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

Date of Notification (1) 9 / 25 / 17

Name of Building Owner/Operator (2)
Covenant Presbyterian Church

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

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

Street Address
471 Parkway Avenue

City, State, Zip Code
Trenton, NJ 08618

Name of Contact
Isaac Mungra

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Covenant Presbyterian Church

Street Address
471 Parkway Avenue

City (5)
Trenton

County (5)
Mercer

County Code (7)(STATE USE ONLY)

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

ASCM No.

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 Weisgarber

Telephone No.
609-296-4070

Start Date (10) 10 / 05 / 17

Scheduled Completion Date (11) 10 / 09 / 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: AM____ PM____ PM____ AM

Scope of Work (Check all that apply)
☐ ≥ 2 sf or ≥ 3 #
☐ ≥ 160 sf or ≥ 260 #

☐ Renovation  ☐ Demolition

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

Location of Asbestos-Containing Material (ACM)

TO BE ABATED IN Facility

(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)

Boiler Room
Pipe Insulation
50 LF

Room 28
Pipe Fittings
50 LF

Attic
Pipe Insulation
100 LF

Name of Registered Waste Hauler
Freahold Cartage

NJ/DEP Waste Hauler ID No. 15933

Cubic Yards of Waste
1

Name of Registered Landfill
GROWS North Landfill

Disposal Date
10/09/2017

City, State
Morrisville, PA

Freehold, NJ

Completed By (Print or Type)
Christina Lynch
Title
Vice President of Operations

Signature

Date 9/25/17

ASB-41
JAN 13

* Do not use this form for asbestos licensure exempted activities.
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 5:60 and 12:120)

**State of New Jersey**

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

**Street Address**
319 E. State St.
Trenton, NJ 08601

**Name of Contact**
Hank Guarneri

**/agencies notified**
- [ ] EPA
- [x] DEP
- [ ] DOL
- [ ] DOH
- [ ] DCA

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

**Facility Information**

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

**Street Address**
1026-28 Stuyvesant Ave.

**City (5)**
Trenton

**County (6)**
Mercer

**County Code (7)**
(State Use Only)

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

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

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

**Street Address**
135 Kinnelon Rd Suite 102

**City, State, Zip Code**
Kinnelon, NJ 07405

**Telephone No.**
708-218-0880

**License No.**
01228

**Start Date (10)**
10/9/17

**Scheduled Completion Date (11)**
10/20/17

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

**Scope of Work (Check All That Apply)**
- [x] ≥3 sf or ≥3 If
- [ ] ≥160 sf or ≥260 If
- [ ] Renovation
- [x] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [x] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>NJDEP Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yannuzzi Group, Inc.</td>
<td>17467</td>
<td>100</td>
<td>GROWS/FAIRLESS</td>
</tr>
</tbody>
</table>

**Disposal Date**
10/20/17

**City, State**
Kinnelon, NJ

**Completed by**
John Mucha

**Title**
Project Designer

**Signature**

Do not use this form for asbestos licensure exempted activities.
**State of New Jersey**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:66 and 12:120)

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

<table>
<thead>
<tr>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paramus Municipal Building</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Jockish Square</td>
<td>Paramus, NJ 07652</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>John Robertson</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement Is Taking Place (3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Municipal Building</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Jockish Square</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City (5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paramus</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>County Code (6)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bergen</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Current Use (Prior to being demolished)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Municipal Building</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (6)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASCM No.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Stages Abatement</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>280 N. Midland Ave</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Saddle Brook, NJ 07663</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Telephone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>201-600-3184</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>01305</td>
</tr>
</tbody>
</table>

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

- Renovation
- Demolition

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED (13)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boiler Room</td>
</tr>
<tr>
<td>Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)</td>
</tr>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>x</td>
</tr>
<tr>
<td>Boiler Room</td>
</tr>
<tr>
<td>x</td>
</tr>
</tbody>
</table>

| Description of Asbestos-Containing Material (ACM) |
| (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) |
| Pipe Wrap |
| Amount (Specify SF or LF) |
| 555 LF |
| Abatement Type |
| x |

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED (13)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boiler</td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
</tr>
<tr>
<td>75 SF</td>
</tr>
<tr>
<td>Abatement Type</td>
</tr>
<tr>
<td>x</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Cubic Yards of Waste</th>
</tr>
</thead>
<tbody>
<tr>
<td>20 yd</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grand Central Sanitary Landfill</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Disposal Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>TBD</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pen Argyl, PA 18072</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed by</th>
</tr>
</thead>
<tbody>
<tr>
<td>Richard Cristofol</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>President</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>9/27/17</td>
</tr>
</tbody>
</table>

