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

Date of Notification (1) 4/22/2015

Name of Building Owner/Operator (2) 220 Passaic Street Associates Corp

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

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

Street Address 220 Passaic St

City, State, Zip Code Passaic, NJ 07055

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Building #5 (AKA 21)

Street Address 220 Passaic St

City (5) Passaic

County (6) Passaic

Square Feet 500

# of Floors 1

Bldg. Age 50+

Current Use (Prior if being demolished) Commercial

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

n/a

Name of Abatement Contractor (9) Loznica Management Corp

Street Address 22 Trev Lane

City, State, Zip Code Lincoln Park NJ 07035

Project Manager for Monitoring Firm Telephone No. 9737067950

n/a

License No. 01193

Start Date (10) 5/1/2015

Scheduled Completion Date (11) 5/9/2015

Name of OSHA Monitor Loznica Management Corp

Street Address 22 Trev Lane

City, State, Zip Code Lincoln Park NJ 07035

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

Scope of Work (Check All That Apply)
- 23 sf or ≥3 If ≥180 sf or ≥260 If
- Demolition
- Renovation

- LINE DUMPSTERS & WET MATERIAL
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebox Procedure
- Non-Exempted (*) and Non-F(I)
- Procedure

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

Is Location Normally Used Solely by Maintenance/Custodial Staff? (15)

<table>
<thead>
<tr>
<th>Location</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Window Openings</td>
<td>x</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1st floor storage + office</td>
<td>x</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2nd floor office</td>
<td>x</td>
<td></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</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caulking</td>
<td>88 window</td>
</tr>
<tr>
<td>VAT</td>
<td>650 SF</td>
</tr>
<tr>
<td>VAT</td>
<td>535 SF</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler Loznica Management Corp

NJDEP Waste Hauler ID No. TBD

Cubic Yards of Waste TBD

Name of Registered Landfill GROWS Landfill

City, State Lincoln Park, NJ Morrisville PA 19060

Disposal Date TBD

Completed by E. Cirovic Title Secretary

Signature 2/8/2015

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

Date of Notification (1)  
4/22/2015

Name of Building Owner/Operator (2)  
220 Passaic Street Associates Corp

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

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

Street Address  
220 Passaic St

City, State, Zip Code  
Passaic, NJ 07055

Name of Contact  

Telephone Number  

FACILITY INFORMATION

Name of Facility Where Abatement Is Taking Place (3)  
Building #6 (aka 20)

Square Feet  
800

# of Floors  
1

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

County Code (7)  
Passaic

County Code (STATE USE ONLY)  

Current Use (Prior if being demo)  
Commercial

Bldg. Age  
50+

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

Name of Abatement Contractor (9)  
Loznica Management Corp

ASCM No.  
n/a

Telephone No.  
n/a

License No.  

Start Date (10)  
5/1/2015

Scheduled Completion Date (11)  
5/15/2015

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)  
- [ ] ≥3 sf or ≥3 ft
- [X] ≥160 sf or ≥260 sf
- [X] Renovation
- [ ] Demolition

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

<table>
<thead>
<tr>
<th>Material</th>
<th>Location Normal Used Solely by Maintenance/Custodial Staff?</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>
</tr>
</thead>
<tbody>
<tr>
<td>Roof</td>
<td>[X] Yes</td>
<td>coating on concrete</td>
<td>800 sf</td>
</tr>
<tr>
<td>Metal Shed attached to bldg</td>
<td>[X] Yes</td>
<td>wall / ceiling insulation</td>
<td>185 sf</td>
</tr>
<tr>
<td>Between shed &amp; bldg</td>
<td>[X] Yes</td>
<td>asbestos pipe insulation</td>
<td>1 LF</td>
</tr>
</tbody>
</table>

LINE DUMPSTERS & WASTE MATERIAL

- [X] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Exempted End Procedure

Abatement Type
- [X] Removal
- [ ] Repair
- [ ] Encapsulate
- [ ] Enclose

Name of Registered Waste Hauler  
Loznica Management Corp

N.J. DEP Waste Hauler ID No.  

Cubic Yards of Waste  
TBD

Name of Registered Landfill  
GROWS Landfill

City, State  
Lincoln Park, NJ

Disposal Date  
TBD

City, State  
Morrisville PA 19060

Completed by  
E. Cirovic  
Secretary

Signature  

Date  
5/22/2015

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

Date of Notification (1)
April 20, 2015

Name of Building Owner/Operator (2)
Beth Tuxhorn

Agencies Notified
- [x] EPA
- [x] DEP
- [x] DOL
- [x] DOH
- [x] DCA
- [ ] Emergency (including justification)
- [ ] Amendment #
- [ ] Amended

Street Address
315 Garden St.

City, State, Zip Code
Mt. Holly, NJ 08060

Name of Contact
Beth Tuxhorn

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

Type of Facility (4)
- [x] School (K-12)
- [x] Subchapter 6 (Other than K-12)
- [ ] Other i.e. private & commercial buildings, homes, etc.

Square Feet
2,000

# of Floors
2

Bldg. Age
100

County Code (7)
Burlington

Current Use (Prior to being identified as known or suspected asbestos containing materials)
Residence

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

Name of Abatement Contractor (9)
Shade Environmental, LLC

ASCM No.

Street Address
PO Box 341

City, State, Zip Code
Chesterfield, NJ 08515

Project Manager for Monitoring Firm
Bill Weisgarber

Telephone No.
609-298-4070

Telephone No.
856-755-0099

Construction Monitor
EMSL Laboratories

Name of OSHA Monitor

Licensure No.

Start Date (10)
May 2, 2015

Scheduled Completion Date (11)
May 5, 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] ± 3,000 sf or ±3 If
- [x] ± 160 sf or ±260 If
- [x] Renovation
- [x] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Viable Procedure

Abatement Type

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)

Amout (Special SF or lb)

Basement
XX
Pipe Insulation
75 LF

Basement
XX
Pipe Insulation
40 LF

Name of Registered Waste Hauler
NJDEP Waste Hauler ID No.
02265

Cubic Yards of Waste
5

Name of Registered Landfill
Cumberland County Landfill

City, State
Freehold, NJ

Disposal Date
5/5/2015

City, State
Newburg, PA

Completed by
Diana B. Lynch
Title
Owner

Signature

Date
4/20/2015

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

Date of Notification (1) 4/20/15

Agencies Notified

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

Type of Notification

- [ ] Initial
- [ ] Emergency
- [ ] Amended
- [ ] Notification #1
- [ ] Cancellation

Name of Building Owner/Operator (2)
Montclair Board of Education

Street Address
22 Valley Road

City, State, Zip Code
Montclair, NJ 07042

Name of Contact
Len Saponara

Name of Facility Where Abatement is Taking Place (3)
Watchung School

Street Address
14 Garden St.

City (5)
Montclair

County (6)
Essex

County Code (7) (STATE USE ONLY)
N/A

Type of Facility (4)

- [x] Subchapter B (Other than educational)
- [ ] School (K-12)
- [ ] Subchapter C (Other i.e. private and commercial buildings, homes, etc.)

Square Feet
00000

# of Floors
2

Bldg. Age
~50

Occupancy Status During Abatement (Check only one)

- [ ] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility Hours and Described: evenings/weekends
- [x] Other - Describe: partially vacated

Scope of Work (Check all that apply)

- [ ] Renovation
- [ ] Demolition
- [ ] ≥3 sf or ≥3 If
- [x] ≥160 sf or ≥260 If
- [ ] Full Containment with Negative Pressure
- [ ] Mini - Enclosure
- [x] Glovebag Procedure
- [x] Non - Friable Procedure

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

- [ ] No
- [x] Yes

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

- [ ] Basement storage and room 21
- [ ] Various

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

- [ ] 9 LF
- [ ] 12 LF
- [ ] 30 LF

Name of Registered Waste Hauler
Jupiter Environmental Services

Waste Hauler ID No.
04782

Cubic Yards Of Waste
5

Name of Registered Landfill
Minerva Landfill

City, State
Waynesburg, OH

Disposal Date
2/28/15 plus

City, State
Pine Brook, NJ

Name of Registered Waste Hauler (9)
Jupiter Environmental Services, Inc.

