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

Date of Notification (1)  9/29/14
Name of Building Owner/Operator (2) P.S.E.G.
Agency Notified Type Notification
- EPA
- DEP
- DOL  x Initial
- DCH
- DGA

Street Address
4000 HADLEY ROAD
City, State, Zip Code
SOUTH PLAINFIELD, NJ 07080

Name of Abatement Contractor (9)
UNIQUE SYSTEMS OF AMERICA

Facility Information
Name of Facility Where Abatement is Taking Place (3)
P.S.E.G.
Street Address
RT 14 PIERSON AVE.
City (5) METUCHEN
County (6) MIDDLESSEX

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

Square Feet
APX 16000
# of Floors
3
Bldg. Age
APX 75 YRS

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

ASCM No. 0045

Name of OSHA Monitor
UNIQUE SYSTEMS OF AMERICA

Project Manager for Monitoring Firm
TOM GEIGER
Telephone No. 732-292-2217

Street Address
64 BROAD STREET
City, State, Zip Code MATAWAN, NJ 07747

Name of Registered Waste Hauler
WASTE MANAGEMENT
NJ DEP Waste Hauler ID No. 1125

Cubic Yards of Waste
APX 4

Name of Registered Landfill
GROWS NORTH
City, State MORRISVILLE, PA

Committed by
CAROL RAIMO
Title OFFICE MGR.

Signature  
Date 9/29/14

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

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

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED 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>
</table>
| CONTROL ROOM | YES | TRANSIT PANEL | 20 SF | }

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 6:16)

Date of Notification (1) 9 / 26 / 14

Name of Building Owner/Operator (2)
Trenton Housing Authority Job#1409-4821 CK#5661

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

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

Street Address
875 New Willow Street

City, State, Zip Code
Trenton, NJ 08838

Name of Contact
Michael Hall

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Trenton Housing

Street Address
110 Prospect St. Unit 84

City (5)
Trenton

County (6)
Mercer

Name of Monitoring Firm Hired by Building Owner (8)
M.E.C.S.

ASCM No.
38135

Name of Abatement Contractor (9)
AbateTech, Inc.

Street Address
Po Box 341

City, State, Zip Code
Chesterfield, NJ 08105

Project Manager for Monitoring Firm
William Weisgarber

Telephone No.
(609) 288-4070

License No.
609-251-2107

Start Date (10)
10 / 6 / 14

Scheduled Completion Date (11)
10 / 7 / 14

Name of OSHA Monitor
EMSL Analytical

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: ______AM-____PM-____AM

Scope of Work (Check all that apply)
☐ ≥3 sf or ≥3 if
☐ ≥100 sf or ≥250 if
☒ Floor tile & mastic

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

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

IN Facility

Name of Registered Waste Hauler
AbateTech, Inc.

NJDEP Waste Hauler ID No. 13750

Cubic Yards of Waste: 12

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

City, State
Lumberton, NJ

Disposal Date
10/7/14

City, State
Tullytown, PA

Completed By (Print or Type)
Jennifer Piraine

Title
Operations Coordinator

Signature

Date
9/20/14

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:50 and 5:16)

Date of Notification: 9/25/14
Name of Building Owner/Operator: Trustees of Princeton
Type of Notification: Certified
Address: Trustees of Princeton University E.A. MacMillan Bldgs.
City, State, Zip Code: Princeton, NJ 08544
Name of Contact: Robert Ortega, P.E.
Telephone Number:

FACILITY INFORMATION
Name of Facility Where Abatement is Taking Place:
20 Washington Road
Street Address:
20 Washington Road, Princeton University Main Campus
City: Princeton
County: Mercer
County Code (7) (STATE USE ONLY):
Name of Monitoring Firm Hired by Building Owner:
ATC Associates
ASCN No.: 00098
Name of Abatement Contractor: AbateTech, Inc.
Street Address: 30 Maple Ave. PO Box 25
City, State, Zip Code: Burlington, NJ 08016
Name of OSHA Monitor: EMSL Analytical
Telephone No.: 609-263-2107
License No.: 00529
Start Date: 9/24/14
Scheduled Completion Date: 10/31/14
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: [ ] AM [ ] PM [ ] AM
Name of Registered Waste Hauler:
AbateTech, Inc.
Location of Asbestos-Containing Material (ACM) TO BE ABATED:
Location of Asbestos-Containing Material (ACM)
IN Facility (13):
Room 227A
Abandon Exterior Steam Tunnel
Auditorium Roof
1st Fl. Column C-D between 5&6
Is Location Normally Used Solely by Maintenance/Custodial Staff? (12):
Yes [ ] No [ ] N/A
Location Normally Used Solely by Maintenance/Custodial Staff:
[ ] Floor Tile & Mastic
[ ] Cut & Wrap
[ ] Roof Flashing
[ ] Double layer Floor tile & Mastic
[ ] 40
Amount (Specify SF or LF):
400 SF
300 LF
714 LF
270 SF
Name of Registered Landfill:
G.R.O.W.S. Landfill
Disposal Date:
12/31/14
City, State:
Lumberton, NJ
Tullytown, PA
Completed By (Print or Type):
Gwendolyn Trumbetti
Title:
Operations Coordinator
Signatures:
Date: 9/25/14

* 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>Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)</th>
<th>Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Light Court TAR Shaft</td>
<td>No</td>
<td>Yes</td>
<td>Tari/Rope Packing assoc w/ terra cotta &amp; glass duct/pipe</td>
<td>20 each</td>
</tr>
<tr>
<td>Heritage Glass TAR Shaft</td>
<td>No</td>
<td>Yes</td>
<td>Tari/Rope Packing assoc w/ terra cotta &amp; glass duct/pipe</td>
<td>20 each</td>
</tr>
<tr>
<td>Basement</td>
<td>No</td>
<td>Yes</td>
<td>Exterior Perimeter Window Caulk</td>
<td>80 LF</td>
</tr>
<tr>
<td>Basement</td>
<td>No</td>
<td>Yes</td>
<td>Exterior Window Glazing</td>
<td>300 LF</td>
</tr>
</tbody>
</table>
State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12:120-7)
*** SUB Chapter 8 ***

Date of Notification (1)
10/19/12 11/11/14

Agencies Notified Type Notification
☐ EPA  ☑ Initial
☐ DEP  ☑ Amendment
☐ DOL  ☑ Cancellation
☐ DOH
☐ DCA

Name of Building Owner/Operator (2)
Berkeley College

Street Address
44 Rifle Camp Road

City, State, Zip Code
Woodland Park, NJ 07424

Name of Contact
Mark Wegener

Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
Building # B1 (Sub chapter 8)

Street Address
44 Rifle Camp Road

City (5)
Woodland Park

County (6)
Passaic

County Code (7) (State use only)

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

ASCN No.
0079

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

Street Address
105 Ryerson Road

City, State, Zip Code
Lincoln Park, NJ 07035

Project Manager for Monitoring Firm
Willie Morales

Phone Number
973-636-9145

Scheduled Start Date (10)
10/06/2014

Scheduled Completion Date (11)
10/10/2014

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

Other-Describe: Occupied

Scope of Work (check all that apply)
☐ Demolition
☐ Renovation
☐ Full Containment w/ negative pressure
☐ Glovebag procedure
☐ >3 sf or >3 ft
☐ >160 sf or >260 ft
☐ Mini-enclosure
☐ Non-friable procedure

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

Is location normally used solely by maintenance/custodial staff (12)
Yes ☑ No ☐ N/A ☐

Description of asbestos-containing material (ACM)
VAT, mastic & carpeting

Amount (Specify SF or LF)
975 sf

Removal
Repair
Encapsulation

Lower level Offices

Registered Waste Hauler
B & G Restoration, Inc.

NJDEP Hauler ID# 19563

Cubic Yards of Waste 12

Name of Registered Landfill
Tullytown Resource & Recovery Center

City, State
Tullytown, PA

Disposal Date
10/06/2014 - 10/10/2014

Completed by (Print or Type)
Gordana Luna

Title
Secretary/Treasurer

Signature

Date
09/26/2014
State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1)  
10/19/2014

Name of Building Owner/Operator (2)  
Bill Kaes

Street Address  
352 South Street

City, State, Zip Code  
New Providence, NJ 07974

Name of Contact  
Bill Kaes

FACILITY INFORMATION

Name of facility where abatement is taking place (3)  
Bill Kaes

Street Address  
352 South Street

City (5)  
New Providence, NJ

County (6)  
Union

County Code (7)  
(State use only)  

Type of Facility (4)  

- [ ] School (K - 12)  
- [ ] Subchapter 8 (Other than K-12)  
- [X] 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)696-8869

License Number  
00378

Name of OSHA Monitor  
B & G Restoration, Inc.

