## 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</th>
<th>Name of Building Owner / Operator</th>
</tr>
</thead>
<tbody>
<tr>
<td>4/8/15</td>
<td>Passaic Valley Sewerage Commissioners</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ EPA</td>
<td>☑ Initial</td>
<td>600 Wilson Avenue</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Newark, NJ 07105</td>
</tr>
</tbody>
</table>

### FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place</th>
<th>Type of Facility</th>
<th>Square Feet</th>
<th># of Floors</th>
<th>Current Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>PVSC</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City (5)</th>
<th>County (6)</th>
<th>County Code (7)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Newark</td>
<td>Essex</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mark Connors</td>
<td>732-564-3606</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scheduled Start Date</th>
<th>Scheduled Completion Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>4/20/15</td>
<td>5/1/15</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement</th>
<th>Name of Abatement Contractor</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ Facility Closed/Vacated During Entire Period of Abatement</td>
<td>AbateTech, Inc.</td>
</tr>
<tr>
<td>☑ Abatement Performed Outside of Normal Hours – Describe:</td>
<td></td>
</tr>
<tr>
<td>☑ Facility Occupied During Abatement</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work</th>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ Renovation</td>
<td>Transite Panels 1,114 SF</td>
</tr>
<tr>
<td>☑ Demolition</td>
<td>Built Up Roofing 4,200 SF</td>
</tr>
<tr>
<td>☑ Full Containment</td>
<td>Mini-Enclosure 22 SF</td>
</tr>
<tr>
<td>☑ Non-Exempted</td>
<td>Glove Bag Procedures 22 SF</td>
</tr>
<tr>
<td>☑ Non-Friable Procedure</td>
<td>Non-Exempted 22 SF</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>AbateTech, Inc.</td>
<td>18750</td>
<td>TRRF Landfill</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>Disposal Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lumberton, NJ</td>
<td>5/1/15</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed By</th>
<th>Title</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gwen Trumbetti</td>
<td>Opps. Coord.</td>
<td>[Signature]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>4/8/15</td>
<td></td>
</tr>
</tbody>
</table>
### State of New Jersey
**NOTIFICATION OF ASPEROS ABATEMENT**
(Pursuant to NJAC 8:50 and 8:16)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 / 8 / 15</td>
<td>Trustees of Princeton / Job #1504-4892</td>
</tr>
</tbody>
</table>

- **Agencies Notified**
  - [x] EPA
  - [x] DOLWD
  - [x] DHSS
  - [x] DCA (NJAC 5:23-8)

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

- **Street Address**
  - Trustees of Princeton University E.A. MacMillan Bl
  - Princeton, NJ 08544

- **Name of Contact**
  - Robert Ortego, P.E.

### FACILITY INFORMATION

- **Name of Facility Where Abatement is Taking Place (3)**
  - Princeton University-Dillon Gym

- **Street Address**
  - Elm Drive
  - Princeton University Main Campus

- **City (5)**
  - Princeton

- **County (5)**
  - Mercer

- **County Code (*) (STATE USE ONLY)**
  - ASCM No.
  - 00098

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

- **Name of Abatement Contractor (9)**
  - AbateTech, Inc.

- **Type of Facility (4)**
  - [x] School (K-12)
  - [ ] Subchapter 8 (Other than K-12)
  - [x] Commercial buildings,

- **Square Feet**
  - 214,000

- **# of Floors**
  - 8

- **Current Use (Prior if being listed)**
  - University Gymnasium

- **Bldg. Age**
  - 68

- **Bldg. Use**
  - EMSL Analytical

### Start Date (10)
- 4 / 27 / 15

### Scheduled Completion Date (11)
- 8 / 30 / 15

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

### Time of Abatement: AM - PM - AM - PM - AM

### Scope of Work (Check all that apply)
- [x] No
- [x] Yes

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

### Description of Asbestos-Containing Material (ACM) in Facility (13)

- [ ] Full Cautions with Negative Pressure bzw. Mini-Enclosure
- [ ] Glovebox Procedure
- [ ] Non-Exempted (*) and Non-Fibrous (No)
- [ ] Renovation
- [ ] Demolition
- [ ] Pipe & fitting insulation
- [ ] Fitting insulation on fiberglass
- [ ] Duct Insulation
- [ ] Cement Asbestos Window Panel

- [ ] Name of Registered Waste Hauler: AbateTech, Inc.
- [ ] NJDEP Waste Hauler ID No. 18750
- [ ] Cubic Yards of Waste: 40
- [ ] Name of Registered Landfill: G.R.O.W.S. Landfill

- [ ] City, State: Lumberton, NJ

- [ ] Disposal Date: 8/30/15

### Completed By (Print or Type)
- Gwendolyn Trumbetti

- **Title**
  - Operations Coordinator

- **Signature**
  - [Signature]

- **Date**
  - 4/8/15

---

**Attachment:**
- [Attachment](attachment)
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification: 4/8/15

Name of Building Owner/Operator: Trustees of Princeton  
Job #: 1504-4892

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

Type of Notification:  
- Initial  
- Amended

Name of Facility Where Abatement is Taking Place: Princeton University-Dillon Gym

Street Address: Elm Drive Princeton, NJ -Princeton University Main Campus

City: Princeton

County: Mercer

Name of Monitoring Firm Hired by Building Owner: Cardno ATC

ASCM No.: 00098

Name of Abatement Contractor: AbateTech, Inc.

Street Address: 30 Maple Ave. PO Box 25

City, State, Zip Code: Lumberton, NJ 08048

License: 0052

Telephone No.: 609-265-2107

Name of OSHA Monitor: EMSL Analytical

Start Date: 4/7/15

Scheduled Completion Date: 8/30/15

Occupancy Status During Abatement: Facility Closed/Vacated During Entire Period of Abatement

Scope of Work:  
- Renovation  
- Demolition

Asbestos-Containing Material (ACM) TO BE ABATED:  
- Pipe & fitting insulation

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

Description of Asbestos Containing Material (ACM):  
- Pipe & fitting insulation

Amount of ACM (Spec SF or Tons): 4400 lb

Name of Registered Waste Hauler: AbateTech, Inc.

Disposal Date: 8/30/15

Name of Authorized Representative: Gwendolyn Trumbetti

Title: Operations Coordinator

Signature: [Signature]

Date: 4/8/15

[Image 2x4 to 617x788]
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:80 and 5:16)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>4 / 8 / 15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Trustees of Princeton / Job #1504-4892</td>
</tr>
<tr>
<td>Agencies Notified</td>
<td></td>
</tr>
<tr>
<td>- EPA</td>
<td></td>
</tr>
<tr>
<td>- DOLWD</td>
<td></td>
</tr>
<tr>
<td>- DHSS</td>
<td></td>
</tr>
<tr>
<td>- DCA (NJAC 5:23-8)</td>
<td></td>
</tr>
<tr>
<td>Type Notification</td>
<td>Initial</td>
</tr>
<tr>
<td></td>
<td>Amended</td>
</tr>
<tr>
<td></td>
<td>Emergency (including justification)</td>
</tr>
<tr>
<td></td>
<td>Cancellation</td>
</tr>
<tr>
<td>Street Address</td>
<td>Trustees of Princeton University E.A. MacMillan Bldg.</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Princeton, NJ 08544</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Robert Ortego, P.E.</td>
</tr>
<tr>
<td>Telephone number</td>
<td></td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

| Name of Facility Where Abatement is Taking Place (3) | Princeton University-Dillon Gym |
| Street Address | Elm Drive Princeton, NJ -Princeton University Main Campus |
| City (5) | Princeton |
| County (6) | Mercer |
| County Code (7) | |
| Square Feet | 214,000 |
| # of Floors | 8 |
| Bidg. Age | 68 |
| Current Use (Prior if being demolished) | |

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

Cardno ATC

<table>
<thead>
<tr>
<th>ASCM No.</th>
<th>00098</th>
</tr>
</thead>
</table>

**Name of Abatement Contractor (9)**

AbateTech, Inc.

| Street Address | 30 Maple Ave. PO Box 25 |
| City, State, Zip Code | Lumberton, NJ 08048 |
| Telephone No. | 609-285-2107 |
| License No. | 0052 |
| Name of OSHA Monitor | ENSML Analytical |
| Street Address | 200 Route 130 North |
| City, State, Zip Code | Cinnaminson, NJ 08077 |

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

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

<table>
<thead>
<tr>
<th>Work Area #</th>
<th>Description</th>
<th>Amount (SF or CUB Yds)</th>
</tr>
</thead>
<tbody>
<tr>
<td>A4, A Level</td>
<td>Pipe &amp; fitting insulation</td>
<td>10 L</td>
</tr>
<tr>
<td>A4, A Level</td>
<td>Duct insulation</td>
<td>450 ft²</td>
</tr>
<tr>
<td>A5, A Level</td>
<td>Pipe &amp; fitting insulation</td>
<td>1,545 ft²</td>
</tr>
<tr>
<td>A5, A Level</td>
<td>Duct insulation</td>
<td>3,674 ft²</td>
</tr>
</tbody>
</table>

| Name of Registered Waste Hauler | AbateTech, Inc. |
| NJDEP Waste Hauler ID No. | 18750 |
| Cubic Yards of Waste | 40 |
| Name of Registered Landfill | G.R.O.W.S. Landfill |
| City, State | Lumberton, NJ |

**Completed By (Print or Type)**

Gwendolyn Trumbetti

**Operations Coordinator**

**Signature**

**Date**

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 / 8 / 15</td>
<td>Trustees of Princeton Job #1504-4892</td>
</tr>
</tbody>
</table>

**Agencies Notified**
- [ ] EPA
- [ ] DOLWD
- [ ] DHSS
- [ ] DCA (NJAC 5:23-8)

<table>
<thead>
<tr>
<th>Type Notification</th>
<th>Initial</th>
<th>Amended</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Amendment #</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Emergency (including justification)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Cancellation</td>
</tr>
</tbody>
</table>

**Street Address**
Trustees of Princeton University E.A. MacMillan Bl
Princeton, NJ 08544

**City, State, Zip Code**
Princeton, NJ 08544

**Name of Contact**
Robert Ortega, P.E.

**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>Princeton University-Dillon Gym</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Elm Drive Princeton, NJ - Princeton University Main Campus</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State, Zip Code</td>
<td>Princeton, NJ 08544</td>
</tr>
<tr>
<td>County (5)</td>
<td>Mercer</td>
</tr>
<tr>
<td>County Code (7)</td>
<td>STATE USE ONLY</td>
</tr>
<tr>
<td>Current Use (Prior if being Re-Used)</td>
<td>University Gymnasium</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>ASCM No.</th>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>00098</td>
<td>AbateTech, Inc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Elm Drive Princeton, NJ - Princeton University Main Campus</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone No.</td>
<td>609-388-8800</td>
</tr>
</tbody>
</table>

**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

**Name of OSHA Monitor**
EMSL Analytical

**Scope of Work (Check all that apply)**
- [ ] General Renovation
- [ ] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Fireable P

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED 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 (Spec SF or L)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Work Area #A6, A Level</td>
<td>No</td>
<td>Pipe &amp; fitting insulation</td>
<td>100 ft2</td>
</tr>
<tr>
<td>Work Area #1A First Floor</td>
<td>No</td>
<td>Pipe &amp; fitting insulation</td>
<td>200 ft2</td>
</tr>
<tr>
<td>Work Area #1A First Floor</td>
<td>No</td>
<td>Duct Insulation</td>
<td>6,000 ft2</td>
</tr>
<tr>
<td>Work Area #1B First Floor</td>
<td>No</td>
<td>Duct Insulation</td>
<td>2,300 ft2</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler AbateTech, Inc.**
NJDEP Waste Hauler ID No. 18750

**Cubic Yards of Waste**
40

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

**City, State**
Lumberton, NJ Tullytown, PA

**Disposal Date**
8/30/15

**Completed By (Print or Type)**
Gwendolyn Trumbetti

**Title**
Operations Coordinator

**Signature**

**Date**
4/8/15

---

* Do not use this form for asbestos cleaning, removal, or abatement.

