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

Date of Notification (1) 11 / 30 / 12

Name of Building Owner/Operator (2) Verizon

Address Street
1095 6th Avenue

City, State, Zip Code New York, NY 10036

Name of Contact Alex Baylor

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Verizon Pompton Lakes Central Office

Street Address
8 Hamburg TPKE

City (5) Riverdale, NJ

County (6) Morris

County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished)

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

ASCM No. 29717

Name of Abatement Contractor (9) JVN Restoration Inc

Street Address
1253 North Church Street

City, State, Zip Code Moorstown, NJ Staten Island NY 10309

Project Manager for Monitoring Firm
Harold Balwin

Telephone No. 856-840-8800

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

Square Feet 10000
# of Floors 2
Bldg. Age 40

Start Date (10) 12 / 11 / 12

Scheduled Completion Date (11) 12 / 18 / 12

Name of OSHA Monitor
Testor Tech

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

Location of Asbestos-Containing Material (ACM)

TO BE ABATED
IN Facility

Yes No N/A

<table>
<thead>
<tr>
<th>Location</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>Basement</td>
<td>VAT</td>
<td>2200 SF</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
Global Waste Industries Inc

NJDEP Waste Hauler ID No. NJ-22171

Cubic Yards of Waste
5

Name of Registered Landfill
Minerva Enterprises Inc

City, State
Hackettstown, NJ

Disposal Date 12/19/2012

City, State
Waynesburg, OH

Completed By (Print or Type)
John Tardy

Title Senior Project Manager

Signature

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

Date of Notification (1)
11-27-12

Name of Building Owner/Operator (2) RECEIVED
Jane Lee

Street Address
85 Park St.

City, State, Zip Code
Montclair, NJ, 07042

Name of Contact
Jane Lee

Telephome Number

FACILITY INFORMATION

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

Street Address
85 Park St.

City (5)
Montclair

County (6)
Essex

County Code (7)

Square Feet
2200

# of Floors
3

Bldg. Age
75

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

Occupancy Status During Abatement (Check only one)
[X] Abatement Performed Outside of Normal Facility Hours - Describe: [ ] Abatement Performed Outside of Normal Facility Hours - Describe: [ ] Other - Describe: Other Occupancy Descriptive:

Scheduled Start Date (10)
12/7/12

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

Month
Day
Year
Month
Day
Year

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

Location Normally Used Solitary Maintenance/Custodial Staff (12)

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

Amount (Specify SF or LF)

Removal Repairs Enclosure

[ ] Basment

[X] Basement

[X] Plaster Ceiling

1,100 SF X

[X] Pipe insulation

160 LF X

Name of Registered Waste Hauler
AZTECH MANAGEMENT, INC.

Waste Disposal

Cubic Yards of Waste: 10.0

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

City, State
Montclair, NJ 07042

City, State
Morrisville, PA 19067

Disposal Date
12/13/12

Completed by (Print or Type)
Constantine Vivian

Title
President

Signature

Date
12/27/12
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:12-1)

Date of Notification (1) November 27, 2012
Name of Building Owner/Operator (2) PA of NY & NJ, Newark Liberty International Airport

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

Name of Facility Where Abatement is Taking Place (3)
Terminal B, B3 Concourse Entrance

Street Address
Terminal B, Newark Liberty International Airport
City, State, Zip Code
Newark, NJ 07114

Name of Contact Telephone Number
Ralph Campione

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

Square Feet Nº of Floors Bldg. Age
24000 2 40 +/-

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

Current Use (Prior if being demolished)
Terminal

Name of Monitoring Firm Hired by Building Owner Name of Abatement Contractor (9)
☐ PA of NY & NJ ☐ B&N&K Restoration Co., Inc.

Street Address
241 Erie Street, Room 236
City, State, Zip Code
Clifton, NJ 07011

Telephone No.
973-624-6898

License No.
00120

Name of OSHA Monitor
McCabe Environmental Services, L.L.C.

Street Address
464 Valley Brook Avenue
City, State, Zip Code
Lyndhurst, NJ 07071-1998

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

☑ Renovation ☐ Demolition

Location of asbestos-containing material (ACM) to be abated
IN Facility (15)

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)

Fireproofing 854 sq ft

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

☐ Removal ☐ Recapitulation ☐ Enclosure

Name of Registered Waste Hauler Name of Registered Landfill
NJDEP Waste Hauler ID No. Minerva Enterprises, Inc.
19555

Cubic Yards of Waste
15

Disposal Date
12/1/2012 - 03/31/2013

City, State
Waynesburg, OH

Completed by G. Roger Woodman Title Project Manager

Signature Date

11/27/2012

* Do not use this form for asbestos licensure exempted activities.
Date of Notification (1): 11/16/12

Agency(ies) Notified:
- [X] EPA
- [ ] DEP
- [X] DOL
- [ ] DOH
- [X] DCA

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

Name of Building Owner/Operator: Beacon Redevelopment LLC

Street Address: 4 Beacon Way, Suite 16
City, State, Zip Code: Jersey City, NJ 07304
Name of Contact: Nick Allegretta, P.M.

FACILITY INFORMATION

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

Street Address: 4 Beacon Way
City (5): Jersey City

County (6): Hudson County

Name of Monitoring Firm Hired by Building Owner (8):
J&S Environmental Laboratories, LLC

ASCM No.:

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

Street Address: 2333 Route 22 West
City, State, Zip Code: Union, NJ 07081

Project Manager for Monitoring Firm: Sherrill Gelsomino
Telephone No.: 908-209-0073

Start Date (10): 11/26/12
Scheduled Completion Date (11): 01/31/13

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

Scope of Work (Check All That Apply):
- [X] 36 sf or < 36 sf
- [X] >160 sf or <260 sf
- [X] Renovation
- [ ] Demolition
- [ ] Full Containment with Negative Pressure
- [X] Mini-Endorsement
- [X] Glovebag Procedure
- [X] Non-Exempted (*) and Non-Friable Procedure

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

In Facility (13):

<table>
<thead>
<tr>
<th>Floor</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st Floor</td>
<td></td>
<td>X</td>
<td></td>
<td>Pipe Insulation</td>
</tr>
<tr>
<td>Mezzanine Level</td>
<td></td>
<td>X</td>
<td></td>
<td>Pipe Insulation</td>
</tr>
</tbody>
</table>

Amount (Specify SF or LF): 500 LF

Abatement Type:
- [X] Removal
- [ ] Repair
- [ ] Encapsulate
- [X] Endorse

Endorsement Date: 11/27/12

Name of Registered Waste Hauler:
Pyramid Contracting Corp.

NJDEP Waste Hauler ID No.: 32813
Cubic Yards of Waste: 2

Name of Registered Landfill:
G.R.O.W.S., Inc.
City, State: Clifton, New Jersey
Disposal Date: 11/27/12

Completed by:
Dimo Golcev
Title: General Manager
Signature: 

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

Date of Notification (1)  
November 28, 2012

Name of Building Owner / Operator (2)  
JPMorgan Chase & Co.

Agencies Notified  
☐ EPA  
☐ DEP  
☐ DOH  
☐ DCA  
☐ Initial  
☐ Amended  
☐ Amendment #  
☐ Cancellation

Street Address  
57 Diamond Spring Road

City, State & Zip Code  
Denville, NJ 07834

Name of Contact  
Damiano Albanese

FACILITY INFORMATION

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

Street Address  
57 Diamond Spring Road

City (5)  
Denville

County (6)  
Morris

Name of Monitoring Firm Hired by Building Owner (8)  
The Louis Berger Group

Street Address  
412 Mount Kemble Avenue

City, State & Zip Code  
Morristown, NJ 07960

Project Manager for Monitoring Firm  
Bruce Lockwood

Scheduled Start Date (10)  
December 8, 2012

Scheduled Completion Date (11)  
December 28, 2012

Name of Abatement Contractor (9)  
Synatech, Inc.

Street Address  
829 Radio Road

City, State & Zip Code  
Little Egg Harbor, NJ 08087

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

Square Feet  
6,500

# of Floors  
2

Bldg. Age  
63

Current Use (Prior if being demolished)  
Bank

Name of OSHA Monitor  
Synatech, Inc.

