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

Date of Notification (1)  
9/24/15  

Name of Building Owner/Operator (2)  
Sununcheon Residence

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

Type Notification  
- Initial  

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

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

Name of Abatement Contractor (9)  
Ace Insulation Co., 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: 7am-7pm

Scope of Work (Check All That Apply)  
- ≥30 sf or ≥3 if  
- ≥160 sf or ≥260 if  
- Renovation  
- Demolition

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

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

Amount (Specify SF or LF)  
150lf

Abatement Type  
- Removal  
- Enclosure  

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

Cubic Yards of Waste  
2

Name of Registered Landfill  
GROWS

City, State  
Colts Neck, New Jersey

Disposal Date  
9/9/15

City, State  
TULLYTOWN, PA

Completed by  
Bree McGuire  
Title  
Secretary Treasurer

Signature  
[Signature]

Date  
8/24/15

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

**Date of Notification (1)**
8-13-15

**Agency Notified**
- D. SOFA

**Street Address**
176 West Ramapo Avenue, MAHWAH, NJ 07430

**City (5)**
MAHWAH

**County (6)**
BERGEN

**Name of Building Owner (2)**
D. SOFA

**Name of Abatement Contractor (9)**
Best Removal Inc

**Type of Facility (4)**
Residence

**Square Foot**
3000

**Current Use**
Residence

**Type of Work**
- 30 LF
- 160 sf or 2-3 ft
- 20 ft
- 3 of 3 Sat
- 8 AM - 5 PM

**Location of Asbestos-Containing Materials (ACM) TO BE ABATED**
- Basement
- Thermal Insulation
- 65 sf - X
- Thermal Insulation
- 30 LF - X

**Name of Registered Vitali Hauler**
Best Removal Inc

**Name of Registered Vitali Hauler**
Minerva Enterprises, LLC

**City, State**
Hackensack, N.J. 07601

**Completed by**
R. VELDRAJ

**Date**
8-13-15
# NOTIFICATION OF ASBESTOS ABATEMENT

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>8 / 24 / 15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Trustees of Princeton</td>
</tr>
<tr>
<td>Street Address</td>
<td>Trustees of Princeton University E.A. MacMillan Bldg.</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Princeton, NJ 08544</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Robert Ortega, P.E.</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>609-353-1234</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Princeton University – Firestone Library</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>One Washington Road</td>
</tr>
<tr>
<td>City (5)</td>
<td>Princeton</td>
</tr>
<tr>
<td>County (6)</td>
<td>Mercer</td>
</tr>
<tr>
<td>Square Feet</td>
<td>1,000,000</td>
</tr>
<tr>
<td># of Floors</td>
<td>8</td>
</tr>
<tr>
<td>Bldg. Age</td>
<td>72</td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>AbateTech, Inc.</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>609-265-2107</td>
</tr>
<tr>
<td>License No.</td>
<td>00098</td>
</tr>
</tbody>
</table>

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

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

**Time of Abatement:** AM

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

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

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

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

**Work Area #1A Level 1**

- [ ] Pipe and Fitting Insulation 60 LF

**Work Area #1A Level 1**

<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>16750</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td>2</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>G.R.O.W.S. Landfill</td>
</tr>
<tr>
<td>City, State</td>
<td>Lumberton, NJ</td>
</tr>
</tbody>
</table>

**Completed By (Print or Type)**

Gwendolyn Trumbetti

**Title**

Operations Coordinator

**Signature**

* GMT

**Date**

8/24/15

---

* 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)

1310-4694
Check #7127

Date of Notification (1) 8/24/15

Name of Building Owner / Operator (2)
Passaic Valley Sewerage Commissioners

 Agencies Notified Type Notification
☐ EPA ☐ Initial
☐ DEP ☐ Amended #5
☐ DOL ☐ Emergency
☐ DOH ☐ Cancellation
☐ DCA

Name of Contact
Anthony

Telephone Number

FACILITY INFORMATION

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

Street Address
600 Wilson Avenue

City (5) County (6) County Code (7)
Newark Essex

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

Square Feet # of Floors Bldg. Age

Current Use (Prior if being demolished)

Plant

Name of Abatement Contractor (9)
AbateTech, Inc.

Street Address
PO Box 25

City, State & Zip Code
Lumberton, NJ 08048

Name of OSHA Monitor
EMSL Analytical

Street Address
108 Haddon Ave.

City, State & Zip Code
Westmont, NJ 08108

Project Manager for Monitoring Firm
Mark Connors

Telephone Number
732-564-3806

License Number
00529

Scheduled Start Date (10) 4/20/15
Scheduled Completion Date (11) 10/30/15

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

Scope of Work (Check all that apply)
☐ ±3 sf or ±3 sf
☐ ±160 sf ±260 sf
☐ Renovation
☐ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glove Bag Procedures
☐ 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 or Custodial Staff? (12)

Yes ☑ No ☐

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

Amount (Specify SF or LF)

Abatement Type

Effluent Pumping Station ☑
Effluent Pumping Station ☑
Effluent Pumping Station ☑
Wet Weather Pumping Station ☑
Wet Weather Pumping Station ☑

Transite Panels 1,150 SF ☑
Built Up Roofing 4,277 SF ☐
Interior Window caulking 225 LF ☑
Built Up Roofing 450 SF ☐
Exterior Window Caulking 120 LF ☐

Name of Registered Waste Hauler
AbateTech, Inc.

