State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:20/N.J.A.C. 7:26-2.12)

Date of Notification (1): 8/26/2016
Name of Building Owner/Operator (2): Brian Match
Agencies Notified: EPA
Type Notification: Initial
City, State, Zip Code: Trenton, NJ 08618
Name of Contact: Brian Match
Telephone Number: [redacted]

FACILITY INFORMATION

Name of Facility
500 Perry Street

City (5): Trenton
County (6): Mercer County
County Code (7): 08618

Name of Monitoring Firm Hired by Building Owner: M2M Environmental Service Corp.

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:

Name of Abatement Contractor (9):
Apex Development, Inc.

Street Address:
202 Hunterdon Street 2nd Floor

City, State, Zip Code:
Newark, NJ 07103

Telephone No.:
862-452-9874

Project Manager for Monitoring Firm: Gloria Peters
Start Date (10): 08/26/16
Scheduled Completion Date (11): 08/29/16

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

Name of OSHA Monitor:
Metro Analytical Laboratories

Street Address:
255 West 36th Street, Suite 203

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

License No.:
01215

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13):
Yes No

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):

Abatement Type

Amount (Specify SF or LF)
Removal
Repair
Encapsulant
Enclosure

1ST FLOOR
DEBRIS
60 SF *

Name of Registered Waste Hauler: JIMMY BYRNE TRUCKING
NJDEP Waste Hauler ID No.: 19551
Cubic Yards of Waste: 30
Name of Registered Landfill: MINERVA ENTERPRISES, INC.

City, State:
Brorn, NY 10474
Disposal Date:

Completed By
Sylvestor Oraegbnam
Title: President
Signature: [redacted]
Date: 08/26/2016
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:69 and 12:120)

**Date of Notification (1):** 8/30/16  
**Name of Building Owner/Operator (2):** H.S. Weiss

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<th>Type Notification</th>
<th>Street Address</th>
<th>City, State, Zip Code</th>
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<td>□ DEP</td>
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<td>□ DOL</td>
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<td>□ DOH</td>
<td>Emergency (including justification)</td>
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<tr>
<td>□ DCA</td>
<td>Cancellation</td>
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**Name of Facility Where Abatement is Taking Place (3):** H.S. Weiss

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<tr>
<th>City (5)</th>
<th>County (6)</th>
<th>County Code (7)</th>
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</thead>
<tbody>
<tr>
<td>Dumont</td>
<td>Bergen</td>
<td></td>
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</table>

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

**Square Feet:** 2000  
**# of Floors:** 2  
**Bldg. Age:** 1945  
**Current Use (Prior if being demolished):** Residence

**Name of Monitoring Firm Hired by Building Owner (8):** Best Removal Inc

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
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<tbody>
<tr>
<td>450 South River St</td>
<td>201-329-7444</td>
<td>00388</td>
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<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Name of OSHA Monitor</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>Omega Environmental</td>
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<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>9/8/16</td>
<td>9/9/16</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: 8:00 a.m. to 5:00 p.m.

**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):**

- □ Base
- □ Insulation
- □ Other – Describe: Thermal System Insulation

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<thead>
<tr>
<th>Location Normalized Use Solely by Maintenance/Custodial Staff (12):</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e., thermal system insulation, surfacing, VAT, or other miscellaneous):</th>
<th>Amount (Specify SF or LF):</th>
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<tbody>
<tr>
<td>Yes</td>
<td>Thermal System Insulation</td>
<td>55 LF</td>
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</thead>
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<td>Best Removal Inc</td>
<td>17109</td>
<td>2/20</td>
<td>Minerva Enterprises, LLC</td>
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<th>City, State</th>
<th>Disposal Date/ city, State</th>
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<tbody>
<tr>
<td>Hackensack, N.J. 07601</td>
<td>9/11/16 Waynesburg, Oh. 44688</td>
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<table>
<thead>
<tr>
<th>Completed by</th>
<th>Title</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>J. Maiorano</td>
<td>Estimator</td>
<td>8/30/16</td>
</tr>
</tbody>
</table>

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

Date of Notification (1) 8/30/2016

Name of Building Owner/Operator (2) Phillip Wells

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

Type Notification
[X] Initial Notification

Street Address

City, State, Zip Code Park Ridge, NJ, 07656

Name of Contact Phillip Wells

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Phillip Wells

Street Address

City (5) Park Ridge

County (6) Essex

County Code (7) (STATE USE ONLY)

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

Square Feet 1800

# of Floors 2

Bldg. Age 73

Current Use (Prior if being demolished)

Name of OSHA Monitor N/A

Project Manager for Monitoring Firm N/A

Telephone Number (973) 744-8800

License Number 00371

Scheduled Start Date (10) 9/8/16

Month Day Year

Scheduled Completion Date (11) 9/10/16

Month Day Year

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

Other - Describe: Off Hours Describes

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

[X] 160 sf or >260 sf

[X] Demolition

Scope of Work (Check all that apply)

[X] Full Containment with Negative Pressure

[X] Glovebox Procedure

[X] Non-Friable Procedure

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

Location Normally Used Solary By Maintenance/Custodial Staff (12)

Description of Asbestos-Containing Material (ACM)

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

Amount (Specify SF or LF)

