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

Date of Notification (1)
September 19, 2013

Name of Building Owner/Operator (2)
Colgate Palmolive

Agencies Notified
DEP
DOH
DOL
DCA

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

Street Address
909 River Road

City, State, Zip Code
Piscataway, NJ 08854

Name of Contact
David Borch

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Colgate Palmolive

Street Address
909 River Road

City (5)
Piscataway

County (6)
Middlesex

County Code (7)

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

Square Feet
800,000

# of Floors
2

Bldg. Age
50 years

Current Use (Prior if being demolished)
Administration and research

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

ASCM No.

Name of Abatement Contractor (9)
ecoservices, LLC

Street Address
407 W. Lincoln Highway, Suite 500

City, State, Zip Code
Exton, PA 19341

Project Manager for Monitoring Firm
Ray Giordano

Telephone No.
856-229-5369

License No.
01161

Start Date (10)
9/30/13

Scheduled Completion Date (11)
9/30/13

Name of OSHA Monitor
EMSL

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
≥100 sf or ≥250 ft²
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)

Laboratory 201

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)
Laboratory hood liner

Amount (Specify SF or LF)
110 SF

Abatement Type

Name of Registered Waste Hauler
Veolia ES Technical Solutions

NJDEP Waste Hauler ID No.
NJD080631369

Cubic Yards of Waste
1

Name of Registered Landfill
CWM Chemical Services

Disposal Date
TBD

City, State
Model City, NY

Completed by
Jack Bally

Title
Sr. Project Manager

Signature

Date
9/19/13

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

**Date of Notification:** 2013 SEP 20

**Agency Notified:**
- DOL
- DOH
- DOA

**Name of Building Owner/Operator:**
- **Baum residence**
- **Baum, Shirley**

**Street Address:**
- **1 crestwood lane, CLARK, NJ 07066**

**Name of Contact:**
- **Baum, Shirley**

**Telephone Number:**
- **(101) 345-8020**

**Facility Information**

- **Type of Facility:** Other (Private/Commercial Bridge/Highway, etc.)
- **Square Feet:**
- **# of Floors:**
- **Bldg. Age:**

**Name of Monitoring Firm Hired by Bldg. Owner:**
- **D & S Restoration, Inc.**

**Street Address:**
- **20 California Ave, Paterson, NJ 07503**

**License Number:**
- **01169**

**Type of Abatement Contractor:**
- **D & S Restoration, Inc.**

**Street Address:**
- **20 California Avenue, Paterson, NJ 07503**

**Occupancy Status During Abatement:**
- **Class only one**
- Facility closed/vacated during entire period of abatement.
- Abatement performed outside of normal facility hours.
- **Other Description:**

**Scope of Work:**
- **Removal**
- **Demolition**

**Location of asbestos-containing material (ACM) to be abated in facility:**
- **Basement**
- **Pipe Insulation**

**Amount ACM:**
- **126 L**

**Registered Waste Hauler:**
- **D & S Restoration, Inc.**

**Disposal Date:**
- **09/19/13**

**Signature:**
- **ASB-41**

**Notes:**
- Do not use this form for asbestos-related exempted activities.

---

Sep 16 2013 11:33 am  P001/001
State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1):
10/19/11

Name of Building Owner/Operator (2):
Baum residence

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

Type Notification:
☒ Initial
☐ Amended
☐ Amendment #: _______________________

Emergency (including justification):
☒ Yes
☐ No

Name of Contact:
Baum, Shirley

Telephone Number:

FACILITY INFORMATION

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

Street Address:
1 crestwood lane

City (5):
CLARK

County (6):
union

County Code (7):

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

Square Feet:

# of Floors:

Bldg. Age:

Current Use (Prior if being demolished):

Name of Monitoring Firm Hired by Bldg. Owner (5):
CLARK

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

Occupancy Status During Abatement (Check only one):
☑ Facility closed/vacated during entire period of abatement.
☐ Abatement performed outside of normal facility hours:
Describe: NORMAL HOURS

Other-Describe:

Scope of Work (check all that apply):
☐ >3 sf or >3 ft
☐ Renovation
☐ >160 sf or >260 ft
☐ 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):
PIPE INSULATION

Amount (Specify SF or LF):
1261 ft

Removal:
☐ Yes ☐ No

Repair:
☐ Yes ☐ No

Encapsulation:
☐ Yes ☐ No

Enclosure:
☐ Yes ☐ No

Full Containment w/negative pressure:
☐ Yes ☐ No

Mini-enclosure:
☐ Yes ☐ No

Gloves bag procedure:
☐ Yes ☐ No

Non-Exempted (*) and Non-Friable Procedure:
☐ Yes ☐ No

Registered Waste Hauler:
D & S RESTORATION, INC.

NJDEP Hauler ID#:
13506

Cubic Yards of Waste:
2 yds

Name of Registered Landfill:
TULLYTOWN, RESOURCE RECOVERY

City, State:
PATERNON, NJ 07503

Disposal Date:
09/19/13

Completed by (Print or Type):
BOGDAN JOLDZIC

Title:
PRESIDENT

Signature:

Date:
09/16/2013

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

Name of Building Owner/Operator (2)  
MARLENE TODD

Name of Contact  
MARLENE TODD

FACILITY INFORMATION

Name of facility where abatement is taking place (3)  
MARLENE TODD

Street Address  
120 WESTOVER AVENUE

City (5)  
WEST CALDWELL

County (6)  
ESSEX

County Code (7) (State use only)  

Type of Facility (4)  

- School (K - 12)  
- Other Chapter 8 (Other than K-12)  
- Other (Private/Commercial Bldgs./Homes, etc.)

Square Feet  

# of Floors  

Bldg. Age  

Current Use (Prior if being demolished)  

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

Street Address  
20 California Ave.

City, State, Zip Code  
Paterson, NJ 07503

License Number  
973-345-8020  
01169

Name of OSHA Monitor  
D & S Restoration, Inc.