Hauler ID No. 18750

Cubic Yards of Waste 12

Name of Registered Landfill
TRRF Landfill

City, State
Lumberton, NJ

Disposal Date 10/30/15
City, State
Tullytown, PA

Completed By (Print or Type)
Gwen Trumbetti

Title Opps. Coord.
Signature

Date 8/24/15
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>8 / 24 / 15</td>
<td>Verizon Communications</td>
</tr>
</tbody>
</table>

**Agencies Notified**
- [X] EPA
- [X] DOLWD
- [X] DHSS
- [ ] DCA (NJAC 5:23-5)

**Type Notification**
- [ ] Initial
- [ ] Amended
- [X] Amendment #3
- [ ] Emergency (including justification)
- [ ] Cancellation

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
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</thead>
<tbody>
<tr>
<td>100 Greenwood Avenue</td>
<td>Jenkintown, PA 19046</td>
</tr>
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**Name of Contact**
- Alex Baylor

**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>Verizon- Herbertsville CO</td>
<td></td>
</tr>
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</table>

**Street Address**
- 411 Van Zile Rd.

**City (5)**
- Brick

**County (6)**
- Ocean

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

**ASCN No.**
- MacBook

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

**Street Address**
- 8436 Enterprise Ave.

**City, State, Zip Code**
- Philadelphia, PA 19153

**Telephone No.**
- 215-365-5810

<table>
<thead>
<tr>
<th>Name of OSHA Monitor</th>
</tr>
</thead>
<tbody>
<tr>
<td>EMSL Analytical</td>
</tr>
</tbody>
</table>

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

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

**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/5PM-1AM

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

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

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

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

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

**Name of Registered Waste Hauler**
- AbateTech, Inc.

**NJ DEP Waste Hauler ID No.**
- 18750

**Cubic Yards of Waste**
- 15

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

**City, State**
- Lumberton, NJ

**Disposal Date**
- 9/30/15

**City, State**
- Tullytown, PA

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

**Title**
- Operations Coordinator

**Signature**
- [Signature]

**Date**
- 8/24/15

---

*Do not use this form for asbestos license exempted activities.*
# NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 6:16)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>8 / 24 / 15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Trustees of Princeton / Job #1504-4892 Check #7129 5</td>
</tr>
<tr>
<td>Agencies Notified</td>
<td>Initial</td>
</tr>
<tr>
<td>EPA</td>
<td>☒</td>
</tr>
<tr>
<td>DOLWDD</td>
<td>☒</td>
</tr>
<tr>
<td>DHSS</td>
<td>☒</td>
</tr>
<tr>
<td>DCA</td>
<td>☒ (NJAC 5:23-8)</td>
</tr>
<tr>
<td>Type Notification</td>
<td>Amended</td>
</tr>
<tr>
<td>Amendment #1</td>
<td>☐</td>
</tr>
<tr>
<td>Emergency (including justification)</td>
<td>☐</td>
</tr>
<tr>
<td>Cancellation</td>
<td>☐</td>
</tr>
<tr>
<td>Street Address</td>
<td>Trustees of Princeton University E.A. MacMillan Bldg.</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Princeton, NJ 08544</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Robert Ortega, P.E.</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>☐</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Princeton University-Dillon Gym</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>Elm Drive Princeton, NJ -Princeton University Main Campus</td>
</tr>
<tr>
<td>City (5)</td>
<td>Princeton</td>
</tr>
<tr>
<td>County (6)</td>
<td>Mercer</td>
</tr>
<tr>
<td>County Code (7)</td>
<td>☐</td>
</tr>
<tr>
<td>Current Use (Prior if being demolished)</td>
<td>University Gymnasium</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>ASCM No. 00098</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>3 Terri Lane</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Burlington, NJ 08016</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>Michael R. Keehn</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>609-386-8800</td>
</tr>
<tr>
<td>License No.</td>
<td>00529</td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>4 / 27 / 15</td>
</tr>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>9 / 30 / 15</td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>AbateTech, Inc.</td>
</tr>
<tr>
<td>Street Address</td>
<td>30 Maple Ave. PO Box 25</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Lumberton, NJ 08048</td>
</tr>
<tr>
<td>Name of OSHA Monitor</td>
<td>EMSL Analytical</td>
</tr>
<tr>
<td>Street Address</td>
<td>200 Route 130 North</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Cinnaminson, NJ 08077</td>
</tr>
</tbody>
</table>

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

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

**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**

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)</th>
<th>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Work Area #1C, 1D &amp; 1E First Floor Attic</td>
<td>☐</td>
<td>☒ Pipe &amp; fitting insulation</td>
<td>200 LF</td>
<td>☒</td>
</tr>
<tr>
<td>Work Area #1C, 1D &amp; 1E First Floor Attic</td>
<td>☐</td>
<td>☒ Duct Insulation</td>
<td>17,025 SF</td>
<td>☐</td>
</tr>
<tr>
<td>Work Area #1C, 1D &amp; 1E First Floor Attic</td>
<td>☐</td>
<td>☒ Insulated Roof Drain Piping</td>
<td>400 LF</td>
<td>☐</td>
</tr>
</tbody>
</table>

- Name of Registered Waste Hauler: AbateTech, Inc.
- Cubic Yards of Waste: 40
- Name of Registered Landfill: G.R.O.W.S. Landfill
- Disposal Date: 9/30/15
- City, State: Lumberton, NJ

**Completed By (Print or Type)**

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gwendolyn Trumbetti</td>
<td>Operations Coordinator</td>
<td>GM/MT</td>
<td>8/24/15</td>
</tr>
</tbody>
</table>

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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) 8 / 24 / 15

Name of Building Owner/Operator (2)
PSE&G / Job #1501-4360 Check # COURTESY

Agencies Notified

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

Type Notification

- Initial
- Amended
- Amendment #5
- Emergency (Including justification)
- Cancellation

Street Address
4000 Hadley Road

City, State, Zip Code
South Plainfield, NJ 07080

Name of Contact
Andrew Yassa

Telephone Number
402-269-1011

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
PSE&G Control House

Street Address
56 Nelson Avenue

City (5)
Paramus

County (6)
Bergen

County Code (7) STATE USE ONLY

Current Use (Prior if being demolished)
Control House

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

ASCM No.

Name of Abatement Contractor (9)
AbateTech, Inc.

Street Address
280 Huyler Street

City, State, Zip Code
South Hackensack, NJ 07606

Telephone No.
201-489-8700

License No.
609-265-2107

00529

Project Manager for Monitoring Firm
Geiser Fajardo

Telephone No.