Abatement Type

REMOVAL

ENCLOSURE

ENCLOSURE

ENCLOSURE

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

Basement X Duct Dands 12 sf X

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 Enterprise INC

City, State Montclair, NJ 07042

Disposal Date 9/12/16

City, State Waynesburg, Ohio 44688

Completed By (Print or Type) Constantine Vivian

Title President

Signature

Date 8/30/2016
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

State of New Jersey

Date of Notification (1)

8/30/2016

Name of Building Owner/Operator (2)

Don Campolo

Name of Contact

Don Campolo

Street Address

Waldwick, NJ, 07463

Telephone Number

[REDACTED]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Don Campolo

City (5)

Waldwick

County (6)

Bergen

County Code (7)

STATE USE ONLY

Type of Facility (4)

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

Square Feet

1450

# of Floors

2

Bldg. Age

65

Current Use (Prior if being demolished)

Name of Monitoring Firm hired by Building Owner (8)

N/A

ASCM No.

N/A

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

N/A

Occupancy Status During Abatement (Check only one)

[X] Abatement Performed Outside of Normal Facility

Scope of Work (Check all that apply)

[X] Renovation

[X] Demolition

Location of Asbestos-Containing Material (ACM)

Location Normally Used Solely By Maintenance/Custodial Staff (12)

Basement

[X] Pipe insulation 32 lf

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

Name of Registered Waste Hauler

AZTECH MANAGEMENT, INC.

Waste Hauler ID No.

17040

Cubic Yards of Waste

1.0

Name of Registered Landfill

Minerva Enterprise INC

City, State

Montclair, NJ 07042

Disposal Date

9/12/16

City, State

Waynesburg, Ohio 44688

Completed By (Print or Type)

Constantine Vivian

Title

President

Signature

[REDACTED]

Date

8/30/2016
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) 08 / 29 / 16

Name of Building Owner/Operator (2) General Growth Properties

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

Type Notification
- Initial
- Amended Amendment #1
- Emergency (including justification)
- Cancellation

Street Address
110 N. Whacker Drive
City, State, Zip Code
Chicago, IL 60606

Name of Contact
Kelly Webb

FACILITY INFORMATION
Name of Facility Where Abatement is Taking Place (3)
Woodbridge Center Mall

Street Address
250 Woodbridge Center Drive
City (5)
Woodbridge, NJ 07095
County Code (7)/STATE USE ONLY
Middlesex

County Code (7)/STATE USE ONLY

Name of Monitoring Firm Hired by Building Owner (8)
Criterion Laboratories, Inc.

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
Michael Panepresso
Telephone No.
215-244-1300

License No.
00842

Start Date (10) 08 / 22 / 16
Scheduled Completion Date (11) 09 / 16 / 16

Name of GSHA Monitor
Criterion Laboratories, Inc.

Occupancy Status During Abatement (Check only one)
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 8:00 AM - 5:00 PM/10:00PM -7:00AM

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

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

<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, V.A.T. or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
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<tr>
<td>Tenant Space 1470</td>
<td>No</td>
<td>Wall Caulk</td>
<td>10 LF</td>
<td>□</td>
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<tr>
<td>Tenant Space 2035</td>
<td>No</td>
<td>Carpet Mastic</td>
<td>100 SF</td>
<td>□</td>
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<tr>
<td>Tenant Space 2080</td>
<td>No</td>
<td>Floor Tile</td>
<td>345 SF</td>
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<tr>
<td>Tenant Space 2360</td>
<td>No</td>
<td>Floor Tile &amp; Mastic/Wall Caulk</td>
<td>609 SF/20 LF</td>
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Name of Registered Waste Hauler Freehold Cartage

Cumberland County Landfill

Disposal Date 09/16/2016
City, State Newburg, PA

Completed By (Print or Type)
Christina Lynch
Title Vice President of Operations
Signature
Date 8/29/16

ASB-41
JAN 13

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

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<th>Date of Notification (1)</th>
<th>J6/30/16</th>
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<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>M.S. HELDER</td>
</tr>
</tbody>
</table>

