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

Date of Notification (1)
9/19/17

Name of Building Owner/Operator (2)
City of Atlantic City

Street Address
1301 Bacharac Blvd

City, State, Zip Code
Atlantic City, NJ

Name of Contact

NAME OF FACILITY WHERE ABATEMENT IS TAKING PLACE (3)
FIRE DAMAGED ABANDONED RESIDENCE

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

Street Address
14 to 18 North Maryland Ave

City (5)
Atlantic City

County Code (7)
Atlantic

Current Use (Prior to being demolished)
Abandoned House FIRE

Name of Abatement Contractor (9)
Yannuzzi Environmental Services

Street Address
135 Kinnelon Rd suite 102

City, State, Zip Code
Kinnelon, NJ 07405

Project Manager for Monitoring Firm

Telephone No.

Start Date (10)
10/1/17

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

Scheduled Completion Date (11)
10/5/17

Other – Describe: ABANDONED STRUCTURE

Scope of Work (Check All That Apply)
- ≥3 sf or ≥3 if
- ≥160 sf or ≥2260 if
- Renovation Demolition

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

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

Amount (Specify SF or LF)
N/A

Abatement Type
Removal

Name of Registered Waste Hauler
Yannuzzi Group

City, State
Kinnelon, NJ

Name of Registered Landfill
Atlantic County Utility

Cubic Yards of Waste
200

Disposal Date
10/5/17

City, State
Pleasantville NJ

Completion Date
9/19/17

Title
Project Manager

Signature

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

Date of Notification (1)  
09/20/2017  

Name of Building Owner/Operator (2)  
Mike Duffy  

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

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

Street Address  
[redacted]  

City, State, Zip Code  
Phillipsburg, NJ, 08865  

Name of Contact  
Mike Duffy  

FACILITY INFORMATION  

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

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)  
N/A  

ASCM No.  
EHW ABATEMENT LLC  

Name of Abatement Contractor (9)  
EHW ABATEMENT LLC  

Street Address  
89 Franklin Street  
City, State, Zip Code  
Paterson, NJ, 07524  

Telephone No.  
973-333-5144  
License No.  
01274  

Project Manager for Monitoring Firm  
EHW ABATEMENT LLC  

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

Start Date (10)  
9/29/2017  

Scheduled Completion Date (11)  
9/30/2017  

Scope of Work (Check All That Apply)  
- ≥3 sf or ≥3 ft²  
- ≥160 sf or ≥600 ft²  
- Renovation  
- Demolition  
- Abatement Type  
- 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)  
Basement  
Pipe Insulation  
66 ft²  

Amount (Specify SF or LF)  

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

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

Name of Registered Waste Hauler  
EHW ABATEMENT LLC  

NUDEP Waste Hauler ID No.  
111946  

Cubic Yards of Waste  
N/A  

Name of Registered Landfill  
minerva enterprises  

City, State  
PATERSON, NJ  

Disposal Date  
TBD  

City, State  
800 minerva rd waynesburg OH  

Completed by  
Victor Espiritu  
Title  
Manager  
Signature  
[signature]  
Date  
09/20/2017  

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

Date of Notification (1) 09/21/2017

Agencies Notified
☐ EPA  ☑ Initial
☐ DEP  ☑ Amended
☐ DOH  ☑ Amendment #
☐ DOL  ☑ Emergency w/ justification
☐ Cancellation

Type of Notification

Name of Building Owner / Operator (2)
M&T BANK

Street Address
345 MAIN STREET

City, State, Zip Code
BUFFALO, NY 14203

Name of Contact
DAVE PETTY

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
M&T BANK

Street Address
345 MAIN STREET

City (5)
PARAMUS

County (6)
BERGEN

County Code (7)

Square Feet
75,000

# Of Floors
3

Building Age
40+

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

Street Address

City, State, Zip Code
BUFFALO, NY 14203

Name of Abatement Contractor (9)
northstar contracting group inc

ASCM NO

Street Address
32 williams parkway

City, State, Zip Code
east hanover nj 07936

Scheduled Start Date (10) 10/02/17

Sched. Completion Date (11) 11/10/17

Telephone Number 973-884-8682

License Number 00860

Occupancy Status During Abatement (Check Only 1)
☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility
☐ Other - Describe: __MON-FRI__

