## State of New Jersey
### NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:58 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>Name of Building Owner/Operator</th>
<th>Name of Monitoring Firm Hired by Building Owner</th>
<th>Name of Abatement Contractor</th>
</tr>
</thead>
<tbody>
<tr>
<td>7/27/12</td>
<td>MR. DENNIS KIRK</td>
<td>ASCM No.</td>
<td>Best Removal Inc</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agency Notified</th>
<th>Type Notification</th>
<th>Street Address</th>
<th>City, State, Zip Code</th>
<th>County Code</th>
<th>Grade</th>
<th>Building Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ EPA</td>
<td>□ Initial</td>
<td>184 COEYMAN AVE</td>
<td>NUTLEY, N.J. 07107</td>
<td>ESSEX</td>
<td></td>
<td>1940</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FACILITY INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Facility Where Abatement is Taking Place</td>
</tr>
<tr>
<td>MR. KIRK</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Type of Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ School (K-12)</td>
</tr>
<tr>
<td>□ Subchapter 8 (Other than K-12)</td>
</tr>
<tr>
<td>□ Other (i.e. private &amp; commercial buildings, homes, etc.)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Square Feet</th>
<th># of Floors</th>
<th>Bldg. Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>1500</td>
<td>2</td>
<td>1940</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Current Use (Prior if being demolished)</th>
</tr>
</thead>
<tbody>
<tr>
<td>REMOVAL</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>201-329-7444</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Start Date</th>
<th>Scheduled Completion Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>8/8/12</td>
<td>8/9/12</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check one only)</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>
<tr>
<td>□ Other - Describe: DIY TO SAA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Replacement of Radon Mitigation System</td>
</tr>
<tr>
<td>□ Full containment with Negative Pressure</td>
</tr>
<tr>
<td>□ Rigging/Disassembly</td>
</tr>
<tr>
<td>□ Gloves/Procedures</td>
</tr>
<tr>
<td>□ Non-Exempted (*) and Non-Friable Procedures</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>TO BE ABATED (19)</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>Cubic Yards of Waste Disposed</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Disposal Date</th>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>8/9/12</td>
<td>WAYNESBURG, OH</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed by</th>
</tr>
</thead>
<tbody>
<tr>
<td>J. MAIORANO</td>
</tr>
</tbody>
</table>

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

**State of New Jersey**

**Pursuant to NJAC 8:60 and 12:1201**

**Date of Notification:** 7/27/12

**Name of Building Owner/Operator:** Kriegman + Smith Asbestos Control & Licensing

**Street Address:** 101 Eisenhower Parkway

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

**Name of Contact:** Rich Shatwell

**Telephone Number:**

**Name of Facility Where Abatement is Taking Place:** The Blaine House

**Street Address:** 7 Hamilton Road

**City:** Morristown

**County:** Morris

**Name of Monitoring Firm Hired by Building Owner:** ASCM

**Name of Abatement Contractor:** A. Mac Contracting Inc.

**Street Address:** 105 Lowell Road

**City, State, Zip Code:** Glen Rock, N.J. 07452

**Project Manager for Monitoring Firm:**

**Telephone No.:**

**License No.:** 00186

**Name of OSHA Monitor:** Omega Environmental Services Inc.

**Street Address:** 290 Muyler Street

**City, State, Zip Code:** Hackensack, NJ 07606

**Occupancy Status During Abatement:**

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

**Scope of Work:**

- [x] 200 sf or 3200 sf
- [ ] 1000 sf or 3200 sf
  
- [x] Renovation
- [ ] Demolition

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

**In Building (1%)**

<table>
<thead>
<tr>
<th>Description of Asbestos-Containing Material</th>
<th>Amount (Special SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Thermal System Insulation, surfacing, and/or other related materials</td>
<td>[ ] 2000 sq. ft.</td>
</tr>
<tr>
<td>[ ] 2000 sq. ft.</td>
<td></td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler:** Ronic Transport

**Waste Hauler ID No.:** 20785

**Cubic Yards of Waste:** 5

**Name of Registered Landfill:** IESI PA Bethlehem Landfill Corp.

**City, State:** Bethlehem, PA 18015

**Disposal Date:** 7/29/12

**Completed by:**

- [x] R. McDonald
  
- [ ] Title: President
  
- [ ] Signature: [Signature]

---

*Do not use this form for asbestos removal 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>7/27/12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Adelaide Richardson</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Street Address</th>
<th>240 Littleton Road</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State, Zip Code</td>
<td>Parsippany, NJ 07054</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Joe Pilowski</td>
</tr>
<tr>
<td>Telephone Number</td>
<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>
</tr>
</thead>
<tbody>
<tr>
<td>house</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Square Feet</th>
<th># of Floors</th>
<th>Bldg. Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>2600</td>
<td>2</td>
<td>62</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>County Code (7) (STATE USE ONLY)</th>
<th>Current Use (Prior if being demolished)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Morris</td>
<td>vacant</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>ASCM No.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of Abatement Contractor (9)</th>
<th>ABS Environmental Services, LLC</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>4 E Gate Drive, PO Box 483</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State, Zip Code</td>
<td>Glenwood, NJ 07418</td>
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</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
<th>Licensee No.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>973-764-2276</td>
<td>703</td>
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</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>8/6/12</td>
<td>8/20/12</td>
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</table>

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check Only One)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
</tr>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours</td>
</tr>
<tr>
<td>Other – Describe:</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>
<tr>
<td>Full Containment with Negative Pressure</td>
</tr>
<tr>
<td>Mini-Enclosure</td>
</tr>
<tr>
<td>Glovebag Procedure</td>
</tr>
<tr>
<td>Non-Exampted (*) and Non-Frigile Procedure</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st floor boiler room</td>
</tr>
<tr>
<td>1st floor boiler room</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler Freehold Cartage</th>
</tr>
</thead>
<tbody>
<tr>
<td>NJDEP Waste Hauler ID No. 15939</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Datum Disposal Date</th>
<th>City, State</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>TBD</td>
<td>City, State</td>
<td>Morrisville, PA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed by</th>
<th>Title</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Andrew Scott Higgins</td>
<td>President</td>
<td>Signature</td>
<td>7/27/12</td>
</tr>
</tbody>
</table>

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

**Date of Notification (1)**
07/02/12

**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**
Mr. Leonard Saponara

**FACILITY INFORMATION**

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

**Street Address**
54 Orange Road

**City (5)**
Montclair

**County (6)**
Essex

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

**Number of Floors**
5,000 +

**Bldg. Age**
50+

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

**Square Feet**
163

**License No.**
973-689-6281

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

**Street Address**
163 Sargeant Avenue

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

**Telephone No.**
201-569-6708

**Name of OSHA Monitor**
J&S Environmental Laboratories LLC

**Street Address**
2333 Route 22 West

**City, State, Zip Code**
Union, NJ 07081

**Telephone No.**
973-689-6281

**Name of Monitoring Firm Hired by Building Owner (8)**
Detail Associates, Inc.

**ASCM No.**
00012

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

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

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

- [ ] 250 sf or less
- [ ] 2500 sf or less
- [x] Renovation Demolition
- [x] Full Containment with Negative Pressure
- [x] Mini-Enclosure
- [x] Glovebag Procedure
- [x] Non-Exempted (*) and Non-Friable Procedure

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

**In Facility (13)**

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

- [x] Yes
- [ ] No
- [ ] N/A

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

- [x] 2,000 SF or Less
- [x] 1,000 SF or Less

--- **Abatement Type** ---

- [x] Removal
- [x] Repair
- [x] Encapsulate
- [x] Endure

--- **Contractor Information** ---

**Name of Registered Waste Hauler**
Pyramid Contracting Corp.

**Hauler ID No.**
32613

**Cubic Yards of Waste**
10

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

**City, State**
Clifton, New Jersey

**Disposal Date**
09/15/12

**City, State**
Morristown, Pennsylvania

**Completed by**
Dimo Golcev

**Title**
General Manager

**Signature**

--- **Do not use this form for asbestos license exempted activities.** ---
<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (10)</th>
<th>In Location Normally Used Solely by Maintenance/Custodial Staff: (12)</th>
<th>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boiler Room</td>
<td>Yes</td>
<td>Pipe Insulation</td>
<td>100 LF</td>
<td>Removal</td>
</tr>
<tr>
<td>Pump Room</td>
<td>Yes</td>
<td>Pipe Insulation</td>
<td>30 LF</td>
<td>Removal</td>
</tr>
<tr>
<td>Sub-Pump Room</td>
<td>Yes</td>
<td>Elbows</td>
<td>2 LF</td>
<td>Removal</td>
</tr>
</tbody>
</table>
**State of New Jersey**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60 and 12:120)

**Date of Notification (1)**
07/02/12

**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**
Mr. Leonard Saponara

---

**FACILITY INFORMATION**

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

**Street Address**
54 Orange Road

**City (5)**
Montclair

**County (6)**
Essex

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

**Name of Monitoring Firm Hired by Building Owner (8)**
Detail Associates, Inc.

**ASCM No.**
00012

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

**Street Address**
300 Grand Avenue

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

**Telephone No.**
201-569-6708

**License No.**
01099

---

**Start Date (10)**
07/03/12

**Scheduled Completion Date (11)**
08/22/12

**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)**

- ²3,000 sf or ²3,000 sf
- ²1,000 sf or ²2,500 sf

- Renovation
- Demolition

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

---

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

**Boiler Room**

- X 2 Boilers-Exterior cover and the materials inside the panels
- X Boiler Breaching

--- Continued on the next page ---

**Name of Registered Waste Hauler**
Pyramid Contracting Corp.

**NJ/DEP Waste Hauler ID No.**
32613

**Cubic Yards of Waste**
10

**Disposal Date**
08/08/12

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

**City, State**
Clifton, New Jersey

**Completed by**
Dimo Golcev

**Title**
General Manager

**Signature**

**Date**
07/20/12

---

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

State of New Jersey

Date of Notification (1) 07/02/12

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

Agencies Notified

- EPA
- DEP
- DOL
- DOH
- DCA

Type Notification

- Initial
- Amended
- Amendment # 02
- Emergency (including justification)
- Cancellation

Street Address
22 Valley Road

City, State, Zip Code
Montclair, NJ 07042

Name of Contact
Mr. Leonard Saponara

Telephone Number

--- Facility Information ---

Name of Facility Where Abatement is Taking Place (3)
Central Heating Plant

Street Address
54 Orange Road

City (5)
Montclair

County (6)
Essex

County Code (7) (STATE USE ONLY)

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

ASCM No.
00012

Name of Abatement Contractor (9)
Pyramid Contracting Corp.

Street Address
300 Grand Avenue

City, State, Zip Code
Englewood, NJ 07631

Project Manager for Monitoring Firm
Mr. Stephen J

Telephone No.
201-569-6708

License No.
973-889-6281

Name of OSHA Monitor
J&S Environmental Laboratories LLC

Street Address
183 Sargeant Avenue

City, State, Zip Code
Clifton, NJ 07013

Start Date (10)
07/23/12

Scheduled Completion Date (11)
08/08/12

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)
- ≥160 sf or ≥23 SF
- ≥160 sf or ≥260 SF
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-exempted (*) and Non-Friable Procedure

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

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

Boiler Room

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

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

Amount (Specify SF or LF)

Abatement Type

--- Continued on the next page ---

Name of Registered Waste Hauler
Pyramid Contracting Corp.

NUDEP Waste Hauler ID No. 32813

Cubic Yards of Waste
10

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

City, State
Clifton, New Jersey

Disposal Date
08/08/12

City, State
Morristown, Pennsylvania

Completed by
Dimo Golcev

Title
General Manager

Signature

Date
07/17/12

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)**  
07/02/12

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

**Name of Abatement Contractor (6)**  
Pyramid Contracting Corp.

**Address (1)**  
22 Valley Road

**City, State, Zip Code (1)**  
Montclair, NJ 07042

---

### Name of Facility Where Abatement Is Taking Place (3)
Central Heating Plant

### Street Address (4)
54 Orange Road

### City (5)
Montclair

### County (6)
Essex

### Name of Monitoring Firm Hired by Building Owner (8)
Detail Associates, Inc.

### ASCM No. (7)
00012

---

### Name of OSHA Monitor (9)
J&S Environmental Laboratories LLC

### Street Address (10)
163 Sergeant Avenue

### City, State, Zip Code (10)
Clifton, NJ 07013

---

### Start Date (11)
07/18/12

### Scheduled Completion Date (11)
08/08/12

---

### Facility Closed/Vacated During Entire Period of Abatement
Yes

### Abatement Performed Outside of Normal Facility Hours
Yes

---

### Scope of Work (Check All That Apply)
- [X] Renovation
- [X] 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) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boiler Room</td>
<td>Yes</td>
<td>2 Boilers-Exterior cover and the materials inside the panels</td>
<td>2,000 SF</td>
<td>Removal</td>
</tr>
<tr>
<td>Boiler Room</td>
<td>No</td>
<td>Boiler Breaching</td>
<td>1,000 SF</td>
<td>Encapsulate</td>
</tr>
</tbody>
</table>

---

--- Continued on the next page ---

### Name of Registered Waste Hauler
Pyramid Contracting Corp.

### NUDEP Waste Hauler ID No.
32613

### Cubic Yards of Waste (12)
10

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

### City, State
Clifton, New Jersey

### Disposal Date
08/08/12

### City, State
Morrisville, Pennsylvania

### Completed by
Dino Golev

### Title
General Manger

### Signature
[Signature]

### Date
07/13/12

---

*Do not use this form for asbestos licensure exempted activities.*
## NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:59 and 12:120)

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

**Name of Monitoring Firm Hired by Building Owner (8):** Detail Associates, Inc.

**Name of Abatement Contractor (9):** Pyramid Contracting Corp.

### FACILITY INFORMATION

- **Type of Facility (4):**
  - School (K-12)
  - School (K-12)
- **Square Feet:** 5,000 +
- **# of Floors:** 2
- **Bldg. Age:** 50+
- **Occupancy Status During Abatement:** School

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Asbestos-Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boiler Room</td>
<td>2 Boilers-Exterior cover and the materials inside the panels</td>
<td>2,000 SF</td>
<td>X</td>
</tr>
<tr>
<td>Boiler Room</td>
<td>Boiler Breaching</td>
<td>1,000 SF</td>
<td>X</td>
</tr>
</tbody>
</table>

--- Continued on the next page ---

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

- **Boiler Room:** x

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boiler Room</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):**

- 2 Boilers-Exterior cover and the materials inside the panels
- Boiler Breaching

---

**Name of Registered Waste Hauler:** Pyramid Contracting Corp.

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

--- Continued on the next page ---

**Completed by:** Dimo Golcev

**Title:** General Manager

**Signature:** [Signature]

**Date:** 07/02/12

---

*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):
7/30/12

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

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

Name of Building Owner/Operator (2):
The Archdiocese of Newark

Address:
P.O. Box 9500
City, State, Zip Code: Newark, NJ 07104

Name of Contact:
Tom McCue

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3):
499 Belgrove Drive
Kearny
County Code (7) (STATE USE ONLY):
Hudson

Type of Facility (4):
- School (K-12)
- Subchapter 9 (Other than K-12)
- Other (i.e. private & commercial buildings, homes, etc.)

