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

Date of Notification (1)
08/20/2015

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

Agencies Notified

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

Street Address
420 N. Warwick Rd

City, State, Zip Code
Magnolia, NJ 08049

Name of Contact
Joe Celecki

FACILITY INFORMATION

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

Street Address
420 Warwick Road

City (9)
Magnolia, NJ 08049

County (10)
Camden

Square Feet

# of Floors

Bldg. Age

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

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

ASCM No.

Name of Abatement Contractor (9)
Lilich Corporation

Street Address
606 McBride Avenue

City, State, Zip Code
Woodland Park, NJ 07424

Project Manager for Monitoring Firm
Tom Pruno

Telephone No.
888-306-4545

Telephone No.
973-225-8400

License No.
01104

Name of OSHA Monitor
J&S Environmental Labs, LLC

Street Address
2333 Route 22 West

City, State, Zip Code
Union, NJ, 07083

Start Date (10)
08/24/15

Scheduled Completion Date (11)
08/31/15

Occupancy Status During Abatement (Check Only One)

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

Scope of Work (Check All That Apply)

- x3 sf or x3 if
- x160 sf or x260 sf
- x 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)

Amount (Specify SF or LF)

Abatement Type

<table>
<thead>
<tr>
<th>Description</th>
<th>Repair</th>
<th>Encapsulate</th>
<th>Envelope</th>
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</thead>
<tbody>
<tr>
<td>Full Containment with Negative Pressure</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mini-Enclosure</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Glovebag Procedure</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-Exempted (*) and Non-Fireable Procedure</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
Lilich Corporation

NJDEP Waste Hauler ID No.
18724

Cubic Yards of Waste

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

Disposal Date

City, State
Morrisville, Pennsylvania

Completed by
Momo Glavatovic

Title
Vice President

Signature

Date
08-20-15

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:66 and 13:120)

Date of Notification (1): 8/21/15
Name of Building Owner/Operator (2): EARTHTECH CONTRACTING

Agencies Notified: Box checked
- NEW: New
- AMENDED: Amended
- EMERGENCY: Emergency including justification
- CANCELLED: Cancellation

Street Address: 155 12th St, Greenfield, N.J.
City, State, Zip Code: Greenfield, N.J.
Name of Contact: Bruce Breunig
Telephone Number: 732-662-2780

FACILITY INFORMATION
Facility Where Abatement is Taking Place (3): RESIDENCE

Address: 2 N. Vendome Ave
City: Margate
County: Atlantic

Name of Monitoring Firm Hired by Building Owner/Operator: N/A
ASCM No: N/A
Name of Abatement Contractor (9): Klemco Inc.
Street Address: 369 S Spruce Ave
City, State, Zip Code: Maple Shade, N.J. 08052
Telephone No: 609-799-0477
License No: 00444

Start Date (12): 8/31/15
Scheduled Completion Date (11): 9/6/15

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

Mode of Work (Check all that apply):
- Demolition
- Renovation
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Flexible Procedure

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

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

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

Amount (Specify SF of LF1):

Name of Registered Waste Hauler: Klemco Inc.
Name of Registered Landfill: A.C.U.A.

Disposal Date: N/A
City, State: PLEASANTVILLE, N.J.

Complied By: Joseph Klemm
Total Signature: Joseph Klemm Date 8/21/15

* Do not use this form for asbestos license exempted activities
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:170)

Date of Notification: 8/21/15

Name of Building Owner/Operator: Earthtech Contractor

Street Address: 155 Pr. 50
City, State, Zip Code: Greenfield, N.J.

Name of Contact: Bruce Belfung

FACILITY INFORMATION

Type of Facility: RESIDENCE

Project Address: 2 N. Vendome Ave

County: Atlantic

Current Use (Prior to being demolished): Vacant

Name of Abatement Contractor: Klemco Inc.

Street Address: 369 S. Spruce Ave
City, State, Zip Code: Maple Shade, N.J. 08052

Name of OSHA Monitor: Joseph Klemm

Street Address: 369 S. Spruce Ave
City, State, Zip Code: Maple Shade, N.J. 08052

License No: 00444

Start Date: 8/31/15

Scheduled Completion Date: 9/6/15

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

Job of Work (Check all that apply)

- Demolition
- Roofing
- Full Containment with Negative Pressure
- Non-Exempted (*) and Non-Firable Procedure
- Non-Enclosure
- Glovebag Procedure
- Repair
- Abatement

Name of Registered Waste Hauler: Klemco Inc.

Name of Registered Landfill: ACUA

Disposal Date: Pleasantville, N.J.

Compromised By: Joseph Klemm

Signature: Joseph Klemm

Date: 8/21/15

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

(Pursuant to NJAC 8:68 and 5:16)

## Date of Notification (1)
- 8 / 13 / 15

## Name of Building Owner/Operator (2)
- Princeton University-Office of Design and Construction

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

### Type Notification
- Initial
- Amended
- Amendment #1-8/21/15
- Emergency (including justification)
- Cancellation

## Street Address
- 200 Elm Dr

## City, State, Zip Code
- Princeton, NJ 08544

## Name of Contact
- Robert Ortega

## Telephone Number

### FACILITY INFORMATION

## Name of Facility Where Abatement is Taking Place (3)
- Princeton University- University Store

## Street Address
- 38 University Place

## City (5)
- Princeton

## County (6)
- MERCER

## County Code (7)/STATE USE ONLY

## Current Use (Prior if being demolished)

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

## Square Feet

## # of Floors

## Bldg. Age

### Name of Monitoring Firm Hired by Building Owner (8)
- Cardoco/ATC Associates Inc

### ASCM No.

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

## Street Address
- Bromley Corporate Center-Three Terri Lane

## City, State, Zip Code
- Burlington, NJ 08016

## Project Manager for Monitoring Firm
- Michael Keehn

## Telephone No.
- 609-385-8800

### Telephone No.
- 215-768-6040

### License No.
- 00509

## Start Date (10)
- 8 / 24 / 15

## Scheduled Completion Date (11)
- 8 / 25 / 15

## Name of OSHA Monitor
- BRISTOL ENVIRONMENTAL, INC.

## 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: 6:00AM-4:00PM/ 9PM-9AM

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

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

<table>
<thead>
<tr>
<th>Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Basement Storage area

<table>
<thead>
<tr>
<th>Pipe Insulation</th>
<th>9 LF</th>
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</table>

## Name of Registered Waste Hauler
- BRISTOL ENVIRONMENTAL, INC.

## NJDEP Waste Hauler ID No.
- 18706

## Cubic Yards of Waste

## Name of Registered Landfill
- G.R.O.W.S. NORTH LANDFILL

## City, State
- BRISTOL, PA 19007

## Disposal Date

## Date
- 8/21/15

## Completed By (Print or Type)
- Brian Scafro

## Title
- Estimator

## Signature
- Brian Scafro

---

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

Date of Notification (1)
13 / 15

Name of Building Owner/Operator (2)
Princeton University-Office of Design and Construction

Agencies Notified
☐ EPA
☒ DOLWD 15AR6
☒ DHSS 7519
☐ DCA (NJAC 5:23-8)

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

Street Address
200 Elm Dr

City, State, Zip Code
Princeton, NJ 08544

Name of Contact
Robert Ortego
Telephone Number

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

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
Blog. Age

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

County Code (7)/(STATE USE ONLY)

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

ASCM No.

Street Address
Bromley Corporate Center - Three Terri Lane

City, State, Zip Code
Burlington, NJ 08016

Telephone No.
215-788-6640

License No.
00509

Project Manager for Monitoring Firm
Michael Kuehn
Telephone No.
609-386-9800

Name of OSHA Monitor
BRISTOL ENVIRONMENTAL, INC.

Start Date (10)
8 / 24 / 15

Scheduled Completion Date (11)
8 / 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-____ PM/____PM-____ AM

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

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

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
Endorse

Name of Registered Waste Hauler
BRISTOL ENVIRONMENTAL, INC.

NJDEP Waste Hauler ID No.
18706

Cubic Yards of Waste

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

City, State
BRISTOL, PA 19007

Disposal Date

City, State
MORRISVILLE, PA 19067

Completed By (Print or Type)
Brian Scafaro
Title
Estimator
Signature

Date
8/13/15
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:50-7 and 12:120-7)

Date of Notification (1)
8 / 21 /15

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

Type Notification
- Initial Notification
- Amended Notification
X On Hold

Name of Building Owner/Operator (2)
NEW JERSEY INSTITUTE OF TECHNOLOGY

Street Address
111 SUMMIT STREET/FACULTY MEMORIAL HALL

City, State, Zip Code
NEWARK, NEW JERSEY 07102

Name of Contact
ALEXANDER CARRERAS

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
NEW JERSEY INSTITUTE OF TECHNOLOGY

Street Address
111 SUMMIT STREET

City (5)
NEWARK

County (6)
ESSEX

County Code (7)
STATE USE ONLY

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

ASCM No.
17

Type of Facility (4)

X School (K-12)

X Subchapter 8 (Other than K-12)

X Other (i.e. private & commerl. bgds., homes, etc.)

Square Feet
200,000

# of Floors
4

Bldg. Age
35

Current Use (Prior if being demolished)
COMMERCIAL OFFICE

Name of Abatement Contractor (9)
PAR ENVIRONMENTAL CORPORATION

Street Address
313 SPOOK ROCK ROAD

City, State, Zip Code
SUFFERN, NEW YORK 10901

Telephone Number
845-369-7500

License Number
460

Name of OSHA Monitor
QUALITY ENVIRONMENTAL

Street Address
1376 ROUTE 9 W

City, State, Zip Code
WAPPINGERS FALLS, NY 12590

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

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

>3SF OR LF

>160 SF OR

Full Containment with Negative Pressure

Mini-Enclosure

Glovebag Procedure

Non-Perfiable Procedure

Location of Asbestos-containing Material (ACM)

TO BE ABATED

In Facility (13)

Is Location normally used solely by Maint/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)
810 SF

Abatement Type
REMOVAL
REPAIR
ENCLOSURE

ROOM 401A

X VAT & MASTIC

Name of Registered Waste Hauler
DJM TRANSPORT

Name of Registered Landfill
NUDEP Waste

Disposal Date
08/24/15-12/30/15

Name of Registered Landfill
110 SAND CO.

City, State
KEKARNEY, NEW JERSEY

Completed by (Print or Type)
BENJAMIN SANCHEZ

Title
DIRECTOR OF OPERATIONS

Signature

Date
8/21/15
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

Name of Building Owner/Operator (2)
NEW JERSEY INSTITUTE OF TECHNOLOGY

Street Address
111 SUMMIT STREET/FACULTY MEMORIAL HALL

Name of Contact
ALEXANDER CARRERAS

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
NEW JERSEY INSTITUTE OF TECHNOLOGY

Street Address
111 SUMMIT STREET

City (5)
NEWARK

County (8)
ESSEX

County Code (7)
STATE USE ONLY

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

Type of Facility (4)
COMMERCIAL OFFICE

Name of Abatement Contractor (9)
PAR ENVIRONMENTAL CORPORATION

Street Address
237 WEST 35TH STREET

City, State, Zip Code
NEW YORK, NEW YORK 10001

Project Manager for Monitoring Firm
KYLE KRUG

Telephone Number
212-971-7016

License Number
846-369-7500

License Class
460

Expected Start Date (10)
8 / 24 / 15

Month Day Year

Sched. Completion Date (11)
12 / 30 / 15

Month Day Year

Occupancy Status During Abatement (Check only one)

X Abatement Performed Outside of Normal Facility Hours - Describe:
MONDAY - FRIDAY 7AM-3:30 PM

Scope of Work (Check all that apply)

X Renovation

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

ROOM 401A

Description of Asbestos-Containing Material (ACM)

VAT & MASTIC

Amount (Specify SF or LF)
810 SF

Abatement Type
X Non-Friable Procedure

Name of Registered Waste Hauler
DJM TRANSPORT

Disposal Date
08/24/15-12/30/15

City, State
KEKARNEY, NEW JERSEY

Name of Registered Landfill
110 SAND CO.

City, State
MEADOWLANDS, NY 11704

Complied by (Print or Type)
BENJAMIN SANCHEZ

Title
DIRECTOR OF OPERATIONS

Signature

Date
8/7/15
# 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 20, 2015</th>
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<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Berkeley College</td>
</tr>
<tr>
<td>Street Address</td>
<td>44 Rifle Camp Road</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Woodland Park, NJ 07424</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Mark Wagener</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

| Name of Facility Where Abatement is Taking Place (3) | Berkeley College - Bldg # 4-Lower Level Corridor |
| Street Address | 44 Rifle Camp Road |
| City (6) | Woodland Park |
| County (6) | Passaic |
| County Code (7) | |
| Name of Monitoring Firm Hired by Bldg. Owner (8) | EnviroVision Consultants Inc. |
| ASCM No. | 00079 |
| Name of Contractor (9) | GREENWOOD ABATEMENT CONSULTANTS, INC. |
| Street Address | 268 MAIN STREET |
| City, State, Zip Code | Butler, NJ 07405 |

| Project Manager for Monitoring Firm | Fred Larson |
| Telephone Number | 973-636-9145 |
| Scheduled Start Date (10) | September 3, 2015 |
| Scheduled Completion Date (11) | September 10, 2015 |

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

- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours - Describe: 8am-10pm
- Other - Describe: 8am-10pm
- NJ Sub 8- Occupied

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

- x > 3 sq ft or > 3 if
- □ > 180 sq ft or > 260
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure with negative air
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure
- Wrap & Cut

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

- x YES
- NO
- NA

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

- x Full Containment with Negative Pressure
- Mini-Enclosure with negative air
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure
- Wrap & Cut

**Bldg# 4-Lower Level Corridor Space:**

<table>
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<tr>
<th>Location of Space</th>
<th>TSI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bldg# 4-Lower Level Corridor Space</td>
<td>60 LF</td>
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**Name of Rec. Waste Hauler:**

<table>
<thead>
<tr>
<th>Name of Rec. Waste Hauler</th>
<th>See Hauler Below # 1 &amp; 2</th>
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</thead>
<tbody>
<tr>
<td>NJ/DEP Waste Hauler ID #</td>
<td>See Below</td>
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</tbody>
</table>

**Cubic Yards of Waste:**

- x 10

**Name of Registered Landfill:**

<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
<th>Meadowfill Landfill</th>
</tr>
</thead>
</table>

**Disposal Date:**

| September 10, 2015 |

**City, State:**

| Bridgeport, WVA |
| 304-842-2784 |

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

| Marin Grauer |
| SENIOR PROJECT MANAGER |
| Signature | Marin Grauer |
| Date | August 20, 2015 |

