State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:59 and 12:120)

Date of Notification (1): 9/2/16

Name of Building Owner/Operator (2): IAT Project Development, LLC/Construction Services

Type of Notification (3):

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

Street Address:
339 Jefferson Road
City, State, Zip Code: Parsippany, NJ 07054

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

Name of Facility Where Abatement is Taking Place (5):
Trenton Charter School

Street Address:
500 Perry Street
City, State, Zip Code: Trenton, NJ 08618

County (6): Mercer County

Name of Monitoring Firm Hired by Building Owner (7):
Viking Environmental Corp.

Name of Abatement Contractor (8):
Guilliano Environmental, LLC

ASCM No.:

222 Jersey Mill Road
Sayreville, NJ 08872

City, State, Zip Code: Sayreville, NJ 08872

Start Date (9):
9/1/16

Scheduled Completion Date (10):
TBD or 9/30/16

Name of OSHA Monitor:

Location of Asbestos-Containing Material (ACM) TO BE ABATED (11):

- Roof-ACM Abatement
- Roof ACM

Is Location Normally Used Solely by Maintenance/Custodial Staff? (12):
- Yes
- No
- NA

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

Amount (Specify): 21,000 SF

Abatement Type:

- Removal
- Disposal of Roof ACM

Name of Registered Waste Hauler:
Guilliano Enviro-Codi Transport, LLC

NDEP Waste Hauler ID No.:
00344591

City, State Zip Code: Sayreville, NJ 08872

Disposal Date:

Name of Registered Landfill:

Tullytown Resource Recovery Facility

City, State, Zip Code: Tullytown, PA 19007

Completed by:
Chris Guilliano
Title: Member

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

**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 8:26 and 12:12C)

**Date of Notification (1)**

9/6/16

---

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

GOLDBERG REALTY

---

**Address**

38 CLINTON ROAD

**City, State, Zip Code**

WEST CALDWELL, NJ 07006

---

**Name of Contact**

JEAN ALBERNIZ

---

**Facility Information**

**Type of Facility (4)**

A. Apartments, Commercial, Other

**Square Foot**

6,000

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

APTS

---

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

ADAM No.

---

**Name of Abatement Contractor (6)**

A. MAC Contracting Inc.

---

**Start Date (10)**

9/6/16

**Scheduled Completion Date (11)**

9/12/16

---

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

- CRAWLSPACE APARTMENT

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

- Pipe

---

**Abatement Type**

- **Non-Disturbance**

---

**Name of Registered Waste Hauler**

Newark Carting, Inc.

---

**Name of Registered Landfill**

1601 PA Bethlehem Landfill Corp.

---

**Notes**

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

**Name of Responsible Contractor (Co.):**
GOLD BERN REALTY ASSOCIATES

**Address:**
33 Clinton Rd
WEST CUMBERLAND, N.J. 07006

**Kris Farley**
Telephone Number

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place:**
QUEENS GARDEN APARTMENTS

**Street Address:**
3 Ronald Drive

**City:**
COLONIA

**County:**
MIDDLESEX

**Name of Monitoring Firm Used by Exhibiting Contractor:**

**City:**

**State:**

**Zip Code:**

**Current Use of Building (Tick Only One):**

**Residential:**

**Type of Building (Tick Only One):**

**Residential:**

**License No.:**

**Telephone:**

**Name of Asbestos Control Contractor (Co.):**
A.M.AC. Contracting Inc.

**Address:**
105 Vreeland Ave.

**City:**
Midland Park, N.J.

**Telephone:**

**Fax Number:**

**Name of Asbestos Control Contractor (Co.):**
Omega Environmental Services

**Address:**
280 Huyler St

**City:**
Hackensack, N.J. 07606

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

- Documented

- Roof Containment with Negative Pressure

- OTHER

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

**Basement #2**

**Basement #4**

**Basement #5**

**Amount:**

- Pipe Insulation 318 LF

- Pipe Insulation 203 LF

- Pipe Insulation 175 LF

**Name of Registered Waste Handler:**

**Newark Carting, Inc.**

**Newark, NJ**

**Disposal Date:**

**9/6/16**

**Name of Registered Landfill:**

**IESI PA Bethlehem Landfill Corp.**

**City:**

**State:**

**Date:**

**9/6/16**
STATE OF NEW JERSEY

NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:1201)