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

**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 8:60 and 8:16)

**Date of Notification (1)**
- 05 / 21 / 17

**Agencies Notified**
- EPA
- DOH
- DOLWD
- DCA

**Type of Notification**
- Initial
- Amended

**Amendment #**
- Emergency (Including Justification)
- Cancellation

**Name of Building Owner/Operator (2)**
- Parsippany Troy Hills Board of Education

**Street Address**
- 282 Parsippany Road

**City, State, Zip Code**
- Parsippany, NJ 07054

**Name of Contact**
- Tom Gaveglio

**Facility Information**

**Name of Facility Where Abatement is Taking Place (3)**
- Parsippany Hills High School

**Street Address**
- 20 Rita Drive

**City (5)**
- Morris Plains

**County (5)**
- Morris

**County Code (1) (STATE USE ONLY)**
- 0

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

**Square Foot # of Floors**
- 2

**Building Age**
- 60

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

**Subtypes (Other than K-12)**
- Other (i.e., private and commercial buildings, homes, etc.)

**Name of Abatement Contractor (9)**
- PowR/Save Inc

**Telephone No.**
- (973) 470-0200

**License No.**
- 387

**Street Address**
- 15 Somerset Place

**City, State, Zip Code**
- Clifton, NJ 07012

**Facility Closed or Vacated During Entire Period of Abatement**
- No

**Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement**
- AM
- PM

**Occupancy Status During Abatement (Check only one)**
- Facility Closed or Vacated During Entire Period of Abatement

**Time of Abatement (12)**
- AM
- PM

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

- **28 or 23 ft**
  - **2180 sq ft or 2200 ft**
  - **Renovation**
  - **Demolition**

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

<table>
<thead>
<tr>
<th>Location of ACM</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of ACM (i.e., thermal insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hall by D23</td>
<td>Yes</td>
<td>Piping</td>
<td>14 LF</td>
<td>Full Containment with Negative Pressure</td>
</tr>
<tr>
<td>Girls locker room</td>
<td>No</td>
<td>Piping</td>
<td>16 LF</td>
<td>Owner Removal</td>
</tr>
<tr>
<td>Custodian storage room</td>
<td>No</td>
<td>Piping</td>
<td>6 LF</td>
<td>Non-Exempted</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**
- PowR/Save

**Waste Hauler ID No.**
- 47132

**Hauler Name**
- ND

**Disposal Date**
- 7/13

**City, State**
- Clifton, NJ

**Name of Registered Landfill**
- Grand Central or Tullytown

**Pen Amap PA or Tullytown, PA**

**Name of Responsible Person**
- Sharon Hendee

**Title**
- President

**Signature**
- [Signature]

**Date**
- 7/13

---

*Do not use this form for asbestos license exempt activities.*
State of New Jersey  
NOTIFICATION OF ASPEROS ABATEMENT  
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1)  9/19/2017  
Name of Building Owner / Operator (2)  Tom Sahol

Agencies Notified  
- EPA
- DEP
- DOL
- DOH
- DCA
Type Notification  
- Initial
- Amended
- Emergency
- Cancellation

Street Address  
City, State & Zip Code  Florence, NJ

Name of Contact  Tom Sahol  
Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement Is Taking Place (3)  
Street Address

City (5)  Florence  
County (6)  Burlington  
County Code (7)

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

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

Square Feet  3000  
# of Floors  2  
Bldg. Age  80+

Current Use (Prior to being demolished)  
Residence

Name of Abatement Contractor (9)  Alpha Environmental Services  
Street Address  
PO Box 8297  
City, State & Zip Code  Trenton, NJ

Project Manager for Monitoring Firm  
Telephone Number  609-847-2956  
License No.  01222

Name of OSHA Monitor  EMSL Analytical

Street Address  107 Haddon Ave.  
City, State & Zip Code  Westmont, NJ 08108

Occupancy Status During Abatement (Check only one)  
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Hours – 7am to 3pm
- Facility Occupied During Abatement

Describe:

Scope of Work (Check all that apply)  
- ≥3 sf or ≥3 if
- ≥160 sf or ≥260 if
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Min Enclosure
- Glove Bag Procedures
- 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 or 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
Endeavor
Enclosure

Exterior
Siding  300sf  
Name of Registered Waste Hauler  
NJDEP Waste Hauler ID No.  00033330  
Cubic Yards of Waste  5  
Name of Registered Landfill  
Grows Landfill

ALPHA ENVIRONMENTAL  
City, State  Trenton, NJ

Completed By (Print or Type)  
Rod Richardson  
Title  Project Manager  
Signature  
Date  9/19/2017
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)
09 / 26 / 17

Name of Building Owner/Operator (2)
Mirage Construction

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

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

Street Address
333 Summit Avenue
Leonia, NJ 07605

Name of Contact
Joe Corolla

Telephone Number

FACILITY INFORMATION

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

Street Address

City (5)
Crosskill

County (6)
Bergen

County Code (7)/STATE USE ONLY

Square Feet: 500 sf
# of Floors: 1
Bldg. Age: 65

Current Use (Prior if being demolished)
Garage

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

ASCM No.