**Purpose**

1. To notify the state of New Jersey of the intent to abate asbestos containing materials
2. To describe the work to be performed
3. To provide information about the facility and the contractor
4. To comply with regulatory requirements

**Instructions**

- Fill out all required fields
- Use black ink
- Sign in the designated section
- Date the document

**Contact Information**

- AbateTech, Inc.
- 30 Maple Ave, PO Box 25
- Lumberton, NJ 08048
- Tel: 609-269-2107
- License: 0052

---

*This form is for notification purposes only and does not replace required permits or licenses.*
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:80 and 5:16)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>4 / 8 / 15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Trustees of Princeton / Job #1504-4882</td>
</tr>
<tr>
<td>Street Address</td>
<td>Trustees of Princeton University E.A. MacMillan Bldg.</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Princeton, NJ 08544</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Robert Ortega, P.E.</td>
</tr>
<tr>
<td>TELEPHONE NUMBER</td>
<td>609-265-2107</td>
</tr>
</tbody>
</table>

FACILITY INFORMATION

| Name of Facility Where Abatement is Taking Place (3) | Princeton University-Dillon Gym |
| Street Address | Elm Drive Princeton, NJ - Princeton University Main Campus |
| City (5) | Princeton |
| County (6) | Mercer |
| Square Feet | 214,000 |
| # of Floors | 8 |
| Building Age | 68 |

| Type of Abatement Contractor (9) | AbateTech, Inc. |
| Street Address | 30 Maple Ave. PO Box 25 |
| City, State, Zip Code | Lumberton, NJ 08048 |

| Name of Abatement Contractor (9) | AbateTech, Inc. |
| Telephone No. | 609-386-8800 |
| Licensing No. | 0052 |
| Name of OSHA Monitor | EMSL Analytical |
| Street Address | 200 Route 130 North |
| City, State, Zip Code | Cinnaminson, NJ 08077 |

Scope of Work (Check all that apply)

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

<table>
<thead>
<tr>
<th>Abatement Type</th>
<th>Removal</th>
<th>Repair</th>
<th>Encapsulation</th>
<th>Endorsement</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Work Area</th>
<th>#1C, 1D &amp; 1E First Floor Attic</th>
<th>Pipe &amp; fitting insulation</th>
<th>200</th>
</tr>
</thead>
<tbody>
<tr>
<td>Work Area</td>
<td>#1C, 1D &amp; 1E First Floor Attic</td>
<td>Duct Insulation</td>
<td>17,020</td>
</tr>
<tr>
<td>Work Area</td>
<td>#1C, 1D &amp; 1E First Floor Attic</td>
<td>Insulated Roof Drain Piping</td>
<td>400</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler AbateTech, Inc. | NJDEP Waste Hauler ID No. 18750 | Cubic Yards of Waste | 40 |
| G.R.O.W.S. Landfill |

City, State | Lumberton, NJ |
| Date | 4/8/15 |

* 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)**  
04/10/2015

**Name of Building Owner/Operator (2)**  
HOUSING AUTHORITY OF THE CITY OF CAMDEN

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

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

**Street Address**  
2021 WATSON STREET

**City, State, Zip Code**  
CAMDEN, NJ 08105

**Name of Contact**  
WYNFIELD ANDERSON

**Facility Information**

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

**Street Address**  
1800 SOUTH 9TH STREET-BLDGS. 1, 3 & 5

**City (5)**  
CAMDEN

**County Code (6)**  
CAMDEN

**County Code (STATE USE ONLY)**  

**Current Use (Prior If being demolished)**  
APARTMENTS

**Square Feet**  
18,000

**# of Floors**  
2

**Bldg. Age**  
+/60

**Name of Monitoring Firm Hired by Building Owner (8)**  
A. SEINCE LIGHTHOUSE

**Street Address**  
P.O. BOX 354

**City, State, Zip Code**  
SOUTH ORANGE, NJ 07079

**Project Manager for Monitoring Firm**  
SARAH CALANDRA

**Telephone No.**  
973-275-5000

**License No.**  
215-533-5155

**Name of Abatement Contractor (9)**  
PEPPER ENVIRONMENTAL SERVICES, INC.

**Street Address**  
2251 FRALEY STREET

**City, State, Zip Code**  
PHILADELPHIA, PA 19137

**Name of OSHA Monitor**  
HEALTH & SAFETY SERVICES INC.

**Street Address**  
P.O. BOX 365

**City, State, Zip Code**  
BERLIN, NJ 08009

**Start Date (10)**  
04/02/2015

**Scheduled Completion Date (11)**  
05/04/2015

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

**Scope of Work (Check All That Apply)**
- [x] Renovation
- [x] Demolition

**Prior to Demo**

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

<table>
<thead>
<tr>
<th>In Facility</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>ROOF</td>
<td>N/A</td>
<td>ASPHALT ROOF SHINGLES</td>
<td>20,000 SF</td>
</tr>
<tr>
<td>KITCHEN &amp; BATHROOM</td>
<td>N/A</td>
<td>FLOOR TILE &amp; MASTIC</td>
<td>1200 SF</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**  
NUDEP Waste Hauler ID No.

**Cubic Yards of Waste**  
Name of Registered Landfill

**Disposal Date**  
WAYNESBURG

**City, State**  
NEW CASTLE, DE

**Completed by**  
DENISE M. NIVEN

**Title**  
ADMIN. ASST.

**Signature**  

**Date**  
04/10/2015

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 / 8 / 15</td>
<td>NJ American Water / Job #1503-4886</td>
</tr>
</tbody>
</table>

**Agencies Notified**
- [x] EPA
- [ ] DOLWD
- [ ] DHSS (NJAC 5:23-8)
- [ ] DCA

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

<table>
<thead>
<tr>
<th>Name of Contact</th>
<th>Telephone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tim Green</td>
<td></td>
</tr>
</tbody>
</table>

## FACILITY INFORMATION

**Name of Facility Where Abatement is Taking Place (3)**
Lakewood Township Water Main

**Street Address**
Massachusetts at North Drive

**City (5)**
Lakewood Township

**County (6)**
Ocean

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

**Name of Abatement Contractor (9)**
AbateTech, Inc.

**Street Address**
30 Maple Ave. PO Box 25

**City, State, Zip Code**
Lumberton, NJ 08048

**License**
005253

**Telephone No.**
609-265-2107

**Name of OSHA Monitor**
EMSL Analytical

**Street Address**
200 Route 130 North

**City, State, Zip Code**
Cinnaminson, NJ 08077

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

**Scheduled Completion Date (11)**
4 / 24 / 15

**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

**Scope of Work (Check all that apply)**
- [x] Renovation
- [ ] Demolition
- [ ] Full Containment with Negative Pressure Environment
- [ ] 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>Exterior</th>
<th>Transite water main pipe</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1,825 ft²</td>
</tr>
</tbody>
</table>

**Amount of Material**
1,825 ft²

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

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

**City, State**
Tullytown, PA

**Disposal Date**
4/24/15

**Abatement Type**
- [ ] Repair
- [ ] Remove
- [ ] Enclose
- [ ] Dispose

**Completed By (Print or Type)**
Gwen Trumbetti

**Title**
Operations Coordinator

**Signature**

*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) 4 / 7 / 15

Agencies Notified
☒ EPA
☒ DOLWD
☒ DHSS
☐ DCA (NJAC 5:23-6)

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

Name of Building Owner/Operator (2) PSE&G

Job #1504-4890 COIT

Street Address
80 Park Plaza

City, State, Zip Code
Newark, NJ 07101

Name of Contact
George Reid

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
PSE&G Exterior Sewaren Switching Station

Street Address
643 Cliff Rd.

City (5)
Sewaren

County (6)
Middlesex

County Code (7)(STATE USE ONLY) 117

Current Use (Prior if being

occupied)
74

Bldg. Age

Type of Facility (4)
☐ School (K-12)
☐ Subchapter 8 (Other than commercial buildings,

homes, etc.)

Square Feet

# of Floors

License

00521

Name of Abatement Contractor (9)
AbateTech, Inc.

Street Address
PO Box 365

City, State, Zip Code
Berlin, NJ 08009

Project Manager for Monitoring Firm
Jim Proctor

Telephone No.
856-452-1311

Name of OSHA Monitor
EMSL Analytical

Start Date (10) 4 / 10 / 15

Scheduled Completion Date (11) 4 / 14 / 15

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

Name of Registered Waste Hauler
NJDEP Waste Hauler ID No. 1125

Cubic Yards of Waste 20

G.R.O.W.S. Landfill

City, State
Camden, NJ

Disposal Date 4/14/15

City, State
Tullytown, PA

Completed By (Print or Type)
Gwendolyn Trumbetti

Title
Operations Coordinator

Signature

Date 4/17/15

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

**State of New Jersey**

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

**Date of Notification (1)**

4/9/2015

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

VIRTUA

**Agencies Notified**

<table>
<thead>
<tr>
<th>Agency</th>
<th>Notification Type</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 #</td>
</tr>
<tr>
<td>DOH</td>
<td>Emergency (including justification)</td>
</tr>
<tr>
<td>DCA</td>
<td>Cancellation</td>
</tr>
</tbody>
</table>

**Street Address**

20 STOW ROAD SUITE 3

**City, State, Zip Code**

MARLTON NJ 08053

**Name of Contact**

PAT GIORDANO

**FACILITY INFORMATION**

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

VIRTUA HEALTH DR OFFICES

**Type of Facility (4)**

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

**Street Address**

129-131 MADISON AVE MT. HOLLY

**County Code (7)**

BURLINGTON

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

- [ ] School or School Related
- [ ] Commercial
- [ ] Residential
- [ ] Other

**Square Feet**

> 50,000

**# of Floors**

0

**County Code (7)**

BURLINGTON

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

- [ ] School or School Related
- [ ] Commercial
- [ ] Residential
- [ ] Other

**Facility Closed/Vacated**

- [ ] Yes
- [ ] No

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

- [ ] Yes
- [ ] No

**Abatement Performed Outside of Normal Facility Hours**

- [ ] Yes
- [ ] No

**Other – Describe**

- [ ] Renovation
- [ ] Demolition

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

- [ ] ≥ 3 ft² or ≥ 3 ft³
- [ ] ≥ 160 ft² or ≥ 260 ft²

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

**To Be Abated**

- [ ] In Facility

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
</tr>
</thead>
<tbody>
<tr>
<td>DOCTORS OFFICE-1</td>
<td>Yes</td>
</tr>
<tr>
<td>DOCTORS OFFICE-2</td>
<td>Yes</td>
</tr>
<tr>
<td>DOCTORS OFFICE</td>
<td>Yes</td>
</tr>
</tbody>
</table>

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

- [ ] Ceilings
- [ ] Linoleum
- [ ] Drywall
- [ ] Wax
- [ ] Other

**Name of Registered Waste Hauler**

SERVICE TRANSPORT

**Cubic Yards of Waste**

- [ ] Ammoniated Soil
- [ ] 90°F or 120°F
- [ ] 90°F or 120°F
- [ ] 90°F or 120°F

**Disposal Date**

5/26/2015

**City, State**

WAYNESBURG OH 44688

**Completed by**

DAMIAN LAVELLE

**Title**

PROJECT MGR.

**Signature**

*Do not use this form for asbestos ensure exempted activities.*
Table:

<table>
<thead>
<tr>
<th>Date of Notification (1) 4 / 08 / 15</th>
<th>Name of Building Owner/Operator (2) Episcopal Diocese of Newark</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agencies Notified</td>
<td>Type Notification</td>
</tr>
<tr>
<td>EPA</td>
<td>Initial</td>
</tr>
<tr>
<td>DOH</td>
<td>Amended Amendment #</td>
</tr>
<tr>
<td>DHSS</td>
<td>Emergency (including justification)</td>
</tr>
<tr>
<td>DCA (NJAC 5:23-8)</td>
<td>Cancellation</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Episcopal Church of the Holy Spirit</th>
</tr>
</thead>
<tbody>
<tr>
<td>36 Gould Street</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Contact</th>
<th>Telephone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ken Traficante</td>
<td></td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3) Episcopal Church of the Holy Spirit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
</tr>
<tr>
<td>----------------</td>
</tr>
<tr>
<td>36 Gould Street</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City (5)</th>
<th>Square Feet</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vernsa</td>
<td>6,000</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>County (6)</th>
<th>County Code (7)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Essex</td>
<td></td>
</tr>
</tbody>
</table>

| Name of Monitoring Firm Hired by Building Owner (8) Health and Safety Services |
|----------------------------------|---------------------------------|
| Street Address | PO Box 365 |
| City, State, Zip Code | Berlin, NJ 08009 |

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jim Proctor</td>
<td>(856) 452-1311</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>04 / 18 / 15</td>
<td>04 / 18 / 15</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check only one)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ Facility Closed/Vacated During Entire Period of Abatement</td>
</tr>
<tr>
<td>☐ Abatement Performed Outside of Normal Facility Hours - Describe</td>
</tr>
<tr>
<td>Time of Abatement: AM ___ PM/PM AM</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ ≥3 sf or ≥3 lf</td>
</tr>
<tr>
<td>☑ ≥160 sf or ≥260 lf</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boiler Room</td>
</tr>
<tr>
<td>☑</td>
</tr>
<tr>
<td>☑</td>
</tr>
<tr>
<td>☑</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>NJ/DEP Waste Waste No. SW2117</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cubic Yards of Waste</th>
<th>Disposal Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>N/A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Land N/A</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Completed By (Print or Type)</th>
<th>Title</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nick Petrovski</td>
<td>President</td>
<td></td>
</tr>
</tbody>
</table>

| Date | 4-8-15 |

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

**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJMC 8:69-7 and 22:120-7)

**Initial Notification**

Check #: 62

<table>
<thead>
<tr>
<th>Date of Notification (L)</th>
<th>04/19/15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Santos Contractors Corp.</td>
</tr>
<tr>
<td>Street Address</td>
<td>221 Chestnut Street, Suite 302</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Roselle, NJ 07203</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>John Santos</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
</tbody>
</table>

### FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

- Commercial Building

Street Address

501 Washington Avenue

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

Newark, NJ Essex

### Type of Facility (4)

- School (K-12)
- Subchapter (i.e., special buildings, homes, etc.)
- Other

Square Feet

1,500

### Current Use (Prior to being demolished)

- Residential
- Commercial

- School

### Project Manager for Monitoring Firm Telephone Number

973-614-0377

License Number

J807

### Name of Abatement Contractor (9)

Four Strong Builders, Inc.

Street Address

180 Sargent Avenue

City, State, Zip Code

Clifton, NJ 07013-1935

### Phone Number

973-614-0377

### Name of OSHA Monitor

Four Strong Builders, Inc.

