insulation

120 LF

X

Basement / Boiler room

tank insulation

120 SF

X

Name of Registered Waste Hauler
Green Environmental Services, LLC

NJDEP 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
9-12-2015

City, State
Morrisville, PA

Completed by
Liliana Serrano
Title
Office Manager

Signature
Date
9-10-2015

* 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)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>September 15, 2015</th>
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<tr>
<td>Agencies Notified</td>
<td></td>
</tr>
<tr>
<td>[ ] EPA</td>
<td></td>
</tr>
<tr>
<td>[ ] DEP</td>
<td></td>
</tr>
<tr>
<td>[x] DOL</td>
<td></td>
</tr>
<tr>
<td>[x] DOH</td>
<td></td>
</tr>
<tr>
<td>[ ] DCA</td>
<td></td>
</tr>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Walters Residential, LLC</td>
</tr>
<tr>
<td>Street Address</td>
<td>500 Barnegat Blvd. North</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Barnegat, NJ 08005</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Victor</td>
</tr>
<tr>
<td>FACILITY INFORMATION</td>
<td></td>
</tr>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td>Residence</td>
</tr>
<tr>
<td>Street Address</td>
<td>112 Patty Lane</td>
</tr>
<tr>
<td>City</td>
<td>Beach Haven West</td>
</tr>
<tr>
<td>County (6)</td>
<td>Ocean</td>
</tr>
<tr>
<td>County Code (7) (STATE USE ONLY)</td>
<td></td>
</tr>
<tr>
<td>Square ft</td>
<td>1000 sf</td>
</tr>
<tr>
<td># of Floors</td>
<td>1</td>
</tr>
<tr>
<td>Bldg. Age</td>
<td>60</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>ASCM No.</td>
</tr>
<tr>
<td>Street Address</td>
<td></td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>Guardian Contracting, Inc.</td>
</tr>
<tr>
<td>Street Address</td>
<td>1889 Route 9, Unit 61</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Toms River, New Jersey 08755-1271</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td></td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
<tr>
<td>Scheduled Start Date (10)</td>
<td>9/16/15</td>
</tr>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>9/17/15</td>
</tr>
<tr>
<td>Occupancy Status During Abatement (Check only one)</td>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
</tr>
<tr>
<td>Scope of Work (Check all that apply)</td>
<td></td>
</tr>
<tr>
<td>[x] &gt;3 sf or ≥3 lf</td>
<td></td>
</tr>
<tr>
<td>[x] ≥160 sf or ≥260 lf</td>
<td></td>
</tr>
<tr>
<td>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td></td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)</td>
<td>Exterior house</td>
</tr>
<tr>
<td>Is Location Normally used by Maintenance/Custodial Staff solely by (12)</td>
<td>YES</td>
</tr>
<tr>
<td>Description of Amount (Specify SF or LF)</td>
<td>1000 sf</td>
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<tr>
<td>Abatement Type</td>
<td>X</td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
<td>Guardian Contracting, Inc.</td>
</tr>
<tr>
<td>NJDEP Waste Hauler ID No.</td>
<td>20223</td>
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<tr>
<td>Cubic Yards of Waste</td>
<td>3</td>
</tr>
<tr>
<td>City, State</td>
<td>Toms River, New Jersey</td>
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<tr>
<td>Name of Registered Landfill</td>
<td>T.R.R.F.</td>
</tr>
<tr>
<td>Disposal Date</td>
<td>9/18/15</td>
</tr>
<tr>
<td>Completed by (Print or Type)</td>
<td>Nicholas Fernicola</td>
</tr>
<tr>
<td>Title</td>
<td>Project Manager</td>
</tr>
<tr>
<td>Signature</td>
<td></td>
</tr>
</tbody>
</table>

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

Date of Notification (1) September 15, 2015

Name of Building Owner/Operator (2)
Tradewinds Builders, LLC

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

Street Address
34 West Sailboat Lane (89th Street)

City, State, Zip Code
Peahala Park, NJ 08008

Name of Contact
Travis Lepley

Telephone Number

FACILITY INFORMATION

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

Street Address
224 Jeffers Avenue

City
Beach Haven

County (6) County Code (7)
Ocean N/A

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

Square feet # of Floors Bldg. Age
1200 sf 1 60

Current Use (Prior to being demolished)
Residence

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

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

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

Street Address
1056 Stetson Road

City, State, Zip Code
Piscataway, New Jersey 08854

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

Street Address
1056 Stetson Road

City, State, Zip Code
Piscataway, New Jersey 08854

Project Manager for Monitoring Firm
Telephone Number

Scheduled 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 – Describe

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

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

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

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

Amount (Specify SF or LF)

Abatement Type
REMOVAL REPAIR ENCAPSULATION ENCLOSURE

Exterior X Asbestos siding 1000 sf X

Name of Registered Waste Hauler
Guardian Contracting, Inc.