Occupancy Status During Abatement (Check only one)  
☒ Abatement Performed Outside of Normal Hours

Other – Describe:  

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

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

IN Facility  
(13)

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)  
220 SF

Abatement Type  
☒ Full Containment with Negative Pressure

☐ Mini-Enclosure

☐ Glovebag Procedure

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

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

IN Facility  
(13)

Yes  
No  
N/A

Cubic Yards of Waste  
5

Name of Registered Landfill  
Grow's Landfill

Committed By  
Diane Alola

Title  
Executive Administrator

Signature  
[Signature]

Date  
November 28, 2012

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

Date of Notification (1) November 28, 2012

Name of Building Owner/Operator (2) F Squared

Street Address 12 Little John Place

City, State, Zip Code White Plains, NY 10603

Name of Contact Greg Pricke

Telephone Number

FACILITY INFORMATION

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

Street Address 335 North 6th Street

City Surf City

County County (6) Ocean

County Code (7) (STATE USE ONLY) ASCM No.

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

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 Stetson Road

City, State, Zip Code Piscataway, New Jersey 08854

Occupancy Status During Abatement (Check only one)
[ X ] Abatement Performed Outside of Normal Facility Hours

[ ] Other – Describe__

Scheduled Start Date (10) 11/28/12

Scheduled Completion Date (11) 11/29/12

Scope of Work (Check all that apply)
[ ] >3 sf or ≥21 lf
[ X ] ≥160 sf or ≥260 lf

[ ] Demolition

[ ] Renovation

[ ] Full Containment with Negative Pressure

[ ] Mini-Enclosure

[ ] Glovebag Procedure

[ X ] Non-Exempted (*) and Non-Viable Procedure

Abatement Type

Removal

Repair

Encapsulation

Enclosure

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

Exterior-house

Exterior-garage

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

YES NO N/A

Asbestos siding

Asbestos siding

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

Amount (Specify SF or LF)

1150 sf

600 sf

Remarks

Name of Registered Waste Hauler Guardian Contracting, Inc.

NJDEP Waste Hauler ID No. 20223

Cubic Yards of Waste 4

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

City, State Toms River, New Jersey

Disposal Date 11/30/12

City, State Tullytown, Pennsylvania

Completed by (Print or Type) Nicholas Femnicola

Title Project Manager

Signature

Date 11/28/2012

*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)
11/27/12

Check# 2329

Name of Building Owner/Operator (2)
Trinitas Regional Medical Center

2012 DEC - 3 PM 1:31

AGGREGATE CONTROL & LICENSING

Check #: 2329

Name of Address Where Abatement is Taking Place (3)
Trinitas Regional Medical Center-North Building-7th Floor

Street Address
225 Williamson Street

City, State, Zip Code
Elizabeth, NJ 07207

Name of Contact
Brian Akers

Telephone Number

FACILITY INFORMATION

Type of Facility (4)

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

Square Feet
60,000

# of Floors
8

Bldg. Age
65+

Name of Monitoring Firm Hired by Building Owner (5)
ASCN No.

Name of Abatement Contractor (9)
EA Services Corporation

County Code (7)
UNION

Current Use (Prior if being demolished)
Hospital

Name of OSHA Monitor
EA Services Corporation

Project Manager for Monitoring Firm

Telephone No.

License No.
01074

Start Date (10)
12/6/12

Scheduled Completion Date (11)
12/6/12

Occupancy Status During Abatement (Check Only One)

□ Facility Closed/Vacated During Entire Period of Abatement
□ Abatement Performed Outside of Normal Facility Hours
□ Other – Describe: Starting at 5:00 PM

Scope of Work (Check All That Apply)

□ 200 sf or 233 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

Endorse

Removal
Repair
Encapsulate

Location

Amount

Abatement Type

7th Floor-North Bldg-Room 5
Floor tile (no mastic)
12 SF
x

7th Fl-Northeast corner room
Floor tile (no mastic)
12 SF
x

Name of Registered Waste Hauler
Freehold Carting

NJ/DEP Waste Hauler ID No.
15939

Cubic Yards of Waste
Disposal Date

Endorse

Removal
Repair
Encapsulate

Name of Registered Landfill
Waste Management

City, State
Tullytown Landfill

PO Box 5010

Completed by
Gina Salvador

Title
Office Manager

Signature

Date
11/27/2012

* Do not use this form for asbestos licensure exempted activities.
**State of New Jersey**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:560 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>12-20-12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Chemist (2)</td>
<td>St. Bridget's Senior Residence, Urban Renewal &amp; Licensing</td>
</tr>
<tr>
<td>Street Address</td>
<td>26 Park Street</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Montclair, N.J., 07042</td>
</tr>
<tr>
<td>Name of Facility Where Abatement is Taking Place (8)</td>
<td>ST BRIDGET'S RICC PROPERTY</td>
</tr>
<tr>
<td>City (9)</td>
<td>Jersey City</td>
</tr>
<tr>
<td>County Code (9)</td>
<td>Hudson</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (10)</td>
<td>AEC Insulation Co., Inc.</td>
</tr>
<tr>
<td>Street Address</td>
<td>95 Monrose Rd</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Colts Neck, N.J., 07722</td>
</tr>
<tr>
<td>Name of Abatement Contractor (11)</td>
<td>AEC Insulation Co., Inc.</td>
</tr>
<tr>
<td>Street Address</td>
<td>95 Monrose Rd</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Colts Neck, N.J., 07722</td>
</tr>
</tbody>
</table>

**Start Date (10)** 12-20-12 **Scheduled Completion Date (11)** 12-20-12

**Occupancy Status During Abatement**
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other - Describe: 7AM-7PM

**Scope of Work**
- 510 or ≥ 3 ft
- 1600 sq ft or ≥ 200 ft
- Removal Demolition
- InLocation Normally Used Solely by Maintenance/Control Staff (12)
- Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, covering, VAC, or other miscellaneous)
- Amount (Specify SF or LF)

<table>
<thead>
<tr>
<th>Location of ACM TO BE ABATED</th>
<th>On Facility</th>
<th>In Location Normally Used Solely by Maintenance/Control Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Basements</strong></td>
<td>Yes</td>
<td>No/A</td>
</tr>
<tr>
<td><strong>Main Floors</strong></td>
<td>Yes</td>
<td>No/A</td>
</tr>
<tr>
<td><strong>Basements</strong></td>
<td>No/A</td>
<td>No/A</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Handler**
- AEC Insulation Co., Inc. (12)
- Cubic Yards of Waste: 10

**Name of Registered Landfill**
- TEST
- City, State: Bethlehem, PA

**Completed by**
- Jack Malt, Malt, Malt

*Do not use this form for asbestos license-exempted activities.*
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:6H and 12:12D)

<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>T E ADELPHIA GPOSSUS CONTROL &amp; LICENSING</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>29 MURPHY CIRCLE</td>
</tr>
<tr>
<td></td>
<td>FLOTHAM PARK, NJ 07932</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

| Name of Facility Where Abatement is Taking Place | T E ADELPHIA GROUP |
| City, State, Zip Code                          | FLOTHAM, NJ 07932  |

| Name of Monitoring Firm Hired by Building Owner | ACE INSULATION Inc. |
| Telephone No.                                   | (973) 244-1257     |

<table>
<thead>
<tr>
<th>Start Date</th>
<th>Scheduled Completion Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>12-18-12</td>
<td>12-13-12</td>
</tr>
</tbody>
</table>

**Abatement Type**

- **Material:** asbestos-containing material (ACM)  
- **Location:** basement  
- **Description:** asbestos containing material (ACM)  
- **Amount:** 100 Lb.

**Waste Handling**

| Name of Registered Waste Handler | MTI INSULATION CORP |
| City, State, Zip Code           | COLTS Neck, NJ 07747 |

**Received:** 11-28-12  
**Completed By:** S Mark Hall  
**Date:** 11-28-12

*Do not use this form for asbestos licensure exempted activities.*
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:90 and 8:16)

Date of Notification (1)  11/29/12

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

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

Name of Building Owner/Operator (2)  Mr. Joseph Patsco

Street Address  
33 Rumson Rd

City, State, Zip Code  
Little Silver, NJ 07739

Name of Contact  
Joe Patsco  
Telephone Number

FACILITY INFORMATION

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

Street Address  
33 Rumson Road

City (5)  
Little Silver, NJ

County (6)  
Monmouth

County Code (7)  
(STATE USE ONLY)

Current Use (Prior if being demolished)  
Residence

Square Feet  
3000

# of Floors  
2

Bldg. Age  
75

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

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

Street Address  
PO Box 341

City, State, Zip Code  
Crosswick, NJ 08515

Project Manager for Monitoring Firm  
William Weisgarber Jr.

