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

**Date of Notification (1)**
4/6/15

**Name of Building Owner/Operator (2)**
Bloomfield Electric Supply

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

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

**Street Address**
600 Bloomfield Ave

**City, State, Zip Code**
Bloomfield, NJ 07003

**Name of Contact**
Bill

**Facility Information**

**Name of Facility Where Abatement is Taking Place (3)**
Bloomfield Electric Supply Company

**Street Address**
658-660 Bloomfield Ave

**City (5)**
Bloomfield

**County (6)**
Essex

**Current Use (Prior if being demolished)**
Electric Supply Company

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

**Name of Abatement Contractor (9)**
Ace Insulation Co., Inc.

**Street Address**
95 Montrose Road

**City, State, Zip Code**
Colts Neck, N.J. 07722

**Name of OSHA Monitor**
Mark Jovic

**Start Date (10)**
4/15/15

**Scheduled Completion Date (11)**
4/22/15

**Occupancy Status During Abatement (Check Only One)**
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other – Describe: 7am-7am

**Scope of Work (Check All That Apply)**
- 200 sq ft or > 200 sq ft
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovabag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

**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)**

<table>
<thead>
<tr>
<th>Location</th>
<th>Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>outside</td>
<td>X</td>
<td>flooring material</td>
<td>3000 sf</td>
</tr>
<tr>
<td>indoors</td>
<td></td>
<td>floor tile</td>
<td>700 sf</td>
</tr>
<tr>
<td>indoors</td>
<td></td>
<td>boiler insulation</td>
<td>180sf</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**
Ace Insulation Co., Inc.

**Cubic Yards of Waste**
10

**Name of Registered Landfill**
Chris

**Disposal Date**
4/22/15

**City, State**
Easton, PA

**Completed by**
Bree McGuire

**Title**
Secretary Treasurer

**Signature**

**Date**
4/6/15

*Do not use this form for asbestos licensure exempted activities.*
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:18)

Check#2150

Date of Notification (1) 04/03/15

Name of Building Owner/Operator (2)
Stephen Hynes

Agencies Notified
- DOLWD
- DHSS
- OSHA

Type Notification
- Initial
- Emergency (including justification)

Street Address
8 Ferndale Road
Madison, NJ 07940

Name of Contact
Stephen Hynes

Facility Information

Name of Facility Where Abatement is Taking Place (3)
Private house
8 Ferndale Road
Madison, NJ 07940

County Code (7) (STATE USE ONLY)
Morris

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

Start Date (10)
04/13/15

Scheduled Completion Date (11)
04/14/15

License No.
973-585-1771
01127

Name of OSHA Monitor
Envirosion Consultants, Inc

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

Scope of Work (Check all that apply)
- ≥300 sf per floor
- ≥180 sf per floor
- ≥260 sf per floor
- Renovation
- Demolition
- Clean up and decontamination with negative pressure
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Tent with Negative Pressure
- Non-Exempted (*) and Non-Friable Procedure

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

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)
150 LF

Abatement Type
- Removal
- Repair
- Encapsulation

Name of Registered Waste Hauler
Gr Tech LLC

Cubic Yards of Waste
TBD

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

Disposal Date
TBD

City, State
Tullytown, PA

Date
04/03/15

Signatory

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

Date of Notification (1)
4/2/15

Name of Building Owner/Operator (2)
Ryan Magnusson

Agencies Notified

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

Street Address
2103 Main Street

City, State, Zip Code
Lake Como, New Jersey

Name of Contact
Mike

Telephone Number

FACILITY INFORMATION

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

Street Address
2103 Main Street

City (5)
Lake Como

County (6)
Monmouth

County Code (7) (STATE USE ONLY)

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

Name of Abatement Contractor (9)
Ace Insulation Co., Inc.