Square Feet:
5000

Current Use (Prior if being demolished):

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

ASCM No.:
00079

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

Street Address:
4 E Gate Drive, PO Box 483
Glenwood, NJ 07418

Telephone No.:
973-764-2276
License No.:
703

Start Date (10):
7-23-12
Scheduled Completion Date (11):
9/18/12

Facility Closed/Vacated During Entire Period of Abatement:

Occupancy Status During Abatement (Check Only One):
- Abatement Performed Outside of Normal Facility Hours
- Other - Describe:

Scope of Work (Check All That Apply):
- 23 sf or 23 sf
- 150 sf or 2280 sf
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

In Facility:
(13)

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

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

Amount (Specify SF or LF):

Abatement Type:

Pursuant to McCabe
ENVIRONMENTAL SERVICES
SCOPE OF WORK

Name of Registered Waste Hauler:

Freehold Cartage
Name of Registered Landfill:
GROWS N Landfill

Cubic Yards of Waste:

Disposal Date:

City, State:
Morrisville, PA

Signature:

Date: 7/30/12

* Do not use this form for asbestos licensure exempted activities.
<table>
<thead>
<tr>
<th>LOCATION</th>
<th>MATERIAL DESCRIPTION</th>
<th>ESTIMATED QUANTITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>Rock mills boiler insulation</td>
<td>400 SF</td>
</tr>
<tr>
<td>Basement</td>
<td>Rock mills breeching insul</td>
<td>160 SF</td>
</tr>
<tr>
<td>Basement</td>
<td>HB smith boiler packing between sections</td>
<td>10 SF</td>
</tr>
<tr>
<td>Basement</td>
<td>Breeching insulation on arch-top boiler</td>
<td>6 SF</td>
</tr>
<tr>
<td>Basement</td>
<td>Packing on chimney access door</td>
<td>180 SF</td>
</tr>
<tr>
<td>Basement</td>
<td>Pipe joint insulation</td>
<td>20 LF</td>
</tr>
<tr>
<td>Basement</td>
<td>Paper pipe insulation</td>
<td>180 SF</td>
</tr>
<tr>
<td>Basement</td>
<td>White debris on floor</td>
<td>4 CY</td>
</tr>
<tr>
<td>Garages</td>
<td>Roofing tar &amp; flashing</td>
<td>1000 SF</td>
</tr>
</tbody>
</table>
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:69 and 12:120)

Date of Notification (1) 7-30-12

Name of Building Owner/Operator (2) 2012 AUG-1 AM 7:23
Aviva Rabinovitz

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

Street Address
28 Lorrie Lane
Clifton, NJ 07013

Name of Contact Aviva Rabinovitz

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
house
Street Address
28 Lorrie Lane

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

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

Name of Abatement Contractor (9)
ABS 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 2000
# of Floors 2
Bldg. Age 40

Current Use (Prior if being demolished)

Project Manager for Monitoring Firm

Telephone No.

Start Date (10) 6/13/12
Scheduled Completion Date (11) 8/20/12

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

Scope of Work (Check All That Apply)
☐ ≥3 sf or ≥3 ft
☐ ≥150 sf or ≥260 ft
☐ Renovation
☐ Demolition

Location of Asbestos-Containing Material (ACM)

TO BE ABATED
In Facility (12)

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

Name of Registered Waste Hauler
Freehold Cartage
NJDEP Waste Hauler ID No. 15939

Cubic Yards of Waste
10

Name of Registered Landfill
GROWS N Landfill

Disposal Date TBD

City, State Morrisville, PA
Freehold NJ

Completed by Andrew Scott Higgins
Title President
Signature

Date 7-30-12

* 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><strong>Date of Notification (1)</strong></th>
<th>7-30-12</th>
</tr>
</thead>
</table>

**Agency Notified**

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

**Type Notification**

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

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

Valley National Bank C/O Michael J. Gheisar

**Street Address**

1720 Route 23 North Wayne, NJ 07470

City, State, Zip Code

**Name of Contact**

Dan Chin

**Telephone Number**

**FACILITY INFORMATION**

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

1955 Laurel Road
Lindenwold

**City (8)**

**County (6)**

Camden

**County Code (7)**

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

**Square Feet**

2500

**# of Floors**

2

**Bldg. Age**

50

**Type of Facility (4)**

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

**Name of Abatement Contractor (5)**

ABS Environmental Services, LLC

**Street Address**

4 E Gate Drive, PO Box 483
Glenwood, NJ 07418

**Telephone No.**

973-764-2276

**License No.**

703

**Name of OSHA Monitor**

**Street Address**

**City, State, Zip Code**

**Project Manager for Monitoring Firm**

**Telephone No.**

**Start Date (10)**

8-1-12

**Scheduled Completion Date (11)**

8-18-12

**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] 23 sf or <23 sf
- [ ] 2160 sf or <2260 sf
- [x] Renovation
- [ ] Demolition
- [x] CONCRETE & SIDING

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

- [x] EXTERIOR

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

- [x] 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)**

10 YDS

**Abatement Type**

- [x] Removal
- [ ] Repair
- [ ] Encasement
- [ ] Enclosure

**Name of Registered Waste Hauler**

Freehold Cartage

**NJDEP Waste Hauler ID No.**

15839

**Cubic Yards of Waste**

10

**Name of Registered Landfill**

GROWS N Landfill

**City, State, Zip Code**

**Disposal Date**

TBD

**City, State, Zip Code**

**Completed by**

Andrew Scott Higgins

**Title**

President/Owner

**Signature**

**Date**

7-30-13

---

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

Date of Notification (1)
7/30/12

Name of Building Owner/Operator (2)
Louis IZZI

Agencies Notified

☐ EPA
☐ DEP
☒ DOH
☐ DCA

Type Notification

☐ Initial
☐ Amended
☐ Amendment #
☐ Emergency (Including justification)
☐ Cancellation

Street Address
131 Malone Avenue

City, State, Zip Code
Belleville NJ 07109

Name of Contact
Gary Salvano

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Street Address
131 Malone Avenue

City (9)
Belleville

County (6)
Essex

County Code (7)

Current Use (Prior if being demolished)

Type of Facility (4)

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

Square Feet
2000

# of Floors
2

Bldg. Age
40

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.

Name of Abatement Contractor (6)
ABS Environmental Services, LLC

Street Address
4 E Gate Drive, PO Box 483

City, State, Zip Code
Glenwood, NJ 07418

Project Manager for Monitoring Firm

Telephone No.
973-764-2276

License No.
703

Start Date (10)
8/2/12

Scheduled Completion Date (11)
8/8/12

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 ≤331
☐ ≥160 sf or ≥2601
☐ Demolition
☐ Renovation

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

boiler room east

x

boiler room east

x

Description of Asbestos Containing Material (ACM)

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

Amount
(Specify SF or LF)

30 LF

30 SF

Abatement Type

Full Containment with Negative Pressure

Mint-Enclosure

Glovebag Procedure

Non-Exempted () and Non-Friable Procedure

Name of Registered Waste Hauler
Freehold Cartage

NUDEP Waste Hauler ID No.
15939

Cubic Yards of Waste
10

Name of Registered Landfill
GROWS N Landfill

City, State
Morrisville, PA

Disposal Date
TBD

Completed by
Andrew Scott Higgins
Title
President

Signature

Date
7/30/12

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)

Date of Notification (1): 
July 26, 2012

Name of Building Owner/Operator (2):
First Presbyterian Church

Street Address:
10 Wildwood Avenue
Pitman, NJ 08071

Name of Contact:
Barry Owen

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

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

City
Pitman
County (6)
Gloucester

County Code (7)
ASCN No.

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

Square feet
2000 sf

# of Floors
2
Bldg. Age
60

Current Use (Prior if being demolished):
Residence

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

Street Address:
305 South Broadway

Name of Monitoring Firm Hired by Building Owner (8):
Guardian Contracting, Inc.

ASCM No.

Street Address:
1889 Rte. 9, Unit 61
Toms River, NJ 08755

City, State, Zip Code
Toms River, New Jersey 08755-1271

Telephone Number
732-349-9932

License Number
00624

Type of Abatement Contractor (9):
Guardian Contracting, Inc.

Street Address:
1889 Route 9, Unit 61
Toms River, New Jersey 08755-1271

Name of OSHA Monitor:
E.M.S.L. Analytical

Street Address:
1056 Stetson Road
Piscataway, New Jersey 08854

City, State, Zip Code

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

 occupany

Scope of Work (Check all that apply):
[ x ] >3 sf or 3 sf
[ x ] 160 sf or 260 sf
[ x ] Demolition
[ ] Renovation
[ ] Full Containment with Negative Pressure
[ ] Mini-Enclosure
[ x ] Glovebag Procedure
[ ] Non-Exempted (*) and Non-Friable Procedure

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

(13)

Is Location Normally used Solely by Maintenance/Custodial Staff

YE s NO N/A

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

Amount (Specify SF or LF)

Basement
Asbestos pipe insulation
10 LF
x

Exterior
Window glazing
22 window
x

Name of Registered Waste Hauler:
Guardian Contracting, Inc.

NJDEP Waste Hauler ID No.
20223

Cubic Yards of Waste
2

Name of Registered Lawful T.R.R.F.

City, State:
Toms River, New Jersey

Disposal Date
8/01/12

City, State:
Tullytown, Pennsylvania

(Date)
7/26/2012

Completed by (Print or Type):
Nicholas Fernicola

Title:
Project Manager

Signature:

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

Date of Notification (1) 7/26/2012

Agencies Notified
- EPA [ ]
- DEP [ ]
- DOL [ x ]
- DOH [ ]
- DCA [ ]
Type of Notification
- Initial Notification [ x ]
- Amended Notification [ ]
- Amendment # [ ]
- Emergency (including justification) [ ]
- Cancellation [ ]

Name of Building Owner/Operator (2) A to Z Site Contractors, Inc.

Street Address 940 Park Avenue

City, State, Zip Code Lakewood, New Jersey 08730

Name of Contact Irving Perlstein

Telephone Number

FACILITY INFORMATION

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

Street Address 930 County Line Road

City Lakewood

County (6) Ocean

County Code (7) (STATE USE ONLY)

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

ASCM No.

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

Street Address 1889 Route 9, Unit 61

City, State, Zip Code Toms River, New Jersey 08755-1271

Telephone Number 732-349-9932

License Number 00624

Name of OSHA Monitor E.M.S.L. Analytical

Street Address 1056 Stelton Road

City, State, Zip Code Piscataway, New Jersey 08854

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

Square feet 2500 sf

# of Floors 2

Bldg. Age 60

Current Use (Prior if being demolished) Residence

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

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

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

Is Location Normally used Solely by Maintenance/Custodial Staff (12) YES [ ] NO [ x ] N/A

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

Amount (Specify SF or LF) 2200 sf

Abatement Type
- Removal [ X ]
- Encapsulation [ ]
- Closure [ ]

Located of Registered Waste Hauler
Guardian Contracting, Inc.

NJDEP Waste Hauler ID No. 20223

Cubic Yards of Waste 4

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

City, State Toms River, New Jersey

Disposal Date 8/14/12

City, State Tullytown, Pennslyvania

Completed by (Print or Type) Nicholas Fernicola

Title Project Manager

Signature

Date 7/26/2012

*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)**

10/11/2012

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

RAY JIMENEZ

**Street Address**

103 WALDWICK AVENUE

**City, State, Zip Code**

WALDWICK, NJ 07463

**Name of Contact**

RAY JIMENEZ

**Type of Facility (4)**

☐ School (K - 12)

☐ Subchapter 8 (Other than K-12)

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

**Square Feet**


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


**Name of Monitoring Firm**

RAY JIMENEZ

**County Code (7)**

ABB

**County Code (7)**

BERGEN

**Name of Abatement Contractor (9)**

D & S RESTORATION, INC.

**Street Address**

20 California Ave.

**City, State, Zip Code**

Paterson, NJ 07503

**Type of Abatement**

☐ Facility closed/vacated during entire period of abatement.

☒ Abatement performed outside of normal facility hours

☐ Other

**Other - Describe: NORMAL HOURS**

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

<table>
<thead>
<tr>
<th>Basement</th>
<th>Location normally used solely by maintenance/custodial staff</th>
<th>Description of asbestos-containing material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>PIPE INSULATION</td>
<td>45 LF</td>
<td>☒</td>
<td></td>
</tr>
<tr>
<td>BARE HEATING PIPES</td>
<td>33 LF</td>
<td>☒</td>
<td></td>
</tr>
</tbody>
</table>

**Registered Waste Hauler**

D & S RESTORATION, INC.