Telephone No.  
(609) 298-4070

Start Date (10)  
12/11/12

Scheduled Completion Date (11)  
12/15/12

Occupancy Status During Abatement (Check only one)  
- [X] Facility Closed/Vacated During Entire Period of Abatement
- [X] Abatement Performed Outside of Normal Facility Hours
- [ ] Other - Describe:  8AM - 4:30PM

Scope of Work (Check all that apply)  
- [X] ≥3 sf or ≥3 ft
- [X] ≥160 sf or ≥280 ft

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)  
- [X] Basement  
- [X] Boiler Insulation  
- [X] Pipe Insulation

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

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

Amount (Specify SF or LP)  
180LF  
40SF

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

Location of Registered Waste Hauler  
Stevens Environmental Services Inc.

NJDEP Waste Hauler ID No.  
18292

Cubic Yards of Waste  
4 CU

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

City, State  
Allentown, NJ

Disposal Date  
12/17/12

City, State, Zip Code  
Allentown, NJ 08515

Completed By  
Mahlon E. Stevens  
Project Manager

Signature  
Date  11/29/12

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

Date of Notification (1)

Name of Building Owner/Operator (2)

Name of Contact

Agencyes Notified

<table>
<thead>
<tr>
<th>Agency</th>
<th>Type Notification</th>
<th>Initial</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DEP</td>
<td>Amended Amendment</td>
<td></td>
</tr>
<tr>
<td>DOL</td>
<td>Emergency</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

Name of facility where abatement is taking place (3)

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

Type of Facility (4)

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

Square Feet

# of Floors

Bldg. Age

Current Use (Prior if being demolished)

Type of Abatement Contractor (9)

Full Containment w/negative pressure

Mini-enclosure

Glovebag procedure

Non-Exempted (*) and Non-Transferable procedure

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

basement crawl spaces

Location normally used solely by maintenance/custodial staff (12)

Description of asbestos-containing material (ACM)

Amount (Specify SF or LF)

Removal

Repair

Encapsulation

Enclavage

Registered Waste Hauler

Name of Registered Landfill

Registered Waste Hauler

Disposal Date

Cubic Yards of Waste

Name of Registered Landfill

City, State

Completed by (Print or Type)

BOGDAN JOLDZIC

PRESIDENT

Signature

Date

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)

RECEIVED

Date of Notification (1) | Name of Building Owner/Operator (2)
------------------------|----------------------------------
12/11/2012 | JOSEPHINE LA FRANCE

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

FACILITY INFORMATION

Name of facility where abatement is taking place (3)

JOSEPHINE LA FRANCE

Street Address

7 SOUTH 2ND STREET

City, State, Zip Code

ROXBURY, NJ

Name of Contact

JOSEPHINE LA FRANCE

Telephone Number

Type of Facility (4)

School (K - 12)

Subchapter 8 (Other than K-12)

Other (Private/Commercial Blgds./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

Telephone Number

973-345-8020

License Number

01169

Name of OSHA Monitor

D & S Restoration, Inc.

Street Address

20 California Avenue

City, State, Zip Code

Paterson, NJ 07503

Occuany Status During Abatement (Check only one)

Facility closed/vacated during entire period of abatement.

Abatement performed outside of normal facility hours-

Describe:

Other-Describe: NORMAL HOURS

Scope of Work (check all that apply)

>3 sf or >3 if

Renovation

>160 sf or >260 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)

Amount (Specify SF or LF)

Removal

Repair

Encap

EncL

Basement

PIPE INSULATION & FITTINGS 200 L FT

Registered Waste Hauler

D & S RESTORATION, INC.

NUDEP Hauler ID# 13506

Cubic Yards of Waste

2 YDS

Name of Registered Landfill

TULLYTOWN, RESOURCE RECOVERY

City, State

PATerson, NJ 07503

Disposal Date

12/11/12

City, State

TULLYTOWN, PA

Completed by (Print or Type) Title

BOGDAN JOLDZIC PRESIDENT

Signature

Date

11/26/12

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

**Date of Notification (1)**  
- **1/1/11**
- **1/2/11**
- **1/3/11**
- **1/4/11**

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

**Type Notification**  
- **Initial**
- **Amended**
- **Emergency**
- **Amendment #**
- **Cancellation**

**Name of Building Owner/Operator (2)**
- **JOAN ELY**

**Street Address**
- **119 BELVOIR AVENUE**
- **BEACH HAVEN, NJ 08008**

**Facility Information**

<table>
<thead>
<tr>
<th>Name of facility where abatement is taking place (3)</th>
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</thead>
<tbody>
<tr>
<td>JOAN ELY</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>City (5)</th>
<th>County (6)</th>
<th>County Code (7)</th>
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</thead>
<tbody>
<tr>
<td>BEACH HAVEN</td>
<td>OCEAN</td>
<td></td>
</tr>
</tbody>
</table>

**Name of Monitoring Firm Hired by Bldg. Owner (6)**
- **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.**
- **PATERSON, NJ 07503**

**Telephone Number**
- **973-345-8020**
- **License Number**
- **01169**

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

**Start Date (10)**
- **12/7/12**

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

**Scope of Work (check all that apply)**
- **>3 sf or >31 lf**
- **Renovation**
- **>160 sf or >260 lf**
- **Demolition**

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

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

**BASEMENT**

<table>
<thead>
<tr>
<th>PIPE INSULATION &amp; FITTINGS</th>
<th>160 LF</th>
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</thead>
</table>

**Registered Waste Hauler**

<table>
<thead>
<tr>
<th>D &amp; S RESTORATION, INC.</th>
<th>NJDEP Hauler ID#</th>
<th>Cubic Yards of Waste</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>13506</td>
<td>2 YDS</td>
</tr>
</tbody>
</table>

**Name of Registered Landfill**
- **TULLYTOWN, RESOURCE RECOVERY**

**City, State**
- **PATERSON, NJ 07503**

**Disposal Date**
- **12/10/12**

**Completed by (Print or Type)**
- **BOGDAN JOLDSZIC**
- **Title**
- **PRESIDENT**
- **Signature**
- **Date**
- **11/26/12**

*Do not use this form for asbestos licensure exempted activities.*
State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:80 and 12:120)

Date of Notification (1)  
1/11/16

Name of Building Owner/Operator (2)  
THE ESTATE OF WINDELER

Street Address  
371 STEINHAUSER LANE  
WYCKOFF, NJ 07481

□ EPA  □ DEP  □ DOL  □ DOH  □ DCA
□ Initial  □ Amended  □ Emergency (Incl. justifi.)  □ Cancellation

Name of Contact  
D. BRUNS

FACILITY INFORMATION

Name of facility where abatement is taking place (3)  
THE ESTATE OF WINDELER

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

Telephone Number  
973-345-8020

License Number  
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)
12/06/12  12/14/12

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
□ Other—Describe:  

Scope of Work (check all that apply)
□ >3 sf or >3 lf  □ Demolition  □ Renovation
□ ≥160 sf or ≥280 lf  □ Full Containment
□ Location of asbestos-containing material (acm) to be abated in facility (13)

Description of asbestos-containing material (ACM)  
100 LF

Amount (Specify SF or LF)  
Removal
Repair
Encap
Enclosure

Registered Waste Hauler  
D & S RESTORATION, INC.

