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

Date of Notification (1)
Name of Building Owner/Operator (2)
Chemours Company

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

Notification Type
☐ Initial  ☑ Amended  ☐ Amendment #  ☐ Emergency (Including
   Justification)  ☐ Cancellation

Street Address
Rt 130 south
City, State, Zip Co
Deepwater NJ 08023

Name of Contact
Chris Orange

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Chamber works plant

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

City (5)
Deepwater

Square Feet
15,000

County (6)
Salam

# of Floors
1

County Code (7) (STATE USE ONLY)

Bldg. Age
60

Current Use (prior to being demolished)

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

Name of Contractor (9)
County Environmental

Street Address
760 Pulaski Highway
City State, Zip Code
New Castle, DE 19720

Project Manager for Monitoring Firm
Wesley Morrison

Telephone Number
(302) 326-2333

License Number
00578

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

Scope of Work (Check all that apply)
X 3 sf or ≥ 3 ft
☐ ≥ 100 sf or ≥ 250 ft

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

Location of Asbestos-Containing Material (ACM)

TO BE ABATED
IN Facility (13)

Yes ☑ No ☐ N/A

Bldg 1114
Roofing and flashing
14,000 sf

Name of Reg. Waste Hauler
S & G Transport

Cubic Yards of Waste

Name of Reg. Landfill

Consolga

City, State
New castle DE

Disposal Date

TBA

City, State
Mongantown PA

Completed by
Charles Flowers

Title
PM

7-19-16

Endorse Date

* Do not use this form for asbestos licensure exempted activities.
Date of Notification (1): 10/10/16

Name of Building Owner/Operator (2): Fred Maines

Street Address: [Redacted]

City, State, Zip Code: Wayne, NJ 07470

Name of Contact: Fred Maines

FACILITY INFORMATION

Name of facility where abatement is taking place (3): Fred Maines

Street Address: [Redacted]

City, State, Zip Code: Wayne, NJ 07470

Name of Monitoring Firm Hired by Bldg. Owner (8): ASCM No.
n/a

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

Street Address: 105 Ryerson Road

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

Scheduled Start Date (10): 09/30/2016

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

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

Description of asbestos-containing material (ACM):
- Location normally used solely by maintenance/custodial staff:
  - basement: pipe insulation (12 sf)
  - work bench area: pipe insulation (6 sf)
  - gas meter area: pipe insulation (6 sf)

Registered Waste Hauler:
- B & G Restoration, Inc.
  - NJDEP Hauler ID#: 19563
  - Cubic Yards of Waste: 1

Name of Registered Landfill: Tullytown Resource & Recovery Center

City, State: Tullytown, PA

Completed by (Print or Type):
Gordana Luna
Title: Secretary/Treasurer
Signature: [Redacted]
Date: 09/20/2016
**NOTIFICATION OF ASBESTOS ABATEMENT**

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

**Date of Notification:** 09/16/2016

**State of New Jersey**

**Name of Building Owner/Operator:** BMOST LLC

**Street Address:** 56 SULYAN AVE

**City, State, Zip Code:** CLIFTON, NJ 07011

**Name of Contact:** SANJAY THAKKER

**Telephone Number:**

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

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

**Square Feet:***

**Number of Floors:**

**Building Age:**

**Start Date:** 09/20/2016

**Scheduled Completion Date:** 09/20/2016

**Occupancy Status During Abatement:**
- [x] Fully Occupied
- [ ] Vacated
- [ ] No Impact

**Abatement Type:**
- [ ] Renovation
- [x] Demolition

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

**Description:**

**Amount:**

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Exterior Garage</strong></td>
<td>X</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td><strong>Roof Flashing</strong></td>
<td>X</td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

**Name of Registered Waste hauler:**

**City, State:**

**Completed by:**

**Title:**

**Signature:**

**Date:** 09/16/2016

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

**Date of Notification (1)**
09/15/2016

**Name of Building Owner/Operator (2)**
St. Peter School

**Street Address**
415 Atlantic Avenue

**City, State, Zip Code**
Pt. Pleasant, NJ 08742

**Name of Contact**
Bob Thorn

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

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

**Name of Facility Where Abatement Is Taking Place (3)**
St. Peter School Kolbe Hall

**Street Address**
415 Atlantic Avenue

**City (5)**
Pt. Pleasant

**County (6)**
Ocean

**County Code (7)**

**Name of Monitoring Firm Hired by Building Owner (8)**
Ahera Consultants, Inc

**ASCM No.**
0057

**Name of Abatement Contractor (9)**
VMC Company, Inc

**Street Address**
208 Piaget Avenue

**City, State, Zip Code**
Clifton, NJ 07011

**Telephone No.**
800-692-1833

**License No.**
00704

**Start Date (10)**
09/30/2016

**Scheduled Completion Date (11)**
10/07/2016

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

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boiler Room</td>
<td>[X]</td>
</tr>
<tr>
<td>Boiler Room</td>
<td>[X]</td>
</tr>
<tr>
<td>Boiler Room</td>
<td>[X]</td>
</tr>
<tr>
<td>Boiler Room</td>
<td>[X]</td>
</tr>
<tr>
<td>Custodian office/storage</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

**Description of Asbestos-Containing Material (ACM)**
- Pipe insulation: 70 LF
- Boiler exhaust insulation: 45 SF
- Gaskets and packing: 25 SF
- VAT/mastic: 480 SF
- Pipe insulation - Wrap & Cut: 40 LF

**Name of Registered Waste Hauler**
Newark Carting, Inc

**Hauler ID No.**
05409

**Disposal Date**

**Name of Registered Landfill**
GROWS

**City, State**
Tullytown, PA

**Completed by**
Voytek Roszkowski

**Title**
President

**Signature**

**Date**
09/16/2016

---

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

Date of Notification (1) 9 / 20 / 16

Name of Building Owner/Operator (2) Metro Self Storage Wood Ridge, LLC / Job #1609-2122 Chk. #4481

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

Street Address
13528 West Boulton Boulevard
City, State, Zip Code
Lake Forest, Illinois 60045
Name of Contact
Tom Fraser

Facility Information

Name of Facility Where Abatement is Taking Place (3)
Rudox
Street Address
765 Route 17 North
City (5)
Carlstadt
County (6)
Bergen
County Code (7) (STATE USE ONLY) Vacant

Name of Abatement Contractor (9)
Asbestos and Mold Services, Corp.