<table>
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<tr>
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<th>Type Notification</th>
<th>Name of Building Owner/Operator (2)</th>
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<td>□ Initial</td>
<td>M.S. HELDER</td>
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<tr>
<td>□ DEP</td>
<td>□ Amended</td>
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<td>□ DOL</td>
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<td>□ DOH</td>
<td>□ Emergency (Including justification)</td>
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<td>□ DCA</td>
<td>□ Cancellation</td>
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<th>M.S. HELDER</th>
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<td>Street Address</td>
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<tr>
<td>City (5)</td>
<td>FAIR LAWN</td>
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<td>County (6)</td>
<td>Bergen</td>
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<td>County Code (7) (STATE USE ONLY)</td>
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<td>Current Use (Prior if being demolished)</td>
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<tr>
<td>Square Feet</td>
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<td># of Floors</td>
<td>2</td>
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<td>Bldg. Age</td>
<td>935</td>
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<th>ASCM No.</th>
<th>Name of Abatement Contractor (9)</th>
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<tbody>
<tr>
<td>Best Removal Inc</td>
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<tr>
<td>Street Address</td>
<td>450 South River St</td>
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<tr>
<td>City, State, Zip Code</td>
<td>Hackensack, N.J. 07601</td>
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<td>Project Manager for Monitoring Firm</td>
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<td>Telephone No.</td>
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<td>Start Date (10)</td>
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<td>Scheduled Completion Date (11)</td>
<td>8/10/16</td>
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<tr>
<td>Occupancy Status During Abatement (Check only one)</td>
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<td>Facility Closed/Vacated During Entire Period of Abatement</td>
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<td>Abatement Performed Outside of Normal Facility Hours</td>
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<tr>
<td>Project Description</td>
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<tr>
<td>Other - Describe:</td>
<td>8:00 AM TO 5:00 PM</td>
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<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
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<tbody>
<tr>
<td>□ Renovation</td>
<td>□ Non-Exempted (*) and Non-Fisible Procedure</td>
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<tr>
<td>□ Demolition</td>
<td>□ Full Containment with Negative Pressure</td>
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<tr>
<td>□ Other - Describe:</td>
<td>□ Mini-Enclosure</td>
</tr>
<tr>
<td>□ Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)</td>
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</tr>
<tr>
<td>Location Normally Used Solely by Maintenance/Custodial Staff? (12)</td>
<td>Yes No NA</td>
</tr>
<tr>
<td>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
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<tr>
<td>Amount (Specify SF or LF)</td>
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<td>Abatement Type</td>
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<td>Inspection</td>
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<td>Repair</td>
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<td>Removal</td>
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<tr>
<th>Name of Registered Waste Handler</th>
<th>NJ/DEP Waste Handler ID No.</th>
<th>Cubic Yards of Waste</th>
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<tbody>
<tr>
<td>Best Removal Inc</td>
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<td>2020</td>
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<tr>
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<th>Minerva Enterprises, LLC</th>
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<tbody>
<tr>
<td>City, State</td>
<td>Hackensack, N.J. 07601</td>
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<tr>
<td>Disposal Date</td>
<td>9/2/12</td>
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<tr>
<td>City, State</td>
<td>Waynesburg, Oh. 44688</td>
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<tr>
<th>Completed by</th>
<th>J. Maiorano</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
<td>Estimator</td>
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<td>Signature</td>
<td></td>
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<tr>
<td>Date</td>
<td>8/30/16</td>
</tr>
</tbody>
</table>
**State of New Jersey**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60 and 5:16)

**Date of Notification:** 08 / 29 / 16

**Name of Building Owner/Operator:** Amid Shah
**Street Address:** [Redacted]
**City:** Jersey City, NJ **Zip Code:** 07306
**Name of Contact:** Vincent Carlucci

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place:** Private house
**Street Address:** [Redacted]
**City:** Jersey City, NJ **Zip Code:** 07306
**County:** Hudson **County Code:** [STATE USE ONLY]

**Type of Facility:**
- [ ] School (K-12)
- [X] Subchapter 2 (Other than K-12)
- [ ] Other (i.e., private and commercial buildings, homes, etc.)
**Square Feet:** [Not Specified]
**# of Floors:** [Not Specified]
**Bldg. Age:** [Not Specified]

**Name of Monitoring Firm Hired by Building Owner:**
**Name of Abatement Contractor:**
- Gr Tech LLC
**Street Address:** 576 Valley Rd #283
**City:** Wayne, NJ **State:** NJ **Zip Code:** 07470
**Telephone No.:** [Not Specified] **License No.:** 01127

**Project Manager for Monitoring Firm:**
**Telephone No.:** [Not Specified]

**Start Date:** 09 / 09 / 16 **Scheduled Completion Date:** 09 / 11 / 16

**Occupancy Status During Abatement:**
- [X] 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):**
- [X] >=3 sf or >=3 If
- [ ] >=100 sf or >=260 If
- [ ] Renovation
- [X] Demolition
- [ ] 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

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

**Amount (Specify Sf or Lf):** 150 SF

**Abatement Type:**
- [X] Removal
- [ ] Repair
- [ ] Encapsulation
- [ ] Enclosure

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

**Location Normally Used Solely by Maintenance/Custodial Staff:**

<table>
<thead>
<tr>
<th>First floor</th>
<th>Ceiling plaster</th>
<th>150 SF</th>
</tr>
</thead>
</table>

**Name of Registered Waste Hauler:**
**N.J. DEP Waste Hauler No.:** 0033785
**Cubic Yards of Waste:** TBD
**Name of Registered Landfill:** T.R.R.F. Inc.
**City:** Tullytown, PA **Date:** 08/29/16

**Disposal Date:** TBD
**Completed By:**
- [ ] Owner
- [ ] Contractor
- [ ] Other (Specify):

**Title:** [Not Specified] **Signature:** [Signed]

**MAY 11**

*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) 8/29/16
Name of Building Owner/Operator (2) Eric Johnson Private Home

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

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

Street Address [Redacted]
City, State, Zip Code Long Beach Twp NJ 08008
Name of Contact Eric
Telephone Number [Redacted]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Eric Johnson Private Home
Street Address [Redacted]
City (5)
Long Beach Twp NJ 08008
County (6)
Ocean
County Code (7) [STATE USE ONLY] ______

Current Use (Prior if being demolished) Home
Square Feet 1000+
# of Floors 2
Bldg. Age 35+

Name of Monitoring Firm Hired by Building Owner (8) N/A
ASCM No. [Redacted]
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 [Redacted]
Telephone No. 856-753-9800
License No. 00727

Start Date (10) 9/12/16
Scheduled Completion Date (11) 9/16/16

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] ≥ 1000 sf or ≥ 1000 sf
- [X] ≥ 1600 sf or ≥ 2000 sf
- [X] Demolition
- [ ] Renovation
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