Date of Notification [Y] ____________________________
Name of Building Owner/Operator: RENALDO QUIPHE

Address of Building: [Redacted]
Street: [Redacted]
City: [Redacted]
State: [Redacted]
Zip: 07513

Facility Information:
Name of Facility Where Abatement is Taking Place: [Redacted]
Type of Activity: Residential

Name of Building Owner/Operator: RENALDO QUIPHE

State Use Only:
Name of Project Manager for Monitoring Firm:
Telephone No.:

Start Date [Y]: 9/17/16
Scheduled Completion Date [Y]: 9/30/16

Frequency Status During Abatement (Check Only One):
- Partial or Full Exposure During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other - Describe:

Stage of Work (Check All That Apply):
- $30,000 or under
- $50,000 or under
- $100,000 or under
- $300,000 or under
- Abatement
- Demolition

Location of Asbestos-Containing Material (ACM) To Be Abated in Facility:
- Basement
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]

Name of Registered Waste Hauler:
Newark Carting, Inc.

City, State:
Newark, NJ

Name of Registered Landfill:
IESI PA Bethlehem Landfill Corp

City, State:
Bethlehem, PA

Date: 9/17/16

I certify under penalty of perjury that the information on this form is true and correct and that the abatement activities have been completed.

[Signature]
Vice President

Date: 9/17/17
### Notification of Asbestos Abatement

**Date of Notification:** 9/16/16  
**Name of Building Owner (Operator):** ARTHUR CONKLIN

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

**County:** MORRIS

**Type of Abatement:**  
- Asbestos containing materials (ACMs)  
- Cable, Shielding Material, ACM  
- +/- related ACM

**Location of Asbestos Containing Materials (ACMs):**  
- Basement
- Pipe Insulation

**Abatement Type:**  
- Methodist

**Name of Approved Waste Hauler:** Newark Carting, Inc.

**Name of Contractor:** MELISSA PLUMNEE-LYNCH

---

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<tr>
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<th>Description</th>
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<th>No</th>
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<tr>
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<td>Pipe Insulation</td>
<td>✓</td>
<td></td>
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<tr>
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<td></td>
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---

**State of New Jersey**

**Notification of Abatement**

(Pursuant to NJAC 8:30 and 12:120)

---

**Comments:**

- Use this form for asbestos removal activities.
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)

**Date of Notification (1)**
- Agencies Notified:
  - [X] EPA
  - [X] DEP
  - [X] DOL
  - [ ] DOH
  - [ ] DCA

- Name of Building Owner/Operator (2):
  - Glenreal Equities, LLC

- Street Address:
  - 210 River Street Suite 33

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

- Name of Contact:
  - Mr. Frank Soruma

**FACILITY INFORMATION**

- Type of Facility (4):
  - Residential

- Square Feet:
  - 9,846

- # of Floors:
  - 4

- Bldg. Age:
  - 76

- Current Use (Prior if being demolished):
  - Residential

- Name of Monitoring Firm Hired by Building Owner (5):
  - Omega Environmental Services, INC

- ASCM No.:
  - 00120

- Name of Abatement Contractor (9):
  - All Clean Environmental, LLC

- Street Address:
  - 106 Vreeland Avenue

- City, State, Zip Code:
  - South Hackensack NJ 07606

- Street Address:
  - 399 Knollwood

- City, State, Zip Code:
  - White Plains, NY 10603

**Project Manager for Monitoring Firm**
- Mr. Geiser Fajardo

**Telephone No.**
- 201 489-8700

**License No.**
- 01243

**Occupancy Status During Abatement (Check Only One)**
- [X] Facility Closed/Vacated During Entire Period of Abatement Performed Outside of Normal Facility Hours
- Other - Describes:
  - 8 am to 5pm