Hours - Describe: __7AM - 3:30PM__

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

Location of Asbestos Containing

TO BE ABATED

In Facility (13)

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used</th>
<th>Description of Asbestos Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>BASEMENT</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2ND FL STAIRWELL</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>3RD FL STAIRWELL</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name of Registered Waste Haulier</td>
<td>NORTHSTAR CONTRACTING GROUP, INC</td>
<td>NJDEP Waste Hauler ID No.</td>
<td>Cubic Yards of Waste</td>
<td>Name of Registered Landfill</td>
</tr>
<tr>
<td>City, State</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EAST HANOVER, NJ</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

Completed by (Print or Type)
STEVEN STILES

Title
PROJECT MAN

Signature

Date 09/21/17
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 5:60 and 5:16)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>9/12/17</th>
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</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Holmes</td>
</tr>
<tr>
<td>Agencies Notified</td>
<td>Type Notification</td>
</tr>
<tr>
<td>EPA</td>
<td>Initial</td>
</tr>
<tr>
<td>DEP</td>
<td>Amended</td>
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<tr>
<td>DOL</td>
<td>Amendment #</td>
</tr>
<tr>
<td>DOH</td>
<td>Emergency (including justification)</td>
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<tr>
<td>DCA</td>
<td>Cancellation</td>
</tr>
<tr>
<td>Street Address</td>
<td>[Redacted]</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Neptune, NJ 07753</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Avis Holmes</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>-</td>
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</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Residential</th>
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</thead>
<tbody>
<tr>
<td>City (5)</td>
<td>Neptune, NJ 07753</td>
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<tr>
<td>County Code (6)</td>
<td>Monmouth</td>
</tr>
<tr>
<td>County Code (7)</td>
<td>[Redacted]</td>
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<tr>
<td>Square Feet</td>
<td>1800</td>
</tr>
<tr>
<td># of Floors</td>
<td>2</td>
</tr>
<tr>
<td>Bldg. Age</td>
<td>75 +/-</td>
</tr>
<tr>
<td>Current Use (Prior if being demolished)</td>
<td>-</td>
</tr>
<tr>
<td>Type of Facility (4)</td>
<td>School (K-12)</td>
</tr>
<tr>
<td></td>
<td>Subchapter 8 (Other than K-12)</td>
</tr>
<tr>
<td></td>
<td>Other (i.e., private &amp; commercial buildings, homes, etc.)</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>MECS</td>
</tr>
<tr>
<td>ASCM No.</td>
<td>-</td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>Stevens Environmental Services, Inc.</td>
</tr>
<tr>
<td>Street Address</td>
<td>PO Box 341</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Crosswicks, NJ 08515</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>(609) 298-4070</td>
</tr>
<tr>
<td>License No.</td>
<td>00493</td>
</tr>
<tr>
<td>Name of OSHA Monitor</td>
<td>MECS</td>
</tr>
<tr>
<td>Street Address</td>
<td>PO Box 341</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Crosswicks, NJ 08515</td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>9/29/17</td>
</tr>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>10/6/17</td>
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<tr>
<td>Occupancy Status During Abatement (Check only one)</td>
<td>X Other - Describe: 8 am - 4 pm</td>
</tr>
<tr>
<td></td>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
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<tr>
<td></td>
<td>Abatement Performed Outside of Normal Facility Hours</td>
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<tr>
<td>Scope of Work (Check all that apply)</td>
<td>X Renovation</td>
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<tr>
<td></td>
<td>Demolition</td>
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<tr>
<td></td>
<td>X Full Containment with Negative Pressure</td>
</tr>
<tr>
<td></td>
<td>X Mini-Enclosure</td>
</tr>
<tr>
<td></td>
<td>X Glovebag Procedure</td>
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<tr>
<td></td>
<td>X Non-Exempted (*) and Non-Friable Procedure</td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM)</td>
<td>TO BE ABATED</td>
</tr>
<tr>
<td>IN Facility (13)</td>
<td>-</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Basement</td>
<td>X</td>
</tr>
<tr>
<td>Attic</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>10 lf</td>
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<tr>
<td>Name of Registered Waste Hauler</td>
<td>Stevens Environmental Services, Inc.</td>
</tr>
<tr>
<td>NJDEP Waste Hauler ID No.</td>
<td>18292</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td>3 cu</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>Fairless Landfill</td>
</tr>
<tr>
<td>City, State</td>
<td>Allentown, NJ</td>
</tr>
<tr>
<td>Disposal Date</td>
<td>10/6/17</td>
</tr>
<tr>
<td>Completed By</td>
<td>Mahlon E. Stevens</td>
</tr>
<tr>
<td>Title</td>
<td>Project Manager</td>
</tr>
<tr>
<td>Signature</td>
<td>-</td>
</tr>
<tr>
<td>Date</td>
<td>9/20/17</td>
</tr>
</tbody>
</table>

