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

Project #

Date of Notification (1) 08/05/2015
Name of Building Owner/Operator (2) Jersey City BOE

Agencies Notified
- EPA
- DOL
- DOH
- DCA

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

Street Address
346 Claremont Ave
City, State, Zip Code
Jersey City, NJ 07305

Name of Contact
Kevin O' Shea
Telephone Number

FACILITY INFORMATION

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

Street Address
2 Palisade Ave
City (5) Jersey City, NJ 07304
County Code (6) County Code (STATE USE ONLY) 21
Hudson

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

ASCM No.

Name of Abatement Contractor (9)
Nick Restoration LLC

License No.
01133

Square Feet

# of Floors

Bldg. Age

Project Manager for Monitoring Firm
John Smoyer

Telephone No.
(609) 652-1833

Name of OSHA Monitor
J&S Environmental

Start Date (10) 08/07/2015
Scheduled Completion Date (11) 08/10/2015

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

Scope of Work (Check All That Apply)
- ≥ 3 sf or ≥ 3 If
- ≥ 160 sf or ≥ 250 If
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Frangible Procedure

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

In Facility (13)

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

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

Amount (Specify SF or LF)

Abatement Type
Removal
Repair
Encapsulate
Endure

3 Floors
TSI

60 LF

Name of Registered Waste Hauler
Nick Restoration LLC

NJDEP Waste Hauler ID No.
33782

Cubic Yards of Waste
TBD

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

City, State
Randolph, NJ 07869

Disposal Date
TBD

Completed by
Elvira Mnda

Title
President

Signature

Date 08/05/2015
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

**Date of Notification (1)**  
06/10/2015

**Name of Building Owner/Operator (2)**  
Trinity Lutheran Church

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

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

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

**Street Address**  
167 Palisades Avenue

**City, State, Zip Code**  
Bogota, NJ 07603

**Name of Contact**  
Marcus Grasso/Rev Peter Olsen

**Telephone Number**

<table>
<thead>
<tr>
<th>FACILITY INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
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<tr>
<td>Trinity Lutheran Church</td>
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<tr>
<td>Street Address</td>
</tr>
<tr>
<td>167 Palisades Avenue</td>
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<tr>
<td>City (5)</td>
</tr>
<tr>
<td>Bogota</td>
</tr>
<tr>
<td>County (6)</td>
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<tr>
<td>Bergen</td>
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<td>County Code (7)</td>
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<tr>
<td>(STATE USE ONLY)</td>
</tr>
<tr>
<td>Current Use (Prior if being demolished)</td>
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<tr>
<td>Lutheran Church</td>
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<td>Name of Monitoring Firm HIred by Building Owner (8)</td>
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<tr>
<td>EnviroVision Consultants, Inc.</td>
</tr>
<tr>
<td>ASCM No.</td>
</tr>
<tr>
<td>00079</td>
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<tr>
<td>Name of Abatement Contractor (9)</td>
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<tr>
<td>Incinia Contracting, Inc.</td>
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<tr>
<td>Street Address</td>
</tr>
<tr>
<td>20-21 Wagawar Road, Bldg. 35E</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
</tr>
<tr>
<td>Fair Lawn, NJ 0741</td>
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<tr>
<td>Project Manager for Monitoring Firm</td>
</tr>
<tr>
<td>Fred Larson</td>
</tr>
<tr>
<td>Telephone No.</td>
</tr>
<tr>
<td>(973) 636-9144</td>
</tr>
<tr>
<td>Start Date (10)</td>
</tr>
<tr>
<td>08/22/2015</td>
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<tr>
<td>Scheduled Completion Date (11)</td>
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<tr>
<td>08/24/2015</td>
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<tr>
<td>Occupancy Status During Abatement (Check Only One)</td>
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<td>[X] Facility Closed/Vacated During Entire Period of Abatement</td>
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<td>Abatement Performed Outside of Normal Facility Hours</td>
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<td>Other - Describe: Saturday, 7:00AM - 6:00PM</td>
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<tr>
<td>Scope of Work (Check All That Apply)</td>
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<tr>
<td>[X] ≥3 sf or ≥3 if</td>
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<tr>
<td>[ ] ≥160 sf or ≥260 if</td>
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<tr>
<td>[ ] Renovation</td>
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<tr>
<td>[ ] Demolition</td>
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<tr>
<td>[ ] Full Containment with Negative Pressure</td>
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<tr>
<td>[ ] Mini-Enclosure</td>
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<tr>
<td>[ ] Glovebag Procedure</td>
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<tr>
<td>[ ] Non-Exempted (*) and Non-Friable Procedures</td>
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<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)</th>
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<tbody>
<tr>
<td>Former Bathroom</td>
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<tr>
<td>Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)</td>
</tr>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
</tr>
<tr>
<td>N/A</td>
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<tr>
<td>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
</tr>
<tr>
<td>Wall Plaster</td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
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<tr>
<td>7.5 SF</td>
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<td>Abatement Type</td>
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<tr>
<td>Removal</td>
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<tr>
<td>[X]</td>
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<tr>
<td>Repair</td>
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<tr>
<td>Encapsulate</td>
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<tr>
<td>Enclose</td>
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<tr>
<td>Name of Registered Waste Hauler</td>
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<tr>
<td>Atlantic Carting/JR Contracting</td>
</tr>
<tr>
<td>NJDEP Waste Hauler ID No.</td>
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<tr>
<td>NJ-641/JA-464</td>
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<tr>
<td>Cubic Yards of Waste</td>
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<tr>
<td>40</td>
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<tr>
<td>Name of Registered Landfill</td>
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<tr>
<td>IESI PA Bethlehem Landfill Corp.</td>
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<tr>
<td>City, State</td>
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<tr>
<td>Wayne, NJ</td>
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<tr>
<td>Disposal Date</td>
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<tr>
<td>TBD</td>
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<tr>
<td>City, State</td>
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<tr>
<td>Bethlehem, PA</td>
</tr>
<tr>
<td>Completed by</td>
</tr>
<tr>
<td>Milena Zoric</td>
</tr>
<tr>
<td>Title</td>
</tr>
<tr>
<td>Executive Director</td>
</tr>
<tr>
<td>Signature</td>
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| * 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)**  
08/11/15

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

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

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

**Street Address**  
226 UNION AVENUE

**City, State, Zip Code**  
RUTHERFORD, NJ 07070

**Name of Contact**  
JORGE MARTINEZ  
**Telephone Number**

**FACILITY INFORMATION**

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

**Square Feet**  
2000

**# of Floors**  
2

**Bldg. Age**

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

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

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

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

**Name of Abatement Contractor (9)**  
AAA LEAD PROFESSIONALS

**Street Address**  
6 WHITE DOVE COURT

**City, State, Zip Code**  
LAKEWOOD, NJ 08701

**Project Manager for Monitoring Firm**

**Telephone No.**  
732-668-9078

**License No.**  
1200

**Start Date (10)**  
08/21/15

**Scheduled Completion Date (11)**  
08/21/15

**Name of OSHA Monitor**

**AAA LEAD PROFESSIONALS**

**Street Address**  
6 WHITE DOVE COURT

**City, State, Zip Code**  
LAKEWOOD, NJ 08701

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

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

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

- ≥23 sf or ≥3 If  
- ≥1600 sf or ≥2600 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</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
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</thead>
<tbody>
<tr>
<td>ACM PIPE INSULATION</td>
<td>Yes</td>
<td></td>
<td>80 LF</td>
<td>X</td>
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</table>

**Name of Registered Waste Hauler**  
NEWARK CARTING

**Cubic Yards of Waste**  
3 YARDS

**Name of Registered Landfill**  
IESI

**City, State**  
NEWARK, NJ

**Disposal Date**  
08/21/15

**City, State**  
BETHLEHEM PA

**Completed by**

**Title**  
JOSEPH PERLSTEIN  
**Signature**

**Date**  
08/11/15

* 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:** August 11, 2015

---

**Name of Building Owner/Operator:**

KPS Sons Carpentry, LLC

**Street Address:**

46 Princeton Avenue

**City, State, Zip Code:**

Brick, New Jersey 08724

**Name of Contact:**

Ken

**Telephone Number:**

---

### FACILITY INFORMATION

**Name of Facility Where Abatement is Taking Place:**

Residence

**Street Address:**

74 Dock Road

**City:**

Brick

**County:**

Ocean

**County Code:**

(STATE USE ONLY)

**Type of Facility:**

School (k-12)

Subchapter 8 (other than k-12)

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

**Square Feet:**

1500 sf

**# of Floors:**

1

**Bldg. Age:**

60

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

Residence

**Name of Abatement Contractor:**

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 Stetson Road

**City, State, Zip Code:**

Piscataway, New Jersey 08854

---

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

N/A

**ASCM No.:**

-Guardian Contracting, Inc.-

**Project Manager for Monitoring Firm:**

N/A

**Telephone Number:**

---

**Scheduled Start Date (10):**

8/12/15

**Scheduled Completion Date (11):**

8/13/15

**Occupancy Status During Abatement:**

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

[ ] Abatement Performed Outside of Normal Facility Hours

[ ] Other – Describe

**Scope of Work:**

[ ] 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)

**Is Location Normally used Solely by Maintenance/Custodial Staff:**

YES

NO

N/A

**Exterior:**

X

Asbestos siding

1200 sf

[ X ]

---

**Name of Registered Waste Hauler:**

Guardian Contracting, Inc.

