State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60 and 12:120)

D&S Proj. #: 2014-116

Date of Notification: 04/14/16 04/14

Name of Building Owner/Operator: SUMMIT BOARD OF EDUCATION
Street Address: 90 MAPLE STREET
City, State, Zip Code: SUMMIT, NJ 07901
Name of Contact: MIKE KRISHER

FACILITY INFORMATION

Name of facility where abatement is taking place: FRANKLIN ELEMENTARY SCHOOL
Street Address: 136 BLACKBURN ROAD
City, State, Zip Code: UNION

SUMMIT

Name of Monitoring Firm Hired by Bldg. Owner: WESTCHESTER ENVIRONMENTAL LLC
ASCM No.: 00127
Street Address: 307 NORTH WALNUT STREET
City, State, Zip Code: WEST CHESTER, PA 19380
Project Manager for Monitoring Firm: MATTHEW ABRAHAM
Phone Number: 610-431-7545
Start Date: 04/15/14
End Date: 04/20/14

Occupancy Status During Abatement: Facility closed/vacated during entire period of abatement.

Scope of Work: Renovation

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

ENTRANCE CANOPY: X ASBESTOS CEILING PLASTER 140 SQ FT

Registered Waste Hauler: D & S RESTORATION, INC.
Registered Waste Hauler: NJDEP Hauler ID#: 13506
Cubic Yards of Waste: 5 YDS

Name of Registered Landfill: TULLYTOWN, RESOURCE RECOVERY
City, State: PATerson, NJ 07503
Disposal Date: 04/21/14

Completed by (Print or Type): BOGDAN JOLDZIC
Title: PRESIDENT
Signature: 04/16/14

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): 04/15/14  
Name of Building Owner/Operator (2): SUMMIT BOARD OF EDUCATION
  
Name of Contact: MIKE KRISHER  
Telephone Number:  

FACILITY INFORMATION

Name of facility where abatement is taking place (3): FRANKLIN ELEMENTARY SCHOOL

Street Address: 136 BLACKBURN ROAD  
City (5): SUMMIT  
County (6): UNION  
City, State, Zip Code: SUMMIT, NJ 07901

Name of Monitoring Firm Hired by Bldg. Owner (8): WESTCHESTER ENVIRONMENTAL LLC
  
ASCM No.: 00127  
Street Address: 307 NORTH WALNUT STREET  
City, State, Zip Code: WEST CHESTER, PA 19380

Project Manager for Monitoring Firm: MATTHEW ABRAHAM
  
Phone Number: 610-431-7545  
Start Date (10): 04/15/14  
Sched. Completion Date (11): 04/20/14

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: 4:00 pm

Scope of Work (check all that apply):
- >3 sf or >3 lf  
- Renovation  
- >180 sf or >260 lf  
- Demolition  
- Full Containment w/negative pressure  
- Mini-enclosure  
- Glovebag procedure  
- Non-Exempted (*) and Non-Friable procedure

Location of asbestos-containing material (acm) to be abated in facility (13):
- ENTRANCE CANOPY: ASBESTOS CEILING PLASTER 140 SQ FT

Registered Waste Hauler: D & S RESTORATION, INC.
  
NUDEP Hauler ID#: 13506  
Cubic Yards of Waste: 5 YDS  
Name of Registered Landfill: TULLYTOWN, RESOURCE RECOVERY

City, State: PATerson, NJ 07503

Disposal Date: 04/21/14

Completed by (Print or Type): BOGDAN JOLDZIC  
Title: PRESIDENT  
Signature:  
Date: 03/26/14

* 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)

<table>
<thead>
<tr>
<th>Name of Building Owner/Operator (2)</th>
<th>Mario Del VALLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agency Notified</td>
<td>Type Notification</td>
</tr>
<tr>
<td>EPA</td>
<td>□</td>
</tr>
<tr>
<td>DEP</td>
<td>□</td>
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<tr>
<td>DOL</td>
<td>□</td>
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<td>DOH</td>
<td>□</td>
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<td>DCA</td>
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FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of facility where abatement is taking place (3)</th>
<th>Mario Del VALLE</th>
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<tbody>
<tr>
<td>Street Address</td>
<td>38 WYCKOFF AVENUE</td>
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<tr>
<td>City (5)</td>
<td>BERGEN</td>
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<tr>
<td>County Code (7) (State use only)</td>
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<table>
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<tr>
<th>Type of Facility (4)</th>
<th>School (K - 12)</th>
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<tbody>
<tr>
<td>Subchapter 8 (Other than K-12)</td>
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<tr>
<td>Other (Private/Commercial Bldgs./Homes, etc.)</td>
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<tr>
<th>Square Feet</th>
<th>No of Floors</th>
<th>Bldg. Age</th>
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<tr>
<td>Current Use (Prior if being demolished)</td>
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<td></td>
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Name of Abatement Contractor (9)

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<thead>
<tr>
<th>Street Address</th>
<th>20 California Ave.</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State, Zip Code</td>
<td>Paterson, NJ 07503</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>973-345-8020</td>
</tr>
<tr>
<td>License Number</td>
<td>01169</td>
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<table>
<thead>
<tr>
<th>Name of OSHA Monitor</th>
<th>D &amp; S Restoration, Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>20 California Avenue</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Paterson, NJ 07503</td>
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</tbody>
</table>

Scope of Work (check all that apply)

<table>
<thead>
<tr>
<th>Description of asbestos-containing material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Remove</th>
<th>Repair</th>
<th>Encap</th>
<th>EncOL</th>
</tr>
</thead>
<tbody>
<tr>
<td>PIPE INSULATION</td>
<td>178 LFT</td>
<td>X</td>
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Location of asbestos-containing material (acm) to be abated in facility (13)