Street Address

180 Sargent Avenue

City, State, Zip Code

Clifton, NJ 07013

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

- Demolition
- Renovation
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Friable Procedure

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

- Roofing & Flashing material
- Windows

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

- Normal Used
- Solely by Maintenance/Custodial Staff

### Amount of Asbestos-Containing Material (ACM)

- 1,500

### Abatement Type

- F

### Name of Registered Waste Hauler

Four Strong Builders, Inc.

Street Address

12609

City, State

Clifton, NJ

### Name of Registered Waste Hauler ID No.

12609

### Name of Registered Waste Hauler

Four Strong Builders, Inc.

City, State

Clifton, NJ

### Disposal Date

Tullytown, PA

Date

4/9/15
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>4/10/15</td>
<td>EARTHTECH CONTRACT</td>
</tr>
</tbody>
</table>

**AGENCIES NOTIFIED**
- [ ] EPA
- [ ] DII
- [X] DOL
- [ ] DOI
- [ ] DCA

**TYPE NOTIFICATION**
- [ ] Initial
- [ ] Amended
- [ ] Amendment
- [ ] Justification
- [ ] Cancellation

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (13):**
- Residential

**Street Address:**
- 6063 OCEAN DRIVE

**City (5):**
- AVALON

**County (6):**
- [ ] USE ONLY

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

**ASCM No:**
- [ ]

**Name of Abatement Contractor (9):**
- KLEEMCO INC

**Street Address:**
- 369 S. SPRUCE

**City, State, Zip Code:**
- N.J. 08052

**Telephone:**
- 856-229-0472

**Name of OSHA Monitor:**
- JOSEPH KLOMM

**Street Address:**
- 369 S. SPRUCE

**City, State, Zip Code:**
- N.J. 08052

**Scope of Work (Check all that apply):**
- [ ] Removal
- [ ] Demolition
- [ ] Renovation
- [ ] Full Containment with Negative Pressure
- [ ] Manual Enclosure
- [ ] Glovebox Procedure
- [ ] Non-Exempted (*) and Non-Residential
- [ ] Other - Describe:

**Location of Asbestos-Containing Material (ACM) TO BE ABRATED IN FACILITY (11):**

**IS LOCATION:**
- [ ] Used Solely by Maintenance Custodian (12)

**DESCRIPTION OF ASBESTOS CONTAINING MATERIAL (ACM):**
- [ ] Thermal systems insulation, surfacing, VAT, or other miscellaneous.

**Type of Facility (4):**
- [ ] School (K-12)
- [ ] Subchapter E
- [ ] Other (i.e., private homes, etc.)

**Other than K-12 & commercial buildings:**
- [ ] Blockage of Floors
- [ ] Building Age
- [ ] 40-

**Current Use (Photo Vacant):**
- [ ]

**Name of Registered Waste Hauler:**
- KLEEMCO INC

**N.J. DEP Waste Hauler #:**
- 17908

**Disposal Date:**
- 9/14/15

**Date:**
- 9/14/15

---

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

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

**Date of Notification (1)**
04/10/2015

**Name of Building Owner/Operator (2)**
St. Joseph’s Regional Medical Center

**Street Address**
703 Main Street

**City, State, Zip Code**
Paterson, NJ 07503

**Name of Contact**
Edward Curry

**Telephone Number**

**FACILITY INFORMATION**

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

**Street Address**
151 Barclay Street

**City (5)**
Paterson

**County (6)**
Passaic

**Square Feet**
3,000 +

**# of Floors**
3

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

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

**ASCM No.**

**Name of Abatement Contractor (9)**
Unicorn Contracting Corp.

**Street Address**
163 Sargent Avenue

**City, State, Zip Code**
Clifton, NJ 07013

**Telephone No.**
973-333-9176

**Name of OSHA Monitor**

**Envirowision Consultants Inc.**

**Address**
20-21 Wagaraw Rd - Bldg.2

**City, State, Zip Code**
Fair Lawn, NJ 07410

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

- ≥3 sf or ≥3 if
- ≥160 sf or ≥260 if
- Renovation
- Demolition
- Full Containment with Negative Pressure Mini-Enclosure
- Glovebag Procedure Non-Exempted (*) and Non
- Friable Procedure

**Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (10)**

**Is Location Normally Used Solely by Maintenance/Custodial Staff? (11)**

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

**Arm (Sperr SF or)**

**Abatement Type**

- Removal
- Repair
- Encapsulate
- Endfill

**Name of Registered Waste Hauler**

**UNlOCED Waste Hauler ID No.**
0035844

**Cubic Yards of Waste**
25

**Name of Registered Hauler**

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

**Disposal Date**
TBD

**City, State**
Morrisville, Pa

**Date**
04/10/2015

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

---

**ASB-41 (R-05-08)**
<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED 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>Roof-Chimney, Front Porch, Rear Awning &amp; Basement Door</td>
<td>X</td>
<td>Roof Flashing</td>
<td>555 $</td>
<td>Removal</td>
</tr>
<tr>
<td>Roof-Front Porch &amp; Rear Awning</td>
<td>X</td>
<td>Roof Shingles, 2 Layers</td>
<td>500 $</td>
<td>X</td>
</tr>
<tr>
<td>Roof</td>
<td>X</td>
<td>Tar beneath shingles</td>
<td>1,200 $</td>
<td>X</td>
</tr>
<tr>
<td>Exterior</td>
<td>X</td>
<td>Transite Siding Material</td>
<td>3,000 $</td>
<td>X</td>
</tr>
<tr>
<td>2nd Floor, Living Room</td>
<td>X</td>
<td>Joint Compound</td>
<td>350 $</td>
<td>X</td>
</tr>
<tr>
<td>Basement</td>
<td>X</td>
<td>Pipe Insulation</td>
<td>250 L</td>
<td>X</td>
</tr>
<tr>
<td>Basement</td>
<td>X</td>
<td>Pipe Elbow Insulation</td>
<td>10 Elbow</td>
<td>X</td>
</tr>
</tbody>
</table>
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>4/20/15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>SAXULM REAL ESTATE, LLC</td>
</tr>
<tr>
<td>Street Address</td>
<td>#41 N. 1ST STREET, SUITE 206</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>RIVERVILLE, NJ 07450</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>BRIAN MCKAY</td>
</tr>
</tbody>
</table>

FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>THE LINCOLN BUILDING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>41 N. 1ST STREET</td>
</tr>
<tr>
<td>City</td>
<td>RIVERVILLE</td>
</tr>
<tr>
<td>County</td>
<td>SABIN</td>
</tr>
<tr>
<td>County Code (7) (STATE USE ONLY)</td>
<td></td>
</tr>
<tr>
<td>Square Feet</td>
<td>6000</td>
</tr>
<tr>
<td>Current Use (Prior to &amp; during demolition)</td>
<td>OFFICE</td>
</tr>
<tr>
<td>Floors</td>
<td>2</td>
</tr>
<tr>
<td>Bldg. Age</td>
<td>62</td>
</tr>
</tbody>
</table>

Name of Monitoring Firm Hired by Building Owner (8) | ASCM No. |
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td></td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td></td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td></td>
</tr>
<tr>
<td>Telephone No.</td>
<td></td>
</tr>
</tbody>
</table>

Start Date (10) | 4/20/15 |
Scheduled Completion Date (11) | 4/30/15 |

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)

- [ ] ≥ 3,000 sf or ≥ 300 l.f.
- [ ] Renovation
- [ ] Demolition

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

<table>
<thead>
<tr>
<th>In Facility</th>
<th>(13)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>X</td>
</tr>
</tbody>
</table>

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

- [ ] Full Containment
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted ("")

Name of Registered Waste Hauler | NJDEP Waste Hauler ID No.
Newark Carting, Inc | 04505 |
City, State, Zip Code | Newark, NJ 07105 |
Cubic Yards of Waste | 1 |
Disposal Date | 5/15/15 |
Name of Registered Landfill | lehman Landfill Corp. |
City, State, Zip Code | Bethlehem, PA 18015 |
Completed by | R. Mcdonald |
Title | President |
Signature | |

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

Date of Notification (11) 4/8/15  
Name of Building Owner/Operator (2) ALFRED TONE

Agencies Notified  
☐ EPA  
☐ DEP  
☐ DOL  
☐ DOH  
☐ DCA  
☐ Initial  
☐ Amended  
☐ Emergency (including justification)

Name of Building Owner/Operator (2) ALFRED TONE  
Street Address 712 BELMONT RD

City, State, Zip Code  REBNWGR, NY 12450  
Name of Contact ALFRED TONE  
Telephone

FACILITY INFORMATION  
Name of Facility Where Abatement is Taking Place (3) TONE

Street Address 712 BELMONT RD  
City  REBNWGR  
County  BURG

County Code (STATE USE ONLY)  
Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.  
Name of Abatement Contractor (9) A. MAC Contracting Inc

Street Address 165 Vreeland Ave.  
City, State, Zip Code MIDLAND PARK, NJ 07432  
Project Manager for Monitoring Firm

Telephone No. 201-262-5541  
nName of OSHA Monitor

OMEGA ENVIRONMENTAL SERVICES  
Telephone No.  
Start Date (10) 4/8/15  
Scheduled Completion Date (11) 7/15/15

City, State, Zip Code  
Occupancy Status During Abatement (Check Only One)  
☐ Facility Closed/Vacated During Entire Period of Abatement  
☐ Abatement Performed Outside of Normal Facility Hours  
☐ Other - Describe:

Scope of Work (Check All That Apply)  
☐ ≥235 sq ft  
☐ ≥150 sq ft or ≥260 sq ft  
☐ Renovation  
☐ Demolition  
☐ Full Containment with Nonaerosolization  
☐ Mini-Enclosure  
☐ Glovebag Procedure  
☐ Non-Exempted (*)  

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)  
HEAT DICT SEAM TAPE

Name of Registered Waste Hauler  
Newark Carling, Inc

NJDEP Waste Hauler ID No. 045009  
Cubic Yards of Waste

Name of Registered Abatement Contractor  
IESI PA Bathie

City, State, Zip Code BETHLEHEM, PA 18015  
Disposal Date

Completed by  
R. McDonald  
Title President  
Signature

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

Date of Notification (1)
4 / 8 / 15

Name of Building Owner/Operator (2)
E.I. duPont de Nemours
2015 API

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

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

Street Address
250 Cheesequake Road

City, State, Zip Code
Parlin, NJ 08859

Name of Contact
Nichol Reinhold
Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
DuPont Parlin Facility - Bldg. 425

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

Square Feet

# of Floors

County Code (7)/STATE USE ONLY

Current Use (Prior if being demolished)

County (6)
Middlesex

Name of Abatement Contractor (9)
BRISTOL ENVIRONMENTAL, INC.

Street Address
1123 BEAVER STREET

City, State, Zip Code
BRISTOL, PA 19007

License No.

005

Project Manager for Monitoring Firm
John Lutz

Telephone No.
609-386-8800

Name of OSHA Monitor
BRISTOL ENVIRONMENTAL, INC.

Street Address
1123 BEAVER STREET

City, State, Zip Code
BRISTOL, PA 19007

Start Date (10)
4 / 21 / 15

Scheduled Completion Date (11)
4 / 22 / 15

Occupy 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 - 3:30AM

Scope of Work (Check all that apply)
☒ ≥3 sf or ≥3 if
☐ ≥160 sf or ≥260 if
☒ Renovation
☐ Demolition

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

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

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 (Special SF or ft)

Abatement Type
☐ Removal
☐ Repair
☐ Encapsulate
☐ Enclosure

Building 425 Exterior
☐ ☐ ☐ Pipe Insulation 19

Name of Registered Waste Hauler
SERVICE TRANSPORT GROUP, INC.

