State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:99 and 12:120)

Date of Notification (1) 9/18/15

Name of Building Owner/Operator (2) Cardamone Brothers Custom Homes, Inc.

Agentes Notified Type Notification
EPA Initial
DEP Amended
DCL Amendment #
DOH Emergency (including justifiication)
DCA Cancellation

Street Address 51 Vail Ter
City, State, Zip Code Branchburg, NJ 08876
Name of Contact Robert E. Caramone
Telephone Number

FACILITY INFORMATION
Name of Facility Where Abatement is Taking Place (3)
Residential House Scheduled for Demo
Street Address 141 Ardmaer Dr
City (5) Bridgewater
County (6) Somerset
County Code (7) n/a
Current Use (Prior if being demolished) Residential House

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

Square Feet # of Floors Bidg. Age
2500 2 50+

Name of Monitoring Firm Hired by Building Owner (8) ASCM No. n/a
Street Address n/a
City, State, Zip Code n/a
Project Manager for Monitoring Firm Telephone No. n/a
Start Date (10) 9/19/15
Scheduled Completion Date (11) 9/20/15

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

Scope of Work (Check All That Apply)
Removation
Demolition

Location of Asbestos-Containing Material (ACM) TO BE ABATED
In Facility (13)
Yes No N/A

Exterior

Transite Shingles 1000 SF

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

Cubic Yards of Waste TBD

Name of Registered Wasta Hauler Loznica Management Corp
NJ/DEP Waste Hauler ID No. 0033137

Disposal Date TBD

City, State Lincoln Park, NJ 07035
Name of Registered Landfill GROWS Landfill

Grows PA 19067

Completed by E. Cirovic
Title Secretary
Signature
Date 9/18/15

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

**Date of Notification (1)**
9/17/2015

**Name of Building Owner/Operator (2)**
Joylene Andrews/ Alden Brown

### FACILITY INFORMATION

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

**Street Address**
1000 South Orange Ave.

**City (5)***
Newark

**County (6)**
Essex

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

**Name of Abatement Contractor (9)**
Unicorn Contracting Corp.

**Start Date (10)**
9/19/2015

**Scheduled Completion Date (11)**
9/20/2015

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

**Scope of Work (Check All That Apply)**
- >= 3 sf or >= 3 if
- >= 150 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)

<table>
<thead>
<tr>
<th>ACM TO BE ABATED</th>
<th>Location Normally Used Solely by Maintenance/Custodial Staff? (13)</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>Collapsed Roof in Rear Building</td>
<td>x</td>
<td>Roofing Material</td>
<td>800 SF</td>
<td>x</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**
Unicorn Contracting Corp.

**City, State**
Totowa, New Jersey

**Disposal Date**
TBD

**City, State**
Morrisville, Pennsylvania

**Completed by**
Dimo Golcev

**Title**
Project Manager

**Signature**

**Date**
9/17/2015

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

**Date of Notification (1)**: 9/18/15  
**Name of Building Owner/Operator (2)**: PINE LAND CONSTRUCTION

<table>
<thead>
<tr>
<th>Agencies, Notified</th>
<th>Type Notification</th>
<th>Street Address</th>
<th>City, State, Zip Code</th>
<th>Name of Contact</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>✔ EPA</td>
<td>Initial</td>
<td>300 77th St.</td>
<td>SEA ISLE CITY, N.J. 08243</td>
<td>FRANK EDOUARDI</td>
<td></td>
</tr>
<tr>
<td>✔ DEP</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>✔ DOL</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>✔ OOH</td>
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</tr>
<tr>
<td>✔ DCA</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Type of Facility (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>RESIDENCE</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City (5)</th>
<th>County (6)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1107 N.J. AVE.</td>
<td>CAPE MAY</td>
<td>CAPE MAY</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>County Code (7) (STATE USE ONLY)</th>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>KLEMCO INC.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>9/18/15</td>
<td>10-6-15</td>
</tr>
</tbody>
</table>

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

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

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

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

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

<table>
<thead>
<tr>
<th>Location of 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>SIDING</td>
<td>No</td>
<td>TRANSITE</td>
<td>1100 SF</td>
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</tbody>
</table>

**Name of Registered Waste Hauler**

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>NJDEP Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>KLEMCO INC</td>
<td>17904</td>
<td></td>
<td>C. M. C. M. U. A.</td>
</tr>
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</table>

**City, State**

<table>
<thead>
<tr>
<th>City, State</th>
<th>Disposal Date</th>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>MAPLE SHADE, N.J.</td>
<td>9/18/15</td>
<td>WOODBINE, N.J.</td>
</tr>
</tbody>
</table>

**Completed By**

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>MICHAEL KLEMM</td>
<td>V/P</td>
<td>[Signature]</td>
<td>9/18/15</td>
</tr>
</tbody>
</table>

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

Date of Notification: 4-18-15  
Name of Building Owner/Operator: BOWMAN WALKER

Agencies Notified  
- EPA  
- DOH  
- DOL

Type Notification: Initial

Street Address: 3101 Dune Dr, Suite 108
City, State, Zip Code: Avalon, N.J. 08202

Name of Contact: Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place: RESIDENCE

Street Address: 105 2nd Ave
City: Cape May
County: Cape May

Square Feet: 1000
# of Floors: 1
Build Age: 50+

Current Use: Vacant

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

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

Name of Abatement Contractor: KLEMCO INC

Street Address: 369 Spruce Ave
City, State, Zip Code: Maple Shade, NJ 08052

Telephone No: 856-229-0472
License No: 00444

Start Date: 9-1-15
Scheduled Completion Date: 10-6-15

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

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

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

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

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

Amount: (Specify SF or LF) 1500 sf

Abatement Type

Name of Registered Waste Hauler: KLEMCO INC

Cubic Yards of Waste: 2

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

Disposal Date

Completed By: Michael Klemm  
Title: U/P  
Signature:  
Date: 9-18-15

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

Date of Notification (4) 9-18-15

Name of Building Owner/Operator (2) MITCHEL NICHOL

Agencies Notified (3)

- EPA
- DEP
- DOL
- DOH
- DCA
- SCA
- CCA

Type of Notification

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

Street Address 23 KING ST

Name of Contact SAM C

City, State, Zip Code RIO GRANDE, NJ 08242

Telephone Number

FACILITY INFORMATION

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

Street Address 312 RT-9

City (5) CAPE MAY COURT HOUSE

County (6) CAPE MAY

Current Use (Prior to being demolished) VACANT

Square Feet 1500

# of Floors 2

Big. Age 50

Name of Monitoring Firm Hired by Building Owner N/A

ASCM No.

Name of Abatement Contractor (8) KLEMACO INC.

Street Address 369 S. SPRUCE AVE

City, State, Zip Code MAPLE SHADE, NJ 08052

Telephone No. 856-779-0472

License No. 00444

Name of OSHA Monitor JOSEPH KLEMACO

Street Address 369 S. SPRUCE AVE

City, State, Zip Code MAPLE SHADE, NJ 08052

Scope of Work (Check all that apply)

- 23 sf or 23 ft
- 2160 sf or 260 ft

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)

TRANSITE

Amount (Specify SF or LF) 1500 SF

Abatement Type

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

Name of Registered Waste Hauler KLEMACO INC.

NJDEP Waste Hauler ID No. 19964

Cubic Yards of Waste 2

Name of Registered Landfill C.M.C., M.J.A.

City, State MAPLE SHADE, N.J.

Disposal Date 9-18-15

Compliered By MICHAEL KLEMACO

Title VIP

Signature

Date 9-18-15

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>9-18-15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>MITCHELL NICHOLS</td>
</tr>
<tr>
<td>Agency Notified</td>
<td>Type Notification</td>
</tr>
<tr>
<td>EPA</td>
<td>Initial</td>
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<tr>
<td>DEP</td>
<td>Amended</td>
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<tr>
<td>DOL</td>
<td>Amendment #</td>
</tr>
<tr>
<td>DOH</td>
<td>Emergency (including justification)</td>
</tr>
<tr>
<td>DCA</td>
<td>Cancellation</td>
</tr>
<tr>
<td>Street Address</td>
<td>23 KING ST</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>RIO GRANDE, NJ 08242</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>SAME</td>
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</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>RESIDENCE</th>
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</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>600 W. 26TH ST</td>
</tr>
<tr>
<td>City (5)</td>
<td>N. WILMINGTON</td>
</tr>
<tr>
<td>County (6)</td>
<td>CAPE MAY</td>
</tr>
<tr>
<td>County Code (?)(STATE USE ONLY)</td>
<td></td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>KLEMCO INC.</td>
</tr>
<tr>
<td>Street Address</td>
<td>369 S. SPRUCE AVE</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>MAPLE SHADE, NJ 08052</td>
</tr>
<tr>
<td>Current Use (Prior to being demolished)</td>
<td>VACANT</td>
</tr>
</tbody>
</table>

**Project Information**

| Start Date (10) | 8-30-15 |
| Scheduled Completion Date (11) | 10-7-15 |

**Occupancy Status During Abatement**

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

**Scope of Work**

- Renovation
- Demolition

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

<table>
<thead>
<tr>
<th>TO BE ABATED</th>
<th>Location of Asbestos-Containing Material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>TRANSITE</td>
<td>SIDING</td>
</tr>
</tbody>
</table>

**Amount (Specify SF or LF)**

- 800 LF

**Endorsements**

- Removal
- Repair
- Encapsulate
- Non-Friable

**Name of Registered Waste Hauler**

- KLEMCO INC

**Cubic Yards of Waste**

- 2

**Name of Registered Landfill**

- C.M.C. M.V.A

**Disposal Date**

- WOODBINE, NJ

**Completed By**

- MICHAELE KLEMM

**Signature**

- Michael Klemm

**Date**

- 9-18-15

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

Date of Notification (1)
September 17, 2015

Name of Building Owner/Operator (2)
Shoshana Abraham-Levy

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

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

Street Address
115 Country Club Place

City, State, Zip Code
Cherry Hill, NJ 08003

Name of Contact
Mia Eylon

Telephone Number

FACILITY INFORMATION

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

Street Address
115 Country Club Place

City (5)
Cherry Hill

County (6)
Camden

County Code (7)

Square Feet
4,500

# of Floors
3

Bldg. Age
60

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

Current Use (Prior if being demolished)
Residence

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

ASCM No.

Name of Abatement Contractor (9)
Shade Environmental, LLC

Street Address
623 Cutler Avenue

City, State, Zip Code
Maple Shade, NJ 08052

Project Manager for Monitoring Firm
Bill Weligserber

Telephone No.
609-298-4070

Telephone No.
856-755-0399

License No.
00842

Start Date (10)
September 28, 2015

Scheduled Completion Date (11)
September 30, 2015

Name of OSHA Monitor
EMSL Analytical, Inc.

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 ≥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)

Yes
No
N/A

Attic
XXX
Pipe Insulation
55 LF

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
Enclosure

Name of Registered Waste Hauler
Freehold Cartage

NJDEP Waste Hauler ID No.
02265

Cubic Yards of Waste
1

Name of Registered Landfill
Cumberland County Landfill

City, State
Newburg, PA

Completed by
Christina Lynch
Title
Operations Manager
Signature
Date
9/17/2015

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

Date of Notification (1)  
September 17, 2015

Name of Building Owner/Operator (2)  
D & J Mazza

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

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

Street Address  
P O Box 556

City, State, Zip Code  
Oakhurst, NJ 07755

Name of Contact  
D & J Mazza

FACILITY INFORMATION

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

Street Address  
131 Belmont Avenue

City  
Long Branch

County (6)  
Monmouth

County Code (7)  
ASCM USE ONLY

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

Square feet  
2000 sf

# of Floors  
2

Bldg. Age  
60

Current Use (Prior if being demolished)  
Residence

Name of Monitoring Firm Hired by Building Owner (8)  
Guardian Contracting, Inc.

Street Address  
1889 Rte. 9, Unit 61

City, State, Zip Code  
Toms River, NJ 08755

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

Project Manager for Monitoring Firm  
Nicholas Fernicola

Telephone Number  
732-349-9932

Scheduled Start Date (10)  
9/30/15

Scheduled Completion Date (11)  
10/2/15

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

Scope of Work (Check all that apply)  
[ ] >3 sf or ≥1 sf  
[X] ≥160 sf or ≥260 sf  
[ ] Renovation  
[X] Demolition  
[ ] Full Containment with Negative Pressure  
[ ] Mini-Enclosure  
[ ] Glovebag Procedure  
[X] Non-Exempted (*) and Non-Friable Procedure

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

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)  
2700 sf

Abatement Type  
X

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

Name of Registered Waste Hauler  
Guardian Contracting, Inc.