Name of OSHA Monitor
EMSL Analytical

Start Date (10)
6 / 18 / 15

Scheduled Completion Date (11)
9 / 30 / 15

Occupancy Status During Abatement (Check only one)

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

Time of Abatement: _____ AM-_____ PM/_____ PM-_____ AM

Scopes of Work (Check all that apply)

- ≥ 30 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? (12)

Yes
No
N/A

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

Amount (Specify SF or LF)

Abatement Type
Removal
Repair
Encapsulation
Endorsement

Exterior

☐ ☐ ☐ Transite Duct Conduit 210 If

Name of Registered Waste Hauler
ETGI

N.J. DEP Waste Hauler ID No.
S7107

Cubic Yards of Waste
20

Name of Registered Landfill
Conestoga Landfill

City, State
Flanders, NJ

Disposal Date
9/30/15

City, State
Morgantown, PA

Completed By (Print or Type)
Gwendolyn Trumbetti

Title
Operations Coordinator

Signature

Date
8/24/15

* 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</th>
<th>Name of Building Owner/Operator</th>
<th>Job #</th>
<th>Check #</th>
</tr>
</thead>
<tbody>
<tr>
<td>8 / 24 / 15</td>
<td>Robert Wood Johnson Operator</td>
<td>#1503-4879</td>
<td>#7306</td>
</tr>
</tbody>
</table>

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

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

**Street Address**
One Robert Wood Johnson Place

**City, State, Zip Code**
New Brunswick, NJ 08901

**Name of Contact**
James Uricchio

**Telephone Number**

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place**
Robert Wood Johnson Hospital - 4th & 6th Floor Tower Building Nurse's Station

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

**Street Address**
One Robert Wood Johnson Place

**Square Feet**

**# of Floors**

**Bldg. Age**

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

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

**Name of Monitoring Firm Hired by Building Owner**
Omega Environmental

**ASCM No.**

**Name of Abatement Contractor**
AbateTech, Inc.

**Street Address**
280 Huyler Street

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

**License No.**
00529

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

**Telephone No.**
609-265-2107

**Name of OSHA Monitor**
EMSL Analytical

**Start Date**
7 / 6 / 15

**Completion Date**
9 / 30 / 15

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

**IN Facility**

<table>
<thead>
<tr>
<th>4th &amp; 6th Fl. Tower Bldg. Nurse's Station</th>
</tr>
</thead>
<tbody>
<tr>
<td>Linoleum &amp; mastic</td>
</tr>
</tbody>
</table>

**Location Normally Used Solely by Maintenance, Custodial Staff?**

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

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

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

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

- [X] Linoleum & mastic
- [ ] Otherwise

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

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

**Name of Registered Waste Hauler**
AbateTech, Inc.

**NJDEP Waste Hauler ID No.**
18750

**Cubic Yards of Waste**
15

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

**City, State**
Lumberton, NJ

**Disposal Date**
9/30/15

**City, State**
Tullytown, PA

**Completed By (Print or Type)**
Gwendolyn Trumpetti

**Title**
Operations Coordinator

**Signature**

**Date**

*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 / 24 / 15

Name of Building Owner/Operator (2)
Verizon Communications

Street Address
100 Greenwood Avenue

City, State, Zip Code
Jenkintown, PA 19046

Name of Contact
Alex Baylor

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Verizon Atlantic City Central Office

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

Street Address
1609 Pacific Ave.

Square Feet

City, State, Zip Code
Atlantic City, NJ 08401

# of Floors

County Code (7/STATE USE ONLY)
Atlantic

Bidg. Age

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

Current Use (Prior to being demolished)
Offices

ASCM No.

Name of Abatement Contractor (9)
AbateTech, Inc.

Street Address
8436 Enterprise Ave.

Telephone No.
215-365-5810

City, State, Zip Code
Philadelphia, PA 19153

License No.
609-255-2107

Project Manager for Monitoring Firm
Mark Jenkins

Name of OSHA Monitor
EMSL Analytical

Telephone No.

Start Date (10)
7 / 6 / 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; 9 AM

Scheduled Completion Date (11)
9 / 30 / 15

Scope of Work (Check all that apply)
□ ≥ 3 sf or ≥ 3 if
□ ≥ 150 sf or ≥ 250 sf
□ Renovation
□ Demolition
□ Full Containment with Negative Pressure
□ Mini-Enclosure
□ Glovebag Procedure
□ Non-Exempted (*) and Non-Friable Procedure

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

Yes
No
N/A

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
□ Encase

 Basement Boiler Room
Mechanical Room

See Attached
Pipe Fittings assoc. with chillers
12 SF

Name of Registered Waste Hauler
AbateTech, Inc.

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

City, State, Hauler ID No.
Lumberton, NJ
18750

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

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

Signature

Date
8/24/15

* Do not use this form for asbestos-licensing exempted activities.
State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:90-7 and 12:120-7)  

Check # 7364  

Date of Notification (1)  
01/18/2015  

Agencies Notified  
☐ EPA  
☐ DEP  
☐ DOL  
☐ DOH  
☐ DCA  
☐ Initial  
☐ Amendment  
☐ Cancellation  

Name of Building Owner/Operator (2)  
Donna Steiner  
Street Address  
83 Glenwild Avenue  
City, State, Zip Code  
Bloomingdale, NJ 07403  

Name of Contact  
Donna Steiner  
Telephone Number  

FACILITY INFORMATION  

Name of facility where abatement is taking place (3)  
Donna Steiner  
Street Address  
83 Glenwild Avenue  
City (5)  
Bloomingdale, NJ 07403  
County (6)  
Passaic  
County Code (7)  
(State use only)  

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

Square Feet:  
# of Floors:  
Bldg. Age:  

Type of Abatement Contractor (9)  
B & G Restoration, Inc.  
Street Address  
105 Ryerson Road  
City, State, Zip Code  
Lincoln Park, NJ 07035  

Telephone Number  
(973)696-6869  
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: 

Scope of Work (check all that apply)  
☐ Demolition  
☐ Renovation  
☐ Full Containment w/negative pressure  
☐ Glovebag procedure  
☐ ≥3 sf or ≥3 if  
☐ ≥100 sf or ≥260 if  
☐ Mini-enclosure  
☐ Non-Friable procedure  