NJ/DEP Waste Hauler ID No.
20890

Cubic Yards of Waste
3

Name of Registered Landfill
GROWS Landfill

City, State
NEW CASTLE, DE 19720

Disposal Date
4/22/2015

City, State
Morrisville, PA 190

Completed By (Print or Type)
Gino Pizzigoni
Title
Estimator

Signature

Date
4/3/15

* 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)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>4 / 8 / 15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>E.I. duPont de Nemours</td>
</tr>
<tr>
<td>Agencies Notified</td>
<td>EPA</td>
</tr>
<tr>
<td></td>
<td>DOLWD</td>
</tr>
<tr>
<td></td>
<td>DHSS</td>
</tr>
<tr>
<td></td>
<td>DCA (NJAC 5:23-8)</td>
</tr>
<tr>
<td>Type Notification</td>
<td>Initial</td>
</tr>
<tr>
<td></td>
<td>Amended</td>
</tr>
<tr>
<td></td>
<td>Amendment #</td>
</tr>
<tr>
<td></td>
<td>Emergency (including justification)</td>
</tr>
<tr>
<td></td>
<td>Cancellation</td>
</tr>
<tr>
<td>Street Address</td>
<td>250 Cheesequake Road</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Parlin, NJ 08859</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Nichol Reinhold</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
</tbody>
</table>

FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>DuPont Parlin Facility - Bldg. 190</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>250 Cheesequake Road</td>
</tr>
<tr>
<td>City</td>
<td>Parlin</td>
</tr>
<tr>
<td>County</td>
<td>Middlesex</td>
</tr>
<tr>
<td>Name of Monitoring Firm HIRED by Building Owner (8)</td>
<td>Cardno ATC</td>
</tr>
<tr>
<td>ASCM No.</td>
<td></td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>BRISTOL ENVIRONMENTAL, INC.</td>
</tr>
<tr>
<td>Street Address</td>
<td>1123 BEAVER STREET</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>BRISTOL, PA 19007</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>John Lutz</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>609-386-8800</td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>4 / 21 / 15</td>
</tr>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>4 / 22 / 15</td>
</tr>
<tr>
<td>Occupancy Status During Abatement (Check only one)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
</tr>
<tr>
<td></td>
<td>Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM- ___ PM/3:30PM-___ AM</td>
</tr>
<tr>
<td>Scope of Work (Check all that apply)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>&gt; 3 sf or &gt;= 3 if</td>
</tr>
<tr>
<td></td>
<td>&gt;160 sf or &gt;=280 sf</td>
</tr>
<tr>
<td></td>
<td>Renovation</td>
</tr>
<tr>
<td></td>
<td>Demolition</td>
</tr>
<tr>
<td></td>
<td>Full Containment with Negative Pressure</td>
</tr>
<tr>
<td></td>
<td>Non-Exempted (*) and Non-Friable</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>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</td>
<td>Yes</td>
</tr>
<tr>
<td>Description of Asbestos Containing Material (ACM)</td>
<td></td>
</tr>
<tr>
<td>(i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td></td>
</tr>
<tr>
<td>Amount (Specify SF or CF)</td>
<td>12</td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
<td></td>
</tr>
<tr>
<td>SERVICE TRANSPORT GROUP, INC.</td>
<td></td>
</tr>
<tr>
<td>NJDEP Waste Hauler ID No.</td>
<td>20990</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td>2</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>GROWS Landfill</td>
</tr>
<tr>
<td>City, State</td>
<td>NEW CASTLE, DE 19720</td>
</tr>
<tr>
<td>Disposal Date</td>
<td>4/22/2015</td>
</tr>
<tr>
<td>Name of Estimator</td>
<td>Gino Pizzigoni</td>
</tr>
<tr>
<td>Title</td>
<td>Estimator</td>
</tr>
<tr>
<td>Signature</td>
<td></td>
</tr>
</tbody>
</table>

ASB-41
MAY 11
GI 15 042

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>4/7/15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Angelone Homes</td>
</tr>
<tr>
<td>Street Address</td>
<td>175 Bertrand Drive</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Princeton, NJ 08540</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Joe Angelone</td>
</tr>
<tr>
<td>FACILITY INFORMATION</td>
<td></td>
</tr>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td>Residential</td>
</tr>
<tr>
<td>Street Address</td>
<td>175 Bertrand Drive</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Princeton, NJ 08540</td>
</tr>
<tr>
<td>County Code (7)</td>
<td>County Code (7)</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner</td>
<td>MECS</td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>Stevens Environmental Services, Inc.</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>Bill Weisgarber</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>(609) 298-4070</td>
</tr>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>4/30/15</td>
</tr>
<tr>
<td>Name of OSHA Monitor</td>
<td>MECS</td>
</tr>
<tr>
<td>Occupancy Status During Abatement (Check only one)</td>
<td>Approved</td>
</tr>
<tr>
<td>Scope of Work (Check all that apply)</td>
<td>Renovation</td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)</td>
<td>Kitchen</td>
</tr>
<tr>
<td>Exterior</td>
<td></td>
</tr>
<tr>
<td>Description of Asbestos-Containing Material (ACM)</td>
<td>Sheet Flooring</td>
</tr>
<tr>
<td>Amount (SF or UC)</td>
<td>175</td>
</tr>
<tr>
<td>Cubic Yards of Waste Disposed</td>
<td>15 CU</td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
<td>Stevens Environmental Services, Inc.</td>
</tr>
<tr>
<td>NIDEP Waste Hauler ID No.</td>
<td>18292</td>
</tr>
<tr>
<td>Disposal Date</td>
<td>4/30/15</td>
</tr>
</tbody>
</table>

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

CHECK#24854

Date of Notification (1)
4/3/2015

Name of Building Owner/Operator (2)
BRICK TOWNSHIP BOARD OF EDUCATION

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

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

Name of Contact
DAVID O’KEEFE (OWNER’S REP)

Street Address
101 HENDRICKSON AVENUE

City, State, Zip Code
BRICK TOWNSHIP, NJ 08724

Facility Name
BRICK MEMORIAL HIGH SCHOOL

Street Address
2001 LANES MILL ROAD

City (5)
BRICK TOWNSHIP, NJ 08724

County
OCEAN

County Code (?) (STATE USE ONLY)
AIRPORT

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

ASCM No.
N/A

Name of Abatement Contractor (9)
CREAM RIDGE ENVIRONMENTAL

Street Address
15 BLACK FOREST ROAD

City, State, Zip Code
HAMILTON, NJ 08691

License No.
00676

Project Manager for Monitoring Firm
N/A

Telephone No.
609-890-7110

Start Date (10)
4/8/2015

Scheduled Completion Date (11)
4/9/2015

Name of OSHA Monitor
AMERITECH SERVICES

Street Address
259 DRUM PT. ROAD, STE 7

City, State, Zip Code
BRICK, NJ 08723

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

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 LF)

Abatement Type
X

Location
Landfill

Asbestos Hauler
NJDEP Waste Hauler ID No.
35149

Cubic Yards of Waste
1 YDS

Name of Registered Waste Hauler
GROWS

City, State
ALLENTOWN, PA

Completed By
DAVID D’ANDREA

Title
PRESIDENT

Signature
27-Mar

Date
4/3/2015

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>April 10, 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Messercola Excavating Co., Inc.</td>
</tr>
<tr>
<td>Street Address</td>
<td>P O Box 790</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Matawan, NJ 07747</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Fernando</td>
</tr>
<tr>
<td>Telephone</td>
<td>732-349-9932</td>
</tr>
</tbody>
</table>

## FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Beach Haven West</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residence</td>
<td>519 Stevens Drive</td>
</tr>
<tr>
<td>County (6)</td>
<td>Ocean</td>
</tr>
<tr>
<td>County Code (7) (STATE USE ONLY)</td>
<td>ASCM No.</td>
</tr>
</tbody>
</table>

### Project Manager for Monitoring Firm

| Telephone Number | 732-349-9932 |

### Scheduled Start Date (10)

| 4/13/15 |

### Scheduled Completion Date (11)

| 4/15/15 |

### 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)

- [ ] >3 sf or ≥3 if
- [x] ≥160 sf or ≥2600 sf
- [x] Demolition
- [ ] Renovation

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

<table>
<thead>
<tr>
<th>Exterior</th>
<th>Asbestos siding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location Normally used Solely by Maintenance/Custodial Staff</td>
<td>(12)</td>
</tr>
<tr>
<td>YES</td>
<td>NO</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 (Spr SF)</td>
<td>125</td>
</tr>
</tbody>
</table>

### Name of Registered Waste Hauler

<table>
<thead>
<tr>
<th>Guardian Contracting, Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>N JDEP Waste Hauler ID No</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
</tr>
<tr>
<td>Name of Registered Law</td>
</tr>
<tr>
<td>City, State</td>
</tr>
</tbody>
</table>

### Disposal Date

| 4/16/15 |

### Completed by (Print or Type)

<table>
<thead>
<tr>
<th>Nicholas Fernicola</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
</tr>
<tr>
<td>Signature</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>April 10, 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Cleaver Construction</td>
</tr>
<tr>
<td>Street Address</td>
<td>537 Princess Court</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Toms River, NJ 08753</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Donald</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>732-349-9932</td>
</tr>
</tbody>
</table>

## FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Residence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>501 West Lake Avenue</td>
</tr>
<tr>
<td>County (6)</td>
<td>Ocean</td>
</tr>
<tr>
<td>County Code (7)</td>
<td>(STATE USE ONLY)</td>
</tr>
<tr>
<td>Square feet</td>
<td>2000 sf</td>
</tr>
<tr>
<td># of Stories</td>
<td>2</td>
</tr>
<tr>
<td>Bldg. Age</td>
<td>60</td>
</tr>
<tr>
<td>Current Use (Prior to being a Residence)</td>
<td>(distilled)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>1889 Route 9, Toms River, NJ 08755-1271</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>New Jersey 08854</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>Guardian Contracting, Inc.</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>732-349-9932</td>
</tr>
</tbody>
</table>

| Scheduled Start Date (10) | 4/13/15 |
| Scheduled Completion Date (11) | 4/15/15 |

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check only one)</th>
<th>[x] Facility Closed/Vacated During Entire Period of Abatement</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Abatement Performed Outside of Normal Facility Hours</td>
<td></td>
</tr>
<tr>
<td>[ ] Other - Describe</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
<th>[ ] &gt;3 sf or ≥3 ft</th>
</tr>
</thead>
<tbody>
<tr>
<td>[x] ≥160 sf or ≥260 ft</td>
<td></td>
</tr>
<tr>
<td>[x] Demolition</td>
<td></td>
</tr>
<tr>
<td>[x] Renovation</td>
<td></td>
</tr>
<tr>
<td>[ ] Non-Exempted (*) and Non-Household Pressure</td>
<td></td>
</tr>
<tr>
<td>[ ] Glovebag Procedure</td>
<td></td>
</tr>
<tr>
<td>[ ] Full Containment with Non-Household Pressure</td>
<td></td>
</tr>
<tr>
<td>[ ] Mini-Enclosure</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)</th>
<th>Exterior</th>
</tr>
</thead>
<tbody>
<tr>
<td>[x] Asbestos siding</td>
<td></td>
</tr>
<tr>
<td>[ ] N/A</td>
<td></td>
</tr>
</tbody>
</table>

| 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 (Specified SF) |
| Abatement Type |
| [ ] R E P A I R |
| [ ] R E N C O L S E |
| [ ] E N C O L S E |

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>Guardian Contracting, Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>NJDEP Waste Hauler ID No</td>
<td>20223</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td>3</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>T.R.R.F.</td>
</tr>
<tr>
<td>City, State</td>
<td>Toms River, New Jersey</td>
</tr>
<tr>
<td>Disposal Date</td>
<td>4/16/15</td>
</tr>
<tr>
<td>City, State</td>
<td>Tullytown, Pennsylvania</td>
</tr>
<tr>
<td>Completed by (Print or Type)</td>
<td>Nicholas Fernicola</td>
</tr>
<tr>
<td>Title</td>
<td>Project Manager</td>
</tr>
<tr>
<td>Signature</td>
<td>[Signature]</td>
</tr>
<tr>
<td>Date</td>
<td>4/10/2015</td>
</tr>
</tbody>
</table>

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

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

**Date of Notification (1)**
4/06/15

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

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

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

**Street Address**
58 Central Ave

**City, State, Zip Code**
Montclair, NJ 07042

**Name of Contact**
Christina Robinson

**Facility Information**

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

**Street Address**
58 Central Ave

**City (5)**
Montclair

**County (6)**
Essex

**County Code (7)**
N/A

**Square Feet**
N/A

**# of Floors**
N/A

**Current Use**
N/A

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

**ASCM No.**
N/A

**Name of Abatement Contractor (9)**
D&S Abatement, Inc.

**Street Address**
11 Rosengren Avenue

**City, State, Zip Code**
Totowa, NJ 07512

**Project Manager for Monitoring Firm**

**Telephone No.**
973-345-8685

**License No.**
675

**Start Date (10)**
4/23/15

**Scheduled Completion Date (11)**
4/24/15

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

**Scope of Work (Check All That Apply)**
- ≥3 sf or ≥3 if
- 160 sf or ≥260 if
- Renovation
- Demolition
- Full Containment with Nove or Nove
- Glovebag Procedure
- Non-Exempted (*) and Nove

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

**In Facility (13)**
- basement

**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 (SF or CUBYards)**
100

**Abatement Type**
- Removal
- Repair
- Encapsulation
- Enfil

**Name of Registered Waste Hauler**
D&S Abatement, Inc.

**NJDPS Waste Hauler ID No.**
#20956

**Cubic Yards of Waste**
TBD

**Name of Registered Waste Manager**

**Indfill**

**Disposal Date**
TBD

**Name of Tullytown, PA**

**Completed by**
Deanna Bruzusan

**Title**
Project Manager

**Signature**

**Date**
4/06/15

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

Date of Notification (1)
4/06/15

Agency Notified
EPA
DEP
DOL
DOH
DCA

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

Name of Building Owner/Operator (2)
Sylvia Baker

Street Address
152 East 6th Avenue

City, State, Zip Code
Roselle, NJ 07203

Name of Contact
Sylvia Baker

FACILITY INFORMATION

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

Street Address
152 East 6th Avenue

City
Roselle

County
Union

Type of Facility (4)
School (K-12)
Subchapter 8 (Other)
K-12

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

Square Feet
N/A

# of Floors
N/A

Bldg. Age
N/A

Current Use (Prior if building N/A)

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

ASCM No.

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

Street Address
11 Rosengren Avenue

City, State, Zip Code
Totowa, NJ 07512

Project Manager for Monitoring Firm

Telephone No.
973-345-8888

Name of OSHA Monitor
D&S Abatement, Inc.