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

<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>
</tr>
</thead>
<tbody>
<tr>
<td>Exterior Siding</td>
<td>[X] Yes</td>
<td>Exterior Siding</td>
<td>1600 SF</td>
</tr>
</tbody>
</table>

Abatement Type
- [ ] Removal
- [ ] Repair
- [ ] Encapsulate
- [ ] Endorse

Name of Registered Waste Hauler
United Containers

NJ/DEP Waste Hauler ID No. 22459
Cubic Yards of Waste 4
Name of Registered Landfill G.R.O.W.S.
Disposal Date 9/16/16
City, State Morrisville PA 19067
Completed by Anthony T Perna
Title President
Signature [Redacted]
Date 8/29/16

* 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 (1) 8/30/16
Name of Building Owner/Operator (2) Brendan Mallon Private Home
Agencies Notified Type Notification
- EPA Initial
- DEP Amended
- DOL Amendment #
- DOH Emergency (including justification)
- DCA Cancellation
Name: Street Address
- Brendan Mallon Private Home
City, State, Zip Code Manahawkin NJ 08050
Name of Contact Brandon

FACILITY INFORMATION
Name of Facility Where Abatement is Taking Place (3)
Brendan Mallon Private Home
Type of Facility (4)
- School (K-12)
- Subchapter 8 (Other than K-12)
- Other (i.e., private & commercial buildings, homes, etc.)

Square Feet 1000
# of Floors 1
Bldg. Age 35+
Current Use (Prior if being demolished) Home

County (5) Ocean
County Code (7) STATE USE ONLY

Name of Monitoring Firm Hired by Building Owner (8) N/A
Name of Abatement Contractor (9) Pernaco Inc.
ASCM No. Name
Street Address PO Box 329
City, State, Zip Code West Berlin NJ 08091

Project Manager for Monitoring Firm Telephone No.
Name of OSHA Monitor Same
Street Address
City, State, Zip Code

Start Date (10) 3/12/16
Scheduled Completion Date (11) 9/16/16
Occuapancy 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 ≥3 if
- ≥160 sf or ≥260 if
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

Exterior Siding

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

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

Amount (Specify SF or LF) 1100 SF
Abatement Type

Name of Registered Waste Hauler United Roll Off
N.J. DEP Waste Hauler ID No. 22459
Cubic Yards of Waste 4
Disposal Date 9/16/16
Name of Registered Landfill G.R.O.W.S.
City, State Morrisville PA 19067
Completed by Anthony T Perna
Title President
Signature

* 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)**
08/23/16

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

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

**Name of Building Owner/Operator (2)**
Rumson County Day School

**Street Address**
35 Bellevue Avenue

**City, State, Zip Code**
Rumson, NJ 07760

**Name of Contact**
Lou Renton/Wallice Bros,Inc

**Telephone Number**

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**
Rumson County Day School - Headmaster's house

**Street Address**
101 Ridge Road

**City (5)**
Rumson

**County Code (7)**
Monnmouth

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

**Type of Facility (4)**
- School (K-12)
- Subchapter 9 (Other than K-12)
- Other (i.e. private & commercial buildings, homes, etc.)

**Square Feet**

**# of Floors**

**Bldg. Age**

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

**Name of Abatement Contractor (9)**
Lilich Corporation

**Street Address**
606 McBride Avenue

**City, State, Zip Code**
Woodland Park, NJ 07424

**Name of OSHA Monitor**
Iris Environmental Laboratories

**Telephone No.**
873-225-8400

**License No.**
01104

**Project Manager for Monitoring Firm**
Michael Stocku

**Telephone No.**
865-540-8800

**Start Date (10)**
08/31/16

**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)**
- x 100 sf or 100 sf
- x 100 sf or 200 sf
- 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**

<table>
<thead>
<tr>
<th>In Facility (19)</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>First floor</td>
<td>x</td>
<td>Pipe Insulation</td>
<td>140 LF</td>
<td>x</td>
</tr>
<tr>
<td>Basement</td>
<td>x</td>
<td>Pipe Insulation</td>
<td>8 LF</td>
<td></td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**
Lilich Corporation

**City, State**
Woodland Park, NJ

**NJDEP Waste Hauler ID No.**
18724

**Cubic Yards of Waste**

**Name of Registered Landfill**
GROWS, Landfill

**City, State**
Morrisville, PA

**Disposal Date**

**Completed by**
Momo Glatvatic

**Title**
vice president

**Signature**

**Date**
08/26/16

*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)
08-29-2016

Name of Building Owner/Operator (2)
Gregory Lombardi

Agencies Notified

- EPA
- DEP
- DOL
- DOH
- DCA

Type Notification

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

Street Address

City, State, Zip Code
Bloomfield NJ 07003

Name of Contact
Gregory Lombardi

Telephone Number

FACILITY INFORMATION

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

Square Feet
N/A

# of Floors
3 FLOORS

Bldg. Age
N/A

Current Use (Prior to if being demolished)
Private Dwelling

County Code (7) (STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8)
Bioterra Solution