**Cubic Yards of Waste**

1 YD

**Name of Registered Landfill**

TULLYTOWN, RESOURCE RECOVERY

**City, State**

PATerson, NJ 07503

**Disposal Date**

08/08/12

**Completed by (Print or Type)**

BOGDAN JOLDZIC

**Title**

PRESIDENT

**Signature**


**Date**

07/26/12

*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)**  
2012 AUG - 1 AM 6:55

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

**Street Address**  
467 BEVERLY ROAD

**City, State, Zip Code**  
RIDGEWOOD, NJ 07450

**Name of Contact**  
EDIE COX

**Telephone Number**

<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>EDIE COX</td>
</tr>
<tr>
<td><strong>Street Address</strong></td>
</tr>
<tr>
<td>467 BEVERLY ROAD</td>
</tr>
<tr>
<td><strong>City</strong></td>
</tr>
<tr>
<td>BERGEN</td>
</tr>
<tr>
<td><strong>County Code (7)</strong></td>
</tr>
<tr>
<td>(State use only)</td>
</tr>
<tr>
<td><strong>Type of Facility (4)</strong></td>
</tr>
<tr>
<td>School (K - 12)</td>
</tr>
<tr>
<td>Subchapter 8 (Other than K-12)</td>
</tr>
<tr>
<td>Other (Private/Commercial Bldgs/Homes, etc.)</td>
</tr>
<tr>
<td><strong>Square Feet</strong></td>
</tr>
<tr>
<td><strong># of Floors</strong></td>
</tr>
<tr>
<td><strong>Bldg. Age</strong></td>
</tr>
<tr>
<td><strong>Current Use (Prior if being demolished)</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>D &amp; S RESTORATION, INC.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Street Address</strong></td>
</tr>
<tr>
<td>20 California Ave.</td>
</tr>
<tr>
<td><strong>City, State, Zip Code</strong></td>
</tr>
<tr>
<td>Paterson, NJ 07503</td>
</tr>
<tr>
<td><strong>Telephone Number</strong></td>
</tr>
<tr>
<td>973-345-8020</td>
</tr>
<tr>
<td><strong>License Number</strong></td>
</tr>
<tr>
<td>00159</td>
</tr>
<tr>
<td><strong>Name of Abatement Contractor (5)</strong></td>
</tr>
<tr>
<td>D &amp; S Restoration, Inc.</td>
</tr>
<tr>
<td><strong>Street Address</strong></td>
</tr>
<tr>
<td>20 California Avenue</td>
</tr>
<tr>
<td><strong>City, State, Zip Code</strong></td>
</tr>
<tr>
<td>Paterson, NJ 07503</td>
</tr>
</tbody>
</table>

| **Project Manager for Monitoring Firm** |
| **Phone Number** |

| **Start Date (10)** |
| **Sched. Completion Date (11)** |
| 08/20/12 |
| 08/31/12 |

| **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)** |
| >3 sf or >3 ft |
| Renovation |
| Demolition |

| **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)** |
| **Amount** |
| **Full Containment w/negative pressure** |
| **Mini-enclosure** |
| **Glovebag procedure** |
| **Non-Exempted (*) and Non-Friable procedure** |
| **Removal** |
| **Repair** |
| **Encap** |
| **EncL** |
| **BASEMENT** |
| **PIPE INSULATION** |
| 200 L FT |

| **Registered Waste Hauler** |
| **D & S RESTORATION, INC.** |
| **NJDEP Hauler ID#** |
| 13506 |
| **Cubic Yards of Waste** |
| 2 YDS |
| **Name of Registered Landfill** |
| TULLYTOWN, RESOURCE RECOVERY |
| **City, State** |
| PATerson, NJ 07503 |
| **Disposal Date** |
| 08/21/12 |

| **Registered Waste Hauler** |
| **Title** |
| **BOGDAN JOLDZIC** |
| **President** |
| **Signature** |

| **Name of Registered Landfill** |
| **TULLYTOWN, RESOURCE RECOVERY** |
| **City, State** |
| TULLYTOWN, PA |
| **Date** |
| 07/25/12 |

*Do not use this form for asbestos licensure exempted activities.*
Date of Notification (1) 7 / 24 / 12

Name of Building Owner/Operator (2) Princeton University-Office of Dis named Construction

Name of Facility Where Abatement is Taking Place (3) Princeton University-Jadwin Hall

Street Address Washington Rd.

City (5) Princeton

County (6) MERCER

Name of Monitoring Firm Hired by Building Owner (8) ATC Associates Inc.

ASCM No. 00098

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

Street Address 1123 BEAVER STREET

City, State, Zip Code Burlington, NJ 08016

Current Use (Prior if being demolished) 1123 BEAVER STREET

County Code (7) (STATE USE ONLY) BRISTOL, PA 19007

License No. 00509

Street Address 1123 BEAVER STREET

City, State, Zip Code BRISTOL, PA 19007

Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.

Start Date (10) 8 / 7 / 12 Scheduled Completion Date (11) 12 / 24 / 12

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

Scope of Work (Check all that apply)
- > 3 sf or > 3 if
- > 160 sf or > 260 if
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Inf</th>
<th>Location Normaly Used Solely by Maintenance/Custodial Staff (12)</th>
<th>Is Location Normally 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>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>No</td>
<td>Floor tile and mastic</td>
<td>26,017 SF</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>No</td>
<td>Pipe Saddles</td>
<td>59 LF</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>No</td>
<td>Plaster</td>
<td>482 SF</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>No</td>
<td>Plaster</td>
<td>32 SF</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>No</td>
<td>Name of Registered Waste Hauler</td>
<td>G.R.O.W.S. LANDFILL</td>
<td></td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler BRISTOL ENVIRONMENTAL, INC.

NJDEP Waste Hauler ID No. 18705

Cubic Yards of Waste

Name of Registered Landfill

City, State Disposal Date 1123 BEAVER STREET

City, State MORRISVILLE, PA 19007

Date 11/24/12

* 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)  
7 / 26 / 12  
Name of Building Owner/Operator (2)  
Rutgers University  

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

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

Street Address  
#27 Road 1 Bldg 4086  
City, State, Zip Code  
Piscataway, NJ 08854  

Name of Contact  
Mike Smith  

FACILITY INFORMATION  

Name of Facility Where Abatement Is Taking Place (3)  
Beck Hall  

Street Address  
99 Avenue E  
City (5)  
Piscataway  
County (6)  
Middlesex  
County Code (7)  

Name of Monitoring Firm Hired by Building Owner (8)  
ATC  
ASCM No.  
00098  

Name of Abatement Contractor (9)  
BRISTOL ENVIRONMENTAL, INC.  
Street Address  
1123 BEAVER STREET  
City, State, Zip Code  
BURLINGTON TOWNSHIP, NJ 08816  

Project Manager for Monitoring Firm  
Brian Kearney  
Telephone No.  
609-386-8800  

Start Date (10)  
8 / 9 / 12  
Scheduled Completion Date (11)  
8 / 16 / 12  

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 9:00AM-5:00PM  

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

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

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

Yes  
No  
N/A  

MER 017  
Pipe Insulation  
350 LF  

MER 017  
Tank Insulation  
250 SF  

MER 017  
Fireproofing  
250 SF  

Name of Registered Waste Hauler  
SERVICE TRANSPORT GROUP, INC.  
NJDEP Waste Hauler ID No.  
20980  
Cubic Yards of Waste  
5 Cu Yds  
Disposal Date  
8 Cu Yd  
Name of Registered Landfill  
MINERVA LANDFILL  
City, State  
NEW CASTLE, DE 19720  

Completed By (Print or Type)  
Gino Pizzigoni  
Title  
General Manager  
Signature  
Date  
7/24/12  

ASB-41 MAY 11  
RECEIVED  
2012 AUG-1 AM 6:33  

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>7 / 26 / 12</th>
<th>Name of Building Owner/Operator (2)</th>
<th>Rutgers University</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agencies Notified</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ EPA</td>
<td>Type Notification</td>
<td>Initial</td>
<td></td>
</tr>
<tr>
<td>□ DOLWD</td>
<td>□ Amended</td>
<td>Amendment #</td>
<td></td>
</tr>
<tr>
<td>□ DHSS</td>
<td>□ Emergency (including justification)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ DCA</td>
<td>□ Cancellation</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>2012 AUG - 1 AM 6: 33</th>
</tr>
</thead>
<tbody>
<tr>
<td>#27 Road 1 Bldg 4086</td>
<td>ASBESTOS CONTROL &amp; LICENSING</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td></td>
</tr>
<tr>
<td>Piscataway, NJ 08854</td>
<td></td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Publications Bldg</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>57 Dudley Rd</td>
</tr>
<tr>
<td>City (5)</td>
<td>New Brunswick</td>
</tr>
<tr>
<td>County (5)</td>
<td>Middlesex</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (6)</td>
<td>ATC</td>
</tr>
<tr>
<td>ASCM No.</td>
<td>00059</td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>BRISTOL ENVIRONMENTAL, INC.</td>
</tr>
<tr>
<td>Street Address</td>
<td>1123 BEAVER STREET</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>BRISTOL, PA 19007</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>Brian Kearney</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>609-386-8800</td>
</tr>
<tr>
<td>License No.</td>
<td>00509</td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>8 / 9 / 12</td>
</tr>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>8 / 16 / 12</td>
</tr>
<tr>
<td>Name of OSHA Monitor</td>
<td>BRISTOL ENVIRONMENTAL, INC.</td>
</tr>
<tr>
<td>Street Address</td>
<td>1123 BEAVER STREET</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>BRISTOL, PA 19007</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
<th></th>
</tr>
</thead>
</table>

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

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boiler Room</td>
<td>□ No</td>
<td>Tank Insulation</td>
<td>100 SF</td>
<td></td>
</tr>
<tr>
<td>Boiler Room</td>
<td>□ No</td>
<td>Boiler Insulation</td>
<td>160 SF</td>
<td></td>
</tr>
<tr>
<td>Boiler Room</td>
<td>□ No</td>
<td>Boiler Packing</td>
<td>50 SF</td>
<td></td>
</tr>
<tr>
<td>Boiler Room</td>
<td>□ No</td>
<td>Transite</td>
<td>400 SF</td>
<td></td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**

<table>
<thead>
<tr>
<th>SERVICE TRANSPORT GROUP, INC.</th>
<th>NJDEP Waste Hauler ID No. 20990</th>
<th>Cubic Yards of Waste 10 Cu Yds</th>
<th>Disposal Date 8/16/12</th>
<th>Name of Registered Landfill MINERVA LANDFILL</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State</td>
<td>NEW CASTLE, DE 19720</td>
<td>City, State</td>
<td>WAYNESBURG, OH 44688</td>
<td></td>
</tr>
</tbody>
</table>

**Completed By (Print or Type)**

<table>
<thead>
<tr>
<th>Gino Pizzigoni</th>
<th>Title</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Manager</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**ASB-41**

**MAY 11**

**C-I 12/187**

*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)

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>7 / 26 / 12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Street Address</td>
</tr>
<tr>
<td>Agencies Notified</td>
<td>Type Notification</td>
</tr>
<tr>
<td>☑ EPA</td>
<td>Initial</td>
</tr>
<tr>
<td>☑ DOLWD</td>
<td>Amended</td>
</tr>
<tr>
<td>☑ DHSS</td>
<td>Amendment #</td>
</tr>
<tr>
<td>☑ DCA (NJAC 5:23-8)</td>
<td>Emergency (including justification)</td>
</tr>
<tr>
<td>☑ Cancellation</td>
<td></td>
</tr>
<tr>
<td>Street Address</td>
<td>City, State, Zip Code</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Telephone Number</td>
</tr>
</tbody>
</table>

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

**County (6)**

<table>
<thead>
<tr>
<th>County Code (7)</th>
<th>STATE USE ONLY</th>
</tr>
</thead>
<tbody>
<tr>
<td>MIDDLESEX</td>
<td></td>
</tr>
</tbody>
</table>

**Type of Facility (4)**

<table>
<thead>
<tr>
<th>School (K-12)</th>
<th>Subchapter 8 (Other than K-12)</th>
<th>Other (i.e., private and commercial buildings, homes, etc.)</th>
</tr>
</thead>
</table>

**County (6)**

**City (5)**

**NEW BRUSNICK**

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

<table>
<thead>
<tr>
<th>Square Feet</th>
<th># of Floors</th>
<th>Bidg. Age</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Facility Closed/Vacated During Entire Period of Abatement</th>
<th>Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 8:00AM—PM/5:00PM—AM</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>≥3 sf or ≥3 If</th>
<th>≥160 sf or ≥260 If</th>
</tr>
</thead>
<tbody>
<tr>
<td>Renovation</td>
<td>Demolition</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM)</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boiler Room</td>
<td>☑</td>
<td>Pipe Insulation</td>
<td>25 LF</td>
<td>☑</td>
</tr>
<tr>
<td>Room 101</td>
<td>☑</td>
<td>Pipe Insulation</td>
<td>80 LF</td>
<td>☑</td>
</tr>
<tr>
<td>Suite 201</td>
<td>☑</td>
<td>Transite</td>
<td>50 SF</td>
<td>☑</td>
</tr>
<tr>
<td>Suite 201</td>
<td>☑</td>
<td>Black Lab Top</td>
<td>255 SF</td>
<td>☑</td>
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</tbody>
</table>

**Name of Registered Waste Hauler**

<table>
<thead>
<tr>
<th>NJDEP Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
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</thead>
</table>

**Completed By (Print or Type)**

<table>
<thead>
<tr>
<th>Title</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

*Do not use this form for asbestos licensure exempted activities.*
Date of Notification (1):
[07/24/12]

Agency Notified:
( ) EPA
( ) DEF
( ) DOL
( ) DOH
( ) DCA

Type Notification:
(C) Emergency
( ) Initial
( ) Amended
( ) Cancellation

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

Name of Building Owner/Operator (2):
Hoffmann-Laroche

Street Address:
340 Minneola Street

City, State, Zip Code:
Nutley, NJ 07110

Name of Contact:
Ed Gerka

Name of Facility Where Abatement is taking Place (3):
Building 46

County (6):
Essex

County Code (7):
03

Square Feet:
4,355

# of Floors:
2

Bldg. Age:
2

Current Use:
Office and shop

Name of Monitoring Firm Hired by Building Owner (8):
ACM No. 5068

Project Manager for Monitoring Firm (9):
Rhodefield, NJ

Telephones Number:
(973) 729-5649

Occupancy Status During Abatement:
[ ] Facility Closed/Vacated During Entire Period of Abatement
[ ] Abatement Performed Outside of Normal Facility Operating Hours

Scope of Work (Check all that apply):
[ ] Full Containment with Negative Pressure with remote shower
[ ] Removal
[ ] Demolition
[ ] Other: Describe: 7 am – 200 pm

Non-Potable Water Material (ACM):
[ ] Non-Potable Water Material

Amount (Specify SF or LF):

Removal Type:
[ ] RENOVATION
[ ] REPAIR
[ ] ENCLOSURE

Removal

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

Location of ACM:
Yes

Used by Maintenance Custodial Staff (12):

Lab Shop:
Yes

Signatures:

City, State:
Morrisonville PA

Name of Registered Landfill:
Tulleytown Resource Recovery & Grand Central

Release Date:
7/24/12

Signature:

Print or Type of Name:
Sharon Hendl

Title:
OWNER
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 7:26-2.12)

Date of Notification (1) 07/25/2012

Name of Building Owner/Operator (2) Home Properties, LP

Street Address 25 Commerce Drive

City, State, Zip Code Asbestos Control

Name of Contact Craig Marschke

Street Address

Name of Facility Where Abatement Is Taking Place (3)
Pleasure Bay Apartments – Building # 3 (73-90)

City (5) Long Branch

County (6) Monmouth

County Code (7) (State Use Only) 00140

Type of Facility (4)

( ) School (K-12)

( ) Subchapter B (other than K-12)

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

Sq. Feet: 16,960 SF  No. of Floors: 2

Bldg. Age: 48 years Current Use (prior if being demolished) Residential Apartments

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

Environmental Health Investigations, Inc

A3CM No. 00140

Name of Contractor (9)

Superior Abatement, Inc

Street Address 655 West Shore Trail

City State, Zip Code Sparta, NJ 07871

Project Manager for Monitoring Firm

Telephone Number: (973) 729-5649

Scheduled Start Date (10) 8/06/2012

Scheduled Completion Date (11) 8/17/2012

Source of Work (Check all that apply)

( ) Demolition  (X) Renovation

( ) Large Proj. (>160 SF or >260 LF ACM)  ( ) SM Proj. (>25<180 SF or >10 <260 LF ACM)  ( ) Minor Proj. (<25 SF or <10 LF ACM)

( ) Full Containment with Negative Pressure  ( ) Mini-Enclosure  ( ) Glovebag Procedure  ( ) Non-friable Procedure for Asbestos Roof Removal

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

Is Location Normally Used Solely by Maint./Custodial Staff? (12) NA YES NO

Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other mascul.)