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

**Date of Notification (1):** 9/20/17  
**Name of Building Owner/Operator (2):** Pensak

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
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</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
<td>Residential</td>
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<tr>
<td>DEP</td>
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</tr>
<tr>
<td>DOL</td>
<td>Amendment #</td>
<td></td>
</tr>
<tr>
<td>DOH</td>
<td>Emergency (including justification)</td>
<td></td>
</tr>
<tr>
<td>DCA</td>
<td>Cancellation</td>
<td></td>
</tr>
</tbody>
</table>

**Street Address:**  
**City, State, Zip Code:** Edison, NJ 08820

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

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

**Project Manager for Monitoring Firm:** Bill Weisgarber  
**Telephone No.:** (609) 298-4070

**Start Date (10):** 10/2/17  
**Scheduled Completion Date (11):** 10/6/17

**Occupancy Status During Abatement (Check only one):**  
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours  
- Other - Describe: 8 am - 4 pm

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) To Be Abated</th>
<th>IN Facility (13)</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>X</td>
<td></td>
<td>Boiler Packing</td>
<td>10 sf</td>
<td>X</td>
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<tr>
<td>Basement</td>
<td></td>
<td></td>
<td>Pipe Insulation</td>
<td>1 LF</td>
<td>X</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler:** Stevens Environmental Services, Inc.  
**NJDEP Waste Hauler ID No:** 18292  
**Cubic Yards of Waste:** 1 cu

**Name of Registered Landfill:** Fairless Landfill  
**City, State:** Allentown, NJ 08501

**Disposal Date:** 10/6/17  
**City, State:** Morrisville, PA

**Completed By:** Mahlon E. Stevens  
**Title:** Project Manager  
**Signature:**

**Date:** 9/21/17

*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) 9/21/17

Name of Building Owner/Operator (2) Stevenson

Agencies Notified
☐ EPA
☐ DEP
☒ DOH
☐ DOA

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

Street Address [Redacted]

City, State, Zip Code Trenton, NJ 08618

Name of Contact Marianne Stevenson

Telephone Number

FACILITY INFORMATION

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

Square Feet 2000

# of Floors 2

Bldg. Age 85+/-

Current Use (Prior if being demolished)

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

Street Address [Redacted]

City (5) Trenton, NJ 08618

County (6) Mercer

County Code (7) (STATE USE ONLY)

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

ASCM No.

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

Street Address PO Box 341

City, State, Zip Code Crosswicks, NJ 08515

Telephone No. (609) 298-4070

License No. 00493

Start Date (10) 10/4/17

Scheduled Completion Date (11) 10/10/17

Occupancy Status During Abatement (Check only one)
☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☒ Other - Describe: 8 am - 4 pm

Scope of Work (Check all that apply)

☐ ≥3 sf or ≥3 ft
☐ ≥160 sf or ≥260 ft
☒ Renovation

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

☐ Basement
☒ Crawl Space

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

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

Amount (Specify SF or LF) 90 lf

Abatement Type

☐ Removal
☐ Encapsulate
☐ Enclosure

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

Name of Registered Waste hauler

Stevens Environmental Services, Inc.