Street Address
323 Changebridge Road

City, State, Zip Code
Pine Brook, NJ 07058

Telephone Number
973-575-8700

License Number
008852

Name of OSHA Monitor
J & S Environmental Laboratories, LLC

Street Address
2333 Route 22 W

City, State, Zip Code
Union, NJ 07083

Name of Abatement Contractor (8)
Jupiter Environmental Services, Inc.

Street Address
323 Changebridge Road

City, State, Zip Code
Pine Brook, NJ 07058

Telephone Number
973-575-8700

License Number
008852

Name of OSHA Monitor
J & S Environmental Laboratories, LLC

Street Address
2333 Route 22 W

City, State, Zip Code
Union, NJ 07083

Name of Monitoring Firm Hired by Building Owner
Detail Associates, Inc

ASCM No.
00

Name of Monitoring Firm Hired by Building Owner (10)
Detail Associates, Inc

ASCM No.
00

Name of Monitoring Firm Hired by Building Owner (11)
Detail Associates, Inc

ASCM No.
00

Completed By (Print or Type)
Pane Repic

Title
General Manager

Signature

Date
4/20/15

Note: Phased Project. First phase is scheduled to start on 2/14/15 and be completed on 2/17/15. It involves removal of 9LF of pipe insulation from Room 21 and basement storage. Amendments will be sent for other phases.
# Notification of Asbestos Abatement

**State of New Jersey**
**NOTIFICATION OF ASBESTOS ABATEMENT**
**(Pursuant to NJAC 8:69-7 and 12:120-7)**

<table>
<thead>
<tr>
<th><strong>Date of Notification (1)</strong></th>
<th><strong>Name of Building Owner/Operator (2)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>4 / 21 /15</td>
<td>MERCK SHARP &amp; DOHME CORP.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Agencies Notified</strong></th>
<th><strong>Type Notification</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial Notification</td>
</tr>
<tr>
<td>DOH</td>
<td>Amended Notification #8</td>
</tr>
<tr>
<td>DOL</td>
<td>Cancellation</td>
</tr>
<tr>
<td>DCA</td>
<td>EMERGENCY NOTIFICATION</td>
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<table>
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<tr>
<th><strong>Agency</strong></th>
<th><strong>Type</strong></th>
<th><strong>Description</strong></th>
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<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
<td>Notification</td>
</tr>
<tr>
<td>DOH</td>
<td>Amended</td>
<td>Notification #8</td>
</tr>
</tbody>
</table>

**Street Address**
126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414

**City, State, Zip Code**
RAHWAY, NEW JERSEY 07065

**Name of Contact**
MIKE LATRONICA

**Telephone Number**

### FACILITY INFORMATION

**Merck Sharp & Dohme Corporation**

<table>
<thead>
<tr>
<th><strong>Name of Facility Where Abatement Is Taking Place (3)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>MERCK SHARP &amp; DOHME CORPORATION</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>City</strong></th>
<th><strong>State</strong></th>
<th><strong>Zip Code</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>RAHWAY</td>
<td>NEW JERSEY</td>
<td>07065</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Name of Monitoring Firm Hired by Building Owner (8)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>ENVIROMETAL HEALTH INVESTIGATIONS, INC.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>ACSM No.</strong></th>
<th><strong>Name of Abatement Contractor (9)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>17</td>
<td>PAR ENVIRONMENTAL CORP.</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th><strong>Street Address</strong></th>
<th><strong>Telephone Number</strong></th>
<th><strong>Use Number</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>315 SPOOK ROCK ROAD</td>
<td>845-369-7500</td>
<td>11880</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Name of OS HA Monitor</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>AMERISCI LABORATORIES INC.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>City, State, Zip Code</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>117 EAST 30TH STREET</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Occupancy Status During Abatement (Check only one)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>X Facility Closed/Vacated During Entire Period of Abatement</td>
</tr>
<tr>
<td>X Abatement Performed Outside of Normal Facility Hours - Describe: MONDAY-SATURDAY 8:30PM</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Scope of Work (Check all that apply)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>X Demolition greater than 350 LF</td>
</tr>
<tr>
<td>X Renovation</td>
</tr>
<tr>
<td>X glovebag procedure</td>
</tr>
<tr>
<td>X non-Frangible procedure</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>X 4TH FLOOR ROOM 406 SPRAY ON INSULATION 80 SF</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Reduction in Scope (See Below)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>X 4TH FLOOR ROOM 418 SPRAY ON INSULATION 40 SF</td>
</tr>
<tr>
<td>X 5TH FLOOR ROOM 551 SPRAY ON INSULATION 40 SF</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Reduction in Scope (Below)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>X 6TH FLOOR ROOM 813 SPRAY ON INSULATION 40 SF</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Name of Registered Waste Hauler</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>FREEHOLD CARTAGE, INC.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>NUDEP Waste Hauler ID No.</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>825 HIGHWAY 33</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Cubic Yards of Waste</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>320</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Name of Registered Landfill</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>LYCOMING COUNTY RESOURCES</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Disposal Date</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>9/15/2015</td>
</tr>
</tbody>
</table>

**Complied by (Print or Type)**
BENJAMIN SANCHEZ

**Title**
DIRECTOR OF OPERATIONS

**Signature**

**Date**
4/21/15
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1)  
4/20/15

Name of Building Owner/Operator (2)  
Stevens University

Agencies Notified  
[x] EPA  
[x] DEP  
[x] DOL  
[x] DOH  
[x] DCA  
Type of Notification  
[x] Initial Notification  
[x] Emergency Notification  
[x] Amended Notification  
[x] Cancellation

Street Address  
Castle Point on Hudson

City, State, Zip Code  
Hoboken, NJ 07030

Name of Contact  
David Hernandez

Name of Facility Where Abatement is Taking Place (3)  
Stevens University – Library Building

Street Address  
Castle Point on Hudson

City (5)  
Hoboken

County (6)  
Hudson

County Code (7)  
ASCM No. 0004

Name of Monitoring Firm Hired by Building Owner  
Briggs Associates

Street Address  
3 Crosswicks St.

City, State, Zip Code  
Bordentown, NJ 08505

Project Manager for Monitoring Firm  
Michael Hoodak

Telephone Number  
609-847-2958

Scheduled Start Date (10)  
5/1/15

Sched. Completion Date (11)  
12/31/15

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

[x] Other – Describe: partially vacated

Scope of Work (Check all that apply)  
[ ] Demolition  
[ ] > 3 SF or > 23 if  
[ ] 1000 SF or > 2600 if  
[ ] Renovation  

Location of Asbestos – Containing Material (ACM) TO BE ABATED In Facility (19)  

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

Name of Registered Waste Hauler  
Jupiter Environmental Services

Hauler ID No.  
04782

Cubic Yards Of Waste  
20

Disposal Date  
5/6/15 +

Name of Registered Landfill  
Minerva Landfill

City, State  
Waynesburg, OH

Completed By (Print or Type)  
Pane Repic  
Title  
General Manager

Signature  

Date  
4/20/15

ASB-411  
Note: Phased project. First phase is scheduled to start on 5/1/15 with anticipated completion on 5/5/15; VAT (110 SF) is scheduled for removal from basement IT room. Amended notifications 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) 4/20/15

Name of Building Owner/Operator (2) Jeff and Jo Ann Chua

Agencies Notified

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

Type of Notification

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

Street Address
25 Sunflower Drive

City, State, Zip Code
Upper Saddle River, NJ 07458

Name of Contact
Jo Ann Chua

Facility Information

Name of Facility Where Abatement Is Taking Place (3)
Residence
10 Vista Lane

City (5)
Edgewater

County (6)
Bergen

County Code (7)
(HSTATE USE ONLY)

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

Square Feet
1000

# of Floors
1

Bldg. Age
~ 70

Current Use (Prior if Being Destroyed)
N/A

Name of Monitoring Firm Hired by Building Owner
N/A

ASCM No.
000

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

Street Address
323 Changebridge Road, Suite 100

City, State, Zip Code
Pine Brook, NJ 07058

Telephone Number
973-575-8700

License Number
00852

Name of OSHA Monitor
J & S Environmental Laboratories, LLC

Street Address
2333 Route 22 West

City, State, Zip Code
Union, NJ 07083

Scope of Work (Check all that apply)