Cubic Yards of Waste  
LYD

Name of Registered Landfill  
TULLY TOWN, RESOURCE RECOVERY

City, State  
PATERN J, NY 07503

Disposal Date  12/07/12

City, State  
TULLY TOWN, PA

Completed by (Print or Type)  
BOGDAN JOLDZIC
Title  PRESIDENT
Signature  
Date  11/26/12

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

**Date of Notification (1):** 11/29/2012  
**Name of Building Owner/Operator (2):** PSE&G

<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>EPA</td>
<td>Initial</td>
<td>4000 HADLEY ROAD</td>
<td>SOUTH PLAINFIELD, NJ 07080</td>
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<tr>
<td>DOL</td>
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<td></td>
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<tr>
<td>DOH</td>
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<td></td>
</tr>
<tr>
<td>DCA</td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

**Name of Facility Where Abatement is Taking Place (3):** PSE&G

**Street Address:** 292 S. BRIDGE ST  
**City (5):** SOMERVILLE  
**County (6):** SOMERSET

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

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

**ASCM No.:** 0045  
**Name of Abatement Contractor (9):** UNIQUE SYSTEMS OF AMERICA INC.

**Street Address:** 64 BROAD STREET  
**City, State, Zip Code:** MATAWAN, NJ 07747

**Project Manager for Monitoring Firm:** TOM GEIGER  
**Telephone No.:** 732-290-2217

**Start Date (10):** 12/17/2012  
**Scheduled Completion Date (11):** 12/17/2012

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

**Other – Describe:** occupied by necessary operators

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

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>RELAY HOUSE</td>
<td>Yes</td>
<td>TRANSITE FLOOR PANELS</td>
<td>50 SF</td>
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</tbody>
</table>

**Name of Registered Waste Hauler:** WASTE MANAGEMENT

**NJ/DEP Waste Hauler ID No.:** 1125  
**Cubic Yards of Waste:** 3  
**Name of Registered Landfill:** GROWS NORTH

**Disposal Date:** 12/18/2012  
**City, State:** MORRISVILLE, PA

**Completed by:** CAROL RAIMO  
**Title:** OFFICE MGR  
**Signature:**  
**Date:** 11/29/2012

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

Date of Notification (1) 11/30/12

Name of Building Owner/Operator (2) ____________________________
County of Sussex ____________________________

AGENCIES NOTIFIED
☐ EPA ☐ DEP ☒ DOL
☒ DOH ☑ DCA

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

Street Address
1 Spring Street
City, State, Zip Code Newton, NJ 07860

Name of Contact Joseph Buso
Telephone Number ____________________________

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Former Nursing Care Facility

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

Street Address 129 N. Morris Turnpike
City (5) Newton, NJ 07860

County Code (7) (STATE USE ONLY) Sussex

County Code (7) (STATE USE ONLY) ____________

Current Use (Prior if being demolished)

Square Feet 15,000
# of Floors 3
Bldg. Age 90

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

Name of Abatement Contractor (9)
Stevens Environmental Services, Inc.
Street Address PO Box 322
City, State, Zip Code Allentown, NJ 08501

Project Manager for Monitoring Firm (9)
Chris Purvis
Telephone No. (856) 547-0505

Telephone No. (609) 259-9688
License No. 00493

Start Date (10) 12/13/12
Scheduled Completion Date (11) 12/14/12

Occupancy Status During Abatement (Check only one)
☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☒ Other - Describe: 8AM - 4:30PM

Scope of Work (Check all that apply)
☒ ≥3 sf or ≥3 #
☐ ≥180 sf or ≥260 lf
☐ Renovation ☐ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure ☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

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

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)
Old Medical Records contaminated asbestos debris NA

Amount (Specify SF or LF)

Abatement Type
☐ Removal ☐ Repair ☐ Encapsulate
☐ Endorse

Name of Registered Waste Hauler (13)
Stevens Environmental
NJDEP Waste Hauler ID No. 18292
Cubic Yards of Waste 2 CU
Name of Registered Landfill T.R.R.F., Inc.

City, State, Zip Code Allentown, NJ 08501
Disposal Date 12/14/12
City, State Tullytown, PA

Completed By ____________________________
Mahlon E. Stevens
Title Project Manager
Signature ____________

Date 11/30/12

* Do not use this form for asbestos licensure exempted activities
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:50 and 5:16)

Date of Notification (1)
11 / 29 / 12

Name of Building Owner/Operator (2)
VERIZON

Agencies Notified

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

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

Street Address
15 EAST MONTGOMERY PLACE, LOWER LEVEL

City, State, Zip Code
PITTSBURGH, PA 15212

Name of Contact
ANTHONY PORTA

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
VERIZON SALEM CO

Street Address
86 WEST BROADWAY

City (5)
SALEM

County (6)
SALEM

Type of Facility (4)

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

Square Feet
13534

# of Floors
2

Bldg. Age
52

County Code (?)(STATE USE ONLY)

COMMUNICATIONS

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

ASCM No.

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

Street Address
8438 ENTERPRISE AVENUE

City, State, Zip Code
PHILADELPHIA, PA 19153

Project Manager for Monitoring Firm
MARK JENKINS

Telephone No.
215-355-5810

License No.
00509

Name of OSHA Monitor
BRISTOL ENVIRONMENTAL, INC.

Start Date (10)
12 / 13 / 12

Scheduled Completion Date (11)
12 / 28 / 12

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

Time of Abatement: 7:00AM-3:30PM/ 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

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

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

Basement

9"X9" VAT & MASTIC
1300 SF

Basement

12"X12" VAT & MASTIC
1800 SF

Name of Registered Waste Hauler
SERVICE TRANSPORT GROUP, INC.

NJDEP Waste Hauler ID No.
20960

Cubic Yards of Waste

Name of Registered Landfill
MINERVA LANDFILL

City, State
NEW CASTLE, DE 19720

Disposal Date

City, State
WAYNESBURG, OH 44688

Completed By (Print or Type)
BRIAN SCAFARO

Title
ESTIMATOR

Signature

Date
11/29/12

* Do not use this form for asbestos licensure exempted activities.
State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:90 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>11/12/12</td>
<td>PATRICIA MABENE</td>
</tr>
</tbody>
</table>

Name of facility where abatement is taking place (3)
PATRICIA MABENE
Street Address
646 MONROE AVENUE
City, State, Zip Code
ELIZABETH, NJ 07205

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.)

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

Name of Abatement Contractor (9)
D & S RESTORATION, INC.
Street Address
20 California Ave.
City, State, Zip Code
Paterson, NJ 07503

Telephone Number
973-345-8020
License Number
01169

Name of OSHA Monitor
D & S Restoration, Inc.
Street Address
20 California Avenue
City, State, Zip Code
Paterson, NJ 07503

Scope of Work (check all that apply)

- Full Containment w/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)</th>
<th>Amount (Specify SF or LF)</th>
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</thead>
<tbody>
<tr>
<td>basement</td>
<td>PIPE INSULATION &amp; FITTINGS</td>
<td>90 LF FT</td>
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</table>

Registered Waste Hauler:
D & S RESTORATION, INC.

City, State, Disposal Date
PATRON, NJ 07503 12/11/12

Name of Registered Landfill
TULLY TOWN, RESOURCE RECOVERY
City, State, Date
TULLY TOWN, PA 11/28/12

Completed by (Print or Type) Title
BOGDAN JOLDZIC PRESIDENT

* 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)

Name of Building Owner/Operator (2)

LEA RONCHI

2012 DEC -3 PH 1:17

Facility Information

Name of facility where abatement is taking place (3)

LEA RONCHI

Street Address

7803 4TH AVENUE

City, State, Zip Code

NORTH BERGEN, NJ

Name of Contact

LEA RONCHI

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 to 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

973-345-8020

License Number

01169

Name of OSHA Monitor

D & S Restoration, Inc.

Street Address

20 California Avenue

City, State, Zip Code

Paterson, NJ 07503

Start Date (10)

12/01/12

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)

☐ >3 sf or >3 fl
☐ >160 sf or >260 fl
☐ 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)

PIPE INSULATION & FITTINGS

Amount (Specify SF or LF)

12 LF

Removal

☐ ☒ ☐ ☐

Repair

☐ ☐ ☐ ☐

Encapsulation

☐ ☐ ☐ ☐

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

12/03/12

City, State

TULLYTOWN, PA

Completed by (Print or Type)

BOGDAN JOLDZIC

Title

PRESIDENT

Signature

Date

11/27/12

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

**Date of Notification:** 11/1/12  
**Name of Building Owner/Operator:** LEA RONCHI

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

**Type of Notification:**  
- [x] Initial  
- [ ] Amended  
- [x] Emergency

**Address:**  
**City:** NORTH BERGEN  
**State:** NJ  
**Zip Code:** 

**Name of Facility:** LEA RONCHI  
**Street Address:** 7803 4TH AVENUE

**City:** NORTH BERGEN  
**County:** BERGEN

**Name of Monitoring Firm:**  
**Name of Licensed Contractor:**

**Type of Facility:**  
- [ ] School (K-12)  
- [ ] Subchapter 8 (Other than K-12)  
- [x] Other (Private/Commercial Bldgs., Homes, etc.)