**Start Date (10)**
- September 19, 2016

**Scheduled Completion Date (11)**
- October 20, 2016

**Scope of Work (Check All That Apply)**
- [X] Renovation
- [X] Demolition
- [X] Full Containment with Negative Pressure
- [X] 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>
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<tr>
<td>Pipe / Basement</td>
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<td>Insulation</td>
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<td>Tank / Basement</td>
<td>[X]</td>
<td>Insulation</td>
<td>75 LF</td>
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Name of Registered Waste Hauler:
- Newark Carting

Name of Registered Landfill:
- IESI

City, State:
- Newark NJ

Disposal Date:
- Bethlehem PA 18015

**Completed by**
- Carmen Represa

**Title**
- Office Manager

**Signature**
- [Signature]

**Date**
- 09/06/2016

*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)
01/10/16

Name of Building Owner/Operator (2)
scott veale

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

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

Amendment #:

City, State, Zip Code
MONTCLAIR, NJ 07042

Name of Contact
scott veale

Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
scott veale

Street Address

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

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

ASCM No.

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

Square Feet # of Floors Bldg. Age

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

Street Address
20 California Ave.

City, State, Zip Code
Paterson, NJ 07503

Telephone Number
973-345-8020

License Number
01169

Name of OSHA Monitor
D & S Restoration, Inc.

Street Address
20 California Avenue

City, State, Zip Code
Paterson, NJ 07503

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

Start Date (10) Sched. Completion Date (11)
09/12/16 09/30/16

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

Location of asbestos-containing material (Asbestos) 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 108 1 ft

Amount (Specify SF or LF)

Removal Repair Encapsulation

Registered Waste Hauler
D & S RESTORATION, INC.

NJDEP Hauler ID# 13506
Cubic Yards of Waste 2 yds.

Name of Registered Landfill
TULLYTOWN, RESOURCE RECOVERY

City, State
PATERSON, NJ 07503

Disposal Date
09/13/16

Completed by (Print or Type)
BOGDAN JOLDZIC

Title PRESIDENT

Signature
Date 09/02/2016

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

Date of Notification (1) 10/18/2010

Name of Building Owner/Operator (2) thomas lehman

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

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

Street Address

City, State, Zip Code

Name of Contact thomas lehman

Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3)

thomas lehman

City

County

County Code (State use only)

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

ASCM No.

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

Square Feet

# of Floors

Bldg. Age

Name of Abatement Contractor (9)

D & S RESTORATION, INC.

Street Address

20 California Ave.

City, State, Zip Code

Paterson, NJ 07503

Telephone Number

973-345-8020

License Number
01169

Name of OSHA Monitor

D & S Restoration, Inc.

Street Address

20 California Avenue

City, State, Zip Code

Paterson, NJ 07503

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

Start Date (10)

08/31/16

Sched. Completion Date (11)

09/15/16

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

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

basement

PIPE INSULATION

Amount (Specify SF or LF)
1201 ft

Registered Waste Hauler

D & S RESTORATION, INC.

NIDEP Hauler ID
13506

Cubic Yards of Waste
2 yds.

Name of Registered Landfill
TULLYTOWN, RESOURCE RECOVERY

City, State
PATerson, NJ 07503

Disposal Date
09/01/16

Name of Registered Landfill
TULLYTOWN, PA

City, State

Completed by (Print or Type) BOGDAN JOLDZIC

Title PRESIDENT

Signature

Date 08/30/2016
**NOTIFICATION OF ASBESTOS ABATEMENT**

- **State of New Jersey**
- **Date of Notification (1)**: 9/12/14
- **Name of Building Owner/Operator (2)**: IAT Project Development LLC
- **Street Address**: 339 Jefferson Road
- **City, State, Zip Code**: Parsippany, NJ 07054
- **Name of Contact**: Brian Lenchak