<table>
<thead>
<tr>
<th>Location (check all that apply)</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
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<tbody>
<tr>
<td>BASEMENT</td>
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Registered Waste Hauler

<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
<th>TULLYTOWN, RESOURCE RECOVERY</th>
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</thead>
<tbody>
<tr>
<td>City, State</td>
<td>PATerson, NJ 07503</td>
</tr>
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</table>

Completed by (Print or Type) | President |

<table>
<thead>
<tr>
<th>Title</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>BOGDAN JOLDZIC</td>
<td></td>
<td>04/16/14</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)

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

MOHAMMAD RIAZ

**Street Address**

18 CLARK PLACE

**City, State, Zip Code**

BLOOMFIELD, NJ 07003

**Name of Contact**

MOHAMMAD RIAZ

**Telephone Number**


---

**FACILITY INFORMATION**

**Name of facility where abatement is taking place (3)**

MOHAMMAD RIAZ

**Street Address**

18 CLARK PLACE

**City (5)**

BLOOMFIELD

**County (6)**

ESSEX

**County Code (7)**

(Nearest only)

---

**Name of Abatement Contractor (9)**

D & S RESTORATION, INC.

**Street Address**

20 California Ave.

**City, State, Zip Code**

Paterson, NJ 07503

**Telephone Number**

973-345-8020

**License Number**

01169

**Name of CSH Monitor**

D & S Restoration, Inc.

**Street Address**

20 California Avenue

**City, State, Zip Code**

Paterson, NJ 07503

---

**Start Date (10)**

04/29/14

**Sched. Completion Date (11)**

05/14/14

**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)**

- >200 sf or >2000 sq ft
- Renovation
- ≥400 sf or ≥4000 sq ft
- Demolition
- Location of asbestos-containing material (ACM) to be abated in facility (13)
  - Yes
  - No
  - N/A

---

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

- PIPE INSULATION

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

---

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

- Yes
- No
- N/A

---

**Amount (Specify SF or LF)**

- 40 L FT

---

**Full Containment w/negative pressure**

- Mini-enclosure
- Glovebag procedure
- Non-Exempted (*) and Non-Non-removable procedure

---

**Registered Waste Hauler**

D & S RESTORATION, INC.

**NJDEP Hauler ID#**

13506

**Cubic Yards of Waste**

1 YD

**Name of Registered Landfill**

TULLYTOWN, RESOURCE RECOVERY

**City, State**

PATERSON, NJ 07503

**Disposal Date**

04/30/14

**City, State**

TULLYTOWN, PA

**Completed by (Print or Type)**

BOGDAN JOLDZIC

**Title**

PRESIDENT

**Signature**

Date

04/16/2014
State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1): APR 22 2014

Name of Building Owner/Operator (2): RICK THOMAS

Street Address: 29 EUCLID AVENUE

City, State, Zip Code: WESTWOOD, NJ 07675

Name of Contact: RICK THOMAS

FACILITY INFORMATION

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

RICK THOMAS

Street Address: 99-97 BAKER STREET

City (5): MAPLEWOOD

County (6): ESSEX

County Code (7): (State use only)

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

Name of Abatement Contractor (9):

D & S RESTORATION, INC.

Street Address: 20 California Ave.

City, State, Zip Code: Paterson, NJ 07503

Telephone Number: 973-345-8020

License Number: 01169

Type of Facility (4):

School (K-12)

Subchapter 8 (Other than K-12)

Other (Private/Commercial Bldgs./Homes, etc.)

Square Feet: 

# of Floors: 

Bldg. Age: 

Current Use (Prior to being demolished): 

Type of Work (check all that apply):

Full Containment w/negative pressure

Mini-enclosure

Glovebag procedure

Non-Exempted (*) and Non-Friable procedure

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

BASEMENT

Location normally used solely by maintenance/custodial staff (12):

Yes

No

N/A

Description of asbestos-containing material (ACM):

PIPE INSULATION

BARE HEATING PIPE

Amount (Specify SF or LF):

230 LF FT

60 LF FT

Removal

Repair

Encapsulation

Enol

Non

Registered Waste Hauler:

D & S RESTORATION, INC.

NJDEP Hauler ID #: 13506

Cubic Yards of Waste:

3 YDS

Name of Registered Landfill:

TULLYTOWN, RESOURCE RECOVERY

City, State:

PATerson, NJ 07503

Disposal Date: 04/30/14

Completed by (Print or Type):

BOGDAN JOLDZIC

Title:

PRESIDENT

Signature:

Date: 04/15/14

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

Date of Notification (1):
04 / 18 / 14

Name of Building Owner/Operator (2):
Kennedy Health Systems

Name of Building Owner/Operator (2):
Job # 1404-1866 Chk. #3545

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

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

Street Address:
2201 Chapel Avenue West

City, State, Zip Code:
Cherry Hill, NJ 08002

Name of Contact:
Mr. Joe Buttari

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3):
Kennedy Health Systems - MICA Building

Street Address:
495 Marlboro Avenue

City (5):
Cherry Hill

County (6):
Camden

County Code (?)/STATE USE ONLY:

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

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

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

Street Address:
3370 Progress Drive, Suite J

City, State, Zip Code:
Bensalem, PA 19020

Project Manager for Monitoring Firm:
Mike Panapresso

Telephone No.:
215-244-1300

Start Date (10):
04 / 28 / 14

Scheduled Completion Date (11):
05 / 13 / 14

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

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

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

IN Facility:

(12)

Yes
No
N/A

Is Location Normally Used Solely by Maintenance/Custodial Staff?