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

**Dates:**  
**Start Date:** 12/01/12  
**Completion Date:** 12/14/12

**Occupancy Status During Abatement:**  
- [x] Facility closed/vacated during entire period of abatement.
- [ ] Abatement performed outside of normal facility hours.

**Scope of Work:**  
- [x] *Res* or *12*  
- [ ] Demolition

**Location of Asbestos-Containing Material:**  
- [ ] Basement  
- [ ] Boiler

**Description of Asbestos-Containing:**  
**Amount:**

---

**Job Site Information:**

**Registered Wastes Hauler:** D & S RESTORATION, INC.

**Cubic Yards of Waste:** 1 YD

**Name of Registered Owner:** TULLYTOWN, RESOURCE RECOVERY  
**Name of Registered Contractor:** TULLYTOWN, PA

**Disposal Date:** 12/03/12

**Signature:**

---

*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)

**Name of Building Owner/Operator:**

**ST. ROSE HIGH SCHOOL**
2012 DEC 3 PM 1:56

**Address:**
607 7TH AVENUE
Belmar, NJ 07719

**Name of Contact:**
JOB LEBETTER

**FACILITY INFORMATION**

- **Name of Facility where abatement is taking place:**
  ST ROSE HIGH SCHOOL

- **Street Address:**
  607 7TH AVENUE

- **City:**
  Belmar

- **County:**
  MONMOUTH

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

- **Other Details:** NORMAL HOURS

**Name of Abatement Contractor:**

- **Company:** D & S RESTORATION, INC.
- **Address:**
  20 California Ave.
  Paterson, NJ 07503

**Status During Abatement:**

- **Start Date:**
  11/27/12

- **End Date:**
  12/10/12

**Occupancy Status:**

- **Facility occupied/demolished during entire period of abatement:**
  Yes

**Abatement Details:**

- **Location of asbestos-containing material:**
  BOILER ROOM (2 boilers)

**Location of Waste:**

- **Registered Waste Handler:**
  D & S RESTORATION, INC.

**Disposal Date:**

- **12/11/12**

**Completion:**

- **Signatures:**
  BOGDAN JOLDJIC

**Date:**

- **11/26/12**

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

Date of Notification (1)
[ ] 1/1/12 [ ] 6/1/12

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

Name of Building Owner/Operator (2)
ST ROSE HIGH SCHOOL
Street Address
607 7TH AVENUE
City, State, Zip Code
Belmar, NJ 07719
Name of Contact
JOE LEBETTER
Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
ST ROSE HIGH SCHOOL
Street Address
607 7TH AVENUE
City (5) MONMOUTH
County (6) [ ] County Code (7) [ ] State use only
Belmar

Name of Monitoring Firm Hired by Bldg. Owner (8)
McCABE ENVIRONMENTAL SERVICES LLC
ASCM No.
00118
Street Address
464 VALLEY BROOK AVENUE
City, State, Zip Code
LYNDHURST, NJ 07071
Project Manager for Monitoring Firm
JOHN H. CHIAVELLO
Phone Number
201-665-7135
Start Date (10) 11/27/12
Sched. Completion Date (11) 12/10/12

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: NORMAL HOURS

Scope of Work (check all that apply)
[ ] >3 sf or >2 if [ ] Demolition
[ ] >160 sf or >260 if

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

Description of asbestos-containing material (ACM)

<table>
<thead>
<tr>
<th>Location of asbestos-containing material (ACM)</th>
<th>Description of asbestos-containing material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Rep</th>
<th>Remo</th>
<th>E cap</th>
<th>Enc</th>
<th>Encl</th>
</tr>
</thead>
<tbody>
<tr>
<td>BOILER ROOM-2 boilers</td>
<td>BOILER JACKET INSULATION</td>
<td>420 SQ FT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BOILER ROOM-2 boilers</td>
<td>BREECHING INSULATION</td>
<td>164 SQ FT</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>BOILER ROOM</td>
<td>PIPE INSULATION &amp; FITTINGS</td>
<td>60 L FT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Registered Waste Hauler
D & S RESTORATION, INC.
NJDEP Hauler ID# 13506
Cubic Yards of Waste
10 YDS
Name of Registered Landfill
TULLYTOWN, RESOURCE RECOVERY
City, State
PATERSON, NJ 07503
Disposal Date 12/11/12
City, State
TULLYTOWN, PA
Completed by (Print or Type)
BOGDAN JOLDZIC
Title PRESIDENT
Signature
Date 11/26/12

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

Name of Building Owner/Operator: KACY ERDELYI  
Street Address: 25 DURYEA ROAD  
City, State, Zip Code: MONTCLAIR, NJ 07042  

FACILITY INFORMATION

Name of facility where abatement is taking place:  
KACY ERDELYI  
Street Address: 25 DURYEA ROAD  
City: MONTCLAIR  
County: ESSEX

Type of Facility: Other (Private/ Commercial Blcks./Homes, etc.)

Square Feet:  
# of Floors:  
Bldg. Age:

Current Use (Prior if being demolished):

Name of Abatement Contractor: D & S RESTORATION, INC.  
Street Address: 20 California Ave.  
City, State, Zip Code: Paterson, NJ 07503  
Telephone Number: 973-345-8020  
License Number: 01169

Name of OSHA Monitor: D & S Restoration, Inc.

Street Address: 20 California Avenue  
City, State, Zip Code: Paterson, NJ 07503

Scope of Work (check all that apply):
- Renovation  
- Demolition

Location of asbestos-containing material (acm) to be abated in facility:
- basement  
- Location normally used solely by maintenance/custodial staff:

Description of asbestos-containing material (ACM):
- PIPE INSULATION & FITTINGS: 70 LFT  
- BARE HEATING PIPES(RECLEAN): 115 LF

Registered Waste Hauler: D & S RESTORATION, INC.  
NJDEP Hauler ID#: 13506  
Cubic Yards of Waste: 2 YDS  
Name of Registered Landfill: TULLYTOWN, RESOURCE RECOVERY

City, State: PATerson, NJ 07503  
Disposal Date: 12/17/12

Completed by (Print or Type): BOGDAN JOLDZIC  
Title: PRESIDENT  
Signature:  
Date: 11/27/12

* Do not use this form for asbestos licensure exempted activities.
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 7:29-2.12)

Date of Notification (1)
11/30/12

Name of Building Owner/Operator (2)
Atlantic City Electric

Street Address
5100 Harding Highway

City, State, Zip Code
Mays Landing, NJ 08330

Name of Contact
Rachel Edelstein

Tel Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Fern Substation

Street Address
6205 Wisteria Road

City (5)
Wildwood Crest

County (6)
Cape May

County Code (7)
~

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

Sq. Feet ______ # of Floors

Bldg. Age 50+/-

Current Use (prior if being demolished) Substation/Res. Homes

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

Environmental Mgmt. International

Name of Contractor (9)
AGM Demolition and Remediation, LP

Street Address
34 East Germantown Pike, Suite 204

City, State, Zip Code
East Norriton, PA 19401

Telephone Number
610-277-0405

Telephone Number
484-460-8931

License Number
010006

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

Describe Wing where work is being performed is shut down

Other -- Describe

Source of Work (Check all that apply)
( ) Demolition ( ) Renovation
( ) Waste Material
( ) Large Proj. (>160 SF or >260 LF ACM) 
( ) M Proj. (25<160 SF or <10 <260 LF ACM) 
( ) Minor Proj. (<25 SF or <10 LF ACM)
( ) Full Containment with Negative Pressure
( ) Mini-Enclosure
( ) Glovebox Procedure

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

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
miscellaneous)

Amount (Specify SF or LF)

Abatement Type


2000 SF

3

X

X

Transite Panels

Wall Panel Caulk

Fire Doors

Name of Reg. Waste Hauler
NJDEP Waste Hauler ID #
20990

Cubic Yards of Waste

Name of Reg. Landfill

Disp. Date

MINARVA LANDFILL

City, State
New Castle, DE

Cubac Yards of Waste

30

Minarva Landfill

Disp. Date

11/30/12

City, State
Waynesboro, OH

Completed by (Print or Type) Richard P. Semega, Jr.