**FACILITY INFORMATION**

- **Name of Facility Where Abatement is Taking Place (3)**: Trenton Charter School
- **Street Address**: 500 Perry Street
- **City**: Trenton, NJ 08618
- **County Code**: Mercer County

**Name of Monitoring Firm Hired by Building Owner (8)**: Viking Environmental Corp. or TBD

**Name of Abatement Contractor (9)**: Guilianno Environmental, LLC
- **EIN**: 26.473.7897
- **Street Address**: P.O. Box 1554
- **City, State, Zip Code**: Sayreville, NJ 08872
- **Telephone No.**: (732) 696-7400
- **License No.**: NJ01267 NY 46007

**Occupancy Status During Abatement (Check Only)**
- **Facility Closed/Vacant During Entire Period of Abatement**: Yes
- **Abatement Performed Outside of Normal Facility Hours**: No

**Scope of Work (Check All That Apply)**
- **Type of Facility**: Charter School
- **Asbestos-Containing Material (ACM)**
  - **Location of Asbestos-Containing Material (ACM)**: Roof
- **Location of Asbestos-Containing Material (ACM)**
  - **Is Location Normally Used Solely by Maintenance/Custodial Staff?**: Yes
  - **Description of Asbestos-Containing Material (ACM)**: ROOF ACM
- **Amount (Specify):** 21,000 SF

**Abatement Type**
- **Declaration**: Removal & Disposal of ROOF ACM
- **Removal**: ROOF ACM
- **Disposal**: 21,000 SF

**Name of Registered Waste Handler**: Guilianno Env.
- **CO: Transportation, LLC**:
  - **City, State, Zip Code**: Sayreville, NJ 08872
  - **Disposal Date**: 9/12/14

**Completed By**: Chris Guilianno
- **Title**: Member
- **Signature**: [Signature]

---

*Do not use this form for asbestos license exempted activities*
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<th>9/6/16</th>
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<td>38 CHAPMAN ROAD</td>
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<td>WEST CROLL</td>
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<tr>
<td>Name of Contact</td>
<td>JEAN ALCHEWICZ</td>
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<td>Telephone Number</td>
<td>973-805-2700</td>
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<td>Name of Facility Where Abatement Is Taking Place (5)</td>
<td>MARY ANN APARTMENT</td>
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<td>Street Address</td>
<td>500 BLOOMFIELD AVE</td>
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<td>City (6)</td>
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<td>Name of Site Manager</td>
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<td>Project Manager for Monitoring Firm</td>
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<td>Name of Abatement Contractor (4)</td>
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<td>Name of OSHA Monitor</td>
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<td>X Mini-Enclosure</td>
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<td>X Non-Exempted (*) and Non-Flexible Procedure</td>
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<td>Location of Asbestos-Containing Material (ACM)</td>
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<td>In Facility (13)</td>
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<td>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</td>
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<td>Occurrence of Asbestos Containing Material (ACM) (ie thermal systems insulation, surfacing, VLT, or other miscellaneous)</td>
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<td>N.J. DEP Waste Hauler ID No.</td>
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<tr>
<td>Completed by</td>
<td></td>
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<tr>
<td>A. MacCormick</td>
<td></td>
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</table>

*Do not use this form for asbestos removal activities.*
September 6, 2016

Mr. Franklin G. Meyer
NJ Department of Labor and Workforce Development
P.O. Box 949
Trenton, NJ 08625

Re: Asbestos Removal at Ridge Gardens

Dear Mr. Horner:

In the process of making emergency repairs on the heating main lines leaking in the crawlspace that is causing some apartments to have no hot water, some asbestos looking material was found. We request that the ten (10) day notification for asbestos removal be waived. We need A-Mac Contracting to remove the asbestos so that the repair can be made immediately.