- [X] Demolition
- [ ] Renovation
- [X] ≥ 3,000 sf or ≥ 3,000 sf
- [ ] ≥ 160 sf or ≥ 250 sf

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>x</td>
<td>TSI</td>
<td></td>
</tr>
<tr>
<td>Basement</td>
<td>x</td>
<td>TSI</td>
<td></td>
</tr>
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</table>

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

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

Amount (Specify SF or LF)

<table>
<thead>
<tr>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>LF</td>
</tr>
<tr>
<td>SF</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
Jupiter Environmental Services

NJ/DEP Waste Hauler ID No.
04782

Cubic Yards Of Waste
3

Name of Registered Landfill
Minerva Landfill

City, State
Waynesburg, OH

Completed By (Print or Type)
Pane Repic

Title
General Manager

Signature

Date
4/20/15

ASB-411
**NOTIFICATION OF ASBESTOS ABATEMENT**

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

**Date of Notification (1)**

| 4-22-15 |

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

| Jennifer Colon |

**Agency Notified**

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

**Type Notification**

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

**Street Address**

| 3 Barnett Street |

**City, State, Zip Code**

| Bloomfield, NJ, 07003 |

**Name of Contact**

| Jennifer Colon |

**Telephone Number**

|  |

**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)**

| N/A |

**Name of Monitoring Firm hired by Owner (8)**

| N/A |

**Name of Abatement Contractor (9)**

| AZTECH MANAGEMENT, Inc. |

**Street Address**

| 86 Christopher St. |

**City, State, Zip Code**

| Montclair, NJ 07042 |

**Project Manager for Monitoring Firm**

| N/A |

**Telephone Number**

| (973) 744-8800 |

**Name of OSHA Monitor**

| N/A |

**Scheduled Start Date (10)**

| 5-4-15 |

**Scheduled Completion Date (11)**

| 5-5-15 |

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

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

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

- [X] ≥ 3 sf or ≥ 1 l f
- [X] ≥ 160 sf or ≥ 260 lf
- [ ] Renovation
- [ ] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovesbag Procedure
- [ ] Non-Friable Procedure

**Location of Asbestos-Containing Material (ACM) To Be Abated In Facility (13)**

**Building**

| Boiler |

**Amount (Specified in SF or LF)**

| 20 |

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

| Yes |

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

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

| |

**Location of Registered Waste Hauler**

| AZTECH MANAGEMENT, INC. |

**Disposal Date**

| 5-6-15 |

**Completed By**

| Constantine Vivian |

**Signature**

|  

| Date 4-22-15 |
### Notification of Asbestos Abatement

**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**

**Date of Notification (1)**

4-22-15

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

Mr. Livigne (Katharina)

**Street Address**

452 Upper Mountain Ave.

**City, State, Zip Code**

Montclair, NJ, 07042

**Name of Contact**

Mr. Livigne (Katharina)

---

**FACILITY INFORMATION**

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

Same as above

**Type of Facility (4)**

[X] School (K-12)

[ ] Subchapter 8 (Other than 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 being demolished)**

N/A

**Name of Monitoring Firm hired by Owner (6)**

N/A

**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

**Project Manager for Monitoring Firm**

N/A

**Telephone Number**

N/A

**Scheduled Start Date (10)**

5-16-15

**Sched. Completion Date (11)**

5-18-15

**Month**

N/A

**Day**

N/A

**Year**

N/A

**Occupancy Status During Abatement**

[X] 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 lf

[ ] >160 sf or >260 lf

[X] Renovation

[ ] Demolition

[X] Full Containment with Negative Pressure

[] Mini-Enclosure

[X] Glovebag Procedure

[ ] Non-Friable Procedure

---

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

TO BE ABATED

IN FACILITY

**Is Location Normally Used Solely By Maintenance/Custodial Staff (12)**

Yes No N/A

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

[i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous]

**Amount (Specific LF)**

N/A

---

**Basement**

[X] Pipe Insulation 110 ft

---

**Name of Registered Waste Hauler**

AZTECH MANAGEMENT, INC.

**Hauler ID No.**

17040

**Cubic Yards of Waste**

1.5

**Name of Registered Lessor**

G.R.O.W.S.

**City, State, Zip Code**

Montclair, NJ 07042

**Disposal Date**

5-16-15

**City, State, Zip Code**

Morrisville, PA 19067

**Completed By (Print or Type)**

Constantine Vivian

**Title**

President

**Signature**

[Signature]

**Date**

4-22-15
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:59 and 12:129)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>4-22-15</td>
<td>B. LERNER</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agency Notified</th>
<th>Type Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
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</thead>
<tbody>
<tr>
<td>30 CLIFFSIDE DRIVE</td>
<td>LIVINGSTON, NJ 07039</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>FACILITY INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
</tr>
<tr>
<td>City (6)</td>
</tr>
<tr>
<td>LIVINGSTON</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>County Code (7) (STATE USE ONLY)</th>
<th>Current Use (Prior if being described)</th>
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<tbody>
<tr>
<td></td>
<td>RESIDENCE</td>
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<table>
<thead>
<tr>
<th>Name of Monitoring Firm by Building Owner (9)</th>
<th>ASCM No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Best Removal Inc</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>201-329-7444</td>
<td>00388</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Best Removal Inc</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
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<tbody>
<tr>
<td>201-329-7444</td>
<td>00388</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>5-4-15</td>
<td>5-5-15</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of OSHA Monitor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Omega Environmental</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler (12)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Best Removal Inc</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Landfill (13)</th>
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</thead>
<tbody>
<tr>
<td>Minerva Enterprises, LLC</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ASBATED IN Facility (14)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Laundry Room</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
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<table>
<thead>
<tr>
<th>Amount (Cubic Yards of Waste)</th>
</tr>
</thead>
<tbody>
<tr>
<td>120</td>
</tr>
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<table>
<thead>
<tr>
<th>Disposal Date</th>
<th>City, State</th>
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</thead>
<tbody>
<tr>
<td>5-5-15</td>
<td>WAYNESBURG, OH 14688</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
</tr>
</thead>
<tbody>
<tr>
<td>Best Removal Inc</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minerva Enterprises, LLC</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hackensack, N.J. 07601</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Completed by</th>
</tr>
</thead>
<tbody>
<tr>
<td>R. VELDRAAN</td>
</tr>
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</table>

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

<table>
<thead>
<tr>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>P. Vellani</td>
</tr>
</tbody>
</table>

1-22-15

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

**Date of Notification (1):** 04/22/15  
**Name of Building Owner/Operator (2):** Saverio Camporeale

**Agency Notified:**  
- [x] EPA  
- [x] DOLWD  
- [x] DHSS  
- [ ] DCA (NJAC 5:29-E)

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

**Street Address:** 173 Village Road  
**City, State, Zip Code:** South Orange, NJ 07079

**Name of Contact:** Saverio Camporeale  
**Telephone Number:**

**Name of Facility Where Abatement is Taking Place (3):**  
- [ ] Private house

**Street Address:** 173 Village Road  
**City:** South Orange  
**County:** Essex  
**State:** NJ  
**Zip Code:** 07079

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

**Type of Facility (4):**  
- [x] School (K-12)
- [x] Subchapter 8 (Other than (K-12))
- [ ] Other (i.e., private and commercial buildings)

**Square Feet:**  
**# of Floors:**  
**Bldg. Age:**

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

**Name of Monitoring Firm Hired by Building Owner (5):**  
**ASCM No.:**

**Name of Abatement Contractor (9):** Gr Tech LLC  
**Street Address:** 576 Valley Rd #283  
**City, State, Zip Code:** Wayne, NJ 07470

**License No.:** 973-628-1777  
**Telephone No:** 01127  
**Name of OSHA Monitor:** Envirospection Consultants, Inc  
**Street Address:** 20-21 Wagarow Rd, Bldg. # 35 E  
**City, State, Zip Code:** Fair Lawn, NJ 07410

**Scope of Work (Check all that apply):**  
- [x] Renovation
- [x] Demolition  
- [x] Clean up and decontamination with negative pressure
- [ ] Full containment with negative pressure  
- [ ] Mini-Enclosure
- [ ] Glovesbag Procedure
- [ ] Tent with negative pressure
- [ ] Non-exempted (*) and Non-Frangible Procedures