Title Project Manager

Signature

Date

11/30/12
X. Description of Planned Demolition or Renovation Work and Methods to be Used:
Removal of Transite Panels, Wall Panel Caulk, and 3 Fire Doors. Regulated work area, hepa filtration equipment, wet material, and double bag.

XI. Description of Engineering Controls and Work Practices to be Used to Control Emissions of Asbestos at the Demolition or Renovation Site: Regulated work area, wet removal methods, HEPA filtration equipment, wet material and double bag.

XII. Waste Transporter#1 Service Transport Group
Address: 58 Pyles Lane
City: New Castle County: New Castle State: DE Zip: 19720
Contact: Randy Bridges Telephone: 877-999-9559

Waste Transporter#2 Same as #1
Address
City County State Zip
Contact Telephone

XIII. Waste Disposal Site Minerva Landfill
Address: 8055 Minerva Road
City: Waynesburg County: State: OH Zip: 44688
Contact: Telephone: 330-866-3435

XIV. If the Demolition was Ordered by a Government Agency, Please Identify the Agency Below:
Name
Authority
Date of Order (MM/DD/YY) Date Ordered to Begin (MM/DD/YY)

XV. For Emergency Renovations:
DATE and TIME of Emergency: (MM/DD/YY) (HH:MM)
Description of SUDDEN, UNEXPECTED EVENT

Explanation of how the Event caused unsafe conditions, or a serious disruption of industrial operations

XVI. Description of Procedures to Be Followed in the Event that Unexpected Asbestos is Found, or that Previously Non-Fireable Asbestos Material Becomes Crumbled, Pulverized or Reduced to Powder  Segregate area, wet materials, post signs, alert generator

XVII. I Certify that an Individual, Trained in the Provisions of this Regulation (40CFR Part 61, Subpart M) Will be On-Site During the Demolition or Renovation, and that Evidence that the Required Training has Been Accomplished by this Person will be Available for Inspection During Normal Business Hours (Required one (1) year after promulgation)

Signature of Owner/Operator (Signature of Owner/Operator) (Date) 11-30-12

XVIII. I Certify that the Above Information is Correct

Signature of Owner/Operator (Signature of Owner/Operator) (Date) 11-30-12
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 7:26-2.12)

Date of Notification (1):
11/30/12

Name of Building Owner/Operator (2):
Atlantic City Electric

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

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

Street Address:
5100 Harding Highway

City, State, Zip Code:
Mays Landing, NJ 08330

Name of Contact:
Rachel Edelstein

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3):
Wildwood Crest Substation

Street Address:
113 West Preston Avenue

City (5):
Wildwood Crest

County (6):
Cape May

County Code (7):
(State Use Only)

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

Environmental Mgmt. International

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

Sq. Feet: 800

Bldg. Age: 50+/-

Current Use (prior if being demolished): Substation/Res. Homes

Name of Contractor (9):
NCM Demolition and Remediation, LP

Street Address:
404 N. Berry Street

City State, Zip Code:
Brea, CA 92821

Project Manager for Monitoring Firm:
Ray Giordano

Telephone Number:
610-277-0405

Telephone Number:
484-880-8931

License Number:
01066

Scheduled Start Date (10):
12/17/12

Scheduled Completion Date (11):
12/21/12

Name of OSHA Monitor:
Testor Technology

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

Describe Wing where work is being performed is shut down

Other – Describe

Source of Work (Check all that apply):
( ) Demolition
( ) Renovation
( ) Large Proj. (>160 SF or >260 LF ACM)
( ) Proj. (>25<160 SF or >10<260 LF ACM)
( ) Minor Proj. (<25 SF or <10 LF ACM)
( ) Full Containment with Negative Pressure
( ) Mini-Enclosure
( ) Glovebag Procedure

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

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

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

Amount (Specify SF or LF)

Abatement Type


Location:
Substation

No Transite Panels 750 SF

Name of Reg. Waste Hauler:
NJDEP Waste Hauler ID #:

Service Transport Group, Inc.
20590

Cubic Yards of Waste:

30

Name of Reg. Landfill:
Minerva Landfill

City, State:
New Castle, DE

Disp. Date:
12/21/12

City, State:
Waynesboro, OH

Completed by (Print or Type):
Richard P. Semega, Jr.

Title:
Project Manager

Signature:

Date:
11/30/12
Notification of Demolition or Renovation

X. Description of Planned Demolition or Renovation Work and Methods to be Used:
Regulated work area, hepa filtration equipment, wet material, and double bag.

XI. Description of Engineering Controls and Work Practices to be Used to Control Emissions of Asbestos at the
Demolition or Renovation Site: Regulated work area, wet removal methods, HEPA filtration equipment, wet material
and double bag.

XII. Waste Transporter#1 Service Transport Group
Address: 58 Pyles Lane
City: New Castle  County: New Castle  State: DE  Zip: 19720
Contact: Randy Bridges  Telephone: 877-999-9559

Waste Transporter#2 Same as #1
Address
City  County  State  Zip
Contact
Telephone

XIII. Waste Disposal Site Minerva Landfill
Address: 855 Minerva Road
City: Waynesburg  County:  State: OH  Zip: 44688
Contact
Telephone: 330-666-3435

XIV. If the Demolition was Ordered by a Government Agency, Please Identify the Agency Below:
Name: 
Authority
Date of Order (MM/DD/YY)
Date Ordered to Begin (MM/DD/YY)

XV. For Emergency Renovations:
DATE and HOUR of Emergency: (MM/DD/YY) (HH:MM)
Description of SUDDEN, UNEXPECTED EVENT

Explanation of how the Event caused unsafe conditions, or a serious disruption of industrial operations

XVI. Description of Procedures to Be Followed in the Event that Unexpected Asbestos is Found, or that Previously Not-
Firable Asbestos Material Becomes Crumbled, Pulverized or Reduced to Powder
Segregate area, wet materials, post signs, alert generator

XVII. I Certificate that an Individual, Trained in the Provisions of this Regulation (40 CFR Part 61, Subpart M) Will be On-
Site During the Demolition or Renovation, and that Evidence that the Required Training has Been Accomplished by
this Person will be Available for Inspection During Normal Business Hours

Richard P. Semega, Jr.  (Signature of Owner/Operator)  (Date) 11-30-12

XVIII. I Certificate that the Above Information is Correct

Richard P. Semega, Jr.  (Signature of Owner/Operator)  (Date) 11-30-12
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to N.J.A.C. 7:26-2.12)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>11/30/12</td>
<td>AT&amp;T</td>
</tr>
</tbody>
</table>

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

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

**Street Address**  
1 AT&T Way, 1A113A

**City, State, Zip Code**  
Bedminster, NJ 07921  
Tel. Number

**Name of Contact**  
Robert Erickson

**FACILITY INFORMATION**

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

**Street Address**  
20 Knightsbridge

**City (5)**  
Piscataway

**County (6)**  
Middlesex

**County Code (7)**  
(Stan Use Only)

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

**ASCM No.**

**Name of Contractor (9)**  
NCM Demolition and Remediation, LP

**Street Address**  
404 N. Berry Street

**City State, Zip Code**  
Brea, CA 92821

**Project Manager for Monitoring Firm**  
John Lutz

**Telephone Number**  
609-386-8800

**Telephone Number**  
484-450-8331

**License Number**

01036

**Scheduled Start Date (10)**  
12/14/12

**Scheduled Completion Date (11)**  
12/14/12

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

**Describe -**  
in segregated area

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

( ) Demolition  
(X) Renovation  
( ) Large Proj. (>150 SF or >250 LF ACM)  
(X) SM Proj. (<25 <150 SF or >10 <250 LF ACM)  
( ) Minor Proj. (<25 SF or <10 LF ACM)

