**NOTIFICATION OF ASBESTOS ABATEMENT**

**State of New Jersey**

*Phase 13: 9/17/2014 10:45*

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**Date of Notification (1)**
September 17, 2014

**Agency**
EPA, DEP, DOL, DOH, DCA

**Type of Notification**
Initial

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**Name of Building Owner/Operator (2)**
Bayside Condominiums, C/O Community Realty, 38 South Main Street, Pleasantville, NJ 08232-2787

**Name of Contractor**
Ella Gallagher

---

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

**Street Address**
27-31 Annapolis Avenue

**City**
Atlantic City

**County**
Atlantic

**Building**
Vista

**Bldg/Unit**

**Square Feet**
6,000

**Number of Floors**
2

**Occupancy**
Non-Residential

**Start Date (10)**
September 18, 2014

**Scheduled Completion Date (11)**
September 22, 2014

**Scope of Work (Check All That Apply)**
- Renovation removal
- Demolition
- Full containment with negative pressure
- Non-Encasement
- Non-Excavation

**Abatement Type**
- Mechanical
- Thermal

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**Location of Asbestos-Containing Material (ACM) TO BE ABATED IN FACILITY (12)**

<table>
<thead>
<tr>
<th>Building</th>
<th>XXX</th>
<th>Joint Compound in Drywall</th>
<th>100 SF</th>
<th>X</th>
</tr>
</thead>
</table>

**Name of Registered Waste Hauler**
NJ CPA Waste Hauler, ID No. 22523

**Disposal Date**
8/22/2014

**Date**
9/17/2014

---

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

Date of Notification: 9/17/14
Name of Building Owner/Operator: EARTH TECH CONTRACTING
Street Address: 155 RT. 50
City, State Zip Code: GREENFIELD, N.J. 08230

Name of Contact: BRUCE BRENNER
Telephone Number: 371-7

Type of Facility:

Name of Facility Where Abatement is Taking Place: RESIDENCE
Address: 3711 OXFORD AVE.
City: OCEAN CITY
County: CAPE MAY
Country Code: NJ

Name of Abatement Contractor: Klemco INC.
Sue Address: 369 S. SPRUCE AVE.
City, State Zip Code: MAPLE SHADE, N.J. 08052

License No: 856-779-0422

Date of Abatement: 9/17/14
Scheduled Completion Date: 10/1/14

Name of Registered Waste Hauler: Klemco INC.

Amount of Waste: S

Description of Asbestos Containing Material (ACM):

Location of ACM: TO BE ABATED IN FACILITY

1280 I or 2260 II

Moisture Content: X

1.000 T X

Signatures:

Owner: Signature

Property Owner: Signature

Date: 9/17/14

Disposal Date: C.M.C., M.L.M.

City, State: WOODSTOCK, N.J.

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) 9/18/14

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

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

Name of Building Owner/Operator (2) Rayo Properties, LLC

Street Address 206 Carter Ave

City, State, Zip Code Pt Pleasant Beach, New Jersey

Name of Contact Mike

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Rayo Properties, LLC

Street Address 206 Carter Ave

City (4) Pt Pleasant Beach

County (5) Ocean

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 2,750

# of Floors 2

Bldg Age 75+

Current Use (Prior if being demolished) Residence

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

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

Street Address 95 Montrose Road

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

License No. 00029

Project Manager for Monitoring Firm Telephone No. 732-284-1757

Start Date (10) 9/24/14

Scheduled Completion Date (11) 10/14/14

Name of OSHA Monitor

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

Other

Scope of Work (Check All That Apply)
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

In Facility (13)

Yes

No

N/A

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

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

Amount (Specify SF or LF)

Abatement Type

Removal

Repair

Encapsulate

Enclose

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

Outdoor

Siding

200 GI

Name of Registered Waste Handler

Ace Insulation Co., Inc.

NJDEP Waste Handler ID No. 12086

Cubic Yards of Waste

Name of Registered Landfill

G.R.O.W.S.

City, State

Colts Neck, New Jersey

Disposal Date 10/1/14

City, State

Tullytown, PA

Completed by Bree McGuire

Title Secretary Treasurer

Signature

Date 9/18/14

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:90 and 12:126)

Date of Notification (1)  
9/17/14

Name of Building Owner/Operator (2)

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

Street Address  
751 Lawrence Ave

City, State, Zip Code  
Westfield, NJ 07090

Name of Contact  

Bill Link  

Telephone Number

FACILITY INFORMATION

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

Street Address  
751 Lawrence Ave

City (5)  
Westfield

County (6)  

County Code (7)  

(STATE USE ONLY)

Current Use (Prior if being demolished)
Residential Property

Name of Monitoring Firm/Hired by Building Owner (8)  
Loznica Management Corp

ASCN No.  
n/a

Name of Abatement Contractor (9)

Street Address  
22 Troy Ln

City, State, Zip Code  
Lincoln Park, NJ 07035

Project Manager for Monitoring Firm  

Telephone No.  
973-706-7950

License No.  
01193

Start Date (10)