Street Address
95 Montrose Road

City, State, Zip Code
Colts Neck, N.J. 07722

Project Manager for Monitoring Firm

Telephone No.
732-294-1757

License No.
00029

Start Date (10)
4/4/15

Scheduled Completion Date (11)
4/8/15

Occupancy Status During Abatement (Check Only One)

Facility Closed/Vacated During Entire Period of Abatement

Abatement Performed Outside of Normal Facility Hours

Other – Describe: 7am-7pm

Scope of Work (Check All That Apply)

Demolition

Renovation

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

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

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)

Name of Registered Waste Hauler
Ace Insulation Co., Inc.

NJDEP Waste Hauler ID No.
12086

Cubic Yards of Waste

Name of Registered Landfill
Chrin's

Disposal Date
4/8/15

City, State
Easton., PA

Completed by
Bree McGuire

Title
Secretary Treasurer

Signature

Date
4/2/15

* 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)
4 / 6 / 15

Name of Building Owner/Operator (2)
State of New Jersey, Department of Corrections

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

Type Notification
☐ Initial
☐ Amended
☐ Emergency
☐ Cancellation

Amendment #_____

Street Address
Whittlessey Road, PO Box 863

City, State, Zip Code
Trenton, NJ 08625

Name of Contact
Joseph May

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Garden State Youth Correctional Facility

Street Address
98 Highbridge Rd

City (5)
Chesterfield

County (6)
Burlington

Square Feet
282,000

County Code (7) (STATE USE ONLY)

# of Floors
2

Current Use (Prior if being demolished)
Correctional Facility

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

Bidg. Age
50+

Name of Monitoring Firm Hired by Building Owner (8)
USA Environmental Management, Inc

ASCM No.
00112

Name of Abatement Contractor (9)
Controlled Environmental Systems

Street Address
1121 N. Bethlehem Pike - Suite 60

City, State, Zip Code
Spring House, PA 19477

Project Manager for Monitoring Firm
William Weisgarber, Jr

Telephone No.
609 696 8101

License No.
215 542 7000

00847

Start Date (10)
4 / 19 / 15

Scheduled Completion Date (11)
4 / 23 / 15

Name of OSHA Monitor
CES

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: Sun-Fri AM-8:30PM PM-6:00AM

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

☐ 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 ☐ Enclosure ☐

Learning Center

☐ ☒ ☐ ☐ ☐ Pipe Insulation 150 LF

☐ ☐ ☐ ☐ ☐

☐ ☐ ☐ ☐ ☐

Name of Registered Waste Hauler
STG

NJDEP Waste Hauler ID No.
20900

Cubic Yards of Waste
10 Yards

Name of Registered Landfill
Minerva Landfill

City, State
New Castle, DE
Waynesburg, OH 44688

Disposal Date
4/30/2015

Completed By (Print or Type)
Patricia Visco
Title
Office Manager

Signature
Date
4/6/15

* 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>04/08/2015</th>
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<tbody>
<tr>
<td><strong>Agencies Notified</strong></td>
<td></td>
</tr>
<tr>
<td>☑ EPA</td>
<td></td>
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<tr>
<td>☑ DCA</td>
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<td>☑ DOL</td>
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</tr>
<tr>
<td>☑ Initial Notification</td>
<td></td>
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<tr>
<td>☐ Amended #</td>
<td></td>
</tr>
<tr>
<td>☑ Emergency notification (including Justification)</td>
<td></td>
</tr>
<tr>
<td>☐ Cancelled</td>
<td></td>
</tr>
<tr>
<td><strong>Name of Building Owner/Operator (2)</strong></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Street Address</strong></th>
<th>Northvale Board of Education</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>City, State, Zip Code</strong></td>
<td>441 Tappan Road, Northvale, NJ 07647</td>
</tr>
<tr>
<td><strong>Name of Contact</strong></td>
<td>Deborah Trainor</td>
</tr>
<tr>
<td><strong>Telephone Number</strong></td>
<td>201-768-8404</td>
</tr>
</tbody>
</table>