Project Manager for Monitoring Firm
Dave or Steve Flanigan
Telephone No. 856-848-0800

Start Date (10) 10 / 5 / 16
Scheduled Completion Date (11) 11 / 9 / 16

Occupancy Status During Abatement (Check only one)
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-____PM/_____PM-____AM

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

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

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

Name of Registered Waste Hauler
Carnevale Disposal
NJ DEP Waste Hauler ID No. 17297
Cubic Yards of Waste 30
Name of Registered Landfill GROWS Landfill

Committed By (Print or Type)
Kimberly A. Trumbetti
Title Office Coordinator
Signature
Date 9-20-16

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>9 / 16 / 16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Sam Meloni / Job #1609-212</td>
</tr>
<tr>
<td>Agencies Notified</td>
<td>EPA, DOLWD, DHSS, DCA (NJAC 5:23-6)</td>
</tr>
<tr>
<td>Type Notification</td>
<td>Initial</td>
</tr>
<tr>
<td>Amendment (including justification)</td>
<td></td>
</tr>
<tr>
<td>Cancellation</td>
<td></td>
</tr>
<tr>
<td>Street Address</td>
<td>[Redacted]</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Ventnor, NJ</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Joe Meloni</td>
</tr>
</tbody>
</table>

### FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Residential Property</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>[Redacted]</td>
</tr>
<tr>
<td>City (5)</td>
<td>Ventnor</td>
</tr>
<tr>
<td>County (6)</td>
<td>Atlantic</td>
</tr>
<tr>
<td>Current Use (Prior to if being demolished)</td>
<td>Residential</td>
</tr>
<tr>
<td>Square Feet</td>
<td>1500</td>
</tr>
<tr>
<td># of Floors</td>
<td>1</td>
</tr>
<tr>
<td>Block Age</td>
<td>1955</td>
</tr>
<tr>
<td>County Code (7)(STATE USE ONLY)</td>
<td>[Redacted]</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>Horison Env.</td>
</tr>
<tr>
<td>ASCM No.</td>
<td>[Redacted]</td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>Asbestos and Mold Services, Corp.</td>
</tr>
<tr>
<td>Street Address</td>
<td>3859 Sylon Boulevard</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Hainesport, NJ 08036</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>Dave Flanigan</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>856-848-0800</td>
</tr>
<tr>
<td>Name of OSHA Monitor</td>
<td>EMSL Analytical, Inc.</td>
</tr>
<tr>
<td>Street Address</td>
<td>200 U.S. Route 130 North</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Cinnaminson, NJ 08077</td>
</tr>
</tbody>
</table>

| Start Date (10) | 9 / 29 / 16 |
| Scheduled Completion Date (11) | 10 / 13 / 16 |

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

### Scope of Work (Check all that apply)
- ≥ 230 sf or ≥ 300 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

<table>
<thead>
<tr>
<th>Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attic</td>
<td>Paper Wrap on Ductwork</td>
<td>200 SF</td>
<td></td>
</tr>
<tr>
<td>Attic</td>
<td>Vermiculite Insulation</td>
<td>1,000 SF</td>
<td></td>
</tr>
</tbody>
</table>

### Name of Registered Waste Hauler
- Carnevale Disposal
- NJDEP Waste Hauler ID No. 17297
- Cubic Yards of Waste: 5
- Name of Registered Landfill: GROWS Landfill

<table>
<thead>
<tr>
<th>City, State</th>
<th>Hamilton, NJ</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disposal Date</td>
<td>9/15/16</td>
</tr>
<tr>
<td>City, State</td>
<td>Morristown, PA 19067</td>
</tr>
</tbody>
</table>

### Completed By (Print or Type)
- Kimberly A. Trumbetti
- Title: Office Coordinator
- Signature: [Signature]
- Date: 9-20-16

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>9 / 8 / 16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Mrs. Jannine Gomes</td>
</tr>
<tr>
<td>Job #</td>
<td>1609-2118</td>
</tr>
<tr>
<td>Chk. #</td>
<td>4470</td>
</tr>
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#### Agencies Notified
- [ ] EPA
- [X] DOLWD
- [X] DHSS
- [X] DCA (NJAC 5:23-B)

<table>
<thead>
<tr>
<th>Type Notification</th>
<th>Initial</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amended Amendment</td>
<td>Yes</td>
</tr>
<tr>
<td>Emergency (including justification)</td>
<td>No</td>
</tr>
<tr>
<td>Cancellation</td>
<td>No</td>
</tr>
</tbody>
</table>

#### Street Address
- Street Address: [Redacted]
- City, State, Zip Code: Wayne, NJ 07470
- Name of Contact: Jannine
- Telephone Number: [Redacted]

### FACILITY INFORMATION

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

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

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

#### Name of Monitoring Firm Hired by Building Owner (8)
- Hillmann Environmental

#### ASCM No.
- [ ]

#### Name of Abatement Contractor (9)
- Asbestos and Mold Services, Corp.

#### Street Address
- 1600 Route 22 East, Suite #107
- Union, NJ 07083
- Telephone No.: 908.688.7800
- License No.: 609-702-0400

#### Start Date (10)
- 9 / 16 / 16

#### Scheduled Completion Date (11)
- 9 / 30 / 16

#### Name of OSHA Monitor
- EMSL Analytical, Inc.

#### Street Address
- 3859 Sylon Boulevard
- Hainesport, NJ 08036

#### Project Manager for Monitoring Firm
- Thomas Rubino

#### City, State, Zip Code
- 200 U.S. Route 130 North
- Cinnaminson, NJ 08077

#### Scope of Work (Check all that apply)
- [X] 23 sf or ≥33 sf
- [X] ≥160 sf or ≥260 sf
- [ ] Renovation
- [ ] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

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

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Asbestos-Containing Material (ACM) Normally Used Solely by Maintenance/Custodial Staff?</th>
</tr>
</thead>
<tbody>
<tr>
<td>(12)</td>
<td>Yes</td>
</tr>
</tbody>
</table>

#### WHOLE HOUSE

<table>
<thead>
<tr>
<th>Cleaning</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ]</td>
<td>[X]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Carnevale Disposal</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>GROWS Landfill</td>
<td>17297</td>
<td>5</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hamilton, NJ</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed By (Print or Type)</th>
<th>Title</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kimberly A. Trumbetti</td>
<td>Office Coordinator</td>
<td>[Signature]</td>
<td>9-13-16</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 5:16)

Date of Notification (1)
9 / 16 / 16

Name of Building Owner/Operator (2)
Stacey Moore

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

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

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

Street Address

City/State/Zip Code
Mount Holly, NJ 08060

Name of Contact
Stacey Moore

FACILITY INFORMATION

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

Square Feet
3,400

# of Floors
3

Bldg. Age
70

Residence

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

ASCM No.

Name of Abatement Contractor (9)
Shade Environmental, LLC

Street Address
623 Cutler Avenue

City/State/Zip Code
Chesterfield, NJ 08515

Telephone No.
609-298-4070

License No.
867-755-0099

Street Address
200 Route 130 North

City/State/Zip Code
Cinnaminson, NJ 08077

Name of OSHA Monitor
EMSL Analytical, Inc.

Scope of Work (Check all that apply)

☐ 3 or >3:1
☐ Renovation
☐ Demolition

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

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

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

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

Amount (Specify SF or LF)

Abatement Type

Name of Registered Waste Hauler
Freehold Cartage

NJ/DEP Waste Hauler ID No.
15639

Name of Registered Landfill
Cumberland County Landfill

City/State/NJ
Freehold, NJ

Disposal Date
10/21/2016

City/State/PA
Newburg, PA

Completed By (Print or Type)
Christina Lynch

Title
Operations Manager

Signature

Date
9/10/16

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 6:80 and 12:120)

Date of Notification (1)
9/19/16

Name of Building Owner/Operator (2)
Stacy Janzer  Private Home

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

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

Street Address

City, State, Zip Code
Manahawkin NJ 08050

Name of Contact
Stacy

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Stacy Janzer  Private Home

Street Address

City (5)
Manahawkin NJ 08050

County (6)
Ocean

Square Feet
1000+

Bldg. Age
35+

Current Use (Prior to if being demolished)
House

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

Name of Abatement Contractor (9)
Pernaco Inc.

ASCM No.