GAC # 2015-488
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>8/22/15</th>
<th>Name of Building Owner/Operator (2)</th>
<th>Tumulty Residence</th>
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<tbody>
<tr>
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<td></td>
<td>Type Notification</td>
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</tr>
<tr>
<td>EPA</td>
<td>x</td>
<td>Initial</td>
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</tr>
<tr>
<td>DOH</td>
<td></td>
<td>Emergency (including justification)</td>
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</tr>
<tr>
<td>DOL</td>
<td></td>
<td>Amendment #</td>
<td></td>
</tr>
<tr>
<td>DEP</td>
<td></td>
<td>Cancellation</td>
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<tr>
<td>City, State, Zip Code</td>
<td></td>
<td>130 Sanhican Drive</td>
<td></td>
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<tr>
<td>Name of Contact</td>
<td></td>
<td>Trenton New Jersey</td>
<td>Jersey</td>
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<tr>
<td>Telephone Number</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>Tumulty Residence</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>130 Sanhican Drive</th>
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</thead>
<tbody>
<tr>
<td>City (5)</td>
<td>Trenton</td>
</tr>
<tr>
<td>County Code (6)</td>
<td>Camden</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Square Feet</th>
<th># of Floors</th>
<th>Bldg. Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>1500</td>
<td>2</td>
<td>50+</td>
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<table>
<thead>
<tr>
<th>Current Use (Prior if being demolished)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residence</td>
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<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>ASCM No.</th>
<th>Name of Abatement Contractor (9)</th>
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</thead>
<tbody>
<tr>
<td></td>
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<td>Ace Insulation Co., Inc.</td>
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<thead>
<tr>
<th>Street Address</th>
<th>95 Montrose Road</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State, Zip Code</td>
<td>Colts Neck, N.J. 07722</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>732-294-1757</td>
<td>00029</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>9/1/15</td>
<td>9/8/15</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check Only One)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
</tr>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours</td>
</tr>
<tr>
<td>Other - Describe: 7am-7am</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check All That Apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>x ≥23 sf or ≥32 If</td>
</tr>
<tr>
<td>x ≥160 sf or ≥260 If</td>
</tr>
<tr>
<td>x Renovation</td>
</tr>
<tr>
<td>x Demolition</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>
<tr>
<td>x Non-Exempted (*) and Non-Friable Procedure</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff (12)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>-----</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>25 SF</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>NJ DEP Waste Hauler ID No. 12086</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Chirns</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Disposal Date</th>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>9/8/15</td>
<td>Easton, PA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed by Bree McGuire</th>
<th>Title</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Secretary Treasurer</td>
<td></td>
<td>8/22/15</td>
</tr>
</tbody>
</table>

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

Date of Notification (1) 8/22/15

Name of Building Owner/Operator (2)
DGM Property

Agencies Notified

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

Type Notification
Initial
Amended
Emergency (including justification)
Cancellation

Street Address
131 Rt 206

City, State, Zip Code
Chester, New Jersey

Name of Contact
Greg

Telephone Number

FACILITY INFORMATION

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

Street Address
6 North Doughty Ave

City (5)
Somerville

County (6)
Somerset

County Code (7)

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

Square Feet
2000

# of Floors
1

Building Age
50+

Current Use (Prior if being demolished)

warehouse

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

Name of Abatement Contractor (9)
Ace Insulation Co., Inc.

Start Date (10)
8/31/15

Scheduled Completion Date (11)
9/8/15

Name of OSHA Monitor

Occupancy Status During Abatement (Check Only One)

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

Scope of Work (Check All That Apply)

[ ] ≥3 sf or ≥3 ft
[ ] ≥100 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 (13)

<table>
<thead>
<tr>
<th>Location</th>
<th>Asbestos-Containing Material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>In Location Normally Used Solely by Maintenance/Custodial Staff?</td>
</tr>
<tr>
<td></td>
<td>(12)</td>
</tr>
<tr>
<td></td>
<td>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
</tr>
<tr>
<td></td>
<td>Amount (Specify SF or LF)</td>
</tr>
<tr>
<td></td>
<td>Abatement Type</td>
</tr>
<tr>
<td></td>
<td>Removal</td>
</tr>
<tr>
<td></td>
<td>Repair</td>
</tr>
<tr>
<td></td>
<td>Encapsulate</td>
</tr>
<tr>
<td></td>
<td>Endure</td>
</tr>
</tbody>
</table>

roof
x roofing material
200lf

roof
x

calking
70 windows
x

Name of Registered Waste Hauler
Ace Insulation Co., Inc.

NJDEP Waste Hauler ID No.
12086

Cubic Yards of Waste
2

Name of Registered Landfill
Chirns

City, State
Colts Neck, New Jersey

Disposal Date
9/8/15

City, State
Easton, PA

Completed by
Bree McGuire

Title
Secretary Treasurer

Signature

Date
8/22/15

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

Date of Notification (1) 8/21/2015

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

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

Name of Building Owner/Operator (2)
Sakoutis Brothers Disposal

Street Address
P O Box 84

City, State, Zip Code
Colts Neck, NJ 07722

Name of Contact
John Sakoutis

Telephone Number

FACILITY INFORMATION

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

Street Address
655 Middlesex Avenue

City
Metuchen

County
Middlesex

County Code
STATE USE ONLY

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

Square feet
5000 sf

# of Floors
1

Bldg. Age
60

Current Use (Prior if being demolished)
Building

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

Street Address
1889 Route 9, Unit 61

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

Telephone Number
732-349-9932

License Number
00624

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

Street Address
1056 Stelton Road

City, State, Zip Code
Piscataway, New Jersey 08854

Scope of Work (Check all that apply)
[ ] 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 (12)

YES NO N/A

[X] Exterior

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

YES NO N/A

Exterior

Asbestos roofing
4600 sf
X

Asbestos roof flashing
1746
X

Amount (Specify SF or LF)

Abatement Type
REMOVAL
REPAIR
ENCAPSULATION
ENCLOSURE

Name of Registered Waste Hauler
Sakoutis Brothers Disposal

NIDEP Waste Hauler ID No.

Cubic Yards of Waste
50

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

City, State
Colts Neck, New Jersey

Disposal Date
8/28/15

City, State
Tullytown, Pennsylvania

Completed by (Print or Type)
John Sakoutis

Title
Project Manager

Signatur

*Do not use this form for asbestos licensure exempted activities.
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:20-6 and 12:120)

Data of Notification (1):
8/20/15

Name of Building Occupying (2):
MS. ANY TRZCHOWICKI

Name of Responsible Official (3):
730 NEWARK POMFRET TOWNE

City:
MORRIS PLAINS, NJ, 07960

County:
MORRIS

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

Street Address:
730 NEWARK POMFRET TOWNE

City, State, Zip Code:
MORRIS PLAINS, NJ, 07960

County Code:
MORRIS

Type of Use (Prior to being demolished):

Name of Asbestos Contractor (5):
Best Removal Inc

Street Address:
450 South River St

City, State, Zip Code:
HACKENSACK, N.J. 07601

Telephone No.:
201-329-7444

License No.:
000385

Name of Abatement Monitor:
Omega Environmental

Street Address:
280 MULHER ST

City, State, Zip Code:
HACKENSACK, N.J. 07606

Start Date (10):
8/21/15

Scheduled Completion Date (11):
9/5/15

Location of Asbestos-Containing Materials (ACM) in the Building (12):

<table>
<thead>
<tr>
<th>Location Normally Used Safely by Maintenance/ Custodial Staff (13)</th>
<th>Description of Asbestos Containing Material (ACM) (14)</th>
<th>Amount (Specify in lbs, if applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>bestos containing material, dust, etc.</td>
<td>1050 lbs.</td>
</tr>
</tbody>
</table>

Name of Registered Waste Handler:
Best Removal Inc

Hazard Waste Master:
17109

Disposal Class:
17

City, State:
WAYNEVILLE, OH, 44688

Name of Registered Limited Lien Holder:
Minerva Enterprises, LLC

Name of Building Occupying (2):
MS. ANY TRZCHOWICKI

Name of Responsible Official (3):
730 NEWARK POMFRET TOWNE

City:
MORRIS PLAINS, NJ, 07960

County:
MORRIS

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

Street Address:
730 NEWARK POMFRET TOWNE

City, State, Zip Code:
MORRIS PLAINS, NJ, 07960

County Code:
MORRIS

Type of Use (Prior to being demolished):

Name of Asbestos Contractor (5):
Best Removal Inc

Street Address:
450 South River St

City, State, Zip Code:
HACKENSACK, N.J. 07601

Telephone No.:
201-329-7444

License No.:
000385

Name of Abatement Monitor:
Omega Environmental

Street Address:
280 MULHER ST

City, State, Zip Code:
HACKENSACK, N.J. 07606

Start Date (10):
8/21/15

Scheduled Completion Date (11):
9/5/15

Location of Asbestos-Containing Materials (ACM) in the Building (12):

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<th>Location Normally Used Safely by Maintenance/ Custodial Staff (13)</th>
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<td>Basement</td>
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</tr>
</tbody>
</table>

Name of Registered Waste Handler:
Best Removal Inc

Hazard Waste Master:
17109

Disposal Class:
17

City, State:
WAYNEVILLE, OH, 44688

Name of Registered Limited Lien Holder:
Minerva Enterprises, LLC

Name of Building Occupying (2):
MS. ANY TRZCHOWICKI

Name of Responsible Official (3):
730 NEWARK POMFRET TOWNE

City:
MORRIS PLAINS, NJ, 07960

County:
MORRIS

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

Street Address:
730 NEWARK POMFRET TOWNE

City, State, Zip Code:
MORRIS PLAINS, NJ, 07960

County Code:
MORRIS

Type of Use (Prior to being demolished):

Name of Asbestos Contractor (5):
Best Removal Inc

Street Address:
450 South River St

City, State, Zip Code:
HACKENSACK, N.J. 07601

Telephone No.:
201-329-7444

License No.:
000385

Name of Abatement Monitor:
Omega Environmental

Street Address:
280 MULHER ST

City, State, Zip Code:
HACKENSACK, N.J. 07606

Start Date (10):
8/21/15

Scheduled Completion Date (11):
9/5/15

Location of Asbestos-Containing Materials (ACM) in the Building (12):

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<td>1050 lbs.</td>
</tr>
</tbody>
</table>

Name of Registered Waste Handler:
Best Removal Inc

Hazard Waste Master:
17109

Disposal Class:
17

City, State:
WAYNEVILLE, OH, 44688

Name of Registered Limited Lien Holder:
Minerva Enterprises, LLC

Name of Building Occupying (2):
MS. ANY TRZCHOWICKI

Name of Responsible Official (3):
730 NEWARK POMFRET TOWNE

City:
MORRIS PLAINS, NJ, 07960

County:
MORRIS

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

Street Address:
730 NEWARK POMFRET TOWNE

City, State, Zip Code:
MORRIS PLAINS, NJ, 07960

County Code:
MORRIS

Type of Use (Prior to being demolished):

Name of Asbestos Contractor (5):
Best Removal Inc

Street Address:
450 South River St

City, State, Zip Code:
HACKENSACK, N.J. 07601

Telephone No.:
201-329-7444

License No.:
000385

Name of Abatement Monitor:
Omega Environmental

Street Address:
280 MULHER ST

City, State, Zip Code:
HACKENSACK, N.J. 07606

Start Date (10):
8/21/15

Scheduled Completion Date (11):
9/5/15

Location of Asbestos-Containing Materials (ACM) in the Building (12):

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</table>
**NOTIFICATION OF ASBESTOS ABATEMENT**

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>08/20/15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>HORIZON PROPERTIES</td>
</tr>
<tr>
<td>Agencies Notified</td>
<td>EPA, DEP, DOL, DOH</td>
</tr>
<tr>
<td>Type Notification</td>
<td>Initial</td>
</tr>
<tr>
<td>Street Address</td>
<td>7 GLENWOOD AVENUE, SUITE 412</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>EAST ORANGE, NJ 07017</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>ROSEMARY GONZALEZ</td>
</tr>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td>90 AUGUSTA STREET</td>
</tr>
<tr>
<td>County Code (7)</td>
<td>(STATE USE ONLY)</td>
</tr>
<tr>
<td>Current Use (Prior if being demolished)</td>
<td>HOME</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>ASCM No.</td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>AAA LEAD PROFESSIONALS</td>
</tr>
<tr>
<td>Street Address</td>
<td>6 WHITE DOVE COURT</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>LAKEWOOD, NJ 08701</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td></td>
</tr>
<tr>
<td>Telephone No.</td>
<td>Telephone No.</td>
</tr>
<tr>
<td>License No.</td>
<td>1200</td>
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<tr>
<td>Start Date (10)</td>
<td>08/31/2015</td>
</tr>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>08/31/2015</td>
</tr>
<tr>
<td>Occupancy Status During Abatement (Check Only One)</td>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
</tr>
<tr>
<td>Other - Describe:</td>
<td></td>
</tr>
<tr>
<td>Scope of Work (Check All That Apply)</td>
<td>Renovation, Demolition</td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)</td>
<td></td>
</tr>
<tr>
<td>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</td>
<td>Yes, No</td>
</tr>
<tr>
<td>Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td>SIDING</td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
<td>1500</td>
</tr>
<tr>
<td>Abatement Type</td>
<td></td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
<td>NEWARK CARTING</td>
</tr>
<tr>
<td>NUDEP Waste Hauler ID No.</td>
<td>04509</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td>5</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>IESI</td>
</tr>
<tr>
<td>City, State</td>
<td>NEWARK, NJ</td>
</tr>
<tr>
<td>Disposal Date</td>
<td>08/31/15</td>
</tr>
<tr>
<td>City, State</td>
<td>BETHLEHEM PA</td>
</tr>
<tr>
<td>Completed by</td>
<td>JOSEPH PERLSTEIN</td>
</tr>
<tr>
<td>Title</td>
<td>OWNER</td>
</tr>
<tr>
<td>Signature</td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td>08/20/15</td>
</tr>
</tbody>
</table>

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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 6:60 and 12:120)

Date of Notification (1)
08/20/15

Agency Notified
- EPA
- DEP
- DOL
d X DOH
- DCA

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

Name of Building Owner/Operator (2)
HORIZON PROPERTIES

Street Address
7 GLENWOOD AVENUE, SUITE 412

City, State, Zip Code
EAST ORANGE, NJ 07017

Name of Contact
ROSEMARY GONZALEZ

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
9 GROVE STREET

City (5)
IRVINGTON, NJ

County (6)
ESSEX COUNTY

County Code (7) (STATE USE ONLY)

Name of Monitoring Firm HIred by Building Owner (8)

ASCM No.