#### FACILITY INFORMATION

<table>
<thead>
<tr>
<th><strong>Name of Facility Where Abatement is Taking Place (3)</strong></th>
<th>Northvale Public School Media Center</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Street Address</strong></td>
<td>441 Tappan Road</td>
</tr>
<tr>
<td><strong>City (5)</strong></td>
<td>Northvale</td>
</tr>
<tr>
<td><strong>County (6)</strong></td>
<td>Bergen</td>
</tr>
<tr>
<td><strong>County Code (7)</strong></td>
<td>(State Use Only)</td>
</tr>
<tr>
<td><strong>Name of Monitoring Firm Hired by Bid, Owner (8)</strong></td>
<td>Environmental Remediation &amp; Management, Inc.</td>
</tr>
<tr>
<td><strong>Telephone Number</strong></td>
<td>609-259-8077</td>
</tr>
<tr>
<td><strong>License Number</strong></td>
<td>01237</td>
</tr>
<tr>
<td><strong>Street Address</strong></td>
<td>712 Sergeantsville Road</td>
</tr>
<tr>
<td><strong>City, State, Zip Code</strong></td>
<td>Stockton, NJ 08859</td>
</tr>
<tr>
<td><strong>Name of Contractor (9)</strong></td>
<td>Panoramic Window &amp; Door Systems Inc.</td>
</tr>
</tbody>
</table>

| **Project Manager for Monitoring Firm**                  | Guillermo M. Morales |
| **Telephone Number**                                     | 732-926-0900          |
| **Name of OSHA Monitor**                                 | MJ Consulting LLC     |
| **Street Address**                                       | 87 Main Street         |
| **City, State, Zip Code**                                | Lincoln Park, NJ 07035 |

<table>
<thead>
<tr>
<th><strong>Occupancy Status During Abatement</strong></th>
<th>Check only one</th>
</tr>
</thead>
<tbody>
<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></td>
</tr>
<tr>
<td>Describe 7 am to 10 pm</td>
<td></td>
</tr>
<tr>
<td>☐ Other – Describe:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Source of Work (Check all that apply)</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ ≥ 3 sf or ≥ 3 lb</td>
<td></td>
</tr>
<tr>
<td>☑ ≥ 160 sf or ≥ 260 lb</td>
<td></td>
</tr>
<tr>
<td>☑ Renovation</td>
<td></td>
</tr>
<tr>
<td>☐ Demolition</td>
<td></td>
</tr>
<tr>
<td>☑ Mini-Enclosure</td>
<td></td>
</tr>
<tr>
<td>☑ Glovebag Procedure</td>
<td></td>
</tr>
<tr>
<td>☑ Non-Friable Procedure (window glazing)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Location of Asbestos-Containing Material (ACM) in Facility (13)</strong></th>
<th>Yes</th>
<th>No</th>
<th>NA</th>
<th>Window Glazing</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</strong></td>
<td>YES</td>
<td>NO</td>
<td>NA</td>
<td>100lf</td>
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</table>

<table>
<thead>
<tr>
<th><strong>Location of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other misc.)</strong></th>
<th>100lf</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><strong>Name of Reg. Waste Hauler</strong></th>
<th>N/J/DEP Waste Hauler ID #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Morristown PA 19401</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Cubic Yards of Waste</strong></th>
<th>Less than 1</th>
</tr>
</thead>
</table>

| **Abatement Type**            | Restore, Repair, Enclose |

<table>
<thead>
<tr>
<th><strong>Name of Registered Landfill</strong></th>
<th>T.R.R.F.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><strong>Disposal Date</strong></th>
<th>02/08/2015</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>City, State</strong></td>
<td>Tullytown PA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Completed by (Print or Type)</strong></th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mark M. Jovic</td>
<td>Consultant</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Signature</strong></th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>04/06/2015</td>
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</tbody>
</table>
STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT
(PURSUANT TO NJAC 8:65-7 AND 12:120-7)

Date of Notification (1)
04/07/15

Name of Building Owner / Operator (2)
MERCK

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

Street Address
1011 MORRIS AVENUE

City, State, Zip Code
UNION, NJ 07083

Name of Contact
MIKE CARRANO

FACILITY INFORMATION

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

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

City (5) County (6) County Code (7)
UNION UNION

Square Feet
n/a

Building Age
n/a

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

Name of Abatement Contractor (9)
Northstar Contracting Group, Inc.