N J DEP 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  
10/5/15

City, State  
Tullytown, Pennsylvania

Completed by (Print or Type)  
Nicholas Fernicola

Title  
Project Manager

Signature  

Date  
9/17/2015

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

**Date of Notification (1)** September 17, 2015

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

**Street Address** 900 Wellington Avenue

**City, State, Zip Code** Toms River, NJ 08757

**Name of Contact** Nick

**Telephone Number**

---

**FACILITY INFORMATION**

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

**Street Address** 33 E Pompano Way

**City** Lavallette

**County (6)** Ocean

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

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

**Square feet** 800 sf

**# of Floors** 1

**Bldg. Age** 60

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

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

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

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

**Telephone Number** 732-349-9932

**License Number** 00624

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

**Street Address** 1056 Stelton Road

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

---

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

---

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

**in facility (13)**

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

**YES** NO N/A

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

**Amount (Specify SF or LF)**

**Abatement Type**

**Removal**

**Repairs**

**Encapsulate**

**Enclosure**

**Exterior**

- [X] Asbestos siding

**750 sf**

---

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

**NIDEP Waste Hauler ID No.** 20223

**Cubic Yards of Waste** 3

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

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

**Disposal Date** 9/21/15

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

**Title** Project Manager

**Signature**

**Date** 9/17/2015

*Do not use this form for asbestos licensing exempted activities.*
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:66 and 12:129)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>9/14/15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Glenwood Apartment &amp; Country Club</td>
</tr>
<tr>
<td>Agencies Notified</td>
<td>EPA</td>
</tr>
<tr>
<td>Type Notification</td>
<td>Initial</td>
</tr>
<tr>
<td>Street Address</td>
<td>1 Cherry Hill Lane</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Old Bridge, NJ 08857</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Bernadette Poppel</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>251-532-22</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FACILITY INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
</tr>
<tr>
<td>Street Address</td>
</tr>
<tr>
<td>City (5)</td>
</tr>
<tr>
<td>County Code (6)</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
</tr>
<tr>
<td>ASCM No.</td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
</tr>
<tr>
<td>Street Address</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
</tr>
<tr>
<td>Start Date (10)</td>
</tr>
<tr>
<td>Scheduled Completion Date (11)</td>
</tr>
<tr>
<td>Occupancy Status During Abatement (Check Only One)</td>
</tr>
<tr>
<td>Scope of Work (Check All That Apply)</td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)</td>
</tr>
<tr>
<td>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</td>
</tr>
<tr>
<td>Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
</tr>
<tr>
<td>Abatement Type</td>
</tr>
<tr>
<td>Service Transport Group</td>
</tr>
<tr>
<td>City, State</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
</tr>
<tr>
<td>City, State</td>
</tr>
<tr>
<td>Completed by</td>
</tr>
<tr>
<td>Title</td>
</tr>
<tr>
<td>Signature</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>9 / 17 / 15</td>
<td>DC Fabricators / Job #1509-2018 Chk. #4076</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
</tr>
<tr>
<td>DOLWD</td>
<td>Amended Amendment #</td>
</tr>
<tr>
<td>DODS</td>
<td>Emergency (including justification)</td>
</tr>
<tr>
<td>DCA (NJAC 5:23-8)</td>
<td>Cancellation</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Name of Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>801 West Front Street</td>
<td>Paul Stanton</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

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

<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 and commercial buildings, homes, etc.)</td>
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</table>

<table>
<thead>
<tr>
<th>City (5)</th>
<th>County Code (7) (STATE USE ONLY)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Florence</td>
<td></td>
</tr>
<tr>
<td>Burlington</td>
<td></td>
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<tr>
<td>County Code</td>
<td>100</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Square Feet</th>
<th># of Floors</th>
<th>Bldg. Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>10,000</td>
<td>1</td>
<td>100</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>ASCM No.</th>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Asbestos and Mold Services, Corp.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Telephone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>PO Box 316</td>
<td>856-848-0800</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of OSHA Monitor</th>
</tr>
</thead>
<tbody>
<tr>
<td>EMSL Analytical, Inc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>9 / 28 / 15</td>
<td>10 / 2 / 15</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ 3 sf or ≥ 3 if</td>
</tr>
<tr>
<td>☑ ≥ 160 sf or ≥ 250 if</td>
</tr>
<tr>
<td>☑ Renovation</td>
</tr>
<tr>
<td>☑ Demolition</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gauge Lab</td>
</tr>
<tr>
<td>Gauge Lab</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
<tr>
<td><img src="image" alt="Yes" /></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>
</tr>
</thead>
<tbody>
<tr>
<td>Description: Asbestos Isolation</td>
</tr>
<tr>
<td>----------------------------------</td>
</tr>
<tr>
<td>30 LF</td>
</tr>
<tr>
<td>370 SF</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
</tr>
</thead>
<tbody>
<tr>
<td>Freehold Cartage, Inc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NJDEP Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>02265</td>
<td>5</td>
<td>GROWS Landfill</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>Disposal Date</th>
<th>City, State</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Freehold, NJ</td>
<td>10/2/15</td>
<td>Morrisville, PA 19067</td>
<td>9-17-15</td>
</tr>
</tbody>
</table>

*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)
10/19/11

Name of Building Owner/Operator (2)
Kevin Brennan

Agencies Notified
- EPA
- DOL
- DOH
- DCA

Type Notification
- Initial
- Amendment
- Cancellation

Street Address
146 Palisade Avenue

City, State, Zip Code
Elizabeth, NJ 07208

Name of Contact
Kevin Brennan

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
Kevin Brennan

Street Address
146 Palisade Avenue

City (5) County (6) County Code (7)
Elizabeth, NJ 07208 Union (State use only)

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

ASCM No.

Street Address

City, State, Zip Code

Project Manager for Monitoring Firm

Phone Number

Scheduled Start Date (10)
09/30/2015

Scheduled Completion Date (11)
10/01/2015

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

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

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

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

Description of asbestos-containing material (ACM)
pipe insulation

Amount (Specify SF or LF)
120 If

Registered Waste Hauler
B & G Restoration, Inc.

NJDEP Hauler ID
19563

Cubic Yards of Waste
2

Name of Registered Landfill
Tullytown Resource & Recovery Center

Completed by (Print or Type)
Gordana Luna

Title Secretary/Treasurer

Signature

Date 09/16/2015
State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12:120-7)

Check # 7421

Date of Notification (1) 11/16/16

Name of Building Owner/Operator (2) Roman Prezimirski

Agency A. EPA □ DEP □ DOL □ DOH □ DCA □
Type Notification □ Initial □ Amendment □ Cancellation

Street Address
113 Lyons Place

City, State, Zip Code Springfield, NJ 07081

Name of Contact Roman Prezimirski

Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
Roman Prezimirski

Street Address
113 Lyons Avenue

City (5) Springfield, NJ 07081
County (6) Union

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

ASCM No.

Project Manager for Monitoring Firm

Scheduled Start Date (10) 09/29/2015

Sched. Completion Date (11) 09/30/2015

Occupancy Status During Abatement (Check only one)
□ Facility closed/vacated during entire period of abatement.
□ Abatement performed outside of normal facility hours—describe:
□ Other—describe:

Scope of Work (check all that apply)
□ Demolition □ Renovation
□ ≥2 sf or ≥3 ft □ ≥160 sf or ≥260 lf

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

Ext Yes No N/A pipe insulation 81 lf
basement

crawl space A

crawl space B

outside crawl space

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

Cubic Yards of Waste 2

Name of Registered Landfill Tullytown Resource & Recovery Center

City, State Lincoln Park, NJ
Disposal Date 09/30/2015

Completed by (Print or Type) Gordana Luna
Title Secretary/Treasurer
Signature Gordana Luna
Date 09/16/2015
State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:69-7 and 12:120-7)  

Date of Notification (1) 
09/11/2015  

Name of Building Owner/Operator (2) 
Mary Heffernan  

EPA  
DEP  
DOL  
DOH  
DCA  

Agencies Notified 
Type Notification  
Initial  
Amendment  
Cancellation  

Street Address  
648 Upper Boulevard  

Name of Contact  
Mary Heffernan  

City, State, Zip Code  
Ridgewood, NJ 07450  

Telephone Number  

FACILITY INFORMATION  

Name of facility where abatement is taking place (3)  
Mary Heffernan  

Street Address  
648 Upper Boulevard  

City (5)  
Ridgewood, NJ 07450  

County (6)  
Bergen  

County Code (7) (State use only)  

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

ASCM No.  

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)  
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)696-6869  
License Number  
00378  

Name of OSHA Monitor  
B & G Restoration, Inc.  

Street Address  
105 Ryerson Road  

City, State, Zip Code  
Lincoln Park, NJ 07035  

Scheduled Start Date (10)  
09/30/2015  

Sched. Completion Date (11)  
10/01/2015  

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—Describe:  

Scope of Work (check all that apply)  

X Demolition  
X Renovation  

X >3 sf or >3 ft  

>180 sf or >260 ft  

Full Containment w/negative pressure  
X Glovebag procedure  

Mini-enclosure  
X Non-halogenated procedure  

Location of asbestos-containing material 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)  

Amount (Specify SF or LF)  

Removal  
Repair  
Encapsulation  

Enclosure  

Furnace room  
X pipe insulation  
45 lf  
X  
X  
X  

Basement main room  
X pipe insulation  
38 lf  
X  
X  
X  

Laundry room  
X pipe insulation  
9 lf  
X  
X  
X  

Registered Waste Hauler  
B & G Restoration, Inc.  
NJDEP Hauler ID# 19563  
Cubic Yards of Waste 3  

Name of Registered Landfill  
Tullytown Resource & Recovery Center  
City, State  
Lincoln Park, NJ  

Disposal Date  
10/01/2015  

Completed by (Print or Type)  
Gordana Luna  
Title  
Secretary/Treasurer  
Signature  
Gordana Luna  
Date  
09/16/2015
State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1) 2015 SEP 29 10:12:36

Name of Building Owner/Operator (2) Leonard Alex

Agencies Notified

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

Type Notification

- Initial
- Amendment
- Cancellation

Street Address 55 Ridge Road

City, State, Zip Code Roseland, NJ 07068

Name of Contact Leonard Alex

Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3)

Estate of Nancy A Alex

Street Address 55 Ridge Road

City (5) Roseland, NJ 07068

County (6) Essex

County Code (7) (State use only) T

Square Feet

# of Floors

Bldg. Age

Current Use (Prior if being demolished)
residential

Type of Facility (4)

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

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)696-6859

License Number 00376

Name of OSHA Monitor B & G Restoration, Inc.

Street Address 105 Ryerson Road

City, State, Zip Code Lincoln Park, NJ 07035

Scheduled Start Date (10) 09/29/2015

Sched. Completion Date (11) 09/29/2015

Occupancy Status During Abatement (Check only one)

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

Scope of Work (check all that apply)

- Demolition
- Renovation
- [X] ≥2 sf or ≥2 if
- ≥160 sf or ≥260 if
- Full Containment w/negative pressure
- Glovebag procedure
- Mini-enclosure
- Non-Removal procedure

Location of asbestos-containing material 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>basement main room</td>
<td></td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>basement main room</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>laundry room</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>basement boiler room</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Description of asbestos-containing material (ACM)

- pipe insulation
- pipe
- pipe insulation
- pipe

Amount (Specify SF or LF)

- 33 if
- 10 if
- 10 if
- 9 if

Registered Waste Hauler:

B & G Restoration, Inc.