Street Address
11 Rosengren Avenue

City, State, Zip Code
Totowa, NJ 07512

Start Date (10)
4/21/15

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: Occupied

Scope of Work (Check All That Apply)

≥23 sf or ≥3 if

≥180 sf or ≥250 if

Removal

Demolition

Renovation

Full Containment with Negative Pressure

Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM)

TO BE ABATED in Facility (13)

Yes
No
N/A

basement

pipe insulation

120

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

Amc (Spec SF or %)

Abatement Type

Removal

Repair

Encapsulate

Endorse

Name of Registered Waste Hauler
D&S Abatement, Inc.

NJDEP Waste Hauler ID No. #20986

Cubic Yards of Waste
TBD

Name of Registered Waste Management

Disposal Date
TBD

City, State
Tullytown, PA

Completed by
Deanna Bruskanin

Title
Project Manager

Signature

Date
4/06/15

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

Date of Notification (1)  
[ ] 10/14/2015  

Name of Building Owner/Operator (2)  
Atlantic Health System  

Street Address  
100 Madison Avenue  

City, State, Zip Code  
Morristown, NJ 07960  

Name of Contact  
Peter Palmer  

**FACILITY INFORMATION**  

Name of facility where abatement is taking place (3)  
Morristown Medical Center, Franklin Building  
Street Address  
100 Madison Avenue,  
Morristown, Morris  

Name of Monitoring Firm Hired by Bldg. Owner (8)  
T&M Associates  
ASCM No.  
0145  

Type of Facility (4)  
[ ] Other  

Name of Abatement Contractor (9)  
B & G Restoration, Inc.  
Street Address  
105 Ryerson Road  
Lincoln Park, NJ 07035  
Telephone Number  
(973)696-6869  

License Number  
00378  

Name of OSHA Monitor  
B & G Restoration, Inc.  
Street Address  
105 Ryerson Road  
Lincoln Park, NJ 07035  

Scope of Work (check all that apply)  
[ ] Demolition  
[ ] Renovation  
[ ] >3 sf or >3 if  
[ ] ≥160 sf or ≥260 if  

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

<table>
<thead>
<tr>
<th>Quality Ofc</th>
<th>Location</th>
<th>Description of asbestos-containing material (ACM)</th>
<th>Amount (Spec. LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Franklin 1E</td>
<td>2</td>
<td>floor tile &amp; mastic</td>
<td>346 sf</td>
</tr>
<tr>
<td></td>
<td></td>
<td>floor tile &amp; mastic</td>
<td>960 sf</td>
</tr>
<tr>
<td></td>
<td></td>
<td>pipe insulation &amp; fittings</td>
<td>110 lf</td>
</tr>
</tbody>
</table>

Registered Waste Hauler  
B & G Restoration, Inc.  
NJDEP Hauler ID#  
195633  
Cubic Yards of Waste  
18 yds  
Name of Registered Landfill  
Tullytown Resource & Recovery Center  
City, State  
Lincoln Park, PA  

Completed by (Print or Type)  
Gordana Luna  
Title  
Secretary/Treasurer  
Signature  
Gordana Luna  

Date  
04/09/2015
State of NJ  
Notification of Asbestos Abatement  
Pursuant to NJAC 8:60-7 and 12:120-7  

### ADDITIONAL FOOTAGES***

**Name of Building Owner/Operator:** Atlantic Health System

**Street Address:** 100 Madison Avenue

**City, State, Zip Code:** Morristown, NJ 07960

**Name of Contact:** Peter Palmer

---

**FACILITY INFORMATION**

**Name of facility where abatement is taking place:** Morristown Medical Center, Franklin Building

**Street Address:** 100 Madison Avenue,

**City:** Morristown  
**County:** Morris  
**County Code:** 0145

**Type of Facility:** Hospital

**Square Feet:**

**Bldg. Age:**

**Current Use:**

**Prior if being demolished:**

**Type of Abatement Contractor:** B & G Restoration, Inc.

**Street Address:** 105 Ryerson Road

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

**License Number:** 00378

---

**Name of OSHA Monitor:**

**Street Address:** 105 Ryerson Road

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

---

**Scope of Work**

- Demolition
- Renovation
- Full Containment w/negative pressure
- Mini-enclosure
- Glovebag procedure
- Non-friable procedure

---

**Location of asbestos-containing material to be abated in facility**

- Is location normally used solely by maintenance/custodial staff?
  - Yes
  - No
  - N/A

**Description of asbestos-containing material (ACM)**

- floor tile & mastic

**Amount (Spec. LF):** 352 sf

**Registered Waste Hauler**

**B & G Restoration, Inc.**

**N J DEP Hauler ID #:** 19563

**Cubic Yards of Waste:** 5 yds

**Name of Registered Landfill:**

**Tullytown Resource & Recovery Center**

**City:** Tullytown  
**State:** PA

**Disposal Date:** 03/06/15 - 04/16/15

---

**Completed by (Print or Type):**

**Gordana Luna**

**Title:** Secretary/Treasurer

**Signature:**

**Date:** 03/26/2015
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)
4/10/15

Name of Building Owner/Operator (2)
Advanced Auto

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

Type Notification
- Initial
- Amendment
- Emergency (Including justification)
- Cancellation

Street Address
1752 Springfield Avenue
City, State, Zip Code
Maplewood, NJ

Name of Contact
Joe Lockwood

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Advanced Auto

Street Address
1752 Springfield Avenue
City (5)
Maplewood
County (6)
Essex

County Code (7) (STATE USE ONLY) 

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.

Name of Abatement Contractor (9)

ABS Environmental Services,

Street Address
PO Box 483, 4 E Gate Drive
City, State, Zip Code
Glenwood, NJ 07418

Project Manager for Monitoring Firm

Telephone No.
973-583-8500

Telephone No.
Lice 

703

Start Date (10)
4/19/15

Scheduled Completion Date (11)
6/1/15

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)

- ≥3 sf or ≥3 ft
- ≥100 sf or ≥260 ft

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

In Facility (13)

- front canopy
- transite soffit

Amount
1200 S

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)

Abatement Type

-表格内容-

-表格内容-

-表格内容-

-表格内容-

-表格内容-

-表格内容-

Name of Registered Waste Hauler

Freehold Cartage

NJDEP Waste Hauler ID No.
15939

Cubic Yards of Waste
10

Name of Registered Liaison

Western Berks La

Disposal Date
TBD

City, State
Birdsboro PA

Completed by
A. Scott Higgins

Title
President

Signature

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

**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to N.J.A.C. 8:99 and 12:12D)

---

**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to N.J.A.C. 8:99 and 12:12D)

**Date of Notification**: 4/11/15

**Agency Notified**: CDOH

**Type of Notification**: N/A

**Name of Building/Operator**: RICHARD BURLI

**Street Address**: 725, CEDAR CREST, Bound Brook, NJ 08806

**City, State, Zip Code**: Bound Brook, N.J. 08806

**City**: Bound Brook

**County**: Somerset

**Type of Facility (A)**:
- [ ] School (K-12)
- [ ] School (9-12)
- [ ] Hospital (Private or Public)
- [ ] Other commercial buildings

**Current Use**: 2800

**Owner**: R. H. Burz

**Name of Abatement Contractor (B)**:

**Best Removal Inc**

**Address**: 405 South River St.

**City, State, Zip Code**: Hackensack, N.J. 07601

**Manager for Monitoring Firm**:

**Onex Environmental Inc**

**Street Address**: 280 Kuyler St

**City, State, Zip Code**: Hackensack, N.J. 07601

**Start Date**: 4/11/15

**Scheduled Completion Date**: 4/15/15

**Occupancy Status During Abatement**: Vacant

**Name of OBNA Monitor**: Best Removal Inc

**License No.**: 17109

**Name of Registered Waste Handler**: Minerva Enterprise

**City, State**: Bound Brook, N.J. 08806

**ID No.**: 17109

**Name of Registered Contractor**: Best Removal Inc

**Composed by**: J. MAIORINO

---

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

**Name of Building/Operator**: RICHARD BURLI

**Street Address**: 725, CEDAR CREST, Bound Brook, NJ 08806

**City, State**: Bound Brook, N.J. 08806

**Type of Abatement**:
- [ ] Removal
- [ ] Repair
- [ ] Encapsulation
- [ ] Transferring

**Waste**:
- [ ] VAT

**Name of Registered Waste Handler**: Minerva Enterprise

**City, State**: Bound Brook, N.J. 08806

**ID No.**: 17109

**Name of Registered Contractor**: Best Removal Inc

**Composed by**: J. MAIORINO

---

**Note**: This form is for asbestos abatement activities.
# State of New Jersey
## NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

**Date of Notification (1)**
4/10/2015

**Name of Building Owner/Operator (2)**
Unity Fellowship Church

### FACILITY INFORMATION

**Name of Facility Where Abatement is Taking Place (3)**
501 North 3rd Street

**Street Address (5)**
501 North 3rd Street

**City (5)**
Millville

**County Code (6)**
Cumberland

**County Code (7)**

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

**Name of Abatement Contractor (9)**
ELCON Environmental Inc

**Indoor Environmental Concept**

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

**Square Feet**
1200

**# of Floors**
1

**Bldg. Age**
65+

**Current Use (Prior if being demoted)**
Church

**Street Address (10)**
286 Sunset Road

**City, State, Zip Code (11)**
Barrington, NJ 08007

**Project Manager for Monitoring Firm**
Michael Menz

**Telephone No.**
886-628-6020

**Telephone No.**
267-240-6356

**License No.**
01676

**Name of OSHA Monitor**
Same

**Start Date**
4/27/15

**Scheduled Completion Date**
4/30/15

**Occupancy Status During Abatement**
- Facility Closed/Vacated During Entire Period of Abatement
- Other - Describe:

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
<th>Amount (Specified SF or Lbs.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>X</td>
<td>Floor tile/mastic</td>
<td>1200 SF</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler Service Transport Group**
NJ/DEP Waste Hauler ID No.
SW2117

**Cubic Yards of Waste**
TBD

**Name of Registered Liefill**
Minerva ENterprises

**Disposal Date**
TBD

**City, State**
Waynesburg, OH

**Completed by**
Elizabeth Gosek
**Title**
President

**Signature**

**Date**
4/10/15

---

*Do not use this form for asbestos license exempted activities.*
Date of Notification (1):
3-31-2015

Name of Building Owner/Operator (2):
Board of Education Township of Edison

Name of Facility Where Abatement is Taking Place (3):
John P. Stevens High School

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

Square Feet:
50,000+

K-12: School

Street Address:
312 Pierson Avenue

Bldg. Age:
40+

City, State, Zip Code:
Edison, NJ 08837

Further Use (Prior if being erected buildings, homes, etc.):

County Code (7):
Middlesex

Name of Contact:
Ken Stromsland

Name of Abatement Contractor (9):
GL Group, Inc

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

Name of Chief Engineer (10):

ASCM No.:
00012

Telephone No.:
201-569.6708

License No.:
01-4

Telephone No.:
201-710-9725

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

Gym two-story closet

Yes

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)

Pipe Insulation

Amout (Spec. SP or I):
27 L

Abatement Type

Endorse

Endorse Date

Repair

Unit Pressure

Encapsulate

Name of Registered Waste Hauler:
GL Group, Inc

Disposal Date:
TBD

Name of Registered Hauler:
NJDEP Waste Hauler ID No. 0033034

City, State:
Bloomingdale, NJ

Completed by:
Elena Solakov

Title:
President

Signature:

Date:
3-31-2015

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

**Date of Notification (1)** 3-31-2015

**Name of Building Owner/Operator (2)** Board of Education Township of Edison

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
<td>John P. Stevens High School</td>
</tr>
<tr>
<td>DEP</td>
<td>Amended</td>
<td></td>
</tr>
<tr>
<td>DOL</td>
<td>Emergency</td>
<td></td>
</tr>
<tr>
<td>DOH</td>
<td>(including</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Justification)</td>
<td></td>
</tr>
<tr>
<td>DCA</td>
<td>Cancellation</td>
<td></td>
</tr>
</tbody>
</table>

**Street Address** 312 Pierson Avenue

**City, State, Zip Code** Edison, NJ 08837

**Name of Contact** Ken Stromsland

**Telephone Number** 409-968-0000

**FACILITY INFORMATION**

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

**Square Feet** 50,000+

**# of Floors** 2

**Bldg. Age** 40+

<table>
<thead>
<tr>
<th>County Code (7)</th>
<th>Current Use (Prior if being demolished)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Middlesex</td>
<td>School</td>
</tr>
</tbody>
</table>

**Name of Monitoring Firm Hired by Building Owner (8)** ASCM No. 00012 Detail Associates

**Name of Abatement Contractor (9)** GL Group, Inc

**Street Address** 300 Grand Avenue

**City, State, Zip Code** Englewood, NJ 07631

**Project Manager for Monitoring Firm** Anthony Valentine

**Telephone No.** 201.589.6708

**Telephone No.** 201-710-9725

**License No.** 010-886

**Start Date (10)** 4-6-2015

**Scheduled Completion Date (11)** 4-11-2015

**Name of OSHA Monitor** GL Group, Inc

**Street Address** 140 Hamburg Turnpike

**City, State, Zip Code** Bloomingdale, NJ 07403

**Occupancy Status During Abatement** Facility Closed/Vacated During Entire Period of Abatement

**Abatement Performed Outside of Normal Facility Hours** Other

**Other – Describe:**

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

- ≥ 3 sf or ≥ 3 if
- ≥ 150 sf or ≥ 260 if
- Renovation
- Demolition
- Full Containment with Negative Pressure Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Exempted (#)
- Variable Procedure