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

Street Address
1885 Route 9, Unit 61

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

Project Manager for Monitoring Firm

Telephone No.
732-349-9832

License No.
00624

Start Date (10)
10 / 09 / 17

Scheduled Completion Date (11)
10 / 10 / 17

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 ______

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED
IN Facility (12)

exterior-garage

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)
500 sf

Abatement Type

Name of Registered Waste Hauler
Guardian Contracting, Inc.

NJDEP Waste Hauler ID No. 20223

Cubic Yards of Waste 3

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

City, State
Toms River, New Jersey

Disposal Date
10/11/17

Completed By (Print or Type)
Nicholas Fernicola
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 8:60 and 5:16)

Date of Notification (1) 09 / 26 / 17
Name of Building Owner/Operator (2) Anthony Satriano

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

Street Address [Redacted]
City, State, Zip Code East Hanover, NJ 07936
Name of Contact Anthony Satriano

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence
Street Address [Redacted]
City (5) Ortley
County (6) Ocean
County Code (7)\(STATE\) USE ONLY \(\)

Current Use (Prior if being demolished) Residence

Type of Facility (4)
☐ School (K-12)
☐ Subchapter 3 (Other than K-12)
☐ Other (i.e., private and commercial buildings, homes, etc.)

Square Feet 1000 sf
# of Floors 1
Bldg. Age 65

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

Project Manager for Monitoring Firm N/A
Telephone No. 732-349-9932
License No. 00624

Name of OSHA Monitor E.M.S.L. Analytical
Street Address 1056 Stelton
City, State, Zip Code Piscataway, New Jersey 08854

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

Scope of Work (Check all that apply)
☐ ³ ≥3 sf or ³ 1 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)

Abatement Type

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

exterior ☐ ☑ ☐ asbestos siding 1000 sf

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

City, State Toms River, New Jersey

Completed By (Print or Type) Nicholas Femicola
Title Project Manager
Signature

Disposal Date 10/10/17
City, State Tullytown, Pennsylvania

Date 9.36.17

* Do not use this form for asbestos license exempted activities.
## Notification of Asbestos Abatement

**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**

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

### Date of Notification
9/26/17

### Name of Building Owner/Operator
MARK VAYSBERG

### Agencies Notified
- [x] EPA
- [x] DOH
- [x] DCA

### Type Notification
- [x] Initial

### Street Address
[Redacted]

### City, State, Zip Code
PLAINFIELD, NJ

### Name of Contact
MARK

### Telephone Number

### Facility Information

#### Name of Facility Where Abatement is Taking Place
[Redacted]

#### City
PLAINFIELD

#### County
UNION

#### Street Address
[Redacted]

#### City, State, Zip Code
LAKEWOOD, NJ 08701

#### Project Manager for Monitoring Firm

#### Telephone No.

### Start Date
10/15/17

### Scheduled Completion Date
10/16/17

### Occupancy Status During Abatement
- [x] Abatement Performed Outside of Normal Facility Hours

### Scope of Work
- [x] Renovation
- [x] Demolition
- [x] Full Containment with Negative Pressure
- [x] Glovebag 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)