Name of Abatement Contractor (9)
Amax Contracting LLC

Street Address
1130 W Chestnut St

City, State, Zip Code
Union NJ 07083

Telephone No.
973-692-6298

License No.
01266

Project Manager for Monitoring Firm
Rick Eustaquio

Name of OSHA Monitor
Amax Contracting LLC

Start Date (10)
09-08-2016

Scheduled Completion Date (11)
09-10-2016

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
- ≥180 sf or ≥260 ft
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

In Facility (13)

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

Yes No N/A

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

Amount (Specify SF or LF)
140 LF

Abatement Type
X

Name of Registered Waste Hauler
Amax Contracting LLC

NJ/DEP Waste Hauler ID No. 0036184

Cubic Yards of Waste
3 cy

Name of Registered Landfill
GROWS

Disposal Date
09-15-2016

City, State
Morrisville PA

Completed by
Tome Maslarkov
Title
Project Manager
Signature

Date
08-29-2016

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

Date of Notification (1)
8/30/16

Name of Building Owner/Operator (2)
Eric Franzen

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

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

Street Address
[Redacted]

City, State, Zip Code
Asbury Park, NJ 07712

Name of Contact
Eric Franzen

FACILITY INFORMATION

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

Square Feet
2300

# of Floors
2

Bldg. Age
62

County Code (7)
[State Use Only]

Current Use (Prior if being demolished)

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

City (5)
Asbury Park

County (6)
Monmouth

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

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

Street Address
PO Box 483, 4 E Gate Drive

City, State, Zip Code
Glenwood, NJ 07418

Project Manager for Monitoring Firm

Telephone No.
973-764-2278

License No.
703

Start Date (10)
9/13/16

Scheduled Completion Date (11)
11/10/16

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

Scope of Work (Check All That Apply)
☐ 23 sf or 23 I2
☒ 160 sf or 260 sf
☐ Demolition
☐ Renovation

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<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</td>
<td>☒</td>
<td>pipe insulation</td>
<td>95 LF</td>
<td>☒ Endorse</td>
</tr>
<tr>
<td>basement</td>
<td>☒</td>
<td>boiler insulation</td>
<td>60 SF</td>
<td>☒ Endorse</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
Freehold Cartage

NJDEP Waste Hauler ID No.
15839

Cubic Yards of Waste
TBD

Name of Registered Landfill
Western Berks Landfill

City, State
Birdsboro, PA

Disposal Date
TBD

Completed by
A. Scott Higgins
Title
President

Signature

Date
8/30/16

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

Date of Notification (1)
8/29/16

Name of Building Owner/Operator (2)
Kyle Flynn

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

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

Street Address

City, State, Zip Code
Maplewood, NJ 07040

Name of Contact
Kyle Flynn

FACILITY INFORMATION

Type of Facility (4)

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

Square Feet
2200

# of Floors
2

Bldg. Age
64

County Code (7)
Essex

COUNTY USE ONLY

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.

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

Street Address
PO Box 483, 4 E Gate Drive

City, State, Zip Code
Glenwood, NJ 07418

Project Manager for Monitoring Firm

Telephone No.
973-764-2276

License No.
703

Start Date (10)
9/6/16

Scheduled Completion Date (11)
10/31/16

Occupy Status During Abatement (Check Only One)

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

Scope of Work (Check All That Apply)

- ≥3 sf or ≥3 if
- ≥100 sf or ≥200 if
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM)

TO BE ABATED

In Facility

(13)

Is Location Normally Used Solely by Maintenance/Custodial Staff?

Yes
No
N/A

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

Amount
Specify
SF or LF

Location

Abatement Type

Name of Registered Waste Hauler
Freehold Cartage

NJDEP Waste Hauler ID No.
19939

Cubic Yards of Waste
TBD

Name of Registered Landfill
Western Berks Landfill

City, State
Birdsboro, PA

Disposal Date
TBD

Name of Registered Landfill

City, State

Completed by
A. Scott Higgins

Title
President

Signature

Date
8/29/16

* 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)
08-29-2016

Name of Building Owner/Operator (2)
Matthew Mastroilli

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

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

Street Address
City, State, Zip Code
Sea Girt NJ 08750

Name of Contact
Matthew Mastroilli

FACILITY INFORMATION

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

Street Address
City (5)
Sea Girt NJ 08750

County (6)
Monmouth

County Code (7) (STATE USE ONLY)

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

Square Feet
N/A

# of Floors
N/A

Bldg. Age
N/A

Current Use (Prior to being demolished)
Private Dwelling

Name of Monitoring Firm Hired by Building Owner (8)
Bioterra Solution

ASCM No.

Name of Abatement Contractor (9)
Amax Contracting LLC

Street Address
PO BOX 734

City, State, Zip Code
Woodland Park nj 07424

License No.
01266

Telephone No.
973-692-6298

Project Manager for Monitoring Firm
Rick Eustaquiou

Telephone No.