Street Address  
105 Ryerson Road

City, State, Zip Code  
Lincoln Park, NJ 07035

Scope of Work (check all that apply)  

- [X] Demolition  
- [X] Renovation

- [ ] < 2,000 sf or > 2,000 sf  
- [ ] > 1600 sf or > 2600 sf

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

<table>
<thead>
<tr>
<th>Location of asbestos-containing material to be abated in facility (13)</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
<th>Description of asbestos-containing material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>R Em O v e</th>
<th>R E n C a p</th>
<th>E n C l</th>
</tr>
</thead>
<tbody>
<tr>
<td>boiler room</td>
<td></td>
<td></td>
<td></td>
<td>pipe insulation</td>
<td>56 lf</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>laundry room</td>
<td></td>
<td></td>
<td></td>
<td>pipe insulation</td>
<td>8 lf</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>bathroom</td>
<td></td>
<td></td>
<td></td>
<td>pipe insulation</td>
<td>4 lf</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>closet</td>
<td></td>
<td></td>
<td></td>
<td>pipe insulation</td>
<td>6 lf</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>main room above drop ceiling</td>
<td></td>
<td></td>
<td></td>
<td>pipe insulation</td>
<td>12 lf</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Registered Waste Hauler  
B & G Restoration, Inc.

NJDEP Hauler ID#  
19563

Cubic Yards of Waste  
1½

Name of Registered Landfill  
Tullytown Resource & Recovery Center

City, State  
Lincoln Park, NJ

Disposal Date  
10/09/2014

Completed by (Print or Type)  
Gordana Luna  
Title  
Secretary/Treasurer  
Signature  
Gordana Luna  
Data  
09/26/2014
**NOTIFICATION OF ASBESTOS ABATEMENT**

**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**

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

**Date of Notification (1):** 9/27/14

**Name of Building Owner/Operator (2):** LAURA LOSE

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

**Street Address:** 430 BRAEBURN ROAD

**City:** HO HO KUS, NJ 07442

**County:** BERGEN

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

**Name of Abatement Contractor (9):** A. MAC Contracting Inc.

**Street Address:** 105 Lowell Road

**City, State, Zip Code:** Glen Rock, N.J. 07452

**Project Manager for Monitoring Firm:** Telephone No.

**Telephone No.:** 201-262-5841

**License No.:** 00156

**Start Date (10):** 10/8/14

**Scheduled Completion Date (11):** 10/15/14

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

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

**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:**

<table>
<thead>
<tr>
<th>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>X</td>
<td>X</td>
<td>VAT</td>
<td>630 SF X</td>
<td></td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler:** IESI PA Bethlehem Landfill Corp.

**Rovic Transport:** IESI DEP Waste Hauler ID No. 20785

**Cubic Yards of Waste:** 2

**Name of Registered Landfill:** IESI PA Bethlehem Landfill Corp.

**City, State:** Bethlehem, PA 18015

**Disposal Date:** 10/15/14

**Completed by:** R. McDonald

**Title:** President

**Signature:**

**Date:** 9/27/14

*Do not use this form for asbestos licensure exempted activities.*
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)  
**2014 SEP 30 PM 4:57**

**Date of Notification (1)**: 9/26/14

**Name of Building Owner/Operator (2)**: John Jakimowicz

**Street Address**: 120 West 28th Street

**City, State, Zip Code**: Bayonne, NJ 07002

**Name of Contact**: John

**Facility Information**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Amerimark</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Street Address</strong>: 120 West 28th Street</td>
<td></td>
</tr>
<tr>
<td><strong>City (5)</strong>: Bayonne</td>
<td></td>
</tr>
<tr>
<td><strong>County (8)</strong>: Hudson</td>
<td></td>
</tr>
</tbody>
</table>

**Name of Monitoring Firm Hired by Building Owner (6)**: ASCM

**Name of Abatement Contractor (9)**: A. Mac Contracting Inc.

**Street Address**: 105 Lowell Road

**City, State, Zip Code**: Glen Rock, N.J. 07452

**Project Manager for Monitoring Firm**: Telephone No.

**Telephone No.**: 201-262-5841

**License No.**: 00156

**Name of OSHA Monitor**: Omega Environmental Services Inc.

**Street Address**: 280 Huyler Street

**City, State, Zip Code**: Hackensack, NJ 07606

**Start Date (10)**: 10/6/14  
**Scheduled Completion Date (11)**: 10/8/14

**Occupancy Status During Abatement (Check Only One)**: Full Containment with Negative Pressure

**Facility Closed/Vacated During Entire Period of Abatement**: Mini-Enclosure

**Abatement Performed Outside of Normal Facility Hours**: Glovetag Procedure

**Other – Describe**: Non-Exempted (*) and Non-Friable Procedure

**Scope of Work (Check All That Apply)**: Renovation, Demolition

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>BASEMENT</td>
<td>140 LF x</td>
</tr>
<tr>
<td>BASEMENT</td>
<td>280 SF x</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**

- **Rovic Transport**
  - NJDEP Waste Hauler ID No.: 20785
  - Cubic Yards of Waste: L

**Name of Registered Landfill**

- **IESI PA Bethlehem Landfill Corp.**
  - Disposal Date: 10/14/14
  - City, State: Bethlehem, PA 18015

**Completed by**

- **R. McDonald**
  - Title: President

**Signature**: [Signature]  
**Date**: 9/26/14

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

Date of Notification (1) 9/27/14

Name of Building Owner/Operator (2) JP MANAGEMENT

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

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

Street Address 190 Mathew St, Suite 700

City, State, Zip Code HACKENSACK NJ 07601

Name of Contact MARK RJETERWIAK

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement Is Taking Place (3) APARTMENT BUILDING

Street Address 1057 Madison Ave.

City (5) ELIZABETH

County (6) UNION

County Code (7) (STATE USE ONLY) __________

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

Square Feet 6000

# of Floors 3

Bldg. Age 62

Current Use (Prior if being demolished) APTS

Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9)

Street Address 105 Lowell Road

City, State, Zip Code Glen Rock, N.J. 07452

Project Manager for Monitoring Firm

Telephone No. 201-262-5641 License No. 00156

Start Date (10) 10/7/14

Scheduled Completion Date (11) 10/13/14

Name of OSHA Monitor Omega Environmental Services 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)
- ≥500 ft² or ≥5,000 ft²
- ≥1600 ft² or ≥2600 ft²
- 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

Acer 75 ft²

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

Endorsement

Name of Registered Waste Hauler

Rovic Transport

NJ/DEP Waste Hauler ID No. 20785

Cubic Yards of Waste __________

Name of Registered Landfill

IESI PA Bethlehem Landfill Corp.

City, State Riverdale, New Jersey 07457

Disposal Date 10/7/14

City, State Bethlehem, PA 18015

Completed by R. McDonald

Title President

Signature

Date 9/27/14

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

Date of Notification (1) 9/3/14

Name of Building Owner/Operator (2) JP MANAGEMENT

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

Street Address
190 MAIN STREET, SUITE 201

City, State, Zip Code
HACKENSACK, NJ 07601

Name of Contact
Mack Pietrnikaj

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
ARMADILD BUILDING

Street Address
1045 Monroe AVE.

City (5) ELIZABETH

County (6) UNION

County Code (7) (STATE USE ONLY) ______

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

Name of Abatement Contractor (9) A. Mac Contracting Inc.

Street Address

Street Address

City, State, Zip Code

City, State, Zip Code

City, State, Zip Code

Project Manager for Monitoring Firm Telephone No.

Telephone No.

License No. 00166

Start Date (10) 10/3/14

Scheduled Completion Date (11) 10/13/14

Name of OSHA Monitor
Omega Environmental Services Inc.

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

Scope of Work (Check All That Apply)
☒ ≥3 of or ≥3 If
☐ ≥160 sf or ≥660 If
☐ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Failable 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

Name of Registered Waste Hauler

Rovic Transport

NJ DEP Waste Hauler ID No. 20785

Cubic Yards of Waste 1

Name of Registered Landfill
IESI PA Bethlehem Landfill Corp.

City, State Rivervale, New Jersey 07457

Disposal Date 10/9/14

City, State Bethlehem, PA 18015

Completed by R. McDonald Title President

Signature Date 9/20/14

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

Date of Notification (1): 9/20/14

Name of Building Owner/Operator (2):

Type Notification

Agencies Notified

- EPA
- DEP
- DOH
- DOL
- DCA

Street Address:
190 MU ST, SUITE 201 & LICENSING

City, State, Zip Code:
HACKENSACK, NJ 07601

Name of Contact:
MACK PIETRZIKAJ

Telephone Number:

FACILITY INFORMATION

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

Type of Facility (4):

- Building

Street Address:

City (6):
ELIZABETH

County (7):
UNION

Square Foot:
8,000


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

Type of Abatement Contractor (9):

Name of Abatement Contractor (9):
A. Mac Contracting Inc.