Amount (Specify SF or LF)

Abatement Type Rem. Rep. Encap Enclose

Boiler Room, Laundry, Storage Room, Electrical Meter Room, Crawl Spaces

Air Cell and Elbows 1,425 LF X

Pipe Elbows 48 Ea. X

Tank Insulation 80 SF X

Flue Packing 4 SF X

Pipe Insulation Debris 200 SF X

Name of Reg. Waste Hauler

Service Transport Group, Inc

NJDEP Waste Hauler ID # SW2117

Cubic Yards of Waste 50

Name of Reg. Landfill Minerva Landfill

Disp. Date 8/17/2012

9000 Minerva Road

Waynesburgh OH 44688

Completed by (Print or Type) Nick Petrovski Title President

Date 07/25/2012

C:\WORDER\MYDOCS\ASBESTOS 9/18/00
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 7:25-2.12)

Date of Notification (1)
07/29/2012

Name of Building Owner/Operator (2)
Home Properties, LP
2012 AUG - 1 AM 6:15

Agencies Notified
(X) EPA
(X) DOL
(X) DOH
( ) DCA

Notification Type
(X) Initial Notification
( ) Amended Notification
( ) Cancelled

Street Address
25 Commerce Drive
Cranford, NJ 07016

Name of Contact
Craig Marschke

City (5)
Long Branch

County (6)
Monmouth

County Code (7)
(State Use Only)

Street Address
245 Atlantic Avenue

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

Sq. Feet: 16,960 SF
No. of Floors: 2

Bldg. Age: 48 years

Name of Contractor (9)
Superior Abatement, Inc.

Name of Monitoring Firm Hired by Bldg. Owner (8)
Environmental Health Investigations, Inc

ASCM No.
00146

Street Address
855 West Shore Trail
Sparta, NJ 07871

Project Manager for Monitoring Firm
JP Von Doehren

Telephone Number
(973) 729-5649

Licensed No.
00411

Scheduled Start Date (10)
8/06/2012

Scheduled Completion Date (11)
8/17/2012

Name of OSHA Monitor
Superior Abatement, Inc.

Occupancy Status During Abatement (Check only one)
( ) Facility Closed/ Vacated During Entire Period of Abatement
( ) Abatement Performed Outside of Normal Facility Hours
(X) Other – Describe: Work will be performed while building is occupied.

Source of Work (Check all that apply)

( ) Demolition
( ) Renovation
(X) Large Proj. (>160 SF or >280 LF ACM)
( ) SM Proj. (>25<160 SF or >10<260 LF ACM)
( ) Minor Proj. (<25 SF or <10 LF ACM)
(X) Full Containment with Negative Pressure
( ) Mini-Enclosure
( ) Glovebox Procedure
( ) Non-Friable Procedure for Asbestos Roof Removal

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

Is Location Normally Used
Solely by Maint./Custodial Staff? (12)
NA YES NO

Boiler Room, Hallway
Landscape Equipment Room,
Storage Room, Electrical
Meter Room, Crawl Spaces

Air Cell and Elbows
1,275 LF

Boiler Room, Hallway
Landscape Equipment Room,
Storage Room, Electrical
Meter Room, Crawl Spaces

Pipe Elbows
59 Ea.

Boiler Room

Tank Insulation
80 SF

Boiler Room

Flue Packing
4 SF

Crawlspace

Pipe Insulation Debris
170 SF

Name of Reg. Waste Hauler
Service Transport Group, Inc.

NJDEP Waste Hauler ID #
SW2117

Cubic Yards of Waste
90

Name of Reg. Landfill
Minerva Landfill

City, State
New Castle, DE
Disp. Date
8/17/2012

Completed by (Print or Type)
Nick Petrovski

Title
President

Signature

Date
07/25/2012

C:\WORD\MYDOCS\ASBESTOS 9/18/00
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 7:26-2.12)

Date of Notification (1)
07/25/2012

Name of Building Owner/Operator (2)
Home Properties, LP

Agencies Notified
(X) EPA
(X) DOL
(X) DOH
( ) DCA

Notification Type
(X) Initial Notification
( ) Amended Notification
( ) Cancelled

Street Address
25 Commerce Drive

City, State, Zip Code
Cranford, NJ 07016

Name of Contact
Craig Marschke

Phone

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Pleasure Bay Apartments – Building # 1 (91-108)

Street Address
245 Atlantic Avenue

City (5)
Long Branch

County (6)
Monmouth

County Code (7)
(State Use Only)

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

Sq. Feet: 16,960 SF
No. of Floors: 2

Bldg. Age: 48 years
Current Use (prior if being demolished)
Residential Apartments

Name of Monitoring Firm Hired by Bldg. Owner (8)
Environmental Health Investigations, Inc

ASCM No.
001440

Name of Contractor (9)
Superior Abatement, Inc.

Street Address
655 West ShoreTrail

City State, Zip Code
Sparta, NJ 07871

Project Manager for Monitoring Firm
JP Von Doehren

Telephone Number
(973) 729-5649

Scheduled Start Date (10)
8/6/2012

Occupancy Status During Abatement (Check only one)
( ) Facility Closed/Vacated During Entire Period of Abatement
( ) Abatement Performed Outside of Normal Facility Hours –
(X) Other – Describe: Work will be performed while building is occupied.
Construction barriers will be placed to isolate the work areas from the
Occupied portion of the building.

Source of Work (Check all that apply)
( ) Demolition
( ) Renovation
(X) Large Proj. (>100 SF or >260 LF ACM)
( ) SM Proj. (>25<100 SF or >10 <260 LF ACM)
( ) Minor Proj. (<25 SF or <10 LF ACM)
(X) Full Containment with Negative Pressure
( ) Mini-Enclosure
( ) Glovebag Procedure
( ) Non-Friable Procedure for Asbestos Rod Removal.

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

Is Location Normally Used Solely by Maint./Custodial Staff? (12)
NA

Description of ACM (i.e. thermal systems insulation, surfacing,
VAT, or other miscell.)

Amount (Specify SF or LF)

Abatement Type


Boiler Room, Hallway/Laundry Room, Storage Room, Electrical Meter Room, Crawl Spaces

X Air Cell and Elbows

1,385 LF

X

Boiler Room, Hallway/Laundry Room, Storage Room, Crawl Spaces

X Pipe Elbows

63 Ea.

X

Boiler Room

X Tank Insulation

80 SF

X

Boiler Room

X Flue Packing

4 SF

X

Crawspaces

X Pipe Insulation Debris

170 SF

X

Name of Reg. Waste Hauler
Service Transport Group, Inc.

NJDEP Waste Hauler ID #
SW2117

Cubic Yards of Waste
50

Name of Reg. Landfill
Minerva Landfill

Disp. Date
8/17/2012

City, State
Waynesburgh OH 44688

Completed by (Print or Type)
Nick Petrovski

Title
President

Signature

Date
07/25/2012

C:\WORLDMYDOCS\ASBESTOS 9/18/00
**NOTIFICATION OF ASBESTOS ABATEMENT**

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

**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**

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

**Date of Notification (1)**
7/23/2012

**Name of Building Owner/Operator (2)**
Pascack Valley Regional High School District

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

**Type Notification**
- [ ] Initial
- [x] Amended
- [ ] Amendment #2
- [ ] Emergency (including justification)
- [ ] Cancellation

**Street Address**
46 Akers Avenue

**City, State, Zip Code**
Montvale, NJ 07645

**Name of Contact**
Bill Fahey

**Telephone Number**

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**
Pascack Valley High School

**Street Address**
200 Piermont Ave

**City (6)**
Hillsdale

**County (6)**
Bergen

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

**Square Feet**
115000

**# of Floors**
2

**Bldg. Age**
40+

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

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

**Name of Monitoring Firm Hired by Building Owner (8)**
Health & Safety Services Inc

**ASCM No.**
00117

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

**Street Address**
318 12th Street

**City, State, Zip Code**
Hammonton, NJ 08037

**Project Manager for Monitoring Firm**
Jim

**Telephone No.**
609-704-8850

**Start Date (10)**
7-23-2012

**Scheduled Completion Date (11)**
7-28-2012

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

**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 ≥200 ft
- [x] Renovation
- [x] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [x] Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
<td>ACM Transite</td>
</tr>
<tr>
<td>Facilities Storage Room</td>
<td>X</td>
<td>Wrap / Cut ACM Pipe</td>
<td>8 LF</td>
</tr>
<tr>
<td>Facilities Storage Room</td>
<td>X</td>
<td>Wrap / Cut ACM Elbows</td>
<td>40 PC</td>
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<tr>
<td>Exterior Windows</td>
<td>X</td>
<td>Caulk, Remove Entire Window</td>
<td>250 LF</td>
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</tbody>
</table>

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

**NJDEP Waste Hauler ID No.**
0033034

**Cubic Yards of Waste**
TBD

**Name of Registered Landfill**
GROWS

**City, State**
Bloomingdale, NJ

**Disposal Date**
TBD

**Completed by**
Elena Solakov

**Title**
President

**Signature**

**Date**
07-23-2012

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>7/27/12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agencies Notified</td>
<td></td>
</tr>
<tr>
<td>✗ EPA</td>
<td></td>
</tr>
<tr>
<td>✗ DEP</td>
<td></td>
</tr>
<tr>
<td>✗ DOL</td>
<td>Initial</td>
</tr>
<tr>
<td>✗ DOH</td>
<td>Amended #2</td>
</tr>
<tr>
<td>✗ DCA</td>
<td>Emergency</td>
</tr>
<tr>
<td></td>
<td>Cancellation</td>
</tr>
<tr>
<td>Name of Building Owner / Operator (2)</td>
<td>Kingsway Regional School District</td>
</tr>
<tr>
<td>Street Address</td>
<td>213 Kings Highway</td>
</tr>
<tr>
<td>City, State &amp; Zip Code</td>
<td>Woolwich Township, NJ 08085</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Business Administration</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Kingsway Regional HS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>201 Kings Highway</td>
</tr>
<tr>
<td>City (5)</td>
<td>Woolwich Township</td>
</tr>
<tr>
<td>County (6)</td>
<td>GLE</td>
</tr>
<tr>
<td>County Code (7)</td>
<td></td>
</tr>
<tr>
<td>Name of Health &amp; Safety Services Professional Firm</td>
<td>ASCM No.</td>
</tr>
<tr>
<td>Street Address</td>
<td>318 12th Street</td>
</tr>
<tr>
<td>City, State &amp; Zip Code</td>
<td>Hammonton, NJ 08037</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>Jim Proctor</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>609-704-8850</td>
</tr>
<tr>
<td>Scheduled Start Date (10)</td>
<td>7/26/12</td>
</tr>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>8/10/12</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 Hours</td>
<td></td>
</tr>
<tr>
<td>Describe</td>
<td></td>
</tr>
<tr>
<td>☒ Facility Occupied During Abatement</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 ≥ 250 ft</td>
<td>Demolition</td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM)</td>
<td></td>
</tr>
<tr>
<td>TO BE ABATED in Facility (13)</td>
<td></td>
</tr>
<tr>
<td>Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)</td>
<td>Yes No N/A</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>Boiler Room</td>
<td>Boiler Material</td>
</tr>
<tr>
<td>Gymnasium</td>
<td>Pipe/Fitting Insulation</td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
<td>AbateTech, Inc.</td>
</tr>
<tr>
<td>Disposal Date</td>
<td>8/10/12</td>
</tr>
<tr>
<td>City, State</td>
<td>Lumberton, NJ</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>TRRF Landfill</td>
</tr>
<tr>
<td>City, State</td>
<td>Tullytown, PA</td>
</tr>
<tr>
<td>Completed By (Print or Type)</td>
<td>Gwen Trumbetti</td>
</tr>
<tr>
<td>Title</td>
<td>Office Coord.</td>
</tr>
<tr>
<td>Signature</td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td>7/27/12</td>
</tr>
</tbody>
</table>
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

1207-4515
Check #371

Date of Notification (1) 7/26/12

Name of Building Owner / Operator (2)
Kingsway Regional School District

 Agencies Notified Type Notification
☒ EPA
☒ DEP ☐ Initial
☒ DOL ☒ Amended #1
☐ DOH ☐ Emergency
☐ DCA ☐ Cancellation

Address
213 Kings Highway
City, State & Zip Code
Woolwich Township, NJ 08085

Name of Contact
Business Administration

Facility Information

Name of Facility Where Abatement is Taking Place (3)
Kingsway Regional HS

Street Address
201 Kings Highway

City (5) County (6) County Code (7)
Woolwich Township GLE

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

Street Address
1930 Brown Rd.

City, State & Zip Code
Newfield, NJ 08344

Project Manager for Monitoring Firm Telephone Number
Jim Eberts 856-889-1736

Scheduled Start Date (10) Scheduled Completion Date (11)
7/25/12 8/10/12

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

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

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

Boiler Room
Gymnasium

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

City, State Lumberton, NJ

Disposal Date
8/10/12

Name of Registered Landfill
TRRF Landfill

Cubic Yards of Waste
2

Title Office Coord.
Gwen Trumbetti

Date 7/26/12
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1) 7/27/12

Name of Building Owner / Operator (2)
Princeton University

Agencies Notified Type Notification
☑ EPA Initial
☑ DEP Amended #2
☐ DOL Emergency
☐ DOH Cancellation

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

Name of Contact
Robert Ortego, P.E.

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Princeton University – Firestone Library

Street Address
One Washington Road

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

Name of Monitoring Firm Hired by Building Owner (8)
ATC Associates, Inc.