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

**In Facility (13)**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gym two-story closet</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pipe Insulation 27 LF</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Amout (SF or L)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>NJDEP Waste Hauler ID No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>GL Group, Inc</td>
<td>0033034</td>
</tr>
</tbody>
</table>

**Cubic Yards of Waste** TBD

**Disposal Date** TBD

**Name of Registered Landfill**

<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>GL Group</td>
<td>Morrisville, PA</td>
</tr>
</tbody>
</table>

**Completed by**

<table>
<thead>
<tr>
<th>Completed by</th>
<th>Title</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elena Solakov</td>
<td>President</td>
<td>[Signature]</td>
</tr>
</tbody>
</table>

**Date** 3-31-2015

*Do not use this form for asbestos license exempted activities.*
# State of New Jersey
## NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:129)

**Date of Notification (1)**
4-3-2015

**Agency(ies) Notified**
- EPA
- DEP
- DOL
- DOH
- DCA

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

**Name of Building Owner/Operator (2)**
Plainfield Public School

**Street Address**
920 Park Ave

**City, State, Zip Code**
Plainfield, NJ 07060

**Name of Contact**
Eugene Campbell

**Telephone**

---

## FACILITY INFORMATION

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

**Street Address**
1049 Central Ave

**City (5)**
Plainfield

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

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

**Square Feet**
40,000

**# of Floors**
1

**Bldg. Age**
50+

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

---

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

**ASCM No.**
00003

**Name of Abatement Contractor (9)**
GL Group, Inc

**Street Address**
1253 North Church St

**City, State, Zip Code**
Moorestown, NJ 08057

**Telephone No.**
856-840-8800

**License No.**
(201)710-9725

**Name of OSHA Monitor**
GL Group, Inc

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

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

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

<table>
<thead>
<tr>
<th>Hallway outside of Custodial Office</th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pipe Insulation</td>
<td>8 LF</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**
GL Group, Inc

**NJDEP Waste Hauler ID No.**
0033034

**Cubic Yards of Waste**
TBD

**Disposal Date**
TBD

**Name of Registered Land Grows**

**City, State**
Bloomingdale, NJ

**Completed by**
Michael B Solokov

**Title**
P.M.

**Date**
4-3-2015

---

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

Date of Notification (1)
3/25/15

Name of Building Owner / Operator (2)
VERIZON COMMUNICATIONS

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

Type Notification
☐ Initial
☑ Amended R#1-4/10/15

Street Address
67 Bloomfield Avenue

City, State & Zip Code
Newark New Jersey

Name of Contact
ALEX BAYLOR

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Humboldt Central Office

Street Address
67 Bloomfield Avenue

City (5)
Newark

County (6)
Essex

County Code (7)
46596

Country of Origin


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

Square Feet
46596

# of Floors
4

Current Use (Prior if being demolished)
COMMUNICATIONS

Name of Abatement Contractor (9)
BRISTOL ENVIRONMENTAL IN

Street Address
1123 BEAVER STREET

City, State & Zip Code
BRISTOL, PA 19007

Telephone Number
215-385-5810

Licence Number
00009

Name of OSHA Monitor
BRISTOL ENVIRONMENTAL IN

Street Address
1123 BEAVER STREET

City, State & Zip Code
BRISTOL, PA 19007

Scope of Work (Check all that apply)

☑ ≥3 sf or ≥3 l

☑ ≥150 sf or ≥250 sf

☐ Renovation

☐ Demolition

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

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

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

Arrangement (Specify SF, F)

Abatement Type

Full Containment with Negative Pressure
Mini-Enclosure
Glove Bag Procedures
Non-Exempted for Non-Friable Procedure

Exhaust duct insulation

Name of Registered Waste Hauler
SERVICE TRANSPORT GROUP, INC.

NJDEP Waste Hauler ID No.
20990

Cubic Yards of Waste
3

Name of Registered Landfill
MINERVA LANDFILL

Disposal Date
WAYNESBURG, OH 4688

Completed By (Print or Type)
PATRICK T. DeCaro

Title
PROJ. MGR.

Signature

Date
3/25/15
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1): 3/25/15
Name of Building Owner / Operator (2): VERIZON COMMUNICATIONS

Agencies Notified: EPA
Type Notification: Initial
Street Address: 67 Bloomfield Avenue
City, State & Zip Code: Newark, New Jersey

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

US ENVIRONMENTAL MANAGEMENT

Address: 8436 ENTERPRISE AVE
City, State & Zip Code: PHILADELPHIA PA 19153

Project Manager for Monitoring Firm: MARK JENKINS
Telephone Number: 215-365-5810

Scheduled Start Date (10): 4/13/15
Scheduled Completion Date (11): 4/15/15

Occupancy Status During Abatement (Check only):
Facility Closed/Vacated During Entire Period of Abatement
Abatement Performed Outside of Normal Hours – 7am to 3pm
Describe: 5:00 PM -1:00 AM
Facility Occupied During Abatement

Scope of Work (Check all that apply):
≥ 3 s.f or ≥ 3 If
≥ 160 s.f ≥ 260 s.f
Renovation
Demolition

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):

Abatement Type:
Full Container
Mini-Enclosure
Glove Bag Procedure
Non-Exempted

Name of Registered Waste Hauler:
SERVICE TRANSPORT GROUP, INC.
City, State: NEW CASTLE, DE 19720

Completed By (Print or Type):
PATRICK T. DeCaro
Title: PROJ. MGR.
Signature:
Date: 3/25/15

Name of Registered Waste Disposal Agency:
MINERVA LANDFILL
City, State: WAYNESBURG, O
Disposal Date: 4/4/15
STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT
(PURSUANT TO NJAC 8:60-7 AND 12:120-7)

Date of Notification (1)

12 / 11 / 14

Name of Building Owner / Operator (2)
HOFFMAN LAROCHE, INC.

Street Address
340 KINGSLAND AVENUE

City, State, Zip Code
NUTLEY, NJ 07110

Name of Contact
TOM AIELLO

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

HOFFMAN LAROCHE

Street Address
540 KINGSLAND AVENUE

City (5)
CLIFTON

County (6)
PASSAIC

County Code (7)

Square Feet
250,000

Of Floors
3

Current Use (Prior to being demolished)
RESEARCHWAREHOUSE

Building Age
50+

Name of Monitoring Firm Hired by Bldg. Owner (8)
EMILCOTT ASSOCIATES, INC. / EIH

ASCM NO
N/A

Name of Abatement Contractor (9)
NORTHSTAR CONTRACTING GROUP, INC.

Street Address
32 WILLIAMS PARKWAY

City, State, Zip Code
EAST HANOVER, NJ 07936

Project Mgr. For Monitoring Firm
DAVID TOMSEY / BILL KIRBIL

Telephone Number
973-538-1110 / 729-5649

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:
MON-FRI 7:00AM-3:30PM

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

Location of Asbestos Containing Material (ACM)
TO BE ABATED

In Facility
(13)

Location
Normaly
Used
Solely
by Maintenance/Custodial Staff (12)

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

Amount
SF or LF

Abatement Type

Location

Name of Registered Waste Hauler
NORTHSTAR CONTRACTING GROUP, INC.

Cubic Yards of Waste

Disposal Date

Name of Registered Landfill
WASTE MANAGEMENT

City, State
EAST HANOVER, NJ

Signature

Completed by (Print or Type)
STEVEN STILES

Title
PROJECT MANAGER

Date
04/10/15

ASB-41
<table>
<thead>
<tr>
<th>Location of Asbestos Containing Material (ACM) TO BE ABATED 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>Abatement Type</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>BLDG 115, 1ST &amp; 2ND FL</td>
<td>☑</td>
<td>☑</td>
<td>VAT/Mastic</td>
<td>40 SF</td>
</tr>
<tr>
<td>EXTERIOR FORMER B-30</td>
<td>☑</td>
<td>☑</td>
<td>TRANSITE/TAR PIPE</td>
<td>100 LF</td>
</tr>
<tr>
<td>BLDG. 115, 1ST FL</td>
<td>☑</td>
<td>☑</td>
<td>FLOOR MASTIC</td>
<td>16,500 LF</td>
</tr>
<tr>
<td>BLDG. 115, 2ND FL</td>
<td>☑</td>
<td>☑</td>
<td>FLOOR MASTIC</td>
<td>13,000 SF</td>
</tr>
<tr>
<td>BLDG. 115, 3RD FL</td>
<td>☑</td>
<td>☑</td>
<td>FLOOR MASTIC</td>
<td>50 SF</td>
</tr>
<tr>
<td>BLDG. 115, STAIRWELL C</td>
<td>☑</td>
<td>☑</td>
<td>FLOOR MASTIC</td>
<td>1,500 SF</td>
</tr>
<tr>
<td>BLDG. 115, STAIRWELL D</td>
<td>☑</td>
<td>☑</td>
<td>FLOOR MASTIC</td>
<td>1,300 SF</td>
</tr>
<tr>
<td>BLDG. 115</td>
<td>☑</td>
<td>☑</td>
<td>MIRROR MASTIC</td>
<td>525 SF</td>
</tr>
<tr>
<td>BLDG. 115 ROOF</td>
<td>☑</td>
<td>☑</td>
<td>FLASHING</td>
<td>900 SF</td>
</tr>
<tr>
<td>BLDG. 115 ROOF</td>
<td>☑</td>
<td>☑</td>
<td>TAR</td>
<td>200 SF</td>
</tr>
<tr>
<td>BLDG. 115</td>
<td>☑</td>
<td>☑</td>
<td>FIRE DOORS</td>
<td>145 EA</td>
</tr>
<tr>
<td>BLDG. 115 A</td>
<td>☑</td>
<td>☑</td>
<td>PIPE &amp; FITTING</td>
<td>3,735 LF</td>
</tr>
<tr>
<td>BLDG. 115 A</td>
<td>☑</td>
<td>☑</td>
<td>VAT/MASTIC</td>
<td>5,150 SF</td>
</tr>
<tr>
<td>BLDG. 115 A</td>
<td>☑</td>
<td>☑</td>
<td>CAULK</td>
<td>875 LF</td>
</tr>
<tr>
<td>BLDG. 115 A</td>
<td>☑</td>
<td>☑</td>
<td>FIRE DOORS</td>
<td>40 EA</td>
</tr>
<tr>
<td>EXTERIOR FORMER B-55</td>
<td>☑</td>
<td>☑</td>
<td>SLAB CAULK</td>
<td>1,000 LF</td>
</tr>
</tbody>
</table>
STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT
(PURSUANT TO NJAC 8:60-7 AND 12:1260-7

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner / Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>04/13/15</td>
<td>First Energy</td>
</tr>
</tbody>
</table>

Agencies Notified
- EPA
- DEP
- DOH
- DOL

Type of Notification
- Initial
- Amended
- Amendment #
- Emergency w/ justification
- Cancellation

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Street Address
8 LADY BESS DRIVE

City (5) | County (6) | County Code (7)
---------|------------|----------------
DEAL     | OCEAN      |                

Square Feet | # Of Floors | Building Age |
------------|-------------|--------------|

Environmental Health Investigations

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

NORTHSTAR CONTRACTING GROUP INC

Street Address

City Address

City, State, Zip Code
Sparta, NJ 07871

Project Mgr. For Monitoring Firm
Dino Nappi

Telephone Number
212-682-9271

Name of OSHA Monitor
NORTHSTAR CONTRACTING GROUP INC

Street Address

City, State, Zip Code
Sparta, NJ 07871

Occupancy Status During Abatement (Check Only 1)
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours - Describe: 8:30 am to 5:00 pm
- Other - Describe: TUES-FRI

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

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

Extensive Telephone Pole
Transite Conduit
30 LF

Name of Registered Waste Hauler
NEWARK CARTING

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

City, State
NEWARK, NJ

Disposal Date

Completed by (Print or Type)
Steven Stiles

Title
Project Manager

Signature

Date
04/13/15
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:66 and 12:120)  

Date of Notification (1)  4/10/15  

Name of Building Owner/Operator (2)  METROQUEST EQUITIES, LLC  

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

Street Address  550 JOHNSTON AVE.  
City, State, Zip Code  JERSEY CITY, NJ 08535  

Name of Contact  DAVE H.  

FACILITY INFORMATION  

Name of Facility Where Abatement is Taking Place (3)  

Street Address  550 JOHNSTON AVE.  
City (5)  JERSEY CITY  
County (6)  HUDSON  

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

Type of Facility (4)  
☐ School (K-12) ☐ Subchapter 8 (Other)  
☐ Commercial buildings, homes, ☐ Other (i.e. private/condo, etc.)  

Square Feet  14,000  
Current Use (Prior if being converted)  WAREHOUSE  

Name of Abatement Contractor (9)  A. MAC Contracting Inc  

Street Address  185 Vreeland Ave.  
City, State, Zip Code  MIDLAND PARK, NJ 07432  

Project Manager for Monitoring Firm  Telephone No.  201-262-5941  

License No.  55  

Start Date (10)  4/30/15  
Scheduled Completion Date (11)  6/5/15  

Name of OSHA Monitor  Omega Environmental Services  

Street Address  280 Huyer Street  
City, State, Zip Code  HACKENSACK, NJ 07606  

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)  
☒ 23 sf or 23 if  ☐ Extension  
☒ ≥ 2160 sf or 2260 if  ☐ Demolition  

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

In Facility  

IS LOCATION NORMALLY USED SOLELY BY MAINTENANCE/CUSTODIAL STAFF? 