Location of asbestos-containing material 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)  
thin round duct insulation  
Amount (Specify SF or LF)  
7 if  

Registered Waste Hauler  
B & G Restoration, Inc.  
NJDEP Hauler ID#  
19563  
Cubic Yards of Waste  
1  
Name of Registered Landfill  
Tullytown Resource & Recovery Center  
City, State  
Lincoln Park, NJ  
Disposal Date  
09/08/2015  

Completed by (Print or Type)  
Gordana Luna  
Title  
Secretary/Treasurer  
Signature  
Gordana Luna  
Date  
08/24/2015
State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:60-7 and 12:120-7)  

Date of Notification (1):  
018/1/24/1  

Name of Building Owner/Operator (2):  
David Lizza  
Street Address: 628 6th Avenue  
City, State, Zip Code: Lyndhurst, NJ 07071  
Name of Contact: David Lizza  
Telephone Number: 845-26  

FACILITY INFORMATION  

Name of facility where abatement is taking place (3):  
David Lizza  
Street Address: 628 6th Avenue  
City: Lyndhurst, NJ 07071  
County: Bergen  
County Code:  

Name of Monitoring Firm Hired by Bldg. Owner (6): n/a  
Street Address:  
City, State, Zip Code:  
Name of Abatement Contractor (9):  
B & G Restoration, Inc.  
Street Address: 105 Ryerson Road  
City: Lincoln Park, NJ 07035  
Telephone Number: (973)696-6869  
License Number: 00378  
Name of OSHA Monitor:  
B & G Restoration, Inc.  
Street Address: 105 Ryerson Road  
City: 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:  

Scheduled Start Date (10): 09/08/2015  
Sched. Completion Date (11): 09/09/2015  

Scope of Work (check all that apply):  
Demolition  
Renovation  
3 sf or 3 if  
>160 sf or >260 if  
Full Containment w/negative pressure  
Mini-enclosure  
Non- friable procedure  

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

crawl space A  
crawl space B  

Registered Waste Hauler:  
B & G Restoration, Inc.  
NJDEP Hauler ID#: 19563  
Cubic Yards of Waste: 1  
Name of Registered Landfill: Tullytown Resource & Recovery Center  
City, State: Tullytown, PA  
Disposal Date: 09/10/2015  

Completed by (Print or Type): Gordana Luna  
Title: Secretary/Treasurer  
Signature: Gordana Luna  
Date: 08/24/2015
**State of NJ**

**Notification of Asbestos Abatement**

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

**Check # 7366**

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
<th>Name of Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/18/2014</td>
<td>Ahmed Attia</td>
<td>Ahmed Attia</td>
</tr>
</tbody>
</table>

**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>DOL</td>
<td>Amendment</td>
</tr>
<tr>
<td>DOH</td>
<td>Cancellation</td>
</tr>
<tr>
<td>DCA</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
<th>Name of Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>50 Barnsdale Road</td>
<td>Short Hills, NJ 07078</td>
<td>Ahmed Attia</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

- **Name of facility where abatement is taking place (3)**: Ahmed Attia
- **Street Address**: 50 Barnsdale Road
- **City (5)**: Short Hills, NJ 07078
- **County (6)**: Essex
- **County Code (7)**: N/A

**Name of Monitoring Firm Hired by Bldg. Owner (8)**: N/a

**Type of Facility (4)**

- □ School (K-12)
- □ Subchapter 8 (Other than K-12)
- X Other (Private/Commercial Bldgs./Homes, etc.)

**Square Feet**: N/A

**# of Floors**: N/A

**Bldg. Age**: N/A

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

- □ Residential

**Name of Asbestos Abatement Contractor (9)**

- **B & G Restoration, Inc.**
  - **Street Address**: 105 Ryerson Road
  - **City, State, Zip Code**: Lincoln Park, NJ 07035
  - **Telephone Number**: (973)696-6859
  - **License Number**: 00378
  - **Name of OSHA Monitor**: N/A
  - **Street Address**: 105 Ryerson Road
  - **City, State, Zip Code**: Lincoln Park, NJ 07035

**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:

**Scheduled Start Date (10)**: 09/10/2015

**Sched. Completion Date (11)**: 09/11/2015

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

- □ Demolition
- □ Renovation
- □ ≥3 sf or >3 ft
- □ ≥160 sf or ≥260 sq ft
- X Full Containment w/negative pressure
- □ Glovebag procedure
- □ Mini-enclosure
- □ Non-friable procedure

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

<table>
<thead>
<tr>
<th>Location of asbestos-containing material 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)</th>
<th>Amount (Specify SF or LF)</th>
<th>Rem.</th>
<th>Rep.</th>
<th>Enc.</th>
<th>Encl.</th>
</tr>
</thead>
<tbody>
<tr>
<td>basement furnace room</td>
<td>No</td>
<td>thin duct insulation</td>
<td>4 sf</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Registered Waste Hauler**

- **B & G Restoration, Inc.**
  - **NJDEP Hauler ID#:** 19563
  - **Cubic Yards of Waste**: ½
  - **Name of Registered Landfill**: Tullytown Resource & Recovery Center

**City, State**

- **Lincoln Park, NJ**
  - **Disposal Date**: 09/14/2015

**Completed by (Print or Type)**

- **Gordana Luna**
  - **Title**: Secretary/Treasurer
  - **Signature**: Gordana Luna
  - **Date**: 08/24/2015
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)  8-20-15

Name of Building Owner/Operator (2)  Randolph Township Board of Education

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

Street Address  25 Schoolhouse Road

City, State, Zip Code  Randolph, NJ 07869

Name of Contact  Andy Hurd

Telephone Number  973-320-1232

FACILITY INFORMATION

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

Street Address  511 Millbrook Avenue

City (5)  Randolph

County (6)  Morris

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

ASCM No.  0057

Name of Abatement Contractor (9)  GL Group, Inc

Street Address  140 Hamburg Turnpike

City, State, Zip Code  Bloomington, NJ 07403

License No.  01084

Name of OSHA Monitor  GL Group, Inc

Street Address  140 Hamburg Turnpike

City, State, Zip Code  Bloomington, NJ 07403

Scope of Work (Check All That Apply)
☒ ≥3 sf or ≥3 if
☒ ≥150 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)