Name of Abatement Contractor (9)
AAA LEAD PROFESSIONALS

Street Address
8 WHITE DOVE COURT

City, State, Zip Code
LAKewood, NJ 08701

Project Manager for Monitoring Firm

Telephone No.
732-666-9078

License No.
1200

Start Date (10)
08/31/15

Scheduled Completion Date (11)
08/31/15

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

Scope of Work (Check All That Apply)

- 23 sf or 23 sf
- 216 sf or 2260 sf
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

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

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

Amount (Specify SF or LF)
600 SF

Exterior

Name of Registered Waste Hauler
NEWARK CARTING

NJ DEP Waste Hauler ID No.
04509

Cubic Yards of Waste
5

Name of Registered Landfill
IESI

City, State
NEWARK, NJ

Disposal Date
08/31/15

Completed by
JOSEPH PERLSTEIN
Title
OWNER

Signature

Date
08/20/15

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>08/21/15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>ULISES HUAPAYA</td>
</tr>
<tr>
<td>Agencies Notified</td>
<td></td>
</tr>
<tr>
<td>EPA</td>
<td>[x] Initial</td>
</tr>
<tr>
<td>DEP</td>
<td>[x] Amended</td>
</tr>
<tr>
<td>DOL</td>
<td>[ ] Amendment #</td>
</tr>
<tr>
<td>DOH</td>
<td>[x] Emergency (including justification)</td>
</tr>
<tr>
<td>DCA</td>
<td>[ ] Cancellation</td>
</tr>
<tr>
<td>Street Address</td>
<td>73 TILT STREET, APT 2</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>HALEDON, NJ 07508</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>ULISES HUAPAYA</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
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</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>94 ARLINGTON AVENUE</th>
</tr>
</thead>
<tbody>
<tr>
<td>City (5)</td>
<td>SOMERSET, NJ</td>
</tr>
<tr>
<td>County (8)</td>
<td>SOMERSET COUNTY</td>
</tr>
<tr>
<td>County Code (7)</td>
<td>(STATE USE ONLY)</td>
</tr>
<tr>
<td>License No.</td>
<td>1200</td>
</tr>
<tr>
<td>Square Feet</td>
<td>2,000</td>
</tr>
<tr>
<td># of Floors</td>
<td>2</td>
</tr>
<tr>
<td>Bidg. Age</td>
<td></td>
</tr>
<tr>
<td>Current Use (Prior to being demolished)</td>
<td>HOME</td>
</tr>
</tbody>
</table>

**Type of Facility (4)**

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

**Street Address**

- 8 WHITE DOVE COURT

**City, State, Zip Code**

- LAKEWOOD, NJ 08701

**Project Manager for Monitoring Firm**

- Name of OSHA Monitor: AAA LEAD PROFESSIONALS

**Telephone No.**

- 732-668-9078

**Start Date (10)**

- 08/25/15

**Scheduled Completion Date (11)**

- 08/26/15

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

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

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

- [x] ≥ 30 sq ft or ≥ 3 if
- [ ] ≥100 sq ft or ≥200 if
- [x] Renovation
- [x] 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**

| Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | [x] Yes |

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

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

**Amount (Specify SF or LF)**

- ACM TILE: 460 SF

**Abatement Type**

- [x] Encapsulate

**INTERIOR**

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>NEWARK CARTING</th>
</tr>
</thead>
<tbody>
<tr>
<td>NJ DEP Waste Hauler ID No.</td>
<td>04509</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td>5</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>IESI</td>
</tr>
<tr>
<td>City, State</td>
<td>BETHLEHEM PA</td>
</tr>
<tr>
<td>Disposal Date</td>
<td>08/26/15</td>
</tr>
</tbody>
</table>

**Completed by**

- JOSEPH PERLSTEIN
  - Title: OWNER
  - Signature: |
  - Date: 08/21/15

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>9/21/15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agency Notified</td>
<td></td>
</tr>
<tr>
<td>Type Notification</td>
<td>Initial</td>
</tr>
<tr>
<td>Street Address</td>
<td>83 SUNNYSIDE AVE</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>DUMONT, NJ 07628</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>J. MAIORANO</td>
</tr>
</tbody>
</table>

FACILITY INFORMATION

| Name of Facility Where Abatement is Taking Place (3) | DUMONT TERRACE APARTMENTS INC |
| Street Address | 83 SUNNYSIDE AVE |
| City (5) | DUMONT |
| County (6) | BERGEN |
| County Code (7) (STATE USE ONLY) | 2 |
| Current Use (Prior if being demolished) | RESIDENTIAL APARTMENTS |

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>HACKENSACK, N.J. 07601</td>
<td></td>
<td></td>
</tr>
<tr>
<td>S. HACKENSACK, N.J. 07606</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Start Date (8) | 8/31/15 |
| Scheduled Completion Date (11) | 9/21/15 |

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>≥ 200 sf or ≥ 3,000 ft²</td>
</tr>
<tr>
<td>≥ 150 sf or ≥ 200 ft²</td>
</tr>
<tr>
<td>Demolition</td>
</tr>
<tr>
<td>Renovation</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Location Normally Used Solely by Maintenance/ Custodial Staff? (12)</th>
<th>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| BASEMENT | THERMAL SYSTEM INSULATION | 145 SF |
| BASEMENT | THERMAL SYSTEM INSULATION | 25 LF |

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>NJ DEP Waste Hauler ID No.</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>BEST REMOVAL INC</td>
<td>17109</td>
<td>CUMBERLAND COUNTY LANDFILL</td>
</tr>
</tbody>
</table>

| Disposal Date | 9/21/15 |
| City, State | NEWBURGH, PA. 17240 |

Completed by | J. MAIORANO |
Title | Estimator |
Signature | |
Date | 9/21/15 |

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

Date of Notification (1)  
August 21, 2015

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

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

Name of Building Owner/Operator (2)  
Chesapeake Homes, Inc.

Street Address  
P O Box 103

City, State, Zip Code  
Ship Bottom, NJ 08008

Name of Contact  
Tim Jones

Telephone Number

FACILITY INFORMATION

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

Street Address  
104 Panorama Drive

City  
LB Twp.

County (6)  
Ocean

County Code (7)  
(SAVE USE ONLY)

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

ASCM No.

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

Square feet  
1500 sf

# of Floors  
1

Bldg. Age  
60

Current Use (Prior if being demolished)  
Residence

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

Street Address  
1889 Route 9, Unit 61

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

Telephone Number  
732-349-9932

License Number  
00624

Name of OSHA Monitor  
E.M.S. Analytical

Street Address  
1056 Stetson Road

City, State, Zip Code  
Piscataway, New Jersey 08854

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

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

Exterior  
X

Asbestos siding  
1400 sf

Removal 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)  
1400 sf

Abatement Type  

Enclosure

Asbestos siding  
1400 sf

Removal Yes No N/A

Disposal Date  
8/26/15

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

Toms River, New Jersey

City, State

Disposal Date  
8/26/15

City, State

Tullytown, Pennsylvania

Completed by (Print or Type)  
Nicholas Fernicola

Title  
Project Manager

*Do not use this form for asbestos licensure exempted activities.
<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>Name of Building Owner/Operator</th>
</tr>
</thead>
<tbody>
<tr>
<td>8/9/15</td>
<td>BASF</td>
</tr>
</tbody>
</table>

**Agency Involved**
- EPA
- DEP
- DOD
- DCA
- DOT

**Local Address**
- 25 Middlesex Essex TPK
- Iselin, NJ 08830

**FACILITY INFORMATION**
- Street Address: 25 Middlesex Essex TPK
- City: Iselin
- County: Middlesex

**Monitoring Data**
- Project Manager: Joe D'Amora
- Telephone: 732-224-8969
- Owner: Best Removal Inc
- Principal: Omega Environmental
- Agent: S. Hackensack, NJ 07606

**Description of ACM:***
- Thermal Steel Window: 18 LF
- Wall: 12 SF

**Disposal Data**
- Disposal Date: 8/22/15
- City: Hackensack, N.J.
- State: NJ
- ZIP Code: 07601
- Waste Master ID No: 17109

**Waste Handler Notes**
- N.J.D.E.P. Waste Master ID No: 17109
- Minerva Enterprises, LLC
- 2/4/07
- Waynesburg, OH 44688

**Estimator**
- J. Maiorano
- Estimator
- 8/19/15
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 7:26-2.12)

Date of Notification (1) 8/11/15 Rev 8/19/15
Name of Building Owner/Operator (2) Palausboro Refining Company

Agencies Notified Notification Type
- EPA () Initial Notification
- DEP (X) Amended Certification
- DOL ( ) Cancelled
- DGH (X) DCAA

Street Address
800 Billingsport Rd
City, State, Zip Code
Paulsboro, NJ 08066

Name of Contact Ravi Janocha
Tel. Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Palausboro Refining Company

Street Address
300 Billingsport Rd
City (5) Paulsboro
County (6) Gloucester
County Code (7) (State Use Only)

Name of Monitoring Firm Hired by Bldg. Owner (8) ACOA No. (9)
KA Industrial Services, LLC. ASCM No.

Street Address
300 Billingsport Rd
City State, Zip Code
Paulsboro, NJ 08066

Project Manager for Monitoring Firm Telephone Number
Scott Dechant 609-224-4266

Scheduled Start Date (10) 8/23/15
Scheduled Completion Date (11) 9/30/15

Occupancy Status During Abatement (Check only one)
- ( ) Facility Closed/Vacated During Entire Period of Abatement
- (X) Abatement Performed Outside of Normal Facility Hours -
- ( ) Other - Describe - Removal of ACM within restricted work area in outside areas

Source of Work (Check all that apply)
- ( ) Demolition (X) Renovation
- (X) Large Proj. (160 SF or >250 LF ACM) (X) SM Proj. >25<160 SF or >10 <250 LF ACM)
- (X) Minor Proj. (<25 SF or <10 LF ACM)
- (X) Full Containment with Negative Pressure ( ) Mini-Enclosure (X) Glovebag Procedure

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

<table>
<thead>
<tr>
<th>Solder unit</th>
<th>Pipe Insulation</th>
</tr>
</thead>
</table>

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 m/...)

Amount (Specify SF or LF) 45 LF

Abatement Type X

Name of Reg. Waste Hauler
Waste Management, Inc.

N.J.D.E.P Waste Hauler ID # 17273

Cubic Yards of Waste 6 CY

Name of Reg. Landfill Gloucester County Landfill

City, State South Harrison, NJ

Disp. Date Verbus

Completed by (Print or Type) ANDREW GREEN
Title MANAGER - KA Industrial Services
Signature Site Operations Supervisor

Date 8/19/15

Mail to: N.J.D.E.P.-DSHW-BRFTP Telephone 609-984-6620
401 E. State SL, PO 414 C: WORD/MYDOCS/ABESTOS
Trenton, NJ 08625-0414 9/18/00
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 08-17-15

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

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

Name of Building Owner/Operator (2) Mohamed Saber

Street Address 35 Webb Dr.

City, State, Zip Code Fords, NJ 08863

Name of Contact Mohamed Saber

Telephone Number

FACILITY INFORMATION

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

Street Address 35 Webb Dr.

City (5) Fords

County (6) Middlesex

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

Name of Abatement Contractor (9) Delta Contracting LLC.

AsCM No.

Street Address 522 7th St.

City, State, Zip Code Union City NJ 07087

Project Manager for Monitoring Firm

Telephone No. 201 216-9803

License No. 01206

Start Date (10) 08-19-15

Scheduled Completion Date (11) 08-19-15

Name of OSHA Monitor Delta Contracting LLC

Street Address 522 7th St.

City, State, Zip Code Union City NJ 07087

Occupancy Status During Abatement (Check Only One)
- [ ] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility Hours
- [ ] Other – Describe: 7:00 Am to 5:00 Pm

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

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)</th>
<th>Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>X</td>
<td>VAT</td>
<td>90 SF</td>
<td>Full</td>
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</table>

Name of Registered Waste Hauler Delta Contracting LLC

NJDEP Waste Hauler ID No. 35240

Cubic Yards of Waste 2

Name of Registered Landfill Tullytown Resource Recovery Facility

City, State Union City NJ 07087

Disposal Date 08-21-15

Name of Registered Landfill Tullytown, PA

Completed by Jaime Delgado

Title Proj. Manager.

Signature

Date 08-17-15

* Do not use this form for asbestos licensure exempted activities.
Date of Notification (1) 8-21-15

Name of Building Owner/Operator (2) Thomas Hampton

Street Address 185 Glenwood Ave.

City, State, Zip Code East Orange, NJ, 07017

Name of Contact Thomas Hampton

Name of Facility Where Abatement is Taking Place (3)

Same as above

Square Feet 3000

# of Floors 3

Bldg. Age 90

Type of Facility (4)

[X] School (K-12)

[X] Subchapter 8 (Other than K-12)

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

Current Use (Prior if being demolished)

Name of Monitoring Firm hired by Building Owner (8)

N/A

ASCM No.

Name of Abatement Contractor (9)

AZTECH MANAGEMENT, INC.

Street Address 86 Christopher St.

City, State, Zip Code Montclair, NJ 07042

Telephone Number (973) 744-8800

License Number 00371

Name of OSHA Monitor N/A

Street Address

City, State, Zip Code

Scheduled Start Date (10) 8-30-15

Scheduled Completion Date (11) 9-1-15

Month Day Year

Month Day Year

Occupancy Status During Abatement (Check only one)

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

Other - Describe: "Other Occupancy Details"

Scope of Work (Check all that apply)

[X] 3 sf or 3 ft

[X] 160 sq ft or 260 sq ft

[X] Abatement

[X] Demolition

[X] Renovation

[X] Non-Friable Procedure

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

Yes No N/A

Location

Basement

Location

Pipe Insulation

Amount

170 l f

Abatement Type

[X] Full Containment with Negative Pressure

[X] Mini-Enclosure

[X] Glovebag Procedure

[X] Non-Friable Procedure

Location

Amount

Description

Basement

Pipe Insulation

170 l f

Name of Registered Waste Hauler

AZTECH MANAGEMENT, INC.

NUDEP Waste Hauler ID No. 17040

Cubic Yards of Waste 1.5

Name of Registered Landfill

Minerva Enterprises.

City, State

Montclair, NJ 07042

Disposal Date 9-2-15

City, State

Waynesburg, OH 44688

Completed By (Print or Type) Constantine Vivian

Title President

Signature Vivian

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

Date of Notification (1)
8-21-15

Name of Building Owner/Operator (2)
Mr. Lesko

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

Street Address
125 Linden Avenue

City, State, Zip Code
ELMWOOD PARK, N.J. 07407

Name of Contact
R. Klisch

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Mr. Lesko

Street Address
125 Linden Avenue

City (5)
ELMWOOD PARK

County (6)
BERGEN

County Code (7) (STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.

Name of Abatement Contractor (9)
Best Removal Inc

Street Address
450 South River St

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

Project Manager for Monitoring Firm

Telephone No.

Tebelephone No.
201-329-7444 00388

License No.