NJDEP Hauler ID 19563

Cubic Yards of Waste 2

Name of Registered Landfill Tullytown Resource & Recovery Center

City, State Lincoln Park, NJ

Disposal Date 09/29/2015

Name of Registered Landfill Tullytown Resource & Recovery Center

City, State Tullytown, PA

Completed by (Print or Type) Gordana Luna

Title Secretary/Treasurer

Signature

Date 09/16/2015
State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1): 10/16/15

Name of Building Owner/Operator (2): Diane Stephens
Street Address: 48 Warner Avenue
City, State, Zip Code: Jersey City, NJ 07305
Name of Contact: Diane Stephens

FACILITY INFORMATION

Name of facility where abatement is taking place (3): Diane Stephens
Street Address: 48 Warner Avenue
City (5): Jersey City, NJ 07305
County (6): Hudson
County Code (7) (State use only): 

Name of Monitoring Firm Hired by Bldg. Owner (8): n/a
ASCM 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)696-6869
License Number: 00378

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

Scheduled Start Date (10): 09/29/2015
Scheduled Completion Date (11): 09/30/2015

Scope of Work (check all that apply):
☐ Demolition
☒ Renovation
☒ Full Containment w/negative pressure
☒ Glovebag procedure
☒ Mini-enclosure
☐ Non-riable procedure

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

<table>
<thead>
<tr>
<th>Description of asbestos-containing material (AOM)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>pipe insulation</td>
<td>11.1f</td>
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</table>

Registered Waste Hauler: B & G Restoration, Inc.
NJDEP Hauler ID: 19563
Cubic Yards of Waste: 1
Name of Registered Landfill: Tullytown Resource & Recovery Center
City, State: Tullytown, PA
Disposal Date: 09/30/2015

Completed by (Print or Type): Gordana Luna
Title: Secretary/Treasurer
Signature: 
Date: 09/16/2015
### Notification of Asbestos Abatement

**State of NJ**

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

**Date of Notification (1)**

| 10.19.15 | 11.15 |

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

NJ Department of Corrections

**Street Address**

100 Sullivan Way

**City, State, Zip Code**

Trenton, NJ 08628

**Name of Contact**

Art Knapp

**Telephone Number**


### FACILITY INFORMATION

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

Central Reception & Assignment Facility

**Street Address**

100 Sullivan Way

**City (5)**

Trenton, NJ 08628

**County (6)**

Mercer

**County Code (7)**

[State use only]

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

Whitman Company

**ASCN No.**

110

**Type of Facility (4)**

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

**Square Feet**

[Blank]

**# of Floors**

[Blank]

**Bldg. Age**

[Blank]

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

[Blank]

**Correctional Facility**

[Blank]

**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) 690-6869

**License Number**

00378

**Name of OSHA Monitor**

B & G Restoration, Inc.

**Street Address**

105 Ryerson Road

**City, State, Zip Code**

Lincoln Park, NJ 07035

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

- ☑ Other-Descriptor: Occupied & shift start 4:00 pm

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

- ☑ Demolition
- ☑ Renovation
- ☑ Full Containment with negative pressure
- ☑ Glovebag procedure
- ☑ Mini-enclosure
- ☑ Non-friable procedure

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

<table>
<thead>
<tr>
<th>Basement Pipe Chase</th>
<th>Pipe Insulation</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>

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

- [ ] Location normally used solely by maintenance/custodial staff

**Amount (Specify SF or LF)**

- [ ] 5 LF

**Registered Waste Hauler**

B & G Restoration, Inc.

**Disposal Date**

10/01/2015

**Name of Registered Landfill**

Tullytown Resource & Recovery Center

**City, State**

Lincoln Park, NJ

**Disposal Date**

09/18/2015

**Completed by (Print or Type)**

Gordana Luna

**Title**

Secretary/Treasurer

**Date**

09/18/2015
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:50 and 12:120)

Date of Notification (1)
9/2/15

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

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

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

Street Address
777 Valley Road

City, State, Zip Code
Clifton, New Jersey 07013

Name of Contact
Dennis Rodano

FACILITY INFORMATION

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

Street Address
357-371 Main Street

City (5)
Paterson

County (6)
Passaic

County Code (7)

Current Use (Prior to being demolished)
Church

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

ASCM No.

Name of Abatement Contractor (9)
Degmor Inc.

Street Address
511 Canal Street

City, State, Zip Code
New York, NY 10013

Project Manager for Monitoring Firm

Telephone No.
(212) 431-0696

License No.
(212) 431-5764

Start Date (10)
9/11/15

Scheduled Completion Date (11)
12/15/15

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

Scope of Work (Check All That Apply)
☐ 23 sf or 23 if
☐ >190 sf or >=259 if
☐ Renovation
☐ Demolition

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

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

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

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

Amount (Specify SF or LF)

Abatement Type

Exterior Windows

☐ Window Caulking

80 sf

Exterior Windows

☐ Window Caulking

80 sf

Name of Registered Waste Hauler
Newark Carting Inc.

NJDEP Waste Hauler ID No.
04509

Cubic Yards of Waste
10

Name of Registered Landfill
Waste Management Grandcentral

City, State
Newark, New Jersey 07105

Disposal Date
TBD

City, State
Pen Argyl, PA 18072

Completed by
J. Robert Dombrowski

Title
Project Manager

Signature

Date
09/03/15

ASB-41 (R-06-00)

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

Date of Notification (1)  
09/15/2015

Name of Building Owner/Operator (2)  
WEA Enterprises Co., Inc.

Agencies Notified  
☐ EPA  ☑ DOH  ☑ DCA

Type Notification  
☐ Initial  ☑ Amended  ☑ Amendment #1

Street Address  
902 Broadway Suite 1603

City, State, Zip Code  
New York, N.Y. 10010

Name of Contact  
Joseph Lai

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  
Granite Kitchen & Bath

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

Square Feet  
35,000

# of Floors  
1

Bldg. Age  
60

County Code (7)  
(PSTATE USE ONLY)_

Current Use (Prior if being demolished)  
Granite/Stone Sales

County  
Passaic

Name of Monitoring Firm Hired by Building Owner (8)  
Bioterra Env. Solutions

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

ASCM No.

Street Address  
P.O. Box 1224

City, State, Zip Code  
Union, NJ 07083

Project Manager for Monitoring Firm  
Rick Esquairo

Telephone No.  
(973) 494-3762

Telephone No.  
(973) 450-9500

License No.  
01036

Start Date (10)  
Scheduled Completion Date (11)  
—

Name of OSHA Monitor  
Incinia Contracting, Inc.

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)  
☒ ±2000 sf or ±2300 sf

☒ Renovation  ☑ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED  
In Facility (12)

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

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

Amount (Specify SF or LF)  

Abatement Type  
Removal  ☑ Repair  ☑ Encapsulation  ☑ O:\n
Endorsement  
□

Name of Registered Waste Hauler  
Atlantic Carting/JR Contracting  
NJDEP Waste Hauler ID No. NJ-641

Cubic Yards of Waste  
25

Name of Registered Landfill  
IESI PA Bethlehem Landfill Corp.

City, State  
Wayne, NJ

Disposal Date  
TBD

City, State  
Bethlehem, PA

Completed by  
Milena Zoric

Title  
Executive Director

Signature

Date  
09/15/2015

ASB-41 (R-06/03)

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:80 and 12:126)

Date of Notification (1) 9/17/2015

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

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

Street Address
109 Broad Ave
City, State, Zip Code
Fairview, NJ 07022

Name of Contact
Michael Beyer
Telephone Number

FACILITY INFORMATION

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

Street Address
155 Broad Avenue
City (5)
Fairview

County (6)
Bergen
County Code (7) (STATE USE ONLY) n/a

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8)
Environmental Connections, Inc.

ASCM No.

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

Street Address
120 North Warren Street
City, State, Zip Code
Trenton, NJ 08608

Project Manager for Monitoring Firm
Daniel Davis
Telephone No.
609-392-4200

License No.
01172

Name of OSHA Monitor
Environmental Connections, Inc.

Start Date (10)
09/08/2015

Scheduled Completion Date (11)
09/30/2015

Occuancy Status During Abatement (Check Only One)
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Out Sides of Normal Facility Hours
- Other – Describe: Vacant

Scope of Work (Check All That Apply)
- ±2,000 sf
- ±1,000 sf or ±2,000 sf
- ±600 sf or ±1,000 sf
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

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

Yes No N/A

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

Basement X Pipe Insulation 60 sf X
Garage Roof X Tar 300 sf X
Garage Roof X Roof Filler 60 sf X
Garage Roof X Rolled Roofing Tar 3,000 sf X

Name of Registered Waste Hauler
Site Enterprises Inc.
NJ/DEP Waste Hauler ID No.
0035220

Cubic Yards of Waste
20 cy

Name of Registered Landfill
Tullytown Landfill

City, State
211 East Essex Ave. Linwood, NJ 08221
Disposal Date
09/30/2015

Completed by
Eric Keys
Title OM
Signature

Date 9/17/2015

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

Date of Notification (1) 9/17/2015

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

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

Street Address 109 Broad Ave
City, State, Zip Code Fairview, NJ 07022
Name of Contact Michael Beyer
Telephone Number 862-22 AM 12-03

FACILITY INFORMATION

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

Street Address 155 Broad Avenue
City (5) Fairview
County (6) Bergen
County Code (7) (STATE USE ONLY) n/a

Name of Monitoring Firm Hired by Building Owner (8)
Environmental Connections, Inc.
ASCN No.

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

Street Address 120 North Warren Street
City, State, Zip Code Trenton, NJ 08608
Project Manager for Monitoring Firm Daniel Davis
Telephone No. 609-392-4200

Start Date (10) 09/08/2015
Scheduled Completion Date (11) 09/30/2015

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

Scope of Work (Check All That Apply)
- 23 sf or ≥3 if
- ≥100 sf or ≤280 sf
- Renovation
- Demolition

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</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>Garage Roof</td>
<td>X</td>
<td>Black Paper With Tar</td>
<td>3,000 sf</td>
<td>x</td>
</tr>
<tr>
<td>Garage</td>
<td>X</td>
<td>Black Tar Paper With Tar</td>
<td>230 sf</td>
<td>x</td>
</tr>
<tr>
<td>Roof</td>
<td>X</td>
<td>Black Shingles</td>
<td>900 sf</td>
<td>x</td>
</tr>
<tr>
<td>Garage, Basement, Area #1</td>
<td>X</td>
<td>Fire Proof Doors</td>
<td>4 Doors</td>
<td>x</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler Site Enterprises Inc.
NJDEP Waste Hauler ID No. 0355220
Cubic Yards of Waste 20 cy
Disposal Date 09/30/2015
Name of Registered Landfill Tullytown Landfill
City, State Bristol, PA

Completed by Eric Keys Title OM
Signature
Date 9/17/2015

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

**State of New Jersey**

**Date of Notification (1)**  
9/17/2015

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

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

**Type Notification**  
- Initial
- [x] Amended
- [x] Amendment # 2
- [x] Emergency (including justification)
- [x] Cancellation

**Street Address**  
109 Broad Ave

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

**Name of Contact**  
Michael Beyer

**Telephone Number**

**FACILITY INFORMATION**

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

**Structure Associated with Route 1 & 9**

**Street Address**  
155 Broad Avenue

**City (5)**  
Fairview

**County (6)**  
Bergen

**County Code (7)**  
(State Use Only)

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

**Name of Monitoring Firm Hired by Building Owner (8)**  
Environmental Connections, Inc.

**ASCN No.**

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

**Street Address**  
211 East Essex Ave

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

**Project Manager for Monitoring Firm**

**Telephone No.**  
609-392-4200

**Project Manager for Monitoring Firm**  
Daniel Davis

**License No.**  
01172

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

**Scheduled Completion Date (11)**  
9/30/2015

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

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

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

- [x] 2 or more if 2 or more
- [x] 160 sf or 2260 sf
- [x] Renovation Demolition
- [x] Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

**TO BE ABATED**

**In Facility** (13)

**Yes**  
**No**  
**N/A**

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

- [x] Thermal insulation insulations, suracing, VAT, or
- Other miscellaneous

**Amount (Specify SF or LF)**

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount (SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tan Floor Tile/Mastic</td>
<td>500 sf</td>
</tr>
<tr>
<td>9x9 Lf Gr Floor Tile/Mastic</td>
<td>500 sf</td>
</tr>
<tr>
<td>12x12 Olive Floor Tile/Mastic</td>
<td>400 sf</td>
</tr>
<tr>
<td>12x12 Green Floor Tile</td>
<td>100 sf</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**  
Site Enterprises Inc.