City: State Allentown, NJ

Hauler ID No. 18292

Cubic Yards of Waste 2 cu

Name of Registered Landfill

Fairless Landfill

Disposal Date 10/10/17

City, State Allentown, NJ

CITY, STATE

Completed By Mahlon E. Stevens

Title Project Manager

Signature

Date 9/21/17

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

Date of Notification (1)
September 20, 2017

Name of Building Owner/Operator (2)
South Jersey Port Corporation

Agency Notified

<table>
<thead>
<tr>
<th>EPA</th>
<th>DEP</th>
<th>DOL</th>
<th>DOH</th>
<th>DCA</th>
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<tbody>
<tr>
<td></td>
<td>X</td>
<td></td>
<td></td>
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</tbody>
</table>

Type Notification

- Initial
- Amend
- Emergency (including justification)
- Cancellation

Street Address
101 Joseph A Bolzano Blvd
Camden, NJ 08103

Name of Contact
Anthony Colavita

Name of Facility Where Abatement is Taking Place (3)
Maintenance Garage

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

Square Feet
3,900

# of Floors
1

Bldg. Age
50 years

Current Use (Prior if being demolished)
Garage/ maintenance

Name of Monitoring Firm Hired by Building Owner (5)
Environmental Testing Consultants

ASCM No.
n/a

Name of Abatement Contractor (6)
Silt Asbestos Abatement LLC

Street Address
1800 Federal Street
Camden, NJ 08105

Telegram No.
856-630-3288

License No.
01303

Project Manager for Monitoring Firm
Howard Zenobi

Telephone No.
856-482-1311

Name of OSHA Monitor
Self monitor

Start Date (10)
09/30/17

Scheduled Completion Date (11)
10/2/17

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)

- ≥ 3,000 sf or ≥ 3,000 sf
- ≥ 1,000 sf or ≥ 2,600 sf
- Demolition
- Renovation
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Maintenance storage</th>
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</thead>
</table>

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

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

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

Thermal systems installation

Amount (Specify SF or LF)
106 LF

Abatement Type

Name of Registered Waste Hauler
Champion Disposal

NJDEP Waste Hauler ID No.
32707

Cubic Yards
1.75

Name of Registered Landfill
Grows Landfill

City, State
Hainsport, NJ

Disposal Date
10/2/17

City, State
Morrisville, PA

Completed by
Jeff Yekenchik

Title
Owner

Signature

Date
09/20/17

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

State of New Jersey

Name of Building Owner/Operator (2)
D & A Demo, LLC

Agencies Notified
☒ EPA
☒ DOH
☒ DCA
☐ NJAC 5.23-8
☒ Emergency (including
☐ Amended justification)
☒ Cancellation

Street Address
2156 Camplain Road

City, State, Zip Code
Hillsborough, NJ 08844

Name of Contact
Antonio Dimuzio

FACILITY INFORMATION

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

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

Square Feet
1500 sf

# of Floors
1

Bldg. Age
80

Commercial Garage

County Code (?/STATE USE ONLY)

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

Street Address
1889 Route 9, Unit 61

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

Project Manager for Monitoring Firm
Nicholas Fernicola

Telephone No.
732-349-9932

Start Date (10)
09 / 29 / 17

Scheduled Completion Date (11)
10 / 02 / 17

License No.
00624

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

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

Street Address
1056 Stetton

City, State, Zip Code
Piscataway, New Jersey 08854

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

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

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

Amount (Specify SF or LF)

Abatement Type
Reomval
Repair
Enclosure

Endose

bathroom
☒ ☐ ☐

asbestos floor tile
16 sf

exterior
☒ ☐ ☐

roof flashing
20 sf

Name of Registered Waste Hauler
Guardian Contracting, Inc.