Name of OSHA Monitor
Omega Environmental

Start Date (10)
9-8-15

Scheduled Completion Date (11)
9-10-15

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

Scope of Work (Check all that apply)
☐ ≥ 3 ft or ≥ 3'6"
☐ ≥ 160 sf or ≥ 260 sf

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 insulations, surfacing, VAT, or other miscellaneous)
Linoleum flooring

Amount
180 SF

Abatement Type

Abatement
Full Enclosure
Glovebag Procedure
Non-Exempted (*) and Non-Fireable Procedure

Name of Registered Waste Hauler
Best Removal Inc

NJDEP Waste Hauler ID No.
17109

Disposal Date
9-10-15

Completed by
Estimator

Title
Signature

City, State
Hackensack, N.J. 07601

City, State
Waynesburg, Oh. 44688

Completed Date
8-21-15

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

**Date of Notification:** 4-28-15

**Agency Notified:**
- [ ] EPA
- [ ] DEP
- [X] DOH
- [X] DCA

**Type of Notification:** [X] Amended Notification

**Name of Building Owner/Operator:**

<table>
<thead>
<tr>
<th>Name</th>
<th>Eastman Companies</th>
</tr>
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</table>

**Street Address:**

<table>
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<tr>
<th>Name</th>
<th>163 Weston Road</th>
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**City, State, Zip Code:**

<table>
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<tr>
<th>Name</th>
<th>Franklin, NJ, 08873</th>
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</table>

**Name of Contact:**

<table>
<thead>
<tr>
<th>Name</th>
<th>Eastman Companies</th>
</tr>
</thead>
</table>

**Type of Facility:**

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

<table>
<thead>
<tr>
<th>Square Feet</th>
<th>1400</th>
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<tbody>
<tr>
<td># of Floors</td>
<td>65</td>
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<tr>
<td>Bldg. Age</td>
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**Name of Monitoring Firm hired by Building Owner:**

<table>
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<tr>
<th>Name</th>
<th>N/A</th>
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</thead>
</table>

**Scheduled Start Date:**

<table>
<thead>
<tr>
<th>Month</th>
<th>Day</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>25</td>
<td>2015</td>
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**Scheduled Completion Date:**

<table>
<thead>
<tr>
<th>Month</th>
<th>Day</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>25</td>
<td>2015</td>
</tr>
</tbody>
</table>

**Occupancy Status During Abatement:**

- [X] Abatement Performed Outside of Normal Facility Hours - Describe: Off Hours
- [ ] Other - Describe: Other Occupancy

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

- [X] 3 sf or > 3 l f
- [ ] 160 sf or > 260 l f
- [X] Renovation
- [X] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [X] Non-Friable Procedure

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

- [ ] Basement
- [X] VAT floor tiles
- [ ] Cubic Yards of Waste: 1.5

**Name of Registered Landfill:**

<table>
<thead>
<tr>
<th>Name</th>
<th>G.R.O.W.S.</th>
</tr>
</thead>
</table>

**City, State:**

<table>
<thead>
<tr>
<th>Name</th>
<th>Montclair, NJ 07042</th>
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</thead>
</table>

**Disposal Date:**

<table>
<thead>
<tr>
<th>Name</th>
<th>5-25-15</th>
</tr>
</thead>
</table>

**Completed By:**

<table>
<thead>
<tr>
<th>Name</th>
<th>Constantine Vivian</th>
</tr>
</thead>
</table>

**Title:**

<table>
<thead>
<tr>
<th>Name</th>
<th>President</th>
</tr>
</thead>
</table>

**Signature:**

<table>
<thead>
<tr>
<th>Name</th>
<th>Clive</th>
</tr>
</thead>
</table>

**Date:**

<table>
<thead>
<tr>
<th>Name</th>
<th>4-28-15</th>
</tr>
</thead>
</table>

**Check #:** 15135/2520

**Name:** 13298
# Notification of Asbestos Abatement

**State of New Jersey**
**Notification of Asbestos Abatement**
(Pursuant to NJAC 8:50 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>08/18/2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>VINELAND B.O.E.</td>
</tr>
<tr>
<td>EPA</td>
<td>Initial Amended</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>VINELAND, NJ 08360</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>PAUL FARINACCI</td>
</tr>
<tr>
<td>Street Address</td>
<td>17 WEST LANDIS AVE</td>
</tr>
<tr>
<td>County Code (7) (STATE USE ONLY)</td>
<td>CUMBERLAND</td>
</tr>
<tr>
<td>Facility Information</td>
<td>VINELAND Ю High School South</td>
</tr>
<tr>
<td>Street Address</td>
<td>2380 CHESTNUT AVE</td>
</tr>
<tr>
<td>County (5)</td>
<td>VINELAND</td>
</tr>
<tr>
<td>City (5)</td>
<td>CUMBERLAND</td>
</tr>
<tr>
<td>Name of Monitoring Firm</td>
<td>EPIC ENVIRONMENTAL SERVICES</td>
</tr>
<tr>
<td>Street Address</td>
<td>1930 BROOK ROAD</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>JIM EBERTS</td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>08/19/2015</td>
</tr>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>08/20/2015</td>
</tr>
<tr>
<td>Scope of Work (Check All That Apply)</td>
<td>3 PM - 11PM</td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)</td>
<td>ROOM B 106</td>
</tr>
<tr>
<td>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</td>
<td>No</td>
</tr>
<tr>
<td>Description of Asbestos-Containing Material (ACM) (I.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td>PIPE INSULATION 8 LF</td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
<td>NJDEP Waste Hauler ID No. 05409</td>
</tr>
<tr>
<td>City, State</td>
<td>NEWARK, NJ</td>
</tr>
<tr>
<td>Disposal Date</td>
<td>08/18/2015</td>
</tr>
<tr>
<td>Completed by</td>
<td>VOYTEK ROSZKOWSKI</td>
</tr>
<tr>
<td>Title</td>
<td>PRESIDENT</td>
</tr>
<tr>
<td>Signatures</td>
<td>U. Rzoskowksi</td>
</tr>
</tbody>
</table>

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

---

*Do not use this form for asbestos licensure exempted activities.*
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 6:80 and 12:120)

Date of Notification (1)
08/21/2015

Agencies Notified
- EPA
- DEP
- DOL
- DOH
- DGA

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

Name of Building Owner/Operator (2)
New Jersey Turnpike Authority

Street Address
581 Main St PO Box 5042
City, State, Zip Code
Woodbridge NJ 07095

Name of Contact
Bob Womelsdorf

Name of Facility Where Abatement is Taking Place (3)
NJ Turnpike interchange 18

Street Address
Mile Post 113.8
City (5)
Carlstadt
County (6)

County Code (7)

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

ASCM No.
00057

Name of Abatement Contractor (9)
Academy Construction Inc

Street Address
205 Route 46 Suite 14
City, State, Zip Code
Totowa NJ 07512

Telephone No.
973 832 4244
License No.
01155

Name of OSHA Monitor
Same as above

Start Date (10)
09/2/15
Scheduled Completion Date (11)
09/24/15

Occupancy Status During Abatement (Check Only One)
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other – Describe: 7am 330pm Occupied

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

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

Name of Registered Waste Hauler
Academy Construction Inc

NJ/DEP Waste Hauler ID No.
0034422

Cubic Yards of Waste
3

Name of Registered Landfill
GROWS Landfill

City, State
Totowa NJ

Completed by
Zlate Geleski
Title
VP

ASB-41 (R-06-08)

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

Date of Notification (1)
08/21/2015

Name of Building Owner/Operator (2)
New Jersey Turnpike Authority

Agency Notified (3)
- EPA
- DEP
- DOL
- DOH
- DCA

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

Street Address
581 Main St PO Box 5042

City, State, Zip Code
Woodbridge NJ 07095

Name of Contact
Bob Womelsdorf

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Paasic Valley Toll Plaza GSP South

Mile Post 166.1

City (5)
Washington TWP

County (6)

County Code (7)

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

ASCM No.
00057

Name of Abatement Contractor (9)
Academy Construction Inc

Street Address
P O Box 385

City, State, Zip Code
Oceana NJ 08231

Project Manager for Monitoring Firm
John Smoyer

Telephone No.
609 652 1833

Start Date (10)
09/3/15

Scheduled Completion Date (11)
09/24/15

Occupancy Status During Abatement (Check Only One)
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other – Describe: Tam 330pm Occupied

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

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

Exterior

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, VFT, or other miscellaneous)

Window Glazing

Amount (Specify SF or LF)
12 LF

Abatement Type

Endorse

Name of Registered Waste Hauler
Academy Construction Inc

NJDEP Waste Hauler ID No.
0034422

Cubic Yards of Waste
3

Name of Registered Landfill
GROWS Landfill

City, State
Totowa NJ

Disposal Date
TBD

Name of Registered Landfill

City, State
Tullytown PA

Completed by
Zlate Gelski

Title
VP

Signature

Date
08/21/15

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:99 and 12:120)

Date of Notification (1)
08/21/2015

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

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

Name of Building Owner/Operator (2)
New Jersey Turnpike Authority

Street Address
581 Main St PO Box 5042

City, State, Zip Code
Woodbridge NJ 07095

Name of Contact
Bob Womelsdorf

Telephone Number

Name of Facility Where Abatement is Taking Place (3)
NJ Turnpike Interchange 17E

Street Address
Mile Post 112.3

City (5)
Secaucus

County (6)
County Code (7)

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

ASCM No.
00057

Name of Abatement Contractor (9)
Academy Construction Inc

Street Address
205 Route 46 Suite 14

City, State, Zip Code
Totowa NJ 07512

Project Manager for Monitoring Firm
John Smoyer

Telephone No.
609 652 1833

Start Date (10)
09/1/15

Scheduled Completion Date (11)
09/24/15

Occupancy Status During Abatement (Check Only One)
☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☐ Other – Describe: 7am 330pm Occupied

Scope of Work (Check All That Apply)
☒ ≥ 3 sf or ≥ 20 if
☒ ≥160 sf or ≥280 if
☐ 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

Boiler Room
☒ flue gasket (wrap and Cut)

Amount (Specify SF or LF)
8 LF

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

Abatement Type

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

Name of Registered Waste Hauler
Academy Construction Inc

NJDEP Waste Hauler ID No.
0034422

Cubic Yards
3

Name of Registered Landfill
GROWS Landfill

Disposal Date
TBD

City, State
Totowa NJ

Completed by
Zlate Geleski
Title
VP

Signature

Date
08/21/15

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

Name of Building Owner/Operator (2)  
Coffin Turbo Pump, Inc.

Name of Contact  
Mr. Philip Pavlecka

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  
Coffin Turbo Pump, Inc.

Street Address  
326 S. Dean Street

City, State, Zip Code  
Englewood, NJ 07631

Current Use (Prior if being demolished)  
Manufacturing Facility

Name of Abatement Contractor (9)  
East Coast Haz Mat Removal, Inc.

Type of Facility (4)  

School (K-12)  

Subchapter 6 (Other than K-12)  

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

County Code (7)  
N/A

Square Feet  
20,000

# of Floors  
2

Bldg. Age  
85 yrs.

Name of Monitoring Firm Hired by Building Owner (8)  
Sky Environmental Services, LLC

ASCM No.  
N/A

Name of OSHA Monitor  
The same as above

Street Address  
140 Boulevard

City, State, Zip Code  
Mountain Lakes, NJ 07046

License No.  
00507

Telephone No.  
973-345-0022

Street Address  
494 E. 41 Street

City, State, Zip Code  
Paterson, NJ 07504

Start Date (10)  
August 24, 2015

Scheduled Completion Date (11)  
August 26, 2015

Facility Closed/Vacated During Entire Period of Abatement  

Abatement Performed Outside of Normal Facility Hours  

Other – Describe: Unoccupied Work Area

Occupancy Status During Abatement (Check Only One)

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM)  

Is Location Normally Used Solely by Maintenance/Custodial Staff?  

(12)

Yes  

No  

N/A

Ground Fl. - Pump Testing Rm.  

Pipe Insulation  

15 LF

Amount (Specify SF or LF)  

Abatement Type  

Removal  

Repairs  

Encapsulation  

Endosol

Name of Registered Landfill  

North GROWS, Inc. - WM

Name of Registered Waste Hauler  

East Coast Haz Mat Removal, Inc.

Waste Hauler ID No.  
18602

Cubic Yards of Waste  
1

Disposal Date  
8/25/2015

City, State  
Morrsville, PA

Completed by  
James Unger

Title  
Project Manager

Signature  

Date  
8/21/2015

* Do not use this form for asbestos licensure exempted activities.
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:90-7 and 12:120-7)

Date of Notification (1) 8 / 20 / 15
Name of Building Owner/Operator (2) ERICSSON TECHNOLOGIES INC.

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

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

Street Address
530 SOUTH AVENUE EAST
City, State, Zip Code CRANFORD, NEW JERSEY 07016

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
ERICSSON LABS
1 ERICSSON DRIVE
PISCATAWAY, MIDDLESEX COUNTY

Name of Monitoring Firm Hired by Building Owner (8)
ENVIRONMENTAL TACTICS INC.

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

Square Feet 70,000

City, State, Zip Code MATAWAN, NEW JERSEY 07747

Street Address 64 BROAD STREET

Name of Abatement Contractor (9)
PAR ENVIRONMENTAL CORPORATION

Project Manager for Monitoring Firm THOMAS GEIGER

Phone Number 732-290-2217

Telephone Number 845-369-7500

License Number 460

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 MONDAY - FRIDAY

Expected Start Date (10)

Month 8 Day 31 Year 15

Sched. Completion Date (11)

Month 10 Day 30 Year 15

Name of OSHA Monitor QUALITY ENVIRONMENTAL

Scope of Work (Check all that apply)
- Demolition
- X Renovation
- >3SF OR LF
- >160 SF OR

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

Yes No N/A

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

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

Amount (Specify SF or LF)

Abatement Type

FULL CONTAINMENT WITH NEGATIVE PRESSURE

Mini-Enclos.
Glovebag Procedure
Non-Friable Procedure

Encl.

BLDG.#1 S.E. 2ND FL ELEVATOR HALLWAY X PIPE FITTINGS 1 LF

BLDG.#3 MER 1ST FLOOR X PIPE FITTINGS 2 LF

Name of Registered Waste Hauler GLOBAL WASTE

Hauler ID No. 22147

Cubic Yards of Waste 8

Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL

City, State HACKETTOWN, NEW JERSEY

Disposal Date 08/31/15-10/30/15

City, State

Complained by (Print or Type) BENJAMIN SANCHEZ
Title DIRECTOR OF OPERATIONS

Signature

Date 8/20/15
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)  

Date of Notification (1)  
8/17/15  

Name of Building Owner/Operator (2)  
Ronald Chesney  

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

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

Street Address  
16 West Passaic Avenue  
Rutherford, NJ 07450  

Name of Contact  
Ronald Chesney  

FACILITY INFORMATION  

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

Street Address  
16 West Passaic Avenue  

City (5)  
Rutherford  

County Code (7)  
N/A  

County (6)  
Essex  

Current Use (Prior if being demolished)  
House  

Name of Monitoring Firm Hired by Building Owner (6)  
N/A  

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

ASCM No.  
N/A  

Street Address  
11 Rosengren Avenue  
Totowa, NJ 07512  

City, State, Zip Code  

Telephone No.  
9733458885  

License No.  
#00675  

Start Date (10)  
9/01/15  

Scheduled Completion Date (11)  
9/02/15  

Name of OSHA Monitor  
D&S Abatement, Inc.  

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

Scope of Work (Check All That Apply)  
☐ ≥33 ft or ≥33 if  
☐ ≥160 ft or ≥280 if  
☐ Renovation  
☐ Demolition  
☐ Full Containment with Negative Pressure  
☐ Mini-Enclosure  
☐ Glovebag Procedure  
☐ Non-Exempted (*) and Non-Friable Procedure  

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

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

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

Amount (Specify SF or LF)  
60 LF  

Abatement Type  

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

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

NJ/DEP Waste Hauler ID No.  
#20996  

Cubic Yards of Waste  
TBD  

Name of Registered Landfill  
Waste Management of PA  

City, State  
Totowa NJ  

Disposal Date  
TBD  

City, State  
Tullytown, PA  

Completed by  
Deanna Brkusanin  
Title  
Project Manager  
Signature  

Date  
8/17/15  

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

Date of Notification (1)
8/17/15

Name of Building Owner/Operator (2)
Melissa Lucas

Agencies Notified

- EPA
- DEP
- DOL
- DOH
- DCA

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

Street Address
52 raymond Ave

City, State, Zip Code
Nutley, NJ 07110

Name of Contact
Melissa Lucas

Telephone Number

FACILITY INFORMATION

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

Street Address
52 raymond Ave

City (6)
Nutley

County (6)
Essex

County Code (7) (STATE USE ONLY)

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

Square Feet
N/A

# of Floors
N/A

Bldg. Age
N/A

Current Use (Prior if being demolished)
House

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

ASCM No.