Street Address:

City, State, Zip Code:

Project Manager for Monitoring Firm:

Telephone No.:

License No.:

Start Date (10):
10/9/14

Scheduled Completion Date (11):
10/13/14

Name of OSHA Monitor:

Project Manager:

Telephone No.:

License No.:

Occupancy Status During Abatement (Check Only One):

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

Facility Closed/ Vacated During Entire Period of Abatement

Other -

Scope of Work (Check All That Apply):

- 2,300 sf or 23 if
- 1600 sf or 2200 sf
- Demolition

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

In Facility (13):

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

- 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): 100 LF

Abatement Type:

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

Name of Registered Waste Hauler:

Rovic Transport

NJDEP Waste Hauler ID No.:

Cubic Yards of Waste:

Name of Registered Landfill:

IESI PA Bethlehem Landfill Corp.

City, State:

Riverdale, New Jersey 07457

Disposal Date:

10/9/14

City, State:

Bethlehem, PA 18015

Completed by:

R. McDonald

Title:
President

Signature:

Date: 9/20/14

ASB-41 (R-05-08)

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

Date of Notification (1) 9/27/14

Name of Building Owner/Operator (2) JP MANAGEMENT

Address 190 MAIN STREET, SUITE 301

City, State, Zip Code HACKENSACK, NJ 07601

Name of Contact MARK PJETERNIKAJ

AGENCIES NOTIFIED

- EPA
- DEP
- DG 
- DOH
- DCA

TYPE NOTIFICATION

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

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
APARTMENT BUILDING

Street Address
432 ROSE HILL PLACE

City (5) ELIZABETH

County (6) L Ecru

COUNTY CODE (STATE USE ONLY)

Current Use (Prior if being demolished)
APARTMENT

NAME OF MONITORING FIRM HIRED BY BUILDING OWNER (5)

ASCM No.

TYPE OF FACILITY (4)

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

Square Feet
3800

# of Floors
3

Bldg. Age
60

NAME OF ABATEMENT CONTRACTOR (9)
A. Mac Contracting Inc.

NAME OF OSHA Monitor
Omega Environmental Services Inc.

STREET ADDRESS
105 Lowell Road

City, State, Zip Code
Glen Rock, N.J. 07452

PROJECT MANAGER FOR MONITORING FIRM

PHONE NUMBER
201-262-5841

LICENSE NO.
00156

START DATE (10)
10/9/14

SCHEDULED COMPLETION DATE (11)
10/13/14

OCCUPANCY STATUS DURING ABATEMENT

☑ Facility Closed/Removed during Entire Period of Abatement

☑ Abatement Performed Outside of Normal Facility Hours

OTHER – Describe:

SCOPE OF WORK (Check All That Apply)

☑ ≥3 ft or ≥5 ft

☐ ≥160 sf or ≥260 sf

☐ Renovation

☐ Demolition

☐ Full Containment with Negative Pressure

☐ Glovebox 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)

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

AMOUNT (SPECIFY SF OR LF)

ABATEMENT TYPE

☐ Removal

☐ Repair

☐ Encapsulate

☐ Endorse

NAME OF REGISTERED WASTE HAULER

Rovic Transport

NJ DEP Waste Hauler ID No.
20785

Cubic Yards of Waste
2

NAME OF REGISTERED LANDFILL

IESI PA Bethlehem Landfill Corp.

Disposal Date
10/9/14

City, State
Bethlehem, PA 18015

Name of Registered Landfill

IESI PA Bethlehem Landfill Corp.

Completed by
R. McDonald

Title
President

Signature

Date
9/27/14

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

Date of Notification (1)
September 26, 2014

Name of Building Owner/Operator (2)
United Way of Monmouth/Long-Term Recovery Group Check # 1510

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

Street Address
1415 Wyckoff Road
City, State, Zip Code
Farmingdale, NJ 07727

Name of Contact
Bob DeCurtis

FACILITY INFORMATION

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

Street Address
172 Chalton Avenue

City (5)
Long Branch

County (6)
Monmouth

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

ASCM No.
Name of Abatement Contractor (9)
Shade Environmental, LLC

Street Address
PO Box 187

City, State, Zip Code
Hampton, NJ 08037

Project Manager for Monitoring Firm
Cathy Ledden

Telephone No.
609-820-9312

License No.
00842

Start Date (10) October 6, 2014
Scheduled Completion Date (11) October 8, 2014

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

Scope of Work (Check All That Apply)
- 23 sf or 23 If
- 2160 sf or 2260 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)

<table>
<thead>
<tr>
<th>Location Normally Used Solely by Maintenance/ Custodial Staff? (12)</th>
<th>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
<td>Pipe Insulation 75 LF</td>
</tr>
<tr>
<td>Throughout</td>
<td>XXX</td>
<td>Plaster 150 SF</td>
<td></td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
NJDEP Waste Hauler ID No. 22255

Freehold Cartage

Cubic Yards of Waste 3

Name of Registered Landfill
Western Berks Community Landfill

City, State
Freehold, NJ

Disposal Date 10/8/2014

City, State
Birdsboro, PA

Completed by
Diana Lynch

Title
Operations Manager

Signature
Date 9/26/2014

* 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):** September 26, 2014

**Name of Building Owner/Operator (2):** OCD/PRD/J&J

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

**Type of Notification:**
- [ ] Initial
- [ ] Amended
- [ ] Emergency (Including justification)
- [ ] Cancellation

**Street Address:** 920/1001 Rt. 202

**City, State, Zip Code:** Raritan, NJ 08869

**Name of Contact:**

**Project Manager:** FACILITY INFORMATION

**Name of Facility Where Abatement is Taking Place (3):** OCD/PRD/J&J

**Street Address:** 920/1001 Rt. 202

**City (5):**

**County (5):** Somerset

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

**Current Use (Prior If being demolished):** Facility

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

**Street Address:** 12 Kilmer Drive

**City, State, Zip Code:** Hillsborough, NJ 08844-3830

**Project Manager for Monitoring Firm:** Edward J. Bulava

**Telephone No.:** 908-874-6207

**Start Date (10):** 5/17/14

**Scheduled Completion Date (11):** 5/17/15

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

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

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

**In Facility (12):**

**Bld 1003 Mechanical Room**

**Bld 1003 1st Fl. Bathroom**

**OCD Tunnel #1**

**OCD Basement A Building**

**Name of Registered Waste Hauler:** NJ DEP Waste Hauler ID No. 22253

**Cubic Yards of Waste:** 10.3

**Name of Registered Landfill:** BFI Imperial Landfill

**City, State:** Imperail, PA 15126

**Disposal Date:** 5/17/15

**Freehold Cartage:**

**City, State:** Freehold, NJ

**Title:** President

**Completed by:** Michael Cooper

**Signature:**

**Date:** 9/26/14

---

*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 (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>OCD Tunnel #2</td>
<td>No</td>
<td>asbestos pipe</td>
<td>300 l/f</td>
<td>Removal</td>
</tr>
<tr>
<td>Bldg 1003 Facilities Department</td>
<td>No</td>
<td>pipe insulation</td>
<td>119 l/f</td>
<td>Removal</td>
</tr>
<tr>
<td>OCD A-105</td>
<td>No</td>
<td>fittings</td>
<td>13</td>
<td>Removal</td>
</tr>
<tr>
<td>PRD vault</td>
<td>No</td>
<td>pipe insulation</td>
<td>75 l/f</td>
<td>Removal</td>
</tr>
<tr>
<td>OCD A-105</td>
<td>No</td>
<td>exterior wall transite</td>
<td>50 sf</td>
<td>Removal</td>
</tr>
</tbody>
</table>
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) May 08, 2014

Name of Building Owner/Operator (2)
Ortho Diagnostic / Johnson & Johnson

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

Ortho Diagnostic / Johnson & Johnson
Street Address
920 / 1001 Route 202, PO Box 300
City, State, Zip Code
Raritan, NJ 08869
Name of Contact
ASBESTOS CONTROL & LICENSING
Telephone

Project Manager

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Ortho Diagnostic / Johnson & Johnson

Street Address
920 / 1001 Route 202
City (5)
Raritan, NJ

County (6)
Somerset
County Code (7) ASCM No.