Street Address

City, State, Zip Code
West Berlin NJ 08091

Project Manager for Monitoring Firm

Telephone No.
856-753-9800

License No.
00727

Start Date (10)
9/30/16

Scheduled Completion Date (11)
10/6/16

Name of OSHA Monitor
Same

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

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

Exterior Siding

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

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

Amount (Specify SF or LF)

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

Name of Registered Waste Hauler
United Roll Off

Cubic Yards of Waste
22459

Name of Registered Landfill
NJDEP Waste Hauler ID No. 3

City, State
Elm NJ

Disposal Date
10/6/16

City, State
Morrisville PA 19067

Completed by
Anthony T Perna

Title
President

Signature

Date
3/19/16

* 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) 9/19/2016

Agencies Notified  [ ] EPA  [ ] DOL  [ ] DOH  [ ] JDC

Type Notification  [X] Initial Notification  [ ] Amended Notification  [ ] Emergency  [ ] Cancellation

Name of Building Owner/Operator (2) Marie McManus

Street Address  

City, State, Zip Code Dumont, NJ, 07628

Name of Contact Marie McManus

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

Square Feet  2200

# of Floors  2

Bldg. Age  95

Current Use (Prior if being demolished)

Name of Facility Where Abatement is Taking Place (3) Marie McManus

Name of Monitoring Firm hired by Building ASCM No.

Owner (8) 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

Occupancy Status During Abatement (Check only one)

[ ] Facility Closed/Vacated During Entire Period of Abatement

[ ] Abatement Performed Outside of Normal Facility Hours - Describe: Off Hours Describes

[ ] Other - Describe: Other Occupancy Describes

Scheduled Start Date (10) 9/28/16

Sched. Completion Date (11) 9/29/16

Name of OSHA Monitor N/A

Project Manager for Monitoring Firm Telephone Number N/A

Month Day Year 9/28/16

Month Day Year 9/29/16

Scope of Work (Check all that apply)

[ ] 3 sf or > 3 l f

[ ] 160 sf or > 260 l f

[X] Renovation

[X] Demolition

[X] Full Containment with Negative Pressure

[X] Mini-Enclosure

[X] Glovebag Procedure

[X] Non-Friable Procedure

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

In Facility (13)

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

Yes No N/A

Location of Material

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

Amount (Specify SF or LF)

Abatement Type

Yes No N/A

Basement X Pipe insulation 160 lf X

Basement X Boiler insulation 35 sf

Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.

NAT DEP 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 9/30/16

City, State Waynesburg, Ohio 44688

Completed By (Print or Type) Constantine Vivian President

Signature

Date 9/19/2016
<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
</tr>
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<tbody>
<tr>
<td>Date of Notification (1)</td>
<td>9/16/2016</td>
</tr>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>NJ Turnpike Interchange</td>
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<td>Agencies Notified</td>
<td>EPA</td>
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<tr>
<td>Street Address</td>
<td>581 Main St.</td>
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<tr>
<td>City, State, Zip Code</td>
<td>Woodbridge, NJ 07095</td>
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<tr>
<td>County</td>
<td>Hudson County</td>
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<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td>Toll Plaza 16-18</td>
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<tr>
<td>Project Manager for Monitoring Firm</td>
<td></td>
</tr>
<tr>
<td>Telephone No.</td>
<td></td>
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<td>Start Date (10)</td>
<td>9/30/2016</td>
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<td>Scheduled Completion Date (11)</td>
<td>10/26/2016</td>
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<tr>
<td>Occupancy Status During Abatement (Check only one)</td>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
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<tr>
<td>Time of Abatement</td>
<td>AM: 9 PM  PM: 5 AM</td>
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<tr>
<td>Scope of Work (Check all that apply)</td>
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<tr>
<td>Is Location Normally Used Safely by Maintenance/ Custodial Staff? (12)</td>
<td>Yes No N/A</td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED</td>
<td>Roof Material</td>
</tr>
<tr>
<td>Is Location Normally Used Safely by Maintenance/ Custodial Staff? (12)</td>
<td>Yes No N/A</td>
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<tr>
<td>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td>Fund in Felts of Roof System 16,500 sf</td>
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<tr>
<td>Name of Registered Waste Hauler</td>
<td>Century Waste Services</td>
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<tr>
<td>City, State</td>
<td>Elizabeth, NJ</td>
</tr>
<tr>
<td>Completed By (Print or Type)</td>
<td>Lariliz Jimenez</td>
</tr>
<tr>
<td>Signature</td>
<td>Family Signature</td>
</tr>
<tr>
<td>Date</td>
<td>9/16/16</td>
</tr>
</tbody>
</table>

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

GAC Project # 060-16

Date of Notification (1):
September 19, 2016

Agencies Notified:
- EPA
- DGA
- DOL
- DEP: No Longer REQUIRED
- NJDH

Notification Type:
- Initial Notification
- Amended Notification #
- Emergency (Including justification)
- Cancelled

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

Street Address:
ENVIRONMENTAL HEALTH & SAFETY DEPT.
27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS
City, State, Zip Code:
PISCATAWAY, NJ 08854

Name of Contact:
MICHAEL SMITH, ENV.
HEALTH & SAFETY

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (4):
LOREE GYM, BLDG# 8432

Street Address:
DOUGLASS CAMPUS

City/State:
NEW BRUNSWICK
BURLINGTON, NJ 08016

Name of Monitored Firm/Hired by Bldg/Owner (6):
ATC

Street Address:
3 TERRI LANE

City, State, Zip Code:
BURLINGTON, NJ 08016

Project Manager for Monitoring Firm:
BRIAN KEARNY

Street Address:
268 MAIN STREET

City, State, Zip Code:
BUTLER, NJ 07405

Telephone Number:
609-386-8800

Telephone Number:
973-492-0477

License Number:
00840

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

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

So. Feet: N/A

# of Floors: 2

Age: 60+ years

Current Use (prior to being demolished):
ACADEMIC

Name of Contractor (8):
GREENWOOD ABATEMENT CONSULTANTS, INC.

Street Address:
20-21 WARGAROW ROAD

City, State, Zip Code:
FAIRLAWN, NJ

Name of OSHA Monitor:

Street Address:

City, State, Zip Code:

Scope of Work (Check all that apply):

- 3 sf or ≥ 3 ft
- 100 sf or ≥ 200 ft

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

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

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

Amount (Specify SF or LF):
140SF

Abatement Type:
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure / Wrap & Cut
- Non-Exempted (*) and Non-Friable Procedure

Name of Reg. Waste Hauler:

See Hauler Below # 1 & 2

Cubic Yards of Waste:
25 CY

Name of Registered Landfill:
GRWQES. North Landfill

Disposal Date:
10/03/2016
City, State:
160 New Ford Mill Rd.
Morrisville, Pa 19067
215-736-1700

Complanted by (Print or Type):
RAYMOND C. PEDALINO
Title:
SENIOR PROJECT MANAGER
Signature:
Raymond C. Pedalino
Date:
September 19, 2016

Copies To: Rutgers, REHS, Attn: Mike Smith and ATC, Attn: Brian Kearney
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)  9/19/16
Agencies Notified
□ EPA
□ DEP
□ DOL
□ DOH
□ DCA
Type Notification
□ Initial
□ Amended
□ Amendment # __________
□ Emergency (Including justification)
Name of Building Owner/Operator (2) Charles Becker  Private Home
Street Address:
City, State, Zip Code
Brighton Beach NJ 08008
Name of Contact
Chuck

FACILITY INFORMATION
Name of Facility Where Abatement is Taking Place (3) Charles Becker  Private Home
Street Address:
City (5) Brighton Beach NJ 08008
County (6) Ocean
County Code (7) _______ (STATE USE ONLY)
Square Feet 1000+ 
# of Floors 2
Bldg. Age 35+

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

Name of Monitoring Firm Hired by Building Owner (8) ASCM No.
N/A
Name of Abatement Contractor (9) Pernaco Inc.
Street Address
PO Box 329
City, State, Zip Code
West Berlin NJ 08091
Project Manager for Monitoring Firm Telephone No.
Street Address
856-753-9800
License No. 00727
City, State, Zip Code

Start Date (10) 9/30/16
Scheduled Completion Date (11) 10/5/16
Name of OSHA Monitor
Same
Street Address
City, State, Zip Code

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

Scope of Work (Check All That Apply)
□ ≤300 sf or ≤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)

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)
1800 SF

Abatement Type
Endorse

Name of Registered Waste Hauler
United Roll Off
NJDEP Waste Hauler ID No. 22459
Cubic Yards of Waste 4
Name of Registered Landfill
G.R.O.W.S.