Start Date (10)
09-10-2016

Scheduled Completion Date (11)
09-12-2016

Occuancy 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] ≥2 s f or ≥2 If
- [ ] ≥160 s f or ≥250 If
- [x] Renovation
- [ ] Demolition
- [x] Full Containment with Negative Pressure
- [x] Mini-Enclosure
- [x] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

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

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

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

Amount (Specify SF or LF)
20 SF

Abatement Type
- [x] Removal
- [ ] Repair
- [ ] Encapsulate
- [x] Enclosure

Name of Registered Waste Hauler
Amax Contracting LLC

NJDEP Waste Hauler ID No.
0036184

Cubic Yards of Waste
2 cy

Name of Registered Landfill
GROWS

City, State
Woodland Park NJ 07424

Completed by
Tome Maslarkov

Title
Project Manager

Signature

Date
08-29-2016

* 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 29, 2016
Name of Building Owner/Operator (2) Bevin Irvin

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

Street Address
City, State, Zip Code
Oakhurst, NJ 07755

Name of Facility Where Abatement is Taking Place (3)
Whitfield Hotel

Street Address
18-20 Surf Avenue
City
Ocean Grove
County (6) Monmouth

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

Square feet Current Use (Prior if being demolished)
7000 sf Hotel

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

Street Address
1889 Route 9, Unit 61
City, State, Zip Code
Toms River, NJ 08755

Project Manager for Monitoring Firm Telephone Number
Nicholas Fernicola 732-349-9932

Scheduled Start Date (10) Scheduled Completion Date (11)
9/9/16 9/14/16

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

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

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

Type of Work
[ ] 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)

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

Amount (Specify SF or LF)

Abatement Type

Basement X Asbestos pipe insulation 250 lf X

Name of Registered Waste Hauler
Guardian Contracting, Inc.

City, State
Toms River, New Jersey

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

Cubic Yards of Waste
5

Disposal Date
9/15/16

Completed by (Print or Type) Nicholas Fernicola

Title Project Manager

*Do not use this form for asbestos licensure exempted activities
**DEMOlITION / RENOVATION NOTIFICATION**

<table>
<thead>
<tr>
<th>Operator Project #</th>
<th>Postmark</th>
<th>Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**I. TYPE OF NOTIFICATION** (O - Original  R - Revised  C - Cancelled): O

**II. IS ASBESTOS PRESENT?** (Yes/No): Y

**III. FACILITY INFORMATION** (identify owner, removal contractor and other operator)

**OWNER NAME:** Bevin Irvin

**Address:**  

**City:** Oakhurst  
**State:** New Jersey  
**Zip:** 07755

**Contact:** Bevin Irvin  
**Tel:** [Redacted]

**REMOVAL CONTRACTOR:** Guardian Contracting, Inc.

**Address:** 1889 Route 9, Unit 61  
**City:** Toms River  
**State:** New Jersey  
**Zip:** 08755

**Contact:** Nicholas Femicola  
**Tel:** 732-349-9932

**OTHER OPERATOR (if different)**

**Address:**  

**City:**  
**State:**  
**Zip:**

**Contact:**  
**Tel:**

**IV. TYPE OF OPERATION** (D - Demo  O - Ordered Demo  R - Renovation  E - Emergency Renovation): R

**V. FACILITY DESCRIPTION** (including building name, number and floor or room number)

**Building Name:** Hotel

**Address:** 18-20 Surf Avenue

**City:** Ocean Grove  
**State:** New Jersey  
**County:** Monmouth

**Site Location:** Basement

**Building Size:** 7000 sf  
**# of Floors:** 4  
**Age in Years:** 100

**Present Use:** Residency  
**Prior Use:** Hotel

**VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:**

**IS MATERIAL ASSUMED TO BE ASBESTOS?**

**APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:**

<table>
<thead>
<tr>
<th>1. Regulated ACM to be removed</th>
<th>RACM To Be Removed</th>
<th>LOCATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Category I ACM not removed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Category II ACM not removed</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Pipes (Linear feet):** 250 lf  
**Surface Area (Square feet):**

**RACM Off Facility Component (Cubic feet):**

**VII. SCHEDULE DATES ASBESTOS REMOVAL (MM/DD/YY)**

**Start:** 9/9/16  
**Complete:** 9/14/16
NOTIFICATION OF DEMOLITION AND RENOVATION (continued)

x. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED

xi. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:

Removal to take place using negative pressure glove-bag method. Prior to removal, work area to be isolated, negative air units to be put in place. All asbestos insulation will be saturated with a surfactant/water mix. All waste to be double bagged, sealed and affixed with appropriate warning labels and placed in closed locked containers. Warning signs will be placed in all areas of all surfaces where removal took place. All materials to be kept wet during the entire operation. Final cleaning will consist of HEPA vacuuming and wet wiping of all surfaces.

xii. WASTE TRANSPORTER #1 Name: Guardian Contracting, Inc.
Address: 1889 Route 9, Unit 61
City: Toms River State: New Jersey Zip: 08755
Contact Person: Nicholas Fernicola

xiii. WASTE TRANSPORTER #2 Name:
Address:
City: State: Zip:
Contact Person:

xiv. WASTE DISPOSAL SITE Name: T.R.R.F.
Location: Bordentown Road
City: Tullytown State: Pennsylvania Zip: 19007
Telephone: 215-943-9732 Permit #: 101494

xv. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW AND ATTACH COPY OF ORDER

Name: Title:
Authority:
Date of Order (MM/DD/YY): Date Ordered to Begin (MM/DD/YY):

xvi. FOR EMERGENCY RENOVATIONS

Date and Hour of Emergency (MM/DD/YY):
Description of the Sudden, Unexpected Event:

xvii. EXPLANATION OF HOW THE EVENT CAUSED UNSAFE CONDITIONS OR WOULD CAUSE EQUIPMENT DAMAGE OR AN UNREASONABLE FINANCIAL BURDEN:

xviii. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER

xix. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ONSITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required after November 20, 1991)