**DEP Waste Hauler ID No.:**

20223

**Cubic Yards of Waste:**

3

**Name of Registered Landfill:**

T.R.R.F.

**City, State:**

Toms River, New Jersey

**Disposal Date:**

8/14/15

**City, State:**

Tullytown, Pennsylvania

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

Nicholas Fennica

Title

Project Manager

**Signature:**

Date

8/11/2015

---

*Do not use this form for asbestos licensure exempted activities.*
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:20/N.J.A.C. 7:26-2.12)

State of New Jersey

Date of Notification (1): 08/11/2015
Name of Building Owner/Operator (2): Grace Temple Baptist Church

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

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

Street Address: 22 Chapman Place
City, State, Zip Code: Irvington, NJ 07111

Name of Contact: Julia Harris

FACILITY INFORMATION

Name of Facility: Grace Temple Baptist Church
Street Address: 22 Chapman Place
City, County, County Code:
- City: Irvington
- County: Essex
- County Code: 07111

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: Church

Name of Monitoring Firm Hired by Building Owner: Apex Development, Inc.
ASCN No.:

Name of Abatement Contractor (9):
Apex Development, Inc.
Street Address:
658 Rutgers Place
City, State, Zip Code:
Paramus, NJ 07652

Project Manager for Monitoring Firm:

Telephone No.: 973-350-0101

Start Date (10): 08/21/15
Scheduled Completion Date (11): 08/24/15
OCCUPANCY STATUS DURING ABATEMENT (CHECK ONLY ONE):

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

Name of OSHA Monitor:
Metro Analytical Laboratories
Street Address:
255 West 36th Street, Suite 203
City, State, Zip Code:
New York, New York, 10018

Scope of Work (Check all that apply):

- ≥ 2,000 sf or ≥ 3,000 lf
- ≥ 160 sf or ≥ 250 lft

Renovation Demolition

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

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

Yes No N/A

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

BASEMENT

PIE INSULATION

Amount (Specify SF or LF): 20 LF

Abatement Type

Removal Repair Encapsulation Enclosure

Name of Registered Waste Hauler:
TRI-STATE TRANSFER ASSOC., INC.
NJDEP Waste Hauler ID No.:

Cubic Yards of Wast: 30
Name of Registered Landfill:
MINERVA ENTERPRISES ASSOC., INC.
City, State:
Bronx, NY 10474
Disposal Date:

 Completed By:
Sylvester Onagbuann
Title: President
Signature: Date: 08/11/2015
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to N.J.A.C. 7:26-2.12)

Date of Notification (1)  
AUG 10, 2015

Name of Building Owner/Operator (2)  
PSEG Fossil, LLC

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

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

Street Address  
80 Park Plaza  
City, State, Zip Code  
Newark, NJ 07102-4109

Name of Contact  
Domenico Fiorino  
Tel. Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  
Sewaren Generating Station

Street Address  
751 Cliff Road

City (5)  
Sewaren  
County (6)  
Middlesex  
County Code (7)  
(State Use Only)

Name of Monitoring Firm Hired by Bldg. Owner (6)  
ASCM No.

Name of Contractor (9)  
Absolute Ace Inc.

Street Address  
PO BOX 295

City State Zip Code  
Fiorham Park, NJ 07932

Project Manager for Monitoring Firm  
Telephone Number  
(973) 410-9217

License Number  
00225

Scheduled Start Date (10)  
Aug 25, 2015

Scheduled Completion Date (11)  
Aug 25, 2016

Name of OSHA Monitor  
MECS

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

Other – Describe  
Two Shifts, 12 hours each, 24 hour plant coverage

Source of Work (Check all that apply)  
( ) Demolition  
(X) Renovation  
(X) Large Proj. (>150 SF or >260 LF ACM)  
( ) SM Proj. (>25<150 SF or >10 <260 LF ACM)  
( ) Minor Proj. (<25 SF or <10 LF ACM)  
(X) Full Containment with Negative Pressure  
( ) Mini-Enclosure  
( ) Glovebag Procedure

Location of Asbestos-Containing Material (ACM) in Facility (13)  
Nos.1, 2.3 & 4 Units, Floors 1-8, WAREHOUSE & GARAGES

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

Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)  
Boiler and pipe insulation, TRANISTE & MASTIC

Amount (Specify SF or LF)  
25,000 square feet

Abatement Type  

Name of Reg. Waste Handler  
Waste Management of New Jersey  
NJ/DEP Waste Handler ID #  
17273

Cubic Yards of Waste  
200

Name of Reg. Landfill  
Tullytown Resource Recovery

City State  
Elizabeth, NJ 07114-2436

Disp. Date  
City State  
Tullytown, PA 19007

Completed by (Print or Type)  
ROBERT GROGAN  
Title  
VP

Signature  
Date  
8/10/15
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 7:25-2.12)

Date of Notification (1)
AUG 18, 2016

Name of Building Owner/Operator (2)
PSEG Fossil, LLC

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

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

Street Address
80 Park Plaza

City, State, Zip Code
Newark, NJ 07102-4109

Name of Contact
Domenic Florinol

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
LINDEN GENERATING Station

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

Sq. Feet 8000.000 # of Floors 8

Bidg. Age 79
Current Use (prior if being demolished) Electric Generating Station

Name of Monitoring Firm Hired by Bldg. Owner (6)
ASCM No.

Name of Contractor (9)
Absolut Ace Inc.

Street Address
4001 S. WOOD AVE

City, State, Zip Code
LINDEN 07036

County (8) UNION
County Code (7)
(State Use Only)

Street Address
PO BOX 255

City State Zip Code
FLORHAM PARK, NJ 07932

Telephone Number
(973) 410-9217

License Number
00225

Project Manager for Monitoring Firm
Telephone Number
Name of OSHA Monitor
MECS

Scheduled Start Date (10)
Aug 25, 2015

Scheduled Completion Date (11)
Aug 26, 2016

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

Describe

Other - Describe Two Shifts, 12 hours each, 24 hour plant coverage

Source of Work (Check all that apply)

( ) Demolition
( ) Renovation
(X) Large Proj. (>180 SF or >260 LF ACM)
( ) SM Proj. (>25<180 SF or >10 <260 LF ACM)
( ) Minor Proj. (<25 SF or <10 LF ACM)
(X) Full Containment with Negative Pressure
( ) Mini-Enclosure
( ) Glovebag Procedure

Location of Asbestos-Containing Material (ACM) in Facility (13)
BASEMENT TO PENTHOUSE, WAREHOUSE & GARAGES

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

Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)
Boiler and pipe insulation, TRANSITE & MASTIC

Amount (Specify SF or LF)
25,000 square feet

Abatement Type

X X X X

Name of Reg. Waste Hauler
NJDEP Waste Hauler ID # 17273
Waste Management of New Jersey

Cubic Yards of Waste
200

Name of Reg. Landfill
Tullytown Resource Recovery

City, State
Tullytown, PA 19007
Disp. Date
8/10/16

Completed by (Print or Type)
ROBERT GROGAN
Title
VP

Signature

City, State
Elizabeth, NJ 07114-2436
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 7:26-2.12)

<table>
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<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
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<td>PSEG Fossil, LLC</td>
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<td>( ) Amended Certification</td>
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<td>(X) DOL</td>
<td>( ) Cancelled</td>
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<td>(X) DOH</td>
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<td>(X) DCA</td>
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<th>City, State, Zip Code</th>
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<td>80 Park Plaza</td>
<td>Newark, NJ 07102-4109</td>
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<table>
<thead>
<tr>
<th>Name of Contact</th>
<th>Tel Number</th>
</tr>
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<tbody>
<tr>
<td>Domenic Fiorino</td>
<td></td>
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FACILITY INFORMATION

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<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Type of Facility (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>KEARNY GENERATING Station</td>
<td>( ) School (K-12)</td>
</tr>
<tr>
<td></td>
<td>( ) Subchapter 8 (other than K-12)</td>
</tr>
<tr>
<td></td>
<td>(X) Other (i.e. private &amp; commercial bldgs., homes, etc.)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sq. Feet (1,000,000)</th>
<th># of Floors</th>
<th>8</th>
</tr>
</thead>
<tbody>
<tr>
<td>80 Park Plaza</td>
<td>8</td>
<td></td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>City (5)</th>
<th>County (6)</th>
<th>County Code (7)</th>
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<tbody>
<tr>
<td>KEARNY</td>
<td>HUDSON</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Bldg. Owner (8)</th>
<th>ASCM No.</th>
</tr>
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<tbody>
<tr>
<td></td>
<td></td>
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<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>FOOT OF HACKENSACK AVE</td>
<td>FLORHAM PARK, NJ 07932</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(973) 410-9217</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scheduled Start Date (10)</th>
<th>SCHEDULED COMPLETION DATE (11)</th>
</tr>
</thead>
</table>

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

Other - Describe Two Shifts, 12 hours each, 24 hour plant coverage

Source of Work (Check all that apply)

<table>
<thead>
<tr>
<th>(X) Demolition</th>
<th>(X) Renovation</th>
</tr>
</thead>
<tbody>
<tr>
<td>(X) Large Proj. (&gt;180 SF or &gt;250 LF ACM)</td>
<td>( ) SM Proj. (25&lt;180 SF or &gt;10&lt;250 LF ACM)</td>
</tr>
<tr>
<td>(X) Full Containment with Negative Pressure (X) Mini-Enclosure (X) Glovebag Procedure</td>
<td></td>
</tr>
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</table>