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

Street Address
11 Rosengren Avenue

City, State, Zip Code
Totowa, NJ 07512

Project Manager for Monitoring Firm

Telephone No.
9733458685

License No.
#00675

Start Date (10)
9/01/15

Scheduled Completion Date (11)
9/02/15

Name of OSHA Monitor
D&S Abatement, Inc.

Street Address
11 Rosengren Avenue

City, State, Zip Code
Totowa, NJ 07512

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

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

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

(13)

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
Endorse

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

NJ/DEP Waste Hauler ID No.
#20936

Cubic Yards of Waste
TBD

Name of Registered Landfill
Waste Management of PA

Disposal Date
TBD

City, State
Tullytown, PA

Completed by
Deanna Brusuranin
Title
Project Manager
Signature

Date
8/17/15

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

Date of Notification (1) 08 / 22 / 15
Name of Building Owner/Operator (2) Nora Babos

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

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

Street Address
127 Oak Lane

City, State, Zip Code
Cranford, NJ 07016

Name of Contact
Nora Babos

FACILITY INFORMATION

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

Street Address
127 Oak Lane

City (5)
Cranford, NJ 07016

County (6)
Union

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)
Gr Tech LLC

Street Address
576 Valley Rd #283

City, State, Zip Code
Wayne, NJ 07470

Telephone No.
973-638-1777

License No.
01127

Project Manager for Monitoring Firm

Telephone No.

License No.

Name of OSHA Monitor
Envirovision Consultants,Inc

Street Address
20-21 Wagaraw Road, Bldg. #35E

City, State, Zip Code
Fair Lawn, NJ 07410

Start Date (10)
09 / 01 / 15

Scheduled Completion Date (11)
09 / 02 / 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:

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

Clean up and decontamination with negative pressure
Full Containment with Negative Pressure
Mini-Enclosure
Glovebag Procedure
Tent with Negative Pressure
Non-Exempted (1) and Non-Friable Procedure

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

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

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

Yes No N/A

Basement
☒ Pipe insulation
70 LF
☐

Garage
☒ Pipe insulation
32 LF
☐

Name of Registered Waste Hauler
Gr Tech LLC

NUDEP Waste Hauler ID No.
0033785

Cubic Yards of Waste
TBD

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

City, State
Wayne, NJ 07470

Disposal Date
TBD

City, State
Tullytown, PA

Completed By (Print or Type)

Title
Owner

Signature

Date

N. Jevtic

08/22/2015

* 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 8:60-7 and 12:120-7)

**Date of Notification**: 8-20-15

**Name of Building Owner/Operator**: Marc Hampton Apartments

**Street Address**: 171 Matawan Ave

**City, State, Zip Code**: Matawan, NJ, 07747

**Name of Contact**: Randy Lenhart

---

**FACILITY INFORMATION**

**Same as above**

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

**Square Feet**: 400 SF  
**# of Floors**: 2  
**Bldg. Age**: 60

**Current Use (Prior if being demolished)**: N/A

**Name of Monitoring Firm hired by Building Owner**: N/A

**Name of Abatement Contractor**: AZTECH MANAGEMENT, Inc.

**Address**: 86 Christopher St., Montclair, NJ 07042

**Telephone Number**: (973) 744-8800

**License Number**: 00371

**Name of OSHA Monitor**: N/A

**Street Address**: N/A

**City, State, Zip Code**: N/A

---

**Project Manager for Monitoring Firm**: N/A

**Telephone Number**: N/A

**Scheduled Start Date**: 8-31-15  
**Scheduled Completion Date**: 9-6-15

**Occupancy Status During Abatement**:  
- [X] Facility Closed/Vacated During Entire Period of Abatement

**Scope of Work (Check all that apply)**:  
- [ ] Full Containment with Negative Pressure  
- [X] Renovation  
- [X] Demolition  
- [X] Glovebox Procedure  
- [ ] Non-Friable Procedure

---

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Used</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apt Bldg 1, Garage #8</td>
<td>X</td>
<td>Pipe Insulation</td>
</tr>
<tr>
<td>Apt Bldg 1, Garage #9</td>
<td>X</td>
<td>Pipe Insulation</td>
</tr>
</tbody>
</table>

---

**Name of Registered Waste Handler**: AZTECH MANAGEMENT, INC.

**Waste Handler ID No.**: 17040

**Name of Registered Landfill**: Minerva Enterprises

**City, State**: Waynesburg, OH 44688

**Disposal Date**: 9-7-15

**Completed By (Print or Type)**: Constantine Vivian

**Title**: President

**Signature**: [Signature]

**Date**: 8-20-15
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:80 and 12:120)  

<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>Name of Building Owner/Operator</th>
<th>Name of Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>8-20-2015</td>
<td>Herman Ayala</td>
<td>Herman Ayala</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>X EPA</td>
<td>Initial</td>
<td>116 Maplewood Ave</td>
<td>Clifton NJ 07013</td>
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<tr>
<td>X DEP</td>
<td>Amended</td>
<td></td>
<td></td>
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<tr>
<td>X DOL</td>
<td>Amendment #</td>
<td></td>
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<tr>
<td>X DOH</td>
<td>Emergency (including justification)</td>
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<td>X DCA</td>
<td>Cancellation</td>
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**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement Is Taking Place</th>
<th>Type of Facility</th>
<th>Square Feet</th>
<th>No. of Floors</th>
<th>Bldg. Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>Private dwelling</td>
<td>School (K-12)</td>
<td>N/A</td>
<td>2</td>
<td>N/A</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Current Use (Prior if being demolished)</th>
<th>Private dwelling</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of Managing Firm Hired by Building Owner</th>
<th>ASCM No.</th>
<th>Name of Abatement Contractor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bioterra Solution</td>
<td></td>
<td>Amax Contracting LLC</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1130 W Chestnut St</td>
<td>973-494-3762</td>
<td>01286</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
<th>Name of OSHA Monitor</th>
</tr>
</thead>
<tbody>
<tr>
<td>RICK EUSTAGUO</td>
<td>973-494-3762</td>
<td>Bioterra Solution</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date</th>
<th>Scheduled Completion Date</th>
<th>License No.</th>
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<tbody>
<tr>
<td>8-29-2015</td>
<td>8-30-2015</td>
<td>01286</td>
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</table>

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement</th>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
<td>1130 W Chestnut St</td>
<td>Union NJ 07083</td>
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</table>

<table>
<thead>
<tr>
<th>Scope of Work</th>
<th>Location of Asbestos-Containing Material (ACM)</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Renovation</td>
<td></td>
<td>Full Containment with Negative Pressure</td>
</tr>
<tr>
<td>Demolition</td>
<td></td>
<td>Mini-Enclosure</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Glovebag Procedure</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Non-Exempted (*) and Non-Friable Procedure</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM)</th>
<th>To Be Abated</th>
<th>In Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pipe Insulation</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 cy</td>
<td>GROWS LANDFILL NORTH</td>
<td>09-03-2015</td>
</tr>
</tbody>
</table>

Completed by: Tome Maslakov
Title: Project Manager
Signature: 8-20-2015

*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)

**Name of Building Owner/Operator:** Princeton University, Trustees of Princeton University

**Street Address:** EA McMillan Building  
City, State, Zip Code: Princeton, NJ 08544

**Name of Contact:** Bob Ortega

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place:** Princeton  
**Type of Facility:** Residential

**Street Address:** 101 Broadmead Street  
**City:** Princeton, New Jersey  
**County:** Mercer

**County Code:** [STATE USE ONLY]  
**Square Feet:** 6900  
**# of Floors:** 4  
**Bldg. Age:** 100 +

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

**Name of Abatement Contractor:** ecoservices, LLC

**Street Address:** 515 Grove Street, Suite 1B  
**City, State, Zip Code:** Haddon Heights, NJ 08035

**Telephone No.:** 856-656-2875  
**License No.:** 01161

**Occupancy Status During Abatement:**  
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours

**Scope of Work:**  
- 23 sf or 23 if
- ≥160 sf or ≥2800 sf

**Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility:**  
**Is Location Normally Used Solely by Maintenance/Custodial Staff?:** Yes

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

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

**Abatement Type:**  
- Removal
- Repair
- Encapsulation
- Enclosure

**Name of Registered Waste Hauler:** Waste Management of New Jersey  
**Disposal Date:** TBD  
**City, State:** Morrisville, PA

**Name of Registered Landfill:** GROWS Landfill

**Committed by:** Joe White  
**Signature:** [Signature]

**Date:** 8/24/15

*Do not use this form for asbestos licensure exempted activities.*
<table>
<thead>
<tr>
<th>Location of Asbestos Containing Material (ACM) To Be Abated In Facility</th>
<th>Is location normally used solely by Maintenance/Custodial Staff? Yes No N/A</th>
<th>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement and Wall Cavities</td>
<td>N/A</td>
<td>HVAC Duct Paper</td>
<td>188 sf</td>
<td>X</td>
</tr>
<tr>
<td>Basement</td>
<td>N/A</td>
<td>Flue Patch</td>
<td>2 sf</td>
<td>X</td>
</tr>
<tr>
<td>Basement</td>
<td>N/A</td>
<td>Joint Compound</td>
<td>490 sf</td>
<td>X</td>
</tr>
<tr>
<td>Basement</td>
<td>N/A</td>
<td>12&quot; x 12&quot; Tan VAT</td>
<td>145 sf</td>
<td>X</td>
</tr>
<tr>
<td>3rd Floor Bathroom</td>
<td>N/A</td>
<td>Green/Blue Sheet Flooring</td>
<td>95 sf</td>
<td>X</td>
</tr>
<tr>
<td>101 Broadmead House &amp; Garage</td>
<td>N/A</td>
<td>Window Glazing</td>
<td>1994 lf</td>
<td>X</td>
</tr>
</tbody>
</table>
Date of Notification: 2/24/15

Name of Building Owner/Operator: Princeton University, Trustees of Princeton University

EPA  X  DEP  X  DOL  X  DOH  X  DCA

Type Notification: Initial

Street Address: EA McMillan Building

City, State, Zip Code: Princeton, NJ 08544

Name of Contact: Bob Ortega

Telephone Number:  

Name of Facility Where Abatement is Taking Place: Princeton

Street Address: 114 Broadmead Street

City, State, Zip Code: Princeton, New Jersey

County Code:  

County Name: Mercer

Type of Facility: School (K-12)

Square Feet: 6900

# of Floors: 4

Bldg Age: 100 +

Current Use: Residential

Name of Monitoring Firm Hired by Building Owner: Pennoni Associates

ASCM No.:  

Name of Abatement Contractor: ecoservices, LLC

Street Address: 407 West Lincoln Highway, Suite 500

City, State, Zip Code: Exton, PA 19341

License No.: 01161

Name of OSHA Monitor: EMSL

Start Date: 7/7/15

Scheduled Completion Date: 7/10/15

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

Scope of Work: Renovation

Yes  No  N/A

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

In Facility

(13)

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

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

Amount (Specify SF or LF)

Abatement Type

Removal

Repair

Encapsulate

Enclosure

Within Wall Cavities X  Duct Insulation 200 SF x

114 Broadmead Street X  Window and Door Glass Glazing 325 LF x

114 Broadmead Garage X  Window Glazing 200 LF x

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

Cubic Yards of Waste: 20

Name of Registered Landfill: GROWS Landfill

City, State: Trenton, NJ

Disposal Date: TBD

City, State: Morrisville, PA

Completed by: Joe White

Title: Project Manager

Signature:  

Date: 7/24/15

*Do not use this form for asbestos licensure exempted activities.
Date of Notification (1) 03 / 05 / 15

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

Street Address 2000 GALLOPING HILL ROAD
City, State, Zip Code KENILWORTH, NJ 07033

Name of Contact RON NAMETKO
Telephone Number

---

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

Street Address 2000 GALLOPING HILL ROAD
City, State, Zip Code

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

Name of Abatement Contractor (9) Northstar Contracting Group, Inc.

Street Address 1805 ATLANTIC AVE
City, State, Zip Code MANASQUAN, NJ 08736

Name of OSHA Monitor Northstar Contracting Group, Inc.

Street Address 32 Williams Parkway
City, State, Zip Code East Hanover, NJ 07936

---

Occupancy Status During Abatement (Check Only 1)
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours - Describe:
  - Other - Describe: 7:00AM-3:30 PM, MON-FRI

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

---

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Description of Asbestos - Containing Material (ACM) (i.e., thermal systems, insulating, surfacing, VAT, or other miscellaneous)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES NG N/A</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

SEE ATTACHED

Name of Registered Waste Hauler FREEHOLD CARTAGE

FJD Waste Hauler ID No.