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SIF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>[x] □ □ □ □ - □ □ □ - □ □ □ - □ □ □ □ □ □</td>
<td>□ Pipe insulation</td>
<td>15 LF</td>
</tr>
<tr>
<td>Basement</td>
<td>[ ] □ □ □ □ - □ □ □ □ □</td>
<td>□ Duct insulation</td>
<td>20 SF</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler:** Gr Tech LLC  
**Hauler ID No.:** 0033785  
**Cubic Yards of Waste:** TBD  
**Name of Registered Landfill:** T.R.R.F. Inc  
**City, State:** Tullytown, PA

**Disposal Date:** TBD  
**Competed By (Print or Type):**

**Title:** Owner  
**Signature:**  
**Date:** 14/22/2015

---

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>04/20/2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Realty Inside LLC</td>
</tr>
<tr>
<td>Agencies Notified</td>
<td>EPA, DEP, DOL, DOH, DCA</td>
</tr>
<tr>
<td>Type Notification</td>
<td>Initial</td>
</tr>
<tr>
<td>Amendment #</td>
<td></td>
</tr>
<tr>
<td>Emergency (including justification)</td>
<td></td>
</tr>
<tr>
<td>Street Address</td>
<td>47 Distler Ave</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>West Caldwell, NJ 07006</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Kevin Burkhart</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>Private House</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>84 Hillside Rd</td>
</tr>
<tr>
<td>City (5)</td>
<td>Chester, NJ</td>
</tr>
<tr>
<td>County Code (7)</td>
<td>Morris</td>
</tr>
<tr>
<td>Square Feet</td>
<td>1154</td>
</tr>
<tr>
<td># of Floors</td>
<td>2</td>
</tr>
<tr>
<td>Current Use (Prior if being demolished)</td>
<td></td>
</tr>
<tr>
<td>Bldg. Age</td>
<td>1840</td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>Nick Restoration LLC</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>ASCM No.</td>
</tr>
<tr>
<td>Street Address</td>
<td>72 Brookside Rd</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Randolph NJ 07869</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>Telephone No.</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>973-933-2550</td>
</tr>
<tr>
<td>License No.</td>
<td>00113</td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>04/30/2015</td>
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<tr>
<td>Scheduled Completion Date (11)</td>
<td>05/04/2015</td>
</tr>
<tr>
<td>Occupancy Status During Abatement (Check Only One)</td>
<td>J&amp;S Environmental</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>≥3 sf or ≥3 ft</td>
<td>Renovation</td>
</tr>
<tr>
<td>≥160 sf or ≥260 ft</td>
<td>Demolition</td>
</tr>
<tr>
<td>Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)</td>
<td></td>
</tr>
<tr>
<td>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td></td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
<td></td>
</tr>
<tr>
<td>Abatement Type</td>
<td></td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)</td>
<td>Basement area</td>
</tr>
<tr>
<td></td>
<td>House &amp; garage</td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
<td>Nick Restoration LLC</td>
</tr>
<tr>
<td>NJDEP Waste Hauler ID No.</td>
<td>0033782</td>
</tr>
<tr>
<td>Name of Registered Lietenant</td>
<td>G.R.O.W.S</td>
</tr>
<tr>
<td>Disposal Date</td>
<td>TBD</td>
</tr>
<tr>
<td>City, State</td>
<td>Randolph, NJ</td>
</tr>
<tr>
<td>Completed by</td>
<td>Elvira Mnda</td>
</tr>
<tr>
<td>Title</td>
<td>President</td>
</tr>
<tr>
<td>Signature</td>
<td>4/20/2015</td>
</tr>
</tbody>
</table>
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

State of New Jersey

Date of Notification (1)
3-19-2015

Name of Building Owner/Operator (2)
Temple Beth-El

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

Type Notification
- Initial
- Amended
- Amendment #
- Cancellation

Street Address
2419 John F. Kennedy Blvd.

City, State, Zip Code
Jersey City, NJ 07304

Name of Contact
Kay Magilavy

FACILITY INFORMATION

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

Street Address
2435 John F. Kennedy Blvd.

City (5)
Jersey City, NJ 07304

County (6)
Hudson

County Code (7)
[STAY USE ONLY]

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

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

Street Address
235 Virginia Avenue

City, State, Zip Code
Jersey City, NJ 07304

Project Manager for Monitoring Firm

Telephone No.
201-333-8855

License No.
01-4

Start Date (10)
4-2-2015

Scheduled Completion Date (11)
4-3-2015

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)
- ≥23 sf or ≥3 if
- ≥160 sf or ≥2260 sf

- Renovation
- Demolition

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

| Location                      | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Spec.
|------------------------------|------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------| Spec.
| Basement                     | X                                                                      | pipe insulation                                                                                                                           | 240 SF |
| Basement                     | X                                                                      | VAT                                                                                                                                      | 750    |
| 2nd floor                    | X                                                                      | VAT                                                                                                                                      | 160    |

Name of Registered Waste Hauler
Green Environmental Services, LLC

NJDEP Waste Hauler ID No.
0034889

Cubic Yards of Waste
5

Disposal Date
4-3-2015

Name of Registered Landfill
G.R.O.W.S. No. 1

Completed by
Liliana Sarrano
Title
Office Manager

Signature
Date
3-19-2015

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

Date of Notification (1)
4/22/15

Name of Building Owner/Operator (2)
James Lewis Private Home

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

Type Notification
- Initial
- Amended
- Amendment #

Street Address
55 Oak Ave

City, State, Zip Code
Manahawkin NJ 08050

Name of Contact
James

Name of Facility Where Abatement is Taking Place (3)
James Lewis Private Home

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

Square Feet
1000+

# of Floors
1.5

Blog. Age
35+

County Code (7)
Ocean

Current Use (Prior if being Abandoned)
Home

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

License No.
0027

Name of Abatement Contractor (9)
Pernaco Inc.

Street Address
PO Box 329

City, State, Zip Code
West Berlin NJ 08091

Phone No.
856-753-9800

Start Date (10)
5/1/15

End Date (11)
5/7/15

Occancy 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 1f
- ≥150 sf or ≥200 sf

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

Amount
1800 SF

Abatement Type
Demolition

Exterior Siding
x

Floor Tile
x

Name of Registered Waste Hauler
United Containers

NJDEP Waste Hauler ID No.
22459

Cubic Yards of Waste
4

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

City, State
Morrisville NJ 1067

Completed by
Anthony T Perna

Title
President

Signature

Date
4/22/15

* Do not use this form for asbestos censure exempted activities.
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:10 and 12-120)

Date of Notification (1)
4-21-2015

Name of Building Owner/Operator (2)
Jefferson Street, LLC

Agencies Notified
☐ EPA
☐ DEP
☒ DOH
☐ DCA

Type Notification
☒ Initial
☐ Amended
☐ Amendment #
☐ Emergency (Including Justification)
☐ Cancellation

Street Address
P.O. Box 1013
City, State, Zip Code
Township of Washington, NJ 07676

Name of Contact
Thomas Jones
Telephone Number

FACILITY INFORMATION

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

Street Address
409 Jefferson Street
City (5)
Hoboken, NJ 07030

County (5)
Hudson
County Code (7)
(STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8)
ASCM No.
Name of Abatement Contractor (9)
Green Environmental Services LLC

Street Address
235 Virginia Avenue
City, State, Zip Code
Jersey City, NJ 07304

Project Manager for Monitoring Firm

Telephone No.
201-333-8855
License No.