NJDEP Waste Hauler ID No.
20223

Cubic Yards of Waste
1

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

City, State
Toms River, New Jersey

Disposal Date
10/03/17

City, State
Tullytown, Pennsylvania

Completed By (Print or Type)
Nicholas Fernicola

Title
Project Manager

Signature

Date
9/19/17

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

Date of Notification [1]: September 8, 2017
Name of Building Owner/Operator [2]: Based Realty Management LLC.

Agencies Notified Type Notification
☑ EPA Initial
☐ DEP Amended
☑ DOL Amendment #
☐ DOH Emergency (including Justification)
☐ DCA Cancelation

Street Address: 2321 Kennedy Blvd., Suite B1
City, State, Zip Code: North Bergen, NJ 07047
Name of Contact: Mike Thorn
Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement Is Taking Place [3]:
Private Building

Street Address: 380 Lackawanna Place
City: South Orange
County: Essex County
County Code [7] (STATE USE ONLY):

Name of Monitoring Firm Hired by Building Owner [8]:
ASCM No.

Name of Abatement Contractor [9]: Unicorn Contracting Corp.
Street Address: 32 Willow Way
City, State, Zip Code: Woodland Park, NJ 07424
Telephone No.: 973-333-9176
License No.: 01331

Start Date [10]: September 18, 2017
Scheduled Completion Date [11]: September 19, 2017

Occupancy Status During Abatement (Check Only One):
☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☑ Other - Describe: 07:00am to 3:30pm

Scope of Work (Check All That Apply):
☐ 2-3 sf or <3 LF
☐ 2.160 sf or 2.160 LF

☐ Renovation
☐ Demolition

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

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff [12]</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount [13] (Specify $ or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>Yes</td>
<td>Asbestos Pipe Insulation</td>
<td>110 LF</td>
<td>T</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler:
Unicorn Contracting Corp.
Waste Hauler ID No.: 0035844
Cubic Yards of Waste: 5+

Name of Registered Landfill:
Fairless Hills Landfill

City, State:
Woodland Park, New Jersey

Completed by:
Dimo Galcev
Title: General Manager
Signature: [Signature]
Date: 9/8/2017
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)
8/23/2017

Name of Building Owner/Operator (2)
Residence

Agencies Notified
☐ EPA  ☑ DEP  ☐ DOH  ☐ DCA
☐ Initial  ☑ Amended #1  ☐ Emergency (including
Justification)  ☐ Cancellation

City, State, Zip Code
Elizabeth, NJ 07202

Name of Contact
Anothony Martinangelo

FACILITY INFORMATION

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

Street Address

City (5)
Elizabeth

County (6)

County Code (7)

Square Feet
1857

# of Floors
2

Bldg. Age
117

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8)
A. Seine Lighthouse Solutions

AsCM No.

Name of Abatement Contractor (9)
Brinks Tank Services

Street Address
1256 Liberty Avenue

City, State, Zip Code
Hillside, NJ 07205

Project Manager for Monitoring Firm
Sarah Calandra

Telephone No.
201-349-2666

License No.
01316

Name of OSHA Monitor
A. Seine Lighthouse Solutions

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

Start Date (10)
9/20/2017

Scheduled Completion Date (11)
10/3/2017

Scope of Work (Check All That Apply)

☐ ≥ 23 sf or ≥ 3 If
☐ ≥ 160 sf or ≥ 200 If
☐ Renovation
☐ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

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

In Facility

(13)

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)
60 LF

Abatement Type

Cubic Yards of Waste

Name of Registered Landfill

Disposal Date

City, State
Penn Argyle, PA

Completed by
Alison Lamers

Title
Office Manager

Signature

Date
8/23/2017

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

Date of Notification (1):
09-14-2017

Name of Building Owner/Operator (2):
Calvary Chapel of South Jersey

Street Address:
1210 Hessian Ave

City, State, Zip Code:
National Park, NJ 08008

Name of Contact:
Patrick Bocchicchio

Telephone Number:
5000

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3):
Calvary Chapel of South Jersey Center