**Cubic Yards of Waste**  
20 cy

**Disposal Date**  
9/30/2015

**City, State**  
211 East Essex Ave. Linwood, NJ 08221

**Name of Registered Landfill**  
Tullytown Landfill

**Completed by**

**Eric Keys**

**Title**  
OM

**Signature**

**Date**  
9/17/2015

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

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

**Data of Notification (1)**
9/17/2015

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

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

**Type Notification**
- Initial
- Amended
- Amendment # 2
- Emergency (including
  justification)
- Cancellation

**Street Address**
109 Broad Ave

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

**Name of Contact**
Michael Beyer

**Telephone Number**

**FACILITY INFORMATION**

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

**Street Address**
155 Broad Avenue

**City (5)**
Fairview

**County (6)**
Bergen

**County Code (7)**
(STATE USE ONLY) n/a

**Name of Monitoring Firm Hired by Building Owner (8)**
Environmental Connections, Inc.

**ASCM No.**

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

**Street Address**
120 North Warren Street

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

**Telephone No.**
609-392-4200

**License No.**
01172

**Project Manager for Monitoring Firm**
Daniel Davis

**Start Date (10)**
09/08/2015

**Scheduled Completion Date (11)**
09/30/2015

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

**Occurrence (Check All That Apply)**
- 33 sf or < 33 sf
- 160 sf or ≥ 260 sf

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

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

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

**Amount (Specify SF or LF)**

**Abatement Type**
- Removal
- Repair
- Encapsulation
- Enclosure

**Name of Registered Waste Hauler**
Site Enterprises Inc.

**Cubic Yards of Waste**
20 cy

**Name of Registered Landfill**
Tullytown Landfill

**Disposal Date**
09/30/2015

**City, State**
Bristol, PA

**Completed by**
Eric Keys

**Title**
OM

**Signature**

**Date**
9/17/2015

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

Date of Notification (1) 9/17/15

Name of Building Owner/Operator (2) Princeton University, Trustees of Princeton University

Agencies Notified
- EPA
- DEP
- DOL
- DOH
- DL&A

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

Street Address
EA McMillan Building
Princeton, NJ 08544

Name of Contact
Bob Ortega

Facility Information

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

City (5)
Princeton, New Jersey

County (6)
Mercer

County Code (7)
STATE USE ONLY

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

ASCM No
ASCN No

Name of Abatement Contractor (9)
ceservices, LLC

Street Address
515 Grove Street, Suite 1B
Haddon Heights, NJ 08035

City, State, Zip Code
Exton, PA 19341

Telephone No.
856-656-2875

License No.
482-872-8884

Name of OSHA Monitor
EMSL

Start Date (10) 9/9/15

Scheduled Completion Date (11) 10/2/15

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

Scope of Work (Check All That Apply)
- 2,500 sf or less
- 2,500 sf or more
- Renovation
- Demolition

Type of Facility (4)
- School (K-12)
- Subchapter 8 (Other than K-12)
- Other (i.e. private & commercial buildings, homes, etc.)
- Square Feet
6900

- # of Floors
4

- Bldg Age
100+

Location of Asbestos-Containing Material (ACM)

TO BE ABATED

In Facility

Yes
No
N/A

Within Wall Cavities
X
Duct Insulation
200 SF
X

114 Broadmead Street
X
Window and Door Glass Glazing
325 LF
X

114 Broadmead Garage
X
Window Glazing
200 LF
X

Name of Registered Waste Hauler

Waste Management of New Jersey

NJ/DEP Waste Hauler ID No.

Cubic Yards of Waste
20

Name of Registered Landfill
GROWS Landfill

City, State
Trenton, NJ

Disposal Date
TBD

Complied by
Joe White

Title
Project Manager

Signature

Date 9/17/15

Do not use this form for asbestos licensure exempted activities.
<table>
<thead>
<tr>
<th>Location of Asbestos Containing Material (ACM) To Be Abated In Facility</th>
<th>Is location normally used solely by Maintenance/Custodial Staff?</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>Basement and Wall Cavities</td>
<td>N/A</td>
<td>HVAC Duct Paper</td>
<td>188 sf</td>
<td>X</td>
</tr>
<tr>
<td>Basement</td>
<td>N/A</td>
<td>Flue Patch</td>
<td>2 sf</td>
<td>X</td>
</tr>
<tr>
<td>Basement</td>
<td>N/A</td>
<td>Joint Compound</td>
<td>490 sf</td>
<td>X</td>
</tr>
<tr>
<td>Basement</td>
<td>N/A</td>
<td>12&quot; x 12&quot; Tan VAT</td>
<td>145 sf</td>
<td>X</td>
</tr>
<tr>
<td>3rd Floor Bathroom</td>
<td>N/A</td>
<td>Green/Blue Sheet Flooring</td>
<td>95 sf</td>
<td>X</td>
</tr>
<tr>
<td>101 Broadmead House &amp; Garage</td>
<td>N/A</td>
<td>Window Glazing</td>
<td>1994 lf</td>
<td>X</td>
</tr>
</tbody>
</table>
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:129)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>09/17/15</td>
<td>RMS REALTY LLC</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Initial</td>
<td>1309 RIDGE AVENUE</td>
<td>LAKEWOOD, NJ 08701</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Type of Facility (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>HOME</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Construction Company (5)</th>
<th>Name of Abatement Contractor (6)</th>
</tr>
</thead>
<tbody>
<tr>
<td>342 DEWEY</td>
<td>AAA LEAD PROFESSIONALS</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>County Code (7)</th>
<th>County (6)</th>
<th>Current Use (Prior to being demolished)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>OCEAN COUNTY</td>
<td>HOME</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></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>732-668-9078</td>
<td>1200</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 WHITE DOVE COURT</td>
<td>LAKEWOOD, NJ 08701</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
<th>Name of OSHA Monitor</th>
</tr>
</thead>
<tbody>
<tr>
<td>09/27/15</td>
<td>09/27/15</td>
<td>AAA LEAD PROFESSIONALS</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 WHITE DOVE COURT</td>
<td>LAKEWOOD, NJ 08701</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check All That Apply)</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
</tr>
<tr>
<td></td>
<td>Amount (Specify SF or LF)</td>
</tr>
<tr>
<td></td>
<td>Abatement Type</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>TO BE ABATED</td>
<td>Removal</td>
</tr>
<tr>
<td>In Facility (13)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
</tr>
</thead>
<tbody>
<tr>
<td>NEWARK CARTING</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>IESI</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>Disposal Date</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>NEWARK, NJ</td>
<td>09/27/15</td>
<td>IESI</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed by</th>
<th>Title</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>JOSEPH PERLSTEIN</td>
<td>OWNER</td>
<td></td>
<td>09/17/15</td>
</tr>
</tbody>
</table>

* Do not use this form for asbestos licensure exempted activities.
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:69 and 12:120)

Date of Notification (1)
SEPT. 18, 2015

Name of Building Owner/Operator (2)
WIN-TEANECK, LLC

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

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

Street Address
2165 LOUISA DRIVE

City, State, Zip Code
BELLEAIR BEACH, FL 33786

Name of Contact
STEVEN ALAFAZNOS

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
PROPOSED WALGREENS STORE # 15608

Street Address
520 CEDAR LANE

City (5)
TEANECK

County Code (7)
BERGEN

County (6)

Name of Monitoring Firm Hired by Building Owner (8)
AIR CONSULTING SERVICES, LLC

ASCM No.

Name of Abatement Contractor (9)
Finishing Touch Asbestos Abatement Corp., Inc.

Street Address
301 EAST WARD STREET

City, State, Zip Code
HIGHTSTOWN, NJ 08520

Project Manager for Monitoring Firm
N/A

Telephone No.
609.371.2489

License No.
00040

Start Date (10)
SEPT. 28, 2015

Scheduled Completion Date (11)
OCT. 10, 2015

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

Other – Describe:

Scope of Work (Check All That Apply)
☒ Renovation
☒ Demolition

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</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>LOUIE'S CHARCOAL PIT</td>
<td>No</td>
<td>TSI</td>
<td>12 LF</td>
<td>X</td>
</tr>
<tr>
<td>LOUIE'S CHARCOAL KITCHEN</td>
<td>No</td>
<td>Asbestos Containing Ceiling Tile</td>
<td>1000 SF</td>
<td>X</td>
</tr>
<tr>
<td>CURVES GYM</td>
<td>No</td>
<td>VAT</td>
<td>2,800 SF</td>
<td>X</td>
</tr>
</tbody>
</table>

**(See page 2 for additional)

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

City, State
West Long Branch, NJ 07764

Completed by
Joseph P. Miller

Title
President

Signature

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

Date of Notification (1)  
SEPT. 18, 2015

Name of Building Owner/Operator (2)  
WIN-TEANECK, LLC

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

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

Street Address  
2165 LOUISA DRIVE

City, State, Zip Code  
BELLEAIR BEACH, FL 33786

Name of Contact  
STEVEN ALAFAZNOS

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  
PROPOSED WALGREENS STORE # 15608

Street Address  
520 CEDAR LANE

City (5)  
TEANECK

County (6)  
BERGEN

County Code (7)  
STATE USE ONLY

Square Feet  
16,000 SF

# of Floors  
1

Bldg. Age  
50 YEARS

Name of Monitoring Firm Hired by Building Owner (8)  
AIR CONSULTING SERVICES, LLC

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

Telephone No.  
609.371.2499

License No.  
732.222.8372

00040

Name of Abatement Contractor (9)  
Finishing Touch Asbestos Abatement Corp., Inc.

Start Date (10)  
SEPT. 28, 2015

Scheduled Completion Date (11)  
OCT. 10, 2015

Name of OSHA Monitor  
N/A

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

Scope of Work (Check All That Apply)  
☐ ≥3 sf or ≥3 if  
☐ ≥160 sf or ≥250 if  
☐ Renovation  
☐ Demolition  
☐ Full Containment with Negative Pressure  
☐ Mini-Enclosure  
☐ Glovetag Procedure  
☐ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABRATED In Facility (13)  
provide stand-by labor during

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)  
Roofing Membrane  
10,500 SF  
X  
Roof Flashing  
850 SF  
X

Amount (Specify SF or LF)  

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

NJDEP Waste Hauler ID No.  
12059

Cubic Yards of Waste  
50 cy

Name of Registered Landfill  
TRRF LANDFILL

City, State  
West Long Branch, NJ 07764

Disposal Date  
10/10/15

Completed by  
Joseph P. Miller

Title  
President

Signature

Date  
9/18/15
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60-7 and 12:120-7)

**Date of Notification (1)**
9-17-15

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

**Street Address**
403-405 Bloomfield Ave

**City, State, Zip Code**
Bloomfield, NJ, 07003

**Name of Contact**
Giorgio Gurdenize

**FACILITY INFORMATION**

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

**City (5)**

**County (6)**

**Essex**

**County Code (7)**

(State USE ONLY)

**Type of Facility (4)**
[X] School (K-12)

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

**Square Feet**

**# of Floors**

**Bldg. Age**

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

**ASCM No.**

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

**Street Address**
86 Christopher St.

**City, State, Zip Code**
Montclair, NJ 07042

**Telephone Number**
(973) 744-8800

**License Number**
00371

**Name of OSHA Monitor**
N/A

**Project Manager for Monitoring Firm**
N/A

**Telephone Number**

**Scheduled Start Date (10)**
9-28-15

**Month**

**Day**

**Year**

**Sched. Completion Date (11)**
9-29-15

**Month**

**Day**

**Year**

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

**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)**

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

**Amount (Specify SF or LF)**

**Abatement Type**

**[X] Full Containment with Negative Pressure**

**[ ] Mini-Enclosure**

**[X] Glovebag Procedure**

**[ ] Non-Friable Procedure**

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

**Pipe Insulation**

190 lf

**Name of Registered Landfill**
Minerva Enterprises

**City, State**
Waynesburg, OH 44688

**Disposal Date**
9-30-15

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

**NJDEP Waste Hauler LD No.**
17040

**Cubic Yards of Waste**
1.5

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

**Signature**

**Date**
9-17-15
**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**

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

**Date of Notification (1)**  
September 17, 2015

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

**Name of Contact**  
Victor

**Street Address**  
500 Barnegat Blvd. North

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

---

### FACILITY INFORMATION

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

**Type of Facility (4)**  
School (k-12)

**Square feet**  
1200 sf

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

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

**Street Address**  
727 Drum Point Road

**City, County Code (6) (STATE USE ONLY)**  
Brick, Ocean

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

**License Number**  
732-349-9932

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

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

**Telephone Number**  
732-349-9932

**Occupancy Status During Abatement**

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

**Scheduled Start Date (10)**  
9/18/15

**Scheduled Completion Date (11)**  
9/21/15

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

**Exterior house**  
X

**Interior**  
X

**Kitchen**  
X

**Bedroom 1 & 2**  
X

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

- Tar paper on roof 1425 sf X
- joint compound 1200 sf X
- Floor tile & mastic 12 sf X
- Tar paper & mastic 250 sf X

**Amount (Specify SF or LF)**

**Abatement Type**

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

---

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

**Disposal Date**  
9/22/15

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

**T.R.R.F.**

---

**Completed by (Print or Type)**

**Title**  
Project Manager

**Name of Registered Landfill**

**T.R.R.F.**

**City, State**  
Tullytown, Pennsylvania

**Signature**

---

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

Check # 10164

Date of Notification (1) September 18, 2015
Name of Building Owner / Operator (2) David Goodelman

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

☒ Initial
☐ Amended
☐ Amendment # _____
☐ Cancellation

Street Address
303 North Clermont Avenue

City, State & Zip Code
Margate, NJ 08402

Name of Contact
David Goodelman
Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Residence
Street Address
303 North Clermont Avenue

City (5)
Margate

County (6) Atlantic
County Code (7) USE ONLY

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

Name of Abatement Contractor (9)
Synatech, Inc.