(12)

Yes
No
N/A

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

Amount (Specify SF or LF):

Abatement Type:

Removal
Repair
Encapsulation
Enclosure

MICA Building

Mastic
6,018 SF

MICA Building

Sheet Goods and/or Paper
704 SF

Name of Registered Waste Hauler:
Freehold Cartage, Inc.

NJDEP Waste Hauler ID No.:
02265

Cubic Yards of Waste:
8

Name of Registered Landfill:
GROWS Landfill

Disposal Date:
5/14/14

City, State:
Morrisville, PA 19067

Completed By (Print or Type):
Kimberly A. Trumbetti
Title:
Office Coordinator
Signature:

Date:
4-18-14

* 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)**
04/18/2014

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

**Street Address**
500 DOREMUS AVE

City, State, Zip Code
NEWARK, NJ 07105

**Name of Contact**
SAM CAMILLERI

### FACILITY INFORMATION

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

**Street Address**
500 DOREMUS AVENUE

**City (5)**
NEWARK

**County (6)**
ESSEX

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

**ASCM No.**

**Name of Abatement Contractor (9)**
BE CONSTRUCTION CORPORATION

**Street Address**
235 WATCHUNG AVE

**City, State, Zip Code**
WEST ORANGE NJ 07052

**Project Manager for Monitoring Firm**
LEONID SKERESHEVSKY

**Telephone No.**
973-588-4821

**License No.**
01231

**Start Date (10)**
04/28/2014

**Scheduled Completion Date (11)**
04/30/2014

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

- [X] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility Hours
- [ ] Other – Describe: work performed outside of the occupied area.

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

- [X] Renovation
- [ ] Demolition

**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 (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>OFFICE BACK ROOM</td>
<td>X</td>
<td>REPAIR/WRAP OF PIPE</td>
<td>30LF</td>
<td>X X</td>
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<tr>
<td>OFFICE BACK ROOM</td>
<td>X</td>
<td>PIPE INSULATION DEBRIS</td>
<td>15SF</td>
<td>X</td>
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</table>

**Name of Registered Waste Hauler**
CIRCLE RUBBISH REMOVAL

**NJ/DEP Waste Hauler ID No.**

**Cubic Yards of Waste**

**Name of Registered Landfill**
TULLYTOWN RESOURCE FACILITY

**City, State**
LINDEN, NJ

**Disposal Date**

**Completed by**
SLAWOMIR KIELCZEWSKI

**Title**
PRESIDENT

**Signature**

**Date**
04/18/2014

*Do not use this form for asbestos licensure exempted activities.*
<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner / Operator (2)</th>
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<td>04 / 21 / 14</td>
<td>First Energy</td>
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<th>Agencies Notified</th>
<th>Type of Notification</th>
<th>Name of Facility Where Abatement Is Taking Place (3)</th>
<th>Type of Facility (4)</th>
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<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
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<td>Amendment #</td>
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<td>Emergency w/ justification</td>
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<td>Cancellation</td>
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<thead>
<tr>
<th>City (5)</th>
<th>County (6)</th>
<th>County Code (7)</th>
<th>Square Feet</th>
<th># Of Floors</th>
<th>Building Age</th>
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<td>MONMOUTH</td>
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<tr>
<th>Name of Monitoring Firm Hired by Bldg. Owner (8)</th>
<th>ASCM NO</th>
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<tr>
<td>Environmental Health Investigations</td>
<td>LVI Demolition Services Inc.</td>
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<table>
<thead>
<tr>
<th>Street Address</th>
<th>Telephone Number</th>
<th>License Number</th>
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<tbody>
<tr>
<td>24 SHREWSBURY DRIVE</td>
<td>212-662-9271</td>
<td>573-884-8882</td>
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<table>
<thead>
<tr>
<th>Project Mngr. For Monitoring Firm</th>
<th>Telephone Number</th>
<th>License Number</th>
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<tbody>
<tr>
<td>Dino Nappi</td>
<td>212-662-9271</td>
<td>573-884-8882</td>
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<table>
<thead>
<tr>
<th>Sched. Start Date (10)</th>
<th>Sched. Completion Date (11)</th>
<th>Telephone Number</th>
<th>License Number</th>
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<td>573-884-8882</td>
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<thead>
<tr>
<th>Occupancy Status During Abatement (Check Only 1)</th>
<th>Name of OSHA Monitor</th>
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<tbody>
<tr>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
<td>LVI Demolition Services Inc.</td>
</tr>
<tr>
<td>Abatement Performed Outside of Normal Facility</td>
<td>Street Address</td>
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<td>Hours - Describe: _ Friday 8:00 am to 5:00 pm</td>
<td>32 Williams Parkway</td>
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<tr>
<td>Other - Describe:</td>
<td>City, State, Zip Code</td>
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<td></td>
<td>East Hanover, NJ 07036</td>
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<table>
<thead>
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<th>Scope of Work (Check All That Apply)</th>
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<tbody>
<tr>
<td>□ Demolition</td>
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<tr>
<td>□ ≥3sf or ≥3lf</td>
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<tr>
<td>□ ≥160 sf or ≥260 lf</td>
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<table>
<thead>
<tr>
<th>Location of Asbestos Containing (13)</th>
<th>Is Location Normally Used Solely by Maintenance/ Custodial Staff (12)</th>
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</thead>
<tbody>
<tr>
<td>TO BE ABATED</td>
<td>Transite Conduit</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description of Asbestos - Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
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<tbody>
<tr>
<td>(I., thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
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<thead>
<tr>
<th>Abatement Type</th>
<th>REMOVAL</th>
<th>REPAIR</th>
<th>ENCAPSUL</th>
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<table>
<thead>
<tr>
<th>Exterior Telephone Pole</th>
<th>Transite Conduit</th>
<th>20 LF</th>
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</thead>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>NJ/DEP Waste Hauler ID No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Newark Carting</td>
<td>Cubic Yards 4509 of Waste</td>
</tr>
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<table>
<thead>
<tr>
<th>Name of Registered Landfill Disposal Date</th>
<th>City, State Disposal Site</th>
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<tbody>
<tr>
<td></td>
<td>BETHLEHEM, PA 16105</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed by (Print or Type)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Steven Stiles</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Steve</td>
<td>04/21/14</td>
</tr>
</tbody>
</table>
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:30 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>4-19-14</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Agencie(s) Notified</th>
<th>Initial</th>
</tr>
</thead>
<tbody>
<tr>
<td>ESA</td>
<td></td>
</tr>
<tr>
<td>DEP</td>
<td></td>
</tr>
<tr>
<td>DOL</td>
<td></td>
</tr>
<tr>
<td>DOH</td>
<td></td>
</tr>
<tr>
<td>DCA</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Type Notification</th>
<th>Amendment #</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Building Owner/Operator</th>
<th>Carousel Homes LLC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>697 Tabor Road</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Morris Plains NJ 07950</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Contact</th>
<th>Tom Carroll</th>
</tr>
</thead>
</table>

FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Single Family Dwelling (Vacant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>50 Frank Drive</td>
</tr>
<tr>
<td>City</td>
<td>Manahawkin NJ 08050</td>
</tr>
<tr>
<td>County</td>
<td>Ocean</td>
</tr>
<tr>
<td>Square Feet</td>
<td>2</td>
</tr>
<tr>
<td># of Floors</td>
<td>2</td>
</tr>
<tr>
<td>Blg. Age</td>
<td>65+</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>EPC Technologies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>P.O. Box 337</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>New Egypt, NJ 08533</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Abatement Contractor (9)</th>
<th>EPC Technologies Inc</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>P.O. Box 337</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>New Egypt, NJ 08533</td>
</tr>
</tbody>
</table>

| Start Date (10) | 4-29-14 |
| Scheduled Completion Date (11) | 5-2-14 |

<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</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check All That Apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Renovation</td>
</tr>
<tr>
<td>☑️ Demolition</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exterior Walls</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Amount</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>EPC Technologies</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State</td>
<td>New Egypt, NJ</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td></td>
</tr>
</tbody>
</table>

| Disposal Date | 5-2-14 |
| City, State   | Mannington, PA |

Completed by

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Steve Schenker</td>
<td>President</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Signature</th>
<th>Ste Steve Schenker</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date</td>
<td>4-19-14</td>
</tr>
</tbody>
</table>

* Do not use this form for asbestos licensure exempted activities.
**Date of Notification:** 4/17/14

**Name of Building Owner/Operator:** Englewood Hospital

**Address:** 350 Engle Street, Englewood, New Jersey 07631

**Type of Facility:** (Hospital)

**Square Feet:** 8000

**# of Floors:** 6

**Bldg. Age:** 100

**Facility Where Abatement is Taking Place:** Englewood Hospital

**Name of Abatement Contractor:** Affiliated Env. Serv NJ Inc.

**ASCM No.:** 0083

**Street Address:** 1600 Route 22 East, Union, New Jersey 07083

**Telephone:** 908-748-7800

**Name of Contact Person:** Dr. M. Harn

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

**Project Manager for Monitoring Firm:** Tom Rubano

**Start Date:** 4/8/14

**Scheduled Completion Date:** 6/8/14

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

**Scope of Work:** Renovation, Demolition

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

- **Exterior Walls:** Yes
- **Construction Area:** Yes
- **Concrete Area:** Yes

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

- **Ceiling:** 150 SF
- **Drywall:** 15 LF
- **Paint:** 200 sq
- **VAT:** 4000 SF

**Name of Registered Waste Hauler:** Global Waste Industries

**Disposal Date:** 4/17/14

**City, State:** Waynesburg, Ohio 44688

**Name of Registered Landfill:** Minerva Enterprises Inc

**Title:** Operations

**Date:** 4/17/14

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

Date of Notification (1):
04 / 04 / 14

Name of Building Owner/Operator (2):
Hilda Paqui

Agency Notified:
- EPA
- DOLHD
- DHSS
- DCA (NJAC 5:23-8)
- Cancellation

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

Street Address:
1 South Stanley Road

City, State, Zip Code:
South Orange, NJ 07079

Name of Contact:
Hilda Paqui

Telephone Number:

FACILITY INFORMATION

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

Street Address:
1 South Stanley Road

City (5):
South Orange, NJ 07079

County (6):
Essex

County Code (?) (STATE USE ONLY):

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

ASCM No.:

Name of Abatement Contractor (9):
Gr Tech LLC

Street Address:
576 Valley Rd #283

City, State, Zip Code:
Wayne, NJ 07470

Telephone No.:
973-638-1777

License No.:
01127

Name of OSHA Monitor:
Envirovision Consultants, Inc

Street Address:
20-21 Wagawal Road, Bldg. # 34A

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

Start Date (10):
04 / 02 / 14

Scheduled Completion Date (11):
04 / 03 / 14

Project Manager for Monitoring Firm:

Telephone No.:

License No.:

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

Time of Abatement:

AM
PM
PM
AM

Scope of Work (Check all that apply):

- Room or Area
- 2000 sf or less
- 1000 sf or less
- 500 sf or less
- Greater than 2,000 sf

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

IN FACILITY (12):

Is Location Normally Used Solely by Maintenance/Custodial Staff?