Street Address  
20 California Avenue

City, State, Zip Code  
Paterson, NJ 07503

Scope of Work (check all that apply)  

- 2sf or 3sf
- Renovation
- Demolition

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

<table>
<thead>
<tr>
<th>Basement</th>
<th>Description of asbestos-containing material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>PIPE INSULATION</td>
<td>105</td>
<td>FT</td>
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</table>

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

Cubic Yards of Waste  
LYD

Name of Registered Landfill  
TULLYTOWN, RESOURCE RECOVERY

City, State  
PATERSON, NJ 07503

Disposal Date  
09/27/13

Completed by (Print or Type)  
BOGDAN JOLDZIC

Title  
PRESIDENT

Signature  

Date  
09/16/13

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>9/1/13</td>
<td>P.S.E.G.</td>
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</table>

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

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
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<tbody>
<tr>
<td>4000 HADLEY ROAD</td>
<td>SOUTH PLAINFIELD, NJ 07080</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement Is Taking Place (3)</th>
<th>Name of Monitoring Firm Hired by Building Owner (6)</th>
</tr>
</thead>
<tbody>
<tr>
<td>P.S.E.G.</td>
<td>ENVIRONMENTAL TACTICS</td>
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<table>
<thead>
<tr>
<th>County Code (7)</th>
<th>ASCM No.</th>
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<tbody>
<tr>
<td>SOMERSET</td>
<td>0045</td>
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<table>
<thead>
<tr>
<th>Square Feet</th>
<th># of Floors</th>
<th>Bldg. Age</th>
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<tbody>
<tr>
<td>Approx 500</td>
<td>1</td>
<td>Approx 50 yrs</td>
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<table>
<thead>
<tr>
<th>Type of Facility (4)</th>
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<tbody>
<tr>
<td>School (K-12)</td>
</tr>
<tr>
<td>Subchapter 8 (Other than K-12)</td>
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<tr>
<td>Other (i.e. private &amp; commercial buildings, homes, etc.)</td>
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</table>

<table>
<thead>
<tr>
<th>Current Use (Prior if being demolished)</th>
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<tbody>
<tr>
<td>SWITCH STATION</td>
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<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
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<td>9/1/13</td>
<td>9/26/13</td>
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<table>
<thead>
<tr>
<th>Occupancy Status During Abatement</th>
<th>Scope of Work (Check All That Apply)</th>
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<tbody>
<tr>
<td>Facility Closed/ Vacated During Entire Period of Abatement</td>
<td>≥2 sf or ≥3 ft</td>
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<tr>
<td>Abatement Performed Outside of Normal Facility Hours</td>
<td>≥160 sf or ≥2600 sf</td>
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<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) To Be Abated (12)</th>
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<tbody>
<tr>
<td>Outside</td>
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<table>
<thead>
<tr>
<th>Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
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</tbody>
</table>

<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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</thead>
<tbody>
<tr>
<td>TRANSITE PIPE</td>
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<table>
<thead>
<tr>
<th>Mo.</th>
<th>Name of Registered Waste Hauler</th>
</tr>
</thead>
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<tr>
<td>5</td>
<td>WASTE MANAGEMENT</td>
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<table>
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<th>Disposal Date</th>
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<tbody>
<tr>
<td>9/27/13</td>
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</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>ELIZABETH, NJ</td>
<td>GROWS NORTH</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed by</th>
<th>Title</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>CAROL RAIMO</td>
<td>OFFICE MGR.</td>
<td>Carol Raimo</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Abatement Contractor (9)</th>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>UNIQUE SYSTEMS OF AMERICA</td>
<td>396 WHITEHEAD AVE.</td>
<td>SOUTH RIVER, NJ 08882</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Telephone No.</th>
<th>License No.</th>
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</thead>
<tbody>
<tr>
<td>732-292-2217</td>
<td>01111</td>
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<table>
<thead>
<tr>
<th>Name of OSHA Monitor</th>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>UNIQUE SYSTEMS OF AMERICA</td>
<td>396 WHITEHEAD AVE.</td>
<td>SOUTH RIVER, NJ 08882</td>
</tr>
</tbody>
</table>

<table>
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<tr>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>732-432-8350</td>
<td>01111</td>
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</tbody>
</table>

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

Date of Notification (1)
September 17, 2013

Name of Building Owner/Operator (2)
Buckeye Partners L.P.

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (2)
Buckeye – Perth Amboy Terminal

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

City (5)
Perth Amboy

Square Feet 4500 # of Floors 1

County (6)
Middlesex

Bldg. Age 50+ years

County Code (7)
(State Use Only)

Current Use (prior if being demolished): Refinery

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

Name of Contractor (9)
Brandenburg Industrial Service Company

Street Address
380 Maurer Road

Street Address
2217 Spilliman Drive

City, State, Zip Code
Perth Amboy, New Jersey 08861

City, State, Zip Code
Bethlehem, Pennsylvania 18015

Project Manager for Monitoring Firm

Tel. No.

License Number
(610) 691-1800

Name of OSHA Monitor
NA

Street Address

City, State, Zip Code

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

Other - Demo Notification Only

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

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

Is Location Normally Used Solely by Maint./Custodial Staff? (12)
YES NO NA

Name of Reg. Waste Hauler
NJDEP Waste Hauler ID #

Name of Reg. Landfill

Cubic Yards of Waste

Disp. Date
City, State

Complied by (Print or Type)
Eric Schreiner
Title
Project Manager

Signature

Date
September 17, 2013

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

Telephone 609-984-6620

C:\WORD\MYDOCS\VASBESTOS
9/18/00
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:66 and 12:129)

**State of New Jersey**

**Name of Building Owner/Operator**

<table>
<thead>
<tr>
<th>Agency</th>
<th>Type Notification</th>
<th>Street Address</th>
<th>City, State, Zip Code</th>
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<tbody>
<tr>
<td>EPA</td>
<td>Amended</td>
<td>381 PARK AVE SUITE 15th floor</td>
<td>New York, NY, 10016</td>
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<tr>
<td>DEP</td>
<td>Amendments</td>
<td></td>
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<tr>
<td>DOL</td>
<td>Emergency (Including Liscitation)</td>
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<td></td>
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<tr>
<td>DCH</td>
<td></td>
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</tr>
<tr>
<td>DCA</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

- **Name of Facility Where Abatement is Taking Place:** Boiler House
- **Street Address:** 1435 51st Street
- **City:** New York
- **County:** New York
- **State:** NY
- **Zip Code:** 10016
- **Square Feet:** 1200
- **Building Age:** +50
- **Current Use (Prior to Demolition):** Commercial
- **Type of Facility:** K-12 School (K-12)
- **Occupancy Status During Abatement:** Vacated During Entire Period of Abatement
- **Abatement Performed Outside of Normal Facility Hours:** Yes

**Scope of Work (Check All That Apply):**
- 230 or more
- 430 to 650
- Demolition
- Piping Insulation
- Insulation

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

**Amount (Linear Feet):**
- 130 LF
- 30 LF

**Name of Registered Waste Handler:**

<table>
<thead>
<tr>
<th>Name of Registered Waste Handler</th>
<th>NDEP Waste Hauler ID No.</th>
<th>Public Yards</th>
<th>Disposal Date</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>3</td>
<td>9/16/13</td>
</tr>
</tbody>
</table>

**Completed by:**

- Joseph Vazquez

**Date:** 9/16/13

---

*Do not use this form for asbestos license exempted activities.*
Date of Notification (1) 9-17-13

Name of Building Owner/Operator (2) 
Levin Management Corp. 2013 SEP 20 AM 10:39

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

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

Street Address 
975 US Highway 22 West

City, State, Zip Code 
& LICENSING
North Plainfield, NJ 07060

Name of Contact 
Gerry O'Brien

Telephone Number 

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) 
Capital Plaza Shopping Center - Space #13

Street Address 
1500 N. Olden Avenue

City (5) 
Ewing

County (6) 
Mercer

County Code (7) 
STATE USE ONLY

Current Use (Prior if being demolished) 
vacant

Name of Monitoring Firm Hired by Building Owner (9) 
EHS

ASCM No. 