City, State
Morrisville PA 19067
Disposal Date 10/6/16

Completed by
Anthony T Perna
Title President
Signature
Date 3/19/16

* 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)
9/19/16

Name of Building Owner/Operator (2)
Morgan & Jan Molchlan Private Home

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

Type Notification
[Initial] [Amended] [Amendment #] [Emergency (Including Justification)] [Cancellation]

Street Address:

City, State, Zip Code
Point Pleasant Beach NJ 08742

Name of Contact
Morgan

TELEPHONE NUMBER

Name of Facility Where Abatement is Taking Place (3)
Morgan & Jan Molchlan Private Home

Street Address

City (6)
Point Pleasant Beach NJ 08742

County Code (7)

County Code (7)

Ocean

Square Feet
1000+

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

[ ] House

# of Floors
2

[ ] Current Use (Prior to being demolished)

Bldg. Age
35+

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

Name of Abatement Contractor (9)
Pomaco Inc.

Telephone No.
856-753-9800

License No.
00727

Project Manager for Monitoring Firm

Street Address
PO Box 329

City, State, Zip Code
West Berlin NJ 08091

Start Date (10)
9/29/16

Scheduled Completion Date (11)
10/5/16

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)

[ ] ≥ 3 sf or ≥ 3 If
[ ] ≥ 160 sf or ≥ 260 If
[ ] Renovation
[ ] Demolition

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

In Facility

(13)

Yes
No
N/A

Is Location Normally Used Solely by Maintenance/Custodial Staff?

(12)

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

Amount (Specify SF or LF)

Abatement Type

[ ] Removal
[ ] Repair
[ ] Encapsulate
[ ] Endure

Name of Registered Waste Hauler
NJDEP Waste Hauler ID No.
22459

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

Cubic Yards of Waste
6

Disposal Date
10/5/16

City, State
Morrisville PA 19067

Name of Registered Waste Hauler
United Roll Off

City, State
Elm NJ

Completed by
Anthony T Perna
Title
President
Signature
Date
3/19/16

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:68 and 12:129)

Date of Notification (1) 9/13/18

Name of Building Owner/Operator (2) Debb Eche

Agencies Notified

- EPA
- DEP
- DOH
- DOL
- DCA

Type Notification

- Initial
- Amendment
- Emergency (including justification)

Street Address [Redacted]

City, State, Zip Code Spring Lake, New Jersey

Name of Contact [Redacted]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Eche Residence

Type of Facility (4)

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

Square Feet 1500

# of Floors 2

Blg. Age 50

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.

Name of Abatement Contractor (9)

Ace Insulation Co., Inc

Street Address 95 Montrose Rd

City, State, Zip Code Colts Neck, New Jersey

Project Manager for Monitoring Firm

Telephone No.

732 294 1757

License No. 00029

Start Date (10) 9/13/18

Scheduled Completion Date (11) 9/13/18

Name of OSHA Monitor

Street Address

City, State, Zip Code

Occupancy Status During Abatement (Check Only One)

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

Scope of Work (Check All That Apply)

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

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

Location

In Facility

Used Solely by Maintenance/Custodial Staff?

Yes  No  N/A

Description of Asbestos-Containing Material (ACM)

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

Amount (Specify SF or LF)

Abatement Type

[Options listed]

Name of Registered Waste Hauler

Ace Insulation Co., Inc.

NUDEP Waste Hauler ID No.

12086

Cubic Yards of Waste 3

Name of Registered Landfill

Chrin's Landfill

City, State

Colts Neck, New Jersey

Disposal Date 9/13/18

Completed by

Bree McGuire

Title Secretary Treasurer

Signature  

Date 9/13/18

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

**Pursuant to NJAC 8:69 and 12:120**

**State of New Jersey**

**Date of Notification:** 8/29/16

**Name of Building Owner/Operator:** RAYMOND HASMAN

**Street Address:** [Redacted]

**City, State, Zip Code:** WAYNE, N.J. 07470

**Name of Contact:** EMILY KRAUSE

**Facility Information**

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

**Type of Facility:** Site-Specific

**Square Feet:** 1,500

**# of Floors:** 2

**Bldg. Age:** 450

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

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

**Name of Abatement Contractor:** A.MAC Contracting Inc.

**Street Address:** 185 Vreeland Ave.

**City, State, Zip Code:** Midland Park, NJ

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

**License No.:** 00156

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

**Street Address:** 280 Huyler St.

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

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

- [x] 1,000 sf or 23 fl
- [x] ≥1800 sf or ≥2560 fl
- [ ] Renovation
- [ ] Demolition
- [x] Full Containment with Negative Pressure
- [x] Mni-Enclosure
- [x] Glovabag 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?** Yes

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

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

**Abatement Type:**

- [ ] Steam Cleaning
- [ ] Chemical Cleaning
- [ ] Vacuuming
- [ ] Encapsulation
- [x] Envelope
- [ ] Dismantling
- [ ] Repair
- [x] Removal

**Name of Registered Waste Hauler:**

**Newark Carting, Inc.**

**NJDEP Waste Hauler ID No.:** 04509

**Cubic Yards of Waste:**

**Name of Registered Landfill:**

**IESI PA Bethlehem Landfill Corp.**

**Disposal Date:** 9/17/16

**City, State:** Bethlehem, PA

**Completed by:**

**Joseph Vocaturo**

**Title:** Vice President

**Signature:** [Signature]

**Date:** 8/29/16

*Do not use this form for asbestos licensure exempted activities.*
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pertinent to NJAC 8:26 and 12:1229)

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<th>9/15/16</th>
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</table>

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

**Type of Notification**  
- Initial  
- Amendment  
- Cancellation

**Name of Building Owner/Operator**  
786 Bowers Street

**Street Address**  
179 Market St.

**City, State, Zip Code**  
Newark, NJ 07101

**Name of Contact**  
Scott

**Name of Facility Where Abatement is Taking Place**  
786 Bowers St., Realty Also

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

**Current Use (Prior to being demolished)**  
- 786

**County**  
ESSEX

**Name of Monitoring Firm Hired by Building Owner**  
ARCO No.

**Name of Abatement Contractor**  
A. Mark Contracting Inc.

**Street Address**  
185 Vreeland Ave.

**City, State, Zip Code**  
Midland Park, N.J.

**Telephone No.**  
201-382-5041

**License No.**  
00160

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

**Street Address**  
280 Huyler Street

**City, State, Zip Code**  
Hackensack, N.J. 07606

**Start Date (10)**  
9/15/16

**Scheduled Completion Date (11)**  
10/06/16

**Scope of Work**  
- 525 sf or 525 ft
- 650 sf or 600 ft
- Renovation
- Demolition

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

**In Location**  
- Yes

**Manor**  
- Yes

**Normal Use or Activity**  
- Yes

**Location**  
- Normal

**Location of Asbestos-Containing Material (ACM)**  
- (13)

**Description of Asbestos-Containing Material (ACM)**  
- (i.e., thermal system insulation, asbestos board, surfacing, VAM, or other mineral calendars)