Yes  No  N/A

Boiler Room  X

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

Pipe Insulation  6 elbows  X

Boiler Room  X

Ceiling Plaster  8 sf  X

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  ☒ Endorse ☒

Name of Registered Waste Hauler  GL Group, Inc

NJDEP Waste Hauler ID No.  0033034

Cubic Yards of Waste  TBD

Name of Registered Landfill  Grows

City, State  Bloomington, NJ

Disposal Date  TBD

City, State  Morristown, PA

Completed by  Elena Salakova

Title  President

Signature  Elena Salakova

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 8:96 and 8:16)  

Date of Notification (1): 8/24/15  
Name of Building Owner/Operator (2): De Gregory  

Agencies Notified:  
- [ ] EPA  
- [X] DEP  
- [ ] DOL  
- [X] DOI  
- [ ] DOA  

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

Street Address: 109 Finley Ave.  
City, State, Zip Code: Hamilton, NJ 08610  
Name of Contact: Jack De Gregory  
Telephone Number:  

FACILITY INFORMATION  
Name of Facility Where Abatement is Taking Place (3): Residential  
Street Address: 109 Finley Ave.  
City: Hamilton, NJ 08610  
County Code (7): Mercer  
County Code (6): USE ONLY  
Current Use (Prior if being demolished): 70 +/-  

Square Feet: 1800  
# of Floors: 2  
Blg. Age:  

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

Name of Abatement Contractor (9): Stevens Environmental Services, Inc.  
Street Address: PO Box 341  
City, State, Zip Code: Crosswicks, NJ 08515  
Name of OSHA Monitor: DB Environmental  
Street Address: 4 Berkeley Place  
City, State, Zip Code: Freehold, NJ 07728  
License No.: 00493  

Start Date (10): 9/2/15  
Scheduled Completion Date (11): 9/11/15  
Occupancy Status During Abatement (Check only one):  
- [X] Facility Closed/Vacated During Entire Period of Abatement  
- [ ] Abatement Performed Outside of Normal Facility Hours  
- [ ] Other - Describe: 8 am to 4 pm  

Scope of Work (Check all that apply):  
- [X] >= 200 sf or >= 200 ft  
- [X] Renovation Demolition  
- [X] No Asbestos Containing Material (ACM) TO BE ABATED IN Facility  
- [X] EOS Maintenance/Custodial Staff  
- [X] Boiler Insulation  
- [X] Thermal Pipe Insulation  
- [X] Full Containment with Negative Pressure  
- [ ] Min-Enclosure  
- [X] No-Exempted (*) and Non-Friable Procedure  
- [X] Removal  
- [X] Encapsulation  
- [X] Enclosure  

Abatement Type:  

Name of Registered Waste Hauler: Stevens Environmental Services, Inc.  
NJDEP Waste Hauler ID No.: 18292  
Cubic Yards of Waste: 2 CU  
Name of Registered Landfill: GROWS Landfill  
City, State: Allentown, NJ  
Disposal Date: 9/11/15  
City, State: Morristown, PA  

Completed By: Mahlon E. Stevens  
Title: Project Manager  
Date: 8/24/15  

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:68 and 6:16)

Date of Notification (1) 8/24/15

Name of Building Owner/Operator (2) Girl Scout Heart of NJ

Agencies Notified
- EPA
- DEP
- DOH
- DCA
- OSHA

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

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Girl Scout Camp Dewitt

Street Address
605 Montgomery Rd.

City (5) Hilltop

County (6) Somerset

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

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

PO Box 341

Crosswicks, NJ 08515

PO Box 322

Allentown, NJ 08501

Project Manager for Monitoring Firm
Bill Weisgarber

Telephone No. (609) 298-4070

Start Date (10) 9/8/15

Scheduled Completion Date (11) 9/18/15

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

Scope of Work (Check all that apply)
- ≥ 3 sf or ≥ 3 if
- ≥160 sf or ≥260 if
- Renovation/Remodel

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

IN Facility (13)

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

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

Amount (Specify SF or LF)

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

Name of Registered Waste Hauler Stevens Environmental Services, Inc.

NJDEP Waste Hauler ID No. 18292

Cubic Yards of Waste
4 CU

Name of Registered Landfill GROWS Landfill

City, State Allentown, NJ

Disposal Date 9/18/15

City, State Morristown, PA

Completed By
Mahlon E. Stevens

Title Project Manager

Signature

Date 8/24/15

* 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)

Data of Notification (1)

| 8 | 24 | 15 |

Name of Building Owner/Operator (2)
Somerset County Board of Chosen Freeholders

Address Notification

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

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

Street Address
20 Grove St., P.O. Box 3000

City, State, Zip Code
Somererville, NJ 08876

Name of Contact
Brian Mundhenk

Telephone Number
119-232-2021

FACILITY INFORMATION

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

Street Address
799 Miller Lane

City (5)
Bridgewater, NJ

County (6)
Somerset

County Code (7) / STATE USE ONLY

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8)
Bio Terra Solutions

ASCM No.

Name of Abatement Contractor (9)
ALL PRO MANAGEMENT LLC

Street Address
P.O. Box 1224

City, State, Zip Code
Union, NJ

Project Manager for Monitoring Firm
Rick Eustaquio

Telephone No.
973-494-3762

License No.
1188

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 AM

Start Date (10)
9 / 2 / 15

Scheduled Completion Date (11)
10 / 15 / 15

Scope of Work (Check all that apply)
- >3 sft or >3 If
- >160 sft or >280 If
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Firable 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)
430 SF

Abatement Type

1st Floor-Living Room

<table>
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<tr>
<th>VAT</th>
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</table>