Name of Abatement Contractor (9) 
Plymouth Environmental Co., Inc.

Street Address 
411 Southgate Court, Suite E

City, State, Zip Code 
Mickleton, NJ 08056

Project Manager for Monitoring Firm 
Jack Carney

Telephone No. 
856-224-0080

Start Date (10) 
10/1/13

Scheduled Completion Date (11) 
10/11/13

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

Scope of Work (Check All That Apply) 
- ≥30 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
Endorse

Name of Registered Waste Hauler 
Robinson Waste

NJDEP Waste Hauler ID No. 
17304

Cubic Yards of Waste 
2

Name of Registered Landfill 
GROWS, Inc.

City, State 
Bellmawr, NJ

Disposal Date 
10/11/13

Completed by 
Timothy E. Bryan

Title 
Vice-President

Signature 

Date 
9-17-13

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

Date of Notification (1)  
9-17-13

Name of Building Owner/Operator (2)  
Macy's Incorporated  
2313 SEP 20 AM 10:58

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

Type Notification  
☐ Initial  
☐ Amended

Amendment #  
☐ Emergency (including justification)  
☐ Cancellation

Street Address  
7 W. 7th Street

City, State, Zip Code  
Cincinnati, OH 45202

Name of Contact  
Tia Liddell

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  
Macy's - Livingston Mall

Street Address  
112 Eisenhower Parkway

City, State, Zip Code  
Livingston, NJ

County (5)  
Essex

County Code (7)  

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

Square Feet  
298,900

# of Floors  
3

Bldg. Age  
42 yrs.

Current Use (Prior if being demolished)  
Retail Store

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

ASCM No.  

Name of Abatement Contractor (9)  
Plymouth Environmental Co., Inc.

Street Address  
923 Haws Avenue

City, State, Zip Code  
Norristown, PA 19401

Project Manager for Monitoring Firm  
Joe Anello, Jr.

Telephone No.  
856-547-0505

Telephone No.  
610-239-9920

License No.  
00398

Start Date (10)  
10/1/13

Scheduled Completion Date (11)  
10/25/13

Name of OSHA Monitor  
Plymouth Environmental Co., Inc.

Street Address  
923 Haws Avenue

City, State, Zip Code  
Norristown, PA 19401

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  
☐ ≥150 sf or ≥2600 If

☒ Renovation  
☐ Demolition

☐ Full Containment with Negative Pressure  
☐ Mini-Endosure  
☐ 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)  
1,270 SF

Abatement Type  
☒ Removal  
☐ Repair  
☐ Encapsulation  
☐ Endosure

1st floor textile stock room  
fireproofing

Name of Registered Waste Hauler  
Newark Carting  
NJDEP Waste Hauler ID No.  
4509

Cubic Yards of Waste  
40

Name of Registered Landfill  
IESI

Disposal Date  
10/25/13

City, State  
Bethlehem, PA

Completed by  
Timothy E. Bryan  
Vice-President  
9-17-13

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

Date of Notification (1): 9-17-13

Agency Notified: □ EPA □ DEP □ DOL □ DOH □ DCA
X Initial □ Amended □ Emergency (including justification) □ Amendment # ________

Name of Building Owner/Operator (2): Macy's Incorporated

Street Address: 7 W. 7th Street

City, State, Zip Code: Cincinnati, OH 45202

Name of Contact: Tia Liddell

Telephone Number: __________

Name of Facility Where Abatement is Taking Place (3):
Macy's - Willowbrook Mall

Street Address: 100 Route 46

City (5): Wayne

County (6): Passaic

County Code (7): ________

Current Use (Prior if being demolished): Retail Store

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

ASCM No.: ________

Name of Abatement Contractor (9):
Plymouth Environmental Co., Inc.

Street Address: 515 Grove Street, Suite 1B

City, State, Zip Code: Haddon Heights, NJ 08035

Project Manager for Monitoring Firm: Joe Anello, Jr.

Telephone No.: 856-547-0505

Name of OSHA Monitor: Plymouth Environmental Co., Inc.

Street Address: 923 Haws Avenue

City, State, Zip Code: Norristown, PA 19401

Start Date (10): 10/1/13

Scheduled Completion Date (11): 11/1/13

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

Scope of Work (Check All That Apply):
□ ≥2 sf or ≥2 ft
□ ≥160 sf or ≥260 ft
X Renovation
□ Demolition
X Full Containment with Negative Pressure
□ Mini-Enclosure
□ Glovebag Procedure
□ Non-Exempted (*) and Non-Flammable Procedure

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

In 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

Loss Prevention/Locker Mezz. x fireproofing 1,390 SF X

Name of Registered Waste Hauler:
Newark Carting

NJ/DEP Waste Hauler ID No.: 4509

Cubic Yards of Waste: 40

Name of Registered Landfill: IBSI

City, State:
Newark, NJ

Disposal Date: 11/1/13

City, State:
Bethlehem, PA

Completed by: Timothy E. Bryan
Title: Vice-President
Signature: __________
Date: 9-17-13

* Do not use this form for asbestos licensure exempted activities.
NOTIFICATION OF ASBRSROT ABATEMENT
(Pursuant to NJAC 8:69-7 and 12:126-7)

Date of Notification (1)
9-17-13

Name of Building Owner/Operator (2)
Carol Honaman

Agencies Notified (3)
[X] EPA
[ ] DDEP
[X] DOL
[X] DOH
[ ] DCA

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

Name of Contact
Carol Honaman

FACILITY INFORMATION

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

Street Address
172 Bay Ave.

City, State, Zip Code
Glen Ridge, NJ, 07028

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

Name of Monitoring Firm (9)
N/A

Telephone Number
N/A

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

Square Feet
1800

# of Floors
2

Bldg. Age
80

Current Use (if being demolished)

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

Street Address
86 Christopher St.

City, State, Zip Code
Montclair, NJ 07042

Name of OSHA Monitor
N/A

Telephone Number
(973) 744-8800

License Number
00371

Scheduled Start Date (10)
9-27-13

Sched. Completion Date (11)
9-30-13

Month
Day
Year
Month
Day
Year

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

Abatement Performed Outside of Normal Facility Hours - Describe: <Other Occupancy Description>

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

[X] Renovation
[ ] Demolition

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

In Facility

[X] Basement

Location Normally Used

Pipe Insulation

Location: X

Pipe Insulation
27 l f

Boiler (snowman)
18 SF

Location: X

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

Amount (Specify SF or LP)

Removal

Repair

Enclosure

Abatement Type

Removal

N/A

Enclosure

N/A

Enclosure

N/A

Name of Registered Waste Hauler

AZTECH MANAGEMENT, INC.