9/27/14

Scheduled Completion Date (11)

9/28/14

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

Scope of Work (Check All That Apply)
☒ ≥3,000 sf or ≥30,000 ft
☒ ≥1,600 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)

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)  
700 SF

Abatement Type

☐ Repair  ☒ Encapsulate  ☐ Endource

Name of Registered Waste Hauler  
Loznica Management Corp

Waste Hauler ID No.  
0033137

Name of Registered Landfill  
GROWS Landfill

Disposal Date  
TBD

City, State  
Lincoln Park, NJ 07035

Completed by  
E. Cirovic  
Secretary

Signature  
E. Cirovic

Date  
9/17/14

* 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) 9/16/14

Name of Building Owner/Operator (2) Chambon Electric

Agencies Notified

☐ EPA  ☐ DEP  ☐ DOL  ☐ DCM  ☐ DCA

Type Notification

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

Street Address
584 Main Street

City, State, Zip Code
Chatham, NJ 07928

Name of Contact
Robert Chambon

Telephone Number

FACILITY INFORMATION

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

Street Address
159 Main Street

City (5)
Chatham

County (6)
Morris

County Code (7)
(STATE USE ONLY)

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

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

Street Address
PO Box 483, 4 E Gate Drive

City, State, Zip Code
Glenwood, NJ 07418

Project Manager for Monitoring Firm

Telephone No.
973-583-8500

License No.
703

Start Date (10) 9/26/14

Scheduled Completion Date (11) 10/28/14

Occupancy Status During Abatement (Check One Only)

☐ 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
☐ 2160 sf or ± 260 lf

☐ 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)

2200

Abatement Type

☐ Removal
☐ Repair
☐ Encapsulation

Endorse

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

Cubic Yards of Waste
TBD

Name of Registered Landfill
TBD

City, State
Freehold, NJ

Disposal Date
TBD

City, State

Completed by
A. Scott Higgins
Title
Owner

Signature

Date 9/16/14

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

Date of Notification (1): 9/17/14

Name of Building Owner/Operator (2): Mark Bernet Private Home

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

Street Address: 301 Laurel Ct

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

Name of Contact: Mark

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Mark Bernet Private Home

Street Address: 301 Laurel Ct

City: Point Pleasant Beach

County: Ocean

Square Feet: 1000+

Bidg. Age: 35+

Type of Facility (4): Other (i.e. private & commercial buildings, homes, etc.)

Current Use (Prior if being demolished): Home

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

ASCM No.: N/A

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: N/A

Telephone No.: 856-753-9800

License No.: 00727

Start Date (10): 9/17/14

Scheduled Completion Date (11): 9/18/14

Name of OSHA Monitor: Same

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

Scope of Work (Check All That Apply):  
- ≥3 sf or ≥3 If
- ≥160 sf or ≥260 If
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>In Facility (13)</th>
<th>N/A</th>
<th>No</th>
<th>Yes</th>
<th>on Slab</th>
<th>Floor Tile</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>160 SF</td>
</tr>
</tbody>
</table>

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

22459

Cubic Yards of Waste: 2

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

Disposal Date: 9/18/14

City, State: Morrisville PA 19067

Completed by: Anthony T Perna

Title: President

Signature: [Signature]

Date: 9/17/14

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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:69 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>9-18-14</th>
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<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Beaver Concrete Construction</td>
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<tr>
<td>Agencies Notified</td>
<td>EPA, DEP, DOL, DOH, DCA</td>
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<tr>
<td>Type Notification</td>
<td>Initial</td>
</tr>
<tr>
<td>Street Address</td>
<td>1 Bethany Road</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Hazlet, NJ 07730</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Valentino Rizzo</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td>Old Vacant Bldg</td>
</tr>
<tr>
<td>Street Address</td>
<td>3980 Paterson Plank Road</td>
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<tr>
<td>City (5)</td>
<td>North Bergen, NJ 07647</td>
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<td>County (6)</td>
<td>Bergen</td>
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<tr>
<td>Name of Abatement Contractor (9)</td>
<td>EPC Technologies Inc</td>
</tr>
<tr>
<td>Street Address</td>
<td>P.O. Box 337</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>New Egypt, NJ 08533</td>
</tr>
<tr>
<td>Project Manager for Municipal Firm</td>
<td>Steve Schenker</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>609-758-3365</td>
</tr>
<tr>
<td>License No.</td>
<td>060394</td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>9-29-14</td>
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<tr>
<td>Scheduled Completion Date (11)</td>
<td>10-30-14</td>
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<tr>
<td>Occupancy Status During Abatement (Check Only)</td>
<td>Facility Closed/Vacant During Entire Period of Abatement</td>
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<tr>
<td>Scope of Work (Check All That Apply)</td>
<td>23 sf or 23 ft</td>
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<tr>
<td></td>
<td>216 sf or 216 ft</td>
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<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED</td>
<td>In Facility</td>
</tr>
<tr>
<td>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</td>
<td>Yes</td>
</tr>
<tr>
<td>Description of Asbestos-Containing Material (ACM)</td>
<td>Rolled Roofing</td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
<td>3000 SF</td>
</tr>
<tr>
<td>Name of Registered Waste Hauler, NJ DEP Waste Hauler ID No.</td>
<td>EPC Technologies, 17000</td>
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<tr>
<td>Cubic Yards of Waste</td>
<td>12</td>
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<tr>
<td>Name of Registered Landfill</td>
<td>Waste Management of PA</td>
</tr>
<tr>
<td>City, State</td>
<td>New Egypt, NJ</td>
</tr>
<tr>
<td>Completed by</td>
<td>Steve Schenker</td>
</tr>
<tr>
<td>Title</td>
<td>President</td>
</tr>
<tr>
<td>Signature</td>
<td></td>
</tr>
</tbody>
</table>