Type of Facility (4):
Training

Street Address:
1210 Hessian Avenue

City (5):
National Park

County (6):
Gloucester

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

Square Feet:
5000

# of Floors:
2

Bldg. Age:
60 yrs

Current Use (Prior if being demolished):
Missionary training center

Name of Monitoring Firm Hired by Building Owner (8):
Quality Environmental Concepts

ASCM No.:
None

Name of Abatement Contractor (9):
Quality Environmental Concepts

Street Address:
1053 North Tuckahoe Road

City, State, Zip Code:
Williamsport, New Jersey 08094

Telephone No.:
856-629-1166

License No.:
01066

Start Date (10):
September 27, 2017

Scheduled Completion Date (11):
September 30, 2017

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

Abatement Performed Outside of Normal Facility Hours

Other — Describe: Offices open upstairs

Scope of Work (Check All That Apply):
- ± 5 ft or ± 5 sfl
- ± 150 ft or ± 250 fsf

- Demolition

- Renovation

- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebox Procedure
- Non-Exempted (*) and Non-Treatable Procedure

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

In Facility (13):

Basement/Lower Level

Is Location Normally Used Solely by Maintenance/Grounds Staff? (12):
No

Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous):
9" x 9" Asbestos Floor

Tiles - Only loose or - 100"² XSF

broken to be cleaned

up for new overlay floor

Name of Registered Waste Hauler:
Quality Environmental Concepts

Waste Hauler ID No.:
19710

Cubic Yards of Waste:
Trace

Name of Registered Landfill:
Gloucester County Solid Waste Complex

TBD

City, State:
South Harrison Twp, NJ

Completed by:
Edward Knorr

Title:
Vice President

Signature:
Edward Knorr

Date:
09-14-2017

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

Date of Notification (1) 09 / 19 / 17

Name of Building Owner/Operator (2) Donhardt Associates Check #4866

Street Address 14 Clifford Avenue, Suite 200

City, State, Zip Code Matawan, New Jersey 08736

Name of Contact Russell J. Azzarello

FACILITY INFORMATION

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

Street Address

City (5) Clark, New Jersey 07066

County (6) Union

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

Name of Abatement Contractor (9) Lillich Corporation

Lillich Corporation

Street Address 606 McBride Avenue

City, State, Zip Code Woodland Park, New Jersey 07424

Telephone No. 973-226-8400 License No. 01104

Name of OSHA Monitor

IRIS Environmental Labs LLC

Street Address 2333 Route 22 West

City, State, Zip Code Union, NJ 07083

Project Manager for Monitoring Firm Matthew R Mantley

Telephone No. 732-223-2225

Start Date (10) 10 / 04 / 17

Scheduled Completion Date (11) 10 / 19 / 17

Occupancy Status During Abatement (Check only one)

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

Square Feet 2,000

# of Floors 2

Bldg. Age 56 yrs.

Current Use (Prior to being demolished) Private Residence

Private Residence

Scope of Work (Check all that apply)

Full Containment with Negative Pressure
Mini-Enclosure
Vogel 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)

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

Amount (Specify SF or LF)

Abatement Type:

Completion Date 10/19/2017

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

Lillich Corporation NJDEP Waste Hauler ID No. 18724

Cubic Yards of Waste 20

Name of Registered Landfill

City, State Woodland Park, New Jersey

City, State, Zip Code

City, State, Zip Code

Completed By (Print or Type) Adriana Olejarova

Title President

Signature

Date

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

Date of Notification (1)
__9__/18/17

Name of Building Owner/Operator (2)
Richie Nichols

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

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

Street Address

City, State, Zip Code
Pennsville, NJ 08070

Name of Contact
Judy

FACILITY INFORMATION

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

City (5)
Pennsville

County (6)
Salem

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

ASCM No. 855-755-0099

Name of Abatement Contractor (9)
Shade Environmental, LLC

Street Address
PO Box 341

City, State, Zip Code
Chesterfield, NJ 08515

Project Manager for Monitoring Firm
Bill Weisgeber

Telephone No. 609-298-4070

Start Date (10)
09 / 27 / 17

Scheduled Completion Date (11)
09 / 28 / 17

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)
Residence

Square Feet
2,100

# of Floors
3

Bldg. Age
80

Name of OSHA Monitor
EMSL Analytical, Inc.