<table>
<thead>
<tr>
<th>Location of ACM</th>
<th>Location Normally Used</th>
<th>Custodial Staff?</th>
<th>ACM Used Solely By Maintenance/Custodial Staff?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boiler Room</td>
<td>Yes</td>
<td>No</td>
<td>☒ Yes</td>
</tr>
<tr>
<td>Windows</td>
<td>☒ Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>1st Floor</td>
<td>☒ Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>2nd Floor</td>
<td>☒ Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Roof</td>
<td>☒ Yes</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Description of ACM</th>
<th>Cubic Yards</th>
<th>Name of Registered Waste Hauler</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boiler Insulation</td>
<td>150</td>
<td>IESI PA Bethlehem, PA 15115</td>
</tr>
<tr>
<td>Caulk</td>
<td>400</td>
<td>Hackensack, NJ 07606</td>
</tr>
<tr>
<td>Transite</td>
<td>300</td>
<td>Newark, NJ 07105</td>
</tr>
<tr>
<td>Tile</td>
<td>300</td>
<td>Newark, NJ 07105</td>
</tr>
<tr>
<td>Roofing</td>
<td>120</td>
<td>Newark, NJ 07105</td>
</tr>
</tbody>
</table>

Completed by  
R. McDonald  Title  President  
Signature  

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/11/15</td>
<td>paul dlugos</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>64 west magnolia avenue</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>maywood, nj 07607</td>
</tr>
</tbody>
</table>

Name of Contact:
paul dlugos

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
paul dlugos

<table>
<thead>
<tr>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>64 west magnolia avenue</td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>County Code (7) (State use only)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Bldg. Owner (8)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ASCM No.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>D &amp; S RESTORATION, INC</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>20 California Ave.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paterson, NJ 07503</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>973-345-8020</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>License Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>01169</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of OSHA Monitor</th>
</tr>
</thead>
<tbody>
<tr>
<td>D &amp; S Restoration, Inc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>20 California Avenue</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paterson, NJ 07503</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Full Container Removal</td>
</tr>
<tr>
<td>□ Mini-enclosure Removal</td>
</tr>
<tr>
<td>□ Glovebag procedure</td>
</tr>
<tr>
<td>□ Non-Exempted 3F or More</td>
</tr>
<tr>
<td>□ Renovation</td>
</tr>
<tr>
<td>□ Demolition</td>
</tr>
<tr>
<td>□ Other-Descibe: NORMAL HOURS</td>
</tr>
</tbody>
</table>

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>GARAGE</td>
</tr>
<tr>
<td>PIPE INSULATION</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description of asbestos-containing material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>341 ft</td>
</tr>
</tbody>
</table>

Registered Waste Hauler:

<table>
<thead>
<tr>
<th>D &amp; S RESTORATION, INC.</th>
</tr>
</thead>
<tbody>
<tr>
<td>NJDEP Hauler ID# 13506</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cubic Yards of Waste (1 yd.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 yd.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>TULLYTOWN, RESOURCE RECOVERY</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>PATERNSON, NJ 07503</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Disposal Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>04/21/15</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Compiled by (Print or Type)</th>
</tr>
</thead>
<tbody>
<tr>
<td>BOGDAN JOLDZIC</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>04/08/15</td>
</tr>
</tbody>
</table>

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

Date of Notification (1)

Name of Building Owner/Operator (2)

Agencies Notified

Name of Contact

barry tanis

Street Address

City, State, Zip Code
caldwell, nj 07006

7 cedars road

caldwell

county

barry tanis

FACILITY INFORMATION

Name of facility where abatement is taking place (3)

barry tanis

Street Address

City, State, Zip Code

7 cedars road
caldwell

County

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

ASCM No.

D & S RESTORATION, INC

Street Address

City, State, Zip Code

20 california ave.
paterson, nj 07503

License Number

01169

Name of Abatement Contractor (9)

D & S RESTORATION, INC

Street Address

City, State, Zip Code

20 california avenue

paterson, nj 07503

Start Date (10)

04/23/15

Sched. Completion Date (11)

05/15/15

Occupancy Status During Abatement (Check only one)

Facility closed/vacated during entire period of abatement.

Abatement performed outside of normal facility hours.

Other-Describe: NORMAL HOURS

Scope of Work (check all that apply)

Full Container Removal

Mini-enclosure

Glovebag procedure

Non-Exempted removal

Renovation

Demolition

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

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

Description of asbestos-containing material (ACM)

Amout (Spec LFL)

BASEMENT/CRAWL SPACE

PIPE INSULATION

341 ft

BASEMENT/CRAWL SPACE

BARE HEATING PIPES

701 ft

BASEMENT

furnace metal wrap

12 sq ft

Registered Waste Hauler:

D & S RESTORATION, INC.

NUDEP Hauler ID

13506

Cubic Yards of Waste

2 yds.

Name of Registered Landfill

TULLYTOWN, RESOURCES

ECOVERY

City, State

paterson, nj 07503

Disposal Date

04/24/15

Completed by (Print or Type)

BOGDAN JOLDZIC

Title

PRESIDENT

Date

04/08/2015

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

Name of Building Owner/Operator (2)
Sylvia Donnelly

Street Address
31 Hilton Street

City, State, Zip Code
East Orange, NJ 07017

Name of Contact
Sylvia Donnelly

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
Sylvia Donnelly

Street Address
31 Hilton Street

City (5) County (6) County Code (7) (State use only)
East Orange, NJ Essex

Type of Facility
School (K - 12)
Super Chapter 8 (Other than K-12)
Other (Private/Commercial Buildings, etc.)

Square Feet # of Floors Bldg. Age

Current Use
Residential (Prior if being demolished)

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

ASCN No.

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

Street Address
105 Ryerson Road

City, State, Zip Code
Lincoln Park, NJ 07035

Telephone Number
(973)906-689

License Number
00378

Name of OSHA Monitor
B & G Restoration, Inc.

Street Address
105 Ryerson Road

City, State, Zip Code
LincolnPark, NJ 07035

Scope of Work (check all that apply)
Renovation

Full Containment w/negative pressure

Mini-enclosure

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

Location normally used solely by maintenance/custodial staff (12)
Yes No N/A

Description of asbestos-containing material (ACM)
Mineral Fiber Insulation

Amount (Specified in Lb)
130 lb

Registered Waste Hauler
B & G Restoration, Inc.

NJ/DEP Hauler ID# 19563

Cubic Yards of Waste 2

Name of Registered Landfill
Tullytown Resource & Recovery Center

City, State
Lincoln Park, NJ

Disposal Date
04/23/2015

City, State
Tullytown, PA

Completed by (Print or Type)
Gordana Luna

Title
Secretary/Treasurer

Date
04/10/2015
# Notification of Asbestos Abatement

(Pursuant to NJAC 8:60-7 and 12:120-7)

**State of NJ**

**B & G proj.: 2015-61A1**

**Date of Notification:** 01/14/15

**Name of Building Owner/Operator:** South Orange/Maplewood School District

**Street Address:** 525 Academy Street

**City, State, Zip Code:** Maplewood, NJ 07040

**Name of Contact:** William Kyle

**Telephone Number:**

### FACILITY INFORMATION

**Name of facility where abatement is taking place:** Maplewood Middle School (Non Sub 8)

**Street Address:** 7 Burnet Street

**City: **Maplewood

**County:** Essex

**Name of Monitoring Firm Hired by Bldg. Owner:** AHERA Consultants

**ASCM No.:** 0057

**Name of Abatement Contractor:** B & G Restoration, Inc.

**Street Address:** 105 Ryerson Road

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

**Telephone Number:** (973) 696-6869

**Name of OSHA Monitor:** B & G Restoration, Inc.

**Street Address:** 105 Ryerson Road

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

**Scheduled Start Date:** 04/20/2015

**Sched. Completion Date:** 04/22/2015

**Occupancy Status During Abatement (Check only one):**

- Facility closed/vacated during entire period of abatement.

- Abatement performed outside of normal facility hours.

- Other:

**Scope of Work (check all that apply):**

- Demolition
- Renovation
- >3,000 sf or >5,000 sf
- >160 sf or >260 sq ft

**Location of asbestos-containing material to be abated in facility:**

<table>
<thead>
<tr>
<th>Item</th>
<th>Count</th>
<th>Description</th>
<th>Amount (Spf)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Classrooms #160 # 162</td>
<td>x</td>
<td>Lab &amp; sink tabletops beaker holders</td>
<td>50.2</td>
</tr>
<tr>
<td>Classrooms #160</td>
<td>x</td>
<td>VAT &amp; Mastic</td>
<td>72.3</td>
</tr>
<tr>
<td>Classrooms #162</td>
<td>x</td>
<td>VAT &amp; Mastic</td>
<td>80.4</td>
</tr>
</tbody>
</table>

**Registered Waste Hauler:**

B & G Restoration, Inc.

**NJDEP Hauler ID:** 19563

**Cubic Yards of Waste:** 2 yards

**Name of Registered Landfill:** Tullytown Resource Recovery Center

**City, State:** Tullytown, PA

**Disposal Date:** 04/20-22/2015

**Signature:** Gordana Luna

**Completed by (Print or Type):**

Gordana Luna

**Title:** Secretary/Treasurer

**Date:** 04/10/2015
State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12:120-7)

B & G proj. #: 2015-61A

Date of Notification (1)
04/20/2015

Name of Building Owner/Operator (2)
South Orange/Maplewood School District

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

Type Notification
- Initial
- Amendment
- Cancellation

Street Address
525 Academy Street

City, State, Zip Code
Maplewood, NJ 07040

Name of Contact
William Kyle

Facility Information

Name of facility where abatement is taking place (3)
Maplewood Middle School

Street Address
7 Burnet Street

City (6)
Maplewood

County (6)
Essex

County Code (7)
ASCM No.
0057

Type of Facility
School (K-12)

City, State, Zip Code
OCEANVILLE, NJ 08231-0385

Project Manager for Monitoring Firm
Eric Clarkson

Phone Number
(609) 652-1833

Scheduled Start Date (10)
04/20/2015

Sched. Completion Date (11)
04/22/2015

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)
- Demolition
- Renovation
- ≥160 sf or ≥260 lf

Description of asbestos-containing material (ACM)

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

Classroom #160 storage rm
No
pipe fitting insulation
22

Classroom #162 storage rm
No
pipe fitting insulation
41

Registered Waste Hauler
B & G Restoration, Inc.

Cubic Yards of Waste
1 yard

Name of Registered Landfill
Tullytown Resource

City, State
Lincoln Park, NJ

Disposal Date
04/20-22/2015

Name of OSHA Monitor
B & G Restoration, Inc.

City, State, Zip Code
Lincoln Park, NJ 07035

Telephone Number
(973) 699-6369

License Number
00378

Abatement Contractor (5)
B & G Restoration, Inc.

Street Address
105 Ryerson Road

City, State, Zip Code
Lincoln Park, NJ 07035

Current Use of School
b8

Certificate No.

Recovery Center

Completed by (Print or Type)
Gordana Luna

Title
Secretary/Treasurer

Signature

Date
04/10/2015
**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 8:59 and 12:120)