Street Address
829 Radio Road

City, State & Zip Code
Little Egg Harbor, NJ 08087

Project Manager for Monitoring Firm Telephone Number
Telephone Number
609-296-6916

License Number
00817

Scheduled Start Date (10) Scheduled Completion Date (11)
October 5, 2015 November 2, 2015

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

Scope of Work (Check all that apply)
☒ ≥3 sf or ≥ 50 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 or Custodial Staff? (12)
Yes No N/A

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

Amount (Specify SF or LF)

Abatement Type

Exterior X Transite Siding 2,100 SF X

Name of Registered Waste Hauler
Synatech, Inc

Cubic Yards of Waste
27429

Disposal Date
November 3, 2015

City, State
Little Egg Harbor, NJ Morrisville, PA

Completed By
Diane Alola

Title Executive Administrator

Signature

Date September 18, 2015

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

Date of Notification (1)
September 18, 2015

Name of Building Owner / Operator (2)
MCP & King Road LLC

Agencies Notified

☐ EPA
☐ DEP
☒ DOL
☐ DOH
☐ DCA

Type Notification
☒ Initial
☐ Amended
☐ Amendment # 
☐ Cancellation

Street Address
260 Franklin Street, Suite 620

City, State & Zip Code
Boston, MA 02110

Name of Contact
Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Spectra Laboratories

Street Address
East Building – 8 King Road

City (5)
Rockleigh

County (6)
Bergen

Name of Monitoring Firm Hired by Building Owner (8)
Arcadis U.S., Inc.

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

Square Feet
200,000

Current Use (Prior if being demolished)
Medical Laboratories

Name of Abatement Contractor (9)
Synatech, Inc.

Street Address
829 Radio Road

City, State & Zip Code
Little Egg Harbor, NJ 08087

Project Manager for Monitoring Firm
Alex Hernandez

Telephone Number
908-526-1000

License Number
00817

Scheduled Start Date (10)
October 5, 2015

Scheduled Completion Date (11)
November 2, 2015

Name of OSHA Monitor
Synatech, Inc.

Occupancy Status During Abatement (Check only one)
☒ Facility Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Hours
☒ Other – Describe: Abatement in Unoccupied Construction Area
☐ Facility Occupied During Abatement

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

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

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

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

Amount (Specify SF or LF)

Abatement Type

Storage Area
Mastic
1,500 SF

Name of Registered Waste Hauler
Synatech, Inc.

Cubic Yards of Waste
12

Name of Registered Landfill
Grows Landfill

City, State
Little Egg Harbor, NJ 08087

Disposal Date
November 3, 2015

City, State
Morrisville, PA

Completed By
Diane Aloia

Title
Executive Administrator

Signature

Date
September 18, 2015

*Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:38 and 12:120)

Date of Notification (1)
9/18/15

Name of Building Owner/Operator (2)
Monarch Housing Associates

Agencies Notified
\[\begin{array}{ll}
\text{EPA} & \text{Initial} \\
\text{DEP} & \text{Amended} \\
\text{DOL} & \text{Amendment #} \\
\text{DOH} & \text{Emergency (including justification)} \\
\text{DCA} & \text{Cancelling} \\
\end{array}\]

Type Notification

Street Address
29 Alden Street Suite 1B

City, State, Zip Code
Cranford NJ 07016

Name of Contact
Asish Patel

FACILITY INFORMATION

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

Street Address
105 North Black Horse Pike

City (6)
Mt. Ephraim NJ 08059

County Code (7)
Camden

County (6)

County Code (7)

STATE USE ONLY)_____

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.
856-753-9800

License No.
00727

Name of OSHA Monitor
Same

Start Date (10)
10/1/15

Scheduled Completion Date (11)
10/9/15

Occupancy Status During Abatement (Check Only One)

Facility Closed/Vacated During Entire Period of Abatement

Abatement Performed Outside of Normal Facility Hours

Other – Describe; heater room closed off

Scope of Work (Check All That Apply)

\[\begin{array}{ll}
\text{3} \text{ of } 23 \text{ if} & \text{Renovation} \\
\text{10} \text{ of } 250 \text{ if} & \text{Demolition} \\
\end{array}\]

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

Yes  No  N/A

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

Heater Room

piping insulation

5 LF

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

Name of Registered Waste Hauler

NUDEP Waste Hauler ID No.
22459

Cubic Yards of Waste
TBD

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

City, State
Elm NJ

Disposal Date
10/9/15

City, State
Morrisville PA 19067

Completed by
Anthony T Perna

Title
President

Signature

Date
9/18/15

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

(Not pursuant to NJAC 8:60 and 12:20/N.J.A.C. 7:26-2.12)

### FACILITY INFORMATION

| Name of Facility: Newark Leadership Academy |
| --- | |
| **Street Address:** 2 Cedar Street |
| **City:** Newark | **County:** Essex | **County Code:** 07103 |

**Name of Monitoring Firm Hired by Building Owner:** TTI ENVIRONMENTAL, INC.  
**ASCM No.:** 0003

**Name of Abatement Contractor:** Apex Development, Inc.

**Street Address:** 658 Rutgers Place

**City, State, Zip Code:** Paramus, NJ 07652

**Project Manager for Monitoring Firm:** James A. Guilardi  
**Telephone No.:** 609-314-1683

**Name of OSHA Monitor:** Metro Analytical Laboratories

**Street Address:** 255 West 36th Street, Suite 203

**City, State, Zip Code:** New York, New York, 10018

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

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

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Condition</th>
<th>Description</th>
<th>Amount</th>
<th>Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>1ST FL. FRONT OF BOILERROOM</td>
<td>X</td>
<td>PIPE INSULATION</td>
<td>8 LF</td>
<td></td>
</tr>
<tr>
<td>1ST FL. FRONT OF BOILERROOM</td>
<td>X</td>
<td>CEILING PLASTER</td>
<td>24 SF</td>
<td></td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler:** TRI-STATE TRANSFER ASSOC., INC.

**City:** Bronx, NY 10474

**Completed By:** Sylvester Orachung

**Title:** President

**Cubic Yards of Waste:** 30

**Name of Registered Landfill:** MINEVA ENTERPRISES ASSOC., INC.

**City:** Waynesburg, OH 44688

**Disposal Date:** 09/18/2015
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:69 and 12:129)

Date of Notification (1):
09/08/15

Agencies Notified:
- EPA
- DEP
- DOI
- DOA

Name of Building Owner/Operator (2):
Lottie Robinson

Street Address:
428 Central Avenue

City, State, Zip Code:
East Orange, NJ 07017

Name of Contractor:
Lottie Robinson

Facility Information

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

Street Address:
428 Central Avenue

City:
East Orange

County:
Essex

Type of Facility (4):
School (K-12)

Square Feet:

# of Floors:

Blog, Age:

设施信息

名称（3）：私立

地址：428 Central Avenue

市：East Orange

县：Essex

类型（4）：学校（K-12）

面积：

楼层：

年龄：

Name of Monitoring Firm Hired by Building Owner (3):

ASCM No.:

Name of Abatement Contractor (5):
GSC Services Corp.

Street Address:
746 Black Oak Ridge Road

City, State, Zip Code:
Wayne, NJ 07470

License No.:
01253

Project Manager for Monitoring Firm:

Telephone No.:
973-750-0752

Name of OSHA Monitor:
EnviroVision Consultants

Start Date (10):
09/09/15

Scheduled Completion Date (11):
09/10/15

Occupancy Status During Abatement (Check Only One):
- Facility Closed/Secured During Entire Period of Abatement
- Abatement Performed Outdoors of Normal Facility Hours

Other - Describe:

Description of Asbestos-Containing Material (ACM) (Specify BFR or LF):

Amount (Specify BFR or LF):

Abatement Type:

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

In Facility (13):

Is Location Normally Used For by Maintenance/Scalable Staff (14):

Yes No N/A

Description:

Example of ACM (i.e., thermal system insulation, surfacing, VAP, etc.):

Amount (Specify BFR or LF):

Abatement Type:

Location:

Basement

X

TSI

50L

X

Setting:

Removal

Electrocution

Endorse

Name of Registered Waste Handler:

Newark Carting

NJ DEP Waste Handler ID No.:
04509

Cubic Yards of Waste:

Name of Registered Landfill:
TRRF

Disposal Date:

City, State:

Newark, NJ

Date:

Completed by:

Daniele Antic

Title:
President

Signature:

Date:
09/18/15

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

Date of Notification (1) 9 / 18 / 15

Name of Building Owner/Operator (2) CSX Transportation

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

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

Street Address 500 Water Street, J275
City, State, Zip Code Jacksonville, FL 32202
Name of Contact Owner Rep. Roy Stancil
Telephone Number N/A

Name of Facility Where Abatement is Taking Place (3)
CSX Railyard Property - Under I95 Overpass

Facility Information

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

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

Bank N/A

Current Use (Prior if being demolished)

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

ASCM No.

Name of Abatement Contractor (9) Prism Response, Inc.

Street Address 102 Technology Lane
City, State, Zip Code Export, PA 15632
Telephone No. 724-325-3330
License No. 01121

Name of OSHA Monitor AECOM

Street Address 4840 Cox Road
City, State, Zip Code Glen Allen, VA 23060

Start Date (10) 9 / 30 / 15
Scheduled Completion Date (11) 10 / 2 / 15

Occupancy Status During Abatement (Check only one)
☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00 AM - 6:00 PM 10 AM - 3:00 PM

Scope of Work (Check all that apply)
☐ 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)

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

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

Amount (Specify SF or LF)

Abatement Type

Location Under I95 Overpass along RR Tracks

Non-Friable ACM Debris 2000 SF

Name of Registered Waste Hauler

Waste Management

NJDEP Waste Hauler ID No. 17273

Cubic Yards of Waste

Name of Registered Landfill
Grows North Landfill

City, State
Morrisville, PA

Disposal Date 10/2/15
City, State
Morrisville, PA

Completed By (Print or Type) Jessica Wolfe
Title Administrative Support

Signature N/A
Date 9/18/15

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

Date of Notification (1) 9-17-15
Name of Building Owner/Operator (2) Giorgio Gurendize

Agencies Notified [ ] EPA [ ] DEP [X] DOG [X] DOH [ ] DCA
Type Notification [X] Initial Notification [ ] Amended Notification [ ] Emergency [ ] Cancellation

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

Street Address
397 Bloomfield Ave
City, State, Zip Code Bloomfield, NJ, 07003

Name of Contact Giorgio Gurendize
Telephone Number

FACILITY INFORMATION

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

Square Feet

[ ] 0
[ ] 1
[ ] 2
[ ] 3
[ ] 4
[ ] 5
[ ] 6
[ ] 7
[ ] 8
[ ] 9
[ ] 0

# of Floors

[ ] 0
[ ] 1
[ ] 2
[ ] 3
[ ] 4
[ ] 5
[ ] 6
[ ] 7
[ ] 8
[ ] 9
[ ] 0

Bldg. Age

Current Use (Prior if being demolished)

Name of Monitoring Firm hired by Building Owner (8)
N/A
City (6)
County (6)
Basex
County Code (7)(STATE USE ONLY)

Name of Abatement Contractor (9)
AZTECH MANAGEMENT, Inc.
Street Address
86 Christopher St.
City, State, Zip Code
Montclair, NJ 07042