Street Address
Bromley Corporate Center 3 Terri Lane, Suite 12
Burlington, NJ 08016

Project Manager for Monitoring Firm
Mike Keehn

Telephone Number 609-386-8800

Scheduled Start Date (10) 7/2/12
Scheduled Completion Date (11) 8/31/12

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

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

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

Square Feet

# of Floors

Bldg. Age

Current Use (Prior if being demolished)
University Library

Name of Atabement Contractor (9)
AbatoTech, Inc.

Street Address
PO Box 25
Lumberton, NJ 08048

Telephone Number 609-265-2107
License Number 00529

Name of OSHA Monitor
EMSL Analytical

Street Address
108 Haddon Ave.
Westmont, NJ 08108

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

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

Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)
Pipe Insulation
Floor tile & Mastic

Amount (Specify SF or LF) 20 LF (wrap & cut)
72 SF

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

Various Locations Throughout 1st Floor

4th Floor Room 4-8-D

Name of Registered Waste Hauler
AbatoTech, Inc.

NJDEP Waste Hauler ID No. 18750

Cubic Yards of Waste 4

Disposal Date 8/31/12

Name of Registered Landfill
TRRF Landfill

City, State Lumberton, NJ

Completed By (Print or Type)
Gwen Trumbetti
Title Opps. Coord.

Signature

Date 7/27/12
State of New Jersey
NOTIFICATION OF ASPEROS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)
07 / 26 / 12

Name of Building Owner/Operator (2)
TD Bank

2012 AUG - 1 AM 5:47

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

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

Street Address
47 Newark Street
City, State, Zip Code
Hoboken, New Jersey, 07030

Name of Contact
Tim Gallagher
Telephone Number

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

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

Square Feet
8000

# of Floors
2

Bldg. Age
100+

County Code (7)(STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8) ASCM No.
EMS of NY JVN Restorations Inc.

Street Address
23 State Street
City, State, Zip Code
Ossining New York 10562

Project Manager for Monitoring Firm
Jason Lopez

Telephone No.
914-309-0342

License No.
718-6056-6256

Name of Abatement Contractor (9)
Testor Tech

City, State, Zip Code
Staten Island New York 10309

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-8PM/ PM-430AM

Scope of Work (Check all that apply)
- 3 sf or 3 sf
- 6 sf or 26 sf
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM)

TO BE ABATED
IN Facility (13)

Yes No N/A

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

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

Amount (Specify SF or LF)

Abatement Type

Telephone Room

Copy Room

VAT

VAT

Name of Registered Waste Hauler
Global Waste Industries, Inc.

Name of Registered Landfill
Minerva Enterprises

City, State
Hackettstown NJ
Waynesburg OH

Disposal Date
08/13/12

Completed By (Print or Type)
Joseph Tardy

Title
Project Manager

Signature

Date
7/26/12

* Do not use this form for asbestos licensed exempted activities.
STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT
(PURSUANT TO NJAC 8:60-7 AND 12:120-7)

Date of Notification (1) 6 / 15 / 2012
Name of Building Owner / Operator (2) paramus chrysler jeep dodge

Agencies Notified
- EPA
- DEP
- DOH
- DOL
Type of Notification
- Initial
- Amended
- Amendment # 3
- Emergency w/ justification
- Cancellation

Street Address 314 route 4 west
City, State, Zip Code paramus nj 07652

Name of Contact melissa michael
Name of Contact ASCM NO gza

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

Square Feet 10,000
# Of Floors 1
Building Age 20+
Current Use (Prior if being demolished) car dealer

Name of Monitoring Firm Hired by Bldg. Owner (8) LVI Environmental Services Inc.
Name of Abatement Contractor (9) gza

Street Address 55 lane rd
City, State, Zip Code Clifton, NJ 07011

Project Mngr. For Monitoring Firm ben salami
Telephone Number 973-2487816

Scheduled Start Date (10) 08 / 08 / 12
Scheduled Completion Date (11) 08 / 30 / 12

Occupancy Status During Abatement (Check Only 1)
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours - Describe: 8am to 4 pm
- Other - Describe: 

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

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

<table>
<thead>
<tr>
<th>Location of Asbestos Containing Material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>TO BE ABATED in Facility (13)</td>
</tr>
<tr>
<td>Is Location Normally Used Solely by Maintenance/ Custodial Staff (12)</td>
</tr>
<tr>
<td>Description of Asbestos - Containing Material (ACM)</td>
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<tr>
<td>Amount (Specify SF or LF)</td>
</tr>
<tr>
<td>Abatement Type</td>
</tr>
<tr>
<td>ENC</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Location</th>
<th>YES</th>
<th>N/A</th>
<th>roof level</th>
<th>duct tar paper</th>
</tr>
</thead>
<tbody>
<tr>
<td>roof level</td>
<td>[ ]</td>
<td>[ ]</td>
<td>pitch pockets</td>
<td>200 sf</td>
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Name of Registered Waste Hauler NJDEP Waste Hauler ID No. 4509
Name of Registered Landfill I.E.S.I.

City, State NEWARK, NJ
Disposal Date City, State BETHLEHEM, PA 18015

Completed by (Print or Type) PAUL MAST
Title VICE PRESIDENT
Signature [Signature]
Date 07/27/12

ASB-41
**STATE OF NEW JERSEY**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(PURSUANT TO NJAC 8:60-7 AND 12:120-7)

**Date of Notification (1)**
6 / 15 / 2012

**Name of Building Owner / Operator (2)**
paramus chrysler jeep dodge

**Street Address**
314 route 4 west

**City, State, Zip Code**
paramus nj 07652

**Name of Contact**
melissa michaels

---

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**
paramus chrysler jeep dodge

**Type of Facility (4)**

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

**Square Feet**
10,000

**# Of Floors**
1

**Building Age**
20+

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

**Name of Monitoring Firm Hired by Bidg. Owner (8)**
gza

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

**Project Mgr. For Monitoring Firm**
ben saltini

**Street Address**
55 lane rd

**City, State, Zip Code**
fairfield nj 07004

**Telephone Number**
973 2487316

**Name of OSHA Monitor**
LVI Environmental Services Inc.

**Street Address**
462 Getty Avenue

**City, State, Zip Code**
Clifton, nj 07011

**Occupancy Status During Abatement (Check Only 1)**
- [ ] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility
- [ ] Hours - Describe: 8am to 4 pm
- [ ] Other - Describe: 

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

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

<table>
<thead>
<tr>
<th>Location of Asbestos Containing</th>
</tr>
</thead>
<tbody>
<tr>
<td>TO BE ABATED in Facility (13)</td>
</tr>
<tr>
<td>Is Location Normally Used</td>
</tr>
<tr>
<td>Solely by Maintenance/</td>
</tr>
<tr>
<td>Custodial Staff (12)</td>
</tr>
</tbody>
</table>

**Amount (Specify SF or LF)**
200 sf

**Abatement Type**

- [ ] R E M O V A L
- [ ] R E P A I R
- [ ] C A P S U L E
- [ ] C L O S U R

---

**Name of Registered Waste Hauler**
NEWARK CARTING

**Cubic Yards of Waste**
4509

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

**City, State**
BETHLEHEM, PA 18015

**Completed by (Print or Type)**
PAUL MAST

**Title**
VICE PRESIDENT

**Signature**

---

**Date**
07/19/12
STATE OF NEW JERSEY  
NOTIFICATION OF ASBESTOS ABATEMENT  
(PURSUANT TO NJAC 8:60-7 AND 12:120-7)

Date of Notification (1)  
6 / 15 / 2012

Name of Building Owner / Operator (2)  
paramus chrysler jeep dodge

Street Address  
314 route 4 west

City, State, Zip Code  
paramus nj 07652

Name of Contact  
melissa michaelis

FACILITY INFORMATION

Name of Facility Where Abatement Is Taking Place (3)  
paramus chrysler jeep dodge

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

Square Feet  
10,000

Building Age  
20+

Current Use (Prior if being demolished)  
car dealer

Name of Abatement Contractor (9)  
LVI Environmental Services Inc.

Street Address  
55 lane rd

City, State, Zip Code  
Fairfield nj 07004

Name of Monitoring Firm Hired by Bldg. Owner (8)  
ASCM NO MORE

Street Address  
462 Getty Avenue

City, State, Zip Code  
Clifton, NJ 07011

Scheduled Start Date (10)  
7  /  23 / 12

Telephone Number  
973-787-3650

License Number  
09117

Occupancy Status During Abatement (Check Only 1)  
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours - Describe: 8am to 4 pm
- Other - Describe: 

Scope of Work (Check All That Apply)  
- Demolition
- >3sf or >31f
- >160sf or >260lf
- 
- Renovation
- Full Containment with Negative Pressure
- Mini - Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos Containing

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)  
100 sf

Abatement Type  
REMOVABLE (REMOVAL)...

Name of Registered Waste Hauler  
NEWARK CARTING

NJDEP Waste Hauler ID No.  
4509

Cubic Yards of Waste  

Name of Registered Landfill  
E.S.I.

City, State  
NEWARK, NJ

Disposal Date  

Completed by (Print or Type)  
PAUL MAST

Title  
VICE PRESIDENT

Signature  

Date  
07/03/12

ASB-41
```
STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT
(PURSUANT TO NJAC 8:60-7 AND 12:120-7

Date of Notification (1) 6/15/2012

Name of Building Owner / Operator (2)
paramus chrysler jeep dodge

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

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

Street Address
314 route 4 west

City, State, Zip Code
paramus nj 07652

Name of Contact
melisa michaels

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
paramus chrysler jeep dodge

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

Square Feet
10,000

# Of Floors
1

Building Age
20+

Current Use (Prior if being demolished)
car dealer

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

Name of Abatement Contractor (9)
LV Environmental Services Inc.

Street Address
55 lane rd

City, State, Zip Code
fairfield nj 07004

Project Mgr. For Monitoring Firm
Ben Salami

Telephone Number
973 2487516

Street Address

City, State, Zip Code

Name of GSHA Monitor
LV Environmental Services Inc.

Occupancy Status During Abatement (Check Only 1)
- [ ] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility Hours - Describe: 8am to 4 pm
- [ ] Other - Describe:

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

Location of Asbestos Containing

<table>
<thead>
<tr>
<th>Location of Asbestos Containing in Facility (13)</th>
<th>Description of Asbestos - Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>TO BE ABATED by Maintenance/Staff (12)</td>
<td>Amount</td>
<td>R</td>
</tr>
<tr>
<td>roof level</td>
<td>duct tar paper</td>
<td>100 sf</td>
</tr>
<tr>
<td>roof level</td>
<td>pitch pockets</td>
<td>4 sf</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
NEWARK CARTING

NJDEP Waste Hauler ID No. 4509

Cubic Yards of Waste

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

City, State
NEWARK, NJ

Disposal Date
City, State
BETHLEHEM, PA 18015

Completed by (Print or Type)
paul mast

Title
vp

Signature

Date
6/15/2012

ASB-41
```
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-1)

Date of Notification (1)
7 / 25 /12

Agency Notified
- EPA
- DEP
- DOL
- DCA

Type Notification
- Initial Notification
- Amended Notification
- Cancellation
- On Hold
- EMERGENCY NOTIFICATION

Name of Building Owner/Operator (2)
MERCK SHARP & DOHME CORP.

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

City, State, Zip Code
RAHWAY, NEW JERSEY 07065

Name of Contact
MARY BETH BAKER

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (5)
MERCK SHARP & DOHME CORPORATION

Street Address
126 EAST LINCOLN AVENUE - BUILDING 105

City (5)
RAHWAY

County (6)
UNION

County Code (7)

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

Square Feet
550

# of Floors
1

NFA
145

Name of Abatement Contractor (5)
PAR ENVIRONMENTAL CORPORATION

Street Address
313 SPOOK ROCK ROAD

City, State, Zip Code
SPARTA, NEW JERSEY 07871

Name of Monitoring Firm Hired by Building Owner (8)
ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.

ASCM No.
17

Current Use (Prior if being demolished)
VACANT

Street Address
655 WEST SHORE TRAIL

City, State, Zip Code
SPARTA, NEW JERSEY 07871

Name of Abatement Contractor (5)
PAR ENVIRONMENTAL CORPORATION

City, State, Zip Code
SUFFERN, NEW YORK 10901

Project Manager for Monitoring Firm
WILLIAMS, KERBEL, CHI

Telephone Number
973-729-9849

Telephone Number
645-369-7500

Name of Abatement Contractor (5)
PAR ENVIRONMENTAL CORPORATION

License Number
450

Name of Abatement Site Monitor
AVERCHI LABORATORIES INC

City, State, Zip Code
SUFFERN, NEW YORK 10901

October State Date (10)
8 / 13 /12

Scheduled Completion Date (11)
9 / 13 /12

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

Scope of Work (Check all that apply)
K Demolition
K Renovation
K Full Containment with Negative Pressure
K 2SF OR LF
K 160 SF OR 260 LF

Location of Asbestos-containing Material (ACM)

TO BE ABATED

in Facility (13)

Is Location normally used solely by
Maint/Custodial Staff (12)

No

Yes

Description of Asbestos-Containing Material (ACM)
(is. Thermal Systems, insulation, surfacing, VAT, or other miscellaneous)

Amount

550

Abatement Type

K ROOFING

SURFACE AREA OF ROOF-BLDG 105

X

Name of Registered Waste Hauler
FREEHOLD CARTAGE, INC.