* Do not use this form for asbestos licensure exempted activities.
<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>9-18-14.</th>
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</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Ines Lamarache</td>
</tr>
<tr>
<td>Agencies Notified</td>
<td>EPA, DEP, DOL, DOH, DCA</td>
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<tr>
<td>Type Notification</td>
<td>Initial</td>
</tr>
<tr>
<td>Street Address</td>
<td>332 Farmdale Road</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Moorestown, NJ 08057</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Ines Lamarache</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
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<tr>
<td>FACILITY INFORMATION</td>
<td></td>
</tr>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td>Single Family Dwelling</td>
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<tr>
<td>Street Address</td>
<td>332 Farmdale Road</td>
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<tr>
<td>City (5)</td>
<td>Moorestown, NJ 08057</td>
</tr>
<tr>
<td>County (6)</td>
<td>Burlington</td>
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<tr>
<td>County Code (7)</td>
<td></td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>EPC Technologies</td>
</tr>
<tr>
<td>ASCM No</td>
<td>N/A</td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>EPC Technologies Inc</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>Steve Schenker</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>609-758-3365</td>
</tr>
<tr>
<td>License No</td>
<td>00-394</td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>9-29-14</td>
</tr>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>9-29-14</td>
</tr>
<tr>
<td>Occupancy Status During Abatement (12) (Check Only One)</td>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
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<tr>
<td>Other - Describe:</td>
<td></td>
</tr>
<tr>
<td>Scope of Work (Check All That Apply)</td>
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</tr>
<tr>
<td>2+3 sf or 2+3 If</td>
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<tr>
<td>≥160 sf or ≥260 If</td>
<td></td>
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<tr>
<td>Renovation</td>
<td></td>
</tr>
<tr>
<td>Demolition</td>
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</tr>
<tr>
<td>Full Containment with Negative Pressure</td>
<td></td>
</tr>
<tr>
<td>Mini-Enclosure</td>
<td></td>
</tr>
<tr>
<td>Glovebag Procedure</td>
<td></td>
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<tr>
<td>Non-Exempted (*) and Non-Enabled Procedure</td>
<td></td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)</td>
<td></td>
</tr>
<tr>
<td>Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)</td>
<td>Yes</td>
</tr>
<tr>
<td>Description of Asbestos-Containing Material (ACM), (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td></td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
<td></td>
</tr>
<tr>
<td>Abatement Type</td>
<td></td>
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<tr>
<td>Full Containment with Negative Pressure</td>
<td></td>
</tr>
<tr>
<td>Mini-Enclosure</td>
<td></td>
</tr>
<tr>
<td>Glovebag Procedure</td>
<td></td>
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<tr>
<td>Non-Exempted (*) and Non-Enabled Procedure</td>
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<tr>
<td>Name of Registered Waste Hauler.</td>
<td>EPC Technologies</td>
</tr>
<tr>
<td>NJDEP Waste Hauler ID No</td>
<td>17000</td>
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<tr>
<td>Cubic Yards of Waste</td>
<td>&lt;1</td>
</tr>
<tr>
<td>Name of Registered Landfill Disposal Date</td>
<td>9-30-14</td>
</tr>
<tr>
<td>City, State</td>
<td>New Egypt, NJ</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>Waste Management of PA</td>
</tr>
<tr>
<td>Disposal Date</td>
<td>9-30-14</td>
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<tr>
<td>City, State</td>
<td>Mooresville, PA</td>
</tr>
<tr>
<td>Completed by</td>
<td>Steve Schenker</td>
</tr>
<tr>
<td>Title</td>
<td>President</td>
</tr>
<tr>
<td>Signature</td>
<td>Steve Schenker</td>
</tr>
<tr>
<td>Date</td>
<td>9-18-14</td>
</tr>
</tbody>
</table>

* Do not use this form for asbestos licensure exempted activities.
Date of Notice
Sept. 10, 2014

Agencies Notified
EPA
DEP
DOL
DOH
DDA

Type Notification
Initial
Amended
Emergency (including jurisdiction)
Cancellation

Name of Building Owner/Person
Essex County, DPW

Street Address
69 West Bradford Ave

City, State, Zip Code
Cedar Grove, New Jersey 07009

Name of Contact
Site Rep.: Vincent Manganello

Facility Information

Name of Facility Where Asbestos Is Being Removed
Fleet Building (Red Brick Building) - Essex County, DPW

City
Cedar Grove

County
Essex

Square Feet
4000

Bldg. Age
70

Name of Monitoring Firm Hired by Building Owner
J&S Environmental

ABCM No.