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

### Amount

#### (Specify SF or LF)

### Abatement Type

#### Removal

#### Encapsulate

#### Endorse

### Name of Registered Waste Hauler
NEWARK CARTING

### NJDOE Waste Hauler ID No.
04509

### Cubic Yards of Waste
5

### Name of Registered Landfill
IESI

### City, State
NEWARK, NJ

### Disposal Date
10/16/17

### City, State
BETHLEHEM PA

### Completed by
JOSEPH PERLSTEIN

### Title
OWNER

### Signature

### Date

---

**Print Form**

*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>9/25/17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Ashley Management</td>
</tr>
<tr>
<td>Agencies Notified</td>
<td>Type Notification</td>
</tr>
<tr>
<td>EPA</td>
<td>X Initial</td>
</tr>
<tr>
<td>DEP</td>
<td>X</td>
</tr>
<tr>
<td>DOL</td>
<td>X Amended</td>
</tr>
<tr>
<td>DOH</td>
<td>X Emergency (including justification)</td>
</tr>
<tr>
<td>DCA</td>
<td>Cancellation</td>
</tr>
<tr>
<td>Street Address</td>
<td>411 Ashley Ave</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Lakewood, NJ 08701</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Devora</td>
</tr>
<tr>
<td>FACILITY INFORMATION</td>
<td></td>
</tr>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td></td>
</tr>
<tr>
<td>Street Address</td>
<td></td>
</tr>
<tr>
<td>City (5)</td>
<td>Lakewood</td>
</tr>
<tr>
<td>County (6)</td>
<td>Ocean</td>
</tr>
<tr>
<td>County Code (7)</td>
<td></td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>ASCM No.</td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>AAA LEAD PROFESSIONALS</td>
</tr>
<tr>
<td>Street Address</td>
<td>6 WHITE DOVE COURT</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Lakewood, NJ 08701</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td></td>
</tr>
<tr>
<td>Telephone No.</td>
<td>732-668-9078</td>
</tr>
<tr>
<td>License No.</td>
<td>1200</td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>10/15/17</td>
</tr>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>10/17/17</td>
</tr>
<tr>
<td>Occupancy Status During Abatement (Check Only One)</td>
<td></td>
</tr>
<tr>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
<td></td>
</tr>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours</td>
<td>X</td>
</tr>
<tr>
<td>Other – Describe:</td>
<td></td>
</tr>
<tr>
<td>Scope of Work (Check All That Apply)</td>
<td></td>
</tr>
<tr>
<td>Removation</td>
<td></td>
</tr>
<tr>
<td>Demolition</td>
<td>X</td>
</tr>
<tr>
<td>Full Containment with Negative Pressure</td>
<td></td>
</tr>
<tr>
<td>Mini-Enclosure</td>
<td></td>
</tr>
<tr>
<td>Glovebag Procedure</td>
<td></td>
</tr>
<tr>
<td>Non-Exempted (*) and Non-Frisable Procedure</td>
<td></td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)</td>
<td></td>
</tr>
<tr>
<td>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</td>
<td>Yes</td>
</tr>
<tr>
<td>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td></td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
<td>1500 SF</td>
</tr>
<tr>
<td>Abatement Type</td>
<td></td>
</tr>
<tr>
<td>Removal</td>
<td></td>
</tr>
<tr>
<td>Encapsulation</td>
<td></td>
</tr>
<tr>
<td>Encourage</td>
<td></td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
<td>NEWARK CARTING</td>
</tr>
<tr>
<td>NJ DEP Waste Hauler ID No.</td>
<td>04509</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td>10</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>IESI</td>
</tr>
<tr>
<td>Disposal Date</td>
<td>10/17/17</td>
</tr>
<tr>
<td>City, State</td>
<td>BETHLEHEM PA</td>
</tr>
<tr>
<td>Completed by</td>
<td>JOSEPH PERLSTEIN</td>
</tr>
<tr>
<td>Title</td>
<td>OWNER</td>
</tr>
<tr>
<td>Signature</td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td></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 8:16)

Date of Notification (1): 9/3/17

Agencies Notified
- EPA
- DEP
- DOH
- DOL
- Amendment # 1
- Emergency (including justification)

Name of Building Owner/Operator: Shore Home Builders

Street Address: 300 W Concourse
City, State, Zip Code: Neptune, NJ 07733

Name of Contact: Anthony Garofalo
Telephone Number: 

FACILITY INFORMATION

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

Residential

Street Address: PO Box 341
City, State, Zip Code: Crosswicks, NJ 08515

County Code (7): (STATE USE ONLY)

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

Name of Monitoring Firm Hired by Building Owner:

ASCM No. NA

Start Date (10): 9/18/17
Scheduled Completion Date (11): 10/10/17

Name of OSHA Monitor: MECS

Street Address: PO Box 322
City, State, Zip Code: Allentown, NJ 08501

License No.: 00493

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):
- ≥300 sf or ≥300 ft
- ≥180 sf or ≥280 ft
- Renovation
- Demolition

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

IN Facility (13): Exterior

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):
- Transite Siding: 1000 sf

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

NJDEP Waste Hauler ID No.: 18292

Cubic Yards of Waste:

Name of Registered Landfill:
Fairless Landfill

City, State: Allentown, NJ

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

Completed By: Mahlon E. Stevens
Title: Project Manager
Signature: 
Date: 9/22/17

* 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)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>9/27/17</td>
<td>DENNIS GRASSO</td>
</tr>
</tbody>
</table>

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

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

**Street Address**

**City, State, Zip Code**

**Name of Contact**

**Telephone Number**

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Type of Facility (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Square Feet**