Start Date (10)
4-22-2015
Scheduled Completion Date (11)
4-23-2015

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)
☒ ≥ 23 sf or ≥ 23 if
☒ ≥ 180 sf or ≥ 260 if
☐ Demolition

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

In Facility (13)

Yes
No
N/A

Location of Asbestos-Containing Material (ACM) (14)

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

Yes
No
N/A

Description of Asbestos Containing Material (ACM) (15)
(i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)

Amount (Spreads SF or Lb.):

Abatement Type

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

Enclosure

☐ Removal
☐ Repair
☐ Envelope Date

Name of Registered Waste Hauler
Green Environmental Services, LLC
NJDEP Waste Hauler ID No. 0034889

Disposal Date
4-23-2015
City, State
Morrisville, PA

Completed by
Lilliana Serrano
Title
Office Manager

Signature

Date
4-21-2015

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

Date of Notification (1) 4-21-15

Name of Building Owner/Operator (2) PNC Realty Services

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

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

Street Address 1921 Washington Valley Road

City, State, Zip Code Martinsville, NJ 08836

Name of Contact Ms. Brennan Quagliana

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) PNC Bank

Street Address 76 Nassau Street

City (5) Princeton

County (6)

County Code (7)

(SATE USE ONLY)

Bank

Mercer

Name of Monitoring Firm Hired by Building Owner (8) PT Consultants, Inc.

ASCM No.

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

Street Address 623 Creek Road

City, State, Zip Code Bellmawr, NJ 08031

Name of GSHA Monitor Plymouth Environmental Co., Inc.

Street Address 923 Haws Avenue

City, State, Zip Code Norristown, PA 19401

Project Manager for Monitoring Firm Brian Havanki

Telephone No. 856-251-9980

Occupy 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) 5-2-15

Scheduled Completion Date (11) 5-6-15

Scope of Work (Check All That Apply)
☐ ≥ 3,000 sf or ≥ 3 if
☐ ≥ 160 sf or ≤ 260 if
☐ Renovation
☐ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (C) and Non-Exemptible Procedure

Location of Asbestos-Containing Material (ACM)

TO BE ABATED

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 (Specified) 250 SF

Abatement Type

X ✔ Removal

X ✔ Repair

X ✔ Encapsulate

X ✔ Enclosure

Name of Registered Waste Hauler Robinson Waste Disposal

NJ/DEP Waste Hauler ID No. 17304

Cubic Yards of Waste 1

Name of Registered Landfill GROWS Landfill

City, State Voorhees, NJ

Disposal Date 5-6-15

Date 4-21-15

Completed by David Rowley

Title Project Manager

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

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>CK#</th>
<th>$200</th>
<th>Name of Building Owner/Operator (2)</th>
<th>Hunterdon Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>04/22/15</td>
<td></td>
<td></td>
<td>Name of Contact</td>
<td>Bob Williams</td>
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</table>

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

**Type Notification**
- Initial
- Amended
- Amendment
- Emergency
- (Including Justification)
- Cancellation

**Street Address**
- 2100 Wescott Drive

**City, State, Zip Code**
- Flemington, New Jersey 08822

**County Code**
- 08222

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

**Name of Facility Where Abatement Is Taking Place (5)**
- Hunterdon Medical Center

**State Address**
- 2100 Wescott Drive

**City**
- Flemington
**State**
- New Jersey
**Zip Code**
- 08822

**County**
- Hunterdon

**Type of Use**
- Hospital

**Square Feet**
- 20,000

**Percentage of Floors**
- 3

**Bldg. Age**
- 65+ (Yes)

**Current Use**
- Prior to being demolished

**Name of Abatement Contractor (9)**
- Lillich Corporation

**Telephone No.**
- 973-225-3400

**Name of CSHA Monitor**
- J&S Environmental Labs Inc.

**Street Address**
- 2333 Route 22 West

**City**
- Union
**State**
- New Jersey
**Zip Code**
- 07083

**Location of Asbestos-Containing Material (ACM) TO BE ABATED**
- 4th FL Hallway
- Popcorn Ceiling

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

**Amount (Specify SF or LF)**
- 120 SF

**Name of Registered Waste Hauler**
- Lillich Corporation

**Hauler ID No.**
- 18724

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

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

**Disposal Date**
- 04/27/15

**Completed by**
- Momo Glavevica
**Title**
- Vice President

---

*Do not use this form for asbestos licensed exempted activities.*
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:90 and 12:120)

Date of Notification (1):
4/22/2015

Name of Building Owner/Operator (2):
Wallace Mooncai

Paid: 4-21-15
Amount: 20,000
Check Number: 42-19
Memo: 4-21-15

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

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

Street Address:
28 Lincoln Street
City, State, Zip Code:
Roseland NJ 07068

Name of Contact:
Wallace Mooncai

Telephone Number:

Private Home

County Code (7)
Essex

Current Use (Prior to being demolished)

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

Square Feet:
2770

Bldg. Age:
47

# of Stories:
2

Name of Monitoring Firm Hired by Building Owner (6):
Arcturus Environmental Services

ASCN No.:

Name of Abatement Contractor:
Shoreline Contracts

Street Address:
13 Fullerton Ave
City, State, Zip Code:
Yonkers NY 10704

License No.:
1230

TelephoneNumber:
914 9660033

Start Date (10):
5/6/2015

Scheduled Completion Date (11):
5/12/2015

Name of OSHA Monitor:
Stalin Brito

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

Scope of Work (Check All That Apply)
- [X] >=3 sf or >=5 sf
- [X] >=50 sf or >=150 sf
- [X] Demolition
- [ ] Renovation

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

In Facility

Yes
No
N/A

Basement

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

VAT

Amount (Square Footage)
800

Abatement Type

Full Containment with Negative Pressure

Mini-Enclosure

Glovebag Procedure
Non-Exempted (*) and on-Friable Procedure

Location of Registered Waste Hauler

NJDEP Waste Hauler ID No.
1a-371

Cubic Yards of Waste:

Name of Registered Waste Hauler
Minerva Enterprises LLC

City, State:
Waynesburg, Ohio

Completed by
Steve Duffy
Title:
Project Manager

Signature:
4/22/2015

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:90 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>4/23/15</th>
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</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Perry Paviotic Private Home</td>
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<tr>
<td>Agencies Notified</td>
<td>EPA, DEP, DOL, DOH, DCA</td>
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<tr>
<td>Type Notification</td>
<td>Initial</td>
</tr>
<tr>
<td>Street Address</td>
<td>32 N 2nd Street</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Surf City NJ 08008</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Perry</td>
</tr>
<tr>
<td>Telephone Number</td>
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</table>

### FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Perry Paviotic Private Home</th>
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</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>32 N 2nd Street</td>
</tr>
<tr>
<td>City (5)</td>
<td>Surf City NJ 08008</td>
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<tr>
<td>County Code (7) (STATE USE ONLY)</td>
<td></td>
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<tr>
<td>County</td>
<td></td>
</tr>
<tr>
<td>Ocean</td>
<td></td>
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<tr>
<td>Current Use (Prior to being demolished)</td>
<td></td>
</tr>
<tr>
<td>Square Feet</td>
<td>1000+</td>
</tr>
<tr>
<td># of Stories</td>
<td>2</td>
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<tr>
<td>Build Age</td>
<td>35+</td>
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</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>ASCM No.</th>
<th>Name of Abatement Contractor</th>
<th>Pamiaco Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Telephone No.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>4/24/15</td>
<td>Scheduled Completion Date (11)</td>
<td>4/28/15</td>
</tr>
<tr>
<td>Occupancy Status During Abatement (Check Only One)</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other - Describe:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### SCOPE OF WORK (CHECK ALL THAT APPLY)

- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and on-Frangible Procedure
- Remediation
- Enclosure

<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 m3 or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exterior Siding</td>
<td>x</td>
<td>Exterior Siding</td>
<td>2</td>
<td>x</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>NJ/DEP Waste Hauler ID No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>United Containers</td>
<td>22459</td>
</tr>
</tbody>
</table>

| Disposal Date | 4/28/15 |
| City, State, Zip Code | Morrisville PA 19067 |

Completed by Anthony T Paviotic, President

Signature

Date 4/23/15

* Do not use this form for asbestos licensure exempted activities.
Date of Notification (1) 4-22-15

Name of Building Owner/Operator (2) Barry Cope

Street Address 80 Glen Ave.

City, State, Zip Code West Orange, NJ, 07052

Name of Contact Barry Cope

FACILITY INFORMATION

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

City (5) Essex County (6) Essex County Code (7) (State Use Only) 5500

Type of Facility (4) [X] Other (i.e., private & commercial buildings, homes, etc.)