Name of Asbestos Contractor
Academy Construction, Inc

Bldg. Address
23333 Rt 22W

City, State, Zip Code
Tottowa, New Jersey 07502

Project Manager/Monitoring Firm
Telephone No. 908-206-0073

Telephone No.
973-832-4244

License No.
01155

Start Date
Sept. 15, 2014

Scheduled Completion Date
Oct. 30, 2014

Occupancy Status During Asbestos Removal

Scope of Work
Check All That Apply

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

In Facility

1

Y

N/A

Code

Boiler Room

X

Tank Insulation

60 sq

Boiler Room

X

Pipe Insulation

260 ft

Main Floor Areas

X

Floor Tile

270 sq

Main Floor Areas

X

Pipe Insulation

212 ft

Name of Registered Waste Hauler
Newark Carting

NDEP Waste Hauler ID No.
04409

Disposal Date
Oct 30, 2014

City, State
Newark, NJ

Name of Registered Landfill Waste Management

Disposal Date
Oct 30, 2014

City, State
Tullytown, PA

Completed by
Frank Marino

Title
VP of Operations

A85-41 (06-08-06)

1 Do not use this form for asbestos literature exempted activities.
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:20 and 5:16)

State of New Jersey

Date of Notification (1) 09 16 14

Name of Building Owner/Operator (2) William Arndt

Agencies Notified
☐ EPA  ☑ DOLWD  ☐ DHSS  ☐ DCA  ☑ (NJAC 5:23-6)
☐ Initial  ☐ Amended  ☐ Amendment #
☐ Emergency (including justification)  ☐ Cancellation

Type Notification

Address

Street Address
3 Union Terrace
Belleville, NJ 07109

City, State, Zip Code
Belleville, NJ 07109

Name of Contact
William Arndt

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Private home

3 Union Terrace
Belleville, NJ 07109

County Code (7) (STATE USE ONLY)

Essence

County (8)

Current Use (Prior if being demolished)

Square Feet

# of Floors

Bldg. Age

Name of Monitoring Firm Hired by Building Owner (8)

Gr Tech LLC

ASCM No.

Project Manager for Monitoring Firm

Street Address

City, State, Zip Code

576 Valley Rd #283
Wayne, NJ 07470

Telephone No.

License No.

973-683-1777 01127

Start Date (10)

09 26 14

Scheduled Completion Date (11)

09 27 14

Name of Abatement Contractor (9)

Envirovision Consultants, Inc

Street Address

City, State, Zip Code

20-21 Wagner Road, Bldg. # 34A
Fair Lawn, NJ 07410

License No.

Occupancy Status During Abatement (Check only one)

☒ Facility Closed/Vacated During Entire Period of Abatement

☐ Abatement Performed Outside of Normal Facility Hours - Describes Time of Abatement

AM PM PM AM

Scope of Work (Check all that apply)

☒ > 500 sf or > 500 sf

☒ > 100 sf or > 260 sf

☒ Renovation  ☑ Demolition

☐ Clean up and decontamination with negative pressure

☐ Full Containment with Negative Pressure

☐ Mini-Enclosure

☐ Gloves Procedure  ☑ Tent with Negative Pressure

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

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

IN Facility (13)

Basement

Basement

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 SIF or LF)

Abatement Type

Removal  ☐ Repair  ☐ Enclosure  ☒

Name of Registered Waste Hauler

Gr Tech LLC

NJDEP Waste Hauler ID No.

0033785

Cubic Yards of Waste

TBD

Name of Registered Landfill

T RR F Inc

City, State

Wayne, NJ 07470

Disposal Date

TBD

City, State

Tullytown, PA

Completed By (Print or Type)

N. Jevtic

Title

Owner

Date

09/16/2014

* 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) 9/17/2014
Name of Building Owner/Operator (2) Messercola Enterprises

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

Name of Facility Where Abatement is Taking Place (3)
Residence garage
Street Address
7 W. Oceanview Drive
City
LBI
County (6)
Ocean
County Code (7) (STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8)
N/A
ASCM No.

Name of Abatement Contractor (9)
Guardian Contracting, Inc.
Street Address
1889 Route 9, Unit 61
City, State, Zip Code
Toms River, New Jersey 08755-1271
Telephone Number
732-349-9932
License Number
00624

Project Manager for Monitoring Firm

Scheduled Start Date (10)
9/17/14
Scheduled Completion Date (11)
9/18/14

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

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

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)

Abatement Type

Remote
Repair
Encapsulation
Enclosure

Exterior X Asbestos siding 1400 sf X

Name of Registered Waste Hauler
Guardian Contracting, Inc.
NJ/DEP Waste Hauler ID No.
20223
Cubic Yards of Waste
2
Name of Registered Landfill
T.R.R.F.
City, State
Toms River, New Jersey
Disposal Date
9/19/14
City, State
Tullytown, Pennsylvania
Completed by (Print or Type)
Nicholas Fernicola
Title
Project Manager
Signature