**Amount**  
- 10 ft

**Abatement Type**  
- Removed

**Declared**  
- 9/15/16

**Completed by**  
- R. McDonald

**President**  
- N. Caring, Inc.

**City, State**  
Newark, N.J. 07101

**Name of Registered Waste Hauling Firm**  
NUOPE Waste Hauler 10 No.

**Cubic Yards of Waste**  
00500

**Name of Registered Landfill**  
Grand Central Sanitary Landfill

**City, State**  
Pen Artery, PA 08672

**Date of Disposal**  
9/15/16

**Do not use this form for asbestos license or required activities.**
## State of New Jersey
### NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:10A)

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<tr>
<th>Date of Notification (1)</th>
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<tbody>
<tr>
<td>Agency/Notify (2) Name of Building Owner/Operator</td>
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<tr>
<td>EPA</td>
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<td>DEP</td>
<td>S05 MAIN ST</td>
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<td>RIC</td>
<td>HACKENSACK, NJ 07601</td>
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<tr>
<td>DCA</td>
<td>FRANK ROCCO</td>
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</tbody>
</table>

### FACILITY INFORMATION
- Name of Facility: PAPERNESS SHOPPING CENTER
- City: HACKENSACK
- County: PASSAIC
- Type of Facility (4)
  - School (K-12)
  - Subchapter B (Other than K-12)
  - Other: private or commercial buildings, hospitals, etc.
- Current Use: Shopping Center
- Square Feet: 27,000
- No. of Floors: 1
- Building Age: 50
- Owner/Manager: SHELMER COUNTER

### OCCUPANCY STATUS
- Name of Occupancy: Omega Environmental Services
- Address: 200 Huyler St., Hackensack, NJ 07601

### OCCUPANCY STATUS
- Start Date: 9/16/16
- Scheduled Completion Date: 9/30/16
- Occupancy Status During Abatement: Yes (Check Only One)
- Facility Closed/Vacated During Entire Period of Abatement: Yes
- Other: -

### DESCRIPTION OF ABATEMENT
- Location of Asbestos-Containing Material (ACM) TO BE ABATED
  - Shade: Yes
  - Location: WHOLE FACILITY
  - Used Solely by Maintenance/Custodial Staff (12)
  - Description of Asbestos-Containing Material (ACM)
    - Amount (Square Foot or Linear Foot)
    - Abatement Type
      - Electrical/Wire Replacement
      - Sheetrock Procedures
      - Non-Exempted M and Non-Exposed ACM

### NOTIFICATION OF ABATEMENT
- Name of Registered Waste Hauler: Newark Carting, Inc.
- City, State: HACKENSACK, NJ 07601
- Name of Registered Landfill: IESI PA Bethlehem Landfill Corp.
- City, State: Bethlehem, PA
- Disposal Date: 9/16/16

### SIGNATURES
- Joseph Vocasuro, Vice President
- Signature: [Signature]

---

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

Date of Notification (1) 09/15/2016

Name of Building Owner/Operator (2) JFK Health Systems, Inc.

Street Address 65 James St.

City, State, Zip Code Edison, NJ 08818

Name of Contact Joe Pasquale

Type of Facility (4)

☑ School (K-12)

☑ Subchapter 8 (Private, Commercial, homes, etc.)

☑ Other (i.e., thermal systems)

Square Feet # of Floors SI/BDG Age

50000 3 50

Current Use (Prior if being demolished)

School

Name of Facility Where Abatement is Taking Place (3)

JFK Health Systems, Inc. - Main Building

65 James St.

City (5) Edison

County (9) 

County Code (7) (STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8)

S&S Environmental Sciences, Inc.

Street Address 98 Sand Park Rd.

City, State, Zip Code Edison, NJ 08818

Name of Abatement Contractor (9)

Four Strong Builders, Inc.

Telephone Number 973-957-7188

License Number 180 Sargeant Avenue

City, State, Zip Code Clifton, NJ 07013-1935

Name of OSHA Monitor

Four Strong Builders, Inc.

Street Address 180 Sargeant Avenue

City, State Zip Code Clifton, NJ 07013

Project Manager for Monitoring Firm

Prakash Khaitan

Telephone Number 973-614-0377

Scope of Work (Check all that apply)

☑ Demolition

☑ Renovation

☑ Full Containment with Negative Pressure

☑ Mini-Enclosure

☑ Glovebag Procedure

☑ Non-Friable Procedure

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

☑ Yes 

☑ No

Name of Registered Waste Hauler

NJDEP Waste Hauler ID No. 12609

Cubic Yards of Waste

Name of Registered Landfill

G.R.O.W.S., Inc.

Disposal Date

City, State

Tullytown, PA

Completed By (Print or Type) Title Signature Date

Bilyana Kulakovska Office Administrator

9/15/16
**State of New Jersey\**
**NOTIFICATION OF ASPEROS ABATEMENT\**
**(Pursuant to NJAC 8:60 and 12:120)\**

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>9/16/16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>ExxonMobil Environmental Services</td>
</tr>
<tr>
<td>Street Address</td>
<td>1545 Route 22 East, Room CCS-09C</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Annadale, NJ 08801</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Mr. Pedro A. Palomino</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

| Name of Facility Where Abatement is Taking Place (3) | Former Exxon Facility #35012 |
| Street Address | 405 Piaget Ave |
| City (5) | Clifton |
| County (6) | Passaic |
| County Code (7) | N/A |
| Current Use (Prior to being demolished) | Former Gas Station |

| Name of Monitoring Firm Hired by Building Owner (8) | ASCM No. |
| Name of Abatement Contractor (9) | Dynamics Development Services Inc. |
| Street Address | 557 Grand Concourse Suite 3-51 |
| City, State, Zip Code | Bronx, NY 10451 |

| Project Manager for Monitoring Firm | Telephone No. |
| Name of OSHA Monitor | Julio Lopez |
| Street Address | 317 9th Street |
| City, State, Zip Code | Union City, NJ 07087 |

| Start Date (10) | 9/26/16 |
| Scheduled Completion Date (11) | 9/26/16 |

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

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

| Location of Asbestos-Containing Material (ACM) TO BE ABATED | Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) |
| In Facility (13) | Yes | No | N/A |
| Lower Building Roof | X | Roof Mastic Black | 60 | X |
| Main Building Roof | X | Roof Vent Mastic | 16 LF | X |

| Name of Registered Waste Hauler | Veolia ES Technical Solutions Corp |
| NJDEP Waste Hauler ID No. | 20071 |
| Cubic Yards of Waste | 2 |

| Name of Registered Landfill | Wayne Disposal, Inc. |
| Disposal Date | 9-26-16 |
| City, State | Belleville, MI 48111 |

| Completed by | Sanford Alper |
| Title | Senior Project Executive |
| Signature | Date | 9-1-16 |

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:80 and 5:16)

| Date of Notification (1) | 8/15/16 | Name of Building Owner/Operator (2) | Duym

| Agencies Notified | Type Notification | Name of Abatement Contractor (9) | Stevens Environmental Services, Inc.