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

Street Address
12 Kilmer Drive
City, State, Zip Code
Hillsborough, NJ 08844-3630

Project Manager for Monitoring Firm
Edward J. Bulava
Telephone No.
908-874-6207

Start Date (10) Scheduled Completion Date (11)
5/17/14 5/17/15

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

Scope of Work (Check All That Apply)
□ ≥300 sf or ≥300 ft
□ ≥600 sf or ≥260 ft
□ Renovation
□ Demolition
□ Full Containment with Negative Pressure
□ Mini-Enclosure
□ Glovebag Procedure
□ Non-Exempted (*) and Non-Friable Procedure

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

In Facility (13)

Yes No N/A

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

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

Amount (Specify SF or LF)

Bld 1003 Mechanical Room fittings & asbestos pipe 35 lf

Bld 1003 1st Fl. Bathroom fittings 26

OCD Tunnel #1 fittings & asbestos pipe 773 lf

Name of Registered Waste Hauler
Freehold Cartage

Cubic Yards of Waste
8.3

Name of Registered Landfill
BFI Imperial Landfill

NJ DEP Waste Hauler ID No. 22253
Disposal Date 5/17/15

Freehold Cartage City, State Freehold, NJ City, State

Completed by Michael Cooper
Title President
Signature

Date 5/17/15

* 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**

**Received**

**Date of Notification (1)**
June 06, 2014

**Name of Building Owner/Operator (2)**
Ortho Diagnostic / Johnson & Johnson

**Name of Facility Where Abatement is Taking Place (3)**
Ortho Diagnostic / Johnson & Johnson

**Street Address**
920 / 1001 Route 202, PO Box 200

**City (5)**
Raritan, NJ

**County (6)**
Somerset

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

**Telephone No.**
908-874-6207

**Project Manager for Monitoring Firm**
Edward J. Bulava

**Start Date (10)**
5/17/14

**Scheduled Completion Date (11)**
5/17/15

**Name of Abatement Contractor (9)**
The MACK Group, LLC.

**Street Address**
1500 Kings HWY N, STE 209

**City, State, Zip Code**
Cherry Hill, NJ 08034

**License No.**
00781

**Name of OSHA Monitor**
The MACK Group, LLC.

**Street Address**
1500 Kings HWY N, STE 209

**City, State, Zip Code**
Cherry Hill, NJ 08034

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bld 1003 Mechanical Room</td>
<td>fittings &amp; asbestos pipe 35 lf</td>
</tr>
<tr>
<td>Bld 1003 1st Fl. Bathroom</td>
<td>fittings 26</td>
</tr>
<tr>
<td>OCD Tunnel #1</td>
<td>fittings &amp; asbestos pipe 773 lf</td>
</tr>
<tr>
<td>OCD Basement A Building</td>
<td>asbestos pipe 200 lf</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**

<table>
<thead>
<tr>
<th>NJ DEP Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
</tr>
</thead>
<tbody>
<tr>
<td>22253</td>
<td>10.3</td>
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</tbody>
</table>

**Freehold Cartage**

<table>
<thead>
<tr>
<th>City, State</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Freehold, NJ</td>
<td>Michael Cooper</td>
</tr>
</tbody>
</table>

**Name of Registered Landfill**

<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
<th>Disposal Date</th>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>BFI Imperial Landfill</td>
<td>5/17/15</td>
<td>Imperial, PA 15126</td>
</tr>
</tbody>
</table>

**Signature**

| 6/6/14 |

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

Date of Notification (1) August 01, 2014

Name of Building Owner/Operator (2) Ortho Diagnostic / Johnson & Johnson

Agencies Notified

☐ EPA
☐ DEP
☐ DOH
☐ DLO/DOE

☐ Initial
☐ Amended
☐ Amendment #2
☐ Emergency (including justification)
☐ Cancellation

Street Address 920 / 1001 Route 202, PO Box 300
City, State, Zip Code Raritan, NJ 08869

Name of Contact Project Manager

2014 SEP 30 PM 3:00

ASBESTOS CONTROL & LICENSED

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Ortho Diagnostic / Johnson & Johnson

Square Feet
# of Floors
Bldg. Age

County (6)
County Code (7) [STATE USE ONLY]

County Somerset
County Code

Name of Monitoring Firm Hired by Building Owner (8)

Bulawa Environmental, Inc.

Telephone No.
908-874-6207

Facility

ASCM No.

Name of Abatement Contractor (9)
The MACK Group, LLC.

Street Address 1500 Kings HWY N. STE 209
City, State, Zip Code Cherry Hill, NJ 08034

License No.
(973) 759 - 5000
00781

Name of OSHA Monitor
The MACK Group, LLC.

Start Date (10)

5/17/14

Scheduled Completion Date (11)

5/17/15

Full Containment with Negative Pressure

Abatement Type

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

Other - Describe:
Abatement Performed Outside of Normal Facility Hours

Scope of Work (Check All That Apply)

☐ ≥3 sf or ≥3 If
☐ ≥100 sf or ≥200 If

Renovation
Demolition

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

In Facility (13)

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

Yes
No
N/A

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

Amount (Specify SF or LF)

Bld 1003 Mechanical Room

fittings & asbestos pipe
35 lf

Bld 1003 1st Fl. Bathroom

fittings
26

OCD Tunnel #1

fittings & asbestos pipe
773 lf

OCD Basement A Building
asbestos pipe
200 lf

Name of Registered Waste Hauler
Freehold Cartage

Cubic Yards of Waste
10.3

Name of Registered Landfill
BFI Imperial Landfill

City, State
Freehold, NJ

Disposal Date
5/17/15

City, State
Imperial, PA 15126

Signature
President

Completed by Michael Cooper

Date 8/1/14

* 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 SP or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>OCD Tunnel #2</td>
<td>Yes</td>
<td>asbestos pipe</td>
<td>300 l/f</td>
<td>Removal</td>
</tr>
<tr>
<td>Bldg 1003 Facilities Department</td>
<td>No</td>
<td>pipe insulation</td>
<td>119 l/f</td>
<td>Removal</td>
</tr>
<tr>
<td></td>
<td></td>
<td>fittings</td>
<td>13</td>
<td>Removal</td>
</tr>
</tbody>
</table>

**Received:** 2/14 SEP 30 PM 3:30

Asbestos Control & Licensing
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

**Date of Notification (1):** September 03, 2014

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

**Type of Notification:**
- [ ] Initial
- [ ] Amended
- [ ] Amended #3
- [ ] Emergency (including justification)
- [ ] Cancellation

**Name of Building Owner/Operator:** Ortho Diagnostic / Johnson & Johnson

**Street Address:** 920 / 1001 Route 202, PO Box 300

**City, State, Zip Code:** Raritan, NJ 08869

**Name of Contact:**

**Project Manager:**

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3):** Ortho Diagnostic / Johnson & Johnson

**Street Address:** 920 / 1001 Route 202

**City (5):** Raritan, NJ

**County (6):** Somerset

**County Code (7):** ________

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

**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:** 3

**Bldg. Age:**

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

**Street Address:** 12 Kilmer Drive

**City, State, Zip Code:** Hillsborough, NJ 08844-3830

**Project Manager for Monitoring Firm:** Edward J. Bulava

**Telephone No.:** 908-874-6207

**Name of Abatement Contractor (9):** The MACK Group, LLC.

**Street Address:** 1500 Kings HWY N, STE 209

**City, State, Zip Code:** Cherry Hill, NJ 08034

**License No.:** 00781

**Name of OSHA Monitor:** The MACK Group, LLC.

**Street Address:** 1500 Kings HWY N, STE 209

**City, State, Zip Code:** Cherry Hill, NJ 08034

**Start Date (10):** 5/17/14

**Scheduled Completion Date (11):** 5/17/15

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

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

**Other - Describe:**

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

- [ ] ≥ 3 sf or ≥ 3 ft
- [ ] ≥ 160 sf or ≥ 260 ft

**Renovation Demolition:**

**Full Containment with Negative Pressure:**

**Mini-Enclosure:**

**Glovebag Procedure:**

**Non-Exempted (*) and Non-Fibrous Procedure:**

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

**In Facility:** (13)

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

<table>
<thead>
<tr>
<th>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAV, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>fittings &amp; asbestos pipe</td>
<td>35 sf</td>
<td>Removal</td>
</tr>
<tr>
<td>fittings</td>
<td>26 sf</td>
<td>Repair</td>
</tr>
<tr>
<td>fittings &amp; asbestos pipe</td>
<td>773 lf</td>
<td>Encapsulation</td>
</tr>
<tr>
<td>asbestos pipe</td>
<td>200 lf</td>
<td>Erasure</td>
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</tbody>
</table>

**Name of Registered Waste Hauler:**

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

**Freehold Cartage:**

**City, State:** Freehold, NJ

<table>
<thead>
<tr>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>10.3</td>
<td>BFI Imperial Landfill</td>
</tr>
</tbody>
</table>

**Complated by:** Michael Cooper

**Title:** President

**Signature:**

**Date:** 9/3/14

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

Date of Notification (1)  
09/19/15

Name of Building Owner/Operator (2)  
jim ribbe

Street Address  
40 coeyman avenue

city, State, Zip Code  
nutley, nj 07109

Name of Contact  
jim ribbe

Telephone Number  
973-345-5693

FACILITY INFORMATION

Name of facility where abatement is taking place (3)  
jim ribbe

Street Address  
40 coeyman avenue

city, State, Zip Code  
nutley, nj 07109

Type of Facility (4)  

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

Square Feet  

# of Floors  

Bldg. Age  

Current Use (Prior if being demolished)  

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

D & S RESTORATION, INC.