**Location of Asbestos-Containing Material (ACM) in Facility (12)**

<table>
<thead>
<tr>
<th>Switchgear Cabinet</th>
<th>X</th>
<th>NO</th>
<th>NA</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
</table>

**Description of ACM (i.e. thermal systems insulation, surfacing, VAT, etc.)**

**Amount (Specify SF or LF)**

55 SF

**Abatement Type**

X

**Name of Reg. Waste Hauler**  
NUEP Waste Hauler ID #

| 17273 |

**Cubic Yards of Waste**

1

**Name of Reg. Landfill**  
GROWS Landfill

**City, State**  
Westmont, NJ 07620

**Disp. Date**  
12/15/2012

**Completed by (Print or Type)**

Russell King  
Title  
Senior Project Manager

**Signature**  

**Date**

11/30/12

**Licensor**

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

**Date of Notification (1)** Amended November 27, 2012

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

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

**Type Notification**  
- [ ] Emergency  
- [ ] Initial  
- [ ] Amended  
- [ ] Amendment #1  
- [ ] Cancellation

**Prologis**

**Street Address**  
2012 Dec 3 PM 1:33

**City, State & Zip Code**  
San Francisco, CA 94111

**Name of Contact**

**Michael Oriola (Arcadis)**

**Telephone Number**

---

### FACILITY INFORMATION

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

**Prologis**

**Street Address**

495 Meadow Lane

**City (5)**

Carlstadt

**County (6)**

Bergen

**County Code (7)**

USE ONLY

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

Arcadis US Inc.

**ASCM No.**

**Name of Abatement Contractor (9)**

Synatech, Inc.

**Street Address**

10 Friends Lane, Suite 200

**City, State & Zip Code**

Newtown, PA 18940

**Project Manager for Monitoring Firm**

David Hillinski

**Telephone Number**

305-635-4059

**Scheduled Start Date (10)**

November 19, 2012

**Scheduled Completion Date (11)**

December 28, 2012

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

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

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

- [ ] ≥ 3 sf or ≥ 50 lf
- [ ] ≥ 160 sf or ≥ 260 lf
- [ ] Renovation
- [ ] Demolition
- [X] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted(*) and Non-Friable Procedure

---

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

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

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

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

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

**Amount (Specify SF or LF)**

Abatement Type

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount (SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drywall Joint Compound</td>
<td>9,800 SF</td>
</tr>
<tr>
<td>Floor Tile and Mastic</td>
<td>3,800 SF</td>
</tr>
</tbody>
</table>

**Office Areas**

**Office Areas**

**Name of Registered Waste Hauler**

Synatech, Inc.

**Hauler ID No.**

27429

**Cubic Yards of Waste**

600

**Name of Registered Landfill**

**Grows Landfill**

**City, State**

Little Egg Harbor, NJ 08087

**Disposal Date**

January 2, 2013

**City, State**

Morrisville, PA

**Completed By**

**Diane Aloia**

**Title**

Executive Administrator

**Signature**

[Signature]

**Date**

November 27, 2012

---

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

Date of Notification (1)
November 19, 2012

Name of Building Owner / Operator (2)

Name of Contractor
Michael Critelli (Arcata)
State of New Jersey
REGISTRATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)
November 16, 2012

Name of Building Owner / Operator (2)

Prologis

Name of Building Owner / Operator (2)

Prologis

Street Address
Pier 1, Bay 1

City, State & Zip Code
San Francisco, CA 94111

Name of Contact
Michael Oriola (Arcadis)

FACILITY INFORMATION

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

Type of Facility (4)

Square Feet
110,000

# of Floors
2

Current Use (Prior to if being demolished)
Warehouse

City (5)
Carlestad

Built Age
85

County (6)
Bergen

County Code (7)
USE ONLY

Name of Monitoring Firm Hired by Building Owner (8)
Arcadis US Inc.

Name of Abatement Contractor (9)
Synatech, Inc.

Street Address
485 Meadow Lane

Street Address
829 Radio Road

City, State & Zip Code
Newtown, PA 18940

City, State & Zip Code
Little Egg Harbor, NJ 08087

Newtown, PA 18940

License Number
00817

Project Manager for Monitoring Firm
David Halls

Telephone Number
908-653-4099

Telephone Number
609-296-6916

Scheduled Start Date (10)
November 19, 2012

Scheduled Completion Date (11)
November 22, 2012

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

Scope of Work (Check all that apply)

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

IN Facility

IN Facility

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

Drywall Joint Compound

No

Floor Tile and Mastic

N/A

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

Amount (Specify SF or LF)
9,800 SF

Abatement Type

Removal

Repair

Encapsulate

Non-Encapsulate

Office Areas

Office Areas

Name of Registered Waste Hauler
Synatech, Inc.

Disposal Date
November 22, 2012

Name of Registered Landfill
Growell Landfill

City, State
Morristown, PA

Little Egg Harbor, NJ 08087

Completed By
lane Aloi

Title
Executive Administrator

Signature

Date
November 16, 2012

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

Name of Building Owner/Operator: Archdiocese of Newark

Name of Contact: Tom McCue

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place: St. Bridget Church

Street Address: 370 Montgomery St

City, State, Zip Code: Jersey City, NJ

County, Code: Hudson

Name of Abatement Contractor: F. Grisez & Son

Street Address: 53 E 32nd St

City, State, Zip Code: Paterson, NJ

Project Manager for Monitoring Firm: Telephone No.: 212-791-6608

License No.: DEC 00021

Start Date: 11/27/12

Scheduled Completion Date: 12/19/12

Scope of Work (Check all that apply)

Location of Asbestos-Containing Material (ACM) to be Abated:

- Basement
- Auditorium

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

Description of Abatement Material (ACM) (including, but not limited to, surfacing, VAT, or other miscellaneous):

- VAT
- Mastic

Amount (Specify SF or LF): $6700

Abatement Type:

- Full Containment with Negative Pressure
- Min-Enclosure
- Stage II Demolition
- Non-Exempted (*) and Non-Friable Procedure

Name of Registered Waste Hauler: Eastern Waste

Cubic Yards of Waste:

Name of Registered Landfill: Imperial Landfill

Completed By: Frank Cover

Date: 11/26/12

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

Date of Notification (1)
11 / 28 / 12

Name of Building Owner/Operator (2)
Megan Ventura
Street Address
39 Myrtle Street
City, State, Zip Code
Rutherford, NJ 07070
Name of Contact
Megan Ventura

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Private home
Street Address
39 Myrtle Street
City (5)
Rutherford, NJ 07070
County (5)
Bergen

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

Name of Abatement Contractor (9)
Gr Tech LLC

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

Square Feet
# of Floors
Bldg. Age

Start Date (10)
12 / 08 / 12
Scheduled Completion Date (11)
12 / 09 / 12

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

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

Abatement Type

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

Location
Basement

Abatement Material
Pipe insulation
120 LF

Name of Registered Waste Hauler
Gr Tech LLC
City, State
Wayne, NJ 07470

Cubic Yards of Waste
0

Name of Registered Landfill
T.R.R.F. Inc.
City, State
Tullytown, PA

Disposal Date
TBD

Completed By (Print or Type)
N. Jevtic
Title
Owner

Signature
Date
11/28/2012

MAY 11

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

**Date of Notification (1)**  
11-20-2012

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

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

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

**Street Address**  
20 Roosevelt Terrace.

**City, State, Zip Code**  
Bayonne NJ

**Name of Contact**  
Wally Koscielny

**Facility Information**

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

**Street Address**  
20 Roosevelt Terrace

**City (5)**  
Bayonne NJ

**County (6)**  
Hudson County

**County Code (7)**  
(State Use Only)

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

**Name of Abatement Contractor (9)**  
Green Environmental Services.

**Project Manager for Monitoring Firm**  
City, State, Zip Code

235 Virginia Ave.

**Street Address**  
235 Virginia Ave.

**Telephone No.**  
201-333-8855

**License No.**  
01174

**Start Date (10)**  
11-21-2012

**Scheduled Completion Date (11)**  
11-21-2012

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

**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**

<table>
<thead>
<tr>
<th>In Facility (13)</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>Yes</td>
</tr>
<tr>
<td>1st Floor</td>
<td>Yes</td>
</tr>
<tr>
<td>2nd Floor</td>
<td>Yes</td>
</tr>
</tbody>
</table>

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

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

**Amount (Specify SF or LF)**

- [ ] 100 If
- [ ] 3 If

**Abatement Type**

- [ ] Removal
- [ ] Repair
- [ ] Encapsulate
- [ ] Endurable

**Name of Registered Waste Hauler**  
Tri-state Transfer Associate

**Disposal Date**  
11-21-2012

**Name of Registered Landfill**  
Minerva Enterprise.

**City, State**  
Wynesburg-Ohio

**Completed by**  
Tiffany Nunez

**Title**  
Office Manager

**Signature**  
Date 11-20-2012

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

Date of Notification (1)
11-27-2012

Name of Building Owner/Operator (2)
Monti Estate

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

Type Notification
Initial [X]
Amended [X]
Amendment #: 1
Emergency (including justification) [ ]
Cancellation [ ]

Street Address
219 Tinton Ave.