Telephone Number
(973) 744-8800
License Number
00371

Name of OSHA Monitor
N/A
City (6)
Street Address

City, State, Zip Code

Project Manager for Monitoring Firm
N/A
Telephone Number

Scheduled Start Date (10)
9-29-15
Sched. Completion Date (11)
9-30-15

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

Hours - Describe: Off Hours Describes
[ ] Other - Describe: Other Occupancy Describes

Scope of Work (Check all that apply)
[X] 3 sf or 3 1f
[X] 160 sf or 260 1f
[X] Renovation
[X] Demolition

Location of Asbestos-Containing Material (ACM) (12)
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
[X] Non-Friable Procedure
[X] Full Containment with Negative Pressure
[X] Mini-Enclosure
[X] Lovebag Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN FACILITY (13)
Basement
[X] Pipe Insulation
70 1f

Name of Registered Waste Hauler
AZTECH MANAGEMENT, INC.
Njdep Waste Hauler ID No. 17040
Cubic Yards of Waste
1.5

Name of Registered Landfill
Minerva Enterprises
City, State
Waynesburgh, OH 44688
Disposal Date
10-1-15

Completed By (Print or Type) Constantine Vivian
Title President
Signature
Date 9-17-15
**State of New Jersey**

**NOTIFICATION OF ASPEROS ABATEMENT**

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

---

**Name of Building Owner/Operator:** Scientific Design Company, Inc.

**Date of Notification:** 09/17/15

**Name of Facility Where Abatement is Taking Place:** Scientific Design Company, Inc. - Building 59

**Street Address:** 49 Industrial Avenue

**City, State, Zip Code:** Little Ferry, NJ 07643

---

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

---

**Name of Abatement Contractor:** J.R. Contracting & Environmental Consulting, Inc.

**Street Address:** 1141 Route 23

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

**Telephone No.:** 973-629-9200

**License No.:** 00408

**Name of OSHA Monitor:** Enviro Vision Consultants, Inc.

**Street Address:** 20-21 Wagaraw Road, Bldg. #34A

**City, State, Zip Code:** Fair Lawn, NJ 07410

---

**Scope of Work:**
- [X] Renovation
- [X] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [X] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Fireable 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>
<th>Description of Asbestos Containing Material (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tank Room</td>
<td>X</td>
<td>Tank Insulation</td>
<td>400 SF</td>
</tr>
<tr>
<td>Tank Room</td>
<td>X</td>
<td>Pipe Insulation &amp; Fittings</td>
<td>20 LF</td>
</tr>
</tbody>
</table>

---

**Name of Registered Waste Hauler:**

<table>
<thead>
<tr>
<th>J.R. Contracting &amp; Environmental Consul., Inc.</th>
<th>NJDEP Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>17819</td>
<td>20</td>
<td></td>
<td>Grand Central Landfill</td>
</tr>
</tbody>
</table>

**City, State:** Wayne, New Jersey

**Disposal Date:** 09/17/15

**Completed by:** Jerry Bijelonic

**Title:** Project Manager

**Date:** 09/17/15

---

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

Date of Notification (1) 09/08/2015

Name of Building Owner/Operator (2) MARY & THOMAS TOKAR

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

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

Street Address
79 WEST, 57 STREET.

City, State, Zip Code
BAYONNE, NJ 07002

Name of Contact
THOMAS TOKAR

FACILITY INFORMATION

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

Street Address
79, WEST, 57 STREET.

City (5)
BAYONNE, NJ.

County (6)
HUDSON

County Code (7) N/A

Square Feet 2,000

# of Floors 2

Bldg. Age 83

Current Use (Prior if being demolished) N/A

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

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

Name of Abatement Contractor (9)

Name of OSHA Monitor
J & S. ENVIRONMENTAL SERVICES.

Street Address
22. VAN ORDEN PL.

City, State, Zip Code
HACKENSACK, NJ 07601

Start Date (10) 09/24/2015

Scheduled Completion Date (11) 09/25/2015

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

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Buried</th>
<th>Suspended</th>
<th>Treated</th>
</tr>
</thead>
<tbody>
<tr>
<td>In Facility (13)</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>PIPE INSULATION</td>
<td>100 LF.</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
TRI. STATE. ASSOC. INC.

JDEP Waste Hauler ID No. 19951

Cubic Yards of Waste TBD

Name of Registered Landfill
MINERVA ENERPRISE. INC.

City, State
BRONX, NY.

Disposal Date TBD

City, State
WAYNESBURG, OHIO.

Completed by
CARLOS ESQUIVEL
Title
MANAGER
Signature

Date 09/08/2015

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

Date of Notification (1)
09/08/2015

Name of Building Owner/Operator (2)
MIKE & PAT DARCANGELO

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

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

Street Address
74. ROSEMONT. AVE.

City, State, Zip Code
ELMWOOD. PARK. NJ.

Name of Contact
MIKE

Telephone Number
201. SEP 22 AM 12: 22

FACILITY INFORMATION

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

Street Address
SAME

City (5)
ELMWOOD. PARK. NJ.

County (6)
BERGEN

County Code (7)
(State Use Only)
N/A

Current Use (Prior if being demolished)
N/A

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

ASCM No.

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

Street Address
22 VAN ORDEN. PL.

City, State, Zip Code
HACKENSACK. NJ. 07601

Project Manager for Monitoring Firm

Telephone No.
201-708-4270

License No.
01135

Start Date (10)
09/21/2015

Scheduled Completion Date (11)
09/22/2015

Name of OSHA Monitor
J & S. ENVIRONMENTAL.SERVICES.

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

Scope of Work (Check All That Apply)
- ≥3 sf or ≥3 if
- ≥160 sf or ≥250 if
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

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
Enclosure

BASEMENT
X
PIPE INSULATION
90 LF.
X

Name of Registered Waste Hauler
TRI. STATE. ASSOC. INC.

NJ/DEP Waste Hauler ID No.
19951.

Cubic Yards of Waste
TBD

Name of Registered Landfill
MINERVA ENTERPRISE. INC.

City, State
BRONX, NY.

Disposal Date
TBD.

City, State
WAYNESBURG, OHIO.

Completed by
CARLOS. ESQUIVEL
Title
MANAGER

Signature

Date
09/08/2015

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

(Pursuant to NJAC 8:60 and 5:16)

**State of New Jersey**

**Name of Building Owner/Operator:** Dawn Dubovy

**Date of Notification:** 09 / 19 / 15

**Agency Notified:**
- [X] DOLWD
- [X] DHSS
- [ ] EPA
- [ ] DCA
  - (NJAC 5:23-8)

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

**Name of Contact:** Dawn Dubovy

**Street Address:** 10 Burnett Terrace

**City, State, Zip Code:** West Orange, NJ 07052

**Telephone Number:**

### FACILITY INFORMATION

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

- **Private house**
- **Street Address:** 10 Burnett Terrace
- **City:** West Orange, NJ 07052
- **County:** Essex

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

**Name of Monitoring Firm Hired by Building Owner:**

Gr Tech LLC

**ASCM No.:**

**Name of Abatement Contractor:**

Gr Tech LLC

**Street Address:** 576 Valley Rd #283

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

**Telephone No.:** 973-638-1777

**License No.:** 01127

**Name of OSHA Monitor:** Envirovision Consultants, Inc

**Street Address:** 20-21 Wagraw Road, Bldg. #35E

**City, State, Zip Code:** Fair Lawn, NJ 07410

**Occupancy Status During Abatement:**

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

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

- [X] Insulation
- [ ] Siding
- [X] Gasketing
- [X] Gypsum Board
- [X] Pipe insulation
- [ ] Other

**Abatement Type:**

- [X] Clean up and decontamination with negative pressure
- [ ] Removal
- [ ] Encapsulate
- [ ] Seal
- [ ] Partial Seal
- [ ] Non-Exempted (*) and Non-Friable Procedure
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [X] Tent with Negative Pressure
- [ ] Glovebag Procedure

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM)</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pipe insulation</td>
<td>[X]</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Amount (Specify SF or LF):** 115 LF

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

- [X] Insulation
- [X] Siding
- [X] Gasketing
- [X] Gypsum Board
- [X] Insulation

**Amount:** 115 LF

**Abatement Type:**

- [X] Clean up and decontamination with negative pressure
- [X] Removal
- [ ] Encapsulate
- [ ] Seal
- [ ] Partial Seal
- [X] Full Containment with Negative Pressure
- [X] Mini-Enclosure
- [X] Tent with Negative Pressure
- [X] Glovebag Procedure

**Name of Registered Waste Hauler:**

Gr Tech LLC

**NDEP Waste Hauler ID No.:** 0033785

**Name of Registered Landfill:**

T.R.R.F., Inc

**Disposal Date:** TBD

**City, State:** Tullytown, PA

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

N. Jovetic

**Title:** Owner

**Signature:**

**Date:** 09/19/2015

---

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

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

**Date of Notification (1)**
September 18, 2015

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type of Notification</th>
<th>Name of Building Owner/Operator (2)</th>
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</thead>
<tbody>
<tr>
<td>[ ] EPA</td>
<td>[ ] Initial Notification</td>
<td>Lerch Wrecking &amp; Disposal</td>
</tr>
<tr>
<td>[ ] DEP</td>
<td>[ ] Amended Notification</td>
<td></td>
</tr>
<tr>
<td>[ ] DOL</td>
<td>[ X ] Emergency (including justification)</td>
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<tr>
<td>[ ] DOI</td>
<td>[ ] Cancellation</td>
<td></td>
</tr>
<tr>
<td>[ ] DCA</td>
<td></td>
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</tbody>
</table>

**Street Address**
5115 Belmar Blvd.

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
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</thead>
<tbody>
<tr>
<td>Wall, NJ 07727</td>
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</tbody>
</table>

**Name of Contact**
Doug

**Telephone Number**

### FACILITY INFORMATION

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

<table>
<thead>
<tr>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 East New Street</td>
</tr>
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<table>
<thead>
<tr>
<th>City</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sea Bright</td>
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<table>
<thead>
<tr>
<th>County (6)</th>
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<tbody>
<tr>
<td>Monmouth</td>
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<table>
<thead>
<tr>
<th>County Code (7)</th>
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<tbody>
<tr>
<td>(STATE USE ONLY)</td>
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</table>

<table>
<thead>
<tr>
<th>Square feet</th>
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</thead>
<tbody>
<tr>
<td>1728 sf</td>
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<table>
<thead>
<tr>
<th># of Floors</th>
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<tbody>
<tr>
<td>2</td>
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<table>
<thead>
<tr>
<th>Bldg. Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>93</td>
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</table>

<table>
<thead>
<tr>
<th>Current Use (Prior if being demolished)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residence</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Guardian Contracting, Inc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>1889 Route 9, Unit 61</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Toms River, New Jersey 08755-1271</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>732-349-9932</td>
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<table>
<thead>
<tr>
<th>License Number</th>
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<tbody>
<tr>
<td>00624</td>
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</table>

<table>
<thead>
<tr>
<th>Name of OSHA Monitor</th>
</tr>
</thead>
<tbody>
<tr>
<td>E.M.S.L. Analytical</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>1056 Stelton Road</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Piscataway, New Jersey 08854</td>
</tr>
</tbody>
</table>

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

### ABATEMENT TYPE

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exterior</td>
</tr>
<tr>
<td>X</td>
</tr>
<tr>
<td>Asbestos siding</td>
</tr>
<tr>
<td>1200sf</td>
</tr>
<tr>
<td>X</td>
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<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
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</thead>
<tbody>
<tr>
<td>Guardian Contracting, Inc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NJDEP Waste Hauler ID No.</th>
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</thead>
<tbody>
<tr>
<td>20223</td>
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<table>
<thead>
<tr>
<th>Cubic Yards of Waste</th>
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</thead>
<tbody>
<tr>
<td>3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>T.R.R.F.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
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</thead>
<tbody>
<tr>
<td>Toms River, New Jersey</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Disposal Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>09/23/2015</td>
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</table>

<table>
<thead>
<tr>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tullytown, Pennsylvania</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed by (Print or Type)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nicholas Pernicola</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project Manager</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>9/18/15</td>
</tr>
</tbody>
</table>

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

Date of Notification (1): September 18, 2015  
Name of Building Owner/Operator (2): Kalian Corporation