Street Address  
20 california Ave.

city, State, Zip Code  
PATerson, nj 07503

Telephone Number  
973-345-5693

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

Street Address  
20 california Ave.

city, State, Zip Code  
PATerson, nj 07503

License Number  
01169

Name of OSHA Monitor  
D & S Restoration, Inc.

Street Address  
20 california Ave.

city, State, Zip Code  
PATerson, nj 07503

Telephone Number  
973-345-5693

Project Manager for Monitoring Firm  

Phone Number  

Start Date (10)  
09/29/14

Sched. Completion Date (11)  
10/04/15

OccuPancy Status During Abatement (check only one)  

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

Scope of Work (check all that apply)  

- >3 sf or >3 if
- >160 sf or >260 if

Location of asbestos-containing material (acm) 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)  
61 ft

Registered Waste Hauler  
D & S RESTORATION, INC.

NJDEP Hauler ID#  
13506

Cubic Yards of Waste  
1 YD

Name of Registered Landfill  
TULLYTOWN, RESOURCE RECOVERY

City, State  
PATerson, nj 07503

Disposal Date  

Completed by (Print or Type)  
BOGDAN JOLDZIC

Title  
PRESIDENT

Signature  

Date  
2014

ASR-41  

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

D&S Proj. #: 2014-387  

Date of Notification (1)  
10/19/14  

Name of Building Owner/Operator (2)  
CARLOS ZUNIGA  

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

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

FACILITY INFORMATION  

Name of facility where abatement is taking place (3)  
CARLOS ZUNIGA  

Street Address  
2728 SUMMIT TERRACE  

City (5)  
LINDEN,  

County Code (7) (State use only)  
UNION  

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

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

Square Feet  

# of Floors  

Bldg. Age  

Current Use (Prior if being demolished)  

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

city, State, Zip Code  

Name of OSHA Monitor  
D & S Restoration, Inc.  

Street Address  
20 California Avenue  

City, State, Zip Code  
Paterson, NJ 07503  

License Number  
01169  

Start Date (10)  
10/01/14  

Sched. Completion Date (11)  
10/22/14  

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

Scope of Work (check all that apply)  
- >2 sf or >2 ft  
- >160 sf or >260 ft  
- Renovation  
- Demolition  

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

Is location normally used solely by maintenance/custodial staff (12)  
- Yes  
- No  
- N/A  

Description of asbestos-containing material (ACM)  
PIPE INSULATION  

Amount (Specify SF or LF)  
48 FT  

Emplacement  

Enclosure  

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

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

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

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

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

Registered Waste Hauler  
D & S RESTORATION, INC.  

NJDEP Hauler ID#  
13506  

Cubic Yards of Waste (15)  
1 YD  

Name of Registered Landfill  
TULLYTOWN, RESOURCE RECOVERY  

City, State  
PATerson, NJ 07503  

Disposal Date  
10/02/14  

City, State  
TULLYTOWN, PA  

Completed by (Print or Type)  
BOGDAN JOldZic  

Title  
PRESIDENT  

Signature  
09/25/2014  

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

Date of Notification (1) 09 / 27 / 14
Name of Building Owner/Operator (2) Frank Steimle

Agencies Notified
☐ EPA
☒ DOLWD
☒ DHSS
☐ DCA
(NJAC 5:23-8)
Type Notification
☒ Initial
☐ Amended
☐ Amendment #
☒ Emergency (including justification)
☐ Cancellation

Street Address
2200 Appleby Drive
City, State, Zip Code
Ocean, NJ 07712
Name of Contact
Frank Steimle
Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Private home
Street Address
2200 Appleby Drive
City (5)
Ocean, NJ 07712
County (6)
Monmouth
County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished)

Monmouth
Name of Monitoring Firm Hired by Building Owner (8)
ASCM No.
Name of Abatement Contractor (9)
Gr Tech LLC
Street Address
576 Valley Rd #283
City, State, Zip Code
Wayne, NJ 07470
Project Manager for Monitoring Firm
Telephone No.
Name of OSHA Monitor
Environvision Consultants, Inc
Street Address
20-21 Wagaraw Road, Bldg. # 34A
City, State, Zip Code
Fair Lawn, NJ 07410
Start Date (10) 10 / 08 / 14
Scheduled Completion Date (11) 10 / 09 / 14

Scope of Work (Check all that apply)
☒ >3 sf or >3 lf
☐ = 160 sf or >260 lf

Occupyance 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:
AM PC PM AM
clean up and decontamination with negative pressure
Full Containment with Negative Pressure
Mini-Enclosure
Glovebag Procedure
Tent with Negative Pressure
Non-Exempted (*) and Non-Friable Procedure

Abatement Type
☐ Removal
☐ Encapsulate
☐ Enclosure

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

<table>
<thead>
<tr>
<th>Basement</th>
<th>Pipe insulation</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>200 LF</td>
</tr>
</tbody>
</table>

Amount (Specify SIF or LF)

Name of Registered Waste Hauler
Gr Tech LLC
City, State
Wayne, NJ 07470

Cubic Yards of Waste
TBD

Name of Registered Landfill
T.R.F.F. Inc
Disposal Date
TBD
City, State
Tullytown, PA

Completed By (Print or Type)
N Jevtic
Title
Owner
Signature

MAY 11

ASB-41

09/27/2014

Do not use this form for asbestos licensure exempted activities.
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:50 and 12:120)  

Date of Notification (1)  
9/24/2014  

Agency Notified  
EPA  

Type Notification  
Initial  

Name of Building Owner/Operator (2)  
Vornado Realty Trust  

Street Address  
210 Route 4 East  

City, State, Zip Code  
Paramus, NJ 07652  

Name of Contact  
Mr. John Baytla  

FACILITY INFORMATION  

Name of Facility Where Abatement is Taking Place (3)  
N/A  

Street Address  
904 Murray Road  

City (5)  
East Hanover  

County (6)  
Morris  

Name of Monitoring Firm Hired by Building Owner (8)  
Absolutely Clean Environment, Inc  

ASCM No.  
N/A  

Name of Abatement Contractor (9)  
East Coast Haz Mat Removal, Inc.  

Street Address  
53 Orleans Green  

City, State, Zip Code  
Coram, NY 11727  

Project Manager for Monitoring Firm  
Jeff Sheridan  

Telephone No.  
516-644-3253  

License No.  
973-345-0022  

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

# of Floors  
1  

Current Use (Prior to being demolished)  
Warehouse/Offices  

Square Feet  
100,000  

Bldg. Age  
44 yrs.  

Occupy Status During Abatement (Check Only One)  
Facility Closed/Vacated During Entire Period of Abatement  

Abatement Performed Outside of Normal Facility Hours  

Other – Describe:  

Scope of Work (Check All That Apply)  
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  

(19)  

Rest Rooms  

X  

VAT/Mastic  

420 SF  

X  

Offices, corridor & water meter rm.  

X  

VAT/Mastic  

440 SF  

X  

Name of Registered Waste Hauler  
East Coast Haz Mat Removal, Inc.  

NJDEP Waste Hauler ID No.  
18602  

Cubic Yards of Waste  
10  

Name of Registered Landfill  
North GROWS, Inc. - WM  

City, State  
Paterson, NJ 07504  

Disposal Date  
10/23/2014  

City, State  
Morrisville, PA  

Completed by  
James Unger  

Title  
Project Manager  

Signature  

Date  
9/24/2014  

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

Data of Notification (1)
9/25/2014

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

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

Name of Building Owner/Operator (2)
TESB Market St LLC

Street Address
10 W. 33rd St., Suite 220
New York, NY

City, State, Zip Code
Name of Contact
Ralph Braha
Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
N/A

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

Square Feet
154,000

# of Floors
6

Bldg. Age
60 +

County Code (7)
Essex

Current Use (Prior if being demolished)
Store Front/ Offices

Name of Abatement Contractor (9)
East Coast Haz Mat Removal, Inc.