Date
9/17/2014

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

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

### *** EMERGENCY ***

- **Date of Notification (1):** 09/17/2014
- **Name of Building Owner/Operator (2):** Paul Krasner
- **Street Address:** 164 Vreeland Avenue
- **City, State, Zip Code:** Rutherford, NJ 07070
- **Name of Contact:** Dominick / Ventura Fuel
- **Telephone Number:**

### FACILITY INFORMATION

- **Name of facility where abatement is taking place (3):** Paul Krasner
- **Street Address:** 164 Vreeland Avenue
- **City (5):** Rutherford, NJ 07070
- **County (6):** Bergen
- **County Code (7):** (State use only)

### Type of Facility (4):

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

### Square Feet

- **# of Floors:**
- **Bldg, Age:**

### Current Use (Prior to being demolished):

- Residential

### Name of Abatement Contractor (9):

- B & G Restoration, Inc.
  - **Street Address:** 105 Ryerson Road
  - **City, State, Zip Code:** Lincoln Park, NJ 07035
  - **Telephone Number:** (973)696-8869
  - **License Number:** 00378
  - **Name of OSHA Monitor:** B & G Restoration, Inc.
  - **Street Address:** 105 Ryerson Road
  - **City, State, Zip Code:** Lincoln Park, NJ 07035

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

- Demolition
- Renovation
- Fuel Containment w/negative pressure
- Glovebag procedure
- Mini-enclosure
- Non-friable procedure

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

- **Location normally used solely by maintenance/custodial staff (12):**
  - Yes
  - No
  - N/A

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

- **Amount (Specify SF or LF):**
- **Removal:**
- **Repair:**
- **Encapsulation:**

### Registered Waste Hauler:

- **B & G Restoration, Inc.**
  - **NJ DEP Hauler ID:** 19563
  - **Cubic Yards of Waste:** 1

### Name of Registered Landfill:

- Tullytown Resource & Recovery Center
  - **City, State:** Tullytown, PA
  - **Disposal Date:** 09/22/2014

### Completed by (Print or Type):

- **Gordana Luna**
  - **Title:** Secretary/Treasurer
  - **Signature:**
  - **Date:** 09/17/2014
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 6:16)

Date of Notification (1) 9 / 16 / 14
Name of Building Owner/Operator (2) Princeton University-Office of Design and Construction

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

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

Street Address 200 Elm Dr.
City, State, Zip Code Princeton, NJ 08544
Name of Contact Robert Ortego
Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Princeton University-Moffett Hall
Street Address Washington Rd.
City (5) Princeton
County (6) MERCER

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

Current Use (Prior if being demolished)

Mercer

Name of Monitoring Firm Hired by Building Owner (8)
ATC Associates Inc.
ASCM No. 00098
Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.

Street Address Three Terri Center
City, State, Zip Code Burlington, NJ 08016

Project Manager for Monitoring Firm Michael Keehn
Telephone No. 609-386-8800
License No. 215-788-6040 00509

Start Date (10) 9 / 29 / 14
Scheduled Completion Date (11) 10 / 1 / 14
Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.

Occupancy Status During Abatement (Check only one)
☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 8:30AM-3:30PM PM-____ AM

Scope of Work (Check all that apply)
☐ ≥ 3 sf or ≥3 if
☐ ≥180 sf or ≥280 if
☐ Renovation
☐ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebox Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Corridor 068 in Basement</td>
<td>☐</td>
<td>☑</td>
<td>☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Corridor 068 in Basement</td>
<td>☐</td>
<td>☑</td>
<td>☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></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) 6 LF

Abatement Type

- [ ] Removal
- [ ] Repair
- [ ] Encapsulate
- [ ] Enclosure

Name of Registered Waste Hauler
BRISTOL ENVIRONMENTAL, INC.
NJ DEP Waste Hauler ID No. 18706

Cubic Yards of Waste

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

City, State BRISTON, PA 19007

Disposal Date

City, State MORRISVILLE, PA 19067

Completed By (Print or Type) Brian Scafiro
Title Estimator

Signature

Date 9/10/14

*Do not use this form for asbestos licensure exempted activities.
State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1)
09/1/11

Name of Building Owner/Operator (2)
Alice M Lanier

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

Type Notification
☒ Initial
☐ Amendment
☐ Cancellation

Street Address
31 Bayview Avenue

City, State, Zip Code
Jersey City, NJ 07305

Name of Contact
Alice M Lanier

Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
Alice M Lanier

Street Address
31 Bayview Avenue

City (5) County (6) County Code (7)
Jersey City, NJ 07305 Hudson

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

ASCN No.

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

Street Address
105 Ryerson Road

City, State, Zip Code
Lincoln Park, NJ 07035

Telephone Number
(973)696-0869

License Number
00378

Type of Facility (4)
☒ Other (Private/Commercial Bldgs./Homes, etc.)