Nicholas Fernicola / Project Manager August 29, 2016
(Printed Name/Title) (Signature of Owner/Operator)

xviii. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Nicholas Fernicola / Project Manager August 29, 2016
(Printed Name/Title) (Date)
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>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>8-28-16</td>
<td>Jackie Takubit</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>City (5)</th>
<th>County Code (7)</th>
<th>Current Use (Prior if being demolished)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Barnegat</td>
<td>NJ 08005</td>
<td>Single Family Dwelling</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>P.O. Box 337</td>
<td>Steve Schenker</td>
<td>609-758-3365</td>
<td>00-394</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sept 8, 2016</td>
<td>Sept 8, 2016</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check All That Apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Renovation</td>
</tr>
<tr>
<td>□ Demolition</td>
</tr>
<tr>
<td>□ 23 sf or 23 ft</td>
</tr>
<tr>
<td>□ 2160 sf or 2260 ft</td>
</tr>
<tr>
<td>□ Full Containment with Negative Pressure</td>
</tr>
<tr>
<td>□ Mini-Enclosure</td>
</tr>
<tr>
<td>□ Non-Exempted (*) and Non-Viable Procedure</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Abatement Type</th>
<th>Amount (Specify SF or LP)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1500 SF</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>EPC Technologies</td>
<td>17000</td>
<td>6</td>
<td>Waste Management of PA</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>New Egypt, NJ</td>
<td>9-9-16</td>
<td>Moonsville, PA</td>
<td>8-28-16</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):** 8/30/16

**Name of Building Owner/Operator (2):** Timothy Boldett

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

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

**Address Information:**
- **Street Address:** [Redacted]
- **City, State, Zip Code:** West Long Branch, NJ 07764

**Facility Information:**
- **Name of Facility Where Abatement is Taking Place (3):** West Long Branch
- **City (5):** West Long Branch
- **County Code (6):** Monmouth
- **County (5):** Monmouth
- **Square Feet:** 1,802
- **# of Floors:** 2
- **Bldg. Age:** 62
- **Current Use (Prior if being demolished):** Home

**Monitoring Firm Information:**
- **Name of Monitoring Firm Hired by Building Owner (8):** [Redacted]
- **ASCM No.:** [Redacted]

**Abatement Contractor Information:**
- **Name of Abatement Contractor (9):** Brick Industries Inc.
- **Street Address:** P.O. Box 915
- **City, State, Zip Code:** Brick, New Jersey 08723

**Project Manager Information:**
- **Project Manager for Monitoring Firm:** [Redacted]
- **Telephone No.:** (732)899-7499
- **License No.:** 01196

**Scheduled Completion Date (11):** 9/14/16

**Occupancy Status During Abatement:**
- [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 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:**
- **Location Normally Used Solely by Maintenance/ Custodial Staff?** (12)
  - [ ] Yes
  - [x] No
  - [ ] N/A

**Asbestos-Containing Material (ACM):**
- Asbestos Floor Tile 800SF

**Amount (Specify SF or LF):** 800SF

**Abatement Type:**
- [ ] Removal
- [x] Repair
- [ ] Encapsulate
- [ ] Enclose

**Registered Waste Hauler Information:**
- **Name of Registered Waste Hauler:** [Redacted]
- **Waste Hauler ID No.:** 21602
- **Cubic Yards of Waste:** 6

**Landfill Information:**
- **Name of Registered Landfill:** GROWS Inc.
- **Disposal Date:** 9/15/16
- **City, State:** [Redacted]
- **State:** PA

**Completed by:**
- **Completed by:** Eric Plackis
- **Title:** President
- **Signature:** [Signature]
- **Date:** 8/30/16

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

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

Street Address

City, State, Zip Code  
Titusville, NJ 08560

Name of Contact  
John Makormic

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Street Address

City (5)  
Titusville, NJ 08560

County (6)  
Mercer

Square Feet  
1500

# of Floors  
2

Bldg. Age  
+50

Current Use (Prior if being demolished)

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

Name of Abatement Contractor (9)  
Dinago Environment LLC.

Street Address  
339-Lafayette Street

City, State, Zip Code  
Newark, NJ 07105

Project Manager for Monitoring Firm

Telephone No.

973-491-0877

License No.

01240

Start Date (10)  
9/3/16

Scheduled Completion Date (11)  
9/7/16

Name of OSHA Monitor  
J&S Environment Corp.

Street Address  
2333-Route 22 West

City, State, Zip Code  
Union, NJ 07803

Scope of Work (Check All That Apply)

☒  Renovation

☒  Demolition

☐  Full Containment with Negative Pressure

☐  Mini-Enclosure

☐  Glovebag Procedure

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

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

In Facility (13)

Yes  
No  
N/A

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

Basement  

Pipe Insulation  
120 LF

☐  Removal

☒  Repair

☐  Encapsulation

☐  Enclosure

Name of Registered Waste Hauler

Newark Carting

NJDEP Waste Hauler ID No.  
04309

Cubic Yards of Waste

Disposal Date  
City, State  
P.Box 5670

2335-Applebutter Rd. Betlehem, PA

Completed by  
Carlos Gomes

Title  
President

Signature

Date  
9/22/16
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)

**Date of Notification (1)**

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
<td>John Makormic</td>
</tr>
<tr>
<td>DEP</td>
<td>Amended</td>
<td></td>
</tr>
<tr>
<td>DOL</td>
<td>Amendment # 1</td>
<td></td>
</tr>
<tr>
<td>DOH</td>
<td>Emergency (including justification)</td>
<td></td>
</tr>
<tr>
<td>DCA</td>
<td>Cancellation</td>
<td></td>
</tr>
</tbody>
</table>

**Street Address**

City, State, Zip Code: Titusville, NJ 08560

**Name of Contact**

John Makormic

**Telephone Number**

---

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3)

**Square Feet**

1500

**# of Floors**

2

**Bldg. Age**

+50

Current Use (Prior if being demolished)

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

ASCM No.