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

<table>
<thead>
<tr>
<th>BASEMENT TO PENTHOUSE, Warehouse &amp; Garages</th>
<th>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</th>
<th>Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td></td>
<td></td>
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<table>
<thead>
<tr>
<th>Name of Reg. Waste Hauler</th>
<th>Waste Management of New Jersey</th>
</tr>
</thead>
<tbody>
<tr>
<td>NJDEP Waste Hauler ID #</td>
<td>17273</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Cubic Yards of Waste</th>
<th>Name of Reg. Landfill</th>
</tr>
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<tbody>
<tr>
<td>200</td>
<td>Tullytown Resource Recovery</td>
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</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>Disp. Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elizabeth, NJ 07114-2436</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed by (Print or Type)</th>
<th>Title</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>ROBERT GROGAN</td>
<td>VP</td>
<td></td>
<td>8/10/2015</td>
</tr>
</tbody>
</table>
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to N.J.A.C. 7:26-2.12)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Aug 10, 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>PSEG Fossil, LLC</td>
</tr>
<tr>
<td>Street Address</td>
<td>90 Park Plaza</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Newark, NJ 07102-4109</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Domenic Fiorino</td>
</tr>
<tr>
<td>Tel. Number</td>
<td></td>
</tr>
</tbody>
</table>

### FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>HUDSON GENERATING Station</td>
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<table>
<thead>
<tr>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>DUFFIELD &amp; VAN KJEREN ST</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City (5)</th>
<th>County (6)</th>
<th>County Code (7)</th>
</tr>
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<tbody>
<tr>
<td>JERSEY CITY</td>
<td>HUDSON</td>
<td>(State Use Only)</td>
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<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Bldg. Owner (8)</th>
<th>ASCM No.</th>
<th>Name of Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Absolut Ace Inc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
</tr>
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<tr>
<td>PO BOX 295</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
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<tbody>
<tr>
<td>FLORHAM PARK, NJ 07932</td>
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<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone Number</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>(973) 410-0217</td>
</tr>
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</table>

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<tr>
<th>Scheduled Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
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<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>
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</table>

<table>
<thead>
<tr>
<th>Describe</th>
</tr>
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<tbody>
<tr>
<td></td>
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Other - Describe: Two Shifts, 12 hours each, 24 hour plant coverage

<table>
<thead>
<tr>
<th>Source of Work (Check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(X ) Demolition</td>
</tr>
<tr>
<td>(X ) Large Proj. (&gt;160 SF or &gt;280 LF ACM)</td>
</tr>
<tr>
<td>(X ) Full Containment with Negative Pressure</td>
</tr>
<tr>
<td>(X ) Glovebag Procedure</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) in</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility (13)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description of ACM (i.e., thermal systems insulation, surfacing, VAT, or other miscell.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boiler &amp; Pipe insulation, Transite &amp; Tile</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Cubic Yards of Waste</th>
</tr>
</thead>
<tbody>
<tr>
<td>300</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Reg. Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tullytown Resource Recovery</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elizabeth, NJ 07114-2436</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Disp. Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>8/10/15</td>
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<table>
<thead>
<tr>
<th>Completed by (Print or Type)</th>
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</thead>
<tbody>
<tr>
<td>ROBERT GROGAN</td>
</tr>
<tr>
<td>Title</td>
</tr>
<tr>
<td>VP</td>
</tr>
</tbody>
</table>

<table>
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<tr>
<th>Date</th>
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<tbody>
<tr>
<td>8/10/15</td>
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</table>
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 7:26-2.12)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Aug 10, 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>PSEG Fossil, LLC</td>
</tr>
<tr>
<td>Agencies Notified (X) EPA (X) DEP (X) DOL (X) DOH (X) DCA</td>
<td></td>
</tr>
<tr>
<td>Notification Type (X) Initial Notification ( ) Amended Certification ( ) Cancelled</td>
<td></td>
</tr>
<tr>
<td>Street Address</td>
<td>80 Park Plaza</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Newark, NJ 07102-4109</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Domenico Fiorino</td>
</tr>
<tr>
<td>Tel. Number</td>
<td></td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

| Name of Facility Where Abatement is Taking Place (3) | ESSEX GENERATING Station |
| Street Address | 155 Raymond Blvd |
| City (5) | Newark |
| County (6) | Essex |
| County Code (7) | (State Use Only) |
| Name of Monitoring Firm Hired by Bldg. Owner (8) | ASCM No. |
| Street Address | PO BOX 255 |
| City, State, Zip Code | FLORHAM PARK, NJ 07932 |
| Project Manager for Monitoring Firm | |
| Telephone Number | (973) 410-9217 |
| License Number | 00225 |
| Scheduled Start Date (10) | Aug 25, 2015 |
| Scheduled Completion Date (11) | Aug 25, 2016 |
| Name of OSHA Monitor | MECS |
| Street Address | 5 Linwood Ct |
| City, State, Zip Code | Hamilton, NJ 08690 |

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

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

**Describe**

Other - Describe Two Shifts, 12 hours each, 24 hour plant coverage

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

- Demolition
- Renovation
- Large Proj. (>160 SF or >250 LF ACM)
- SM Proj. (>25<160 SF or >10 <250 LF ACM)
- Minor Proj. (<25 SF or <10 LF ACM)
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure

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

<table>
<thead>
<tr>
<th>Location of ACM</th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</td>
<td>YES</td>
</tr>
<tr>
<td>Boiler and pipe insulation, Transite, MASTIC</td>
<td></td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
<td>25,000 square feet</td>
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**Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)**

**Abatement Type**

<table>
<thead>
<tr>
<th>Amount</th>
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<tbody>
<tr>
<td>Disp. Date</td>
<td>Jan-Dec 2014</td>
</tr>
<tr>
<td>City, State</td>
<td>Tullytown, PA 19007</td>
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<tr>
<td>Name of Reg. Landfill</td>
<td>Tullytown Resource Recovery</td>
</tr>
<tr>
<td>Name of Reg. Waste Hauler</td>
<td>NJDEP Waste Hauler ID # 17273</td>
</tr>
<tr>
<td>Waste Management of New Jersey</td>
<td>400</td>
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**Completed by (Print or Type)**

<table>
<thead>
<tr>
<th>Title</th>
<th>VP</th>
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<tbody>
<tr>
<td>Signature</td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td>8/10/15</td>
</tr>
</tbody>
</table>
### NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 7:26-2.12)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>AUG 7, 2015</th>
<th>Name of Building Owner/Operator (2)</th>
<th>PSEG Fossil, LLC</th>
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<tbody>
<tr>
<td>Agencies Notified</td>
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<td>Notification Type</td>
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</tr>
<tr>
<td>(X) EPA</td>
<td>(X) Initial Notification</td>
<td>(X) Amended Certification</td>
<td>( ) Cancelled</td>
</tr>
<tr>
<td>(X) DEP</td>
<td></td>
<td>Street Address</td>
<td>80 Park Plaza</td>
</tr>
<tr>
<td>(X) DOL</td>
<td></td>
<td>City, State, Zip Code</td>
<td>Newark, NJ 07102-4109</td>
</tr>
<tr>
<td>(X) DOH</td>
<td></td>
<td>Name of Contact</td>
<td>Domenic Fiorino</td>
</tr>
<tr>
<td>(X) DCA</td>
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<td>Tel. Number</td>
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### FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Burlington Generating Station</th>
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</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>200 Devlin Ave</td>
</tr>
<tr>
<td>City (5), County (6), and County Code (7)</td>
<td>Burlington</td>
</tr>
<tr>
<td></td>
<td>(State Use Only)</td>
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<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Bldg. Owner (8)</th>
<th>ASCM No.</th>
<th>Name of Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Absolut Ace Inc.</td>
</tr>
</tbody>
</table>

<table>
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<tr>
<th>Street Address</th>
<th>PO BOX 295</th>
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<tbody>
<tr>
<td>City, State, Zip Code</td>
<td>Florham Park, NJ 07932</td>
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<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone Number</th>
<th>License Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(973) 419-9217</td>
<td>00225</td>
</tr>
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<table>
<thead>
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<th>Scheduled Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
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<tr>
<td>AUG 25, 2015</td>
<td>AUG 25, 2015</td>
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<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check only one)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(X) Facility Closed/Vacated During Entire Period of Abatement</td>
</tr>
<tr>
<td>( ) Abatement Performed Outside of Normal Facility Hours -</td>
</tr>
<tr>
<td>Describe</td>
</tr>
<tr>
<td>Other – Describe</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Source of Work (Check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(X) Demolition</td>
</tr>
<tr>
<td>(X) Renovation</td>
</tr>
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<td>(X) Large Pro. (&gt;160 SF or &gt;250 LF ACM)</td>
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<tr>
<td>( ) SM Pro. (&gt;25 &lt;160 SF or &gt;10 &lt;260 LF ACM)</td>
</tr>
<tr>
<td>( ) Minor Pro. (&lt;25 SF or &lt;10 LF ACM)</td>
</tr>
<tr>
<td>(X) Full Containment with Negative Pressure</td>
</tr>
<tr>
<td>( ) Mini-Enclosure</td>
</tr>
<tr>
<td>(X) Glovebag Procedure</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) in Facility (12)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Floors 1-10</td>
</tr>
<tr>
<td>X</td>
</tr>
<tr>
<td>NA</td>
</tr>
<tr>
<td>Boiler and pipe insulation</td>
</tr>
<tr>
<td>25,000 square feet</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
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<tbody>
<tr>
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<table>
<thead>
<tr>
<th>Name of Reg. Waste Hauler OWNER</th>
<th>NJDEP Waste Hauler ID #</th>
<th>Cubic Yards of Waste</th>
<th>Name of Reg. Landfill</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td>1000</td>
<td>Grand Sanitary Landfill</td>
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<table>
<thead>
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<th>City, State</th>
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<th>City, State</th>
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<tbody>
<tr>
<td></td>
<td>9-1-13</td>
<td>Penn Argyl, PA</td>
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<table>
<thead>
<tr>
<th>Completed by (Print or Type)</th>
<th>Title</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>ROBERT GROGAN</td>
<td>VP</td>
<td></td>
<td>8/10/15</td>
</tr>
</tbody>
</table>
# NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to N.J.A.C. 7:26-2.12)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>AUG 10, 2015</th>
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<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>NESTLES USA</td>
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**Agencies Notified**