Yes
No
N/A

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

Amount (Specify SF or LF):

Abatement Type:

Clean up and decontamination with negative pressure

Full Containment with Negative Pressure

Mini-Enclosure

Glovebag Procedure

Tent with Negative Pressure

Non-Exempted (*) and Non-Frible Procedure

Basement:

Pipe insulation

45 LF

Location of

Name of Registered Waste Hauler:

Gr Tech LLC

City, State:
Wayne, NJ 07470

Cubic Yards of Waste:

TBD

Name of Registered Landfill:

T.R.R.F. Inc

Disposal Date:

TBD

Tullytown, PA

Completed By (Print or Type):

Signature:

Date:

N. Jevtic

04/04/2014

MAY 11

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

Date of Notification (1): 04/24/14
Name of Building Owner/Operator (2): Hilda Paqui

Agency Notified: DOLWD
Type: Initial Notification
Address: 1 South Stanley Road
City, State, Zip Code: South Orange, NJ 07079
Name of Contact: Hilda Paqui

Facility Information

Name of Facility Where Abatement is Taking Place (3):
Private Home
Street Address: 1 South Stanley Road
City: South Orange, NJ 07079
County: Essex

Asbestos Monitoring Firm: Gr Tech LLC
ASCM No.: 0033785

Type of Facility (4):
School (K-12)
Subchapter 6 (Other than K-12)
Other (i.e., private and commercial buildings, homes, etc.)

Square Feet: # of Floors: Building Age: 0

Start Date (10): 04/02/14
Scheduled Completion Date (11): 04/05/14

Scope of Work (Check all that apply):
X Renovation
X Demolition
X Asbestos Description:
Clean up and decontamination with negative pressure
Full Containment with Negative Pressure
Mini-Enclosure
Gloving Bag Procedure
Tent with Negative Pressure
Non-Exempted (*) and Non-Flexible Procedure

Location of Asbestos-Containing Material (ACM) to Be Abated in Facility (13):
Basement: Pipe Insulation: 45 LF

Name of Registered Waste Hauler:
Gr Tech LLC


Name of Registered Landfill:
Tullytown, PA

Date: 03/24/2014

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

Date of Notification (1)
April 2, 2014

Agencies Notified

- EPA
- DEP
- DOL
- DOH
- DCA

Type Notification

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

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

Street Address
50 Windfield Scott Plaza

City, State, Zip Code
Elizabeth, NJ 07201

Name of Contact
Anthony DeMio Jr.

FACILITY INFORMATION

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

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

Street Address
472 Catherine Street

City (5)
Elizabeth

County (6)

County Code (7) (STATE USE ONLY) ________

Square Feet
3,600 SF

# of Floors
2

Bldg. Age
50+

Current Use (Prior if being demolished)
Vacant Fire House

Name of Monitoring Firm Hired by Building Owner (8)
T&M Associates

Name of Abatement Contractor (9)
Slavco Construction, Inc.

Street Address
164 Getty Avenue

City, State, Zip Code
Clifton, NJ 07011

Project Manager for Monitoring Firm
Ryan Gardner

Telephone No.
732-671-6400

Telephone No.
973.478.4848

License No.
00724

Start Date (10)
4/26/2014

Scheduled Completion Date (11)
12/31/2014

Name of OSHA Monitor
Slavco Construction, 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: Monday-Friday 7:30AM until 3:30PM

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

Location of Asbestos-Containing Material (ACM)

<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 (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st Floor</td>
<td>X</td>
<td>Floor Tiles/Mastic</td>
<td>1,250 SF</td>
<td>X</td>
</tr>
<tr>
<td>Basement</td>
<td>X</td>
<td>Pipe Insulation</td>
<td>23 LF</td>
<td>X</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
Slavco Construction, Inc.

NJ/DEP Waste Hauler ID No.
18508

Cubic Yards of Waste
TBD

Name of Registered Landfill
GROWS Landfill

City, State
Clifton, NJ

Completed by
Branka Rovcanin

Title
Administrative Assistant

Signature

Date
04/17/2014

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

NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1)  4/11/14

Name of Building Owner/Operator (2)  New Jersey Department of Military Affairs

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

Type of Notification  
- [X] Initial Notification
- [ ] Amended Notification
- [ ] Cancellation

Street Address  
101 Eggerts Crossing Road

City, State, Zip Code  
Lawrenceville, NJ 08648

Name of Contact  
William McBride

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

Square Feet  
20000

Number of Floors  
2

Bldg. Age  
~55

Current Use (Prior if being demolished)  
amory

Name of Facility Where Abatement is Taking Place (3)  
NJDMVA Headquarters

Street Address  
101 Eggerts Crossing Road

City (5)  
Lawrenceville

County (6)  
Mercer

County Code (7)  
STATE USE ONLY

Name of Monitoring Firm Hired by Building Owner  
Whitman Companies, Inc.

ASCM No.  
00110

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

Street Address  
3 Lynn Court

City, State, Zip Code  
Lincoln Park, NJ 07035

Telephone Number  
973-709-0200

License Number  
00852

Name of OSHA Monitor  
J & S Environmental Laboratories, LLC

Street Address  
2333 Route 22W

City, State, Zip Code  
Union, NJ 07083

Occupy Status During Abatement (Check only one)  
- [X] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility Hours – Describe:
- [ ] Other – Describe: partially vacant

Scope of Work (Check all that apply)  
- [ ] Demolition
- [X] ≥3 sf or ≥3 ft
- [X] ≥160 sf or ≥260 ft

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

<table>
<thead>
<tr>
<th>Basement offices</th>
</tr>
</thead>
<tbody>
<tr>
<td>VAT and mastic</td>
</tr>
<tr>
<td>600 SF x</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler  
Jupiter Environmental Services

NJDEP Waste Hauler ID No.  
04782

Cubic Yards Of Waste  
2

Disposal Date  
5/2/14

City, State  
Waynesburg, OH

Completed By (Print or Type)  
Pane Repic

Title  
General Manager

Signature  

Date  
4/11/14

ABR-41  
JUN 95

G4687
NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:50-7 and 12:120-7)

Date of Notification (1)
4/16/14

Name of Building Owner/Operator (2)
County College of Morris

Street Address
214 Center Grove Road

City, State, Zip Code
Randolph, NJ 07869

Name of Contact
Joseph Ponturo

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
LRC Building - CCM

Street Address
214 Center Grove Road

City (5)
Randolph

County (6)
Morris

Type of Facility (4)

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

Square Feet
40000

Current Use (Prior if being demolished)
educational

Bldg. Age
~ 50

Name of Monitoring Firm Hired by Building Owner
Whitman Companies, Inc.