Square Feet 5500 # of Floors 2 Bldg. Age 110

Current Use (Prior if being demolished) N/A

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

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

Scheduled Start Date (10) 5-5-15

Scheduled Completion Date (11) 5-15-15

Sched. Completion Date (11) 5-15-15

Occupancy Status During Abatement (Check only one)

[X] Facility Closed/Vacated During Entire Period of Abatement

[X] Abatement Performed Outside of Normal Facility Hours - Describe: Off-hours Describes

[ ] Other - Describe: Other Occupancy Status

Scope of Work (Check all that apply)

[X] 3 sf or >3 if

[X] Renovation

[ ] Demolition

[ ] Pull Containment with Negative Pressure

[ ] Mini-Enclosure

[X] Glovebag Procedure

[ ] Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) to be Abated in Facility (13)

Location Normally Used

Location Solately

By Maintenance/ Custodial Staff (12)

Yes No N/A

Fixing Area X Pipe Insulation 60 If X

Crawl Space X Pipe Insulation 350 If X

Laundry Area X Pipe Insulation 35 If X

Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.

MDEP Waste Hauler ID No. 17040

Cubic Yards of Waste 1.5

Name of Registered Leach Mino G.R.O.W.S.

Disposal Date 5-18-15

City, State Montclair, NJ 07042

Completed By (Print or Type) Constantine Vivian

Title President

Signature

Date 4-22-15
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:86 and 12:126)

Date of Notification (1) 4/21/15
Name of Building Owner/Operator (2) Nick Todaro Private Home

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

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

Street Address 138 South Captains
City, State, Zip Code Little Egg Harbor NJ 08087

Name of Contact Nick
Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement Is Taking Place (3) Nick Todaro Private Home
City (5) Little Egg Harbor NJ 08087
County Code (7) (STATE USE ONLY) 1000+
County (6) Ocean

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

Square Feet 1000+
# of Floors 1
Bldg. Age 35+
Current Use (Prior if being demolished) House

Name of Monitoring Firm Hired by Building Owner (8) N/A
Name of Abatement Contractor (9) Pernaco Inc.

Street Address PO Box 329
City, State, Zip Code West Berlin NJ 08091

Project Manager for Monitoring Firm
Telephone No. 856-753-9800

Start Date (10) 4/22/15
Scheduled Completion Date (11) 4/23/15

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

Scope of Work (Check All That Apply)
- 200 sf or ≥ 200 sf
- 1600 sf or ≥ 260 sf
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and non-Filtrable Procedure
- Other

Location of Asbestos-Containing Material (ACM)
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) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)
exterior siding clean up 200 SF

Amount (Specify SF/LF)

Abatement Type

Location of Registered Waste Hauler

Name of Registered Waste Hauler United Containers
NJ/DEP Waste Hauler ID No. 22459
Cubic Yards of Waste 3
Disposal Date 4/23/15
Name of Registered Landfill G.R.O.W.S.
City, State Morrisville PA 19067

Completed by Anthony T Perna
Title President
Signature
Date 4/21/15

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

Date of Notification (1)
4-20-2015

Name of Building Owner/Operator (2)
Temple Beth-El

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

Type Notification
☐ Initial
☐ Amended
☒ Amendment #1
☐ Emergency (including justification)
☐ Cancellation

Street Address
2419 John F. Kennedy Blvd.

City, State, Zip Code
Jersey City, NJ 07304

Name of Contact
Kay Magilavy

Telephone Number

FACILITY INFORMATION

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

Street Address
2435 John F. Kennedy Blvd.

City (5)
Jersey City, NJ 07304

County Code (7)
Hudson

County Code (STATE USE ONLY) ______

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.

Name of Abatement Contractor (9)
Green Environmental Services LLC

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

Square Feet
3500

# of Floors
2

Bldg. Age
70+

Current Use (Prior if being demolished)

Project Manager for Monitoring Firm

Telephone No.
201-333-8655

Line No.
01

Start Date (10)
4-21-2015

Scheduled Completion Date (11)
4-21-2015

Occupy Status During Abatement (Check Only)
☒ Facility Closed/Vacated During Entire Period of Abatement
☐ Other – Describe:

Scope of Work (Check All That Apply)
☐ Renovation
☒ Demolition

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

First floor

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

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

Amount (Specified in SF or Lbs.)
800

Abatement Type
☐ Encapsulate
☐ Endorse
☐ Remove
☐ Repair
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

Name of Registered Waste Hauler
Green Environmental Services, LLC

Waste Hauler ID No.
0034889

Cubic Yards of Waste
4

Disposal Date
4-21-2015

Name of Registered Landfill
G.R.O.W.S. No.

City, State
Jersey City, NJ

Completed by
Liliana Serrano
Title
Office Manager

Signature

Date
4-20-2015

* Do not use this form for asbestos exemption or excluded activities.
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:80 and 5:16)

<table>
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<tr>
<th>Date of Notification (1)</th>
<th>4/21/15</th>
<th>Name of Building Owner/Operator (2)</th>
<th>La Placa</th>
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<tbody>
<tr>
<td>Agencies Notified</td>
<td></td>
<td>Street Address</td>
<td>29 Cleveland Lane</td>
</tr>
<tr>
<td></td>
<td></td>
<td>City, State, Zip Code</td>
<td>Princeton, NJ 08542</td>
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<tr>
<td></td>
<td></td>
<td>Name of Contact</td>
<td>Trinna La Placa BenMoussa</td>
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<td>FACILITY INFORMATION</td>
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<tr>
<td></td>
<td></td>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td>Residential</td>
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<td>Street Address</td>
<td>29 Cleveland Lane</td>
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<td>County Code (6)</td>
<td>Mercer</td>
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<td>County Code (7) (STATE USE ONLY)</td>
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<td></td>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>DB Environmental</td>
</tr>
<tr>
<td></td>
<td></td>
<td>ASCM No.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Name of Abatement Contractor (9)</td>
<td>Stevens Environmental Services, Inc.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Street Address</td>
<td>4 Berkely Place</td>
</tr>
<tr>
<td></td>
<td></td>
<td>City, State, Zip Code</td>
<td>Freehold, NJ 07728</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Telephone No.</td>
<td>(732) 740-8408</td>
</tr>
<tr>
<td></td>
<td></td>
<td>License No.</td>
<td>(609) 259-9688 00493</td>
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<tr>
<td></td>
<td></td>
<td>Name of OSHA Monitor</td>
<td>DB Environment</td>
</tr>
<tr>
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<td>Street Address</td>
<td>4 Berkely Place</td>
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<tr>
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<td>City, State, Zip Code</td>
<td>Allentown, NJ 08511</td>
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<td>Telephone No.</td>
<td>(732) 740-8408</td>
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<td></td>
<td>License No.</td>
<td>(609) 259-9688</td>
</tr>
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<td>Name of OSHA Monitor</td>
<td>DB Environment</td>
</tr>
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<td></td>
<td></td>
<td>Street Address</td>
<td>4 Berkely Place</td>
</tr>
<tr>
<td></td>
<td></td>
<td>City, State, Zip Code</td>
<td>Freehold, NJ 07728</td>
</tr>
<tr>
<td>Scope of Work (Check all that apply)</td>
<td></td>
<td></td>
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</tr>
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<td>Scope of Work (Check all that apply)</td>
<td></td>
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<td></td>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED</td>
<td>(13) basement</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Is Location Normally Used Solely by Maintenance/Custodial Staff?</td>
<td>(12) no</td>
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<tr>
<td></td>
<td></td>
<td>Description of Asbestos Containing Material (ACM)</td>
<td>(i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
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<tr>
<td></td>
<td></td>
<td>Amount (Specified) Sf or Lb</td>
<td>30 -</td>
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<tr>
<td></td>
<td></td>
<td>Abatement Type</td>
<td>Full Containment with Negative Pressure</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Removal</td>
<td>Repair</td>
</tr>
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<td></td>
<td></td>
<td>Encapsulation</td>
<td>Disposal</td>
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<td></td>
<td></td>
<td>Non-Exempted (*) and Non-Friable Procedure</td>
<td>Name of Registered Landfill</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Disposal Date</td>
<td>4/24/15</td>
</tr>
<tr>
<td></td>
<td></td>
<td>City, State</td>
<td>Allentown, NJ</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Name of Registered Waste Hauler</td>
<td>Stevens Environmental Services, Inc.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Hauler ID No.</td>
<td>18292</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Cubic Yards of Waste</td>
<td>2 CU</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Name of Registered Waste Hauler</td>
<td>Growth Landfill</td>
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<td></td>
<td></td>
<td>Disposal Date</td>
<td>4/24/15</td>
</tr>
<tr>
<td></td>
<td></td>
<td>City, State</td>
<td>Morristown, PA</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Completed By</td>
<td>Mahlon E. Stevens</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Title</td>
<td>Project Manager</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 8:68 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>4-23-15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Anthony Demolition Co.</td>
</tr>
<tr>
<td>Street Address</td>
<td>22 English Ln.</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Egg Harbor, NJ</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Steve A</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
</tbody>
</table>