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

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<thead>
<tr>
<th>Notification Type</th>
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<tbody>
<tr>
<td>[X] Initial Notification</td>
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<tr>
<td>() Amended Certification</td>
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<tr>
<td>() Cancelled</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
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<tbody>
<tr>
<td>61 JERSEYVILLE AVE</td>
</tr>
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<table>
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<tr>
<th>City, State, Zip Code</th>
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<tbody>
<tr>
<td>FREEHOLD, NJ</td>
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<table>
<thead>
<tr>
<th>Name of Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>WILSON ROBLES</td>
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**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Same as above</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Type of Facility (4)</th>
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<tbody>
<tr>
<td>() School (K-12)</td>
</tr>
<tr>
<td>() Subchapter 8 (other than K-12)</td>
</tr>
<tr>
<td>(X) Other (i.e. private &amp; commercial bldgs., homes, etc.)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sq. Feet</th>
<th>000000</th>
</tr>
</thead>
<tbody>
<tr>
<td># of Floors</td>
<td>10</td>
</tr>
</tbody>
</table>

| Bldg. Age | 70 |
| Current Use (prior if being demolished) | FACTORY |

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

| Name of Contractor (9) |
| Absolut Ace Inc. |

<table>
<thead>
<tr>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>PO BOX 295</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>FLORHAM PARK, NJ 07932</td>
</tr>
</tbody>
</table>

| Project Manager for Monitoring Firm |
| Telephone Number |
| (973) 410-9217 |

| License Number |
| 00226 |

| Scheduled Start Date (10) |
| AUG 25, 2015 |

| Scheduled Completion Date (11) |
| AUG 25, 2016 |

| Name of OSHA Monitor |
| MECS |

<table>
<thead>
<tr>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 LINWOOD CT</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
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</thead>
<tbody>
<tr>
<td>HAMILTON, NJ 08690</td>
</tr>
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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>
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</table>

<table>
<thead>
<tr>
<th>Describe</th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Source of Work (Check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(X) Demolition</td>
</tr>
<tr>
<td>(X) Renovation</td>
</tr>
<tr>
<td>(X) Large Proj. (&gt;160 SF or &gt;260 LF ACM)</td>
</tr>
<tr>
<td>(X) SM Proj. (&gt;25&lt;160 SF or &gt;10 &lt;260 LF ACM)</td>
</tr>
<tr>
<td>(X) Full Containment with Negative Pressure</td>
</tr>
<tr>
<td>(X) Mini-Enclosure</td>
</tr>
<tr>
<td>(X) Glovebag Procedure</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) in Facility (13)</th>
</tr>
</thead>
<tbody>
<tr>
<td>BASEMENT- Floors 1- ROOF</td>
</tr>
<tr>
<td>Boiler, pipe insulation, Roofing, Tile</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Name of Reg. Waste Hauler</th>
</tr>
</thead>
<tbody>
<tr>
<td>BY OWNER</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>NJDEP Waste Hauler ID #</th>
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<tbody>
<tr>
<td>200</td>
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<table>
<thead>
<tr>
<th>Cubic Yards of Waste</th>
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<tbody>
<tr>
<td>200</td>
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<table>
<thead>
<tr>
<th>Name of Reg. Landfill</th>
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</table>

<table>
<thead>
<tr>
<th>City, State</th>
</tr>
</thead>
</table>

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

| Title |
| VP |

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

| Date |
| 8/10/15 |
Date of Notification (1)
8/10/15

Name of Building Owner/Operator (2)
Dominic & Aileen Naples Private Home

Agencies Notified
- EPA
- DOL
- DOH

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

Street Address
15 West Boat Dr.

City, State, Zip Code
Tuckerton NJ 08087

Name of Contact
Dominic

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Dominic & Aileen Naples Private Home

Square Feet
1000+

County Code (7)

County Name
Ocean

County Code (7) (STATE USE ONLY)

County Code

City (5)
Tuckerton NJ 08087

Bldg. Age
35+

City, State, Zip Code

Current Use (Prior if being demolished)
House

County Code

# of Floors
1.5

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

Telephone No.

Name of Abatement Contractor (9)
Pernaco Inc.

Street Address
PO Box 329

License No.
00727

Telephone No.
856-763-9800

City, State, Zip Code
West Berlin NJ 08091

Name of OSHA Monitor
Same

Street Address

Start Date (10)
8/1/1/15

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

Scheduled Completion Date (11)
8/14/15

Other - Describe:

Scope of Work (Check All That Apply)
- ≥3 sf or ≥3 lf
- ≥160 sf or ≥260 lf

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

Exterior Siding

Location Of
Exterior Siding

Exterior Siding

Yes
No
N/A

Exterior Siding

Full Containment with Negative Pressure

Renovation

Demolition

Removal

Repair

Endoscope

Name of Registered Waste Hauler
United Roll Off

Cubic Yards of Waste
3

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

City, State
Elm NJ

Disposal Date
8/14/15

City, State
Morrsville PA 19067

Completed by Anthony T Perna
Title President

* 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)
8/11/15

Name of Building Owner/Operator (2)

Agencies Notified

<table>
<thead>
<tr>
<th>Agency</th>
<th>Notification Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
</tr>
<tr>
<td>DEP</td>
<td>Amended</td>
</tr>
<tr>
<td>DOL</td>
<td>Amendment #</td>
</tr>
<tr>
<td>DOH</td>
<td></td>
</tr>
<tr>
<td>DCA</td>
<td>Cancellation</td>
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</table>

Type of Notification

<table>
<thead>
<tr>
<th>Type</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial</td>
<td></td>
</tr>
<tr>
<td>Amended</td>
<td></td>
</tr>
<tr>
<td>Amendment #</td>
<td></td>
</tr>
<tr>
<td>Cancellation</td>
<td></td>
</tr>
</tbody>
</table>

Street Address
1 South Washington Avenue

City, State, Zip Code
Margate NJ 08402

Name of Contact
Marco Carulli

Telephone Number

FACILITY INFORMATION

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

Street Address
1 South Washington Avenue

City (5)
Margate NJ 08402

County (6)
Atlantic

County Code (7)

STATE USE ONLY

Type of Facility (4)

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

Square Feet
1000+

# of Floors
2

Bldg. Age
35+

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8)
Remington & Vernick Engineers

ASCM No.

Name of Abatement Contractor (9)
Pernaco Inc.

Street Address
PO Box 329

City, State, Zip Code
West Berlin NJ 08091

Telephone No.
856-753-9800

License No.
00727

Start Date (10)
8/24/15

Scheduled Completion Date (11)
8/27/15

Name of OSHA Monitor
Same

Occupancy Status During Abatement (Check Only One)

- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other - Describe: night work after 8:30

Scope of Work (Check All That Apply)

- ≥3 sf or ≥3 if
- ≥160 sf or ≥280 if
- ≥28 sf or ≥283 if

Renovation
Demolition

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</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 LP)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boiler Room</td>
<td>X</td>
<td>Boiler Gasket</td>
<td>10 SF</td>
<td>✔ Full Containment with Negative Pressure</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
NJDEP Waste

Hauler ID No.
22459

Cubic Yards of Waste

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

City, State
Elm NJ

Disposal Date
8/27/15

City, State
Morrisville PA 19067

Completed by
Anthony T Parna

Title
President

Signature

Date
8/11/15

ASB-41 (R-08-08)