Name of Registered Waste Hauler
All Pro Management

NJDEP Waste Hauler ID No.
0034860

Cubic Yards of Waste As Needed

Name of Registered Landfill
IESI Landfill

City, State
Garfield, NJ

Disposal Date TBD

City, State
Bethlehem, PA

Completed By (Print or Type)
Allen Monchik

Title
Project Manager

Signature

Date
8/24/15

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

**State of New Jersey**

### Date of Notification (1)
8 / 24 / 15

### Name of Building Owner/Operator (2)
Somerset County Board of Chosen Freeholders

### Addresses Notified
- [ ] EPA
- [ ] DOLWD
- [ ] DOH
- [ ] DCA (NJAC 5:23-8)

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

### Facility Information

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

#### Street Address
338 Zion Road

#### City (5)
Hillsborough, NJ

#### County (6)
Somerset

#### Name of Monitoring Firm Hired by Building Owner (8)
Bio Terra Solutions

#### ASCM No.

#### Name of Abatement Contractor (9)
ALL PRO MANAGEMENT LLC

#### Street Address
27 Outwater Lane

#### City, State, Zip Code
Garfield, NJ 07026

#### Project Manager for Monitoring Firm
Rick Eustaquito

#### Telephone No.
973-494-3762

#### Start Date (10)
9 / 2 / 15

#### Scheduled Completion Date (11)
10 / 15 / 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 lf
- [ ] > 160 sf or > 260 lf
- [ ] Renovation
- [ ] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>throughout</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
<th>Joint Compound</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2,500 SF</td>
</tr>
</tbody>
</table>

#### Name of Registered Waste Hauler
All Pro Management

#### NJ/DEP Waste Hauler ID No.
0034860

#### Cubic Yards of Waste As Needed
TBD

#### Name of Registered Landfill
IESI Landfill

#### City, State
Garfield, NJ

#### Completed By (Print or Type)
Allen Monchik

#### Title
Project Manager

#### Signature

#### Date
2/14/18

*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>
</tr>
</thead>
<tbody>
<tr>
<td>8 / 24 / 15</td>
<td>Somerset County Board of Chosen Freeholders</td>
</tr>
</tbody>
</table>

- **Agencies Notified**
  - [x] EPA
  - [x] DOLWD
  - [x] DOH
  - [ ] DCA (NJAC 5:23-8)

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

- **Street Address**
  - 20 Grove St., P.O. Box 3000

- **City, State, Zip Code**
  - Somerville, NJ 08876

- **Name of Contact**
  - Brian Mundhenken

- **Telephone Number**

### FACILITY INFORMATION

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

- **Square Feet**

- **# of Floors**

- **Bldg. Age**

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

- **Street Address**
  - 333 Mountain Road

- **City (5)**
  - Bernards Township, NJ

- **County (6)**
  - Somerset

- **County Code (7) [STATE USE ONLY]**

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

- **Name of Monitoring Firm Hired by Building Owner (8)**
  - Bio Terra Solutions

- **ASCN No.**

- **Name of Abatement Contractor (9)**
  - ALL PRO MANAGEMENT LLC

- **Street Address**
  - 27 Outwater Lane

- **City, State, Zip Code**
  - Garfield, NJ 07026

- **Telephone No.**
  - 973-928-4888

- **License No.**
  - 1188

- **Name of OSHA Monitor**
  - ALL PRO MANAGEMENT LLC

- **Street Address**
  - 27 Outwater Lane

- **City, State, Zip Code**
  - Garfield, NJ 07026

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

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

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

- **IN Facility (13)**

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

<table>
<thead>
<tr>
<th>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
</tr>
</thead>
<tbody>
<tr>
<td>135 SF</td>
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</table>

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

### Cubic Yards of Waste

- **Waste Hauler ID No.**
  - 0834860

- **Name of Registered Landfill**
  - IESI Landfill

- **Disposal Date**
  - TBD

- **City, State**
  - Bethlehem, PA

- **Completed By (Print or Type)**
  - Allen Mochik

- **Title**
  - Project Manager

- **Signature**

- **Date**
  - 04/15

*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>
</tr>
</thead>
<tbody>
<tr>
<td>8 / 24 / 15</td>
<td>Somerset County Board of Chosen Freeholders</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
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<tr>
<td>DOLWD</td>
<td>Amended</td>
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<td>DOH</td>
<td>Amendment #</td>
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<tr>
<td>DCA (NJAC 5.23-8)</td>
<td>Emergency (including justification)</td>
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<tr>
<td></td>
<td>Cancellation</td>
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<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Type of Facility (4)</th>
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<tbody>
<tr>
<td>Residential House</td>
<td>School (K-12)</td>
</tr>
<tr>
<td></td>
<td>Subchapter 8 (Other than K-12)</td>
</tr>
<tr>
<td></td>
<td>Other (i.e., private and commercial buildings, homes, etc.)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>20 Grove St., P.O. Box 3000</td>
<td>Somerville, NJ 08876</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Contact</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brian Mundhenk</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FACILITY INFORMATION</th>
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</thead>
<tbody>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
</tr>
<tr>
<td>Residential House</td>
</tr>
<tr>
<td>Street Address</td>
</tr>
<tr>
<td>544 Elizabeth Ave</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
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<tr>
<td>Franklin, NJ 08876</td>
</tr>
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</table>

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

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

<table>
<thead>
<tr>
<th>Name of Abatement Contractor (9)</th>
<th>ALL PRO MANAGEMENT LLC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>27 Outwater Lane</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Garfield, NJ 07026</td>
</tr>
<tr>
<td>Name of OSHA Monitor</td>
<td>ALL PRO MANAGEMENT LLC</td>
</tr>
<tr>
<td>Street Address</td>
<td>27 Outwater Lane</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Garfield, NJ 07026</td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>1st Floor-Living &amp; Dining Rooms</th>
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</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>Cubic Yards of Waste</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Pro Management</td>
<td>As Needed</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Completed By</th>
<th>Title</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allen Monchik</td>
<td>Project Manager</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
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<tbody>
<tr>
<td>1/18/12</td>
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<table>
<thead>
<tr>
<th>Agencies Notified</th>
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<tbody>
<tr>
<td>EPA</td>
</tr>
<tr>
<td>DEP</td>
</tr>
<tr>
<td>DOL</td>
</tr>
<tr>
<td>DOH</td>
</tr>
<tr>
<td>DCA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>rachel pernia</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>301 walnut street</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
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</thead>
<tbody>
<tr>
<td>Newark, NJ 07104</td>
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</tbody>
</table>