Waste Hauler ID No.
17040

Cubic Yards of Waste
1.5

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

City, State
Montclair, NJ 07042

Disposal Date
10-1-13

City, State
Morrisville, PA 19067

Completed By (Print or Type)
Constantine Vivian

Title
President

Signature

Date
9-17-13
NOTIFICATION OF ASBESTOS ABATEMENT
(Permits to NJAC 580 and 12:139)

Date of Notification (1)
09-18-2013

Name of Building Owner/Operator (2)
Eric Shuttle

Street Address
50 Mountain Ave.

City, State, Zip Code
Caldwell, N.J. 07006

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

Street Address
50 Mountain Ave.

City (6)
Caldwell

County (5)
N.J. 07006

Type of Facility (4)

Square Foot
3,000

Bldg. Age
102

Name of Abatement Contractor (9)
Sharon Quality Co. LLC

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

Current Use (Prior to being demolished)

Name of Abatement Contractor
Sharon Quality Co. LLC

Address
22 Van Orden Pl.

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

Licence No.
01135

Telephone No.
201-709-4270

Name of OSHPA Inspector
FMSL Analytical, Inc.

Street Address
307 West New York, N.Y.

City, State, Zip Code
N.Y.

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 or more sq ft
Renovation
Demolition

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

Yes
Pipe Insulation
964 ft.

Location

Amount
(Specify
SF or LF)

Abatement
Type

Removal
Repair
Decontamination
Encapsulation

Name of Registered Waste Hauler
Sharon Quality Co.

Name of Registered Landfill
Minerva Enterprise, Inc.

Disposal Date
TBD

City, State
Waynesburg, Ohio

Signature

Print Form

Print Form

ASS-41 (R-05-09)

* Do not use this form for security.
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:68 and 12:129)

Date of Notification (1) 9-18-13

Name of Building Owner/Operator (2) N. E. B. P.

Agencies Notified

- EPA
- DEP
- DOL
- DOH
- DCA

Type Notification

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

Street Address: 12 JUNIPER RD

City, State, Zip Code: WESTPORT, CT 06880

Name of Contact: C. FREW

Telephone Number

FACILITY INFORMATION

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

Street Address: 417 MORRIS AVE, UNIT 410

City (5) Summit

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)

Ace Insulation Co., Inc.

Street Address: 95 Montrose Road

City, State, Zip Code: Colts Neck, N.J. 07722

Telephone No.

License No.

Project Manager for Monitoring Firm

Telephone No.

License No.

Start Date (10) 9-30-13

Scheduled Completion Date (11) 10-5-13

Occupancy Status During Abatement (Check Only One)

- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other - Describe: 2400 - 7200

Scope of Work (Check All That Apply)

- ≥3 sf or ≥3 if
- ≥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

- Asbestos Normal Used Solely by Maintenance/ Custodial Staff?
- Description of Asbestos Containing Material (ACM)
- Amount (Specify SF or LF)
- Abatement Type

Location: BASEMENT

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

Description of Asbestos Containing Material (ACM)

Amount (Specify SF or LF)

Abatement Type

Name of Registered Waste Hauler

Ace Insulation Co., Inc.

NJDEP Waste Hauler ID No. 12086

Cubic Yards of Waste

Name of Registered Landfill

IESE

City, State

Colts Neck, New Jersey

Disposal Date 10-5-13

City, State

Bethlehem, Pa

Completed by

George Wuest

Title

President

Signature

Date 9-18-13

Do not use this form for asbestos licensure exempted activities.
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:1:30)

Date of Notification (11)  
[27,4/18/12]

Name of Building Owner/Operator (2)  
[27, New Machines]

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

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

Square Feet  
1000

Blg. Apr.  
40 X

County Code (1) (STATE USE ONLY)  
[27, CA]

Current Use (Prior to being demolished)  
VACANT

Name of Facility Where Abatement Is Taking Place (3)  
[27, Residence]

City (5)  
[27, Avon]

City, State, Zip Code  
Woodbine, N.J. 08770

Project Manager for Monitoring Firm  
[27, N/A]

Telephone No.  
[27, N/A]

Name of Monitoring Firm Hired by Building Owner  
[27, N/A]

ASCM No.  
[27, N/A]

Name of Abatement Contractor (5)  
Klemco INC.

Street Address  
369 S. Spruce Ave.

City, State, Zip Code  
Maple Shade, N.J. 08052

Telephone No.  
[27, N/A]

License No.  
0044

Name of OSHA Monitor  
[27, N/A]

Street Address  
369 S. Spruce Ave.

City, State, Zip Code  
Maple Shade, N.J. 08052

Occasional 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)  
☐ Demolition  ☑ Renovation

Location of Asbestos-Containing Material (ACM)  
[27, Side Wall]  
[27, Transite]  
[27, 2300SF]

Location Name  
[27, N/A]

Location Normally Used Solely by Maintenance/Custodial Staff? (12)  
[27, Yes]  ☑ No

Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)  
[27, N/A]

Amount  
[27, N/A]

Disposal Site  
C.M.C., M.U.A.

Cob State  
Woodbine, N.J.

Disposal Date  
[27, N/A]

Name of Registered Waste Hauler  
Klemco INC.

NDEP Waste Hauler ID No.  
[27, 12902]

Cubic Yards of Waste  
5

Name of Registered Landfill  
[27, N/A]

Committed By  
[27, N/A]

Title  
[27, Owner]

Signature  
[27, N/A]

Date  
[27, 9/18/12]

* Do not use this form for asbestos licensure exempted activities
# Request for Waiver

## 10 Day Notice

### Notification of Asbestos Abatement

(Pursuant to N.J.A.C. 5:724 and 12:22)

**Date of Abatement:** 9-10-2013

**Building Occupant:** M. R. Rodriguez

**Address:**
- **Street:** 56 E. 1ST STREET
- **City:** ELIZABETH, N.J.
- **County:** UNION

**Type of Abatement:**
- **Location:** Basement
- **Type:** Thermoplastic

**Applicant:**
- **Name:** M. R. Rodriguez
- **Address:** 56 E. 1ST STREET
- **City:** ELIZABETH, N.J.
- **County:** UNION

**Applicant Representative:**

**Insurer:**
- **Name:** Best Removal Inc
- **Address:** 450 S. River St, Hackensack, N.J. 07601

**Contractor:**
- **Name:** Omega Environmental Inc
- **Address:** 280 Huiler St, South Hackensack, N.J. 07606

**Assessment:**
- **Contractor:** Omega Environmental Inc
- **Assessor:**
- **Inspection Date:** 9-18-13
- **Completion Date:** 9-19-13