ASCM No.
00110

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

Street Address
3 Lynn Court

City, State, Zip Code
Lincoln Park, NJ 07035

Telephone Number
973-709-0200

License Number
00852

Name of OSHA Monitor
J & S Environmental Laboratories, LLC

Street Address
2333 Route 22 W

City, State, Zip Code
Union, NJ 07083

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)

Yes

No

N/A

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

Amount (Specify SF or LF)

Abatement Type

Removal

Encapsulation

Removal

Encapsulation

Various - tbd

Pipe insulation

120 LF

Various, Rms 112, 113, 207...

Floor tile and mastic

3000 SF

Name of Registered Waste Hauler:
Jupiter Environmental Services

NJDEP Waste Hauler ID No.
04782

Cubic Yards
5

Name of Registered Landfill
Minerva Landfill

City, State
Waynesburg, OH

Disposal Date
5/16/14 +

Note: Phased Project. First phase is scheduled to start on 4/25/14 and be completed on/before 4/30/14. It involves removal of floor tile and mastic from various rooms. Amendments will be sent for other phases.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1)
4/16/14

Name of Building Owner/Operator (2)
Union County College

Agencies Notified
[X] EPA
[X] Initial Notification

Street Address
1033 Springfield Ave.

[ ] DEP

City, State, Zip Code
Cranford, NJ 07016

[X] DOL

Name of Contact
Louise Cadorette

[X] DOH

FACILITY INFORMATION

Agency (3)
Thul Bldg. – Union County Coll.

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

Street Address
225 Roosevelt Ave.

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

City (5)
Plainfield

County (6)
Union

County Code (7)
15000

(FACILITY USE ONLY)

Bldg Age
~60

Current Use (Prior if being demolished)
vacant

Name of Facility Where Abatement is Taking Place (3)
Thul Bldg. – Union County Coll.

Square Feet
15000

# of Floors
2

Name of Monitoring Firm Hired by Building Owner
The Saban Engineering Group, Inc.

Electricity Usage

AsCM No.

Project Manager for Monitoring Firm

Telephone Number

Scheduling Start Date (10)
4/28/14

Sched. Completion Date (11)
5/16/14

Occupancy Status During Abatement (Check only one)
[x] Facility Closed/Vacated During Entire Period of Abatement

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

[x] Abatement Performed Outside of Normal Facility Hours –

Street Address
3 Lynn Court

Describe:
Kearney, NJ 07032

City, State, Zip Code
Lincoln Park, NJ 07035

License Number
00852

Name of OSHA Monitor
J & S Environmental Laboratories, LLC

Telephone Number
973-709-0200

Street Address
2333 Route 22W

City, State, Zip Code
Union, NJ 07083

Scope of Work (Check all that apply)

[x] Renovation

[x] Demolition

[x] ≥3 sf or ≥3 ft

[x] ≥180 sf or ≥260 ft

Describe:

Name of Registered Waste Hauler
Jupiter Environmental Services

Name of Registered Landfill
Minerva Landfill

NJDEP Waste Hauler ID No.
04782

Cubic Yards Of Waste
2

City, State
Lincoln Park, NJ

Disposal Date
5/16/14

City, State
Waynesburg, OH

Cubic Yards Of Material
2

R E N O V A T I O N

Amount (Specify SF or LF)
200 SF

[x] Full Containment with Negative Pressure

[x] Mini – Enclosure

[ ] Glovebag Procedure

[ ] Non – Friable Procedure

Various Areas
VAT

V A T

General Manager
Pane Repic

Signature

[ ]

Date
4/16/14

ASB-41
JUN 95

G4667
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

State of New Jersey

Date of Notification (1)
4-17-14

Name of Building Owner/Operator (2)
Bill Kaupp

Agencies Notified (3)
[X] EPA
[X] DEP
[X] DOL
[X] DOH
[X] DCA

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

Street Address
6 Newark Way

City, State, Zip Code
Maplewood, NJ 07040

Name of Contact
Bill Kaupp

FACILITY INFORMATION

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

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

Square Feet

# of Floors

Bldg. Age

Name of Monitoring Firm hired by Building Owner (5)
N/A

Telephone Number
N/A

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

Street Address
66 Christopher St.

City, State, Zip Code
Montclair, NJ 07042

Telephone Number
(973) 744-8800

License Number
00371

Name of OSHA Monitor
N/A

City, State, Zip Code

Scope of Work (Check all that apply)
[X] > 500 sf or > 3 LF
[X] > 160 sf or > 260 LF
[X] Renovation
[X] Demolition

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

Basement

Pipe Insulation

63 LF

Abatement Type

X

Name of Registered Waste Hauler
AZTECH MANAGEMENT, INC.