**# of Floors**

**Bldg. Age**

**County (5)**

**County Code (7)**

**Name of Monitoring Firm Hired by Building Owner (9)**

**ASCM No.**

**Name of Abatement Contractor (9)**

**AAA LEAD PROFESSIONALS**

**Street Address**

8 WHITE DOVE COURT

**City, State, Zip Code**

LAKEWOOD, NJ 08701

**Start Date**

10/17/17

**Scheduled Completion Date**

10/19/17

**Occupancy Status During Abatement**

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

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

- [ ] 229 sf or 23 ft
- [x] 1600 sf or 2.5 ft
- [ ] Renovation
- [x] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Encapsulation
- [ ] Glovebag Procedure
- [x] Non-Exempted (*) and Non-Friable Procedure

**Location of Asbestos-Containing Material (ACM) To Be Abated**

<table>
<thead>
<tr>
<th>In Facility (13)</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
</tr>
</tbody>
</table>

**Amount (Specify SF or LF)**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>300SF</td>
<td>x</td>
</tr>
</tbody>
</table>

**Abatement Type**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Removal</td>
<td>Repair</td>
</tr>
<tr>
<td>x</td>
<td></td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**

NEWARK CARTING

NJDEP Waste Hauler ID No. 04509

Cubic Yards of Waste 10

Name of Registered Landfill

IESI

**City, State**

NEWARK, NJ

**Disposal Date**

10/19/17

**City, State**

BETHLEHEM PA

**Completed by**

JOSEPH PERLSTEIN

Title

OWNER

Signature

* Date

* 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)  9/12/17

Name of Building Owner/Operator (2)  R.M.

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>DOL</td>
<td>-</td>
</tr>
<tr>
<td>DOH</td>
<td>-</td>
</tr>
<tr>
<td>DCA</td>
<td>-</td>
</tr>
</tbody>
</table>

Street Address  77 Park St
City, State, Zip Code  Montclair, NJ 07042
Name of Contact  Mary
Telephone Number  

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

Street Address  20-22 Russell Ave
City  Montclair
County  Essex
County Code  (STATE USE ONLY)  

Name of Monitoring Firm Hired by Building Owner (8)  ACE Insulation Co Inc

ASCM No.  

Name of Abatement Contractor (9)  ACE Insulation Co Inc
Street Address  35 Montrose Rd
City, State, Zip Code  

Project Manager for Monitoring Firm  

Telephone No.  

License No.  

Start Date (10)  10/1/17
Scheduled Completion Date (11)  11/10/17

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

Scope of Work (Check All That Apply)  
☐ A3 of or ≥300 sf
☐ ≥100 sf or ≥250 sf
☐ Full Containment with Negative Pressure
☐ Renovation
☐ Demolition
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Location</th>
<th>ACM Used Solely by Maintenance/Custodial Staff?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Throughout Interior</td>
<td>X</td>
</tr>
</tbody>
</table>

Description of Asbestos Containing Material (ACM)  

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pipe wrap</td>
<td>120 LF</td>
<td></td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler  