Work Site: Mary Ann Apartments
500 Bloomfield Ave.
Caldwell, NJ

Owner: Goldberg Realty
33 Clinton Road
West Caldwell, NJ 07006
Contact (Super) Darrett
973-567-9640

Thank you for your cooperation in this matter.

Very truly yours,

TRI-TECH ENERGY, INC.

[Signature]

Richard A. Shatwell

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

Date of Notification (1): 9/6/16

Name of Responsible Contractor (2): Goldstein Realty Associates

Address of Project (1): 33 Clinton Rd

City, State, Zip Code: West Caldwell, NJ 07006

Telephone Number: 610-360-8779

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

Queens Garden Apartments

3 Ronald Drive

Colonia, Middlesex

RESIDENTIAL

Name of Contractor (3): KRIS FARLEY

FACILITY INFORMATION

Type of Structure:

1 Story or Multi-Story

Size (in sq ft): 2500

Rentable Square Foot Age:

4 +50

Name of Property Owner:

RENTAL

Name of Owner/Manager:

W. R. KAPLAN

Residential, Commercial, Other:

Residential

License Number:

201106

Name of Usual Contractor:

Omega Environmental Services

280 Hyler St

Hackensack, NJ 07606

Project Manager for Monitoring Firm:

Dennis A. Gribb

License No.:

(205) 933-3311

Scope of Work (Check All That Apply):

- 12 ft or 25 ft

- 30 ft or 50 ft

- Full Containment with Negative Pressure

- Piping Insulation

- Other: Pipe Insulation

- Other: 2HLP

- Other: 2HGP

- Other: 1KLP

Name of Registered Waste Hauler:

Newark Carting, Inc

City, State, Zip Code:

Newark, NJ 07104

Date of Notification (1):

9/6/16

Signature of Person Completing Form:

J. Vocaturo

Vice President

Date:

9/6/16

*Please use this form for asbestos license-exempted activities.*
**NOTIFICATION OF ASBESTOS ABATEMENT**

**State of New Jersey**

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>9/17/16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>RENALDO QUIZPE</td>
</tr>
<tr>
<td>Street Address</td>
<td>[Redacted]</td>
</tr>
<tr>
<td>City, State Zip Code</td>
<td>PATerson, NJ 07513</td>
</tr>
<tr>
<td>E-mail Address</td>
<td>[Redacted]</td>
</tr>
<tr>
<td>Phone No</td>
<td>973-608-4557</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>[Redacted]</td>
</tr>
<tr>
<td>City, State Zip Code</td>
<td>PATerson, NJ 07513</td>
</tr>
<tr>
<td>County (5)</td>
<td>[Redacted]</td>
</tr>
<tr>
<td>Description of Address Number or Location</td>
<td>[Redacted]</td>
</tr>
<tr>
<td>Description of Facility Type</td>
<td>RESIDENTIAL</td>
</tr>
</tbody>
</table>

**Abatement Contractor (9)**

<table>
<thead>
<tr>
<th>Name of Abatement Contractor</th>
<th>A.MAC Contracting Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>185 Vreeland Ave</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Mindand Park, NJ</td>
</tr>
<tr>
<td>Telephone No</td>
<td>[Redacted]</td>
</tr>
<tr>
<td>License No</td>
<td>101/262-8941</td>
</tr>
</tbody>
</table>

**Date of Start Point (11) | 9/17/16**

**Estimated Completion Date (11) | 9/30/16**

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Description</th>
<th>Amount of ACM</th>
</tr>
</thead>
<tbody>
<tr>
<td>BASEMENT</td>
<td>PIPE INSULATION</td>
<td>N/A</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Handler**

<table>
<thead>
<tr>
<th>Name of Registered Waste Handler</th>
<th>Newark Carting, Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State, Zip Code</td>
<td>Newark, NJ 07102</td>
</tr>
</tbody>
</table>

**Name of Registered Landfill**

<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
<th>ELSI PA Bethlehem Landfill Corp</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State, Zip Code</td>
<td>Bethlehem, PA 18017</td>
</tr>
</tbody>
</table>