| Name of Facility Where Abatement Is Taking Place (3) | Residential |

| Street Address | PO Box 341 |

| City (5) | Glen Ridge, NJ |

| County (6) | Essex |

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

| Name of Monitoring Firm Hired by Building Owner (8) | MECS |

| Name of Abatement Contractor (9) | Stevens Environmental Services, Inc. |

| Street Address | PO Box 322 |

| City, State, Zip Code | Allentown, NJ 08501 |

| Project Manager for Monitoring Firm | Bill Weisgarber |

| Telephone No. | (609) 298-4070 |

| Start Date (10) | 9/9/16 |

| Scheduled Completion Date (11) | 10/7/16 |

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

| Facility Closed/Vacated During Entire Period of Abatement | |

| Abatement Performed Outside of Normal Facility Hours | |

| Other - Describe: | 8am - 4pm |

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

| ≥3 of or ≥3 if | Renovation |

| ≥160 sf or ≥280 sf | Demolition |

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

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

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

| Amount (Specify SF or LF) | 30 LF |

| Abatement Type | |

| Endoscope | |

| Encapsulate | |

| Full Containment with Negative Pressure | |

| Mini-Enclosure | |

| Glovebag Procedure | |

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

| Name of Registered Waste Hauler | Stevens Environmental Services, Inc. |

| NJDEP Waste Hauler ID No. | 18292 |

| Cubic Yards of Waste (CU) | 1 |

| Name of Registered Landfill | GROWS Landfill |

| City, State | Allentown, NJ |

| Disposal Date | 10/7/16 |

| City, State, Zip Code | Morrisville, PA |

| Completed By | Mahlon E. Stevens |

| Title | Project Manager |

| Signature | |

| Date | 9/16/16 |

* Do not use this form for asbestos licensure exempted activities.
# 17/15

**State of New Jersey**

**NOTIFICATION 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>
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<tbody>
<tr>
<td>9/19/2016</td>
<td>David Nicholas Building &amp; Property</td>
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<table>
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<tr>
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<tr>
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<table>
<thead>
<tr>
<th>Name of Contact</th>
</tr>
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<tbody>
<tr>
<td>David Nicholas</td>
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<table>
<thead>
<tr>
<th>FACILITY INFORMATION</th>
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<tr>
<td>Name of Facility Where Abatement Is Taking Place (3)</td>
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<table>
<thead>
<tr>
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<tr>
<td>Atlantic</td>
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<thead>
<tr>
<th>Square Ft</th>
<th># of Floors</th>
<th>Bldg. Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>3200 sf</td>
<td>3</td>
<td>50 yrs</td>
</tr>
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<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
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<tbody>
<tr>
<td>ASCM No.</td>
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<table>
<thead>
<tr>
<th>Name of Abatement Contractor (9)</th>
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<tbody>
<tr>
<td>AEI2, LLC</td>
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</table>

<table>
<thead>
<tr>
<th>Street Address</th>
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<tbody>
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<table>
<thead>
<tr>
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<tbody>
<tr>
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<tr>
<th>Project Manager for Monitoring Firm</th>
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<tr>
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<th># of Floors</th>
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<td>3</td>
<td>50 yrs</td>
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<th>Scheduled Completion Date (11)</th>
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<td>9/29/16</td>
<td>10/7/16</td>
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<table>
<thead>
<tr>
<th>Occupancy Status During Abatement</th>
<th>Check only one</th>
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<tbody>
<tr>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
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<tr>
<td>Abatement Performed Outside of Normal Facility Hours</td>
<td>X</td>
</tr>
<tr>
<td>Other - Describe:</td>
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<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
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<tbody>
<tr>
<td>≥3 sf or ≥3 If</td>
</tr>
<tr>
<td>≥180 sf or ≥260 If</td>
</tr>
<tr>
<td>Renovation Demolition</td>
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<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM)</th>
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</thead>
<tbody>
<tr>
<td>TO BE ABATED IN Facility (13)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)</th>
</tr>
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<tbody>
<tr>
<td>Yes</td>
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<tr>
<td>No</td>
</tr>
<tr>
<td>N/A</td>
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<table>
<thead>
<tr>
<th>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
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<tbody>
<tr>
<td>TSI</td>
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<table>
<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
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<tr>
<td>200 LF</td>
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<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM)</th>
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<tbody>
<tr>
<td>Name of Registered Waste Hauler</td>
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<tr>
<td>AEI2, LLC</td>
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</table>

<table>
<thead>
<tr>
<th>NJDEP Waste Hauler ID No.</th>
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<tbody>
<tr>
<td>21376</td>
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<table>
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<tr>
<th>Name of Registered Landfill</th>
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<td>TBD</td>
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<table>
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<tr>
<th>City, State</th>
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<tbody>
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<table>
<thead>
<tr>
<th>Completed By</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wm. Minnick</td>
</tr>
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<table>
<thead>
<tr>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Mgr.</td>
</tr>
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<table>
<thead>
<tr>
<th>Signature</th>
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<tbody>
<tr>
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</table>

<table>
<thead>
<tr>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>9/19/2016</td>
</tr>
</tbody>
</table>

---

*Do not use this form for asbestos licensure exempted activities.*
Date of Notification (1): September 19, 2016

Name of Building Owner/Operator (2): Donald Boyle

Street Address: [Redacted]

City, State, Zip Code: Staten Island, NY 10306

Name of Contact: Donald Boyle

Telephone Number

**FACILITY INFORMATION**

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

Street Address: [Redacted]

City: Toms River Twp.

County: Ocean

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

ASCM No.

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

Street Address: 1889 Route 9, Unit 61

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

License Number: 00624

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

Street Address: 1056 Stelton Road

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

Scheduled Start Date (10): 10/5/16

Scheduled Completion Date (11): 10/6/16

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):

- [ ] ≥315 sf or ≥315 l.f.
- [ ] ≥160 sf or ≥260 l.f.
- [ ] ≥160 sf or ≥260 l.f.
- [ ] Renovation
- [x] Demolition

Type of Abatement:

- 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

Is Location Normally used Solely by Maintenance/Custodial Staff (12): NO

Y: NO

N/A

Amount (Specify SF or L.F.): 600 sf

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

Asbestos siding

Name of Registered Waste hauler: Guardian Contracting, Inc.

NIDEP Waste Hauler ID No: 20223

Cubic Yards of Waste: 3

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

City, State: Toms River, New Jersey

Disposal Date: 10/7/16

City, State: Tullytown, Pennsylvania

Completed by (Print or Type):

Nicholas Fernicola

Title: Project Manager

Signature: [Signature]