Street Address
200 Route 130 North

City, State, Zip Code
Cinnaminson, NJ 08077

Scope of Work (Check all that apply)
☒ ≥3 sf or ≥3 ft
☐ ≥100 sf or ≥260 ft
☐ Renovation
☐ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

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

Crawlspace

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

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

Amount (Specify SF or LF)
120 LF

Abatement Type
☐ Removal
☐ Repair
☒ Encapsulate
☐ Endorse

Name of Registered Landfill
GROWS North Landfill

City, State
Freehold, NJ

Disposal Date
09/28/17

Name of Registered Waste Hauler
Freehold Cartage

NJDEP Waste Hauler ID No. 15939

Cubic Yards of Waste 1

Completed By (Print or Type)
Christina Lynch

Title
Vice President of Operations

Date
9/18/17

ASB-41
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)
9-15-2017

Name of Building Owner/Operator (2)
Christine Harasek

Agencies Notified

<table>
<thead>
<tr>
<th>Agency</th>
<th>Type Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td></td>
</tr>
<tr>
<td>DEP</td>
<td></td>
</tr>
<tr>
<td>DOH</td>
<td></td>
</tr>
<tr>
<td>DOL</td>
<td>Initial Amendment</td>
</tr>
<tr>
<td>DCA</td>
<td></td>
</tr>
</tbody>
</table>

Street Address

City, State, Zip Code
Jersey City, NJ 07307

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

Street Address

City (5)

State Code (7) (STATE USE ONLY)

County (6)

County Code
Hudson

Name of Monitoring Firm Hired by Building Owner (8)
Green Environmental Services, LLC

ASCM No.

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

Street Address
235 Virginia Avenue

City, State, Zip Code
Jersey City, NJ 07304

Project Manager for Monitoring Firm

Telephone No.
201-333-8855

License No.
01174

Start Date (10)
9-18-2017

Scheduled Completion Date (11)
9-18-2017

Name of OSHA Monitor
Same as above

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)

- ≥33 sf or ≥33 lf
- ≥150 sf or ≥250 lf
- Renovation
- Demolition

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, surface, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>x</td>
<td>Pipe insulation</td>
<td>40 LF</td>
<td></td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
Green Environmental Services, LLC

NJDEP Waste Hauler ID No.
0034889

Cubic Yards of Waste
1

Name of Registered Landfill
Grows North Landfill

City, State
Jersey City, NJ

Completed by
Liliana Serrano
Title
Office Manager
Signature

Disposal Date
9-18-2017

City, State
Morrisville, PA

Date
9-15-2017
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) 9 / 18 / 17

Name of Building Owner/Operator (2)
Haddonfield Public Schools Board of Education

Agencies Notified

- EPA
- DOLWD
- DOH
- DCA
- NJAC 5:23-8

Type Notification

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

Street Address
1 Lincoln Ave.

City, State, Zip Code
Haddonfield, PA 08033

Name of Contact
John Deserabile

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Haddonfield Memorial High School - B Wing

Street Address
401 Kings Highway East

City (5)
Haddonfield

County (6)
Camden

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

ASCM No.

Name of Abatement Contractor (9)
Plymouth Environmental Co., Inc.