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

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Notification</td>
<td>8/11/15</td>
</tr>
<tr>
<td>Name of Building Owner/Operator</td>
<td>MR. EDWARD SCULFORD</td>
</tr>
<tr>
<td>Agency Notified</td>
<td>EPA, DEP, GDOE, DCA</td>
</tr>
<tr>
<td>Type Notification</td>
<td>Initial, Amended, Emergency, Cancellation</td>
</tr>
<tr>
<td>Street Address</td>
<td>29 MOUNTAIN AVE</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>WESTWOOD, NJ. 07675</td>
</tr>
<tr>
<td>Name of Abatement Contractor</td>
<td>Best Removal Inc</td>
</tr>
<tr>
<td>Street Address</td>
<td>450 S. River St</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Hackensack, N.J. 07601</td>
</tr>
<tr>
<td>Square Feet</td>
<td>2500</td>
</tr>
<tr>
<td># of Floors</td>
<td>2</td>
</tr>
<tr>
<td>Bldg. Age</td>
<td>1935</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner</td>
<td>ASEM No.</td>
</tr>
<tr>
<td>Street Address</td>
<td></td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td></td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>Telephone No.</td>
</tr>
<tr>
<td>Street Address</td>
<td>280 Huyler St</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>S. Hackensack, N.J. 07606</td>
</tr>
<tr>
<td>Start Date</td>
<td>8/20/15</td>
</tr>
<tr>
<td>Scheduled Completion Date</td>
<td>8/21/15</td>
</tr>
<tr>
<td>Name of OSHA Monitor</td>
<td>Omega Environmental</td>
</tr>
<tr>
<td>Street Address</td>
<td></td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td></td>
</tr>
<tr>
<td>License No.</td>
<td>00388</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>201-329-7444</td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
<td>Best Removal Inc</td>
</tr>
<tr>
<td>NJDEP Waste Hauler ID No.</td>
<td>17109</td>
</tr>
<tr>
<td>Abatement Type</td>
<td>Removal, Disposal</td>
</tr>
<tr>
<td>Abatement Method</td>
<td>Encapsulate</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>Cumberland County Landfill</td>
</tr>
<tr>
<td>City, State</td>
<td>Newburgh, PA. 17240</td>
</tr>
<tr>
<td>Date of Disposal</td>
<td>8/21/15</td>
</tr>
<tr>
<td>Completed by</td>
<td>J. Maiorano</td>
</tr>
<tr>
<td>Title</td>
<td>Estimator</td>
</tr>
<tr>
<td>Signature</td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td>8/11/15</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Used Solely by Maintenance/ Custodial Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basemen</td>
<td>Yes</td>
</tr>
<tr>
<td>THERMAL INSULATION</td>
<td>60 SF</td>
</tr>
</tbody>
</table>

*Do not use this form for asbestos licensed 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>08/11/2015</th>
</tr>
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<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ EPA</td>
<td>Initial</td>
<td>Nardean Zaklama</td>
</tr>
<tr>
<td>✓ DEP</td>
<td>Amended Amendment #</td>
<td></td>
</tr>
<tr>
<td>✓ DOL</td>
<td>Emergency (including justification)</td>
<td></td>
</tr>
<tr>
<td>X DOH</td>
<td>Cancellation</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
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</tr>
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<table>
<thead>
<tr>
<th>Street Address</th>
<th>2734 Kennedy Blvd</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State, Zip Code</td>
<td>Jersey City NJ 07306</td>
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<table>
<thead>
<tr>
<th>Name of Contact</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nardean Zaklama</td>
<td></td>
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**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>Private Residence</td>
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<table>
<thead>
<tr>
<th>Street Address</th>
<th>364 Grove Street</th>
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<tbody>
<tr>
<td>City</td>
<td>Newark</td>
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<tr>
<td>County Code</td>
<td>Essex</td>
</tr>
<tr>
<td>County Code (7)</td>
<td>(STATE USE ONLY)</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Square Feet</td>
<td>1,900 +</td>
</tr>
<tr>
<td># of Floors</td>
<td>2</td>
</tr>
<tr>
<td>Blg. Age</td>
<td>50+</td>
</tr>
<tr>
<td>Current Use</td>
<td>Prior to being demolished</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (5)</th>
<th>ASCM No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>unicorn contracting corp.</td>
<td></td>
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<table>
<thead>
<tr>
<th>Street Address</th>
<th>205 Route 46</th>
</tr>
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<tbody>
<tr>
<td>City, State, Zip Code</td>
<td>Totowa NJ 07512</td>
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<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
<th>License No.</th>
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<tbody>
<tr>
<td></td>
<td>973-333-9176</td>
<td>01232</td>
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<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
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<tbody>
<tr>
<td>08/13/2015</td>
<td>08/13/2015</td>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Scope of Work (Check All That Apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] ±3 sf or ±3 if</td>
</tr>
<tr>
<td>[x] ±160 sf or ±260 if</td>
</tr>
<tr>
<td>[ ] Renovation and 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 (13)</td>
</tr>
<tr>
<td></td>
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<table>
<thead>
<tr>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>(i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
</tr>
<tr>
<td>No</td>
<td></td>
</tr>
<tr>
<td>N/A</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>360 SF</td>
<td>X</td>
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<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>NJDEP Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>unicorn contracting corp.</td>
<td>00035844</td>
<td>2</td>
<td>g.r.o.w.s., inc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>Totowa NJ 07512</th>
</tr>
</thead>
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<table>
<thead>
<tr>
<th>Completed by</th>
<th>Title</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>dimo golcev</td>
<td>project manager</td>
<td>[signature]</td>
<td>08/11/2015</td>
</tr>
</tbody>
</table>

* Do not use this form for asbestos licensure exempted activities.
<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Number Of Building(s)/Project(s)</th>
<th>Name of Building Owner/Projector</th>
<th>Street Address</th>
<th>City, State, Zip Code</th>
<th>Name of Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>August 10, 2016</td>
<td>Check # 2301</td>
<td>Medford Lake Retirement Community</td>
<td>1 Medford Lake Way</td>
<td>Medford, NJ 08055</td>
<td>John Gray</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FACILITY INFORMATION</th>
<th>Type of Facility (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Facility Where Abatement is Taking Place (5)</td>
<td>School (K-12)</td>
</tr>
<tr>
<td>Medford Lake - Estates High Building</td>
<td>Summercamp (Other than K-12)</td>
</tr>
<tr>
<td>City (6)</td>
<td>Other (i.e., private &amp; commercial buildings, homes, etc.)</td>
</tr>
<tr>
<td>Medford</td>
<td></td>
</tr>
<tr>
<td>County (6)</td>
<td>Square Feet</td>
</tr>
<tr>
<td>Burlington</td>
<td>10,000</td>
</tr>
<tr>
<td>County Code (7)</td>
<td># of Floors</td>
</tr>
<tr>
<td>(NJTA/USE ONLY)</td>
<td>1</td>
</tr>
<tr>
<td>Name of Managing Firm</td>
<td>Street Address</td>
</tr>
<tr>
<td>Allied by Building Owner</td>
<td>923 Cullar Avenue</td>
</tr>
<tr>
<td>Name of Consulting Services</td>
<td></td>
</tr>
<tr>
<td>Shade Environmental, LLC</td>
<td></td>
</tr>
<tr>
<td>Phone</td>
<td>Telephone No.</td>
</tr>
<tr>
<td>PO Box 341</td>
<td>608-228-0470</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>License No.</td>
</tr>
<tr>
<td>Chesterfield, NJ 08619</td>
<td>08842</td>
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</table>

| Project Manager | Scheduled Completion Date (11) |
| Bill Weingartner | September 11, 2015 |

<table>
<thead>
<tr>
<th>CHRONOLOGY</th>
<th>NOTES</th>
</tr>
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<tbody>
<tr>
<td>Location of Asbestos-Containing Material (ACM)</td>
<td>NUMBER TO BE ABLATED</td>
</tr>
<tr>
<td>TYPE OF ABLATION</td>
<td></td>
</tr>
<tr>
<td>Is Location Normally Accessible by Maintenance/Dedication Staff? (12)</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>First Floor</td>
<td>XXX</td>
</tr>
<tr>
<td>Description of Asbestos-Containing Material (ACM) (i.e., chryse manic, insulation, surfacing, etc.)</td>
<td></td>
</tr>
<tr>
<td>Amount (Square Ft or Lb)</td>
<td></td>
</tr>
<tr>
<td>First Floor</td>
<td>Acoustical Spray Material 8.020</td>
</tr>
<tr>
<td>Amount (Square Ft or Lb)</td>
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</tr>
<tr>
<td>First Floor</td>
<td>Floor Tile 8.080</td>
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<table>
<thead>
<tr>
<th>NAME OF REGULATED WASTE HAULER</th>
<th>DISPOSAL DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Freehold Cartage</td>
<td>9/17/2015</td>
</tr>
<tr>
<td>NJDEP Waste Hauler ID No.</td>
<td>City, State</td>
</tr>
<tr>
<td>02265</td>
<td>Newburg, PA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>COMPLETED BY</th>
<th>TITLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Christine Lynch</td>
<td>Operations Manager</td>
</tr>
</tbody>
</table>

*Do not use this form for asbestos hazardous material removal activities.*
Date of Notification (1):
08/12/2015

Name of Building Owner/Operator (2):
LURCH DEMOLITION

Type of Notification (1):

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

Name of Facility Where Abatement is Taking Place (3):
ABANDONED BLDG.