Street Address
494 E. 41st Street
Paterson, NJ 07504

City, State, Zip Code

Telephone No.
973-345-0022

License No.
00507

Name of OSHA Monitor
Same as above

Start Date (10)
September 27, 2014

Scheduled Completion Date (11)
October 1, 2014

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

Scope of Work (Check All That Apply)

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

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

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, VCT, or other miscellaneous)

Amount (Specify SF or LF)
90 LF

Abatement Type

Ground Floor
N/A

Pipe Insulation

Endorsement

Name of Registered Waste Hauler
East Coast Haz Mat Removal, Inc.

NJDEP Waste Hauler License No.
NJ 419

Cubic Yards of Waste
2

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

City, State
Paterson, NJ 07504

Disposal Date
10/1/2014

City, State
Morrisville, PA

Completed by
James E. Unger
Title
Sr. Project Manager
Signature

Date
9/25/2014

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>9/24/2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Vornado Realty Trust</td>
</tr>
<tr>
<td>Agencies Notified</td>
<td>Type Notification</td>
</tr>
<tr>
<td>EPA</td>
<td>Initial</td>
</tr>
<tr>
<td>DEP</td>
<td>Amended</td>
</tr>
<tr>
<td>DOL</td>
<td>Amendment #</td>
</tr>
<tr>
<td>DOH</td>
<td>Emergency (including justification)</td>
</tr>
<tr>
<td>DCA</td>
<td>Cancellation</td>
</tr>
<tr>
<td>Street Address</td>
<td>210 Route 4 East</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Paramus, NJ 07652</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Mr. John Baytlia</td>
</tr>
<tr>
<td>FACILITY INFORMATION</td>
<td></td>
</tr>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td>N/A</td>
</tr>
<tr>
<td>Street Address</td>
<td>903 Murray Road</td>
</tr>
<tr>
<td>City (5)</td>
<td>East Hanover</td>
</tr>
<tr>
<td>County (6)</td>
<td>Morris</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>Absolutely Clean Environment, Inc</td>
</tr>
<tr>
<td>ASCM No.</td>
<td>N/A</td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>East Coast Haz Mat Removal, Inc</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>Jeff Sheridan</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>516-644-3253</td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>October 04, 2014</td>
</tr>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>October 31, 2014</td>
</tr>
<tr>
<td>Scope of Work (Check All That Apply)</td>
<td></td>
</tr>
<tr>
<td>√ a3 sf or ≥33 ft</td>
<td>Renovation</td>
</tr>
<tr>
<td>≥160 sf or ≥260 lf</td>
<td>Demolition</td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
<td>East Coast Haz Mat Removal, Inc</td>
</tr>
<tr>
<td>NJDEP Waste Hauler ID No.</td>
<td>18602</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td>80</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>North GROWS, Inc. - WM</td>
</tr>
<tr>
<td>City, State</td>
<td>Paterson, NJ 07504</td>
</tr>
<tr>
<td>Completed by</td>
<td>James Unger</td>
</tr>
<tr>
<td>Title</td>
<td>Project Manager</td>
</tr>
</tbody>
</table>

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

Date of Notification (1): 9/26/14

Name of Building Owner/Operator (2): Legow Management

Agencies Notified: DEP, DOL, DOH, DCA

Type Notification: Initial

Street Address: 160 South Livingston Ave.

City, State, Zip Code: Livingston, NJ 07039

Name of Contact: John

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Brandywine East Apt. # 43 A

Street Address: Brandywine East Court

City (5): Brierie, NJ

County (6): Monmouth

County Code (7): N/A

Squares Feet: 2550

# of Floors: 1

Blg. Age: 50+

Current Use (Prior to being demolished): N/A

Apartment Unit

Name of Monitoring Firm Hired by Building Owner (8): Loznica Management Corporation

ASCM No. N/A

Name of Abatement Contractor (9): Loznica Management Corporation

Street Address: 22 Troy Lane

City, State, Zip Code: Lincoln Park, NJ 07035

Telephone No.: 973-706-7950

License No.: 01193

Start Date (10): 10/6/14

Scheduled Completion Date (11): 10/8/14

Occuupancy Status During Abatement: Facility Closed/Vacated During Entire Period of Abatement

Abatement Performed Outside of Normal Facility Hours

Other – Describe: N/A

Scope of Work (Check All That Apply): Renovation

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

In Facility (13): Basement

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

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

Amount (Specify SF or LF): 280 SF

Abatement Type: Removal

Endorse/Encapsulate

Endorse/Encapsulate

Name of Registered Waste Hauler: Loznica Management Corporation

Waste Hauler ID No.: 33137

Cubic Yards of Waste: TBD

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

City, State: Morristown, PA 19067

Disposal Date: TBD

Completed by: E. Cirovic

Title: Secretary

Signature: E. Cirovic

Date: 9/26/14

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

NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

**Check # 9176**

**Date of Notification (1)**
September 26, 2014

**Name of Building Owner / Operator (2)**
Arthur and Peggy Romweber

**Street Address**
111 East Tennessee Avenue

**City, State & Zip Code**
Beach Haven, NJ  08008

**Name of Contact**
Peggy Goyne / Prudential Zack

**Telephone Number**

---

### FACILITY INFORMATION

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

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

**Square Foot**
1,760

**# of Floors**
2

**Bldg. Age**
60 years

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

**County Code (7)**

**Name of Monitoring Firm Hired by Building Owner (8)**
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**
609-296-9101

**License Number**
00817

**Scheduled Start Date (10)**
October 6, 2014

**Scheduled Completion Date (11)**
November 5, 2014

**Name of OSHA Monitor**
Synatech, Inc.

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

**Scope of Work (Check all that apply)**
- ≥ 3 sf or ≥ 50 if
- ≥ 180 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)

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

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Exterior</strong></td>
<td>X</td>
<td>Asbestos-containing siding</td>
</tr>
</tbody>
</table>

**Amount (Specify SF or LF)**

**Abatement Type**

---

**Location of Registered Waste Hauler**

**Waste Hauler ID No.**
27429

**Cubic Yards of Waste**
9

**Name of Registered Landfill**

**Grows Landfill**

**City, State**
Morrisville, PA

**Disposal Date**
November 6, 2014

**Completed By**
Diane Aloia

**Title**
Executive Administrator

**Signature**

Diane Aloia

**Date**
September 26, 2014

---

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

Date of Notification (1)
8/12/2014

Name of Building Owner/Operator (2)
Sunoco Partners Marketing & Terminals, L.P.

Agencies Notified
() EPA
() DEP
(X) NOL
(X) DOH
() DCA

Street Address
US Route 130 & I-295

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

City, State, Zip Code
Westville, NJ 08093-1000

Sq. Feet 900 # of Floors 2

Name of Contact
Fawzi Belguet

Bidg. Age N/A

Current Use (prior if being demolished) Former Residence/Abandoned

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Unoccupied building

Street Address
508 Park Ave

Name of Monitoring Firm Hired by Bldg. Owner (6)
KA Industrial Services, LLC.

City (5)
Westville

ASCM No.

County (8)
Gloucester

Name of Contractor (9)
KA Industrial Services LLC.

County Code (7)
(State Use Only)

Name of CSHA Monitor
Same

Street Address
26 Colonial Ave

License Number
00857

City, State, Zip Code
Woodbury NJ 08096

Telephone Number
856-224-4365

Name of Reg. Landfill
Gloucester County Landfill

Project Manager for Monitoring Firm
Scott Dechant

Telephone Number
856-224-4392

City, State, Zip Code
Paulsboro, NJ 08066

Scheduled Start Date (10)
10/1/14

Scheduled Completion Date (11)
10/24/14

Source of Work (Check all that apply)
(X) Demolition
(X) Renovation
(X) Large Proj. (>160 LF or >260 LF ACM)
() SM Proj. (>25<160 SF or >10 <260 LF ACM)
() Minor Proj. (<25 SF or <10 LF ACM)
()

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

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

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

Amount (Specify SF or LF) (Estimated)

Abatement Type


Siding
X
Non-Friable Siding
~2,000SF
X

Name of Reg. Waste Hauler
Waste Management, Inc.