Volume of Waste

Name of Registered Landfill LYCOMING COUNTY

City, State FREEHOLD, NJ 07728

Disposal Date

City, State MONTGOMERY, PA 17752

Completed by (Print or Type)

STEWEN STILES

Title PROJECT MANAGER

Signature

Date 08/21/15
<table>
<thead>
<tr>
<th>Location</th>
<th>Material</th>
<th>Quantity</th>
<th>Unit</th>
<th>Notes</th>
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<tbody>
<tr>
<td>K-10 2nd Floor</td>
<td>VAT/Mastic</td>
<td>75</td>
<td>SF</td>
<td></td>
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<tr>
<td>K-10 2nd Floor</td>
<td>Mastic Glue</td>
<td>40</td>
<td>LF</td>
<td></td>
</tr>
<tr>
<td>K-10 2nd Floor - Mer</td>
<td>Caulk</td>
<td>100</td>
<td>LF</td>
<td></td>
</tr>
<tr>
<td>K-10 1st Floor</td>
<td>Mirror/Guard Mastic</td>
<td>460</td>
<td>SF</td>
<td></td>
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<tr>
<td>K-10 Courtyard</td>
<td>Vibration Collar</td>
<td>10</td>
<td>SF</td>
<td></td>
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<tr>
<td>K-2 South</td>
<td>Pipe &amp; Fitting</td>
<td>632</td>
<td>LF</td>
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<tr>
<td>K-2 South</td>
<td>Gasket</td>
<td>12</td>
<td>SF</td>
<td></td>
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<td>K-2 South</td>
<td>VAT/Mastic</td>
<td>1750</td>
<td>SF</td>
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<td>24</td>
<td>LF</td>
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<td>K-2 South</td>
<td>Transit</td>
<td>120</td>
<td>SF</td>
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<tr>
<td>K-2 South</td>
<td>Fire Stop</td>
<td>6</td>
<td>SF</td>
<td></td>
</tr>
<tr>
<td>K-2 South</td>
<td>Tar</td>
<td>8</td>
<td>SF</td>
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<td>Tar</td>
<td>20</td>
<td>LF</td>
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<tr>
<td>K-2 North</td>
<td>Pipe &amp; Fitting</td>
<td>3325</td>
<td>LF</td>
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<tr>
<td>K-2 North</td>
<td>VAT/Mastic</td>
<td>63770</td>
<td>SF</td>
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<tr>
<td>K-2 North</td>
<td>Slab/Duct Mastic</td>
<td>22000</td>
<td>SF</td>
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<tr>
<td>K-2 North</td>
<td>Duct Sealant</td>
<td>250</td>
<td>LF</td>
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<td>K-2 North</td>
<td>Gasket</td>
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<td>SF</td>
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<td>Caulk</td>
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<td>Window Sill</td>
<td>30</td>
<td>SF</td>
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<tr>
<td>K-2 North</td>
<td>Fire Stop</td>
<td>1</td>
<td>SF</td>
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<tr>
<td>K-2 North</td>
<td>Mirror/Guard Mastic</td>
<td>425</td>
<td>SF</td>
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<tr>
<td>Maintenance-K-2</td>
<td>VAT/Mastic</td>
<td>3150</td>
<td>SF</td>
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<td>LF</td>
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<td>LF</td>
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<tr>
<td>Roof</td>
<td>Flashing</td>
<td>7295</td>
<td>SF</td>
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<tr>
<td>Roof</td>
<td>Gasket</td>
<td>15</td>
<td>SF</td>
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<tr>
<td>Roof</td>
<td>Caulk</td>
<td>5346</td>
<td>LF</td>
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<tr>
<td>Roof</td>
<td>Glazing</td>
<td>384</td>
<td>LF</td>
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<tr>
<td>Roof</td>
<td>Tar</td>
<td>102</td>
<td>LF</td>
<td></td>
</tr>
</tbody>
</table>
STATE OF NEW JERSEY DEPARTMENT OF LABOR NOTIFICATION OF ASBESTOS ABATEMENT

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

Name of Building Owner/Operator (2): Grace Firetto

Agencies Notified: (X) USEPA (X) NJDEP (X) NJDOL (X) DOH (X) DCA

Type of Notification: (X) Initial Notification (X) Amended (X) Emergency (including justification) (X) Cancellation

Street Address: 20 Sampson Avenue

City, State, Zip Code: Seaside Heights, NJ 08751

Seaside Heights, Ocean County

Name of Facility Where Abatement is Taking Place (3): Grace Firetto's home

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

Sq. Feet: 5,000 # of Floors: 1 Bidg. Age: 60

Current Use (if being demolished):

Name of Contractor (9): Industrial Safety & Environmental Solutions, Inc.

Street Address: 3300 Hudson Avenue

City, State, Zip Code: Union City, NJ 07087

Telephone Number: (201)325-0055 License Number: 01124

Name of OSHA Monitor: ISES, Inc.

Street Address: 3300 Hudson Avenue

City, State, Zip Code: Union City, NJ 07087

Project Manager for Monitoring Firm

Telephone Number: N/A

Scheduled Start Date (10): 08/12/2015

Scheduled Completion Date (11): 08/15/2015

Occuancy Status During Abatement: (X) Facility Closed/Vacated During Entire Period of Abatement (X) Abatement Performed Outside of Normal Facility Hours - Other: Describe: Work area will be unoccupied during abatement

Source of Work (Check all that apply): ( ) Demolition (X) Renovation

( ) Minor Project (< 25 SF or < 10 LF ACM) ( ) Small Project (>25 <160 SF or >10 <260 LF ACM) (X) Large Project (>160 SF or > 260 LF ACM)

Abatement Type: ( ) Full Containment with Negative Pressure ( ) Mini-Enclosure ( ) Glove-bag Procedure (X) Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) To be Abated in Facility (12):

Is Location Normally Used Solely by Maintenance or Custodial Staff? (12) Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Amount (Specify SF or LF) Abatement Type

<table>
<thead>
<tr>
<th>Exterior shingles</th>
<th>Transite</th>
<th>~ 500 SF</th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interior of property</td>
<td>VAT and associated mastic</td>
<td>~ 300 SF</td>
<td>X</td>
</tr>
<tr>
<td>Interior of property</td>
<td>Joint compound</td>
<td>~ 1</td>
<td>X</td>
</tr>
</tbody>
</table>

Name of Reg. Waste Hauler: Newark Carting, Inc.

NJDEP Waste Hauler ID #: 04509

Cubic Yards of Waste: 30

Name of Reg. Landfill: Grand Central Sanitation

Address: 1963 Pen Argyl Road

Disp. Date: 08/14/2015 City: Pen Argyl

Completed by (Print or Type): David Camacho Title: General Manager

Signature: Date: 08/10/2015
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)  
8/30/15

Name of Building Owner/Operator (2)  
REGAN  
CARRING PLAZA APARTMENTS LLC  
CBO DEVELOPMENT

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

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

Street Address  
1053 SAW MILL RUN ROAD SUITE 204

City, State, Zip Code  
INGTON, N.J. 10502

Name of Contact  
THOMAS URTULLO

Name of Facility Where Abatement Is Taking Place (3)  
FORMER BOYS CLUB

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

City (5)  
NEWARK

County Code (6)  
ESSEX

Square Feet  
28,000

County (7)  
(STATE USE ONLY)

# of Floors  
2

Bldg. Age  
60

Current Use (Prior if being demolished)  
BOYS CLUB / DEMO

Name of Monitoring Firm Hired by Building Owner (8)  
ASCM No.  
Name of Asbestos Abatement Company (9)  
A. Mac Contracting Inc.

Street Address  
185 Vreeland Ave.

City, State, Zip Code  
Midland Park, N.J.

Project Manager for Monitoring Firm  
Telephone No.  
201-262-5841

License No.  
001156

Start Date (10)  
9/3/15

Scheduled Completion Date (11)  
11/3/15

Name of OSHA Monitor  
Omega Environmental Services Inc.

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

Scope of Work (Check All That Apply)  
☐ ≥3 sf or ≥3 if  
☐ ≥160 sf or ≥2800 sf  
☐ Renovation  
☐ Demolition  
☐ Full Containment with Negative Pressure  
☐ Mini-Enclosure  
☐ Glovebox Procedure  
☐ Non-Exposed (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>THROUGHOUT</td>
<td>X</td>
<td>VAT / MAJORS</td>
<td>12,000 SF</td>
<td>X</td>
</tr>
<tr>
<td>WINDOWS / DOORS</td>
<td>X</td>
<td>GLASS/CAULKINGS</td>
<td>3,500 LF</td>
<td>X</td>
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<tr>
<td>THRESHOLD</td>
<td>X</td>
<td>PIPES</td>
<td>1,400 LF</td>
<td>X</td>
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</table>

Name of Registered Waste Hauler  
Newark Carting, Inc.

NJDEP Waste Hauler ID No.  
04509

Cubic Yard of Waste  
60

Name of Registered Landfill  
Grand Central Sanitary Landfill

City, State  
Newark, N.J. 07105

Disposal Date  
9/3/15

City, State  
Pen Argyll, PA 08072

Completed by  
R. McDonald  
Title  
President  
Signature  
Date  8/30/15

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 8:15)

Date of Notification (1)
8/21/15

Agencies Notified
- EPA
- DEP
- DEQ
- DOH
- DOA

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

Name of Building Owner/Operator (2)
Marion

Street Address
407 Monmouth Ave.

City, State, Zip Code
Spring Lake, NJ 07762

Name of Contact
Richard Anderson
Tel:

FACILITY INFORMATION

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

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

City (5)
Spring Lake, NJ

County (6)
Monmouth

Square Feet
2000

County Code (7) (STATE USE ONLY)

# of Floors
2

Current Use (Prior to being demolished)
60+/

Name of Monitoring Firm-Hired by Building Owner
MECS

ASCM No.

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

Street Address
PO Box 341

City, State, Zip Code
Crosswicks, NJ 08515

Telephone No.
(609) 238-4070

Start Date (10)
9/11/15

Scheduled Completion Date (11)
9/18/15

Occuancy Status During Abatement (Check only one)
- None
- Facility Closed/ Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other - Describe: 8am to 4 pm

Scope of Work (Check all that apply)
- >23 sf or >3 if
- >160 sf or >260 sf
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

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

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

Amount (Specify SF or LF)
- Thermal Pipe Insulation
  - 80 if
- Thermal Pipe Insulation
  - 40 if

Abatement Type
- Removal
- Repair
- Encapsulate
- Enclosure

Name of Registered Waste Hauler
Stevens Environmental Services, Inc.

NDEP Waste Hauler ID No.
18292

Cubic Yards of Waste
2 CU

Name of Registered Landfill
GROWS Landfill

City, State
Morrisville, PA

Completed By
Mahlon E. Stevens
Title
Project Manager

Signatures
Date
8/21/15

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

Date of Notification (1)
10

Name of Building Owner/Operator (2)
JASON SAVAGE

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

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

Street Address
19 HIGHLAND AVENUE

City, State, Zip Code
MONTCLAIR, NJ 07042

Name of Contact
JASON SAVAGE

Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
JASON SAVAGE

Street Address
19 HIGHLAND AVENUE

City (5)
MONTCLAIR

County (6)
ESSEX

County Code (7)

Type of Facility (4)
☐ School (K - 12)
☐ Subchapter 8 (Other than K-12)
☐ Other (Private/Commercial Bldgs./Homes, etc.)

Square Feet

# of Floors

Bldg. Age

Current Use (Prior if being demolished)

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

ASCM No.

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

Street Address
20 California Ave.

City, State, Zip Code
Paterson, NJ 07503

License Number
01169

Telephone Number
973-345-8020

Name of OSHA Monitor
D & S Restoration, Inc.

Street Address
20 California Avenue

City, State, Zip Code
Paterson, NJ 07503

Occupy Status During Abatement (Check only one)
☐ Facility closed/vacated during entire period of abatement.
☐ Abatement performed outside of normal facility hours:
Describes:
☐ Other-Describe: NORMAL HOURS

Start Date (10)
08/24/15

Scheduled Completion Date (11)
09/10/15

Scope of Work (check all that apply)
☐ ≥30 sq or ≥3 If
☐ Renovation
☐ ≥160 sq or ≥280 If
☐ 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)
BOILER INSULATION

Amount (Specify SF or LF)
66 SQ FT

Removal
Repair
Encyclopedia
Enclosure

Registered Waste Hauler
D & S RESTORATION, INC.

NJDEP Hauler ID #
13506

Cubic Yards of Waste
1 yd.

Name of Registered Landfill
TULLYTOWN, RESOURCE RECOVERY

City, State
PATerson, NJ 07503

Disposal Date
08/25/15

City, State
TULLYTOWN, PA

Completed by (Print or Type)
BOGDAN JOLDZIC
Title
PRESIDENT

Signature

Date
08/17/2015

ASR-41

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

Date of Notification (1) 8 / 20 / 15
Name of Building Owner/Operator (2) EVP LLC

Agencies Notified
☑ EPA
☑ DOLWD
☑ DHSS
☐ DCA (NJAC 5:23-B)

Type Notification
☐ Initial
☐ Amended Amendment #5
☐ Emergency (Including justification)
☐ Cancellation

Street Address
61 Sunnyhill Road

City, State, Zip Code
Dover, NJ 07801

Name of Contact
Vipul Patel

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Skytop Motel

Street Address
456 US-46

City (5)
Dover, NJ 07801

County (6)
County Code (7) [STATE USE ONLY]

Name of Monitoring Firm Hired by Building Owner (8)
The Resident Engineering Inspection, Inc.

ASCM No.
NA

Name of Abatement Contractor (9)
Alliance Environmental Systems

Street Address
550 East Union St.

City, State, Zip Code
West Chester, PA 19382

Project Manager for Monitoring Firm
Badar Usmani

Telephone No.
732-422-7228

Telephone No.
610-701-9000

License No.
00508

Name of OSHA Monitor
AET

Start Date (10)
7 / 13 / 15

Scheduled Completion Date (11)
8 / 21 / 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: 7AM——PM/3:30PM——AM

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

VAT/Mastic

Motel

AC Unit Caulk

Motel

Flashing

Restaurant

Flashing

VAT/Mastic

Name of Registered Waste Hauler
Minerva Enterprises, LLC

Allstate Power Vac

NJDEP Waste Hauler ID No.
Cubic Yards of Waste
Name of Registered Landfill
90

City, State
Rahway, NJ

Disposal Date
TBD

City, State
Minerva, OH

Completed By (Print or Type)
Senya D. Isayeff
Title
VP, Operations

Signature

Date 8/20/15

* Do not use this form for asbestos licensure exempted activities.
<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Removal</th>
<th>Repair</th>
<th>Encapsulate</th>
<th>Enclosure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Restaurant</td>
<td>Textured Ceiling</td>
<td>68 SF</td>
<td>✔️</td>
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<tr>
<td>Restaurant</td>
<td>Door Caulk</td>
<td>18 LF</td>
<td>✔️</td>
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<tr>
<td>Restaurant</td>
<td>Flashing</td>
<td>532 SF</td>
<td>✔️</td>
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<tr>
<td>Motel</td>
<td>Cove Base Mastic</td>
<td>4600 LF</td>
<td>✔️</td>
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<tr>
<td>Motel</td>
<td>Drywall / Joint Compound</td>
<td>12,000</td>
<td>✔️</td>
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</tbody>
</table>
**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 8:98 and 5:16)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>8/18/15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Rubin</td>
</tr>
<tr>
<td>Street Address</td>
<td>32 Wakefield Lane</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Piscataway, NJ 08854</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Joyce Ann Staples - Realtor</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

| Name of Facility Where Abatement is Taking Place (3) | Residential |
| Street Address | 32 Wakefield Lane |
| City (5) | Piscataway, NJ 08854 |
| County (6) | Middlesex |
| Type of Facility (4) | |
| Square Feet | 3500 |
| # of Floors | 2 |
| Bldg. Age | 85+/- |

| Name of Monitoring Firm Hired by Building Owner (8) | DB Environmental |
| Name of Abatement Contractor (9) | Stevens Environmental Services, Inc. |
| Street Address | 4 Berkeley Place |
| City, State, Zip Code | Freehold, NJ 07728 |

| Project Manager for Monitoring Firm | Dave Buncore |
| Telephone No. | (732) 740-8404 |
| Start Date (10) | 8/28/15 |
| Scheduled Completion Date (11) | 9/4/15 |

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

| Scope of Work (Check all that apply) | |
| ≥3 sf or ≥3 if | |
| ≥160 sf or ≥260 if | |
| 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) | |
| Amount (Specify SF or LF) | 110 lf |
| Abatement Type | |
| Encapsulate | |
| Double Encapsulate | |
| Full Containment with Negative Pressure | |
| Non-Exempted (*) and Non-Friable Procedure | |

| Name of Registered Waste Hauler | Stevens Environmental Services, Inc. |
| N.J. Waste Hauler Id No. | 18292 |
| Name of Registered Landfill | GROWS Landfill |
| City, State | Allentown, NJ |

| Cubic Yards of Waste | 2 CU |
| Disposal Date | 9/4/15 |
| City, State | Morrisville, PA |

Completed by | Mahlon E. Stevens |
| Title | Project Manager |
| Signature | |
| Date | 8/18/15 |

*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) 8/18/15

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

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

Name of Building Owner/Operator (2)
Moneywell Management, Inc

Street Address
5014 16th Street

City, State, Zip Code
Brooklyn, NY 11204

Name of Contact
Rachel Kay

Telephone Number

FACILITY INFORMATION

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

Street Address
59 Delawareview Ave.
Trenton, NJ

City (5)

County (6)
Mercer

County Code (7) (STATE USE ONLY)

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

ASCM No.