Name of Registered Landfill  

City, State  

Completed by  

Signature  

Date  

* Do not use this form for asbestos licence exempted activities.
<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>9/20/17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agents Notified (2)</td>
<td>EPA, DEP, DOL, DOH, DCA</td>
</tr>
<tr>
<td>Type of Notification</td>
<td>1st Notice</td>
</tr>
<tr>
<td>Street Address</td>
<td>108 North Union Ave Suite</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>CRANFORD N.J. 07016</td>
</tr>
<tr>
<td>Name of Building Owner</td>
<td>C R A N F O R D  N . J . 0 7 0 1 6  A S B E T O S C O N T R O L &amp; C O N S T R U C T I O N L L C</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>STEVE NEEDLE</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>732-938-1500</td>
</tr>
<tr>
<td>Type of Facility (4)</td>
<td>House</td>
</tr>
<tr>
<td>Square Feet</td>
<td>4,000</td>
</tr>
<tr>
<td>No. of Floors</td>
<td>2</td>
</tr>
<tr>
<td>Bldg. At</td>
<td>90</td>
</tr>
<tr>
<td>Name of Facility Where Abatement is Taking Place (5)</td>
<td>UNION</td>
</tr>
<tr>
<td>City (6)</td>
<td>CRANFORD N.J. 07016</td>
</tr>
<tr>
<td>County (6)</td>
<td>UNION</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>NOVATECH INC</td>
</tr>
<tr>
<td>ASCM No.</td>
<td>N101</td>
</tr>
<tr>
<td>Name of Abatement Contractor (8)</td>
<td>NOVATECH INC</td>
</tr>
<tr>
<td>Street Address</td>
<td>10 Old Bridge N.J. 08857</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>10 Old Bridge N.J. 08857</td>
</tr>
<tr>
<td>Project Manager for Monitoring Plan</td>
<td>T.E. NORTHERN</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>732-938-1500</td>
</tr>
<tr>
<td>License No.</td>
<td>08006</td>
</tr>
<tr>
<td>Name of US EPA Monitor</td>
<td>NOVATECH INC</td>
</tr>
<tr>
<td>Street Address</td>
<td>10 Old Bridge N.J. 08857</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>10 Old Bridge N.J. 08857</td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>9/21/17</td>
</tr>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>10/21/17</td>
</tr>
<tr>
<td>Occupancy Status During Abatement (Check Only One)</td>
<td>Facility Closed/ Vacated During Entire Period of Abatement</td>
</tr>
<tr>
<td>Scope of Work (Check All That Apply)</td>
<td>x 2,000 sf or x 2,000 sq ft</td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ASBESTOS</td>
<td>EXTERIOR</td>
</tr>
<tr>
<td>To Be Abated in Facility (13)</td>
<td>SIDING</td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
<td>1,000 sf</td>
</tr>
<tr>
<td>Type of Asbestos (14)</td>
<td>GROWS</td>
</tr>
<tr>
<td>Name of Registered Waste Handler</td>
<td>NOVATECH INC</td>
</tr>
<tr>
<td>Address Waste Handler (15)</td>
<td>18501</td>
</tr>
<tr>
<td>Public Works of Waste (16)</td>
<td>7</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>GR Owens</td>
</tr>
<tr>
<td>City, State</td>
<td>CRANFORD N.J. 07016</td>
</tr>
<tr>
<td>Date Completed</td>
<td>9/20/17</td>
</tr>
</tbody>
</table>

*Do not use this form for asbestos licencing exempted act*
State of New Jersey
NOTIFICATION OF ASBESTOS REMOVAL
(Pursuant to N.J.A.C. 52:28 and 5:12B)

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

CRANFORD N.J. 07016

Description of Asbestos-containing Materials (4):

EXTERIOR

Location of Asbestos-containing Material (4):

EXTERN

Amount (16):

GROWS.

Name of Registered Person Receiving Notification:

INAIKO N.I.C

Occupation:

President

Name of Contractor:

Cranford Aerospace PA

* Do not use this form for asbestos竟然被删除了
**NOTIFICATION OF ASBESTOS ABATEMENT**

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

**Date of Notification (1)** 9/22/2017  
**CHECK #3064**

**Name of Building Owner/Operator (2)**  
Mr. Doug Posluszný

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

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

**Street Address**

**City, State, Zip Code**  
Oradell, NJ 07649

**Name of Contact**  
Mr. Doug

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**  
Residence of Mr. Doug Posluszný

**Street Address**

**City (5)**  
Oradell, NJ

**County (6)**

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

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

**ASCM No.**

**Name of Abatement Contractor (9)**  
EA Services Corporation

**Street Address**

**City, State, Zip Code**  
EA Services Corporation  
426 69th Street

**Project Manager for Monitoring Firm**

**Telephone No.**

**Telephone No.**  
201-295-1700

**License No.**  
01074

**Start Date (10)**  
9/23/17

**Scheduled Completion Date (11)**  
9/25/17

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

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

**Other – Describe: Starting at 10 AM**

**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)**

**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  
[ ] None

**Location**

**Basement**  
Floor Tile  
240 SF

**Name of Registered Waste Hauler**

Tri-State Transfer Assoc.

**NJDEP Waste Hauler ID No.**  
19551

**Cubic Yards of Waste**  
tbd

**Name of Registered Landfill**  
Minerva Enterprises Inc

**City, State**  
Waynesburg, OH

**Completed by**

Gina Betances  
Title: Office Manager

**Signature**  
[Signature]

**Date**  
09/22/2017

---

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

(State of New Jersey)

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

**Date of Notification (1)**
09/25/17

**Name of Building Owner/Operator (2)**
Janik, LLC

**Street Address**
227 Brookside Road

**City, State, Zip Code**
Ramsey, NJ 07446

**Name of Contact**
Damian Giunta

**FACILITY INFORMATION**

Name of Facility Where Abatement Is Taking Place (3)
Former Hooters Restaurant & Hotel

Street Address
393 Rt. 17 South

City (5)
Paramus

County (6)
Bergen

County Code (7)

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

ASCM No.