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type of Notification</th>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>ASCM No.</th>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>[x] EPA</td>
<td>[ ] Initial Notification</td>
<td>N/A</td>
<td>ASCM No.</td>
<td>Guardian Contracting, Inc.</td>
</tr>
<tr>
<td>[ ] DEP</td>
<td>[ ] Amended Notification</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>[x] DOL</td>
<td>[x] Emergency (including justification)</td>
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<td></td>
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</tr>
<tr>
<td>[ ] DOH</td>
<td>[ ] Cancellation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>[ ] DCA</td>
<td></td>
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</table>

FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (2) Residence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address: 35 1st Avenue</td>
</tr>
<tr>
<td>City: Atlantic Highlands, County: Monmouth</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Type of Facility (4):</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] School (k-12)</td>
</tr>
<tr>
<td>[ ] Subchapter B (other than k-12)</td>
</tr>
<tr>
<td>[x] 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>5017sf</td>
<td>3</td>
<td>125</td>
</tr>
</tbody>
</table>

| Current Use (Prior if being demolished) Residence |

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>ASCM No.</th>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td></td>
<td>Guardian Contracting, Inc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scheduled Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>09/21/2015</td>
<td>09/22/2015</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>[x] ≥3 sf or ≥3 If</td>
</tr>
<tr>
<td>[x] ≥160 sf or ≥2260 If</td>
</tr>
<tr>
<td>[x] Renovation</td>
</tr>
<tr>
<td>[x] Demolition</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>700sf</td>
<td>X</td>
</tr>
</tbody>
</table>

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  
Exterior: X roofing

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>NIDEP Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Guardian Contracting, Inc.</td>
<td>20223</td>
<td>4</td>
<td>T.R.R.F.</td>
</tr>
</tbody>
</table>

City, State: Toms River, New Jersey  
Disposal Date: 09/23/2015  
Completed by (Print or Type): Nicholas Pernicola  
Title: Project Manager  
Signature: [Signature]  
Date: 9/18/15

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

Date of Notification (1)  
September 18, 2015

Name of Building Owner/Operator (2)  
Christ the King Parish

Street Address  
380 Division Street

City, State, Zip Code  
Long Branch, NJ 07740

Name of Contact  
Frank Muzzi

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  
Star of the Sea Church

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

Square feet  
8000 sf

# of Floors  
1

Bldg. Age  
100

Current Use (Prior if being demolished)  
Church

Name of Monitoring Firm Hired by Building Owner (8)  
Guardian Contracting, Inc.

Type of Notification (10)

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

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

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

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

Street Address  
1889 Rte. 9, Unit 61

City, State, Zip Code  
Toms River, NJ 08755

Project Manager for Monitoring Firm
Nicholas Femicola

Telephone Number  
732-349-9932

Scheduled Start Date (10)  
10/1/15

Scheduled Completion Date (11)  
10/2/15

Occupy 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 ] >31 sf or ≥31 lf
[ ] ≥160 sf or ≥260 lf
[ x ] Renovation
[ ] Demolition

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

YES NO N/A

Basement

X Asbestos pipe insulation

240 lf

X

Name of Registered Waste Hauler
Guardian Contracting, Inc.

NIDEP Waste Hauler ID No.  
20223

Cubic Yards of Waste  
3

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

City, State  
Toms River, New Jersey

Completed by (Print or Type)  
Nicholas Femicola

Title  
Project Manager

Signature

Date  
9/18/2015

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

**Date of Notification (1):** 9-18-15

**Name of Building Owner/Operator (2):** C. Len Schmidt

**EPA:**

**DEP:**

**DOE:**

**DOH:**

**DCA:**

**Type Notification:** Initial

**Street Address:** 610 Station Ave

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

**Name of Contact:** John Schmidt

**Telephone Number:**

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3):** Single Family Dwelling

**Street Address:** 418 Overhill Road

**City:** Camden

**County:**

**Type of Facility (4):**

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

**Square Feet:** 2

**# of Floors:**

**Bldg. Age:** 100+

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

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

**ASCM No.:** N/A

**Name of Abatement Contractor (9):** EPC Technologies Inc

**Street Address:** P.O. Box 337

**City, State, Zip Code:** New Egypt, NJ 08533

**Project Manager for Monitoring Firm:** Steve Schenker

**Telephone No.:** 609-758-3365

**License No.:** 00-394

**Task Date (10):** 9-29-15

**Scheduled Completion Date (11):** 9-29-15

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

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

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

- 23 sf or 23 ft
- >160 sf or 2260 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:**

- Normal Location Used Solely by Maintenance/Custodial Staff (12):

<table>
<thead>
<tr>
<th>Location Normaly Used Solely by Maintenance/Custodial Staff?</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>X</td>
<td>No</td>
<td>N/A</td>
</tr>
</tbody>
</table>

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

- Air Duct Paper wrap

**Amount (Specify SF or LF):** 24 LF x

**Abatement Type:**

- Removal
- Encapsulate
- Enclosure

**Name of Registered Waste Hauler:** EPC Technologies

**NJ/DEP Waste Hauler ID No.:** 17000

**Name of Registered Landfill:** Waste Management of PA

**City, State:** New Egypt, NJ

**Disposal Date:** 9-30-15

**City, State:** Manorville, PA

**Complted by:**

- Name: Steve Schenker
- Title: President
- Signature: 

**Date:** 9-18-15

*Do not use this form for asbestos licensure exempted activities.*
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:68 and 12:126)

Date of Notification (1)
September 15, 2015

Name of Building Owner/Operator (2)
Mill One

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

Street Address
1 Johnston Avenue

City, State, Zip Code
Hamilton Township, NJ 08609

Name of Contact
Mr. John Barr

Telephone Number

FACILITY INFORMATION

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

Street Address
1 N Johnston Street

City (5)
Trenton

County Code (6)
Mercer

County Code (7)
(STATE USE ONLY)

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

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

Square Feet
100,000+

# of Floors
3

Bldg. Age
80+

Current Use (Prior to being demolished)
Admin / Commercial

Name of Abatement Contractor (9)
ecoservices, LLC

Street Address
407 West Lincoln Highway, Suite 500

City, State, Zip Code
Exton, PA 19341

Project Manager for Monitoring Firm
Dave Turotsy

Telephone No.
610-558-8902

License No.
01161

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

Start Date (10)
9/23/15

Scheduled Completion Date (11)
11/23/15

Scope of Work (Check All That Apply)
☐ ≥3 ft or ≥3 SF
☐ ≥160 ft or ≥260 SF
☐ Demolition
☐ Renovation

Location of Asbestos-Containing Material (ACM)

TO BE ABATED

In Facility

(13)

Is Location Normally Used Solely by Maintenance/Custodial Staff?

Yes No N/A

Description of Asbestos-Containing Material (ACM)

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

Amount

(Specify SF or LF)

Abatement Type

Removal Repair Encapsulate Endose

Window

Glaze and Caulk

150 SF

X

Name of Registered Waste Hauler

Waste Management

NJDEP Waste Hauler ID No.

Cubic Yards of Waste

6

Name of Registered Landfill

GROWS

Disposal Date
TBD

City, State
Morrisville, PA

Completed by
Jack Bally

Title
Sr. Project Manager

Signature

Date
September 15, 2015

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

**(Pursuant to NJAC 8:60 and 5:16)**

**Date of Notification (1)**

| 9 | 21 | 15 |

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

City of Camden

**Agency Notified**

- [ ] EPA
- [X] DOLWD
- [ ] DOH
- [X] DCA (NJAC 5:23-8)

**Type of Notification**

- [x] Initial
- [x] Amended
- [ ] Amendment #1
- [ ] Emergency (including justification)
- [ ] Cancellation

**Street Address**

PO Box 95120

**City, State, Zip Code**

Camden, NJ 08101

**Name of Contact**

John Bond

**Telephone Number**


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

**FAIRVIEW ST RESIDENCES**

865, 80, 686, 869, 670, 672, 873, 874 Residences 867 Fairview-Burned

**City (5)**

Camden

**County (6)**

CAMDEN

**County Code (7)**

CAMDEN

**Square Feet (8)**

Varies

**# of Floors (9)**

Varies

**Bldg. Age (10)**

50+

**Type of Facility (4)**

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

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

HOUSING DEEMED UNSAFE

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

Health and Safety Services

ASCM No. 117

**Name of Abatement Contractor (9)**

Controlled Environmental Systems

**Street Address**

PO Box 365

**City, State, Zip Code**

Berlin, NJ 08009

**Project Manager for Monitoring Firm**

Jim Proctor

**Telephone No.**

609-539-2432

**Start Date (10)**

9 / 25 / 15

**Scheduled Completion Date (11)**

10 / 30 / 15

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

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

**Time of Abatement:** 7:00 AM - 5:00 PM - PM - AM

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

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

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

Yes

**Is Location Normally Used Solely by Maintenance/Custodial Staff? (13)**

- [x] Yes
- [ ] No
- [ ] N/A

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

- [x] Control

**Amount (Specify SF or LF)**

- [x] 200 yd per res

**Abatement Type**

- [ ] Removal
- [ ] Repair
- [x] Encapsulate
- [x] Endure

**Name of Registered Waste Hauler**

Waste Management of NJ

NJDEP Waste Hauler ID No. 17273

**Cubic Yards of Waste**

200/residence

**Name of Registered Landfill**

GROWS

**City, State**

Tullytown, PA

**Disposal Date**

10/30/15

**Name of Registered Landfill**

GROWS

**City, State**

Tullytown, PA

**Completed By (Print or Type)**

Patricia Visco

**Title**

Office Manager

**Signature**

Patsch Visco

**Date**

9/21/15

---

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

<table>
<thead>
<tr>
<th><strong>Date of Notification (1)</strong></th>
<th>9/10/2015</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Name of Building Owner / Operator (2)</strong></td>
<td>STATE OF NJ DEPARTMENT OF TRANSPORTATION</td>
</tr>
<tr>
<td><strong>Agencies Notified</strong></td>
<td><strong>Type Notification</strong></td>
</tr>
<tr>
<td>☑ EPA</td>
<td>Initial</td>
</tr>
<tr>
<td>☐ DEP</td>
<td>Amended</td>
</tr>
<tr>
<td>☐ DOL</td>
<td>Emergency</td>
</tr>
<tr>
<td>☐ DOH</td>
<td>Cancellation</td>
</tr>
<tr>
<td>☐ DCA</td>
<td></td>
</tr>
<tr>
<td><strong>City, State &amp; Zip Code</strong></td>
<td><strong>Name of Contact</strong></td>
</tr>
<tr>
<td>TRENTON, NJ 09625</td>
<td>LUIS LIMO</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th><strong>Name of Facility Where Abatement is Taking Place (3)</strong></th>
<th>Route 7 Bridge</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Street Address</strong></td>
<td>Route 7 Bridge</td>
</tr>
<tr>
<td><strong>City (5)</strong></td>
<td>Kearny</td>
</tr>
<tr>
<td><strong>County (6)</strong></td>
<td>Bergen</td>
</tr>
<tr>
<td><strong>County Code (7)</strong></td>
<td>n/a</td>
</tr>
<tr>
<td><strong>ASCM No.</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Name of Abatement Contractor (9)</strong></td>
<td>Enterprise Network Resolutions Contracting, LLC</td>
</tr>
<tr>
<td><strong>Street Address</strong></td>
<td>874 Piney Hollow Road, PO Box 70</td>
</tr>
<tr>
<td><strong>City, State &amp; Zip Code</strong></td>
<td>Winslow, New Jersey 08095</td>
</tr>
</tbody>
</table>

| **Scheduled Start Date (10)** | 9/28/2015 |
| **Scheduled Completion Date (11)** | 11/28/2105 |
| **Type of Facility (4)** | Transportation bridge |
| ☐ School (K-12) | |
| ☐ Subchapter 8 (Other than K-12) | |
| ☑ Other (i.e. private & commercial buildings, homes, etc.) | |
| **Square Feet** | n/a |
| **# of Floors** | n/a |
| **Bldg. Age** | n/a |
| **Current Use (Prior if being demolished)** | |
| **Name of OSHA Monitor** | EMSL Analytical |
| **Street Address** | 107 Hadden Ave. |
| **City, State & Zip Code** | Westmont, NJ 08108 |