Date: 9/19/16

*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>I. TYPE OF NOTIFICATION (O - Original  R - Revised  C - Cancelled):</td>
<td>O</td>
<td>II. IS ASBESTOS PRESENT? (Yes/No): Y</td>
</tr>
<tr>
<td>III. FACILITY INFORMATION (identify owner, removal contractor and other operator)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>OWNER NAME:</td>
<td>Donald Boyle</td>
<td></td>
</tr>
<tr>
<td>Address:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>City:</td>
<td>Staten Island</td>
<td>State: NY</td>
</tr>
<tr>
<td>Zip:</td>
<td>10306</td>
<td></td>
</tr>
<tr>
<td>Contact:</td>
<td>Donald Boyle</td>
<td>Tel: 917-502-9134</td>
</tr>
<tr>
<td>REMOVAL CONTRACTOR:</td>
<td>Guardian Contracting, Inc.</td>
<td>NJ License: 00624</td>
</tr>
<tr>
<td>Address:</td>
<td>1889 Route 9, Unit 61</td>
<td></td>
</tr>
<tr>
<td>City:</td>
<td>Toms River</td>
<td>State: New Jersey</td>
</tr>
<tr>
<td>Zip:</td>
<td>08755</td>
<td></td>
</tr>
<tr>
<td>Contact:</td>
<td>Nicholas Fernicola</td>
<td>Tel: 732-349-9932</td>
</tr>
<tr>
<td>OTHER OPERATOR (if different)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Address:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>City:</td>
<td></td>
<td>State:</td>
</tr>
<tr>
<td>Zip:</td>
<td></td>
<td>Tel:</td>
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<tr>
<td>IV. TYPE OF OPERATION (D - Demo  O - Ordered Demo  R - Renovation  E - Emergency Renovation):</td>
<td>D</td>
<td></td>
</tr>
<tr>
<td>V. FACILITY DESCRIPTION (Including building name, number and floor or room number)</td>
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<td></td>
</tr>
<tr>
<td>Building Name:</td>
<td>Residence</td>
<td></td>
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<tr>
<td>Address:</td>
<td>118 West Shell Way</td>
<td></td>
</tr>
<tr>
<td>City:</td>
<td>Toms River Twp.</td>
<td>State: New Jersey</td>
</tr>
<tr>
<td>County:</td>
<td>Ocean</td>
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<tr>
<td>Site Location:</td>
<td>Exterior</td>
<td></td>
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<tr>
<td>Building Size:</td>
<td>600 sf</td>
<td># of Floors:</td>
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<td>Age in Years:</td>
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<tr>
<td>Present Use:</td>
<td>Residence</td>
<td>Prior Use:</td>
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<tr>
<td>VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:</td>
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<tr>
<td>VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:</td>
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<td></td>
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<tr>
<td>1. Regulated ACM to be removed</td>
<td>RACM To Be Removed</td>
<td>LOCATION</td>
</tr>
<tr>
<td>2. Category I ACM not removed</td>
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<td>Cat I</td>
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<tr>
<td>3. Category II ACM not removed</td>
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<tr>
<td>Pipes (Linear feet):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surface Area (Square feet):</td>
<td>600 sf</td>
<td>Asbestos siding</td>
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<td>RACM Off Facility Component (Cubic feet):</td>
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<tr>
<td>VIII. SCHEDULE DATES ASBESTOS REMOVAL (MM/DD/YY)</td>
<td>Start: 10/5/16</td>
<td>Complete: 10/6/16</td>
</tr>
</tbody>
</table>
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:

Prior to removal, the work area around the building will be roped off with caution tape and warning signs. Plastic sheeting will be placed around the work area and asbestos will be removed by non-friable procedures. All waste will be placed in double 6 mil. Bags, sealed and labeled and placed in a locked container for disposal.

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 F reminola
WASTE TRANSPORTER #2 Name:
Address:
City: State: Zip:
Contact Person:

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

xiv. 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):

xv. FOR EMERGENCY RENOVATIONS
Date and Hour of Emergency (MM/DD/YY):
Description of the Sudden, Unexpected Event:

Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:

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

xvii. 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 30, 1991)

Nicholas F reminola / Project Manager 
(Printed Name/Title) 
September 19, 2016 
(Signature of Owner/Operator) 
(Date)

xviii. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

Nicholas F reminola / Project Manager 
(Printed Name/Title) 
September 19, 2016 
(Signature of Owner/Operator) 
(Date)
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)
September 19, 2016

Name of Building Owner/Operator (2)
Alex Stagliano

FACILITY INFORMATION

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

Street Address
Brick, NJ 08724

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

Square feet
1800 sf

Bldg. Age
60

Current Use (Prior if being demolished)
 Residence

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

Street Address
1889 Route 9, Unit 61

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

Telephone Number
732-349-9932

License Number
00624

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

Street Address
1056 Stelton Road

City, State, Zip Code
Piscataway, New Jersey 08854

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

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

Exterior rear house only
X

Is Location Normally used Solely by Maintenance/Custodial Staff
YES NO N/A

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

Amount (Specify SF or LF)
1800 sf

Abatement Type

---

*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>
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<tr>
<th>I. TYPE OF NOTIFICATION (O - Original  R - Revised  C - Cancelled):</th>
<th>O</th>
<th>II. IS ASBESTOS PRESENT? (Yes/No):</th>
<th>Y</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>III. FACILITY INFORMATION (identify owner, removal contractor and other operator)</th>
</tr>
</thead>
<tbody>
<tr>
<td>OWNER NAME: Alex Stagliano</td>
</tr>
<tr>
<td>Address: [Redacted]</td>
</tr>
<tr>
<td>City: Brick</td>
</tr>
<tr>
<td>State: New Jersey</td>
</tr>
<tr>
<td>Zip: 08724</td>
</tr>
<tr>
<td>Contact: Alex Stagliano</td>
</tr>
<tr>
<td>Tel: 302-388-2930</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>REMOVAL CONTRACTOR: Guardian Contracting, Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>NJ License: 00624</td>
</tr>
<tr>
<td>Address: 1889 Route 9, Unit 61</td>
</tr>
<tr>
<td>City: Toms River</td>
</tr>
<tr>
<td>State: New Jersey</td>
</tr>
<tr>
<td>Zip: 08755</td>
</tr>
<tr>
<td>Contact: Nicholas Fernicola</td>
</tr>
<tr>
<td>Tel: 732-349-9932</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OTHER OPERATOR (if different)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
</tr>
<tr>
<td>City:</td>
</tr>
<tr>
<td>State:</td>
</tr>
<tr>
<td>Zip:</td>
</tr>
<tr>
<td>Contact:</td>
</tr>
<tr>
<td>Tel:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>IV. TYPE OF OPERATION (D - Demo  O - Ordered Demo  R - Renovation  E - Emergency Renovation):</th>
<th>D</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>V. FACILITY DESCRIPTION (Including building name, number and floor or room number):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Building Name: Residence</td>
</tr>
<tr>
<td>Address: 1756 Route 35 North</td>
</tr>
<tr>
<td>City: Ortley Beach</td>
</tr>
<tr>
<td>State: New Jersey</td>
</tr>
<tr>
<td>County: Ocean</td>
</tr>
<tr>
<td>Site Location: Exterior</td>
</tr>
<tr>
<td>Building Size: 1800 sf</td>
</tr>
<tr>
<td># of Floors: 1</td>
</tr>
<tr>
<td>Age in Years: 60</td>
</tr>
<tr>
<td>Present Use: Residence</td>
</tr>
<tr>
<td>Prior Use: Residence</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>VII. AS MATERIAL ASSUMED TO BE ASBESTOS?</th>
</tr>
</thead>
<tbody>
<tr>
<td>APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:</td>
</tr>
<tr>
<td>1. Regulated ACM to be removed</td>
</tr>
<tr>
<td>2. Category I ACM not removed</td>
</tr>
<tr>
<td>3. Category II ACM not removed</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LOCATION</th>
<th>Nonfibrous Asbestos Material Not To Be Removed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cat I</td>
<td>Cat II</td>
</tr>
</tbody>
</table>

| Pipes (Linear feet): 1800 sf |
|-----------------------------|-----------------|
| Surface Area (Square feet): 1800 sf |
| RACM Off Facility Component (Cubic feet): Asbestos siding |

<table>
<thead>
<tr>
<th>VIII. SCHEDULE DATES ASBESTOS REMOVAL (MM/DD/YY)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Start: 9/29/16</td>
</tr>
<tr>
<td>Complete: 9/30/16</td>
</tr>
</tbody>
</table>
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:

Prior to removal, the work area around the building will be roped off with caution tape and warning signs. Plastic sheeting will be placed on the ground below asbestos materials, and it will be removed by non-friable procedures. All waste will be placed in double 6 mil bags, sealed and labeled and placed in a locked container for disposal.