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

Street Address
PO Box 322
Allentown, NJ 08501

City, State, Zip Code
Freehold, NJ 07728

Project Manager for Monitoring Firm
Dave Buno core

Telephone No.
(732) 740-8404

Date (10)
8/27/15

Completion Date (11)
9/4/15

Schedule Completion Date

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

Scope of Work (Check all that apply)
- >3 s.f. or >3 f.
- ≥160 sf or ≥260 f.

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

Location
- Thermal Pipe Insulation

Position
- Basement

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

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

Amount (Specify SF or LF)
165 LF

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

Name of Registered Waste Hauler
Stevens Environmental Services, Inc

NJ DEP Waste Hauler ID No.
18292

Cubic Yards of Waste
2 CU

Name of Registered Landfill
GROWS Landfill

City, State
Morrisville, PA

Disposal Date
9/4/15

Completed By
Mahlon E. Stevens

Title
Project Manager

Signature

Date 8/18/15

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>8/21/15</th>
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<td>Agencies Notified</td>
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<tr>
<td></td>
<td>EPA</td>
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<td>DEP</td>
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<td>DOH</td>
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<tr>
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<td>DCA</td>
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<table>
<thead>
<tr>
<th>Name of Building Owner / Operator (2)</th>
<th>Macy's Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>7 West Seventh Street</td>
</tr>
<tr>
<td>City, State &amp; Zip Code</td>
<td>Cincinnati, OH 45202</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Tia Wenrich</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
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<table>
<thead>
<tr>
<th>FACILITY INFORMATION</th>
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<tbody>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td>Macy's Store</td>
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<tr>
<td>Street Address</td>
<td>495 Prospect Ave</td>
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<tr>
<td>City (5)</td>
<td>West Orange</td>
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<tr>
<td>County (6)</td>
<td>Essex</td>
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<td>County Code (7)</td>
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<tr>
<td>Type of Facility (4)</td>
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<td></td>
<td>School (K-12)</td>
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<td>Subchapter 8 (Other than K-12)</td>
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<tr>
<td></td>
<td>Other (i.e. private &amp; commercial buildings, homes, etc.)</td>
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<tr>
<td>Square Feet</td>
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<tr>
<td># of Floors</td>
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<td>Bldg. Age</td>
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<tr>
<td>Current Use (Prior if being demolished)</td>
<td>Retail</td>
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<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>Penmoni Associates, Inc.</td>
</tr>
<tr>
<td>Street Address</td>
<td>515 Grove St.</td>
</tr>
<tr>
<td>City, State &amp; Zip Code</td>
<td>Haddon Heights, NJ 08035</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td></td>
</tr>
<tr>
<td>Alan Lloyd</td>
<td>856-656-2875</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
<tr>
<td>Scheduled Start Date (10)</td>
<td>9/4/15</td>
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<tr>
<td>Scheduled Completion Date (11)</td>
<td>10/16/15</td>
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<tr>
<td>Occupancy Status During Abatement</td>
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<td></td>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
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<tr>
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<td>Abatement Performed Outside of Normal Hours – 7-3:30</td>
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<td></td>
<td>Describe:</td>
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<td>Facility Occupied During Abatement</td>
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<td>Scope of Work (Check all that apply)</td>
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<td>≥3 sf or ≥3 lf</td>
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<tr>
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<td>≥160 sf ≥260 lf</td>
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<tr>
<td></td>
<td>Renovation</td>
</tr>
<tr>
<td></td>
<td>Demolition</td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)</td>
<td></td>
</tr>
<tr>
<td>Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)</td>
<td>Yes</td>
</tr>
<tr>
<td>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)</td>
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<tr>
<td>Amount (Specify SF or LF)</td>
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<td>Abatement Type</td>
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<td>Removal</td>
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<td></td>
<td>Repair</td>
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<td></td>
<td>Encapsulate</td>
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<tr>
<td></td>
<td>Enclosure</td>
</tr>
<tr>
<td>Full Containment with Negative Pressure</td>
<td></td>
</tr>
<tr>
<td>Mini-Enclosure</td>
<td></td>
</tr>
<tr>
<td>Glove Bag Procedures</td>
<td></td>
</tr>
<tr>
<td>Non-Exempted and Non-Friable Procedure</td>
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<tr>
<td>Name of Registered Waste Hauler Service Transport Inc.</td>
<td>20990</td>
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<tr>
<td>NJDEP Waste Hauler ID No.</td>
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<tr>
<td>Cubic Yards of Waste</td>
<td>180 Cu Yd</td>
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<tr>
<td>Name of Registered Landfill Minerva Landfill</td>
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</tr>
<tr>
<td>City, State</td>
<td>New Castle, Delaware</td>
</tr>
<tr>
<td>Disposal Date</td>
<td>10/16/15</td>
</tr>
<tr>
<td>City, State</td>
<td>Waynesburg, OH</td>
</tr>
<tr>
<td>Completed By (Print or Type) Gino Pizzigoni</td>
<td></td>
</tr>
<tr>
<td>Title</td>
<td>Project Manager</td>
</tr>
<tr>
<td>Signature</td>
<td>Gino Pizzigoni</td>
</tr>
<tr>
<td>Date</td>
<td>8/21/15</td>
</tr>
</tbody>
</table>

G-I 15221
**State of NJ**
**Notification of Asbestos Abatement**
*(Pursuant to NJAC 8:60 and 12:120)*

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/1/15</td>
<td>edna sanfilippo</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Street Address</th>
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</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
<td>706 Hillcrest Road,</td>
</tr>
<tr>
<td>DEP</td>
<td>Amended</td>
<td></td>
</tr>
<tr>
<td>DOL</td>
<td>Emergency (including justification)</td>
<td></td>
</tr>
<tr>
<td>DOH</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DCA</td>
<td>Cancellation</td>
<td></td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of facility where abatement is taking place (3)</th>
<th>Type of Facility (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>edna sanfilippo</td>
<td>School (K-12)</td>
</tr>
<tr>
<td></td>
<td>Subchapter 8 (Other than K-12)</td>
</tr>
<tr>
<td></td>
<td>Other (Private/Commercial Bldgs./Homes, etc.)</td>
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</table>

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

<table>
<thead>
<tr>
<th>Current Use (Prior if being demolished)</th>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>edna sanfilippo</td>
<td>D &amp; S RESTORATION, INC.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>20 California Ave.</td>
<td>Paterson, NJ 07503</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Phone Number</th>
<th>License Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>973-345-8020</td>
<td>01169</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of OSHA Monitor</th>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>D &amp; S Restoration, Inc.</td>
<td>20 California Avenue</td>
</tr>
<tr>
<td>Paterson, NJ 07503</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Sched. Completion Date (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>08/20/15</td>
<td>08/28/15</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.

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

- >3 sf or >3 if
- Renovation
- >160 sf or ≥260 if
- Demolition

<table>
<thead>
<tr>
<th>Location of asbestos-containing material (acm) to be abated in facility (13)</th>
<th>Description of asbestos-containing material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is location normally used solely by maintenance/custodial staff(12)</td>
<td>PIPE INSULATION</td>
<td>29 1 ft</td>
</tr>
</tbody>
</table>

**BASEMENT**

- [ ] Full Containment w/negative pressure
- [ ] Mini-enclosure
- [ ] Glovebag procedure
- [ ] Non-Exempted (*) and Non-frangible procedure

**Registered Waste Hauler**

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

**Cubic Yards of Waste**

<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
<th>Disposal Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>TULLYTOWN, RESOURCE RECOVERY</td>
<td>08/21/15</td>
</tr>
</tbody>
</table>

**City, State**

<table>
<thead>
<tr>
<th>PATerson, NJ 07503</th>
<th>TULLYTOWN, PA</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Completed by (Print or Type)</th>
<th>Title</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>BOGDAN JOLZIC</td>
<td>PRESIDENT</td>
<td>08/19/2015</td>
</tr>
</tbody>
</table>

*Do not use this form for asbestos licensure exempted activities.*
State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:50 and 12:120)

Date of Notification (1)
10/20/15

Name of Building Owner/Operator (2)

Name of Contact
edna sanfilippo

cancellation

AEROSOL PRODUCTS

Street Address
706 Hillcrest Road,
RIDGEWOOD, NJ 07650

FACILITY INFORMATION

Type of Facility (4)
☐ School (K - 12)
☐ Subchapter 8 Other Than K-12
☒ Other (Private/Commercial
Buildings/Homes, etc.)

Square Foot # of Floors

Current Use (Prior to being demolished)

Name of Abatement Contractor (5)
D & S RESTORATION, INC.
20 California Ave.
PATERSON, NJ 07503

Name of Hauler (17)

Name of Registered Landfill
TULLYTOWN, RESOURCE RECOVERY

Location of asbestos-containing material (ascm) to be
abated in facility (16)

Description of asbestos-containing material (ACM)

Amount (Specify SF or LF)

Removal
Encapsulation
Preservation

BASEMENT

Pipe Insulation

29 LF

Location normally used solely by maintenance/custodial
staff (16)

Material Description

Registered Waste Hauler
D & S RESTORATION, INC.
NJDEP Hauler ID: 5506
Cubic Yards of Waste
1 yd.

Name of Registered Landfill
TULLYTOWN, RESOURCE RECOVERY

City, State
PATERSON, NJ 07503

Disposal Date
08/21/15

Title
PRESIDENT

Signature

Completed by (Print or Type)
BOGDAN JOLDZIC

Date
08/19/2015
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>8 / 21 / 15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Dipesh Patel / Job #1508-2011 Chk. #4045</td>
</tr>
</tbody>
</table>

**ACTIONS NOTIFIED**
- [X] EPA
- [ ] DOLWD
- [X] DHSS
- [ ] DCA (NJAC 5:23-8)

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

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Somerset/Bridgewater Hotel</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>110 Davidson Avenue</td>
</tr>
<tr>
<td>City (5)</td>
<td>Somerset</td>
</tr>
<tr>
<td>County (6)</td>
<td></td>
</tr>
</tbody>
</table>

**Current Use (Prior to being demolished)**
- [ ] Vacant

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

**Telephone No.**
- Dave Flanagan: 856-548-0600
- Name of Abatement Contractor (9) | Asbestos and Mold Services, Corp. |

**Street Address**
- PO Box 316
- 3859 Sylon Boulevard
- 200 U.S. Route 130 North

**License No.**
- 00682

**Name of OSHA Monitor**
- EMSL Analytical, Inc.

**Scope of Work (Check all that apply)**
- [ ] 3 sf or 3 sf
- [ ] 160 sf or 280 sf
- [ ] Renovation
- [ ] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebox Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>IN Facility (13)</th>
<th>Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)</th>
<th>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phase 1 - 66 Rooms on 3 Floors</td>
<td>[ ] Yes [ ] No [ ] N/A</td>
<td>Transite</td>
</tr>
<tr>
<td>Phase 2 - 3 Buildings Dates: TBD</td>
<td>[ ] Yes [ ] No [ ] N/A</td>
<td>Roofing</td>
</tr>
<tr>
<td>Phase 2 - 147 Rooms Dates: TBD</td>
<td>[ ] Yes [ ] No [ ] N/A</td>
<td>Transite Panels</td>
</tr>
<tr>
<td>Phase 3 - Bal of Rooms Dates: TBD</td>
<td>[ ] Yes [ ] No [ ] N/A</td>
<td>Transite Panels</td>
</tr>
</tbody>
</table>

**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**
- 9/30/15

**City, State**
- Freehold, NJ
- Morrisville, PA 19067

**Completed By** (Print or Type) | Kimberly A. Trumbetti | Office Coordinator | Signature |

**Date**
- 8-31-15

---

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

Date of Notification (1) 8 / 20 / 15

Name of Building Owner/Operator (2) Ms. Jaqueline Doeler / Job #1508-2012 / Chk. #4049

Agencies Notified

- EPA
- DOLWD
- DHSS
- DCA (NJAC 5:23-6)

Type Notification

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

Street Address

162 Hillside Avenue

City, State, Zip Code

South River, NJ 08882

Name of Contact

Jaqueline Doeler

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Residential Property

Street Address

162 Hillside Avenue

City (5)

South River

County (6)

Middlesex

County Code (7)(STATE USE ONLY)

Current Use (Prior to being demolished)

Residential

Name of Monitoring Firm Hired by Building Owner (8)

Horizon Environmental

ASCM No.

Name of Abatement Contractor (9)

Asbestos and Mold Services, Corp.

Street Address

PO Box 316

City, State, Zip Code

Thorofare, NJ 08086

Project Manager for Monitoring Firm

Dave Flanigan

Telephone No.