NJDEP 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 9/18/15

Title Project Manager
Nicholas Fernicola

Signature

Date 9/15/2015

*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)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>September 14, 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Disantis Contracting, LLC</td>
</tr>
<tr>
<td>Street Address</td>
<td>313 Halyard Road</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Orley Beach, NJ 08751</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Frank Disantis</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Residence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>126 Amber Jack Way</td>
</tr>
<tr>
<td>City</td>
<td></td>
</tr>
<tr>
<td>County</td>
<td>Ocean</td>
</tr>
<tr>
<td>Toms River Twp.</td>
<td></td>
</tr>
<tr>
<td>Square feet</td>
<td>700 sf</td>
</tr>
<tr>
<td># of Floors</td>
<td>1</td>
</tr>
<tr>
<td>Bldg. Age</td>
<td>60</td>
</tr>
<tr>
<td>Current Use (Prior to being demolished)</td>
<td>Residence</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>N/A</td>
</tr>
<tr>
<td>ASCM No.</td>
<td></td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>Guardian Contracting, Inc.</td>
</tr>
<tr>
<td>Street Address</td>
<td>1889 Route 9, Unit 61</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Toms River, New Jersey 08755-1271</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>732-349-9932</td>
</tr>
<tr>
<td>License Number</td>
<td>00624</td>
</tr>
<tr>
<td>Name of OSHA Monitor</td>
<td>E.M.S.L. Analytical</td>
</tr>
<tr>
<td>Street Address</td>
<td>1056 Stelton Road</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Piscataway, New Jersey 08854</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check only one)</th>
<th>Facility Closed/Vacated During Entire Period of Abatement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scheduled Start Date (10)</td>
<td>9/14/15</td>
</tr>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>9/15/15</td>
</tr>
<tr>
<td>Scope of Work (Check all that apply)</td>
<td>&gt;3 sf or ≤3 lf</td>
</tr>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours</td>
<td></td>
</tr>
<tr>
<td>Other – Describe</td>
<td></td>
</tr>
<tr>
<td>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td></td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
<td>700 sf</td>
</tr>
<tr>
<td>Abatement Type</td>
<td>X</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Exterior</th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asbestos siding</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)</th>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Registered Landfill</td>
<td>T.R.R.F.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>City, State</td>
<td>Toms River, New Jersey</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disposal Date</td>
<td>9/16/14</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
<td>Guardian Contracting, Inc.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NJDEP Waste Hauler ID No.</td>
<td>20223</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed by (Print or Type)</th>
<th>Nicholas Fernicola</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
<td>Project Manager</td>
</tr>
<tr>
<td>Signature</td>
<td></td>
</tr>
</tbody>
</table>

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

**Date of Notification (1)**
September 14, 2015

**Name of Building Owner/Operator (2)**
Walters Residential, LLC

**Address**
500 Barnegat Blvd. North

**City, State, Zip Code**
Barnegat, NJ 08005

**Name of Contact**
Victor

**Telephone Number**

---

### FACILITY INFORMATION

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

**Street Address**
117 West Cove Way

**City**
Toms River Twp.

**County (6)**
Ocean

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

**Square feet**
600 sf

**# of Floors**
1

**Bldg. Age**
60

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

**Type of Facility (4)**

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

**Source of Asbestos (5)**

- [ ] Mined/finished (aerosol)
- [ ] Creosote treated wood
- [ ] Wood, painted or coated
- [ ] Paints, coatings, enamels
- [ ] Foam insulation
- [ ] Gypsum board, plaster, etc.
- [ ] Rock, brick, tile, cement, concrete, etc.
- [ ] Rubber
- [ ] Other - Describe

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

- Exterior house
- Asbestos siding

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

**Abatement Type**

- [x] Removal
- [ ] Repairs
- [ ] Encapsulation
- [ ] Enclosure

**Name of Registered Waste Hauler (14)**
Guardian Contracting, Inc.

**NIDEP Waste Hauler ID No.**
20223

**Cubic Yards of Waste**
3

**Name of Registered Landfill (15)**
T.R.R.F.

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

**Disposal Date**
9/17/15

**City, State**
Tullytown, Pennsylvania

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

**Title**
Project Manager

**Signature**

---

*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)
9-15-15

Name of Building Owner/Operator (2)
Richard Flyer

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

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

Street Address
21 Sutton Place

City, State, Zip Code
Verona, NJ, 07044

Name of Contact
Richard Flyer

FACILITY INFORMATION

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

Street Address

City (5)

County (6)
Essex

County Code (7)

STATE USE ONLY

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

ASCM No.

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

Street Address
86 Christopher St.

City, State, Zip Code
Montclair, NJ 07042

Project Manager for Monitoring Firm

Telephone Number
N/A

Telephone Number
(973) 744-8800

License Number
00371

Name of OSHA Monitor
N/A

Scheduled Start Date (10)
9-30-15

Scheduled Completion Date (11)
10-1-15

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:

Other Occupancy Describes

Scope of Work (Check all that apply)
[X] ≤3 sf or ≤3 lf
[X] >260 sf or >260 lf
[ ] Renovation
[ ] Demolition

Full Containment with Negative Pressure

Mini-Enclosure

[X] Glovebag Procedure

Non-Friable Procedure

Amount
SF or LF

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

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

Location

Basement

Pipe Insulation

120 lf

N/A

Name of Registered Waste Hauler
AZTECH MANAGEMENT, INC.

Hauler ID No.
17040

Cubic Yards of Waste
1.5

Name of Registered Landfill
Minerva Enterprises

City, State
Montclair, NJ 07042

Disposal Date
10-2-15

City, State
Waynesburg, OH 44688

Completed By (Print or Type)
Constantine Vivian

Title
President

Signature

Date
9-15-15