Street Address
335 HIGH STREET

Street Address
32 Williams Parkway

City, State, Zip Code
METUCHEN, NJ 08840

City, State, Zip Code
32 Williams Parkway

Telephone Number
732-321-0666

East Hanover, NJ 07936

Telephone Number
973-772-3660

License Number
00860

Occupy Status During Abatement (Check Only 1)
☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours - Describe:
☐ Other - Describe: __7:00AM-3:30PM__

Name of OSHA Monitor
Northstar Contracting Group, Inc.

Scope of Work (Check All That Apply)
☐ Demolition ☒ Renovation ☐ Full Containment with Negative Pressure
☐ ≥3sf or ≥21f ☐ Mini - Enclosure
☐ ≥160 sf or ≥260 sf ☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos Containing Material (ACM)

Location

Asbestos - Containing Material (ACM)

Is

Description of Asbestos - Containing Material (ACM)

Amount

Abatement Type

(EXTERIOR - U14)

LOCATION OF

Asbestos Containing
Material (ACM)

TO BE ABATED

in Facility

(YARDS)

40 LF

R E R N

R E P A

R E S U

R E T U

YES NO N/A

LOCATION

Is

Location

Asbestos - Containing Material (ACM)

(location, such as thermal systems insulation, surfacing, VAT, or other miscellaneous)

Amount

Specify

SF or LF

EXTERIOR - U14

PIPE & FITTING

40 LF

Name of Registered Waste Hauler
NJDEP Waste Hauler ID No.

Cubic Yards of Waste

Name of Registered Landfill
I.E.S.I.

City, State
NEWARK, NJ

City, State
TULLYTOWN, PA

Disposal Date

04/07/15

Completed by (Print or Type)
STEVEN STILES

Title
PROJECT MANAGER

Signature

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

Date of Notification (1)
4 / 7 / 15

Name of Building Owner/Operator (2)
Verizon

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

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

Street Address
133 Prospect Street

City, State, Zip Code
Passaic, NJ 07055

Name of Contact
Alex Baylor

Telephone Number

FACILITY INFORMATION

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

Street Address
133 Prospect Street

City (5)
Passaic

County (6)
Passaic

Square Feet
10,000

# of Floors
2

Bldg. Age
50

County Code (7)/STATE USE ONLY

Current Use (Prior if being demolished)

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

ASCM No.

Name of Abatement Contractor (9)
JVN Restoration Inc

Street Address
8436 Enterprise Avenue

City, State, Zip Code
Philadelphia, PA 19153

Project Manager for Monitoring Firm
Mark Jenkins

Telephone No.
215-365-5870

License No.
718-605-6256

00774

Name of OSHA Monitor
Testor Tech

Start Date (10)
04 / 27 / 15

Scheduled Completion Date (11)
12 / 30 / 15

Occuancy Status During Abatement (Check only one)
☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 8:00AM-4:00PM/
PM-AM

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

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

Yes
No
N/A

Location of Asbestos-Containing Material (ACM)
Basement

Floor Tile and Mastic
2865 SF

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

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

Amount (Specify SF or LF)

Abatement Type

Work
Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (1) and Non-Friable Procedure

Name of Registered Waste Hauler
Newark Carting

NJ/DEP Waste Hauler ID No.
NJ-566

Cubic Yards of Waste
20

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

City, State
Morrisville, PA

Completed By (Print or Type)
Ralph Barnhardt

Title
Project Manager

Signature

Disposal Date
3/16/15

Date
04-07-2015

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