**Signature**

| Signature | [Redacted] | Date | 9/17/16 |

---

Use this form for abatement licenses and exempted activities.
**State of New Jersey**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:29-12.10)

<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>9/16/16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Builder/Owner/Operator</td>
<td>ARTHUL CONKLIN</td>
</tr>
<tr>
<td>Address</td>
<td>1469 ENCANTO BLVD, EL PASO, TX 79924</td>
</tr>
<tr>
<td>City State Zip Code</td>
<td>EL PASO, TX 79924</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>MELISSA FURONG</td>
</tr>
<tr>
<td>Phone Number</td>
<td>973-905-5770</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

| Name of Facility Where Abatement is Taking Place | RESIDENCE |
| Name | POMPTON PLAINS |
| City | MORRIS |
| Name of Monitoring Firm Hired by Builder/Owner/Operator | A.A.M. ENVIRONMENTAL SERVICES |
| Telephonic No | 973-751-7171 |
| Name of Abatement Contractor | A.M.A.C. CONTRACTING INC |
| Street Address | 183 WIRGINIA AVE, REDEEMER MINISTRIES |
| City State Zip Code | MIDLAND PARK, NJ 07432 |
| License No | 00075 |

**Abatement Status**

- [ ] Emergency Abatement
- [X] Regular Abatement Scheduled
- [ ] Request for Delay
- [ ] Request for Extension

**Abatement Start Date**

- 9/17/16
- 9/30/16

**Abatement End Date**

- 9/30/16

**Location**

- [ ] Roof
- [X] Insulation

**Type of Abatement**

- [X] Pipe Insulation

**Waste Disposal**

- [ ] Landfill
- [ ] Recycling

**Notes**

- [ ] Follow Up Required
- [ ] Emergency Abatement

**Signature**

- J. Vidorac, Date 9/16/16

---

*Do not cross this form for asbestos removal 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>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Glenreal Equities, LLC</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>x EPA</td>
<td>Initial</td>
</tr>
<tr>
<td>x DEP</td>
<td>Amended</td>
</tr>
<tr>
<td>x DOL</td>
<td>Amendment #1</td>
</tr>
<tr>
<td>x DOH</td>
<td>Emergency (including justification)</td>
</tr>
<tr>
<td>x DCA</td>
<td>Cancellation</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>210 River Street Suite 33</td>
<td>Hackensack NJ 07606</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Contact</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mr. Frank Somma</td>
<td>201-646-1234</td>
</tr>
</tbody>
</table>

### FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Street Address</th>
<th>County Code (7) (STATE USE ONLY)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| City (5) | Nutley | NJ 07110 |
| City, State, Zip Code | South Hackensack NJ 07606 |

<table>
<thead>
<tr>
<th>Name of Monitoring Firm</th>
<th>Type of Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Omega Environmental Services, INC</td>
<td>School (K-12)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>280 Huyler Street</td>
<td>South Hackensack NJ 07606</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mr. Geiser Fajardo</td>
<td>201 489-8700</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>September 19, 2016</td>
<td>October 20, 2016</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check Only One)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
</tr>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours</td>
</tr>
<tr>
<td>Other – Describe: 9 am to 5pm</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check All That Apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>≥3 sf or ≥31 if</td>
</tr>
<tr>
<td>≥160 sf or ≥260 if</td>
</tr>
<tr>
<td>Renovation</td>
</tr>
<tr>
<td>Demolition</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (12)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pipe / Basement</td>
</tr>
<tr>
<td>Tank / Basement</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>-----</td>
</tr>
<tr>
<td>x</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>350 LF</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>x</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
</tr>
</thead>
<tbody>
<tr>
<td>Newark Carting</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>NJDEP Waste Hauler ID No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Newark NJ</td>
<td>NJ04509</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Disposal Date</th>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Bethlehem PA 18015</td>
</tr>
</tbody>
</table>