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

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

<table>
<thead>
<tr>
<th><strong>Location of Asbestos-Containing Material (ACM)</strong></th>
<th><strong>Is Location Normally Used Solely by Maintenance or Custodial Staff?</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>TO BE ABATED in Facility (13)</td>
<td>Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Location</strong></th>
<th><strong>Insulation packing</strong></th>
<th><strong>Amount (Specify SF or LF)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Pier sheet packing</td>
<td>☑</td>
<td>2800</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Name of Registered Waste Hauler</strong></th>
<th>Bull Waste &amp; Recycling, LLC</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>City, State</strong></td>
<td>Berlin, New Jersey</td>
</tr>
<tr>
<td><strong>Completed By (Print or Type)</strong></td>
<td>Theodore S. Budzynski</td>
</tr>
<tr>
<td><strong>Title</strong></td>
<td>President</td>
</tr>
</tbody>
</table>

| **Disposal Date** | | |
| **Date** | | |
| | | | |

<table>
<thead>
<tr>
<th><strong>Name of Registered Landfill</strong></th>
<th>Salem County Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>City, State</strong></td>
<td>Alloway, New Jersey</td>
</tr>
<tr>
<td><strong>Alloway, New Jersey</strong></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Cubic Yards of Waste</strong></th>
<th>30</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Waste Hauler ID No.</strong></td>
<td>21435</td>
</tr>
<tr>
<td><strong>NJDEP Waste Hauler ID No.</strong></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Signature</strong></th>
<th>Date 9/1/15</th>
</tr>
</thead>
</table>

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*Image reference: w:/n/a/asbestos notices/0-notification blank new*
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:18)

Date of Notification (1):
9 / 21 / 15

Name of Building Owner/Operator (2):
City of Camden

Agencies Notified:
- [ ] EPA
- [ ] DOLWD
- [ ] DOH
- [X] DCA (NJAC 5:23-6)

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

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

Street Address:
802, 804, 806, 808, 810, 840, TULIP ST

City (5):
Camden

County (5):
CAMDEN

Name of Monitoring Firm Hired by Building Owner (8):
ASCM No. 117

Health and Safety Services:

Name of Abatement Contractor (9):
Controlled Environmental Systems

Street Address:
PO Box 365

City, State, Zip Code:
Berlin, NJ 08009

Project Manager for Monitoring Firm:
Jim Proctor

Telephone No.:
C 609-639-2432

Start Date (10):
10 / 1 / 15

Scheduled Completion Date (11):
11 / 30 / 15

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: 7:00AM-5:00PM

Scope of Work (Check all that apply):
- [ ] ≥3 sf or ≥3 if
- [ ] ≥150 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

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:

SEE ATTACHED

Name of Registered Waste Hauler:
Waste Management of NJ

NUDEP Waste Hauler ID No.:
17273

Cubic Yards of Waste:
200/residence

Name of Registered Landfill:
GWYAKS

City, State:
Fairless Hills, PA

Disposal Date:
11/30/15

City, State:
Tullytown PA

Completed By (Print or Type):
Patricia Visco

Title:
Office Manager

Signature:

Date:
7/21/15

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>9/18/15</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ EPA</td>
<td>□ Initial</td>
</tr>
<tr>
<td>□ DEP</td>
<td>□ Amended</td>
</tr>
<tr>
<td>□ DOL</td>
<td>□ Emergency</td>
</tr>
<tr>
<td>□ DOH</td>
<td>□ Cancellation</td>
</tr>
</tbody>
</table>

**Name of Building Owner / Operator (2)**
Haddon Township School District

**Street Address**
500 Rhoads Ave

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

**Name of Contact**
C/O Robert Dinan

**Telephone Number**

### FACILITY INFORMATION

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

**Street Address**
206 Briarwood Ave

**City (5)**
Haddonfield

**County (6)**
Camden

**County Code (7)**

<table>
<thead>
<tr>
<th>Square Feet</th>
<th># of Floors</th>
<th>Bldg. Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>60,000</td>
<td>2</td>
<td>40+</td>
</tr>
</tbody>
</table>

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

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

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

**Street Address**
1123 Beaver Street

**City, State & Zip Code**
Bristol, PA 19007

**Telephone Number**
(215)789-6040

**License Number**
00509

#### Name of OSHA Monitor
Bristol Environmental Inc.

**Street Address**
1123 Beaver Street

**City, State & Zip Code**
Bristol, PA 19007

#### Project Manager for Monitoring Firm
James Eberts

**ASCM No.**

#### Name of Monitoring Firm Hired by Building Owner (8)
Epic Environmental Services

**Street Address**
1930 Brown Road

**City, State & Zip Code**
Newfield, NJ 08344

**Telephone Number**
856-205-1077

#### Scheduled Start Date (10)
9/28/15

#### Scheduled Completion Date (11)
10/2/15

## Occupancy Status During Abatement (Check only one)
- □ Facility Closed/Vacated During Entire Period of Abatement
- □ Abatement Performed Outside of Normal Hours – 7am to 3pm
  - Describe: 7:00 AM – 3:30 PM
- □ Facility Occupied During Abatement

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

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

<table>
<thead>
<tr>
<th>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>1000 SF</td>
<td>Removal</td>
</tr>
<tr>
<td>2 LF</td>
<td>Repair</td>
</tr>
</tbody>
</table>

#### Name of Registered Waste Hauler
Service Transport Inc.

**Waste Hauler ID No.**
20990

**Disposal Date**
10/2/15

**City, State**
Waynesburg, OH

**Name of Registered Landfill**
Minerva Landfill

**Cubic Yards of Waste**
6 Cu Yd

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

**Title**
Project Manager

**Signature**

**Date**
9/18/15

GI 15085A
**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 8:60 and 5:16)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>9 / 18 / 15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>ExxonMobil Research and Engineering</td>
</tr>
<tr>
<td>Agencies Notified</td>
<td>Type Notification</td>
</tr>
<tr>
<td>EPA</td>
<td>Initial</td>
</tr>
<tr>
<td>DOLWD</td>
<td>Amended Amendment #</td>
</tr>
<tr>
<td>DHSS</td>
<td>Emergency (including justification)</td>
</tr>
<tr>
<td>DCA (NJAC 5:23-8)</td>
<td>Cancellation</td>
</tr>
<tr>
<td>Street Address</td>
<td>600 Billingsport Rd.</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Paulsboro, NJ 08066</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Emil Szymczak</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>Outside Bldg. 18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>600 Billingsport Rd.</td>
</tr>
<tr>
<td>City</td>
<td>Paulsboro, NJ 08066</td>
</tr>
<tr>
<td>County</td>
<td>Gloucester</td>
</tr>
<tr>
<td>ASCM No.</td>
<td>NA</td>
</tr>
<tr>
<td>Environmental Management International</td>
<td>Alliance Environmental Systems</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>Ray Giordano</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>610-277-0405</td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>10 / 5 / 15</td>
</tr>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>10 / 12 / 15</td>
</tr>
<tr>
<td>Occupancy Status During Abatement (Check only one)</td>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
</tr>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7AM-PM 3:30PM-AM</td>
<td></td>
</tr>
<tr>
<td>Scope of Work (Check all that apply)</td>
<td>&gt; 3 sf or &gt; 3 if</td>
</tr>
<tr>
<td>&gt; 160 sf or &gt; 260 sf</td>
<td>Renovation</td>
</tr>
<tr>
<td>&gt; 3 sf or &gt; 3 if</td>
<td>Demolition</td>
</tr>
<tr>
<td>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</td>
<td>Yes No N/A</td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)</td>
<td>Outside Bldg. 18, Under Ground</td>
</tr>
<tr>
<td>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td>Pipe Insulation</td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
<td>120 LF</td>
</tr>
<tr>
<td>Abatement Type</td>
<td></td>
</tr>
<tr>
<td>Enduser Date</td>
<td></td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**

<table>
<thead>
<tr>
<th>Waste Management</th>
<th>NJDEP Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gloucester County</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Completion By (Print or Type)**

<table>
<thead>
<tr>
<th>Mark Griffin</th>
<th>Title</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

*Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:90 and 12:120)

Date of Notification
09/19/2015

Name of Building Owner/Operator
Borough of Beach Haven

Agencies Notified
- EPA
- DOL
- DOH
- DCA

Type Notification
- Initial
- Amendment
- Emergency (including justification)

Street Address
420 Pelham Ave.

City, State, Zip Code
Beach Haven, NJ 08008

Name of Contact
Sherry Mason

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place
Beach Haven Municipal Building

Street Address
300 Engleside rd.

City (5)
Beach Haven, NJ

County Code (STATE USE ONLY)

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

Square Feet
5000

# of Floors
2

Bldg. Age
50+

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner
Ronald A. Sebring

Name of Abatement Contractor
Yannuzzi Environmental Services, Inc.

ASCM No.

Street Address
405 Richmond Ave

City, State, Zip Code
Point Pleasant Beach, NJ 07754

License No. 01228

Project Manager for Monitoring Firm
Ronald A. Sebring

Telephone No.
732-701-9444

Telephone No.
908-218-0880

Name of OSHA Monitor
Yannuzzi Environmental Services, Inc.

Street Address
152 Route 206 South

City, State, Zip Code
Hillsborough, NJ 08844

Start Date
10/05/2015

Scheduled Completion Date
10/13/2015

Scope of Work (Check All That Apply)

- 32 sf or ≥32 sf
- ≥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)

Location of

Asbestos-Containing Material (ACM)

TO BE ABATED

In Facility

(13)

Is Location Normally Used Solely by Maintenance/Custodial Staff?

Yes
No
N/A

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

Amount (Specify SF or LF)

Abatement Type

Removal
Encapsulate
Enclosure

Name of Registered Waste Hauler
Yannuzzi Group, Inc.

NJDEP Waste Hauler ID No.
17467

Cubic Yards of Waste
40

Name of Registered Landfill
Grows

Disposal Date
10/14/2015

City, State
Morriseville, Penn

Completed by
Anna Bastos

Title
Administrative Assistant

Signature

Date
09/18/2015 Ron

Do not use this form for asbestos license exempted activities.
DIVISION 2 – EXISTING CONDITIONS

2.2 PROJECT IDENTIFICATION

A. Work on this project is defined as:
   Pre-demolition Asbestos Abatement and Disposal
   Beach Haven Municipal Building
   300 Engleside Road
   Beach Haven, New Jersey

2.3 SCOPE OF WORK

Base Bid – The following summarizes the asbestos abatement and disposal activities required by this Contract.

MUNICIPAL BUILDING PRE-DEMOLITION ABATEMENT

A. The Following is a listing of the materials which will require abatement in advance of the demolition of the Municipal Building facility:

<table>
<thead>
<tr>
<th>Material</th>
<th>Location</th>
<th>Estimated Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wall Plaster over CMU</td>
<td>Office 7, Ramp and Lower Hallway</td>
<td>1,500 SF</td>
</tr>
<tr>
<td>Floor Tile and Mastic (Grey/White Speckled)</td>
<td>Vault Room</td>
<td>475 SF</td>
</tr>
<tr>
<td>Vault Door Insulation</td>
<td>Vault Room</td>
<td>40 SF</td>
</tr>
<tr>
<td>Floor Tile and Mastic (Grey)</td>
<td>Entrance</td>
<td>100 SF</td>
</tr>
<tr>
<td>Black Ebony Board Window Sills</td>
<td>Courtroom</td>
<td>14 LF</td>
</tr>
<tr>
<td>Roof Flashing</td>
<td>Upper Roof (with Stone Ballast)</td>
<td>450 SF</td>
</tr>
<tr>
<td>Roof Flashing</td>
<td>Upper Roof (without Stone Ballast)</td>
<td>260 SF</td>
</tr>
</tbody>
</table>

B. The plaster shall be abated through the employment of full enclosure methodology as outlined in Section 2.9 of these Specifications.

C. The vault door insulation shall be removed through the removal of the complete door, wrapping of the same and disposing of the complete door as asbestos waste.

D. The floor tile and mastic shall be abated within general isolation in accordance with the Resilient Floor Covering Institute (RFCl) requirements. This shall be accomplished through the employment of heat for the tile and the use of a lower odor aqueous solution for the mastic removal and as outlined in Section 2.10 of these Specifications.

E. The black ebony sill boards shall be removed through the employment of wet methods and the careful release of the sill from the base via breaking the seal of the adhesive and removing the board intact. The sill board shall then be wrapped in two (2) layers of polyethylene sheeting affixed with OSHA and EPA labels and then properly disposed as asbestos waste.

F. Roof flashing shall be removed through the employment of non-friable methodology as outlined in Section 2.11 of these Specifications.