Name of Contact  

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

Name of Abatement Contractor (9)  

<table>
<thead>
<tr>
<th>D &amp; S RESTORATION, INC.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
</tr>
<tr>
<td>20 California Ave.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paterson, NJ 07503</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Type of Facility (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>School (K - 12)</td>
</tr>
<tr>
<td>Subchapter 8 (Other than K-12)</td>
</tr>
<tr>
<td>Other (Private/Commercial Bldgs./Homes, etc.)</td>
</tr>
</tbody>
</table>

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

Name of OSHA Monitor  

<table>
<thead>
<tr>
<th>D &amp; S Restoration, Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
</tr>
<tr>
<td>20 California Avenue</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paterson, NJ 07503</td>
</tr>
</tbody>
</table>

| Other-Describe: NORMAL HOURS |

Occupancy Status During Abatement (Check only one)  

<table>
<thead>
<tr>
<th>Facility closed/vacated during entire period of abatement.</th>
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<tbody>
<tr>
<td>Abatement performed outside of normal facility hours.</td>
</tr>
<tr>
<td>Describe:</td>
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<table>
<thead>
<tr>
<th>Scope of Work (check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>≥50 sf or ≥2 If</td>
</tr>
<tr>
<td>≥600 sf or ≥260 If</td>
</tr>
<tr>
<td>Demolition</td>
</tr>
<tr>
<td>Renovation</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Description of asbestos-containing material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pipe Insulation</td>
</tr>
<tr>
<td>108.1 ft</td>
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</table>

<table>
<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>H Remov</td>
</tr>
<tr>
<td>Repair</td>
</tr>
<tr>
<td>Encap</td>
</tr>
<tr>
<td>E EncL</td>
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</table>

Registered Waste Hauler  

<table>
<thead>
<tr>
<th>TULLYTOWN, RESOURCE RECOVERY</th>
</tr>
</thead>
<tbody>
<tr>
<td>NJDEP Hauler ID# 13506</td>
</tr>
<tr>
<td>Cubic Yards of Waste 2 yd.</td>
</tr>
</tbody>
</table>

Name of Registered Landfill  

<table>
<thead>
<tr>
<th>TULLYTOWN, RESOURCE RECOVERY</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State</td>
</tr>
<tr>
<td>PATERSON, NJ 07503</td>
</tr>
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</table>

Completed by (Print or Type)  

<table>
<thead>
<tr>
<th>BOGDAN JOLDZIC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title: PRESIDENT</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>08/20/15</td>
</tr>
</tbody>
</table>

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

Date of Notification (1)
10/18/12 10/11/15

Name of Building Owner/Operator (2)
michael sell

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

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

Street Address
22 warren lane

City, State, Zip Code
alpine, nj 07620

Name of Contact
michael sell

Telephone Number
201-655-7911

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
michael sell

Street Address
22 warren lane

City (5) County (6) County Code (7)
alpine 201-655-0791

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

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

Street Address
20 California Ave.

City, State, Zip Code
Paterson, NJ 07503

Telephone Number License Number
973-345-8020 01169

Name of OSHA Monitor
D & S Restoration, Inc.

Street Address
20 California Avenue

City, State, Zip Code
Paterson, NJ 07503

Start Date (10) Sched. Completion Date (11)
08/31/15 09/15/15

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

Scope of Work (check all that apply)
- ≥ 2,000 sf or ≥ 3,000 ft
- ≥ 100 sf or ≥ 200 ft
- Demolition

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

Yes No N/A

Is location normally used solely
by maintenance/custodial
staff?(12)

Description of asbestos-containing
material (ACM)

Amount (Specify SF or LF)

Removal Repair Encapsulation

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

BASEMENT

BASEMENT CRAWL SPACE

Registered Waste Hauler
D & S RESTORATION, INC.

NJ DEP Hauler ID # 13506

Cubic Yards of Waste
1 yd.

Name of Registered Landfill
TULLYTOWN, RESOURCE RECOVERY

City, State
PATerson, NJ 07503

Disposal Date
09/01/15

Completed by (Print or Type)
BOGDAN JOLDZIC

Title PRESIDENT

Signature

Date 08/20/2015

* Do not use this form for asbestos licensure exempted activities.
### 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>10/18/12</td>
<td>George Sibbald</td>
</tr>
</tbody>
</table>

**Agencies Notified**
- DOL

**Type Notification**
- Initial

**Address Information**
- **Street Address:** 98 East Magnolia Avenue
- **City, State, Zip Code:** Maywood, NJ 07607

**Name of Contact**
- George Sibbald

<table>
<thead>
<tr>
<th>Type of Facility (4)</th>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>D &amp; S Restoration, Inc.</td>
</tr>
</tbody>
</table>

**Current Use**
- **Square Feet:** 20 California Ave.
- **# of Floors:** Paterson, NJ 07503
- **Bidg. Age:** 07503

<table>
<thead>
<tr>
<th>Scope of Work (check all that apply)</th>
<th>Full Containment w/ negative pressure</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mini-enclosure</td>
</tr>
<tr>
<td></td>
<td>Glovebag procedure</td>
</tr>
<tr>
<td></td>
<td>Non-Exempted (*) and Non-Friable procedure</td>
</tr>
</tbody>
</table>