**Estimator:**
- **Name:** F. Veloran
- **Address:**
- **City:**
- **County:**

---

**Waiver Details:**

- **Waiver Requested:** Check 16.61
- **Waiver Approved:**
- **Date:** 9-16-13

---

**Notes:**

- Do not use this form for asbestos removal construction activity.
**NOTIFICATION OF ASBESTOS ABATEMENT**

**State of New Jersey**

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

**Date of Notification:** 9/19/13

**Name of Building Owner/Operator:** PINE LANDS CONSTRUCTION

**Address:** 300 77TH ST.

**City, State, Zip Code:** SFB, NJ, 08243

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

**Street Address:** 9/13 WEST 16TH ST.

**City:** ARLINGTON

**County:** CAMDEN

**Name of Building Owner/Operator:** N/A

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

**Address:** 369 S. SPRUCE AVE.

**City, State, Zip Code:** MAPLE SHADE, N.J., 08052

**Project Manager for Monitoring Firm:**

**Telephone No.:** 856-729-0472

**License No.:** 00474

**Name of OSHA Monitor:** JOSEPH KLEIN

**Address:** 369 S. SPRUCE AVE.

**City, State, Zip Code:** MAPLE SHADE, N.J., 08052

**Start Date:** 9/27/13

**Scheduled Completion Date:** 10/2/13

**Occupancy Status During Abatement:** Vacant

**Facility Closed/Vacated During Entire Period of Abatement:** No

**Abatement Performed Outside of Normal Facility Hours:** No

**Scope of Work:**

- Renovation
- Demolition

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

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

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

**Amount (Specify SF or LF):** 2400

**Abatement Type:** Encapable

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

**Federal Waste Hauler D No.:** 12780

**Cubic Yards of Waste:**

**Name of Registered Landfill:** C.M.C., N.J.

**Disposal Date:**

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

**Completed By:** JOSEPH KLEIN

**Title:** V.P.

**Signature:**

**Date:** 9/19/13

---

*Do not use this form for asbestos licensure exempted activities.*
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:68 and 5:16)  

<table>
<thead>
<tr>
<th>Name of Building Owner/Operator</th>
<th>Samuel Agayan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>139 Garner Avenue</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Bloomfield, NJ 07003</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement Is Taking Place</th>
<th>Bloomfield, NJ 07003</th>
</tr>
</thead>
<tbody>
<tr>
<td>County Code (7) (STATE USE ONLY)</td>
<td>Essex</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner</th>
<th>ASCM No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gr Tech LLC</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Abatement Contractor</th>
<th>Gr Tech LLC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>576 Valley Rd #283</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Wayne, NJ 07470</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>09 / 17 / 13</th>
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<tbody>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>09 / 18 / 13</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check only one)</th>
<th>Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM-PM-AM</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Facility Closed/Vacated During Entire Period of Abatement</td>
<td></td>
</tr>
<tr>
<td>☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM-PM-AM</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Source of Work (Check all that apply)</th>
<th>Damaged/Removal and Reconstruction</th>
<th>Full Containment with Negative Pressure System</th>
<th>Mini-Enclosure</th>
<th>Glazing Procedure</th>
<th>Tent with Negative Pressure System</th>
<th>Non-Exempted (*) and Non-Friable Procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ 500 ft or greater</td>
<td>☐ Damaged/Removal and Reconstruction</td>
<td>☐ Full Containment with Negative Pressure System</td>
<td>☐ Mini-Enclosure</td>
<td>☐ Glazing Procedure</td>
<td>☐ Tent with Negative Pressure System</td>
<td>☐ Non-Exempted (*) and Non-Friable Procedure</td>
</tr>
<tr>
<td>☐ 160 ft or greater</td>
<td>☐ Damaged/Removal and Reconstruction</td>
<td>☐ Full Containment with Negative Pressure System</td>
<td>☐ Mini-Enclosure</td>
<td>☐ Glazing Procedure</td>
<td>☐ Tent with Negative Pressure System</td>
<td>☐ Non-Exempted (*) and Non-Friable Procedure</td>
</tr>
<tr>
<td>☐ 250 ft or greater</td>
<td>☐ Damaged/Removal and Reconstruction</td>
<td>☐ Full Containment with Negative Pressure System</td>
<td>☐ Mini-Enclosure</td>
<td>☐ Glazing Procedure</td>
<td>☐ Tent with Negative Pressure System</td>
<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</th>
<th>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 SIF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>☒ Yes</td>
<td>☒ Pipe insulation</td>
<td>30 LF</td>
<td>☒ Remove</td>
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<tr>
<td>Basement</td>
<td>☐ No</td>
<td>☒ Boiler Insulation</td>
<td>30 SF</td>
<td>☐ Encapsulate</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>KID Waste Facility ID No.</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gr Tech LLC</td>
<td>0033755</td>
<td>TBD</td>
<td>TBD</td>
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**COMPANY INFORMATION**

<table>
<thead>
<tr>
<th>City, State</th>
<th>Wayne, NJ 07470</th>
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**COMPLETION INFORMATION**

<table>
<thead>
<tr>
<th>Completed By (Print or Type)</th>
<th>N. Levito</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Title</th>
<th>Owner</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jack Smith</td>
<td>09/16/2013</td>
</tr>
</tbody>
</table>

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

**Date of Notification (1)**
September 11, 2013

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

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

| Street Address    | 136 Boye Avenue |
| City, State, Zip Code | Totowa, NJ 07512 |

| Name of Contact    | Ida |

<table>
<thead>
<tr>
<th>Type of Facility (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>School (K-12)</td>
</tr>
<tr>
<td>Subchapter 8 (Other than K-12)</td>
</tr>
<tr>
<td>Other (i.e. private &amp; commercial buildings, homes, etc.)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Square Feet</th>
<th># of Floors</th>
<th>Bldg. Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>1600</td>
<td>2</td>
<td>55+</td>
</tr>
</tbody>
</table>

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<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>ASCM No.</th>
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<tbody>
<tr>
<td>Anthony Valantine</td>
<td>00775</td>
</tr>
</tbody>
</table>

| Name of Abatement Contractor (9) | ALKAT Construction LLC |

<table>
<thead>
<tr>
<th>Street Address</th>
<th>80 Mill Rd</th>
</tr>
</thead>
</table>

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

| Telephone No.              | 201.207.6082 |

<table>
<thead>
<tr>
<th>License No.</th>
<th>973.893.7005</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>9/20/2013</td>
<td>9/23/2013</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of OSHA Monitor</th>
<th>Ranko Vukadinovic</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>88 Banta Ave.</th>
</tr>
</thead>
</table>