FACILITY INFORMATION

| Name of Facility Where Abatement is Taking Place (3) | Resident |
| Street Address | 404 West St. Dr. |
| City | Brigantine |
| County | Ocean |
| County Code (7) | (STATE USE ONLY) |
| Square Feet | |
| # of Floors | |
| Current Use (Prior to being demolished) | |

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

Name of Abatement Contractor (9) | Anjo, LLC |
| Street Address | 1212 Burlington Ave. |
| City, State, Zip Code | Delanco, NJ 08020 |
| Telephone No. | 609-346-5916 |
| License No. | 07070 |

Name of OSHA Monitor | Self |
| Street Address | |
| 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):
- 28 sf or < 25 sf
- 1150 sf or < 2800 sf
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebox Procedure
- Non-Exempted (*) and Non-Pressure 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):
- ACM Siding

Amount (Specify SF or LF)

Name of Registered Waste Hauler | Anjo, LLC |
| NJDEP Waste Hauler ID No. | 35635 |
| Cubic Yards of Waste | 004 |
| Name of Registered Landfill | NPE of NJ |

Completed by | Hill |
| Title | VP |
| Signature | |

* Do not use this form for asbestos license exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:56 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>4-23-15</th>
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<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Holy Trinity Parish</td>
</tr>
<tr>
<td>Agencies Notified</td>
<td>EPA</td>
</tr>
<tr>
<td>Type Notification</td>
<td>Initial</td>
</tr>
<tr>
<td>Street Address</td>
<td>11 W Kenyon Ave</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Hackensack NJ 07601</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Pat</td>
</tr>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td>Blessed Sacrament School</td>
</tr>
<tr>
<td>Address</td>
<td>Jerome Ave</td>
</tr>
<tr>
<td>City (6)</td>
<td>Hackensack</td>
</tr>
<tr>
<td>County (6)</td>
<td>Ocean</td>
</tr>
<tr>
<td>ASCM No.</td>
<td>321001128</td>
</tr>
<tr>
<td>Name of Abatement Contractor (8)</td>
<td>Ani Jurevic LLC</td>
</tr>
<tr>
<td>Street Address</td>
<td>1212 Burlington Ave</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Hackensack NJ 07601</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>973-936-096</td>
</tr>
<tr>
<td>License No.</td>
<td>4906</td>
</tr>
<tr>
<td>License Expiration Date</td>
<td>04/28/2018</td>
</tr>
<tr>
<td>SIC Code</td>
<td>5224</td>
</tr>
<tr>
<td>Name of OSHA Monitor</td>
<td>Self</td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>5-2-2015</td>
</tr>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>5-30-2015</td>
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<tr>
<td>Occupancy Status During Abatement (Check Only One)</td>
<td>Facility Closed/ Vacated During Entire Period of Abatement</td>
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<tr>
<td>Abatement Performed Outside of Normal Facility Hours</td>
<td>No</td>
</tr>
<tr>
<td>Scope of Work (Check All That Apply)</td>
<td></td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (12)</td>
<td></td>
</tr>
<tr>
<td>1st and 2nd Floors</td>
<td></td>
</tr>
<tr>
<td>Is Location Normally Used Solely by Maintenance/Custodial Staff?</td>
<td>Yes</td>
</tr>
<tr>
<td>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, WAT, or other miscellaneous)</td>
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</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
<td>6,000 SF</td>
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<tr>
<td>Abatement Type</td>
<td>Full Containment with Negative Pressure</td>
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<tr>
<td>Responsible Contractor</td>
<td>Ani Jurevic LLC</td>
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<tr>
<td>NJDEP Waste Handler ID No.</td>
<td>35635</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td>2,037</td>
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<tr>
<td>Name of Registered Landfill</td>
<td>WCMF PA</td>
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<tr>
<td>City, State</td>
<td>Delaware</td>
</tr>
<tr>
<td>Disposal Date</td>
<td>7-29-15</td>
</tr>
<tr>
<td>Title</td>
<td>VI</td>
</tr>
<tr>
<td>Signature</td>
<td>J Hill</td>
</tr>
</tbody>
</table>

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

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

**Date of Notification (1):** 4-23-15  
**Name of Building Owner/Operator (2):** Our Lady of The Mt. Parish

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

**Street Address:** 167 Mt Bethal Rd  
**City, State, Zip Code:** Wareen, NJ 07059

**Name of Facility Where Abatement Is Taking Place (3):** Our Lady of the Mt. Parish  
**Type of Facility (4):** School (K-12)

**City (5):** Wareen  
**County (6):** Somerset  
**Square Feet:** 5,000  
**# of Floors:** 1  
**Blog, Age:**

**Name of Monitoring Firm Hired by Building Owner (8):** EPC Technologies (EPC Technologies Inc.)  
**Name of Abatement Contractor (9):** EPC Technologies Inc

**Project Manager for Monitoring Firm:** Steve Schenkee  
**Telephone No.:** 609-758-3365

**Start Date (10):** 5-4-15  
**Scheduled Completion Date (11):** 5-5-15

**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:

**Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility:**  
**Yes**  
- [X] Boiler Bricks  
- [ ] Boiler Exhaust, Fitting  
- [ ] Pipe Insulation

**Cubic Yards of Waste:** 1,7000  
**Name of Registered Waste Hauler:** EPC Technologies

**City, State:** New Egypt, NJ  
**Disposal Date:** 5-6-15

**Endorsement of PIA:**  
**Name of Registered Endorser:** Indfill  
**Name of Endorser:** Steve Schenkee  
**Title:** President  
**Signature:**

**Date:** 4-23-15

---

*Do not use this form for asbestos removal exempted activities.*
**State of New Jersey**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:30 and 12:120)

- **Date of Notification (1):** 4-23-15
- **Name of Building Owner/Operator (2):** Kelly Construction
  - **Street Address:** 3 Kelly Court
  - **City, State, Zip Code:** Green Brook, N.J. 08812
- **Name of Contact:** Mike Murray
  - **Telephone Number:**

**FACILITY INFORMATION**
- **Name of Facility Where Abatement is Taking Place (3):** Single family dwelling
  - **Street Address:** 1823 West 7th Street
  - **City:** Piscataway
  - **County:** Middlesex
  - **County Code:** N/A

**EPC Technologies**
- **Address:** P.O. Box 337
- **City, State, Zip Code:** New Egypt, NJ 08533
- **License No.:** J 08533
  - **Telephone No.:** 609-758-3365

**Project Manager for Monitoring Firm:** Steve Schenker
- **License No.:** 00394
- **Start Date (10):** 5-7-15
- **Scheduled Completion Date (11):** 5-7-15

**EPC Technologies Inc.**
- **Street Address:** P.O. Box 337
- **City, State, Zip Code:** New Egypt, NJ 08533

**Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility:**
- **1st Floor:** Yes
  - **Description:** Floor Tiles
  - **Amount:** 50 sq ft
- **Basement:** Yes
  - **Description:** Pipe Insulation
  - **Amount:** 10 sq ft

**Name of Registered Waste Hauler:** EPC Technologies
- **Disposal Date:** 5-8-15
- **City, State:** Moorestown, PA
- **Cubic Yards of Waste:** 17,000

**Name of Registered Manager of PA:** Steve Schenker
- **Title:** President
- **Signature:**

**Abatement Type:**
- **Removal:**
- **Encapsulate:**
- **Endfill:**

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

Date of Notification (1)
4/22/15

Name of Building Owner/Operator (2)
Jewish Community Center of Fort Lee

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

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

Street Address
1449 Anderson Avenue
City, State, Zip Code
Fort Lee, NJ 07024

Name of Contact
Martha Dawson
Telephone Number

Name of Facility Where Abatement is Taking Place (3)
Jewish Community Center of Fort Lee