Name of Abatement Contractor (9)
Stanmark Solutions, LLC

Street Address
28 Edsall Drive

City, State, Zip Code
Sussex, NJ 07461

Project Manager for Monitoring Firm

Telephone No.

License No.
973-997-1650 01309

Start Date (10)
10/05/17

Scheduled Completion Date (11)
11/05/17

Occupy Status During Abatement (Check Only One)

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

Other - Describe: _________________

Scope of Work (Check All That Apply)

- 23 sf or 23 if
- ≥150 sf or ≥260 if
- Renovation
- Demolition

Location of Asbestos-Containing Material (ACM)

TO BE ABATED

In Facility (13)

<table>
<thead>
<tr>
<th>No</th>
<th>N/A</th>
<th>Please see attached</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
</tr>
</tbody>
</table>

Description of Asbestos-Containing Material (ACM)

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

<table>
<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cubic Yards of Waste 200</td>
</tr>
</tbody>
</table>

Abatement Type

<table>
<thead>
<tr>
<th>Removal</th>
<th>Repair</th>
<th>Encapsulation</th>
<th>Endorse</th>
</tr>
</thead>
</table>

Name of Registered Waste Hauler

Atlantic Carting

<table>
<thead>
<tr>
<th>NJ/DEP Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>190713</td>
<td>200</td>
<td>G.R.O.W.S.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>Disposal Date on completion</th>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wayne, NJ</td>
<td></td>
<td>Morrisville, PA</td>
</tr>
</tbody>
</table>

Stan Stankovic

<table>
<thead>
<tr>
<th>Title</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>P. Manager</td>
<td>09/25/17</td>
</tr>
</tbody>
</table>

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

(Pursuant to NJAC 8:86 and 12:129)

**Date of Notification (1)**
9/26/17

**Name of Building Owner/Operator (2)**
Alexander Oros  Private Home

**Agencies Notified**

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

**Type Notification**

- [X] Initial
- [ ] Amended
- [ ] Amendment #
- [ ] Emergency (Including Justification)
- [ ] Cancellation

**Street Address**

[Redacted]

**City, State, Zip Code**

Barnegat Light  NJ 08006

**Name of Contact**

Alex

**FACILITY INFORMATION**

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

Alexander Oros  Private Home

**Street Address**

Barnegat Light  NJ 08006

**City**

Ocean

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

[Redacted]

**Square Feet**

1000+

**# of Floors**

2

**Bldg. Age**

35+

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

House

**Type of Facility (4)**

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

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

ASCM No.  N/A

**Street Address**

[Redacted]

**City, State, Zip Code**

[Redacted]

**Project Manager for Monitoring Firm**

Telephone No.

**Telephone No.**

[Redacted]

**License No.**

00727

**Start Date (10)**

10/10/17

**Scheduled Completion Date (11)**

10/16/17

**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)**

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

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

**In Facility**

(13)

**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)**

1800 SF

**Abatement Type**

- [ ] Removal
- [ ] Repair
- [ ] Encapsulate
- [ ] Endorse

**Name of Registered Waste Hauler**

United Roll Off

**Hauler ID No.**

22459

**Cubic Yards of Waste**

4

**Name of Registered Landfill**

G.R.O.W.S.

**City, State**

Morrisville  PA  19067

**Completed by**

Anthony T Perna

**Title**

President

**Signature**

[Signature]

**Date**

9/26/17

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>9/19/2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner / Operator (2)</td>
<td>Din Attarwala</td>
</tr>
<tr>
<td>Agencies Notified</td>
<td>EPA</td>
</tr>
<tr>
<td>Type Notification</td>
<td>Initial</td>
</tr>
<tr>
<td>Street Address</td>
<td>[Redacted]</td>
</tr>
<tr>
<td>City, State &amp; Zip Code</td>
<td>Princeton, NJ</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Din Attarwala</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>[Redacted]</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residence</td>
</tr>
<tr>
<td>Street Address</td>
</tr>
<tr>
<td>City (5)</td>
</tr>
<tr>
<td>County (6)</td>
</tr>
<tr>
<td>County Code (7)</td>
</tr>
<tr>
<td>Type of Facility (4)</td>
</tr>
<tr>
<td>Square Feet</td>
</tr>
<tr>
<td># of Floors</td>
</tr>
<tr>
<td>Bldg. Age</td>
</tr>
<tr>
<td>Current Use (Prior if being demolished)</td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
</tr>
<tr>
<td>Street Address</td>
</tr>
<tr>
<td>City, State &amp; Zip Code</td>
</tr>
<tr>
<td>Name of OSHA Monitor</td>
</tr>
<tr>
<td>Street Address</td>
</tr>
<tr>
<td>City, State &amp; Zip Code</td>
</tr>
</tbody>
</table>