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

**Name of Registered Waste Hauler**
ATLANTIC Carting

<table>
<thead>
<tr>
<th>NJ/DEP Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
</tr>
</thead>
<tbody>
<tr>
<td>26085</td>
<td>8</td>
</tr>
</tbody>
</table>

| Name of Registered Landfill | Gross / Tullytown |

<table>
<thead>
<tr>
<th>City, State</th>
<th>Tullytown, PA</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Completed by</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Uros Spasic</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Title</th>
<th>Owner</th>
</tr>
</thead>
</table>

**Scope of Work (Check All That Apply)**
- [x] 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

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Front porch</td>
<td>[x] No</td>
</tr>
<tr>
<td>Basement</td>
<td>[x] No</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>80</td>
<td>[x] Removal</td>
</tr>
<tr>
<td>160</td>
<td>[x] Encapsulate</td>
</tr>
</tbody>
</table>

**Asbestos-41 (R-08-08)**

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

Name of Building Owner/Operator (2)  
Sally Brenner  

Name of Facility Where Abatement is Taking Place (3)  
Private house  
38 Harbourton Woodsville Road  
Pennington, NJ 08534  

County (9)  
Mercer  

Name of Monitoring Firm Hired by Building Owner (8)  
ASCM No.  
Gr Tech LLC  

Name of Abatement Contractor (9)  
Envirosis Consultants, Inc  

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

Scope of Work (Check all that apply)  
Renovation  
Demolition  

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

Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)  
Duct insulation-wap&cut  
90 LF  

Name of Registered Waste Hauler  
Gr Tech LLC  

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

Completed By (Print or Type)  
N. Jevtic  

Signature  
Date 09/16/2013  

* Do not use this form for asbestos licensed exempted activities.
NOTIFICATION OF ASBESTOS ABATEMENT
(Facultative to NJAC 8:20 and 12:120)

State of New Jersey
Date of Notification (1) 9/12/13

Name of Building Owner/Operator (2) Dorothy Blum

Street Address 145 E Indicot Terr

City, State, Zip Code Teaneck, NJ 07666

Name of Contact Dorothy Blum

Agencies Notified
- EPA
- DEP
- DOH
- DCA

Type of Notification
- Initial
- Amendment
- Emergency (Including Justification)

Date 9/11/13

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

County Code (7) BLDG

Name of Abatement Contractor (9)

Residence

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

Square Feet 1,300

No. of Floors 2

Biological Age 0

Current Use (Prior to being dismantled) Residential

Name of Abatement Contractor

A. MAC Contracting Inc.

Street Address 105 Lowell Road

City, State, Zip Code Glen Rock, NJ 07452

License No. 00155

Telephone No. 201-267-5391

Start Date (10) 9/12/13

Scheduled Completion Date (11)

Name of OSHA Monitor Omega Environmental Services Inc.

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

Scope of Work (Check All That Apply)
- 250 sq ft or <250 sq ft
- 2500 sq ft or >2500 sq ft

Removal

Demolition

Full Containment with Negative Pressure

Mini Enclosure

Glueless Procedure

Non-Exempted (*) and Non-Frangible Procedure

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

In Facility

Yes No NFA

In Location Normally Used Solely by Maintenance/ Custodial Staff

Yes No NFA

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

Amount (Spafab SF or LF) 30 LF

Abatement Type

Name of Registered Waste Hauler

Rovic Transport

Waste Hauler ID No. 20785

Cubic Yards of Waste

Name of Registered Landfill

IESI PA Bethlehem Landfill Corp.

Disposal Date

City, State, Zip Code Bethlehem, PA 18015

Rivetta

Completed by Joseph Vocaturo Title Operations

Signature

Date 9/12/13

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

Date of Notification (1)  
9-16-13

Name of Building Owner/Operator (2)  
Hopper

Agencies Notified  
EPA
DEP
DOL
DOH
DCA

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

Name of Building/Address
616 Union Avenue
Brielle, NJ

City, State, Zip Code  
Brielle, NJ

Name of Contact  
JOHN

FACILITY INFORMATION

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

Street Address  
616 Union Avenue

City (5)  
Brielle

County (5)  
Monmouth

County Code (7)  
RES

ASCM No.  

Name of Monitoring Firm Hired by Building Owner (8)  

Name of Abatement Contractor (9)  
Ace Insulation Co., Inc.

Street Address  
95 Montrose Road

City, State, Zip Code  
Colts Neck, N.J. 07722

Telephone No.  
732-294-1757

License No.  
00029

Start Date (10)  
9-16-13

Scheduled Completion Date (11)  
9-30-13

Name of OSHA Monitor  

Occupancy Status During Abatement (Check Only One)  

Facility Closed/ Vacated During Entire Period of Abatement

Other - Describe  

Scope of Work (Check All That Apply)  

≤3 sf or ≤3 if
≥160 sf or ≥260 if

Renovation
Demolition

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

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

Name of Registered Waste Hauler  
Ace Insulation Co., Inc.

NJDEP Waste Hauler ID No.  
12098

Cubic Yards of Waste  
2

Name of Registered Landfill  
Grow

City, State  
Tullytown, Pa

Disposal Date  
9-20-13

Completed by  
George Wuest

Title  
President

Signature  

Date  
9-16-13

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 8:60 and 12:130)

Date of Notification (1): 9/10/13

Name of Building Owner/Operator (2): MEN + MACHINES

Agent(s) Notified (3)

- EPA
- CDP
- DOL
- DOM
- DCA

Type of Notification

- Initial
- Amended
- Amendment #
- Emergency (including justifi. or Cancellation)

Street Address: 225 E Freeport AVE, West Long Branch, NJ 07764

City, State, Zip Code: WOODRIVE, N.J., 07764

Name of Contact: Lisa Fisher

Telephone Number: N/A

FACILITY INFORMATION

Type of Facility (4)

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

Square Feet: 1000

Floors: 2

Bldg Age: 40 yrs

Current Use (Prior if being demolished)

- VACANT

Name of Facility Where Abatement is Taking Place (5): RESIDENCE

City: LONG BRANCH

County: MONMOUTH

Name of Abatement Contractor (6):

KLOEMCO INC.

Sran Address: 369 S. Spruce Ave.

City, State, Zip Code: MAPLE SHADE, N.J., 08052

Name of OSHA Monitor: JOSPEH KLEEM

Sran Address: 369 S. Spruce Ave.

City, State, Zip Code: MAPLE SHADE, N.J., 08052

Project Manager for Monitoring Firm:

Tel.: N/A

License No.: 856-779-1722

License No.: 0044

Start Date (10): 9/25/13

Scheduled Completion Date (11): 10/2/13

Occuany Status During Abatement (Check only one)

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

Scope of Work (Check all that apply)

- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (1) and Non-Exempted (2)

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

- Siding

Yes: 1

No: 0

N/A: 0

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

Amount: 1800 sq ft

Name of Registered Waste Hauler:

KLOEMCO INC.