Square Feet # of Floors Bldg. Age

Current Use (Prior if being demolished)
residential

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

Other-Describe:

Scope of Work (check all that apply)
☒ Demolition
☐ Renovation
☐ Full Containment w/negative pressure
☒ Glovebag procedure
☐ ≥2 sf or ≥2 l
☐ ≥180 sf or ≥260 l
☒ Mini-enclosure
☐ Non-friable procedure

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

Description of asbestos-containing material (ACM)

Amount (Specify SF or LF)

R Remove
R Repair
E Encap
C ENCL

X X

basement
pipe insulation
15 l

Registered Waste Hauler
B & G Restoration, Inc.
NJDEP Hauler ID# 19563

Cubic Yards of Waste
1/2

Name of Registered Landfill
Tullytown Resource & Recovery Center

City, State
Lincoln Park, NJ

Disposal Date
09/30/2014

Completed by (Print or Type)
Gordana Luna

Title
Secretary/Treasurer

Signature

Date
09/19/2014
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)
Thomas and Karen Battle

Street Address
10 Saddle Ridge Road

City, State, Zip Code
Ho-Ho-Kus, NJ 07423

Name of Contact
Thomas Battle

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
THOMAS AND KAREN BATTLE

Type of Facility (4)
Other (Private/Commercial

Square Feet

# of Floors
Bldg. Age

Current Use (Prior if being demolished)

THOMAS AND KAREN BATTLE
Street Address
10 Saddle Ridge Road

County (5)
Bergen

County Code (7)
(State use only)

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

ASCM No.

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

Street Address
20 California Ave.

City, State, Zip Code
Paterson, NJ 07503

Telephone Number
973-345-8020

License Number
01169

Name of OSHA Monitor
D & S Restoration, Inc.

Street Address
20 California Avenue

City, State, Zip Code
Paterson, NJ 07503

Scope of Work (check all that apply)

□ ≥2 sf or ≥3 ft
Renovation

□ ≥160 sf or ≥260 sq ft
Demolition

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

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

Description of asbestos-containing material (ACM)

Amount
(Specify SF or
LF)

Removal
Repair
Encapsulation

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

BASEMENT
PIPE INSULATION
8111 ft

BASEMENT
VINYL asbestos TILE
32 sq ft

Registered Waste Hauler
D & S RESTORATION, INC.

Disposal Date
10/07/14

City, State
PATERNON, NJ 07503

Cubic Yards of Waste
10 yds

Name of Registered Landfill
TULLYTOWN, RESOURCE RECOVERY

City, State
TULLYTOWN, PA

Completed by (Print or Type)
BOGDAN JOLDZIC

Title
PRESIDENT

Signature

Date
09/16/14

ASR-41

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

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

Name of Building Owner/Operator (2):
ELYSHA ROTHSTEIN

Street Address:
90 FRANKLIN STREET

City, State, Zip Code:
ENGLEWOOD, NJ 07631

Name of Contact:
ENGLEWOOD, NJ 07631

FACILITY INFORMATION

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

Street Address:
90 FRANKLIN STREET

City (5):
ENGLEWOOD

County (6):
BERGEN

County Code (7) (State use only):

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

ASCM No.:

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

Street Address:
20 California Ave.

City, State, Zip Code:
Paterson, NJ 07503

Telephone Number:
973-345-8020

License Number:
01169

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

Street Address:
20 California Avenue

City, State, Zip Code:
Paterson, NJ 07503

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

Location of asbestos-containing material (ACM) to be abated in facility (15):

<table>
<thead>
<tr>
<th>Basement</th>
<th>Description of asbestos-containing material (ACM)</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>BASEMENT</td>
<td>PIPE INSULATION</td>
<td>460 LFT</td>
</tr>
<tr>
<td>BASEMENT</td>
<td>BOILER INSULATION</td>
<td>40 SQ FT</td>
</tr>
</tbody>
</table>

Registered Waste Hauler:
D & S RESTORATION, INC.

NJDEP Hauler ID:
13506

Cubic Yards of Waste:
6 YDS

Name of Registered Landfill:
TULLYTOWN, RESOURCE RECOVERY

City, State:
PATerson, NJ 07503

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

Signature:

Disposal Date:
09/23/14

City State:
TULLYTOWN, PA

Date:
09/16/14

* 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)

D&S Proj. #: 2014-371

Name of Building Owner/Operator (2):
PATRICIA MAY

Street Address:
551 BELLEVILLE AVENUE

City, State, Zip Code:
GLEN RIDGE, NJ 07028

Telephone Number:

FACILITY INFORMATION

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

Street Address:
551 BELLEVILLE AVENUE

City (5) County (6) County Code (7)
GLEN RIDGE ESSEX (State use only)

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

Square Feet # of Floors Bldg. Age

Current Use (Prior if being demolished):

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

Street Address:
20 California Ave.