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

- 23 sf or 23 lf
- 150 sf to 2500 sf
- Renovation
- Demolition
- Non-Exempted and Non-Friable Procedure
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glove Bag Procedures
- Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)
- Yes
- No
- N/A
- Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)
- Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)
- Amount (Specify SF or LF)
- Abatement Type
- Removal
- Repair
- Encapsulate
- Ellicide

**ALPHA ENVIRONMENTAL**

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>NJDEP Waste Hauler ID No. 00033330</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State</td>
<td>Trenton, NJ</td>
</tr>
<tr>
<td>Disposal Date</td>
<td>Various</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>Grows Landfill</td>
</tr>
<tr>
<td>City, State</td>
<td>Morrisville, PA</td>
</tr>
<tr>
<td>Completed By (Print or Type)</td>
<td>Rod Richardson</td>
</tr>
<tr>
<td>Title</td>
<td>Project Manager</td>
</tr>
<tr>
<td>Signature</td>
<td>Rod Richardson</td>
</tr>
<tr>
<td>Date</td>
<td>9/19/2017</td>
</tr>
</tbody>
</table>
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)
9/27/17

Name of Building Owner/Operator (2)
Alfred Morrano

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

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

Street Address

City, State, Zip Code
Rochele Park, NJ 07662

Name of Contact
Keith Morrano (son)

FACILITY INFORMATION

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

Street Address
[redacted]

City (5)
Rochele Park

County (6)
Bergen

County Code (7)

Square Feet
1925

# of Floors
2

Bldg Age
70+/-

Type of Facility (4)
All Stages Abatement

Current Use (Prior if being demolished)
Residential Home

Name of Monitoring Firm Hired by Building Owner (8)
ASCM No. 01305

Name of Abatement Contractor (9)
All Stages Abatement

Street Address
280 N. Midland Ave

City, State, Zip Code
Saddle Brook, NJ 07663

Project Manager

Telephone No.
201-600-3184

License No.
01305

Name of OSHA Monitor

Project Manager for Monitoring Firm

Telephone No.

License No.

Start Date (10)
9/29/17

Scheduled Completion Date (11)
10/2/17

Occupancy Status During Abatement (Check Only One)
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outdoors of Normal Facility Hours
- Other – Describe: 8 A.M. to 4 P.M

Scope of Work (Check All That Apply)
- ≥3 sf or ≥3 ft
- ≥160 sf or ≥260 ft
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (N) and Non-Flammable Procedure

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

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)
684 SF

Abatement Type
Encapsulate

Name of Registered Waste Hauler
NJDEP Waste Hauler ID No. 0036592

Cubic Yards of Waste
4 CU

Name of Registered Landfill
Grand Central Sanitary Landfill

City, State
Saddle Brook, NJ

Disposal Date
TBD

Completed by
Richard Cristofoli

Title
President

Signature

Date
9/27/17

* 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):
9/27/17

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

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

Name of Building Owner/Operator (2):
Carmela Petrocelli

Street Address:
[Redacted]

City, State, Zip Code:
New Milford, NJ 07846

Name of Contact:
Carmela Petrocelli

Telephone Number:

FACILITY INFORMATION

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

Street Address:
[Redacted]

City (5):
New Milford

County (6):
Bergen

County Code (7):
[STATE USE ONLY]

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

Square Feet:
2100

# of Floors:
2

Bid Age:
70+-

Current Use (Prior if being demolished):
Residential Home

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

ASCM No.:

Name of Abatement Contractor (9):
All Stages Abatement

Street Address:
280 N. Midland Ave

City, State, Zip Code:
Saddle Brook, NJ 07663

License No.:
01305

Telephone No.:
201-600-3184

Start Date (10):
10/11/17

Scheduled Completion Date (11):
10/15/17

Occupancy Status During Abatement (Check Only One):
- Facility Closed/Vacated During Entire Period of Abatement
- Other - Describe: 8 A.M. to 4 P.M.

Scope of Work (Check All That Apply):
- ≥30 sf or ≥23 l/
- ≥160 sf or ≥280 l/f
- Renovation
- Demolition

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

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

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

Amount (Specify SF or LF):
106 LF

Abatement Type:

Location of Registered Waste Hauler:

All Stages Abatement

NJDEP Waste Hauler ID No.:
0035592

Cubic Yards of Waste:
4 CU

Name of Registered Landfill:
Grand Central Sanitary Landfill

City, State:
Pen Argyl, PA 18072

Disposal Date:
TBD

Completed by:
Richard Cristofol

Title:
President

Signature:

Date:
9/27/17

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