NjDEP Waste Hauler ID #
17273

Cubic Yards of Waste
30 (estimated)

Disp. Date
Various

City, State
South Harrison, NJ

Name of Reg. Landfill

Completed by (Print or Type)
ANDREW GREEN

Title
MANAGER - KAS

Signature

Date
9/18/2014

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

Telephone 609-984-6620

C:\WORD\MYDOCS\ASBESTOS
9/18/00
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 5:18)

State of New Jersey

Date of Notification (1) 26 14

Agencies Notified
☐ EPA
☐ DOLWD
☒ DHSS
☐ DCA
(NJAC 5:23-6)

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

Name of Building Owner/Operator (2)
Carol Zigmont
26 Pitt Street
Bloomfield, NJ 07003

ASBESTOS CONTROL
& LICENSING

Name of Contact
Charles Holmes

RECEIVED
2014 SEP 30 PM 2: 48

FACILITY INFORMATION

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

Street Address
26 Pitt Street
Bloomfield, NJ 07003

City (5)
Bloomfield

County (5)
Essex

Currently Use (Prior to being demolished)

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

Name of Abatement Contractor (9)
Gr Tech LLC

Street Address
576 Valley Rd #283
Wayne, NJ 07470

City, State, Zip Code
Wayne, NJ 07470

Project Manager for Monitoring Firm

Telephone No.

License No.
973-638-1777
01127

Start Date (10)
10 / 06 / 14

Scheduled Completion Date (11)
10 / 07 / 14

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:

Scope of Work (Check all that apply)
☒ ≥ 300 sf or ≥ 260 if
☒ ≥ 160 sf or ≥ 260 if

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

Yes No N/A

Basement

Basement

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 S/F or LF)

Abatement Type

Clean up and decontamination with negative pressure
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Tent with Negative Pressure
☐ Non-Exempted (*) and Non-Firable Procedure

Name of Registered Waste Hauler
Gr Tech LLC

City, State
Wayne, NJ 07470

Disposal Date
TBD

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

Cubic Yards of Waste
TBD

City

State

Tullytown, PA

Completed By (Print or Type)
N. Jevtic

Title
Owner

Signature

TBD

Date
09/26/2014

MAY 11

* Do not use this form for asbestos license exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:68 and 12:120)

Date of Notification (1)
9/26/14

Name of Building Owner/Operator (2)
Legow Management

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

Street Address
160 South Livingston Ave.
City, State, Zip Code
Livingston, NJ 07039

Name of Contact
John

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Brandywine East Apt. # 80 B

Street Address
Brandywine East Court
City (5)
Brielle, NJ

County (6)
Monmouth
County Code (7)

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.
r/a

Name of Abatement Contractor (9)
Loznica Management Corporation

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

Project Manager for Monitoring Firm

n/a

Telephone No.
r/a

Name of OSHA Monitor
Loznica Management Corporation

Start Date (10)
10/7/14

Scheduled Completion Date (11)
10/9/14

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

Scope of Work (Check All That Apply)
-  ❏ ≤3 sf or ≥3 If
-  ❏ >160 sf or ≥2260 sf
-  ❏ Renovation
-  ❏ Demolition
-  ❏ Full Containment with Negative Pressure
-  ❏ Mini-Enclosure
-  ❏ Glovebag Procedure
-  ❏ Non-Exempted (*) and Non-Fireable Procedure

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

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

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

Amount (Specify SF or LF)
370 SF

Abatement Type

Name of Registered Waste Hauler
Loznica Management Corporation
NDEP Waste Hauler ID No.
33137

Cubic Yards of Waste
TBD

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

City, State
Lincoln Park, NJ 07035

Disposal Date
TBD

City, State
Morrisville, PA 19067

Completed by
E. Cirotic
Title
Secretary

Signature

Date
9/26/14

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

GAC Project # 060-14
Date of Notification (1) September 26, 2014

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

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

City, State, Zip Code
PISCATAWAY, NJ 08854

Name of Contact
MICHAEL SMITH, ENV. HEALTH & SAFETY

FACTOR INFORMATION

Name of Facility Where Abatement is Taking Place (3)
DOOLITTLE HALL, BLDG# 3572

Street Address
BUSCH CAMPUS

City (5) PISCATAWAY

County (6) MIDDLESEX

County Code (7) (State Use Only)

Name of Monitoring Firm Hired by Bldg. Owner (8)
N/A Exterior Non Frangible

ASCM No.

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

Subchapter 8 (other than K-12)

Other (i.e. private & commercial buildings, homes, etc.)

Sq. Feet: N/A # of Floors: 1 Bldg. Age: 60+ years

Current Use (prior if being demolished): ACADEMIC OFFICES/LABS

Name of Contractor (9)
GREENWOOD ABATEMENT CONSULTANTS, INC.

Street Address
268 MAIN STREET

City State, Zip Code
BUTLER, NJ 07405

Project Manager for Monitoring Firm

Telephone Number
973-492-0477

License Number
00840

Name of GSHA Monitor
ENVIROVISION, INC.

Street Address
28-21 WARGARAW ROAD

City, State, Zip Code
FAIRLAWN, NJ

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: Building Demolition Site - Exterior

Trench Shift Hours: 3:00PM - 5:00AM (24hrs. as needed)

Scope of Work (Check all that apply)

Renovation

Demolition

Removal, Repair, Encap, Enclose

Full Containment with Negative Pressure

Mini-Enclosure

Glovebag Procedure & Wrap & Cut

Non-Exempted (1) and Non-Frangible Procedure

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

No

NA

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

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

YES

NO

NA

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

Amount (Specify SF or LF)

Abatement Type

Remove, Repair, Encap, Enclose

Exterior

TRANSITE CONDUIT/PIPE

200 LF

Name of Rep. Waste Hauler
See Hauler Below #1 & 2

NJDEP Waste Hauler ID # See Below

Cubic Yards of Waste:
30 CY

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

Disposal Date
10/31/14

City, State
100 New Ford Mill Rd. Morrisville, Pa
19067

215-736-1700

Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405
NJDEP # 28969

Hauler #2) S TG – 58 Pyles Lane, New Castle, De 19720
NJ DEP # 20892

Completed by (Print or Type)  

RAYMOND C. PEDALINO  
SENIOR PROJECT MANAGER

Signature  
Raymond C. Pedalino

Date  
September 26, 2014

Copies To: Rutgers, REHS, Attn: Mike Smith  and  ATC, Attn: Brian Kearney
# NOTIFICATION OF ASBESTOS ABATEMENT

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

## Name of Building Owner/Operator (2)

Name: Tammy Casey

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

Street Address:
309 Arlington ave

City, State, Zip Code:
Jersey City, NJ 07304

## Type of Facility (4)

- Other (i.e. private & commercial buildings, homes, etc.)

## 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

<table>
<thead>
<tr>
<th>Location</th>
<th>Location Normally Used Solely by Maintenance/Custodial Staff?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>VAT and Mastic</td>
</tr>
</tbody>
</table>

## Asbestos Abatement

Name of Registered Waste Hauler:

DYZ Enterprises LLC

## Disposal of Waste

Cubic Yards of Waste:

5 Cy

Name of Registered Landfill:

Waste Management

City, State:

Paterson NJ

Completed by:

Yanet Carpino

Title:

Owner

Signature:

Date:

9-24-14

*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 26, 2014

**Name of Building Owner/Operator (2):** Bacorp Building Group

**Name of Contact:** Alan

**Street Address:** 1044 Lacey Road

**City, State, Zip Code:** Forked River, NJ 08731

**FACILITY INFORMATION**

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

**Street Address:** 125 E. Susquehanna Drive

**City:** Little Egg Harbor

**County Code (6):** Ocean

**Square feet (7):** 700 sf

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

**# of Floors (8):** 1

**Bldg. Age (9):** 60

**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
- [X] Renovation
- [X] Demolition

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

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

**Amount (Specify SF or LF):** 1900 sf

**Abatement Type:** X

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

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

**Disposal Date:** 10/2/14

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

**NJDEP Waste Hauler ID No.:** 20223

**Cubic Yards of Waste:** 3

**Name of Registered Waste Manager:** Nicholas Fernicola

**Completed by:** Project Manager

**Title:** Project Manager

**Signature:** [Signature]

**Date:** 9/26/14

*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: September 26, 2014

Agency Notified: [X] EPA
[ ] Environmental Protection Agency
[ ] DEP
[ ] New Jersey Department of Environmental Protection
[ ] DOL
[ ] New Jersey Department of Labor
[ ] DOH
[ ] New Jersey Department of Health
[ ] DCA
[ ] New Jersey Department of Community Affairs

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

Name of Building Owner/Operator: Bayside Marine Construction
Street Address: 11 Birdsall Street
City, State, Zip Code: Waretown, NJ 08758
Name of Contact: Adam

Facility Information

Name of Facility Where Abatement is Taking Place:
- Residence
Street Address: 39 Sands Point Road
City: Waretown
County: Ocean
County Code: (STATE USE ONLY)

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

Name of Abatement Contractor: 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 Steton Road
City, State, Zip Code: Piscataway, New Jersey 08854