City, State, Zip Code:
Paterson, NJ 07503

Telephone Number:
973-345-8020

License Number:
01169

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

Street Address:
20 California Avenue

City, State, Zip Code:
Paterson, NJ 07503

Start Date (9):
09/19/14

Sched. Completion Date (11):
09/24/14

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

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

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Description of asbestos-containing material (ACM)</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>BASEMENT</td>
<td>PIPE INSULATION</td>
<td>76 LF</td>
</tr>
</tbody>
</table>

Registered Waste Hauler:
D & S RESTORATION, INC.

NJDEP Hauler ID:
13506

Cubic Yards of Waste:
1 YD

Name of Registered Landfill:
TULLYTOWN, RESOURCE RECOVERY

City, State:
PATerson, NJ 07503

Disposal Date:
09/22/14

Completed by (Print or Type):
BOGDAN JOLDZIC

Title:
PRESIDENT

Signature:

Date:
09/16/2014

* 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)

**D&S Proj. #: 2014-372**

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>09/23/14</td>
<td>ALARGON PHILLIPS</td>
</tr>
</tbody>
</table>

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

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

**Street Address**
214 WEST MARKET STREET

**City, State, Zip Code**
Newark, NJ 07106

**Name of Contact**
ALARGON PHILLIPS

**Telephone Number**

**FACILITY INFORMATION**

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

**Street Address**
214 WEST MARKET STREET

**City (5) County (6) County Code (7)**
Newark ESSEX

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

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

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

**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)**
- [x] Facility closed/vacated during entire period of abatement.
- [ ] Abatement performed outside of normal facility hours.
- [ ] Other-Describe: NORMAL HOURS

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

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

<table>
<thead>
<tr>
<th>BASEMENT</th>
<th>PIPE INSULATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>24 LF</td>
</tr>
</tbody>
</table>

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

**Amount (Specify SF or LF)**

**Removal**
- [x] Full Containment/In Negative Pressure
- [ ] Mini-enclosure
- [x] Glovebag procedure
- [ ] Non-Exempted (*) and Non-Flammable Procedure

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

**NJDEP Hauler ID# 13506**

**Cubic Yards of Waste 1 YD**

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

**City, State**
PATERSON, NJ 07503

**Disposal Date**
09/24/14

**Completed by (Print or Type)**
BOGDAN JOLDZIC PRESIDENT

**Signature**

**Date**
09/17/14

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

**Notification of Asbestos Abatement**

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

**Date of Notification (1)**

09/19/17

10/11/14

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

ROBERT NEWSOME

**Street Address**

265 JEFFERSON AVENUE

**City, State, Zip Code**

NO. PLAINFIELD, NJ 07060

**FACILITY INFORMATION**

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

ROBERT NEWSOME

**Street Address**

265 JEFFERSON AVENUE

**County Code (7)**

SOMERSET

**County (6)**

**# of Floors**

**Bidg. Age**

**Type of Facility (4)**

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

**Square Foot**

**License Number**

01169

**Assignment No**.

**Name of Monitoring Firm Hired by Bidg. Owner (8)**

**Name of Abatement Contractor (9)**

D & S RESTORATION, INC.

20 California Ave.

Paterson, NJ 07503

**Telephone Number**

973-345-8020

**Start Date (10)**

09/18/14

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

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

- Other: NORMAL HOURS

**Phone Number**

**Sched. Completion Date (11)**

09/30/14

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

- >3 sf or >3 if
- Demolition
- Non-Exempted (*) and Non-Friable procedure

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

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

PIPE INSULATION

28 LFT

**Amount (Specify SF or LF)**

**Removal**

**Repair**

**Encapsulation**

**Removal**

**Repair**

**Encapsulation**

**Registered Waste Hauler**

D & S RESTORATION, INC.

NJDEP Hauler ID# 133506

Cubic Yards of Waste 1 YD

Name of Registered Landfill

TULLYTOWN, RESOURCE RECOVERY

**City, State**

PATERSON, NJ 07503

**Disposal Date**

09/19/14

**Name of Registered Landfill**

TULLYTOWN, PA

**Completed by (Print or Type)**

BOGDAN JOLDZIC

**Title**

PRESIDENT

**Signature**

09/17/14

**Date**

*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>9-17-2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Plainfield Public School</td>
</tr>
<tr>
<td>Street Address</td>
<td>920 Park Ave</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Plainfield, NJ 07060</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Eugene Campbell</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>Cedarbrook Elementary School</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>1049 Central Ave</td>
</tr>
<tr>
<td>City (5)</td>
<td>Plainfield</td>
</tr>
<tr>
<td>County Code (7)</td>
<td></td>
</tr>
<tr>
<td>Current Use (Prior to being demolished)</td>
<td>School</td>
</tr>
<tr>
<td>Square Feet</td>
<td>40,000</td>
</tr>
<tr>
<td># of Floors</td>
<td>1</td>
</tr>
<tr>
<td>Bldg. Age</td>
<td>50+</td>
</tr>
</tbody>
</table>

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

| TTI Environmental Inc | 00003 | GL Group, Inc |

**Street Address**

<table>
<thead>
<tr>
<th>1253 North Church St</th>
<th>140 Hamburg Turnpike</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State, Zip Code</td>
<td>Moorestown, NJ 08057</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Bloomington, NJ 07403</td>
</tr>
</tbody>
</table>