### Completed by

<table>
<thead>
<tr>
<th>Completed by</th>
<th>Title</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carmen Repreza</td>
<td>Office Manager</td>
<td>[Signature]</td>
</tr>
</tbody>
</table>

| Date | 09/06/2016 |

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

D&S Proj. #: 16-270

Date of Notification (1)
10/19/16

Name of Building Owner/Operator (2)
scott veale

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

Type Notification
☒ Initial
□ Amended
☐ Amendment #: 

Street Address

City, State, Zip Code
MONTCLAIR, NJ 07042

Name of Contact
scott veale

Telephone Number
914-643-7289

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
scott veale

Street Address

City (5)
ESSEX

County (8)

County Code (7) (State use only)

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

Square Feet

# of Floors

Bldg. Age

Current Use (Prior if being demolished)

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

Street Address
20 California Ave.

City, State, Zip Code
Paterson, NJ 07503

Telephone Number
973-345-8020

License Number
01169

Name of OSHA Monitor
D & S Restoration, Inc.

Street Address
20 California Avenue

City, State, Zip Code
Paterson, NJ 07503

Project Manager for Monitoring Firm

Phone Number

Start Date (10)
09/12/16

Sched. Completion Date (11)
09/30/16

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: NORMAL HOURS

Scope of Work (check all that apply)
☒ >3 sf or >2 If
☒ Renovation
□ 160 sf or >280 If
□ Demolition

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

Is location normally used solely by maintenance/custodial staff(12)

Description of asbestos-containing material (ACM)
PIPE INSULATION
1081 ft

Amount (Specify SF or LF)

Removal
Repair
Encap
Encl

Registered Waste Hauler
D & S RESTORATION, INC.

NJDEP Hauler ID# 13506

Cubic Yards of Waste
2 yds.

Name of Registered Landfill
TULLYTOWN, RESOURCE RECOVERY

City, State
TULLYTOWN, PA

Disposal Date
09/13/16

Completed by (Print or Type)
BOGDAN JOLDZIC

Title
PRESIDENT

Signature

Date
09/02/2016

*Do not use this form for asbestos licensure examined activities*
State of NJ  
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>08/18/13</td>
<td>thomas lehman</td>
</tr>
</tbody>
</table>

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

Type Notification:  
- [ ] Initial  
- [ ] Amended  
- [x] Emergency (Including justification)

Amendment #:  

City, State, Zip Code: WEST CALDWELL, NJ 07006

Name of Contact: thomas lehman  
Telephone Number: 201-953-5044

FACILITY INFORMATION

Name of facility where abatement is taking place (3): thomas lehman

Street Address:  

City (5): WEST CALDWELL  
County (6): ESSEX  
County Code (7): (State use only)

Type of Facility (4):  
- [x] Other (Private/Commercial Bldgs./Homes, etc.)

Square Feet:  

Current Use (Prior if being demolished):  

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

Street Address:  

City, State, Zip Code: Paterson, NJ 07503

Telephone Number: 973-345-8020  
License Number: 01169

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

Street Address:  

City, State, Zip Code: Paterson, NJ 07503

Start Date (10): 08/31/16  
Sched. Completion Date (11): 09/15/16

Occupancy Status During Abatement (Check only one):  
- [x] Normal Hours

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

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

<table>
<thead>
<tr>
<th>basement</th>
<th>PIPE INSULATION</th>
<th>120 ft</th>
</tr>
</thead>
</table>

Registered Waste Hauler: D & S RESTORATION, INC.

NJDEP Hauler ID#: 13506  
Disposal Date: 09/01/16

Name of Registered Landfill: TULLYTOWN, RESOURCE RECOVERY  
City, State: TULLYTOWN, PA

Completed by (Print or Type): BOGDAN JOLDZIC  
Title: PRESIDENT  
Signature:  
Date: 08/30/2016

* Do not use this form for asbestosiccious commercial or industrial activities.