Street Address:
861 ALEXANDER ROAD

City (5):
WINDSOR

County Code (6):
MERCE

County Code (7) (STATE USE ONLY):

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

ASCM No.:

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

Square Feet:
23000

# of Floors:
1

Bldg. Age:
80

Current Use (Prior if being demolished):
COMMERCIAL

Name of Abatement Contractor (9):
ALPHA ENVIRONMENTAL SVCs

Street Address:
P.O. BOX 8297

City, State, Zip Code:
TRENTON NJ 08650

Telephone No.:

License No.:
609.840.2956 C12-22

Name of OSHA Monitor:
EMSL ANALYTICAL

Street Address:
200 ROUTE 130

City, State, Zip Code:
WINNIMINSTER NJ 08071

Project Manager for Monitoring Firm:

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

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):
- ROOFING
- VAT

Amount (Specify SF or LF):
25,000 SF
25,000 SF

Name of Registered Waste Hauler:
ALPHA ENVIRONMENTAL

Hauler ID No.:
00033330

Cubic Yards of Waste:

Name of Registered Landfill:
GOWNS LANDFILL

Disposal Date:

City, State:
TRENTON NJ

Completed by:

Title:
PROJECT MANAGER

Signature:

Date:
08/12/2015

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

**Date of Notification (1)**
08/10/2015

**Name of Building Owner/Operator (2)**
The Village School, Inc.

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

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

**Street Address**
100 West Prospect Street
Waldwick, NJ 07463

**City, State, Zip Code**
Waldwick, NJ 07463

**Name of Contact**
Marilyn Larkin

**Telephone Number**

### FACILITY INFORMATION

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

**Street Address**
100 West Prospect Street

**City**
Waldwick

**County**
Bergen

**Square Feet**
60,000

**# of Floors**
2

**Bldg. Age**
1936

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

**ASCM No.**
00079

**Name of Abatement Contractor (9)**
Incinia Contracting, Inc.

**Street Address**
20-21 Wagawar Road, Bldg. 35E
Fair Lawn, NJ 07412

**City, State, Zip Code**
Fair Lawn, NJ 07412

**Telephone No.**
(973) 636-9144

**License No.**
01036

**Name of OSHA Monitor**
Incinia Contracting, Inc.

**Street Address**
1360 Clifton Avenue, Unit 365
Clifton, NJ 07012

**City, State, Zip Code**
Clifton, NJ 07012

**Telephone No.**
(973) 450-9500

**License No.**

**Start Date (10)**
08/13/2015

**Scheduled Completion Date (11)**
09/4/2015

**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: Saturday 7AM-4PM

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

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

**In Facility**

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
<th>Description of Material (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>Crawlspace Above Auditorium</td>
<td>X</td>
<td>X</td>
<td>N/A</td>
<td>Pipe Insulation</td>
<td>320 LF</td>
<td>X</td>
</tr>
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**Name of Registered Waste Hauler**
Atlantic Carting/JR Contracting

**NJDEP Waste Hauler ID No.**
NJ-641/JA-464

**Cubic Yards of Waste**
40

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

**City, State**
Wayne, NJ

**Disposal Date**
TBD

**City, State**
Bethlehem, PA

**Completed by**
Milena Zoric

**Title**
Executive Director

**Signature**

**Date**
08/10/2015

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

(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>August 11, 2015</th>
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</table>

<table>
<thead>
<tr>
<th>Agency(ies) Notified</th>
</tr>
</thead>
<tbody>
<tr>
<td>x EPA</td>
</tr>
<tr>
<td>x DCA</td>
</tr>
<tr>
<td>x DOL</td>
</tr>
<tr>
<td>x DEP</td>
</tr>
<tr>
<td>x DOH</td>
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<table>
<thead>
<tr>
<th>Notification Type</th>
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<tbody>
<tr>
<td>x Initial Notification</td>
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<tr>
<td>x Amended Certification</td>
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<tr>
<td>x Emergency (Including Justification)</td>
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<tr>
<td>x Cancelled</td>
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<table>
<thead>
<tr>
<th>Name of Building Owner/Operator (2)</th>
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<tbody>
<tr>
<td>RUTGERS, THE STATE UNIVERSITY OF NJ</td>
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</table>

<table>
<thead>
<tr>
<th>Street Address</th>
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</thead>
<tbody>
<tr>
<td>ENVIRONMENTAL HEALTH &amp; SAFETY DEPT.</td>
</tr>
<tr>
<td>27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>PISCATAWAY, NJ 08854</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>GREG LUPINSKI, ENV HEALTH &amp; SAFETY</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FACILITY INFORMATION</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boyden Hall - Building # 7217</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
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</thead>
<tbody>
<tr>
<td>Newark Campus</td>
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<table>
<thead>
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<th>City (5)</th>
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<tbody>
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<td>Newark</td>
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<table>
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<th>County (6)</th>
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<tbody>
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<td>Essex</td>
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<table>
<thead>
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<tr>
<td>(State Use Only)</td>
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<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Bldg. Owner (8)</th>
</tr>
</thead>
<tbody>
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<td>ASCM, No. 0098</td>
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</table>

<table>
<thead>
<tr>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 TERRI LANE</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
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</thead>
<tbody>
<tr>
<td>BURLINGTON, NJ 08016</td>
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<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
</tr>
</thead>
<tbody>
<tr>
<td>BRIAN KEARNY</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Telephone Number</th>
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<tbody>
<tr>
<td>609-386-8800</td>
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<table>
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<th>Scheduled Start Date (10)</th>
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<tbody>
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<td>August 11, 2015</td>
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<table>
<thead>
<tr>
<th>Scheduled Completion Date (11)</th>
</tr>
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<tbody>
<tr>
<td>August 18, 2015</td>
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<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check only one)</th>
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</thead>
<tbody>
<tr>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
</tr>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours - Describe</td>
</tr>
<tr>
<td>x Other - Describe: 5pm – 5am</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Source of Work (Check all that apply)</th>
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<tbody>
<tr>
<td>x Renovation Demolition</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) in Facility (13)</th>
</tr>
</thead>
<tbody>
<tr>
<td>x Full Containment with Negative Pressure</td>
</tr>
<tr>
<td>x 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>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mastic</td>
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<table>
<thead>
<tr>
<th>Cubic Yards of Waste:</th>
</tr>
</thead>
<tbody>
<tr>
<td>40</td>
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</table>

<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>GROWS North Landfill</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Disposal Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>August 20, 2015</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>100 New Ford Mill Road, Morrisville, PA 19067</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>GREENWOOD ABATEMENT CONSULTANTS, INC.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
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<tbody>
<tr>
<td>268 MAIN STREET</td>
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<table>
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<tr>
<th>Telephone Number</th>
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<tbody>
<tr>
<td>973-492-0477</td>
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<table>
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<tr>
<th>License Number</th>
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<tbody>
<tr>
<td>00840</td>
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<table>
<thead>
<tr>
<th>Name of OSHA Monitor</th>
</tr>
</thead>
<tbody>
<tr>
<td>EMSL inc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>1056 Stelton Road</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Piscataway, NJ 08854</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Waste Hauler</th>
</tr>
</thead>
<tbody>
<tr>
<td>Raymond C. Pedalino</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>SENIOR PROJECT MANAGER</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Raymond C. Pedalino</td>
</tr>
</tbody>
</table>

GAC # 2015-060-
State of New Jersey - Notification of Asbestos Abatement

(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

**Date of Notification (1)**
July 16, 2015

**Name of Building Owner/Operator (2)**
RUTGERS, THE STATE UNIVERSITY OF NJ

**Street Address**
ENVIRONMENTAL HEALTH & SAFETY DEPT.
27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS

**City, State, Zip Code**
PISCATAWAY, NJ 08854

**Name of Contact**
GREG LUPINSKI, ENV HEALTH & SAFETY

**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>Boyden Hall - Building # 7217</td>
<td>☑ School (K-12)</td>
</tr>
<tr>
<td></td>
<td>☑ Subchapter 8 (other than K-12)</td>
</tr>
<tr>
<td></td>
<td>Other (i.e. private &amp; commercial buildings, homes, etc.)</td>
</tr>
<tr>
<td></td>
<td>Sq. Feet: Unknown</td>
</tr>
<tr>
<td></td>
<td># of Floors: 4</td>
</tr>
<tr>
<td></td>
<td>Bldg. Age: 60 years</td>
</tr>
</tbody>
</table>

**Current Use (prior if being demolished):**

**Street Address**
Newark Campus

**City, State, Zip Code**
Newark, Essex

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

**Telephone Number**
609-386-8800

**Name of Contractor (9)**
GREENWOOD ABATEMENT CONSULTANTS, INC.

**Street Address**
3 TERRI LANE

**City, State, Zip Code**
BURLINGTON, NJ 08016

**Project Manager for Monitoring Firm**
BRIAN KEARNY

**Scheduled Start Date (10)**
August 11, 2015

**Scheduled Completion Date (11)**
August 18, 2015

**Name of OSHA Monitor**
EMSL inc.

**Street Address**
1056 Stilton Road

**City, State, Zip Code**
Piscataway, NJ 08854

**Source of Work (Check all that apply):**

- ≥ 3 sf or ≥ 3 if
- ≥ 150 sf or ≥ 260

- ☑ Renovation Demolition
- ☑ Full Containment with Negative Pressure
- ☑ Mini-Enclosure
- ☑ Glovebag Procedure
- ☑ Non-Exempted (*) and Non-Nitriable Procedure
- ☑ Abatement Type
- ☑ Amount (Specify SF or LF)
- ☑ Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)

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

<table>
<thead>
<tr>
<th>Name of Reg. Waste Hauler</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>NJ DEP Waste Hauler #1 &amp; 2</td>
<td>GROWS North Landfill</td>
</tr>
</tbody>
</table>

**Disposal Date**
August 20, 2015

**City, State**
100 New Ford Mill Road, Morrisville, PA 19067

**Hauler #1**
Greenwood Abatement Consultants, Inc. - Butler, NJ 07405

**Hauler #2**
STG-58 Pyles Lane, New Castle, DE 19720

**Name of Registered Landfill**

**Signature**
Raymond C. Pedalino

**Date**
July 16, 2015

GAC # 2015-060-
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>8/10/15</th>
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<tbody>
<tr>
<td>Agencies Notified</td>
<td>EPA, DEP, DOL</td>
</tr>
<tr>
<td>Initial Notification</td>
<td></td>
</tr>
<tr>
<td>Amended Notification</td>
<td></td>
</tr>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>PAUL SHER</td>
</tr>
<tr>
<td>Street Address</td>
<td>343 Hampshire Drive</td>
</tr>
<tr>
<td>City, State, Zip</td>
<td>Ventnor, N.J. 08406</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>PAMELA SHER</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
</tbody>
</table>

FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Private Apartment Building</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>4101-4109 Ventnor ave.</td>
</tr>
<tr>
<td>City, State, Zip</td>
<td>Egg Harbor Twp., N.J. 08234</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>South Shore Contractors LLC</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>609-832-2100</td>
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<tr>
<td>License Number</td>
<td>13BH06441300</td>
</tr>
<tr>
<td>Scheduled Start Date (10)</td>
<td>8/20/15</td>
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<tr>
<td>Scheduled Completion Date (11)</td>
<td>8/30/15</td>
</tr>
<tr>
<td>Occupancy Status During Abatement</td>
<td>Facility Closed/Vacated</td>
</tr>
<tr>
<td></td>
<td>During Entire Period of Abatement</td>
</tr>
<tr>
<td></td>
<td>Abatement Performed</td>
</tr>
<tr>
<td></td>
<td>Outside of Normal Facility</td>
</tr>
<tr>
<td>Hours - Describe</td>
<td></td>
</tr>
<tr>
<td>Other - Describe</td>
<td></td>
</tr>
<tr>
<td>Scope of Work (Check all that apply)</td>
<td>Replacement, Roof</td>
</tr>
<tr>
<td></td>
<td>Demolition, Trenching</td>
</tr>
<tr>
<td></td>
<td>( ) Full Containment</td>
</tr>
<tr>
<td></td>
<td>with Negative Pressure</td>
</tr>
<tr>
<td></td>
<td>Mini-Enclosure</td>
</tr>
<tr>
<td></td>
<td>Glovebag Procedure</td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) in Facility (13)</td>
<td>MAIN ROOF</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) (e.g., thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td></td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
<td>500 SF</td>
</tr>
<tr>
<td>Abatement Type</td>
<td>Removal, Encapsulate, Errasure</td>
</tr>
<tr>
<td>Name of Registered Waste Material (ACM)</td>
<td>NJDEP Waste Hauler ID No.</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>18952</td>
</tr>
<tr>
<td>City, State</td>
<td>Egg Harbor, N.J.</td>
</tr>
<tr>
<td>Disposal Date</td>
<td></td>
</tr>
<tr>
<td>City, State</td>
<td></td>
</tr>
<tr>
<td>Completed by (Print or Type)</td>
<td>PAUL SHER</td>
</tr>
<tr>
<td>Title</td>
<td>President</td>
</tr>
<tr>
<td>Signature</td>
<td>8/10/15</td>
</tr>
</tbody>
</table>
# Notification of Asbestos Abatement

**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 8:60 and 5:16)

**Date of Notification (1)**

<table>
<thead>
<tr>
<th></th>
<th>8</th>
<th>10</th>
<th>15</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Gloucester Township Board of Education

**Type of Facility (4)**

- School (K-12) Non-Sub8
- Subchapter 8 (Other than K-12)
- Other (i.e., private and commercial buildings, homes, etc.)

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

Erial Elementary School

**Street Address**

20 Essex Ave.

**City**

Sicklerville

**County**

Gloucester

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

Pennoni Associates, Inc.

**ASCM No.**

Name of Abatement Contractor (9)

**Name of Abatement Contractor (9)**

BRISTOL ENVIRONMENTAL, INC.

**Street Address**

515 Grove St.

**Haddon Heights, NJ 08035**

**Project Manager for Monitoring Firm**

Tom Leisse

**Telephone No.**

856-656-2922

**Telephone No.**

215-788-6040

**License No.**

00509

**Start Date (10)**

<table>
<thead>
<tr>
<th></th>
<th>8</th>
<th>10</th>
<th>15</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

**Scheduled Completion Date (11)**

<table>
<thead>
<tr>
<th></th>
<th>8</th>
<th>21</th>
<th>15</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00 AM - 11:00 PM - 7:00 AM

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

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

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

TO BE ABATED

IN Facility

<table>
<thead>
<tr>
<th>Boiler room</th>
<th>Tank Insulation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>25 SF</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**

SERVICE TRANSPORT GROUP, INC.

**NJDTP Waste Hauler ID No.**

20990

**Name of Registered Landfill**

MINERVA LANDFILL

**City**

NEW CASTLE, DE 19720

**Disposal Date**

**City**

WAYNESBURG, OH 44588

**Completed By (Print or Type)**

Brian Scafro

**Title**

Estimator

**Signature**

Brian Scafro

**Date**

8/10/15

---

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

(State of New Jersey)
(Pursuant to NJAC 8:60 and 5:16)

## Date of Notification
8 / 10 / 15

### Agencies Notified
- EPA
- DOLWD
- DHSS
- DCA (NJAC 5:23-8)
- **Amended**
- **Emergency (including justification)**
- Cancellation

### Name of Building Owner/Operator
500 Cedar Lane, LLC

### Street Address
745 Leo Bullocks Parkway

### City, State, Zip Code
Elyria, OH 44035

### Name of Contact
Ron Smolikis

### Telephone Number

## FACILITY INFORMATION

### Name of Facility Where Abatement is Taking Place
Commercial Property Bldgs. 2 & 3

### Street Address
500 Cedar Lane

### City, State
Florence, NJ

### County Code
Burlington

### County Code (STATE USE ONLY)

### Name of Abatement Contractor
Asbestos and Mold Services, Corp.

### ASCM No.

### Name of Monitoring Firm Hired by Building Owner
Horizon Environmental

### Telephone No.
(856-848-0800)

### Project Manager for Monitoring Firm
Steve Flanagan

### Start Date
8 / 24 / 15

### Scheduled Completion Date
9 / 24 / 15

### Occupancy Status During Abatement
- Facility Closed/Vacated During Entire Period of Abatement

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

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

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Used Solely by Maintenance/ Custodial Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

### Buildings
- 2 & 3
- See Attached

### Name of Registered Waste Hauler
Freehold Cartage, Inc.

### NJDEP Waste Hauler ID No.
02265

### Cubic Yards of Waste
5

### Name of Registered Landfill
GROWS Landfill

### Disposal Date
9/25/15

### City, State
Morrisville, PA 19067

### Completed By
Joann Mullarkey

### Title
Office Coordinator

### Signature

### Date
8-10-15

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

Confirmed Asbestos Materials per asbestos survey by 1 Source Safety and Health Inc. dated 6.24.15.

Building #2 Materials

Approximately 68 elbows/fittings 1st & 2nd floor.
Approximately 60 LF of grey window caulk 2A Office Area.
Approximately 3,600 SF of floor tile and mastic 2A Office Area.
Approximately 50 SF of fire door insulation.
Approximately 1,140 SF of floor tile and mastic in 2B Office Area.
Approximately 45 SF of Transite in 2B Office Area.
Approximately 2 fittings associated with roof drains in the East and West Stairwell.

Building #3 Materials

Approximately 55 fittings in the office area and garage bays.
Approximately 300 SF of floor tile and mastic in office area.
Approximately 400 SF of residual mastic under carpet in Southwest office area.
Approximately 240 SF of ceiling plaster in restrooms.
Approximately 260 LF of floor expansion caulk in the garage bay areas.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

**Date of Notification (1)**
8/11/15

**Agency Notified**
- [x] EPA
- [ ] DEP
- [x] DOL
- [ ] DOH
- [ ] DOA

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

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

**Street Address**
100 Homestead Ave.

**City, State, Zip Code**
Haddonfield, NJ 08033

**Name of Contact**
Marion Creamer

**Telephone Number**

**FACILITY INFORMATION**

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

**Street Address**
100 Homestead Ave.

**City (5)**
Haddonfield, NJ

**County (6)**
Camden

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

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

**ASCM No.**

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

**Street Address**
PO Box 341

**City, State, Zip Code**
Crosswicks, NJ 08515

**Project Manager for Monitoring Firm**
Bill Weisgarber

**Telephone No.**
(609) 298-4070

**Start Date (10)**
8/31/15

**Scheduled Completion Date (11)**
9/4/15

**Occupancy Status During Abatement (Check only one)**
- [x] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility Hours
- [ ] Other - Describe: 8am to 3:30 pm

**Scope of Work (Check all that apply)**
- [ ] 2 - 3 sf or 2 - 3 if
- [ ] 2 - 160 sf or 2 - 260 sf if
- [x] Renovation
- [ ] Demolition
- [x] 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>Basement</th>
<th>Boiler Insulation</th>
</tr>
</thead>
</table>

**Amount (Specify SP or LP)**

**Abatement Type**
- [ ] Removal
- [ ] Repair
- [ ] Encapsulation
- [ ] Endorse

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

<table>
<thead>
<tr>
<th>Cubic Yards of Waste</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 CU</td>
</tr>
</tbody>
</table>

**Name of Registered Dlafter**
GROWS Landfill

**City, State**
Morrisville, PA 18065

**Disposal Date**
9/4/15

**Completed By**
Mahlon E. Stevens

**Title**
Project Manager

**Signature**

**Date**
8/11/15

---

*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>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>8 / 10 / 15</td>
<td>Township of Union Public Schools / Job #1508-4934, Check #7424</td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
<th>Name of Contact</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>2369 Morris Ave.</td>
<td>Union, NJ 07083</td>
<td>Tom Wiggins</td>
<td></td>
</tr>
</tbody>
</table>