NJDEP Waste Hauler D No.: 17707

Name of Registered Landfill:

C.M.C., M.U.

Disposal Date: 9/10/13

City, State: WOODRIVE, N.J.

Name of Registered Landfill:

C.M.C., M.U.

Disposal Date: 9/10/13

City, State: WOODRIVE, N.J.

Compliance by:

JOSPEH KLEEM

Title: OWNER

Signature: JOSPEH KLEEM

Date: 9/10/13

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

Date of Notification (1) 9/16/2013
Name of Building Owner/Operator (2) Seminole Construction

Agencies Notified
[X] EPA
[ ] DEP
[X] DOL
[X] DOH
[ ] DCA
Type of Notification
[ ] Initial Notification
[ ] Amended Notification
[x] Emergency (including justification)

Street Address 128 Bartlett Avenue
City, State, Zip Code West Creek, NJ 08092
Name of Contact Joyce Corliss Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence
Street Address 1319 Mill Creek Road
City Beach Haven West County Code (6) Ocean
County (7) (STATE USE ONLY)

Square feet 1300 sf # of Floors 1 Bldg. Age 60
Current Use (Prior if being demolished) Residence
Name of Monitoring Firm Hired by Building Owner (8) ASCM No.
N/A Guardian Contracting, Inc.

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

Project Manager for Monitoring Firm
Street Address 1889 Route 9, Unit 61
City, State, Zip Code Toms River, New Jersey 08755-1271

Scheduled Start Date (10) 9/17/13
Scheduled Completion Date (11) 9/19/13

Name of OSHA Monitor E.M.S.L. Analytical
Street Address 1056 Stetlon Road
City, State, Zip Code Piscataway, New Jersey 08854

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

Scope of Work (Check all that apply)
[ ] >3 sf or ≥3 If
[ ] ≥160 sf or ≥260 If
[x] Renovation
[x] Demolition

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

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

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

Amount (Specify SF or LF) 1200 sf

Abatement Type
Removal Repair Encapsulation Enclosure

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 9/20/13
City, State Tulleytown, Pennsylvania
Completed by (Print or Type) Nicholas Fernicola Title Project Manager
Signature

Date 9/16/2013

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

Date of Notification (1) 9/16/2013

Name of Building Owner/Operator (2) Seminole Construction

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

Name of Contact Joyce Corliss

FACILITY INFORMATION

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

Street Address 21 Jonathan Drive

City Beach Haven West
County Code (6) Ocean
County Code (7) (STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8) ASCM No.
N/A
Name of Abatement Contractor (9) Guardian Contracting, Inc.

Street Address 1889 Route 9, Unit 61
City Toms River
State, Zip Code New Jersey 08755-1271
Phone Number 732-349-9932
License Number 00624

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

Street Address 1056 Stetson Road
City Piscataway
State, Zip Code New Jersey 08854

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

Current Use (Prior if being demolished)
Residence

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

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

Scope of Work (Check all that apply)

[X] >3 sf or ≥3 if
[ ] ≥160 sf or ≥260 sf
[ ] 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

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)
Removal
Repair
Encapsulation
Enclosure

Exterior Exterior X Asbestos siding 1000 sf X

Name of Registered Waste Hauler Guardian Contracting, Inc.

Cubic Yards of Waste 3
Name of Registered Landfill T.R.R.F.

City, State Toms River, New Jersey
Disposal Date 9/20/13
City, State Tullytown, Pennsylvania
Completed by (Print or Type) Nicholas Fernicola
Title Project Manager

Signature

Date 9/16/2013

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

**Date of Notification (1)**  
September 16, 2013

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

**Street Address**  
5074 Cedar Creek Drive

**City, State, Zip Code**  
Houston, TX 77056

**Name of Contact**  
Wayne Pierce

**Telephone Number**

---

**FACILITY INFORMATION**

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

**Street Address**  
106 1st Avenue

**City**  
Ortley Beach

**County**  
Ocean

**County Code (6)**  
N/A

**County Code (7)**  
N/A

**Square feet**  
400 sf

**# of Floors**  
1

**Bldg. Age**  
60

**Current Use (Prior to being demolished)**  
Garage

---

**Type of Facility (4)**

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

**Description of Building or Facility**

- N/A

---

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

N/A

---

**Name of Abatement Contractor (9)**

Guardian Contracting, Inc.

**Street Address**

1889 Route 9, Unit 61

**City, State, Zip Code**

Toms River, New Jersey 08755-1271

**Telephone Number**

732-349-9932

**License Number**

00624

**Name of OSHA Monitor**

E.M.S.L. Analytical

**Street Address**

1056 Stetson Road

**City, State, Zip Code**

Piscataway, New Jersey 08854

---

**Occupancy Status During Abatement**

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

---

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

- [ ] >3000 sf or ≥30,000 sf
- [x] Renovation
- [ ] Demolition
- [ ] Non-Exempted (*) and Non-Friable Procedure

---

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

(13)

**Exterior garage**

- [ ] YES
- [x] NO
- [ ] N/A

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

(12)

**Asbestos siding**

- [x] YES
- [ ] NO
- [ ] N/A

**Amount (Specify SF or LF)**

- [x] 350 sf

---

**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**

9/18/13

**Completed by (Print or Type)**

Nicholas Fernicola  
Project Manager

**Signature**

[Signature]

**Date**

9/16/2013

---

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

**Date of Notification (1)**
9/16/2013

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

**Name of Building Owner/Operator (2)**
22522

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

**Street Address**
114 Charles Blvd.

**City**
Beach Haven West

**County (6)**
Ocean

**County Code (7)**

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

**Square feet**
900 sf

**# of Floors**
1

**Bldg. Age**
60

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

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

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

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

**City**
Toms River, New Jersey

**State**
New Jersey

**Zip Code**
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**
Piscataway, New Jersey

**State**
New Jersey

**Zip Code**
08854

**Scheduled Completion Date (11)**
9/19/13

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

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

**Exterior**
X

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

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

**YES**

**NO**

**N/A**

**Asbestos siding**

**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**
9/20/13

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

**Title**
Project Manager

**Signature**

**Date**
9/16/2013

*Do not use this form for asbestos licensure exempted activities.*
Date of Notification (1): 9/16/2013
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 Corliss
Telephone Number: 

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residence
Street Address: 9331 Mark Drive
City: Beach Haven
County (6): Ocean
County Code (7): (STATE USE ONLY) 

Name of Monitoring Firm Hired by Building Owner (8): ASCM No.
N/A
Name of Abatement Contractor (9): Guardian Contracting, Inc.
Street Address: 1889 Route 9, Unit 61
City, State, Zip Code: Toms River, New Jersey 08755-1271
Telephone Number: 732-349-9932
License Number: 00624
Name of OSHA Monitor: E.M.S.L. Analytical
Street Address: 1056 Stelton Road
City, State, Zip Code: Piscataway, New Jersey 08854

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

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

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

Exterior - X - Asbestos siding - 1750 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: 9/20/13

Completed by (Print or Type):
Nicholas Fernicola - Project Manager
Signature: 
Date: 9/16/2013

[Do not use this form for asbestos licensure exempted activities.]