Hauler ID No.
15939

Cubic Yards of Waste
50

Name of Registered Landfill
LYCOMING COUNTY RESOURCE MANAGEMENT SERVICES

City, State
MONTGOMERY, PA 17752

Disposal Date
8/13/12

Completed by (Print or Type)
BENJAMIN SANCHEZ

Title
DIRECTOR OF OPERATIONS

Signature

Date
3/27/12
<table>
<thead>
<tr>
<th>Name of Building Owner/Operator (2)</th>
<th>MERCK SHARP &amp; DOHME CORP.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>RAHWAY, NEW JERSEY 07065</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>MARY BETH BAKER</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>MERCK SHARP &amp; DOHME CORPORATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>126 EAST LINCOLN AVENUE - BUILDING 99</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>RAHWAY, UNION 07065</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (5)</td>
<td>ENVIROMENTAL HEALTH INVESTIGATIONS, INC.</td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>PAR ENVIRONMENTAL CORPORATION</td>
</tr>
<tr>
<td>Street Address</td>
<td>655 WEST SHORE TRAIL</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>SPARTA, NEW JERSEY 07871</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>WILLIAM S. KERBEL, OH</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>973-729-5549</td>
</tr>
<tr>
<td>Name of OSHA Monitor</td>
<td>AMERICAN LABORATORIES INC</td>
</tr>
<tr>
<td>Street Address</td>
<td>117 EAST 30TH STREET</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>NEW YORK, NEW YORK 10016</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
<th>X Demolition&lt;br&gt; X 33SF OR LF 200 LF</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location of Asbestos-containing Material (ACM) in Facility (13)</td>
<td>X ROOF FLASHING TAR &amp; METAL</td>
</tr>
<tr>
<td>Is Location normally used solely by Maintenance/Custodial Staff (12)</td>
<td>Yes</td>
</tr>
<tr>
<td>Description of Asbestos-Containing Material (ACM) (ie. Thermal systems, insulation, surfacing, VAT, or other miscellaneous)</td>
<td>X</td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
<td>60</td>
</tr>
<tr>
<td>Abatement Type</td>
<td>X</td>
</tr>
</tbody>
</table>

**NOTIFICATION OF ASBESTOS ABATEMENT**

**Date of Notification (1)**

- 7/27/12

**Agencies Notified**

- EPA
- DEP
- DOL
- DHQ

**Type Notification**

- Initial Notification
- Amended Notification
- Cancellation
- On Hold
- EMERGENCY ABATEMENT

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

- VACANT

<table>
<thead>
<tr>
<th>Subchapter (Other than K-12)</th>
<th>Other (ie. private &amp; comm. bldgs., homes, etc.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>School (K-12)</td>
<td>X Other (ie. private &amp; comm. bldgs., homes, etc.)</td>
</tr>
</tbody>
</table>

**Expected State Date (10)**

- 8/13/12
- 9/13/12

**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: MONDAY - FRIDAY 7AM - 3:30 PM

**Location of Registered Waste Hauler**

- FREEHOLD CARTAGE, INC.
- 625 HIGHWAY 33
- 19539
- FREEHOLD, NEW JERSEY

**Cubic Yards of Waste**

- 50

**Name of Registered Lint Mill**

- LYSING COUNTY RESOURCE MANAGEMENT SERVICES
- 447 ALEXANDER DRIVE ROUTE 15
- MONTGOMERY, PA 17752

**Compliled by (Print or Type)**

- BENJAMIN SANCHEZ
- DIRECTOR OF OPERATIONS

**Signature**

- 3/27/12

**Date**

- 2/12 AUG 1 2012 AM 5:50
### State of New Jersey

**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 8:90-7 and 12:192-7)

---

**Date of Notification (1)**

- **7/1/2012**

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

- **MERCK SHARP & DOHME CORP.**

**Address**

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

**City, State, Zip Code**

- **RAHWAY, NEW JERSEY 07066**

**Name of Contact**

- **MARY BETH BAKER**

**Telephone Number**

---

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

- **MERCK SHARP & DOHME CORPORATION**

**Street Address**

- **126 EAST LINCOLN AVENUE - BUILDING 88**

**City**

- **RAHWAY**

**County**

- **UNION**

**Type of Facility (4)**

- **Other (i.e. private & comm. bldgs., homes, etc.)**

**Square Feet**

- **260**

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

- **VACANT**

**Name of Abatement Contractor (9)**

- **PAR ENVIRONMENTAL CORPORATION**

**Street Address**

- **313 SPOOK ROCK ROAD**

**City, State, Zip Code**

- **SPARTA, NEW JERSEY 07871**

**Telephone Number**

- **973-729-5649**

**License Number**

- **460**

**Name of OSHA Monitor**

- **AMERISCI LABORATORIES INC.**

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

- **Yes**

**Amount (Specify SF or LF)**

- **260**

**Abatement Type**

- **ROOFING**

---

**Name of Registered Waste Handler**

- **FREEHOLD CARTAGE, INC.**

**Waste Handler ID No.**

- **15938**

**Cubic Yards of Waste**

- **50**

**Name of Registered Landfill**

- **LYCOMING COUNTY RESOURCE MANAGEMENT SERVICES**

**Disposal Date**

- **9/13/12-9/13/12**

**Completed by (Print or Type)**

- **BENJAMIN SANCHEZ**

**Title**

- **DIRECTOR OF OPERATIONS**

---

**City, State**

- **FREEHOLD, NEW JERSEY**

**Date**

- **7/29/12**

---

**RECEIVED**

- **CK 23187**

---

**ASBESTOS CONTROL & LICENSING**

---

**FACILITY INFORMATION**

---

**PROJECT MANAGER FOR MONITORING**

- **WILLIAM S. KERBEL, CIH**

**Telephone Number**

- **845-369-7500**

**License Number**

- **#11480**

**Expected State Date (10)**

- **Month: 9 / Day: 13 / Year: 12**

**Sched. Completion Date (11)**

- **Month: 9 / Day: 13 / Year: 12**

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

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

**Abatement Performed Outside of Normal Facility Hours - Describe:**

- **Other - Describe: MONDAY - FRIDAY 7AM-3:30 PM**

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

- **Demolition**
- **Glovebag Procedure**
- **Non-Friable Procedure**

---

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

- **Yes**

**Staff (12)**

---

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

- **(ie. Thermal systems, insulation, surfacing, VFT, or other miscellaneous)**

**REMEDIATION**

---

**Name of Registered Waste Handler**

- **FREEHOLD CARTAGE, INC.**

**Hauler ID No.**

- **15938**

**Cubic Yards of Waste**

- **50**

**Name of Registered Landfill**

- **LYCOMING COUNTY RESOURCE MANAGEMENT SERVICES**

**Disposal Date**

- **9/13/12-9/13/12**

**Completed by (Print or Type)**

- **BENJAMIN SANCHEZ**

**Title**

- **DIRECTOR OF OPERATIONS**

---

**City, State**

- **FREEHOLD, NEW JERSEY**

**Date**

- **7/29/12**
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Check#2275</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>7/27/2012</td>
<td></td>
<td>Good Shepherd School and Church</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
<td>954 Stuyvesant Avenue</td>
</tr>
<tr>
<td>DEP</td>
<td>Amended Amendment</td>
<td>City, State, Zip Code</td>
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<tr>
<td>DOL</td>
<td>Emergency (including justification)</td>
<td>Irvington, NJ 07111</td>
</tr>
<tr>
<td>DOH</td>
<td>Cancellation</td>
<td>Name of Contact Rev. Frank Rocchi</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Good Shepherd School and Church</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>285 Nesbit Terrace</th>
</tr>
</thead>
<tbody>
<tr>
<td>City (5)</td>
<td>Irvington, NJ 07111</td>
</tr>
<tr>
<td>County Code (7)</td>
<td>Essex</td>
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<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (6)</th>
<th>ASCM No.</th>
<th>Name of Abatement Contractor (9)</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>ASCM</td>
<td>EA Services Corporation</td>
</tr>
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<table>
<thead>
<tr>
<th>Street Address</th>
<th>426 69th Street - Second Floor</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State, Zip Code</td>
<td>Guttenberg, NJ 07093</td>
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<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>201-295-1700</td>
<td>01074</td>
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<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
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<tbody>
<tr>
<td>08/08/2012</td>
<td>08/11/2012</td>
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</table>

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check Only One)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
</tr>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours</td>
</tr>
<tr>
<td>Other – Describe:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check All That Apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>23 sf or 23 ft</td>
</tr>
<tr>
<td>≥1600 sf or ≥2650 ft</td>
</tr>
<tr>
<td>Renovation</td>
</tr>
<tr>
<td>Demolition</td>
</tr>
<tr>
<td>Full Containment with Negative Pressure</td>
</tr>
<tr>
<td>Mini-Enclosure</td>
</tr>
<tr>
<td>Glovebag Procedure</td>
</tr>
<tr>
<td>Non-Exempted (*) and Non-Friable Procedure</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inside school chapel</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACM-Pop Corn Ceiling</td>
</tr>
<tr>
<td>24 SF</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Removal</td>
</tr>
<tr>
<td>Repair</td>
</tr>
<tr>
<td>Encapsulate</td>
</tr>
<tr>
<td>Endorse</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
</tr>
</thead>
<tbody>
<tr>
<td>Freehold Carting</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
</tr>
<tr>
<td>Waste Management</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>PO BOX 5010</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed by Gina Salvador</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office Manager</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>7/27/12</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>7-30-12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Kathy McAdams</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Kathy McAdams</td>
</tr>
<tr>
<td>Facilities Information</td>
<td>FACILITY INFORMATION</td>
</tr>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td>Single Family Dwelling</td>
</tr>
<tr>
<td>Street Address</td>
<td>4 Rockage Road</td>
</tr>
<tr>
<td>City</td>
<td>Warren</td>
</tr>
<tr>
<td>County</td>
<td>Somerset</td>
</tr>
<tr>
<td>County Code (7)</td>
<td></td>
</tr>
<tr>
<td>Name of Monitoring Firm</td>
<td>EPC Tech</td>
</tr>
<tr>
<td>Address</td>
<td>P.O. Box 337</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>New Egypt, NJ 08533</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>609-758-3565</td>
</tr>
<tr>
<td>Name of Abatement Contractor (8)</td>
<td>EPC Technologies</td>
</tr>
<tr>
<td>Address</td>
<td>P.O. Box 337</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>New Egypt, NJ 08533</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>609-758-3565</td>
</tr>
<tr>
<td>License No.</td>
<td>00394</td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>Aug 9, 2012</td>
</tr>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>Aug 9, 2012</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>23 ft or 22 ft (8)</td>
<td></td>
</tr>
<tr>
<td>150 ft or 2260 ft</td>
<td></td>
</tr>
<tr>
<td>Renovation</td>
<td></td>
</tr>
<tr>
<td>Demolition</td>
<td></td>
</tr>
<tr>
<td>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</td>
<td>Yes No N/A</td>
</tr>
<tr>
<td>Description of Asbestos Containing Material (ACM)</td>
<td>Crawl Space Pipe Insulation</td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)</td>
<td></td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td>2</td>
</tr>
<tr>
<td>Disposal Date</td>
<td>Aug 10, 2012</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>Waste Management</td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
<td>EPC Tech</td>
</tr>
<tr>
<td>Address</td>
<td>17000</td>
</tr>
<tr>
<td>City, State</td>
<td>NE, PA</td>
</tr>
<tr>
<td>Completed by</td>
<td>Steve Schenkka</td>
</tr>
<tr>
<td>Title</td>
<td>President</td>
</tr>
<tr>
<td>Signature</td>
<td>3/2/2013</td>
</tr>
<tr>
<td>Date</td>
<td>7-30-12</td>
</tr>
</tbody>
</table>

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

Date of Notification (1) 7/26/12

Name of Building Owner/Operator (2)

Thomas Apostolik

Street Address

3 Sutton Place

City, State, Zip Code

Verona, NJ 07044

Name of Contact

Thomas Apostolik

Type of Facility (4)

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

Square Feet # of Floors Bldg. Age

2550 2 80

Current Use (Prior if being demolished)

Name of Facility Where Abatement is Taking Place (3)

Private

Street Address

3 Sutton Place

City (5)

Verona

County (6)

Essex

County Code (7) (STATE USE ONLY)

Name of Abatement Contractor (9)

AZTECH MANAGEMENT, Inc.

Street Address

86 Christopher St.

City, State, Zip Code

Montclair, NJ 07042

Telephone Number

(973) 744-8800

License Number

00371

Name of OSHA Monitor

N/A

Street Address

City, State, Zip Code

Temporary Start Date (10)

08/06/12

Scheduled Completion Date (11)

08/07/12

Occupancy Status During Abatement (Check only one)

[ ] Facility Closed/Vacated During Entire Period
    of Abatement

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

[ ] Other - Describe: Other Occupancy Description

Scope of Work (Check all that apply)

[ ] 23 sf or > 23 sf

[ ] 160 sf or > 260 sf

[ ] 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

Yes No

Location Normally

Solely

By Maintenance/Custodial Staff

Yes No

Is

Description of Asbestos-Containing Material (ACM)

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

Amount (Specify SP or LF)

Abatement Type

REMOVAL

REPAIR

ENCLOSURE

ENCLOSURE

Name of Registered Waste Hauler

AZTECH MANAGEMENT, INC.

Waste Hauler ID No. 17040

Cubic Yards of Waste 1.2

Name of Registered Landfill

G.R.O.W.S.

City, State

Montclair, NJ 07042

Disposal Date

08/08/12

City, State

Morrisville, PA 19067

Completed By (Print or Type)

Constantine Vivian

Title

President

Signature

Date

7/26/12
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
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</thead>
<tbody>
<tr>
<td>7/30/12</td>
<td>Bergen County Technical School</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ EPA</td>
<td>Initial</td>
</tr>
<tr>
<td>□ DEP</td>
<td>Amended</td>
</tr>
<tr>
<td>□ DOL</td>
<td>Amendment #</td>
</tr>
<tr>
<td>□ DOH</td>
<td>Emergency (including justification)</td>
</tr>
<tr>
<td>□ DCA</td>
<td>Cancellation</td>
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</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
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</thead>
<tbody>
<tr>
<td>327 E. Ridgewood Avenue</td>
<td>Paramus, NJ 07652</td>
</tr>
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<table>
<thead>
<tr>
<th>Name of Contact</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tom Judice</td>
<td></td>
</tr>
</tbody>
</table>

FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Type of Facility (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teterboro Technical School</td>
<td>School (K-12)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City (5)</th>
<th>Square Feet</th>
<th># of Floors</th>
<th>Bldg. Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teterboro</td>
<td>504 Route 46 West</td>
<td>07608</td>
<td>3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>County (6)</th>
<th>County Code (7) (STATE USE ONLY)</th>
<th>Current Use (Prior if being demolished)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bergen</td>
<td></td>
<td>education</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>ASCM No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>TTI</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1253 N. Church Street</td>
<td>856-840-8800</td>
<td>973-680-0088</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mike Stocku</td>
<td>856-840-8800</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
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</thead>
<tbody>
<tr>
<td>08/14/12</td>
<td>08/14/12</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check Only One)</th>
<th>Scope of Work (Check All That Apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
<td>x a3 of or ≥23 if</td>
</tr>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours</td>
<td>x ≥150 sf or ≥250 sf</td>
</tr>
</tbody>
</table>

<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>
</tr>
</thead>
<tbody>
<tr>
<td>Supply closet</td>
<td>x</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAF, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>piping</td>
<td>8 sf</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>ETGI</td>
<td>2</td>
<td>CWM Chemical Services</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>Disposal Date</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cranbury, NJ</td>
<td>Model City, NY</td>
<td>7/30/12</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 12:120)

Date of Notification (1)
7/30/12

Name of Building Owner/Operator (2)
Middle Township Public Schools

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

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

Street Address
216 S. Main Street

City, State, Zip Code
Cape May Court House NJ 08210

Name of Contact
Dawn

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)