HUDP Waste Hauler ID No.
17040

Cubic Yards

Disposal Date

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

City, State
Montclair, NJ 07042

City, State
Morrisville, PA 19067

Completed By (Print or Type)
Constantine Vivian

Title
President

Signature

Date
4-17-14
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

**Date of Notification (1)**
4/18/14

**Name of Building Owner/Operator (2)**
Reichhold Inc.

**Street Address**
2400 Ellis Road

**City, State, Zip Code**
Durham, NC 27703

**Name of Contact**
Brian Kanzler

---

**FACILITY INFORMATION**

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

**Street Address**
400 Doremus Avenue

**City (5)**
Newark

**County (6)**
Essex

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

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

**ASCM No.**

**Name of Abatement Contractor (9)**
ecoservices, LLC

**Street Address**
28 N. Pennell Road

**City, State, Zip Code**
Media, PA 19063

**Telephone No.**
908-296-1132

**License No.**
484-872-8884

**Start Date (10)**
6/6/14

**Scheduled Completion Date (11)**
5/30/14

**Name of OSHA Monitor**
EMSL

**Street Address**
200 Route 130 North

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

---

**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>X</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Location of Asbestos-Containing Material (ACM) Normally Used Solely by Maintenance/Custodial Staff? (12)**

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

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

**Amount (Specify SF or LF)**

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

---

**Location of Registered Waste Hauler**

**Name of Registered Landfill**
GROWS

**City, State**
Morrisville, PA

**Completed by**
Jack Bally

---

**ASB-41 (R-06-08)**

---

**Do not use this form for asbestos licensure exempted activities.**
Accredited Environmental Technologies, Inc.

Asbestos Containing Material Inventory Data

Client: Reichhold Chemical
400 DOREMUS AVENUE - NEWARK, NEW JERSEY

Building: 13
Floor/Level: 2

<table>
<thead>
<tr>
<th>Functional Space</th>
<th>Material ID / Description</th>
<th>Estimated Quantity</th>
<th>Frangible (Y/N)</th>
<th>Friable (Y/N)</th>
<th>% Damage (Localized)</th>
<th>Debris (Y/N)</th>
<th>Contact (L/M/H)</th>
<th>Sample Reference #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Through Out Office/Conference Room</td>
<td>Mastic associated with 12&quot;x12&quot; Tan Floor Tile.</td>
<td>2292 SF</td>
<td>N</td>
<td>N</td>
<td>0%</td>
<td>N</td>
<td>L</td>
<td>7393NJ-081AM</td>
</tr>
<tr>
<td>Roofing</td>
<td>Roof Flashing</td>
<td>535 SF</td>
<td>N</td>
<td>N</td>
<td>0%</td>
<td>N</td>
<td>L</td>
<td>7393NJ-012A - C</td>
</tr>
<tr>
<td>Exterior Old Canopy</td>
<td>Caulking, Building 13 Exterior &quot;Mud Layer&quot;</td>
<td>415 SF</td>
<td>N</td>
<td>N</td>
<td>0%</td>
<td>N</td>
<td>L</td>
<td>7393NJ-172</td>
</tr>
<tr>
<td>Exterior Old Canopy</td>
<td>Caulking, Building 13 Exterior &quot;Caulk Layer&quot;</td>
<td>115 SF</td>
<td>N</td>
<td>N</td>
<td>0%</td>
<td>N</td>
<td>L</td>
<td>7393NJ-173</td>
</tr>
<tr>
<td>Exterior Old Canopy</td>
<td>Caulking, Building 13 Exterior &quot;Caulk Layer&quot;</td>
<td>115 SF</td>
<td>N</td>
<td>N</td>
<td>0%</td>
<td>N</td>
<td>L</td>
<td>7393NJ-200</td>
</tr>
</tbody>
</table>

Notes:

Inspector: Anthony Keir

Inspection Date: 4-22 and 4-25-2013
Accredited Environmental Technologies, Inc.

Asbestos Containing Material Inventory Data

Client: REICHHOLD CHEMICAL
406 DOREMUS AVENUE - NEWARK, NEW JERSEY

AET Project No.: 7393NJ

Building: 30, Guard Shack and Bldg 9

<table>
<thead>
<tr>
<th>Functional Space</th>
<th>Material ID / Description</th>
<th>Estimated Quantity</th>
<th>Friable (Y/N)</th>
<th>% Damage (Loc./Dist.)</th>
<th>Debris (Y/N)</th>
<th>Contact (A/M/H)</th>
<th>Sample Reference #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Guard Shack</td>
<td>23 - Roofing Material &quot;Pitch Layer&quot;</td>
<td>250 SF</td>
<td>N</td>
<td>0</td>
<td>N</td>
<td>L</td>
<td>7393NJ-23</td>
</tr>
<tr>
<td>Bldg 9</td>
<td>26 - Roofing Flashing</td>
<td>100 SF</td>
<td>N</td>
<td>0</td>
<td>N</td>
<td>L</td>
<td>7393NJ-26</td>
</tr>
<tr>
<td>Guard Shack</td>
<td>118 - Window Glazing</td>
<td>2 SF</td>
<td>N</td>
<td>0</td>
<td>N</td>
<td>L</td>
<td>7393NJ-118</td>
</tr>
</tbody>
</table>

Notes:

Inspector: Anthony Keir
Inspection Date: 4-23-2013
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) 04 / 21 / 14
Name of Building Owner/Operator (2) Verizon

Agencies Notified
- EPA
- DOLWD
- DHSS
- DCA (NJAC 5:23-8)
Type Notification
- Initial
- Amended Amendment
- Emergency (including justification)
- Cancellation
Street Address 621 William Street
City, State, Zip Code East Orange, NJ 07017
Name of Contact Alex Baylor