Street Address
1930 Brown Road

City, State, Zip Code
Newfield, NJ 08344

Project Manager for Monitoring Firm
James Eberts

Telephone No.
856-205-1077

Start Date (10)
9 / 11 / 17

Scheduled Completion Date (11)
9 / 29 / 17

Occupancy Status During Abatement (Check only one)
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PM
- No

Scope of Work (Check all that apply)

- ≥23 sf or ≥230 sf
- ≥160 sf or ≥260 sf
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>B-Wing Bldg. exterior steel beams</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
</table>

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

Yes

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

Description

<table>
<thead>
<tr>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>40CY</td>
<td>GROWs</td>
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</table>

Amount (Specify SF or LF)

<table>
<thead>
<tr>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Removal</td>
</tr>
<tr>
<td>Repair</td>
</tr>
<tr>
<td>Encapsulate</td>
</tr>
<tr>
<td>Endure</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
Robinson Waste Haulers

City, State
Newark, NJ

Completed By (Print or Type)
James M. Kelly

Title
Vice President

Signature

Disposal Date
9/29/17

City, State
Morrisville, PA

Date

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

Date of Notification (1)
09-14-2017

Name of Building Owner/Operator (2)
Michael Volpe

Agencies Notified Type Notification Street Address
EPA Initial [Redacted]
DEP [Redacted]
DOL

City, State, Zip Code
Union NJ 07083

Name of Contact
Michael Volpe

FACILITY INFORMATION

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

Street Address
2108 Fulton St, Suite 2A
Brooklyn NY 11233

City, State, Zip Code
Brooklyn NY 11233

County Code (8)
Union

County (8)
Union

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

ASCM No.

Name of Abatement Contractor (9)
Amax Contracting LLC

Street Address
PO BOX 734
Woodland Park NJ 07424

City, State, Zip Code
Woodland Park NJ 07424

Project Manager for Monitoring Firm
Kayode Adefisoye

Telephone No.
973-692-6298

License No.
01266

Start Date (10)
09-25-2017

Scheduled Completion Date (11)
10-01-2017

Occupancy Status During Abatement (Check Only One)
X Abatement Performed Outside of Normal Facility Hours

Other — Describe:

Scope of Work (Check All That Apply)
X Renovation

X Demolition

X Full Containment with Negative Pressure

Mini-Enclosure

Glovebag Procedure

Non-Exempted (*) and Non-Friable Procedure

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

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

Yes No N/A

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

Amount (Specify SF or LF)

Abatement Type

Removal

Repair

Encapsulate

Endorse

Name of Registered Waste Hauler
Amax Contracting LLC

NJDEP Waste Hauler ID No.
0036184

Cubic Yards of Waste
10 CY

Name of Registered Landfill
Fairless Hills

Disposal Date
10-10-2017

City, State
Woodland Park NJ 07424

Morrisville PA

Completed by
Tomoe Muslak

Title
Project Manager

Signature

Date
09-14-2017

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

Date of Notification (1)
09 / 19 / 17

Name of Building Owner/Operator (2)
Giant Realty, LLC

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

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

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

Street Address
1615 Route 22
City, State, Zip Code
Watchung, NJ 07069

Name of Contact
Gregory Liccardi

FACILITY INFORMATION

Type of Facility (4)
☑ Other (i.e., private and commercial buildings, homes, etc.)

Square Feet
2000 sf

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

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

Telephone No.
732-349-9932

License No.
00524

County Code (?)/STATE USE ONLY
Ocean

Current Use (Prior if being demolished)
Residence

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

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

Telephone No.

Start Date (10)
09 / 29 / 17

Name of Registered Waste Hauler
Guardian Contracting, Inc.

Scheduled Completion Date (11)
10 / 03 / 17

NJ DEP Waste Hauler ID No.
20223

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

Cubic Yards of Waste
3

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

Abatement Type
☑ Removal

Amount
2500 sf

☐ Repair

☐ Encapsulation

☐ Endorsement

☐ Suspension

Full Containment with Negative Pressure

Mini-Enclosure

Glovebag Procedure

Non-Exempted (*) and Non-Friable Procedure

Asbestos siding

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

☐ ≥ 100 sf or ≥ 260 ft

☐ Renovation

☐ Demolition

Description

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

Yes ☐ No ☐ N/A ☐

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

City, State
Toms River, New Jersey

Disposal Date
10/04/17

Tullytown, Pennsylvania

Completed By (Print or Type)
Nicholas Fernicola

Title
Project Manager

Signature

Date
9/19/17

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