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

**Amount (Specify SF or LF)**
- **Description of asbestos-containing material (ACM):** 128 ft

**Registered Waste Hauler**
- D & S Restoration, Inc.

**Name of Registered Landfill**
- Tullytown, Resource Recovery

**Completed by (Print or Type)**
- Bogdan Joldzic

**Date**
- 08/20/2015

---

*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)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>08/19/2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>IMTT - Bayonne</td>
</tr>
<tr>
<td>Agencies Notified</td>
<td>EPA</td>
</tr>
<tr>
<td></td>
<td>DEP</td>
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<td></td>
<td>DOL</td>
</tr>
<tr>
<td></td>
<td>DOH</td>
</tr>
<tr>
<td></td>
<td>DCA</td>
</tr>
<tr>
<td>Street Address</td>
<td>250 East 22nd Street</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Bayonne, New Jersey 07002</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Aubrey Hotard</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>201-842-3236</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

| Name of Facility Where Abatement is Taking Place (3) | IMTT - Bayonne |
| Street Address | 250 East 22nd Street |
| City (5) | Bayonne, New Jersey 07002 |
| County (6) | Hudson |
| County Code (7) | 00079 |
| Name of Monitoring Firm Hired by Building Owner (8) | Envirovision Consultants, Inc. |
| ASCM No. | 00079 |
| Name of Abatement Contractor (9) | Insulations, Inc. |
| Street Address | 1101 Edwards Avenue |
| City, State, Zip Code | Fair Lawn, New Jersey 07410 |
| Project Manager for Monitoring Firm | Guillermo Morales |
| Telephone No. | 973-636-9145 |
| Telephone No. | 504-733-5033 |
| License No. | 01120 |
| Name of OSHA Monitor | Envirovision Consultants, Inc. |
| Street Address | 20-21 Wagraw Road, Bldg. 34A |
| City, State, Zip Code | Fair Lawn, New Jersey 07410 |

| Start Date (10) | 09/01/2015 |
| Scheduled Completion Date (11) | 09/04/2015 |
| Occupancy Status During Abatement (Check Only One) | Facility Closed/Vacated During Entire Period of Abatement |
| Other - Describe: Area unoccupied |
| Scope of Work (Check All That Apply) | X ≥3 sf or ≥3 l ft |
| | X ≥160 sf or ≥260 l ft |
| | X Renovation |
| | X Demolition |
| | X Full Containment with Negative Pressure |
| | X Mini-Enclosure |
| | X Glovebag Procedure |
| | X Non-Exempted (*) and Non-Friable Procedure |

| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) |
|--------------------------|--------------------------|--------------------------|
| Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) |
| Yes | No | N/A |
| Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) |
| Yard 9 6-oil line/Yard 8 Insp Rack | X |
| Yard 8 trestle to 8500 yard |
| contains Amosite & Chrysotile |
| Asbestos |

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
</tr>
</thead>
<tbody>
<tr>
<td>TBD by IMTT - IMTT handles all waste</td>
</tr>
<tr>
<td>NJDEP Waste Hauler ID No.</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
</tr>
<tr>
<td>Disposal Date</td>
</tr>
<tr>
<td>City, State</td>
</tr>
</tbody>
</table>

**Completed by**

| Aubrey Hotard |
|--------------------------|--------------------------|--------------------------|
| Title | Corporate Safety Director |
| Signature | Signature |
| Date | 08/19/2015 |

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

Date of Notification (1)
8-25-15

Name of Building Owner/Operator (2)
Camden County Improvement Authority

Agency Notified
DEPA

Type Notification
Gr Initial

Street Address
2220 Voorhees Town Center

DOH

Amendment #
Emergency (including
justification)

City, State, Zip Code
Voorhees Township, NJ 08043

County
Camden

Name of Contact
Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Former Trinity German Evangelical Lutheran Church

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

Street Address
511-525 Stevens Street

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

City (5)
Camden

County Code (7) (STATE USE ONLY)
Camden

County
Camden

Current Use (Prior if being demolished)
vacant

Name of Monitoring Firm Hired by Building Owner
Health and Safety

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

City, State, Zip Code
Berlin, NJ 08009

Street Address
P.O. Box 365

Telephone No.
856-452-1311

License No.
01166

Start Date (10)
9-3-15

License No.
215-533-5155

Name of OSHA Monitor
Health and Safety

Scheduled Completion Date (11)
9-30-15

Street Address
2251 Fraley Street

City, State, Zip Code
Philadelphia, PA 19137

Project Manager for Monitoring Firm
Jim Proctor

Telephone No.
215-533-5155

Name of OSHA Monitor
Health and Safety

City, State, Zip Code
Berlin, NJ 08009

Scope of Work (Check all that apply)
Yes

Abatement Type
Full Containment with Negative Pressure

Other- Describe:
Renovation

Non-Exempted (*) and Non-Fireable Procedure
Demolition

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

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

Amount (Specify SF or LF)

Yes
No
N/A

see attached sheet

Name of Registered Waste Hauler
NJDEP Waste Hauler
ID No.

Cubic Yards of
Waste

Name of Registered Landfill
A & L Salvage

City, State
Morrisville, PA

Disposal Date
City, State
Libson, OH

Completed by
Jennifer Niven
Dir. of Operations

Signature

Date
8-25-15

* Do not use this form for asbestos license exempted activities.
<table>
<thead>
<tr>
<th>CODE</th>
<th>DESCRIPTION OF MATERIAL</th>
<th>LOCATION OF MATERIAL</th>
<th>Amount</th>
<th>Code**</th>
<th>Code***</th>
<th>Code ****</th>
</tr>
</thead>
<tbody>
<tr>
<td>NF1</td>
<td>ceiling panel</td>
<td>addition wing, basement and HVAC units</td>
<td>30 SF</td>
<td>REM</td>
<td>PCM</td>
<td>PCM</td>
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<tr>
<td>NF1</td>
<td>9x9 floor tile and mastic</td>
<td>addition wing, 2nd fl., below 2 layers of non-asbestos floor tile and plywood</td>
<td>1850 SF</td>
<td>REM</td>
<td>PCM</td>
<td>PCM</td>
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<tr>
<td>NF1</td>
<td>window glazing</td>
<td>church t/p the 1st and 2nd fl</td>
<td>24 LF</td>
<td>REM</td>
<td>PCM</td>
<td>PCM</td>
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<tr>
<td>NF2</td>
<td>black asphalt layered roofing felt</td>
<td>roof</td>
<td>3000 SF</td>
<td>REM</td>
<td>PCM</td>
<td>PCM</td>
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<tr>
<td>NF2</td>
<td>black asphalt roof flashing/sealant compound</td>
<td>roof</td>
<td>500 SF</td>
<td>REM</td>
<td>PCM</td>
<td>PCM</td>
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</tbody>
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