Street Address
1449 Anderson Avenue
City (5)
Fort Lee
County (6)
Bergen
County Code (7)
3000
Bldg. Age
65

Name of Monitoring Firm Hired by Building Owner (8)
ASCM No.
00012
Name of Abatement Contractor (9)
ABS Environmental Services LLC

Street Address
300 Grand Avenue
City, State, Zip Code
Englewood, NJ 07631

Project Manager for Monitoring Firm
Anthony Valentine
Telephone No.
201-569-6708

Telephone No.
973-754-2276
License No.
703

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

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

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-Exemptable Procedure

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>
<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>
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<tbody>
<tr>
<td>boiler room</td>
<td>Yes</td>
<td>pipe insulation</td>
<td>75 LF</td>
<td>Removed</td>
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<tr>
<td>boiler room</td>
<td>Yes</td>
<td>pipe fittings on fiberglass runs</td>
<td>20 LF</td>
<td>Removed</td>
</tr>
<tr>
<td>boiler room</td>
<td>Yes</td>
<td>duct insulation</td>
<td>60 SF</td>
<td>Removed</td>
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<tr>
<td>boiler room</td>
<td>Yes</td>
<td>floor tile</td>
<td>50 SF</td>
<td>Removed</td>
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<td>Name of Registered Waste Hauler (14)</td>
<td>NJDEP Waste Hauler ID No. 15939</td>
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<td>Freehold Cartage</td>
<td>Cubic Yards of Waste</td>
<td>15</td>
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<tr>
<td>Cumberland Landfill</td>
<td>Name of Registered Landfill</td>
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<td></td>
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</tbody>
</table>

City, State
Freehold, NJ

Completed by
A. Scott Higgins
Title
President
Signature

Date
4/22/15

* Do not use this form for asbestos licensure exempted activities.
Date of Notification (1) 4/22/15

Name of Building Owner/Operator (2) Jewish Community Center of Fort Lee

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

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

Street Address
1449 Anderson Avenue

City, State, Zip Code
Fort Lee, NJ 07024

Name of Contact
Martha Dawson

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Jewish Community Center of Fort Lee

Street Address
1449 Anderson Avenue

City (5)
Fort Lee

Square Feet
3000

County (6)
Bergen

Bldg. Age
65

County Code (7)
STATE USE ONLY

Current Use (Prior if being demolished)

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

ASCM No.
00012

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

Street Address
300 Grand Avenue

City, State, Zip Code
Englewood, NJ 07631

Project Manager for Monitoring Firm
Anthony Valentine

Telephone No.
201-569-6708

Telephone No.
973-764-2276

Lic. No.
703

Name of OSHA Monitor

Start Date (10)
5/4/15

Scheduled Completion Date (11)
6/4/15

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

Scope of Work (Check All That Apply)
- 23 sf or 23 if
- 2100 sf or 2200 if
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Table Procedure

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

In Facility

(13)

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)
elbow insulation (4 fittings)

Amount (Specify SF or LF)
4 SF

Abatement Type

Endorse
Removal
Repair
Encapsulate

Name of Registered Waste Hauler
Freehold Cartage

NJ/DEP Waste Hauler ID No.
15939

Cubic Yards of Waste
15

Name of Registered Landfill
Cumberland Landfill

City, State
Freehold, NJ

Disposal Date
TBD

City, State
Newburg PA

Completed by
A. Scott Higgins

Title
President

Signature

Date
4/22/15

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

Date of Notification (1)
4/21/15

Name of Building Owner/Operator (2)
Top Tomatoe

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

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

Street Address
240 Page Avenue
City, State, Zip Code
Staten Island, NY 10307

Name of Contact
Mike
Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Street Address
430 North Avenue West
City (5)
Westfield
County (6)
Union
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.
973-764-2276

License No.

Start Date (10)
4/22/15
Scheduled Completion Date (11)
5/22/15

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

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

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

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

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

Amount (Special SF or Lb)

Abatement Type

Freehold Cartage
NJ/DEP Waste
Hauser ID No.
15639
Cubic Yards
of Waste
TBD

Name of Registered Landfill
Western Berks Landfill
City, State
Freehold, NJ
Disposal Date
TBD
City, State
Birdsboro PA

Completed by
A. Scott Higgins
Title
President
Signature

* Do not use this form for asbestos li
sure exempted activities.
Date of Notification (1)  
04/20/2015

Name of Building Owner/Operator (2)  
Princeton-Blairstown Center

Agencies Notified  
X EPA  
X DEP  
□ DOL  
□ DOH  
□ DCA

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

Street Address  
158 Millbrook Rd

City, State, Zip Code  
Hardwick, NJ, 07825

Name of Contact  
Mr. Jody Zengulis

Name of Facility Where Abatement is Taking Place (3)  
Hunt Lodge

Street Address  
158 Millbrook Rd

City (5)  
Hardwick

County (6)  
Warren

County Code (7)  

Current Use (Prior if building demolished)  
Recreation

Square Feet  
4,000

# of Floors  
1

Bldg. Age  
1945

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

Name of Monitoring Firm Hired by Building Owner (8)  
Quad 3

Name of Abatement Contractor  
Riddle Environmental

Name of OSHA Monitor  
Lou Riddle

Street Address  
431 Smith Street

City, State, Zip Code  
Dunmore, PA 18512

Project Manager for Monitoring Firm  
Brian Poplawchick

Telephone No.  
570-342-5200

Scheduled Completion Date (11)  
5/6/2015

Start Date (10)  
5/5/2015

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

□ Demolition

□ Full Containment with Negative Pressure

□ Mini-Enclosure Procedure

□ Non-Exempted (*) and Non-Friable Procedure

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

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)  
Linoleum

Amount (Square Feet)  
~ 40 sq/ft

Abatement Type

Removal

Repair

Encapsulate

Endorse

Name of Registered Waste Hauler To be Determined

NJDEP Waste Hauler ID No.

Cubic Yards of Waste

Name of Registered Landfill

Disposal Date

City, State

Completed by  
Lou Riddle

Title  
Owner

Signature

Date  
4/20/2015

ASB-41 (R-06-08)

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>04/20/2015</th>
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</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Princeton-Blaisestown Center</td>
</tr>
<tr>
<td>Agencies Notified</td>
<td>EPA, DEP, DOL</td>
</tr>
<tr>
<td>Type Notification</td>
<td>Initial</td>
</tr>
<tr>
<td>Street Address</td>
<td>156 Millbrook Rd</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Hardwick, NJ, 07825</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Mr. Jody Zengulis</td>
</tr>
<tr>
<td>FACILITY INFORMATION</td>
<td></td>
</tr>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td>Vacant Dwelling</td>
</tr>
<tr>
<td>Street Address</td>
<td>156 Millbrook Rd</td>
</tr>
<tr>
<td>City (5)</td>
<td>Hardwick</td>
</tr>
<tr>
<td>County Code (7) (STATE USE ONLY)</td>
<td>Warren</td>
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<tr>
<td>Square Feet</td>
<td>1,400</td>
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<td># of Stories</td>
<td>1.5</td>
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<td>Blg. Age</td>
<td>1960</td>
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<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>ASCM No.</td>
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<tr>
<td>Street Address</td>
<td>72 GlenMaura Blvd.</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Moosic PA 18507</td>
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<td>To be Determined</td>
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<td>City, State</td>
<td>Dunmore, PA 18512</td>
</tr>
<tr>
<td>Disposal Date</td>
<td>5/7/2015</td>
</tr>
<tr>
<td>Completed by</td>
<td>Lou Riddle</td>
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<tr>
<td>Title</td>
<td>Owner</td>
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**Location of Asbestos-Containing Material (ACM) TO BE ABATED**

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<th>Location</th>
<th>Bathroom</th>
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<td>No</td>
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<th>Enclosure</th>
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<td>Mini-Enclosure</td>
<td>Glovebag Procedure</td>
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<td>Non-Exempted (*) and Non-Friable Procedure</td>
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