### FACILITY INFORMATION

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

**Street Address**
1500 Lindy Terrace

**City (5)**
Union

**County (6)**
Union

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

**Square Feet**

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

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

**ASCM No.**

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

**Street Address**
280 Huyler Street

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

**Project Manager for Monitoring Firm**
Geiser Fajardo

**Telephone No.**
201-489-8700

**Start Date (10):**
8 / 19 / 15

**Scheduled Completion Date (11):**
8 / 20 / 15

**Name of OSHA Monitor**
EMSL Analytical

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

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

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

**Name of OSHA Monitor**
EMSL Analytical

**Street Address**
200 Route 130 North

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

**License No.**
609-265-2107

**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

- **Principal's Office**
  - Yes
  - No
  - N/A
  - Floor tile & Mastic
    - 240 SF

- **Name of Registered Waste Hauler**
  - AbateTech, Inc.
  - N.J.D.E.P. Waste Hauler ID No. 18750

- **Cubic Yards of Waste**
  - 20

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

- **City, State**
  - Lumberton, NJ

- **Disposal Date**
  - 8/20/15

- **City, State**
  - Tullytown, PA

- **Completed By (Print or Type)**
  - Gwendolyn Trumbetti
  - Operations Coordinator

- **Signature**
  - [Signature]

- **Date**
  - 8/10/15

---

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

Date of Notification (1) 08 / 12 / 15

Name of Building Owner/Operator (2)
Bank of America

Agencies Notified
☐ EPA
☐ DOLWD
☐ DHSS
☐ DCA
☐ (NJAC 5:23-8)
Type Notification
☐ Initial
☐ Amended
☐ Amendment #2
☐ Emergency (including justification)
☐ Cancellation

Street Address
240 Kearny Avenue
City, State, Zip Code
Kearny, NJ 07032

Name of Contact
Neison Munoz

FACILITY INFORMATION

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

Street Address
240 Kearny Avenue
City (5)
Kearny, NJ
County (9)
Hudson
County Code (7)(STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8)
Environmental Testing Consultants, LLC.

ASCM No.
Name of Abatement Contractor (9)
JVN Restoration Inc

License No.
00774

Type of Facility (4)
☐ School (K-12)
☐ Subchapter 5 (Other than K-12)
☐ Other (i.e., private and commercial buildings, homes, etc.)

Square Feet
12,000
# of Floors
2
Bldg. Age
45

Current Use (Prior to if being demolished)

Name of OSHA Monitor
Testor Tech

Street Address
47 Foster Road
City, State, Zip Code
Staten Island NY 10309

Project Manager for Monitoring Firm
Horward Zenobie
Telephone No.
855-209-1831

Start Date (10)
08 / 21 / 15
Scheduled Completion Date (11)
08 / 25 / 15

Occupancy Status During Abatement (Check only one)
☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM-6:00PM
PM-2:00AM

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)

Yes
No
N/A

Basement, Landing
Floor Tile

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
Endorse

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

Yes
No
N/A

Name of Registered Waste Hauler
Newark Carting

NJDEP Waste Hauler ID No.
NJ-565

Cubic Yards of Waste
5

Name of Registered Landfill
IESI

City, State
Newark, NJ
Disposal Date

City, State
Bethlehem, PA

Completed By (Print or Type)
John Tardy

Title
Sr. Project Manager

Signature

Date
08/25/2015

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

Date of Notification (1) 8 / 12 / 15

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

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

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

Street Address
PO Box 95120

City, State, Zip Code
Camden, NJ 08101

Name of Contact
John Bond

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
SOUTH 10th STREET RESIDENCES

Street Address
1862, 1884 South 10th St Residences

City (5)
Camden

County (6)
CAMDEN

County Code (7) (STATE USE ONLY)

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

Current Use (Prior if being demolished)

Housing Deemed Unsafe

Name of Monitoring Firm Hired by Building Owner (8)
Health and Safety Services

ASCM No.
117

Name of Abatement Contractor (9)

Controlled Environmental Systems

Street Address
PO Box 365

City, State, Zip Code
Berlin, NJ 08009

Project Manager for Monitoring Firm
Jim Proctor

Telephone No.
C 609-833-2432

Bldg. Age
50+

Start Date (10)
8 / 24 / 15

Scheduled Completion Date (11)
9 / 30 / 15

Name of OSHA Monitor
CES

Occupancy Status During Abatement (Check only one)
☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-5:00PM

License No.
00847

Housing Deemed Unsafe

Scope of Work (Check all that apply)

☐ 350 sf or less
☐ 1,500 sf or more

☐ 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

Yes
No
N/A

(13)

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)
200 YD per res

Abatement Type
Repair
Encapsulate
Endorse

SEE ATTACHED

200 YD per res

Location of Registered Waste Hauler

NJ/DEP Waste Hauler ID No.
17273

Cubic Yards of Waste
200/Residency

Name of Registered Landfill
GROWS

City, State
Fairless Hills, PA

Disposal Date
9/30/15

City, State
Tullytown PA

Completed By (Print or Type)
Patricia Visco

Title
Office Manager

Signature

Date
1/21/15

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

Date of Notification (1)
8 / 12 / 15
Name of Building Owner/Operator (2)
City of Camden

Agencies Notified
☒ EPA
☒ DOLWD
☒ DOH
☒ DCA
☒ NJAC 5:23-8

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

Street Address
PO Box 95120
City, State, Zip Code
Camden, NJ 08101
Name of Contact
John Bond
Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
MULFORD STREET RESIDENCES

Street Address
1805, 2105, 2107, 2109 Mulford St Residences
City (5)
Camden
County (5)
CAMDEN
County Code (7) [STATE USE ONLY]

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

Square Feet

# of Floors

Bldg. Age

HOUSING DEEMED UNSAFE

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8)
Health and Safety Services
ASCM No.
117
Name of Abatement Contractor (9)
Controlled Environmental Systems
Street Address
PO Box 365
City, State, Zip Code
Berlin, NJ 08009
Telephone No.
C 609-839-2432
License No.
00847

Project Manager for Monitoring Firm
Jim Proctor
Street Address
1121 N. Bethlehem Pike - Suite 60
City, State, Zip Code
Spring House, PA 19477
Telephone No.
215 542 7000
License No.

Start Date (10)
8 / 24 / 15
Scheduled Completion Date (11)
9 / 30 / 15
Name of OSHA Monitor
CES

Occupancy Status During Abatement (Check only one)
☒ Facility Closed/Vacated During Entire Period of Abatement
☒ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-8:00PM, PM- AM

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

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

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

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

Amount (Specify SF or LF)

Abatement Type
Removal
Repair
Encapsulate
Enclose

Abatement Type

Location of

Name of Registered Waste Hauler
Waste Management of NJ
NJDEP Waste Hauler ID No.
17273
Cubic Yards of Waste
200/residenc
Name of Registered Landfill
GROWS
City, State
Fairless Hills, PA
Disposal Date
9/30/15
City, State
Tullytown PA
Name of Registered Waste Hauler
Waste Management of NJ
NJDEP Waste Hauler ID No.
17273
Cubic Yards of Waste
200/residenc
Name of Registered Landfill
GROWS
City, State
Fairless Hills, PA
Disposal Date
9/30/15
City, State
Tullytown PA

SEE ATTACHED

SEE ATTACHED

200 YD per res

City, State
Fairless Hills, PA
Disposal Date
9/30/15
City, State
Tullytown PA

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

* Do not use this form for asbestos licensure exempted activities.
Date of Notification (11)
8 / 12 / 15

Name of Building Owner/Operator (2)
City of Camden
5735 AUBREY AVE CAMDEN, NJ 08105

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

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

Street Address
PO Box 95120
City, State, Zip Code
Camden, NJ 08101

Name of Contact
John Bond
Telephone Number
17 / 10070

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
FERRY AVE RESIDENCES

Street Address
968, 974, 978, 1042, 1048 Ferry Ave Residences

City (5)
Camden

County (6)
CAMDEN

County Code (7) STATE USE ONLY

Name of Monitoring Firm Hired by Building Owner (8)
Health and Safety Services
ASCM No.
117

Name of Abatement Contractor (9)
Controlled Environmental Systems

Street Address
PO Box 365
City, State, Zip Code
Berlin, NJ 08009

Project Manager for Monitoring Firm
Jim Proctor
Telephone No.
C 609-839-2432

Start Date (10)
8 / 24 / 15

Scheduled Completion Date (11)
9 / 30 / 15

Occupancy Status During Abatement (Check only one)
☒ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-5:00PM /

Scope of Work (Check all that apply)
☐ ≥3 sf or ≥3 If
☐ ≥150 sf or ≥250 If
☐ Renovation
☒ Demolition
☐ Full Containment with Negative Pressure
☐ Full Enclosure
☒ Glovebag Procedure
☐ Non-Exempted (?) and Non-Friable Procedure

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

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

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

Amount (Specify SF or LF)
200 YD per res

Abatement Type
☐ Removal
☐ Repair
☐ Encapsulate
☐ Endorse

Name of Registered Waste Hauler
Waste Management of NJ
NJDEP Waste Hauler ID No. 17273
Cubic Yards of Waste
200/residenc

Name of Registered Landfill
GROWS

City, State
Fairless Hills, PA

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

Date
8/12/15

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