**NOTIFICATION OF ASBESTOS ABATEMENT**

(State of New Jersey)

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

**Date of Notification (1)**
9/16/13

**Name of Building Owner/Operator (2)**
William & Paula Vinsko Private Home

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

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

**Street Address**
9 East 50th Street

**City, State, Zip Code**
Brant Beach NJ 08008

**Name of Contact**
Bill

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**
William & Paula Vinsko Private Home

**Street Address**
9 East 50th Street

**City (5)**
Brant Beach NJ 08008

**County (6)**
Ocean

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

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

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

**ASCM No.**

**Name of Abatement Contractor (9)**
Pernaco Inc.

**Street Address**
PO Box 329

**City, State, Zip Code**
West Berlin NJ 08091

**Project Manager for Monitoring Firm**

**Telephone No.**

**License No.**

**Start Date (10)**
9/17/13

**Scheduled Completion Date (11)**
9/20/13

**Name of OSHA Monitor**
Same

**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)**
- [ ] 23 sf or 23 If
- [ ] 160 sf or 260 If
- [x] Renovation
- [x] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [x] 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
- [x] No
- [ ] N/A

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

**Amount (Specify SF or LF)**
1500 SF

**Abatement Type**

**Location**

**Removal**

**Repair**

**Encapsulate**

**Endorse**

**Name of Registered Waste Hauler**
United Containers

**NJDEP Waste Hauler ID No.**
22459

**Cubic Yards of Waste**
3

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

**City, State**
Morrisville PA 19067

**Disposal Date**
9/20/13

**Completed by**
Anthony T Perna

**Title**
President

**Date**
9/16/13

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

Date of Notification (1)
9/16/13

Name of Building Owner/Operator (2)
Thomas Grugan Private Home

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

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

Street Address
34 Oceanview

City, State, Zip Code
Peahala Park NJ 08008 (Long Beach Twp.)

Name of Contact
Thomas

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Thomas Grugan Private Home

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

Street Address
34 Oceanview

Square Feet
1000+

City (5)
Peahala Park NJ 08008 (Long Beach Twp.)

# of Floors
1.5

County (6)
Ocean

Bldg. Age
35 +

County Code (7)
(State Use Only)

Current Use (Prior if being demolished)
Home

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

Name of Abatement Contractor (9)
Pernaco Inc.

ASCM No.

Street Address
PO Box 329

Telephone No.
856-753-9800

City, State, Zip Code
West Berlin NJ 08091

License No.
00727

Start Date (10)
9/17/13

Name of OSHA Monitor
Same

Scheduled Completion Date (11)
9/20/13

Street Address

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)
- ≥30 sf or ≥3 if
- ≥160 sf or ≥260 if
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

In Facility
(13)

Is Location Normally Used Solely by Maintenance/Custodial Staff?
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)
1800 SF

Abatement Type
- Removal
- Repair
- Encapsulate
- Replace
- Dispose

Exterior Siding

Name of Registered Waste Hauler
United Containers

N/DEP Waste Hauler ID No.
22459

Cubic Yards of Waste
3

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

City, State
Elm NJ

Disposal Date
9/20/13

City, State
Morrisville PA 19067

Completed by
Anthony T Perna

Title
President

Signature

Date
9/16/13

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>9-11-2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>P.S.E.G.</td>
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<tr>
<td>Agencies Notified</td>
<td>Initial</td>
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<tr>
<td>EPA</td>
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<tr>
<td>DEP</td>
<td></td>
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<td>DOL</td>
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<tr>
<td>DOH</td>
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<tr>
<td>DCA</td>
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<tr>
<td>Type Notification</td>
<td>Amended</td>
</tr>
<tr>
<td>Street Address</td>
<td>4000 HADLEY ROAD</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>SOUTH PLAINFIELD, NJ. 07080</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>MALIAN LABOS</td>
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<td>FACILITY INFORMATION</td>
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<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td>P.S.E.G.</td>
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<tr>
<td>Street Address</td>
<td>CORNER OF COLONIAL CT. &amp; PALISADES AVE.</td>
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<td>City (5)</td>
<td>TEANECK</td>
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<td>County (6)</td>
<td>BERGEN</td>
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<td>County Code (7)</td>
<td>0045</td>
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<td>ENVIRONMENTAL TACTICS</td>
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<td>Type of Facility (4)</td>
<td>School (K-12)</td>
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<td>Subchapter 8 (Other than K-12)</td>
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<td>Other (i.e. private &amp; commercial buildings, homes, etc.)</td>
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<td>Square Feet</td>
<td>375</td>
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<td># of Floors</td>
<td>1</td>
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<td>Bldg. Age</td>
<td>65 yrs.</td>
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<td>Current Use (Prior if being demolished)</td>
<td>SUBSTATION</td>
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<td>Start Date (10)</td>
<td>9/23/13</td>
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<td>Scheduled Completion Date (11)</td>
<td>9/24/13</td>
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<td>Occupancy Status During Abatement (Check Only One)</td>
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<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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<td>Other - Describe: necessary operators only</td>
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<td>Scope of Work (Check All That Apply)</td>
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<tr>
<td>≥3 sf or ≥3 ft</td>
<td>Renovation</td>
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<tr>
<td>≥160 sf or ≥260 ft</td>
<td>Demolition</td>
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<td>≥160 sf or ≥260 ft</td>
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<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED</td>
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</tr>
<tr>
<td>In Facility</td>
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<tr>
<td>(12)</td>
<td>Control Room</td>
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<td>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</td>
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<tr>
<td>Description of Asbestos-Containing Material (ACM)</td>
<td>TRANSITE FLOOR PANELS AND DUST REMOVAL</td>
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<td>(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
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<td>Amount (Specify SF or LF)</td>
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<td>Abatement Type</td>
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<td>Name of Registered Waste Hauler</td>
<td>NJDEP Waste Hauler ID No. 1125</td>
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<td>Name of Registered Landfill</td>
<td>GROWS NORTH</td>
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<td>City, State</td>
<td>ELIZABETH, NJ</td>
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<td>Disposal Date</td>
<td>9/5/13</td>
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<tr>
<td>City, State</td>
<td>MORRISVILLE, PA</td>
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<tr>
<td>COMPLETED BY</td>
<td>CAROL RAIMO</td>
</tr>
<tr>
<td>Title</td>
<td>OFFICE MGR.</td>
</tr>
<tr>
<td>Signature</td>
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<tr>
<td>Date</td>
<td>9/11/13</td>
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</tbody>
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