**Project Manager for Monitoring Firm**

| Mary Ellen Leotta | 856-840-8800 | (201)710-9725 |

**Start Date (10)**

| 9-19-2014 6:00 pm | 9-22-2014 |

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

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

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

- X 23 sf or 33 ft
- X 160 sf or 260 ft
- X Demolition
- Full Containment with Negative Pressure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Corridor (C02) Outside boiler rm (BR112)</th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is Location Normally Used Solely by Maintenance/Custodial Staff?</td>
<td>Yes</td>
</tr>
<tr>
<td>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td></td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
<td>8 LF</td>
</tr>
<tr>
<td>Abatement Type</td>
<td>x</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**

<table>
<thead>
<tr>
<th>GL Group, Inc</th>
<th>NJ DEP Waste Hauler ID No.</th>
<th>0033034</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State, Zip Code</td>
<td>Bloomington, NJ</td>
<td>Name of Registered Landfill</td>
</tr>
<tr>
<td>Disposal Date</td>
<td>TBD</td>
<td>City, State, Zip Code</td>
</tr>
<tr>
<td>Date</td>
<td>9-17-2014</td>
<td></td>
</tr>
</tbody>
</table>

**Completed by**

| Michael B Solakov | P.M. |

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

Date of Notification (1)
10/19/15/14

Name of Building Owner/Operator (2)
WELLS FARGO BANK

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

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

WELLS FARGO BANK
Street Address
212 NOTTINGHAM WAY
City, State, Zip Code
HILLSIDE, NJ 07205
Name of Contact
LOIS DUNN
Telephone Number

FACILITY INFORMATION

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 facility where abatement is taking place (3)
WELLS FARGO BANK

WELLS FARGO BANK
Street Address
212 NOTTINGHAM WAY
City (5) Country Code (7)
HILLSIDE BERGEN
County (6)

ASCN No.

Name of Monitoring Firm Hired by Bldg. Owner (6)

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

D & S RESTORATION, INC.
Street Address
20 California Ave.
City, State, Zip Code
Paterson, NJ 07503

Telephone Number
973-345-8020
License Number
01169

Name of OSHA Monitor

D & S Restoration, Inc.
Street Address
20 California Avenue
City, State, Zip Code
Paterson, NJ 07503

Start Date (10)
09/16/14
Sched. Completion Date (11)
09/30/14

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

Scope of Work (check all that apply)
☒ >3 sf or >3 If
☐ >160 sf or >260 If
☐ 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
25 LF

Amount (Specify SF or LFT)

HREMPRE

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

BASEMENT

Registered Waste Handler
D & S RESTORATION, INC.
NJDEP Hauler ID# 13506
Cubic Yards of Waste 1 YD
Name of Registered Landfill
TULLYTOWN, RESOURCE RECOVERY
City, State
PATERNER, NJ 07503

Disposal Date
09/17/14

Bogdan Joldzic
PRESIDENT

Comired by (Print or Type)

City, State
TULLYTOWN, PA

Date
09/15/2014

Do not use this form for asbestos licensure exempted activities.
**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>09 / 17 / 14</td>
<td>Richard Hawkins</td>
</tr>
</tbody>
</table>

<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>11 Water Street</td>
</tr>
<tr>
<td>DOLWD</td>
<td>Amended</td>
<td></td>
</tr>
<tr>
<td>DOH</td>
<td>Amendment #_______</td>
<td></td>
</tr>
<tr>
<td>DCA (NJAC 5:23-8)</td>
<td>Emergency (including justification)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Cancellation</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residential House</td>
<td>ALL PRO MANAGEMENT LLC</td>
</tr>
<tr>
<td>Street Address</td>
<td></td>
</tr>
<tr>
<td>11 Water Street</td>
<td>Street Address</td>
</tr>
<tr>
<td>City (5)</td>
<td>27 Outwater Lane</td>
</tr>
<tr>
<td>Vienna, NJ 07880</td>
<td>City, State, Zip Code</td>
</tr>
<tr>
<td></td>
<td>Garfield, NJ 07026</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>County Code (7) (STATE USE ONLY)</th>
<th>Current Use (Prior if being demolished)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Warren</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>ASCM No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bio Terra Solutions</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>P.O. Box 1224</td>
<td>973-494-3762</td>
<td>1188</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>09 / 27 / 14</td>
<td>10 / 22 / 15</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of OSHA Monitor</th>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALL PRO MANAGEMENT LLC</td>
<td>27 Outwater Lane</td>
<td>Garfield, NJ 07026</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st Floor Den</td>
<td>Yes</td>
<td>(11) Description of ACM</td>
<td>210 SF</td>
<td>Abatement Type</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>NJDEP Waste Hauler ID No.</th>
<th>Cubic Yards of Waste As Needed</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Newark Carting</td>
<td>04509</td>
<td></td>
<td>IESI Landfill</td>
</tr>
</tbody>
</table>

**Completed By (Print or Type)**
- Allen Monchik (Print or Type)
- Title: Project Manager

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