856-848-0800

Start Date (10)

8 / 31 / 15

Scheduled Completion Date (11)

9 / 2 / 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:

Scope of Work (Check all that apply)

- ≥3 sf or ≥3 ft
- ≥180 sf or ≥260 ft
- Renovation
- Demolition

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

Yes No N/A

Basement

Floor Tile & Mastic

Location

Location

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

Amount (Specify SF or LF)

Abatement Type

Removal

Repair

Encapsulation

Endorse

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

City, State

Freehold, NJ

Disposal Date

9/3/15

City, State

Morrisville, PA 19067

Completed By (Print or Type)

Kimberly A. Trumbetti

Title

Office Coordinator

Signature

Date

8-20-15

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

**Date of Notification (1)**  
8/19/2015

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

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

**Type Notification**  
- [X] Initial  
- [ ] Amended

**Street Address**  
596 Meyersville Rd

**City, State, Zip Code**  
Gillette NJ

**Name of Contact**  
Jorge Fonseca

**Telephone Number**

**FACILITY INFORMATION**

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

**Street Address**  
596 Meyersville Rd

**City (5)**  
Gillette NJ

**County (6)**  
Morris County

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

**Current Use (Prior if being demolished)**  
8000

**Square Feet**  
1

**# of Floors**  
+50

**Bldg. Age**

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

**ASCM No.**  
N/A

**Name of Abatement Contractor (9)**  
Dinago Environment LLC

**Street Address**  
339 Lafayette St

**City, State, Zip Code**  
Newark NJ 07015

**Telephone No.**  
973-491-0877

**License No.**  
01240

**Name of OSHA Monitor**  
J&S Environmental Corp

**Street Address**  
2333 Route 22 West

**City, State, Zip Code**  
Union NJ 07083

**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:

**Start Date (10)**  
8/20/2015

**Scheduled Completion Date (11)**  
8/25/2015

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

- [X] ≥23 sf or ≥3 If
- [X] ≥160 sf or ≥280 If

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

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

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

**Exterior**

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

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

**Amount (Specify SF or LF)**  
80 yards

**Abatement Type**  
- [X] Non-Exempted (*) and Non-Friable Procedure

**Location of Registered Waste Hauler**  
Newark Carting Inc

**Cubic Yards of Waste**  
04509

**Name of Registered Landfill**  
ISES Bethlehem Landfill

**Disposal Date**  
2335 Applebutter rd Bethlehem PA

**Completed by**  
Carlos Gomes

**Title**  
President

**Signature**

**Date**  
8/19/2015

*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 / 18 / 15

Name of Building Owner/Operator (2)
Paterson Public Schools / Job # 1508-4942 Check # 7427

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

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

Street Address 150 Park Avenue
City, State, Zip Code Paterson, NJ 07501

Name of Contact Ed Schaffler
Telephone Number

FACILITY INFORMATION

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

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
Bidg. Age

Current Use (Prior to being demolished) School

County (6) Passaic
County Code (7) (STATE USE ONLY)

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

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

Project Manager for Monitoring Firm Geiser Fajardo
Telephone No. 201-489-8700

License No. 00529

Name of OSHA Monitor ESMF Analytical
Street Address 200 Route 130 North
City, State, Zip Code Cinnaminson, NJ 08077

Start Date (10) 8 / 20 / 15
Scheduled Completion Date (11) 8 / 31 / 15

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

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-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, VAM, or other miscellaneous)

Amount (Specify SF or LF) 8,600 SF

Abatement Type
☐ Removal  ☐ Repair  ☐ Encapsulate  ☐ Enclosure

Labs/Classrooms

Floor Tile & Mastic

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

City, State Lumberton, NJ
Disposal Date 8/31/15
City, State Tullytown, PA

Completed By (Print or Type)
Gwendolyn Trumbetti
Title Operations Coordinator
Signature

Date 8/18/15

* 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)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
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<tbody>
<tr>
<td>8 / 17 / 15</td>
<td>Montgomery TWP BOE / Job #1508-4941</td>
</tr>
<tr>
<td></td>
<td>Check #7425</td>
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Agencies Notified
- EPA
- DOLWD
- DHSS
- DCA (NJAC 5:23-8)
- Type Notification
  - Initial
  - Amended
  - Amendment # ______
  - Emergency (including justification)
  - Cancellation

Street Address
1014 Route 601
Skillman, NJ 08558

City, State, Zip Code
Skillman, NJ 08558

Name of Contact
Ann Marie Campbell

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Montgomery Upper MS

Street Address
375 Burnt Hill Road
Skillman, NJ 08558

City (5)
Skillman, NJ 08558

County (6)
Somerset

County Code (?)(STATE USE ONLY)

Current Use (Prior if being demolished)
School

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

ASCM No.

Name of Abatement Contractor (9)
AbateTech, Inc.

Street Address
30 Maple Ave, PO Box 25
Lumberton, NJ 08048

City, State, Zip Code
Lumberton, NJ 08048

Telephone No.
609-265-2107

License No.
00529

Name of OSHA Monitor
EMSL Analytical

Street Address
200 Route 130 North
Cinnaminson, NJ 08077

City, State, Zip Code
Cinnaminson, NJ 08077

Start Date (10)
8 / 27 / 15

Scheduled Completion Date (11)
8 / 28 / 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:

Scope of Work (Check all that apply)
- Yes
- More than 3 ft or 3
- 160 sq ft or 260 sq ft

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

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

Stage Storage Room

Floor tile and associated mastic

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

Amount (Specify SF or LF)

Abatement Type

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

Location of Registered Waste Hauler
AbateTech, Inc.

Cubic Yards of Waste
12

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

Disposal Date
8/28/15

City, State
Lumberton, NJ

Tullytown, PA

Completed By (Print or Type)
Gwendolyn Trumbetti

Title
Operations Coordinator

Signature

Date
8/17/15

* 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)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>8 / 14 / 15</th>
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<table>
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<tr>
<th>Name of Building Owner/Operator (2)</th>
<th>Madison Public Library/ Job #1507-4935 Check #7428</th>
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<tbody>
<tr>
<td>Street Address</td>
<td>39 Keep Street</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Madison, NJ 07940</td>
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<tr>
<td>Name of Contact</td>
<td>Nancy Adamczyk</td>
</tr>
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</table>

FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Madison Public Library</th>
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</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>39 Keep Street</th>
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<tbody>
<tr>
<td>City</td>
<td>Madison</td>
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<tr>
<td>County</td>
<td>Morris</td>
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<table>
<thead>
<tr>
<th>Name of Monitoring Firm HIred by Building Owner (8)</th>
<th>TTI Environmental, Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASCM No.</td>
<td>Name of Abatement Contractor (9)</td>
</tr>
<tr>
<td></td>
<td>AbateTech, Inc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Jim Gullardi</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>1253 North Church Street</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Moorapestown, NJ 08057</td>
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</tbody>
</table>

| Start Date (10)                  | 8 / 24 / 15 |
| Scheduled Completion Date (11)   | 8 / 26 / 15 |

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

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☒ ≥ 360 sf or ≥366 sf</td>
</tr>
<tr>
<td>☒ ≥160 sf or ≥260 sf</td>
</tr>
<tr>
<td>☒ Renovation</td>
</tr>
<tr>
<td>☒ Demolition</td>
</tr>
<tr>
<td>☒ Full Containment with Negative Pressure</td>
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<tr>
<td>☒ Mini-Closure</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 IN Facility (13)</th>
<th>(2) Locations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Picture Book Room</td>
<td>Ceiling Surfacing Material (Complete Ceiling Removal) 580 SF</td>
</tr>
<tr>
<td></td>
<td>Ceiling Plaster 32 SF</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste hauler</th>
<th>AbateTech, Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>NJDEP Waste Hauler ID No.</td>
<td>18750</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>40</td>
<td>G.R.O.W.S. Landfill</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>Lumberton, NJ</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disposal Date</td>
<td>8/28/15</td>
</tr>
<tr>
<td>City, State</td>
<td>Tullytown, PA</td>
</tr>
</tbody>
</table>

Completed By (Print or Type) | Title | Signature | Date  |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Gwendolyn Trumbetti</td>
<td>Operations Coordinator</td>
<td>[Signature]</td>
<td>8/14/15</td>
</tr>
</tbody>
</table>

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

Date of Notification (1) 8 / 20 / 15

Name of Building Owner/Operator (2) Johnson & Johnson / Job # 1508-4940 Check # 7423

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

Type of Notification
- Initial
- Amended

Street Address One Johnson & Johnson Plaza

City, State, Zip Code New Brunswick, NJ 08933

Name of Contact Jeff Macor

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
J & J Executive Tower - 9th Floor

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

Square Feet

# of Floors

Bldg. Age

County Code (?)/STATE USE ONLY

Current Use (Prior if being demolished)

Commercial

Name of Monitoring Firm Hired by Building Owner (8)
Epic Management

Name of Abatement Contractor (9)
AbateTech, Inc.

Address
136 11th Street

City, State, Zip Code
Piscataway, NJ 08854

Street Address
30 Maple Ave. PO Box 25

City, State, Zip Code
Lumberton, NJ 08048

Project Manager for Monitoring Firm
Jeff Macor

Telephone No.
732-558-8114

Telephone No.
609-265-2107

License No.
00529

Name of OSHA Monitor
EMSL Analytical

Start Date (10) 9 / 8 / 15

Scheduled Completion Date (11) 9 / 11 / 15

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

Scope of Work (Check all that apply)
- ≥ 3 sf or ≥ 3 if
- ≥ 160 sf or ≥ 280 if
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

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

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

Amount (Specify SF or LF)

Abatement Type

Copy Room 9th Floor

- Floor Tile and Mastic 130 SF

Name of Registered Waste Hauler
AbateTech, Inc.

NJDEP Waste Hauler ID No. 18750

Cubic Yards of Waste
12

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

City, State
Lumberton, NJ

Disposal Date
9/11/15

City, State
Tullytown, PA

Completed By (Print or Type)
Gwendolyn Trumbetti

Title
Operations Coordinator

Signature

Date 8/20/15

* 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: 8 / 17 / 15

Name of Building Owner/Operator: NJTA Contract T300.311 /Job #1501-4865 Check #7351

Agencies Notified:
- EPA
- DOLWD
- DHSS
- DCA
- NJAC 5:23-6

Type Notification:
- Initial
- Amended
- Amendment #3
- Emergency (including justification)
- Cancellation

Street Address:
PO Box 5050

City, State, Zip Code:
Woodbridge, NJ 07095

Name of Contact:
Dan Crum

Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place: Toll Plaza- Toll Collection Building

Street Address:
Intersection of 53rd Ave & Avenue E

City:
Bayonne

County:
Middlesex

County Code (STATE USE ONLY):

Name of Monitoring Firm Hired by Building Owner:
USC Environmental

ASCM No.:

Name of Abatement Contractor:
AbateTech, Inc.

Street Address:
344 West State Street

City, State, Zip Code:
Trenton, NJ 08618

Telephone No.:
609-556-9101

License No.:
00529

Name of OSHA Monitor:
EMSL Analytical

Start Date (10):
4 / 20 / 15

Scheduled Completion Date (11):
9 / 30 / 15

Number of Floors:

Rating:

Occupancy Status During Abatement:
- FacilityClosed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM-PM/ AM-PM

Scope of Work:
- 3 sf or >3 if
- 160 sf or >260 if

- Renovation
- Demolition

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):
- 120 LF
- 65 LF
- 40 LF

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

Name of Registered Waste Hauler:
Freehold Cartage

NJDEP Waste Hauler ID No.:
19939

Cubic Yards of Waste:
20

Name of Registered Landfill:
Advanced Western Berks Landfill

City, State:
Freehold, NJ

Disposal Date:
9/30/15

Completed By (Print or Type):
Gwendolyn Trumbotti

Title:
Operations Coordinator

Signature:

Date:
8/17/15

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

Date of Notification (1) 7 / 30 / 15

Name of Building Owner/Operator (2) The College of New Jersey / Job #1507-2008 Chk. #NA

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

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

Street Address
2000 Pennington Road

City, State, Zip Code
Ewing, NJ 08618

Name of Contact
Laji George

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Foricina Hall

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

Street Address
2000 Pennington Road

City (5)
Ewing

Square Feet
9600

Bldg. Age
55

County (6)
Mercer

# of Floors
4

County Code (7)/STATE USE ONLY

Current Use (Prior if being demolished)
Offices & Classrooms

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

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

Street Address
River Drive Center 1

City, State, Zip Code
Elmwood Park, NJ 07407

Project Manager for Monitoring Firm
Vijay Patel

Telephone No.
201-281-3869

Street Address
3859 Sylon Boulevard

City, State, Zip Code
Hainesport, NJ 08036

License No.
00862

Project Manager for Abatement Firm

Start Date (10) 7 / 31 / 15

Scheduled Completion Date (11) 9 / 11 / 15

Name of OSHA Monitor
EMSL Analytical, Inc.

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

Scope of Work (Check all that apply)
- >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

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

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

Amount (Specify SF or LF)
1,000 LF

Abatement Type
- Removal
- Repair
- Encapsulate

Office/Classrooms

Window Caulk

Name of Registered Waste Hauler
Freehold Cartage, Inc.

Cubic Yards of Waste
5

Name of Registered Landfill
GROWS Landfill

City, State
Freehold, NJ

Disposal Date
9/11/15

City, State
Morrisville, PA 19067

Completed By (Print or Type)
Kimberly A. Trumbetti

Title
Office Coordinator

Signature

Date
8/19/15

* 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)

| 7 | 30 | 15 |

Name of Building Owner/Operator (2)
The College of New Jersey / Job #1507-2008 Chk. #NA

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

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

Street Address
2000 Pennington Road

City, State, Zip Code
Ewing, NJ 08618

Name of Contact
Laji George

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Forcina Hall

Street Address
2000 Pennington Road

City (5)
Ewing

County (6)
Mercer

Current Use (Prior if being demolished)
Offices & Classrooms

County Code (7) [STATE USE ONLY]

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

ASCM No.

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

Street Address
River Drive Center 1

City, State, Zip Code
Elmwood Park, NJ 07407

Hainesport, NJ 08036

Project Manager for Monitoring Firm
Vijay Patel

Telephone No.
201-281-3869

Telephone No.
609-702-0400

License No.
00862

Start Date (10)

Scheduled Completion Date (11)

| 7 | 31 | 15 |

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

Atabement Performed Outside of Normal Facility Hours - Describe
Time of Abatement: _____AM _____PM _____PM _____AM

Scope of Work (Check all that apply)

☐ ≥ 3 sf or ≥ 3 if
☐ ≥ 180 sf or ≥ 260 if
☒ Renovation
☐ Demolition

☐ Full Containment with Negative Pressure

☐ Mini-Enclosure

☐ Glovebag Procedure

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

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

IN Facility

(13)

Is Location Normally Used Solely by Maintenance/Custodial Staff?

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

Endorsement

Office/Classrooms

☐ Window Caulk

1,000 LF

☐ ☐ ☐ ☐

☐ ☐ ☐ ☐

☐ ☐ ☐ ☐

☐ ☐ ☐ ☐

☐ ☐ ☐ ☐

Name of Registered Waste Hauler
Freehold Cartage, Inc.

NJDEP Waste Hauler ID No.
02285

Cubic Yards of Waste
5

Name of Registered Landfill
GROWS Landfill

City, State
Freehold, NJ

Morrisville, PA 19067

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

Signature

Date
8-21-15

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

B & G proj. #: 2015-150

Date of Notification (1)
[0 8] [1 2 1 1] [1 1 1 5]

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

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

Type Notification
☒ Initial
☐ Amendment
☐ Cancellation

Street Address
100 Madison Avenue

City, State, Zip Code
Morristown, NJ 07960

Name of Contact:
Peter Palmer

Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
Morristown Medical Center, Franklin Building

Street Address
100 Madison Avenue, 5th floor, West wing

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

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

ASCM No.
0145

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

Street Address
105 Ryerson Road

City, State, Zip Code
Lincoln Park, NJ 07035

Telephone Number
(973)986-6869

License Number
00378

Name of OSHA Monitor
B & G Restoration, Inc.

Street Address
105 Ryerson Road

City, State, Zip Code
Lincoln Park, NJ 07035

Occupancy Status During Abatement (Check only one)
☐ Facility closed/vacated during entire period of abatement.
☐ Abatement performed outside of normal facility hours -
Describe:
☒ Other - Describe: Work shift 4:00pm - 12:30am

Scheduled Start Date (10)
09/01/2015

Scheduled Completion Date (11)
09/03/2015

Scope of Work (check all that apply)
☐ Demolition
☒ Renovation

☐ >3 sf or >3 lf
☐ ≥160 sf or ≥280 lf

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

Yes No N/A

Description of asbestos-containing material (ACM)

Amount (Specify SF or LF)
Removal
Repair
Encapsulate
Encell

Renovation Area

pipe fittings
50 fittings

Renovation Area (5 locations)
large drain pipe fittings
2 fittings

Registered Waste Hauler
B & G Restoration, Inc.
NJDEP Hauler ID# 19563

Cubic Yards of Waste
3 yds

Name of Registered Landfill
Tullytown Resource & Recovery Center

City, State
Lincoln Park, NJ

Disposal Date
09/04/2015

City, State
Tullytown, PA

Completed by (Print or Type)
Gordana Luna
Title
Secretary/Treasurer
Signature
Gordana Luna
Date
08/21/2015