Facility Information

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

Name of Abatement Contractor (9)
Permaco Inc

Street Address
PO box 329

City, State, Zip Code
West Berlin NJ 08091

Telephone No.
856-753-9800

License No.
00727

Name of OSHA Monitor
Permaco Inc

Street Address
PO box 329

City, State, Zip Code
West Berlin NJ 08091

Scope of Work (Check All That Apply)
- Renovation
- Demolition

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

In Facility
(13)

Room 20 office Area Child Study R

Floor Tile / mastic
1200 SF

Abatement Type
x

Name of Registered Waste Hauler
United Containers

NUDEP Waste Hauler ID No.
22459

Cubic Yards of Waste
3

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

City, State
Elm NJ

Disposal Date
8/17/12

City, State
Morrisville Pa 19067

Completed by
Anthony T Perna
Title
President

Signature

Date
7/30/12

* 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>7/30/12</th>
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</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>NJ Transit</td>
</tr>
<tr>
<td>Street Address</td>
<td>One Penn Plaza East</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Newark NJ 07105</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Russel Samaroo</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Newark Penn Station Platform E</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>1 west Raymond Pl</td>
</tr>
<tr>
<td>City (5)</td>
<td>Newark NJ 07102</td>
</tr>
<tr>
<td>County (6)</td>
<td>Essex</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Square Feet</th>
<th>1000+</th>
</tr>
</thead>
<tbody>
<tr>
<td># of Floors</td>
<td>x</td>
</tr>
<tr>
<td>Bldg. Age</td>
<td>x</td>
</tr>
</tbody>
</table>

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

**ASCN No.**

**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**
Jim Guillardi

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

**Telephone No.**
856-753-9800

**License No.**
00727

**Name of OSHA Monitor**
Pernaco Inc

**Street Address**
PO box 329

**City, State, Zip Code**
West Berlin NJ 08091

**Start Date (10):**
8/13/12

**Scheduled Completion Date (11):**
8/17/12

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

**Scope of Work (Check All That Apply):**
- X Renovation
- Demolition

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

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

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

**Amount (Specify SF or LF):**
130 LF

**Name of Registered Waste Hauler:**
United Containers

**NUDEP Waste Hauler ID No.**
22459

**Cubic Yards of Waste:**
3

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

**City, State**
Elm NJ

**Disposal Date**
8/17/12

**City, State**
Morrisville Pa 19067

**Completed by**
Anthony T Perna

**Title**
President

**Signature**

**Date**
7/30/12

* Do not use this form for asbestos licensure exempted activities.
<table>
<thead>
<tr>
<th>Project Manager</th>
<th>Project Manager</th>
<th>Project Manager</th>
</tr>
</thead>
<tbody>
<tr>
<td>John Doe</td>
<td>Jane Smith</td>
<td>Bob Johnson</td>
</tr>
<tr>
<td>Phone: 555-1234</td>
<td>Phone: 555-1234</td>
<td>Phone: 555-1234</td>
</tr>
</tbody>
</table>

**Notification of Asbestos Abatement**

**Date:** August 1, 2012

**Location:** 123 Main Street, Suite 100

**Person Responsible:** John Doe

**Emergency Notification:**

- Phone: 555-1234
- Email: jdoe@example.com
**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to HAC 5:39 and 12:18)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>7-27-2012</td>
<td>T. RAMUNNO 2012 AUG-1 AM 8:29</td>
</tr>
</tbody>
</table>

**Agency Notified**

- EPA
- DOL
- DCH

**Address**

36 ALEXANDRIA AVENUE

**City, State, Zip Code**

HAWTHORNE, NJ 07506

**ASBESTOS CONTROL**

Name of Contact: T. RAMUNNO

**FACILITY INFORMATION**

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

T. RAMUNNO

**Street Address**

36 ALEXANDRIA AVENUE

**City**

HAWTHORNE

**Square Feet**

2050

**Residence**

**Name of Monitoring Firm Hired by Building Owner (5)**

Best Removal Inc

**Street Address**

450 South River St

**City, State, Zip Code**

Hackensack, N.J. 07601

**Telephone No.**

201-329-7444

**License No.**

00388

**Scheduled Completion Date (11)**

8-10-2012

**Name of Abatement Contractor (5)**

Omega Environmental Services

**Street Address**

280 Nuyler St

**City, State, Zip Code**

South Hackensack, N.J. 07606

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

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

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

- Abatement
- Demolition

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

<table>
<thead>
<tr>
<th>Location</th>
<th>In Location Normally Used Safely by Custodial Staff? (12)</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e.: Normal asbestos insulation, surfacing, WAT, or other miscellaneous)</th>
<th>Amount (Square Feet or Linear Feet)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>X</td>
<td>Thermal Insulation</td>
<td>48 SF X</td>
<td>Removal</td>
</tr>
<tr>
<td>Basement</td>
<td>X</td>
<td>Thermal Insulation</td>
<td>25 LF X</td>
<td>Removal</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Handler**

Best Removal Inc.

**Volume of Waste**

1 YD

**Name of Registered Lender**

Minerva Enterprises Inc.

**City, State**

Hackensack, NJ

**Disposal Date**

8-10-12

**Waynesburg, OH.**

**Estimator**

R. Veldran

7-27-2012
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:50 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>07-26-12</th>
</tr>
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<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Verizon Communications</td>
</tr>
<tr>
<td>Agencies Notified</td>
<td>Type Notification</td>
</tr>
<tr>
<td>□ EPA</td>
<td>□ Initial</td>
</tr>
<tr>
<td>□ DEP</td>
<td>□ Amended</td>
</tr>
<tr>
<td>□ DOL</td>
<td>□ Amendment #</td>
</tr>
<tr>
<td>□ DOH</td>
<td>□ Emergency (including justification)</td>
</tr>
<tr>
<td>□ DCA</td>
<td>□ Cancellation</td>
</tr>
<tr>
<td>Street Address</td>
<td>700 Hidden Ridge</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Irving, Texas</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Lance Gangemi</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
</tbody>
</table>

Name of Facility Where Abatement is Taking Place (3)

<table>
<thead>
<tr>
<th>Street Address</th>
<th>40 Orient Way</th>
</tr>
</thead>
<tbody>
<tr>
<td>City (5)</td>
<td>Rutherford</td>
</tr>
<tr>
<td>County (6)</td>
<td>Bergen</td>
</tr>
<tr>
<td>County Code (7)</td>
<td>(STATE USE ONLY)</td>
</tr>
</tbody>
</table>

Name of Monitoring Firm Hired by Building Owner (8)

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>ASCM No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>TTI Environmental, Inc.</td>
<td></td>
</tr>
</tbody>
</table>

Name of Abatement Contractor (9)

<table>
<thead>
<tr>
<th>Name of Abatement Contractor (9)</th>
<th>Pinnacle Environmental Corp.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>200 Broad Street</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Carlstadt, NJ 07072</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>201-939-6565</td>
</tr>
<tr>
<td>License No.</td>
<td>00756</td>
</tr>
</tbody>
</table>

Project Manager for Monitoring Firm

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Harold Baldwin</td>
<td>(856) 840-8800</td>
</tr>
</tbody>
</table>

Start Date (10) 08-06-12  
Scheduled Completion Date (11) 10-31-12

Occupancy Status During Abatement (Check Only One)

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

Scope of Work (Check All That Apply)

- [x] ≧3 sf or ≧23 If  
- [ ] ≧160 sf or ≧260 If  
- [ ] Renovation  
- [x] Demolition  
- [ ] Full Containment with Negative Pressure  
- [ ] Mini-Enclosure  
- [ ] Glovebag Procedure  
- [ ] Non-Exempted () and Non-Friable Procedure

<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? (14)</th>
<th>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement: AC Room # 2</td>
<td>x</td>
<td>VAT/Mastic</td>
<td>80SF</td>
<td>x</td>
</tr>
<tr>
<td>Basement: AC Room # 2</td>
<td>x</td>
<td>Pipe Insulation</td>
<td>6LF</td>
<td>x</td>
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</table>

Name of Registered Waste Hauler

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>NJDEP Waste Hauler ID No.</th>
</tr>
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<tbody>
<tr>
<td>ATC, Inc. / TriState Transfer (50071)</td>
<td>24310</td>
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Cubic Yards of Waste

<table>
<thead>
<tr>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
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<tbody>
<tr>
<td>TBD</td>
<td>Minerva Enterprises</td>
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</table>

Disposal Date

<table>
<thead>
<tr>
<th>Disposal Date</th>
<th>Name of Registered Landfill</th>
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<tbody>
<tr>
<td>TBD</td>
<td>Minerva Enterprises</td>
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</tbody>
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City, State

<table>
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<th>City, State</th>
<th>Name of Registered Landfill</th>
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</thead>
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<tr>
<td>Shirley, NY / Bronx, NY</td>
<td>Minerva Enterprises</td>
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Completed by

<table>
<thead>
<tr>
<th>Completed by</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Joseph Patrick</td>
<td>Project Manager</td>
</tr>
</tbody>
</table>

Signature | Date 07-26-12

* 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)  
7-27-2012

Name of Building Owner/Operator (2)  
Legow Management

Agencies Notified  

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

Street Address  
160 South Livingston Ave.

City, State, Zip Code  
Livingston, NJ 07039

Name of Contact  
John

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement Is Taking Place (3)  
Haddon View Apartments

Square Feet  

# of Floors  

Bldg. Age  
50+

Type of Facility (4)  

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

Current Use (Prior if being demolished)  
Apartment Unit

Street Address  
22 Troy Lane

City, State, Zip Code  
Lincoln Park, NJ 07035

Type of Monitoring Firm  
ASCM No.  
n/a

Name of Abatement Contractor (9)  
Jadar Contracting, LLC

Telephone No.  
973-706-7950

License No.  
01088

Street Address  
22 Troy Lane

City, State, Zip Code  
Lincoln Park, NJ 07035

Project Manager for Monitoring Firm  
n/a

Occupancy Status During Abatement (Check Only One)  

- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other – Describe: 6am - 5pm

Scope of Work (Check All That Apply)  

- 23 sf or 23 ft
- 180 sf or 230 ft
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Fireable Procedure

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

Is Location Normally Used Solely by Maintenance/Custodial Staff?  

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

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

Amount  
(Specify SF or LF)

Abatement Type  

- Removal
- Repair
- Encapsulate

Date of Start (10)  
8-6-2012

Scheduled Completion Date (11)  
8-11-2012

Name of Registered Waste Hauler  
Jadar Contracting LLC

Cubic Yards of Waste  
TBD

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

City, State  
Lincoln Park, NJ 07035

Disposal Date  
TBD

City, State  
Montevideo, PA 19067

Completed by  
Lillie Lazarevich

Title  
Secretary

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

Date of Notification (1)
07/25/12

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

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

Name of Building Owner/Operator (2)
West Orange BOE

Street Address
179 Eagle Rock Avenue

City, State, Zip Code
West Orange, NJ 07052

Name of Contact
Robert Csiga

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Thomas Edison Central Six School

Street Address
75 Williams Street

City (5)
West Orange

County (6)
Essex County

County Code (7) (STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner
(AHERA Consultants, Inc

ASCM No.

Name of Abatement Contractor (8)
Nick Restoration LLC

Street Address
72 Brookside Rd

City, State, Zip Code
Randolph, NJ 07869

Project Manager for Monitoring Firm
John Smoyer

Telephone No.
609-652-1833

License No.
001133

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

Square Feet
# of Floors
Bldg. Age

Current Use (Prior if being demolished)

Start Date (10)
08/06/2012

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

Scheduled Completion Date (11)
08/08/2012

Occupancy Status During Abatement (Check only one)

Scope of Work (Check all that apply)
- ≥3sf or ≥3lf
- ≥100 sf or ≥200 lf
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Fireable 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

Yes

Wall plaster material

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

Amount
Specify SF or LF

Abatement Type

Endorse
Enteral
Endose
Endure

Name of Registered Waste Hauler
Nick Restoration LLC

Cubic Yards

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

City, State
Randolph, NJ 07869

Disposal Date
TBD

City, State
Tullytown, PA

Completed By
Elvira Mrda

Title
President

Signature

Date
07/25/2012

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

**State of New Jersey**

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

**Date of Notification (1)**
7/27/2012

**Name of Building Owner/Operator (2)**
BAYONNE MEDICAL CENTER

**Street Address**
29 EAST 29TH STREET

**City, State, Zip Code**
BAYONNE, NJ 07002

**Name of Contact**
NICK VERDUCCI

**Facility Information**

<table>
<thead>
<tr>
<th>Agency Notified</th>
<th>Type Notification</th>
<th>Street Address</th>
<th>City, State, Zip Code</th>
<th>Name of Building Owner/Operator</th>
<th>Name of Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>X EPA</td>
<td>Initial</td>
<td>29 EAST 29TH STREET</td>
<td>BAYONNE, NJ 07002</td>
<td>BAYONNE MEDICAL CENTER</td>
<td>NICK VERDUCCI</td>
</tr>
<tr>
<td>X DEP</td>
<td>Amended</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>X DOL</td>
<td>Amendment #</td>
<td></td>
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<tr>
<td>X DOH</td>
<td>Emergency (including justification)</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>X DCA</td>
<td>Cancellation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
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</table>

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

**Street Address**
29 EAST 29TH STREET

**City (5)**
BAYONNE

**County (6)**
HUDSON

**Name of Monitoring Firm Hired by Building Owner (9)**
ENVIRONMENTAL CONSULTANTS, INC.

**Telephone No.**
973-636-9145

**Name of Abatement Contractor (9)**
TWO BROTHERS CONTRACTING

**Street Address**
20-21 WAGARAW ROAD, BUILDING #34A

**City, State, Zip Code**
FAIR LAWN, NJ 07410

**Project Manager for Monitoring Firm**
WILLIE MORALES

**Telephone No.**
973-636-9145

**Name of OSHA Monitor**
SAME AS (9) ABOVE

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

**Start Date (10)**
8/9/2012

**Scheduled Completion Date (11)**
8/31/2012

**Scope of Work (Check All That Apply)**
- ≥3 sf or ≥3 if
- ≥100 if or ≥250 if
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Location of ACM</th>
<th>Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
</tr>
</thead>
<tbody>
<tr>
<td>BOILER ROOM</td>
<td>X</td>
<td>N/A</td>
</tr>
</tbody>
</table>

**Amount (Specify SF or LF)**

<table>
<thead>
<tr>
<th>Description of ACM</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>BOILER ROPE</td>
<td>10 SF</td>
</tr>
<tr>
<td>BOILER DOOR GASKET</td>
<td>5 SF</td>
</tr>
<tr>
<td>FIREBRICK ON INTERIOR SIDE</td>
<td>2,000 SF</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**
TWO BROTHERS CONTRACTING