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

Scheduled Start Date: 9/29/14
Scheduled Completion Date: 10/1/14

Scope of Work (Check all that apply):
- [ ] >3 sf or ≥3 Lf
- [ ] ≥160 sf or ≥260 Lf
- [ ] 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

Location Normally used Solely by Maintenance/Custodial Staff

YES NO N/A

Exterior
- [X] Asbestos siding 800 sf X

Abatement Type
- [ ] Removal
- [ ] Repair
- [ ] Encapsulation
- [ ] Enclosure

Name of Registered Waste Hauler: Guardian Contracting, Inc.
NDEP 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: 10/2/14
City, State: Tullytown, Pennsylvania

Completed by (Print or Type):
Nicholas Ferminola
Title: Project Manager
Signature: [Signature]
Date: 9/26/14

*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 26, 2014

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

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type of Notification</th>
<th>Name of Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>X EPA</td>
<td>Initial Notification</td>
<td>DOB Member</td>
</tr>
<tr>
<td>X DOH</td>
<td>Emergency (including justification)</td>
<td></td>
</tr>
<tr>
<td>[ ] DEP</td>
<td>Amended Notification</td>
<td></td>
</tr>
<tr>
<td>[ ] DOL</td>
<td>Cancellation</td>
<td></td>
</tr>
</tbody>
</table>

**Street Address**  
19 N. Raleigh Road

**City, State, Zip Code**  
Brick, NJ 08722

**Name of Building Owner/Operator**  
James Gabriel

**FACILITY INFORMATION**

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

**Street Address**  
19 N. Raleigh Road

**City**  
Brick

**County (6)**  
Ocean

**County Code (7) (STATE USE ONLY)**  
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**  
1500 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

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

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

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

- [X] >3 sf or ≥3 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

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

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

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

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

**Amount (Specify SF or LF)**

**Abatement Type**

- [ ] REMOVAL
- [ ] REPAIR
- [ ] ENCAPSULE
- [ ] ENCLOSURE

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

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

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

**NJDEP Waste Hauler ID No.**  
20223

**Cubic Yards of Waste**  
3

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

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

**Disposal Date**  
10/1/14

**City, State**  
Tullytown, Pennsylvania

**Completed by (Print or Type)**

**Title**  
Project Manager

**Signed**  
Nicholas Fernicola

**Date**  
9/26/14

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

Date of Notification (1) September 26, 2014

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

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

Name of Building Owner/Operator
- Bouch Excavating

Street Address
- 24 Butler Blvd.

City, State, Zip Code
- Bayville, NJ 08721

Name of Contact
- Donald Bouch

Telephone Number
- 732-349-9932

R E C E I V E D
25269

FACILITY INFORMATION

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

Street Address
- 131 George Road

City
- Toms River

County
- Ocean

County Code (7) (STATE USE ONLY)

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

Name of Abatement Contractor
- 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
- 005624

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

Street Address
- 1056 Stelton Road

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

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

Scheduled Start Date (10)
- 9/26/14

Scheduled Completion Date (11)
- 9/29/14

Square feet
- 1000 sf

# of Floors
- 1

Bldg. Age
- 60

Current Use (Prior to being demolished)
- Residence

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

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

Abatement Type
- [ ] REMOVAL
- [ ] REPAIR
- [ ] ENCAPSULE
- [ ] ENCLOSURE

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

in facility

Table:

<table>
<thead>
<tr>
<th>Exterior</th>
<th>Asbestos siding</th>
<th>900 sf</th>
</tr>
</thead>
</table>

Location Normally used Solely by Maintenance/Custodial Staff

Table:

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Description of Asbestos-Containing Material (ACM)

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

Amount (Specify SF or LF)

Abatement Type

Name of Registered Waste Hauler
- Guardian Contracting, Inc.

NJDEP Waste Hauler ID No.
- 20223

Cubic Yards of Waste
- 3

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

City, State
- Toms River, New Jersey

Disposal Date
- 9/30/14

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

City, State
- Tulltown, Pennsylvania

Completed by (Print or Type)
- Nicholas Fennica

Title
- Project Manager

Signature

Date
- 9/26/14

*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 26, 2014

Name of Building Owner/Operator (2)  Miller Homes

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

Street Address  208 W. Bayview Drive

City  Toms River Twp.

County  Ocean

County Code (7)  N/A

County Code (7) (STATE USE ONLY)

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

Square feet  1000 sf

# of Floors  1

Bldg. Age  60

Current Use (Prior if being demolished)
Residence

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

ASCM No.

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

Street Address  1889 Route 9, Unit 61

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

Telephone Number  732-349-9932

License Number  00624

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

Street Address  1056 Stetson Road

City, State, Zip Code  Piscataway, New Jersey 08854

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

YES  NO  N/A

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

Amount (Specify SF or LF)

Removal
Repair
Encapsulation
Enclosure

Abatement Type

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

Exterior  X  Asbestos siding  750 sf  X

Name of Registered Waste Hauler  Guardian Contracting, Inc.

NJDEP Waste Hauler ID No.  20223

Cubic Yards of Waste  3

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

City, State  Toms River, New Jersey

Disposal Date  9/30/14

City, State  Tullytown, Pennsylvania

Date  9/26/14

Completed by (Print or Type)  Nicholas Fernicola
Title  Project Manager

Signature  

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

Date of Notification (1) September 26, 2014
Name of Building Owner/Operator (2) RECEIVED 2 5262
Cut & Fill

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

Street Address 1900 Baltimore Avenue
PM 552 GO PM 2:26
City, State, Zip Code Whiting, NJ 08759
Name of Contact Pete Ploumitsakos

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence
Street Address 24 E. Spray Way
City Lavallette
County (6) Ocean
County Code (7) ASCM No.
(State Use Only)

Name of Monitoring Firm Hired by Building Owner (8) N/A
Name of Abatement Contractor (9) Guardian Contracting, Inc.
Street Address 1889 Route 9, Unit 61
City, State, Zip Code Toms River, New Jersey 08755-1271
Telephone Number
License Number 732-349-9932 00524

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)
[ ] 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)

Exterior X Asbestos siding 550 sf X

Name of Registered Waste Hauler Guardian Contracting, Inc.
NJDEP Waste Hauler ID No. 20223
Cubic Yards of Waste 3
Name of Registered Landfill T.R.R.F.

City, State Toms River, New Jersey
Disposal Date 9/30/14
City, State Tullytown, Pennsylvania
Completed by (Print or Type) Nicholas Fernicola
Title Project Manager

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

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>September 26, 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>T &amp; H Homes</td>
</tr>
<tr>
<td>Street Address</td>
<td>70 East Water Street Unit 5B</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Toms River, New Jersey 08755</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Bill Hoermann</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Residence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>607 Riverside Drive</td>
</tr>
<tr>
<td>City</td>
<td>Toms River</td>
</tr>
<tr>
<td>County (6)</td>
<td>Ocean</td>
</tr>
<tr>
<td>County Code (7) (STATE USE ONLY)</td>
<td></td>
</tr>
<tr>
<td>Square feet</td>
<td>500 sf</td>
</tr>
<tr>
<td># of Floors</td>
<td>1</td>
</tr>
<tr>
<td>Bldg. Age</td>
<td>60</td>
</tr>
<tr>
<td>Current Use (Prior if being demolished)</td>
<td>Residence</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>Street Address</td>
<td>N/A</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scheduled Start Date (10)</td>
<td>9/26/14</td>
</tr>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>9/29/14</td>
</tr>
<tr>
<td>Occupancy Status During Abatement (Check only one)</td>
<td></td>
</tr>
<tr>
<td>[X] Facility Closed/Vacated During Entire Period of Abatement</td>
<td></td>
</tr>
<tr>
<td>[ ] Abatement Performed Outside of Normal Facility Hours</td>
<td></td>
</tr>
<tr>
<td>[ ] Other - Describe</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] &gt;3 sf or ≥3 if</td>
<td></td>
</tr>
<tr>
<td>[X] ≥60 sf or ≥260 sf</td>
<td></td>
</tr>
<tr>
<td>[X] Renovation</td>
<td></td>
</tr>
<tr>
<td>[X] Demolition</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED</th>
<th>Is Location Normally used Solely by Maintenance/Custodial Staff (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>Exterior</td>
<td>X</td>
<td>Asbestos siding</td>
<td>200 sf</td>
<td>X</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>NJDEP Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Guardian Contracting, Inc.</td>
<td>20223</td>
<td>2</td>
<td>T.R.R.F.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
<th>Disposal Date</th>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>T.R.R.F.</td>
<td>9/30/14</td>
<td>Tullytown, Pennsylvania</td>
</tr>
</tbody>
</table>

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

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