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 Femicola

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

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

xiv. 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):

xv. FOR EMERGENCY RENOVATIONS

Date and Hour of Emergency (MM/DD/YY):
Description of the Sudden, Unexpected Event:
Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:

xvi. 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

xvii. 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 Femicola / Project Manager (Printed Name/Title)
(Signature of Owner/Operator) September 19, 2016 (Date)

xviii. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

Nicholas Femicola / Project Manager (Printed Name/Title)
(Signature of Owner/Operator) September 19, 2016 (Date)
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification: 9/16/16

Name of Building Owner/Operator: Earthtech Contracting
Address: 155 RT 50
City, State, Zip Code: Greenfield NJ 08230
Name of Contact: Bruce
Telephone Number: 1000

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place: Residence
Street Address: [redacted]
City: MARGATE
County Code: ATLANTIC
County Code: N/A
Square Feet: 1000
Number of Floors: 1
Bid Age: 40+

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

Name of Monitoring Firm/Hired by Building Owner: N/A
Name of Abatement Contractor: Klemco Inc.
Street Address: 369 S. Sauce Ave.
City, State, Zip Code: Maple Shade, N.J. 08052
Telephone No.: 856-729-0472
License No.: 00444

Start Date: 9/29/16
Scheduled Completion Date: 10/5/16

Occupy Status During Abatement: N/A
Facility Closed/Abated During Entire Period of Abatement
Abatement Performed Outside of Normal Facility Hours

Scope of Work: Renovation
Location of Asbestos-Containing Material (ACM) To Be Abated: Siding
Location Normal Used Solely by Maintenance/Operational Staff: N/A

Description of Asbestos Containing Material: Transite
Amount (Specify SF or LF): 2000 SF

Abatement Type: Removal

Name of Registered Waste Hauler: Klemco Inc.
NJDH Waste Handler ID No: 17904
Cubic Yards of Waste: 5
Name of Registered Landfill: A.C.U.A.
City, State: Maple Shade, N.J.
Disposal Date: [redacted]
City, State: Pleasantville, N.J.

Completed By: Joe Klemm
Title: Owner
Signature: [signature]
Date: 9-16-16

* 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)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>9-16-16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>AMERICAN CONTRACTORS LICENSING</td>
</tr>
<tr>
<td>Street Address</td>
<td>2547 FIRE RD., SUITE A-1</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>EGC HARBOR TWP., ND, 08234</td>
</tr>
<tr>
<td>Name of Contractor</td>
<td>STAN</td>
</tr>
<tr>
<td>FACILITY INFORMATION</td>
<td></td>
</tr>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td>RESIDENCE</td>
</tr>
<tr>
<td>Street Address</td>
<td>[Redacted]</td>
</tr>
<tr>
<td>City (5)</td>
<td>[Redacted]</td>
</tr>
<tr>
<td>County (6)</td>
<td>ATLANTIC</td>
</tr>
<tr>
<td>County Code (7)</td>
<td>N/A</td>
</tr>
<tr>
<td>Current Use (Prior if being demolished)</td>
<td>VACANT</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner</td>
<td>ASCM No.</td>
</tr>
<tr>
<td>Street Address</td>
<td>369 S. SPRUCE AVE</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>MAPLE SHADE, NJ 08052</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>Telephone No.</td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>9-79-16</td>
</tr>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>10-5-16</td>
</tr>
<tr>
<td>Occupancy Status During Abatement (Check only one)</td>
<td>N/A</td>
</tr>
<tr>
<td>Scope of Work (Check all that apply)</td>
<td>Renovation</td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED</td>
<td></td>
</tr>
<tr>
<td>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</td>
<td>Yes No</td>
</tr>
<tr>
<td>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfing, VAT, or other miscellaneous)</td>
<td></td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
<td></td>
</tr>
<tr>
<td>Abatement Type</td>
<td></td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
<td>KLEMCO INC</td>
</tr>
<tr>
<td>NJDEP Waste Hauler ID No.</td>
<td>17964</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td>3500 SE</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>A.C.U.A.</td>
</tr>
<tr>
<td>City, State</td>
<td>MAPLE SHADE, NJ 08052</td>
</tr>
<tr>
<td>Disposal Date</td>
<td>PLEASANTVILLE, N.J</td>
</tr>
<tr>
<td>Completed By</td>
<td>MICHAEL KLEEMAN</td>
</tr>
<tr>
<td>Title</td>
<td>V/D</td>
</tr>
<tr>
<td>Signature</td>
<td>[Redacted]</td>
</tr>
<tr>
<td>Date</td>
<td>9-16-16</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)

<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>Name of Building Owner/Operator</th>
<th>Agency(ies) Notified</th>
<th>Type Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>9-16-16</td>
<td><strong>TOM WELSH</strong></td>
<td>□ EPA</td>
<td>X Initial</td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ DEP</td>
<td>□ Amended</td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ DOL</td>
<td>□ Amendment #</td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ DOH</td>
<td>□ Emergency (including justification)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ DCA</td>
<td>□ Cancellation</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

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

<table>
<thead>
<tr>
<th>Street Address</th>
<th><strong>661 POMONA AVE</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State, Zip Code</td>
<td><strong>HAADONFIELD N.J. 08033</strong></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name of Abatement Contractor</th>
<th>Project Manager for Monitoring Firm</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>KLEMC INC</strong></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>369 S SPRUCE AVE</strong></td>
<td><strong>856-779-0472</strong></td>
<td><strong>00441</strong></td>
</tr>
</tbody>
</table>

**Name of OSNA Monitor:** N/A

<table>
<thead>
<tr>
<th>Start Date</th>
<th>Scheduled Completion Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>9-26-16</td>
<td>10-3-16</td>
</tr>
</tbody>
</table>

**Occupy Status During Abatement:** Facility Closed/Vacated During Entire Period of Abatement

<table>
<thead>
<tr>
<th>Scope of Work</th>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Renovation</td>
<td>X SIDING</td>
</tr>
<tr>
<td>□ Demolition</td>
<td>X TRANSITE</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>□ Full Containment with Negative Pressure</td>
</tr>
<tr>
<td>No</td>
<td>□ Mini-Enclosure</td>
</tr>
<tr>
<td>N/A</td>
<td>□ Glovebag Procedure</td>
</tr>
<tr>
<td></td>
<td>□ Non-Exempted (*) and Non-Friable Procedure</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Amount Specified (SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>4000 SF</td>
<td></td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler:**

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>NDEP Waste Hauler ID No</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>KLEMC INC</strong></td>
<td>13904</td>
</tr>
</tbody>
</table>

**Cubic Yards of Waste:** 3

**Disposal Date:**

<table>
<thead>
<tr>
<th>City, State</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>MAPLE SHADE N.J.</td>
<td><strong>C.M. C.M.U.A</strong></td>
</tr>
</tbody>
</table>

**Completed By:**

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MICHAEL KLEMM</strong></td>
<td><strong>SUP.</strong></td>
<td><strong>[Signature]</strong></td>
<td>9-16-16</td>
</tr>
</tbody>
</table>

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