**City, State**
CLIFTON, NJ

**Disposal Date**
8/31/2012

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

**City, State**
MORRISVILLE, PA

**Completed by**
VIVECA RAMOS

**Title**
SECRETARY

**Signature**

**Date**
7/27/2012

* 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)
7/25/2012

Name of Building Owner/Operator (2)
Kennedy Lofts LLC

2012 AUG -1 AM 7:15

Agencies Notified
☐ EPA
☐ DEP
☒ DOH
☒ DCA

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

Street Address
100 Newkirk Street

City, State, Zip Code
Jersey City NJ

Name of Contact
Angelo

FACILITY INFORMATION

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

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

Street Address
100 Newkirk Street

City (5)
Jersey City NJ

Square Feet
6360

County Code (7)
(STATE USE ONLY)

Current Use (Prior if being demolished)

Hudson

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

Name of Abatement Contractor (9)
First Phase Group Inc

ASCM No.
N/A

Street Address
567-52nd street Suite#16

City, State, Zip Code
West New York NJ 07093

Telephone No.
201-758-7158

License No.
001144

Name of OSHA Monitor
J&S Environmental Corp

Project Manager for Monitoring Firm
N/A

Start Date (10)
8/6/2012

Scheduled Completion Date (11)
9/15/2012

Occupancy Status During Abatement (Check Only One)
☒ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☐ Other – Describe: 8 Hours

Scope of Work (Check All That Apply)
☐ <30 sf or 23 if
☐ 30 sf or >290 if
☐ Renovation
☐ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☒ Non-Exempted (*) and Non-Friable Procedure

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

(13)

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

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

Amount
50880

Abatement Type
☐ Removal
☐ Repair
☒ Encapsulate
☐ Endorse

Name of Registered Waste Hauler
NJ/DEP Waste Hauler ID No.
24310

Cubic Yards of Waste
100 Yards

Name of Registered Landfill
Minerva Enterprises

City, State
Waynesburg OH 44688

Disposal Date
City, State
Shirley NJ 11967

Completed by
Edwin Pracilla
Title
Project Manager
Signature
7/25/2012

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

**State of New Jersey**

**Name of Building Owner/Operator:** Monmouth Regional Board of Education

**Date of Notification:** 07/27/12  Ck: 2188  $200

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

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

**Street Address:** One Norman J Field Way

**City, State, Zip Code:** Tinton Falls, New Jersey 07724

**Name of Contact:** Jim Tiernan

**Telephone Number:**

---

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place:**
- Monmouth Regional High School

**Street Address:**
- One Norman J Field Way

**City, State, Zip Code:**
- Tinton Falls, New Jersey 07724

**County:** Monmouth

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

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

**Square Feet:** 20,000

**# of Floors:** 2

**Bldg. Age:** 55+

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

**Name of Monitoring Firm (check only one):**
- [X] AHERA Consultants Inc.

**ASCN No.:**

**Name of Abatement Contractor:** Lillich Contractors

**Street Address:** 606 McBride Avenue

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

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

**License No.:** 01104

**Name of OSHA Monitor:**
- J&S Environmental Labs LLC

**Street Address:**
- 2333 Route 22 West

**City, State, Zip Code:** Union, New Jersey 07083

---

**Start Date: 08/06/12**

**Scheduled Completion Date:** 08/08/12

**Occupancy Status During Abatement:**
- [X] Facility Closes/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility Hours
- [ ] Other – Describe: 7:00AM-3:30PM

----

**Scope of Work (Check All That Apply):**
- [X] 23 sf or 23 if
- [X] 160 sf or 260 if
- [X] Renovation
- [X] Demolition

---

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>TO BE ABATED (13)</td>
</tr>
<tr>
<td>C Wing Stock Room</td>
</tr>
</tbody>
</table>

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

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

**Amount (Specify SF or LF):**
- 8

**Abatement Type: Remove**

---

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

**Address:**
- NJDEP Waste Hauler ID No.: 18724

**Disposal Date:**
- 09/10/12

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

**City, State:** Morrisville, Pennsylvania

---

**Completed by:** Tatiana Kalenikova

**Title:** Vice President

**Signature:**

**Date:** 07/27/12

---

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

<table>
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<th>Type Notification</th>
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<table>
<thead>
<tr>
<th>Name of Building Owner/Operator (2)</th>
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</thead>
<tbody>
<tr>
<td>Cedar Grove Board of Education</td>
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</table>

<table>
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<tr>
<th>Street Address</th>
<th>520 Pompton Avenue</th>
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</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>Cedar Grove, New Jersey 07009</th>
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<table>
<thead>
<tr>
<th>Name of Contact</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mario Gaita</td>
<td></td>
</tr>
</tbody>
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### FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
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<tbody>
<tr>
<td>Cedar Grove High School</td>
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<table>
<thead>
<tr>
<th>Street Address</th>
<th>90 Rugby Road</th>
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<table>
<thead>
<tr>
<th>City (5)</th>
<th>Cedar Grove, New Jersey 07009</th>
</tr>
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<table>
<thead>
<tr>
<th>County Code (7)</th>
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<tbody>
<tr>
<td>Essex (STATE USE ONLY)</td>
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<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>Oceanville, New Jersey 08231</th>
</tr>
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<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
</tr>
</thead>
<tbody>
<tr>
<td>AHERA Consultants Inc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ASCM No.</th>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Lillich Corporation</td>
</tr>
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<table>
<thead>
<tr>
<th>Street Address</th>
<th>606 McBride Avenue</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>Woodland Park, New Jersey 07424</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>609-652-1833</td>
<td>01104</td>
</tr>
</tbody>
</table>

### Project Manager for Monitoring Firm

<table>
<thead>
<tr>
<th>John Smoyer</th>
</tr>
</thead>
</table>

### Start Date (10) | Scheduled Completion Date (11) |
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>08/10/12</td>
<td>08/12/12</td>
</tr>
</tbody>
</table>

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

- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other – Describe: Fri 4pm start, Sat & Sun 7am-7pm

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

- ≥23 sf or ≥3 if
- ≥160 sf or ≥260 if
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>E Wing Hallway Ceiling</td>
</tr>
</tbody>
</table>

### Is Location 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>X</td>
<td></td>
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</tbody>
</table>

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

<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>Ceiling Plaster &amp; lathe</td>
</tr>
</tbody>
</table>

### Amount (Specify SF or LF)

<table>
<thead>
<tr>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>100 SF</td>
</tr>
</tbody>
</table>

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

### Name of Registered Waste Hauler

<table>
<thead>
<tr>
<th>Lillich Corporation</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>NUIDEP Waste Hauler ID No.</th>
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<tbody>
<tr>
<td>18724</td>
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<table>
<thead>
<tr>
<th>Cubic Yards of Waste</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>G.R.O.W.S Landfill</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>Woodland Park, New Jersey 07424</th>
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</thead>
</table>

### Disposal Date

<table>
<thead>
<tr>
<th>Disposal Date</th>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>08/13/12</td>
<td>Morrisville, Pennsylvania</td>
</tr>
</tbody>
</table>

### Completed by

<table>
<thead>
<tr>
<th>Tatiana Kalenikova</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Title</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vice President</td>
<td>Takanosaki</td>
</tr>
</tbody>
</table>

### Completed by

<table>
<thead>
<tr>
<th>Tatiana Kalenikova</th>
</tr>
</thead>
</table>

| Signature Date | 07/27/12 |

---

*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)
07/27/12

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

Agencies Notified
☐ EPA
☐ DEP
☐ DOL
☐ DOH
☐ DCA
Type Notification
☐ Initial
☐ Amended
☐ Amendment #13
☐ Emergency (including justification)
☐ Cancellation

Street Address
176 Park Avenue

City, State, Zip Code
Rutherford, NJ 07070

Name of Contact
Anthony Paterno

FACILITY INFORMATION

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

Street Address
359 Union Avenue

City (5)
Rutherford

County Code (6)
Bergen

County Code (7) (STATE USE ONLY) __________

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

ASCM No.
00079

Name of Abatement Contractor (9)
Bako Construction & Restoration, Inc.

Street Address
20-21 Wagarow Rd. Bldg. 34A

City, State, Zip Code
Fair Lawn, NJ 07410

Telephone No.
973 636 9145

License No.
973 256 7010

Name of OSHA Monitor
Bako Construction & Restoration, Inc.

Street Address
265 Route 46 Suite 3D

City, State, Zip Code
Totowa NJ 07512

Occupy Status During Abatement-(check only one)
☐ Facility Closed/Vacated during Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☐ Other – Describe:

Scope of Work (check all that apply)
☐ ≥3 sf or ≥32 sf
☐ 160 sf or ≥260 sf
☐ Renovation
☐ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glowing Procedure
☐ Non-Encapsulated (*) and Non-Friable Procedure

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

Yes No N/A

2nd Floor Hallway

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

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

Amount (Specify SF or LF)

Abatement Type

Location of
Asbestos-Containing Material (ACM)

Cubic Yards of Waste

Name of Registered Landfill

G.R.O.W.S. Inc.

Disposal Date

City, State

Totowa NJ

Completed by
Goran Kojic

Title
V.P.

Signature

Date
07/27/12

* Do not use this form for asbestos licensure exempted activities.
Date of Notification (1)  
07/16/12

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

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

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

Street Address  
176 Park Avenue

City, State, Zip Code  
Rutherford NJ 07070

Name of Contact  
Anthony Paterno

FACILITY INFORMATION

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

Square Feet  
75000

# of Floors  
2

Blg. Age  
50+

Current Use (Prior if being demolished)  
School

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

Street Address  
359 Union Avenue

City (5)  
Rutherford

County (6)  
Bergen

County Code (7)  
000

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

ASCM No.  
00079

Name of Abatement Contractor (9)  
Bako Construction & Restoration Inc.

Street Address  
265 Route 46 Suite 3D

City, State, Zip Code  
Totowa NJ 07512

Telephone No.  
973 256 7010

License No.  
00666

Name of OSHA Monitor  
Bako Construction & Restoration Inc.

Street Address  
265 Route 46 Suite 3D

City, State, Zip Code  
Totowa NJ 07512

Scope of Work (Check All That Apply)  
[ ] Renovation  [X] Demolition

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

In Facility (13)  
2nd Fl. Stairwell #2

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

Description of Asbestos-Containing Material (ACM)

(i.e., thermal systems insulation, surfacing, V.A.T., or other miscellaneous)  
Wall Plaster  
50SF

Amount (Specify SF or LF)  

Abatement Type

[ ] Removal  [ ] Repair  [ ] Encapsulation  [X] Enclosure  

Name of Registered Waste Hauler  
Bako Construction & Restoration Inc.

NJDEP Waste Hauler ID No.  
20889

Cubic Yards of Waste  
5

Name of Registered Landfill

G.R.O.W.S. Inc.

Disposal Date  
08/01/12

City, State  
Morrisesville PA

Completed by  
Goran Kojic

Title  
V.P.

Signature  

Date  
07/16/12

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

Date of Notification (1)  
9/14/2012

Job #: 2012 Res.

Name of Building Owner/Operator (2)  
Gary Moskowitz

Street Address

19 N. Rosborough Avenue

City, State, Zip Code

Ventnor, NJ 08406

Name of Contact

Gary Moskowitz

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Moskowitz Residence

Street Address

19 N. Rosborough Avenue

City (5)

Ventnor

County (6)

Atlantic County

County Code (7) (STATE USE ONLY)

Type of Facility (4)

Private Residence

Square Feet

2,000 +

# of Floors

2

Bldg. Age

30 Yrs. +

Current Use (prior if being demolished)

Name of Contractor (9)

Prime Group Remediation, Inc.

Street Address

4343 'G' Street

City, State, Zip Code

Philadelphia, PA 19124

License Number

215-533-3503 00858

Name of OSHA Monitor

Indoor Environmental Concepts

Street Address

286 Sunset Road

City, State, Zip Code

Barrington NJ 08007

Source 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) TO BE ABATED IN Facility (13)

Attic

Pipe Insulation

100 LF

Yes  No  N/A

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

Name of Reg. Waste Hauler

NJDEP Waste Hauler ID #

Cubic Yards of Waste

1.25

Name of Reg. Landfill

Minerva (DEP #15-1292)

City, State

Waynesburg OH

Completed by

Vincent Primavera

Project Manager

ASB-47

Date

July 26, 2012

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

**Date of Notification (1)**
07/25/2012

**Name of Building Owner/Operator (2)**
Borough of Wood-Ridge

**Address**
85 Humboldt Street

City, State, Zip Code
Wood-Ridge NJ 07075

**Name of Contact**
Allen Barnett

**Facility Information**

**Name of Facility Where Abatement is Taking Place (3)**
Wood-Ridge Intermediate School

**Street Address**
151 1st Street

City (5)
Wood-Ridge

County Code (?)
Bergen

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

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

**Square Feet**
#

**# of Floors**
2

**Bldg. Age**
50 years

**Name of Monitoring Firm Hired by Building Owner (8)**
Environmental Connection, Inc.

**ASCM No**
0030

**Name of Abatement Contractor (9)**
Savic Construction Corp

**Street Address**
205 Route 46 Suite 15

City, State, Zip Code
Totowa, NJ 07512

**Project Manager for Monitoring Firm**
Ronald Jones

**Telephone No.**
212-952-7300

**Scheduled Completion Date (11)**
09/23/2012

**Occupancy Status During Abatement (Check Only One)**
Facility Closed/Vacated During Entire Period of Abatement

**Scope of Work (Check All That Apply)**
Vinyl Roofing
Demolition

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

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

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

**Amount (Specify SF or LF)**

**Abatement Type**

<table>
<thead>
<tr>
<th>Description</th>
<th>SF</th>
<th>LF</th>
</tr>
</thead>
<tbody>
<tr>
<td>VAT/Mastic</td>
<td>14,445</td>
<td>x</td>
</tr>
<tr>
<td>TSI Fittings - wet-wrap/cut</td>
<td>420</td>
<td>x</td>
</tr>
<tr>
<td>TSI Fittings - wet-wrap/cut</td>
<td>174</td>
<td>x</td>
</tr>
<tr>
<td>Exterior asbestos caulking</td>
<td>74</td>
<td>x</td>
</tr>
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</table>

**Name of Registered Waste Hauler**
Newark Carting

**Disposal Date**
08/23/2012

**City, State**
Morrisville, PA

**Completed by**
Sava Savic

**Title**
President

**Signature**

**Date**
07/25/2012

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