<table>
<thead>
<tr>
<th>Name of Building Owner/Operator (2)</th>
<th>Sipporah Tracer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agencies Notified (3)</td>
<td></td>
</tr>
<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>
<tr>
<td>Type Notification</td>
<td></td>
</tr>
<tr>
<td>Initial</td>
<td></td>
</tr>
<tr>
<td>Amended</td>
<td></td>
</tr>
<tr>
<td>Amendment #</td>
<td></td>
</tr>
<tr>
<td>Emergency (including justification)</td>
<td></td>
</tr>
<tr>
<td>Street Address</td>
<td>335 Griggf ave</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Teaneck, NJ 07666</td>
</tr>
<tr>
<td>Name of Contact</td>
<td></td>
</tr>
<tr>
<td>Name of Contact Phone Number</td>
<td></td>
</tr>
<tr>
<td>FACILITY INFORMATION</td>
<td></td>
</tr>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td>Sipporah Tracer</td>
</tr>
<tr>
<td>Street Address</td>
<td>335 Griggf ave</td>
</tr>
<tr>
<td>City (5)</td>
<td>Teaneck</td>
</tr>
<tr>
<td>County (6)</td>
<td>Bergen County</td>
</tr>
<tr>
<td>County Code (7)</td>
<td></td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td></td>
</tr>
<tr>
<td>ASCM No.</td>
<td></td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td></td>
</tr>
<tr>
<td>Pro Abatement</td>
<td></td>
</tr>
<tr>
<td>Street Address</td>
<td>1009 87th Street Suite A4</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>North Bergen, NJ 07047</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td></td>
</tr>
<tr>
<td>Telephone No.</td>
<td></td>
</tr>
<tr>
<td>Telephone No.</td>
<td>201-293-6305</td>
</tr>
<tr>
<td>License No.</td>
<td></td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>04/22/15</td>
</tr>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>05/02/15</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></td>
<td>Abatement Performed Outside of Normal Facility Hours</td>
</tr>
<tr>
<td>Scopes of Work (Check All That Apply)</td>
<td></td>
</tr>
<tr>
<td>≥3 sf or ≥3 ft</td>
<td></td>
</tr>
<tr>
<td>≥160 sf or ≥280 sf</td>
<td></td>
</tr>
<tr>
<td>Renovation</td>
<td></td>
</tr>
<tr>
<td>Demolition</td>
<td></td>
</tr>
<tr>
<td>Full Containment with Neg.</td>
<td></td>
</tr>
<tr>
<td>Mini-Enclosure</td>
<td></td>
</tr>
<tr>
<td>Glovebag Procedure</td>
<td></td>
</tr>
<tr>
<td>Non-Exempted (Yes) and Non-Exempted (No)</td>
<td></td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED (13)</td>
<td></td>
</tr>
<tr>
<td>In Facility</td>
<td></td>
</tr>
<tr>
<td>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td></td>
</tr>
<tr>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VRT, or other miscellaneous)</td>
<td></td>
</tr>
<tr>
<td>Amount (Special SF or L)</td>
<td></td>
</tr>
<tr>
<td>Abatement Type</td>
<td></td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
<td></td>
</tr>
<tr>
<td>Name of Registered Waste Hauler ID No.</td>
<td></td>
</tr>
<tr>
<td>City, State</td>
<td></td>
</tr>
<tr>
<td>Name of Registered Waste Hauler ID</td>
<td></td>
</tr>
<tr>
<td>Disposal Date</td>
<td></td>
</tr>
<tr>
<td>City, State</td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td></td>
</tr>
<tr>
<td>Completed by</td>
<td></td>
</tr>
<tr>
<td>Name of Contact</td>
<td></td>
</tr>
<tr>
<td>Name of Contact Phone Number</td>
<td></td>
</tr>
<tr>
<td>FACILITY INFORMATION</td>
<td></td>
</tr>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td>Sipporah Tracer</td>
</tr>
<tr>
<td>Street Address</td>
<td>335 Griggf ave</td>
</tr>
<tr>
<td>City (5)</td>
<td>Teaneck</td>
</tr>
<tr>
<td>County (6)</td>
<td>Bergen County</td>
</tr>
<tr>
<td>County Code (7)</td>
<td></td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td></td>
</tr>
<tr>
<td>ASCM No.</td>
<td></td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td></td>
</tr>
<tr>
<td>Pro Abatement</td>
<td></td>
</tr>
<tr>
<td>Street Address</td>
<td>1009 87th Street Suite A4</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>North Bergen, NJ 07047</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td></td>
</tr>
<tr>
<td>Telephone No.</td>
<td></td>
</tr>
<tr>
<td>Telephone No.</td>
<td>201-293-6305</td>
</tr>
<tr>
<td>License No.</td>
<td></td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>04/22/15</td>
</tr>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>05/02/15</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></td>
<td>Abatement Performed Outside of Normal Facility Hours</td>
</tr>
<tr>
<td>Scopes of Work (Check All That Apply)</td>
<td></td>
</tr>
<tr>
<td>≥3 sf or ≥3 ft</td>
<td></td>
</tr>
<tr>
<td>≥160 sf or ≥280 sf</td>
<td></td>
</tr>
<tr>
<td>Renovation</td>
<td></td>
</tr>
<tr>
<td>Demolition</td>
<td></td>
</tr>
<tr>
<td>Full Containment with Neg.</td>
<td></td>
</tr>
<tr>
<td>Mini-Enclosure</td>
<td></td>
</tr>
<tr>
<td>Glovebag Procedure</td>
<td></td>
</tr>
<tr>
<td>Non-Exempted (Yes) and Non-Exempted (No)</td>
<td></td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED (13)</td>
<td></td>
</tr>
<tr>
<td>In Facility</td>
<td></td>
</tr>
<tr>
<td>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td></td>
</tr>
<tr>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VRT, or other miscellaneous)</td>
<td></td>
</tr>
<tr>
<td>Amount (Special SF or L)</td>
<td></td>
</tr>
<tr>
<td>Abatement Type</td>
<td></td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
<td></td>
</tr>
<tr>
<td>Name of Registered Waste Hauler ID No.</td>
<td></td>
</tr>
<tr>
<td>City, State</td>
<td></td>
</tr>
<tr>
<td>Name of Registered Waste Hauler ID</td>
<td></td>
</tr>
<tr>
<td>Disposal Date</td>
<td></td>
</tr>
<tr>
<td>City, State</td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td></td>
</tr>
<tr>
<td>Completed by</td>
<td></td>
</tr>
<tr>
<td>Name of Contact</td>
<td></td>
</tr>
<tr>
<td>Name of Contact Phone Number</td>
<td></td>
</tr>
</tbody>
</table>

Do not use this form for asbestos listed property exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:129)

Date of Notification (1)
4/10/15

Name of Building Owner/Operator (2)
County Of Cumberland

Agencies Notified
EPA
DEP
DOL
DOH
DCA

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

Street Address
790 East Commerce Street

City, State, Zip Code
Bridgeton NJ 08302

Name of Contact
Ken Mecouch

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Office Building

Type of Facility (4)
School (K-12)
Subchapter 9 (Other academic buildings)
Commercial buildings, homes, etc.

Street Address
184 West Broad St.

Square Feet
1000+

City (5)
Bridgeton NJ 08302

# of floors
1

County (6)
Cumberland

Current Use (Prior if building is demolished)

County Code (7)
(State Use Only)

Name of OSHA Monitor
Same

Name of Abatement Contractor
Parnaco Inc.

Telephone No.
856-753-9800

Telephone No.
858-8480800

Name of Monitoring Firm Hired by Building Owner (8)
Horizon Envir. Group

Street Address
PO Box 316

City, State, Zip Code
Thorofare NJ 08086

Street Address
PO Box 329

City, State, Zip Code
West Berlin NJ 08091

Project Manager for Monitoring Firm
Steve Flanagan

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

Scope of Work (Check All That Apply)
≥3 sf of or ≥2 ft
≥160 sf or ≥260 sf
Renovation
Demolition

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

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

Is Location Normally Used Solely by Maintenance/Custodial Staff?
Yes
No
N/A

Location
Basement

Amount (SF)

Abatement Type

Name of Registered Waste Hauler
Parnaco Inc.

NJ/DEP Waste Hauler Id No.
21787

Cubic Yards of Waste
2

Name of Registered Contractor
CCIA

Disposal Date
4/16/15

City, State
Millville NJ 08332

Completed by
Anthony T Perna

Title
President

Signature

Printed Name

* 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)  4-9-2015
Name of Building Owner/Operator (2)  T. BUILLONE

Agency Notified
☐ EPA  ☐ DEP  ☐ DOL
☐ DOH  ☐ DCA
Type Notification
☐ Initial  ☐ Amended  ☐ Amendment #
☐ Emergency (including
justification)  ☐ Cancellation

Street Address
250 HARTSHORN DRIVE
City, State, Zip Code
SHORT HILLS, NJ 07078

Name of Contact
T. BUILLONE
Telephone

FACILITY INFORMATION
Name of Facility Where Abatement is Taking Place (3)
T. BUILLONE

Street Address
250 HARTSHORN
City (6)
SHORT HILLS
County (6)
ESSEX

Square Feet
8700

Current Use (Prior if being
Vacant)
RESIDENCE

Name of Monitoring Firm Hired by Building Owner
Best Removal Inc

ASCM No.

Name of Abatement Contractor (9)
Best Removal Inc

Street Address
450 South River St
City, State, Zip Code
Hackensack, N.J. 07606

Project Manager for Monitoring Firm

Telephone No.
201-329-7444
License #: 003

Name of OSHA Monitor
Omega Environmental

Occupancy Status During Abatement (Check only one)
☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☐ Other – Describe: 8AM-5PM

Start Date (10)  4-20-2015
Scheduled Completion Date (11)  5-14-2015

Name of Registered Landfill Provider
Minervia Enterprises, LLC

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

IN FACILITY

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

Description of Asbestos-Containing Material (ACM)

Name of Registered Waste Hauler
Best Removal Inc

ID No.
17109

Cubic Yards of Waste
30 YDS

Disposal Date
5-14-15

City, State
Waynesburg,
PA 15330

Completed by
R. VELDREN
Title
Estimator

Signature
R. VELDREN

Date
4-9-2015

* 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)
3/31/15

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

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

Name of Building Owner/Operator (2)
Alex Wyckoff Private Home

Street Address
391 White Horse Ave

City, State, Zip Code
Trenton NJ 08075

Name of Contact
Phil

Telephone

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Alex Wyckoff Private Home

Square Feet
1000+

# of Floors
1

Bldg. Age
35+

Current Use (Prior if being closed)
Home

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

County Code (7)

County Name
Mercer

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

Name of Abatement Contractor (9)
Pernaco Inc.

Street Address
PO Box 329

City, State, Zip Code
West Berlin NJ 08091

License No.
856-753-9800

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)
4/10/15

Scheduled Completion Date (11)
4/15/15

Name of OSHA Monitor
Same

Occupy Status During Abatement

Scope of Work (Check All That Apply)
- ≥20 sf or ≥20 if
- ≥160 sf or ≥260 if
- Renovation
- Demolition

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

In Facility

Basement

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

Location

No

Yes

N/A

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

Asbestos Material (Specified)

Aberm (1200 lb or more)

Abatement Method

Full Containment with Negative Pressure

Endorsement

None

Abatement Type

Non-Exempted (*) and Non-Exempted (**) Wastes

Name of Registered Waste Hauler
United Containers

NJ/DEP Waste Hauler ID No.
22459

Cubic Yards
2

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

Disposal Date
4/15/15

City, State
Morrisville PA 19067

Completed by
Anthony T Perna

Title
President

Signature

Endorsement

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

Date of Notification (1) 4-9-15

Name of Building Owner/Operator (2) Patrick Sweeney

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

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

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Same as above

Street Address
75 Maolis Ave.

City, State, Zip Code Bloomfield, NJ, 07003

Name of Contact
Patrick Sweeney

Type of Facility (4)
[X] School (K-12)
[ ] Subchapter 8 (Office buildings, etc.)
[ ] Other (i.e., private
car buildings, etc.)

Square Feet
2400

Date of Completion
4-22-15

Current Use (Prior if demolishing)
[X] Off-Hours Descrips

Ownership Information

Name of Monitoring Firm hired by Building Owner (8)
AZTCH MANAGEMENT, INC.

ASCM No. N/A

Street Address 86 Christopher St.

City, State, Zip Code Montclair, NJ 07042

Telephone Number (973) 744-8800

License Number 00371

Project Manager for Monitoring Firm

Name of Abatement Contractor (9)
AZTECH MANAGEMENT, INC.

Telephone Number N/A

Street Address N/A

City, State, Zip Code Montclair, NJ 07042

Name of OSHA Monitor

Street Address

City, State, Zip Code

Scope of Work (Check all that apply)

[X] Renovation
[X] Demolition

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

In Facility

Location Normally Used

Yes
No
N/A

Location Normally Used

In Facility

Description of Asbestos-Containing Material (ACM)

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

Amount

SPEC: 60 LF

Name of Registered Waste Hauler

AZTECH MANAGEMENT, INC.

City, State Montclair, NJ 07042

Cubic Yards

1.5

Name of Registered Waste

G.R.O.W.S.

Mayor ID No. 17040

Disposal Date

4-23-15

City, State

Morrisville, PA 19067

Completed By (Print or Type)
Constantine Vivian

Title
President

Signature

Date 4-9-15
Date of Notification (1): 4-8-15

Name of Building Owner/Operator (2): Ronald Marzoli

Street Address: 27 North VanDien Ave

City, State, Zip Code: Ridgewood, NJ, 07450

Name of Contact: Ronald Marzoli

FACILITY INFORMATION

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

Street Address:

City (5): Essex

County (6): Essex

County Code (7): 000

Type of Facility (4):

[ ] School (K-12)

[ ] Subchapter 8 (Other commercial buildings, etc.)

[ ] Other (i.e., private buildings, etc.)

Square Feet: 

# of Floors: 

Bldg. Age: 

Current Use (Prior if demolishing demolished):

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

N/A

ASCM No.:

Name of Abatement Contractor (9): AZTECH MANAGEMENT, Inc.

Street Address: 86 Christopher St.

City, State, Zip Code: Montclair, NJ 07042

Telephone Number: (973) 744-8800

License Number: 00371

Name of OSHA Monitor (10):

N/A

Street Address:

City, State, Zip Code:

Scheduled Start Date (11): 4-24-15

Scheduled Completion Date (12): 4-28-15

Month: Day: Year: Month: Day: Year:

Occupancy Status During Abatement (Check only one):

[ ] Facility Closed/Vacated During Entire Period of Abatement

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

[ ] Other - Describe:

Scope of Work (Check all that apply):

[X] 3 sf or 3 if

[X] 160 sf or 260 if

[X] Renovation

[ ] Demolition

[X] Full Containment with Negative Pressure

[X] Mini-Enclosure

[X] Glovebag Procedure

[X] Non-Friable Procedure

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

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):

Amour (Specified LF):

110

450

Amour (Specified LF):

Name of Registered Waste Hauler (14):

AZTECH MANAGEMENT, INC.

NJDEP Waste Hauler ID No. 17040

City, State: Montclair, NJ 07042

Cubic Yards of Waste: 1.5

Disposal Date: 4-29-15

Name of Registered Waste Hauler:

G.R.O.W.S.

City, State: Morrisville, PA 19067

Completed By (Print or Type):

Constantine Vivian

Title:

President

Signature:

Date: 4-8-15