FACILITY INFORMATION
Name of Facility Where Abatement is Taking Place (3) Verizon
Street Address 40 Orient Way
City (5) Rutherford, NJ
County (6) Bergen
County Code (7) Bergen
Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental, Inc.
ASCM No. 57445
Name of Abatement Contractor (9) JVN Restoration Inc.
Street Address 1253 North Church Street
City, State, Zip Code Moorestown, NJ

Project Manager for Monitoring Firm Harold Balwin
Telephone No. 856-840-8900
License No. 718-605-6256

Start Date (10) 5 / 1 / 14
Scheduled Completion Date (11) 5 / 7 / 14

Occupancy Status During Abatement (Check only one)
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00 AM - 3:30 PM

Scope of Work (Check all that apply)
- > 150 sf or > 3 if
- > 160 sf or > 260 if
- Demolition
- Full Containment with Negative Pressure
- Exterior Encapsulation
- Glovebox Procedure
- Non-Exempted (*) and Non-Friable Procedure

Abatement Type

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED</th>
</tr>
</thead>
<tbody>
<tr>
<td>IN Facility (13)</td>
</tr>
<tr>
<td>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</td>
</tr>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>Basement Fan Room, Unit 12-1</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler Newark Carting
NJDEP Waste Hauler ID No. NJ-566
Cubic Yards of Waste 10
Disposal Date 5/07/14
Name of Registered Landfill IESI
City, State Newark, NJ Bethlehem, PA

Completed By (Print or Type) Ralph Barnhardt
Title Project Manager

ASB-41 MAY 11

* Do not use this form for asbestos licensure exempted activities.
<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>4/18/14</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator</td>
<td>Camelot Contracting, Inc.</td>
</tr>
<tr>
<td>Street Address</td>
<td>155 Route 150</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Collingswood, N.J., 08080</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Bruce Shreve</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
<tr>
<td>Name of Facility Where Abatement is Taking Place</td>
<td>Residence</td>
</tr>
<tr>
<td>Street Address</td>
<td>7811 West Ave.</td>
</tr>
<tr>
<td>City</td>
<td>Ocean City</td>
</tr>
<tr>
<td>County</td>
<td>Cape May</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner</td>
<td>N/A</td>
</tr>
<tr>
<td>Name of Abatement Contractor</td>
<td>Klemco Inc.</td>
</tr>
<tr>
<td>Street Address</td>
<td>379 S. Spruce Ave.</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Maple Shade, N.J., 08052</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>Joseph Klemm</td>
</tr>
<tr>
<td>Telephone No</td>
<td>856-779-0422</td>
</tr>
<tr>
<td>License No</td>
<td>10044</td>
</tr>
<tr>
<td>Start Date</td>
<td>4/19/14</td>
</tr>
<tr>
<td>Scheduled Completion Date</td>
<td>5/6/14</td>
</tr>
<tr>
<td>Occupancy Status During Abatement (Check only one)</td>
<td></td>
</tr>
<tr>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
<td></td>
</tr>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours</td>
<td></td>
</tr>
<tr>
<td>Other - Describe</td>
<td></td>
</tr>
<tr>
<td>Scope of Work (Check all that apply)</td>
<td></td>
</tr>
<tr>
<td>Renovation</td>
<td></td>
</tr>
<tr>
<td>Demolition</td>
<td></td>
</tr>
<tr>
<td>Full Containment with Negative Pressure</td>
<td></td>
</tr>
<tr>
<td>Min-Enclosure</td>
<td></td>
</tr>
<tr>
<td>Glovebag Procedure</td>
<td></td>
</tr>
<tr>
<td>Non-Exempted (1) and Non-Friable Procedure</td>
<td></td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)</td>
<td></td>
</tr>
<tr>
<td>(Yes)</td>
<td>No</td>
</tr>
<tr>
<td>Siding</td>
<td>TRASH</td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
<td>Klemco Inc.</td>
</tr>
<tr>
<td>NOS Waste Hauler License &amp; No.</td>
<td>19904</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td>5</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>C.M.C., N.J.</td>
</tr>
<tr>
<td>City State</td>
<td>Maple Shade, N.J., 08052</td>
</tr>
<tr>
<td>Complied By</td>
<td>Joseph Klemm</td>
</tr>
<tr>
<td>Title</td>
<td>Owner</td>
</tr>
<tr>
<td>Signature</td>
<td>Joseph Klemm</td>
</tr>
<tr>
<td>Date</td>
<td>4/18/14</td>
</tr>
</tbody>
</table>

*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)

Date of Notification (1)
04 / 18 / 14

Name of Building Owner/Operator (2)
Princeton University

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

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

Street Address
E A MacMillan Building

City, State, Zip Code
Princeton, NJ 08544

Name of Contact
Bob Ortega

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
56 Williams St - Residence

Street Address
56 Williams Street

City (5)
Princeton

County (6)
Mercer

County Code (7) (STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (6)
Pennoni Associates

ASCM No. 
00003

Name of Abatement Contractor (9)
Luzon, Inc.

Street Address
8451 Executive Ave.

City, State, Zip Code
Philadelphia, Pa. 19153

Project Manager for Monitoring Firm
Craig Wilson

Telephone No.
855 547 0505

License No.
267-284-1050

01109

Start Date (10)
5 / 5 / 14

Scheduled Completion Date (11)
5 / 9 / 14

Name of OSHA Monitor
Joseph Maronski

Occupancy Status During Abatement (Check only one)
☒ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours - Describe
Time of Abatement: 7:00AM - 10:00PM, PM - 3:00AM

Scope of Work (Check all that apply)
☐ ≥3 sf or ≥3 if
☐ ≥160 sf or ≥250 if

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

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

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

Amount (Specify SF or LF)

Abatement Type

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

Location

2nd Floor Bathrooms
☐ ☐ ☒ 9x9 Gray VAT & Mastic

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