**Name of Abatement Contractor (9)**

Dinago Environment LLC.

**Telephone No.**

973-491-0877

**License No.**

01240

**Street Address**

339-Lafayette Street

City, State, Zip Code: Newark, NJ 07105

**Project Manager for Monitoring Firm**

N/A

**Telephone No.**

N/A

**Start Date (10)**

8/27/2016

**Scheduled Completion Date (11)**

8/30/2016

**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-Friable Procedure

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

<table>
<thead>
<tr>
<th>Location of</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>Basement</td>
<td>x</td>
<td>Pipe Insulation</td>
<td>120 LF</td>
<td>x</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**

Newark Carting

NJDEP Waste Hauler ID No. 04509

Cubic Yards of Waste

Disposal Date

City, State: 2335-Applebutter Rd. Bethlehem, PA

2333-Route 22 West

City, State, Zip Code: Union, NJ 07003

**Completed by**

Carlos Gomes

Title: President

Signature:

Date: 8/22/16
**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 8:80 and 12:120)

**State of New Jersey**

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>8/25/2016</td>
<td>Private Property</td>
</tr>
</tbody>
</table>

**Agencies Notified**

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

**Type Notification**

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

**Street Address**

[Redacted]

**City, State, Zip Code**

Guttenberg NJ 07088

**Name of Contact**

Benny Fontenece

**FACILITY INFORMATION**

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

Private Property

**Type of Facility (4)**

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

**Square Feet**

2400

**# of Floors**

2

**Bldg. Age**

+50

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

houses

**County Code (7)**

[STATE USE ONLY]

**Hudson**

**Name of Monitoring Firm Hired by Building Owner (5)**

N/A

**ACM No.**

N/A

**Name of Abatement Contractor (9)**

Dinago Environment LLC

**Street Address**

339 Lafayette Street

**City, State, Zip Code**

Newark NJ 07105

**Project Manager for Monitoring Firm**

N/A

**Telephone No.**

973-491-0877

**License No.**

01240

**Start Date (10)**

9/5/2016

**Scheduled Completion Date (11)**

9/12/2016

**Name of OSHA Monitor**

J&S Environmental Corp

**Street Address**

2333 Route 22 West

**City, State, Zip Code**

Union NJ 07803

**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)**

- [ ] ≥200 sf or ≥3 If
- [ ] ≥160 sf or ≥260 If
- [x] Renovation
- [ ] Demolition

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

TO BE ABATED

[ ] IN Facility

[ ] 13

[ ] N/A

**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)

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

**Amount (Specify SF or LF)**

3000SF

**Abatement Type**

[ ] Removal

[ ] Repair

[ ] Encapsulate

[ ] Endorse

Name of Registered Waste Hauler

NJDEP Waste Hauler ID No.

04509

Cubic Yards of Waste

20Yrds

Name of Registered Landfill

ISES Bethlehem Landfill

City, State

2335 Applebutter Rd Bethlehem PA

Completed by

Carlos Gomes

Title

President

Signature

Date

8/25/2016

* 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)
8/25/2016

Name of Building Owner/Operator (2)
Private Property

Agencies Notified Type Notification

- EPA
- DEP
- DOL
- DOH
- DCA
- X Initial
- Amended
- Amendment # 
- Emergency (including justification)

Street Address

City, State, Zip Code
Guttenberg NJ

Name of Contact
Benny Fontenece

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

Street Address

City (5)
Guttenberg NJ

County (6)
Hudson

County Code (7) (STATE USE ONLY)

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

ASCM No.
N/A

Name of Abatement Contractor (9)
Dinago Environment LLC

Street Address
339 Lafayette Street

City, State, Zip Code
Newark NJ 07105

Project Manager for Monitoring Firm
N/A

Telephone No.
973-491-0877

License No.
01240

Start Date (10)
9/5/2016

Scheduled Completion Date (11)
9/12/2016

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 ≥3 If
- 160 sf or ≥260 lf
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Endosore
- Glovebag Procedure
- Non-Exempted (*) and Non-Removable 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, VAT, or other miscellaneous)
shingles siding

Amount (Specify SF or LF)
3000SF

Abatement Type
- Removal
- Repair
- Encapsulate
- Endorse

Name of Registered Waste Hauler
Newark Carting Inc

NJDEP Waste Hauler ID No.
04509

Cubic Yards of Waste
20Yards

Name of Registered Landfill
IES Bethlehem Landfill

Disposal Date
City, State
2335 Applebutter Rd Bethlehem PA

Completed by
Carlos Gomes

Title
President

Signature

Date
8/23/2016

Do not use this form for asbestos licensure exempted activities.