City, State, Zip Code
Eatontown NJ 07724

Name of Contact
Mike Wiltman

ASCB-41 (R-06-06)

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

Street Address
219 Tinton Ave.

City (5)
Eatontown NJ.

County (6)
Monmouth

County Code (7) (STATE USE ONLY) ______________

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

Square Feet
2888

# of Floors
2

Bldg. Age
90+

Current Use (Prior if being demolished)
Residential

Name of Monitoring Firm Hired by Building Owner (8)
Name of Abatement Contractor (9)
Green Environmental Services.

ASCM No.

Street Address
235 Virginia Ave.

City, State, Zip Code
Jersey City NJ 07304

License No.
01174

Telephone No.

Project Manager for Monitoring Firm

Telephone No.
201-333-8855

Bioterra Solutions

Name of OSHA Monitor

Street Address
pobox 1224

City, State, Zip Code
Union NJ 07083

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

Start Date (10)
11-29-2012

Scheduled Completion Date (11)
11-30-2012

Scope of Work (Check All That Apply)
- 23 sf or >3 sf [X]
- ≥150 sf or ≥250 sf [X]
- Renovation [X]
- Demolition [X]

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) 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>1st Floor</td>
<td>X</td>
<td>VAT</td>
<td>90lf</td>
<td>x</td>
</tr>
<tr>
<td>Outside</td>
<td>X</td>
<td>Shingle Siding</td>
<td>2100sqf</td>
<td>x</td>
</tr>
<tr>
<td>Outside</td>
<td>X</td>
<td>Flashing Cement</td>
<td>20lf</td>
<td>x</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler

Tri-state Transfer Associate

NJ/DEP Waste Hauler ID No.
2A456

Cubic Yards of Waste
5

Name of Registered Landfill
Minerva Enterprise.

City, State
City, State
Bronx NY.
Wynessburg-Ohio.

Disposal Date
11-21-2012

Completed by
Tiffany Nunez

Title
Office Manager

Signature

Date
11-27-2012

* 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): 11 / 29 / 12

Name of Building Owner/Operator (2): Mark Barrette

Street Address: 36 Blackberry Ln.

City, State, Zip Code: Morristown, NJ 07960

Name of Contact: Mark Barrette

Facility Information

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

Private home, Street Address: 36 Blackberry Ln.

City, State, Zip Code: Morristown, NJ 07960

County: Morris

County Code (7) (STATE USE ONLY): Current Use (Prior if being demolished)

Name of Abatement Contractor (9): Gr Tech LLC

Street Address: 576 Valley Rd #283

City, State, Zip Code: Wayne, NJ 07470

Name of OSHA Monitor: Envirospection Consultants, Inc

Street Address: 20-21 Wagaw Rd, Bldg # 34A

City, State, Zip Code: Fair Lawn, NJ 07410

Start Date (10): 12 / 09 / 12

Scheduled Completion Date (11): 12 / 10 / 12

Occupancy Status During Abatement (Check only one):

Facility Closed/Selected During Entire Period of Abatement

Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM PM AM

Scope of Work (Check all that apply):

- 3 sf or 3 ft
- >= 150 sf or >=200 ft
- Renovation Demolition

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

Basement: 

- Yes
- No
- N/A

Duct insulation - wrap & cut 130 SF

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

Amount (Specify SIF or LF):

Abatement Type:

- W
- C
- T
- R

Name of Registered Waste Hauler: Gr Tech LLC

NJDEP Waste Hauler ID No: 0033785

Cubic Yards of Waste: TBD

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

Disposal Date: TBD

City, State: Fair Lawn, NJ 07410

Completed By (Print or Type): N. Jevtic

Title: Owner

Signature: Date: 11/29/2012

MAY 11

* 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:** 11-29-12

**Agency Notified:**
- EPA
- DEP
- DOL
- DOI
- DCA

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

**Name of Building Owner/Operator:** P. MINERVINI

**Street Address:**

209 43RD ST

**City, State, Zip Code:**

UNION, NJ 07083

**Name of Contact:**

P. MINERVINI

**Telephone Number:**

**FACILITY INFORMATION**

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

P. MINERVINI

**Street Address:**

209 43RD ST

**City:**

UNION, NJ

**County:**

HUDSON

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

ASCM No.

**Name of Abatement Contractor:**

Best Removal Inc

**Street Address:**

450 S. River St

**City, State, Zip Code:**

Hackensack, N.J. 07601

**Project Manager for Monitoring Firm:**

**Telephone No.:**

201-329-7444

**License No.:**

00388

**Start Date (10):**

12-11-12

**Scheduled Completion Date (11):**

12-12-12

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

- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other - Describe: 8Am 5 Pm

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

- De 3 sf or ≥ 3 lf
- ≥ 100 sf or ≥ 280 lf
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Fireable Procedure

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

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

**Yes**

**No**

**VNA**

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

**IN Facility**

**Cubic Yards of Waste:**

3/4 YO

**Name of Registered Waste Hauler:**

Best Removal Inc

**ID No.:**

17109

**Disposal Date:**

1/24/12

**City, State:**

Hackensack, N.J. 07601

**Name of Registered Landfill:**

Minerva Enterprises

**City, State:**

Waynesburg, Oh

**Signature:**

R. Veldran

**Title:**

Estimator

**Date:**

11-29-12

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

Date of Notification (1)
11/28/2012

Name of Building Owner/Operator (2)
BERKELEY COLLEGE

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

Street Address
44 RIFLE CAMP ROAD

City, State, Zip Code
WOODLAND PARK, NJ 07424

Name of Contact
TOM ALESSANDRELLO

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
BERKELEY COLLEGE BUILDING# 5

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

Street Address
44 RIFLE CAMP ROAD

Square Feet
20,000

City (5)
WOODLAND PARK

# of Floors
4

County (6)
PASSAIC

Bldg. Age
1940

County Code (7) (STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8)
ENVIRONVISION CONSULTANTS, INC.

License No.
00853

ASCM No.
0079

Name of Abatement Contractor (9)
PAL ENVIRONMENTAL SERVICES

Street Address
20-21 WAGARAN ROAD BUILDING 34A

City, State, Zip Code
FAIR LAWN, NJ 07410

Telephone No.
718-349-0900

Project Manager for Monitoring Firm
FREDERICK LARSON

License No.
00853

Telephone No.
973-636-9145

Start Date (10)
12/12/2012

Scheduled Completion Date (11)
01/12/2013

Name of OSHA Monitor
ROLLAND BARNHART

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

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

LOWER, GROUND & SECOND FLOOR
X
PIECE INSULATION
3,150
X

LOWER, GROUND & SECOND FLOOR
X
VAT
1,300
X

Name of Registered Waste Hauler
ATC

Name of Registered Landfill
MINERVA ENTERPRISES

NUDEP Waste Hauler ID No.
04181

Cubic Yards of Waste
50 YARDS

City, State
SHIRLEY, NY

Disposal Date
12/17/2012

Completed by
ANN ALI

Title
ADMINISTRATIVE

Signature

Date
11/28/2012

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 8:60-7 AND 12:120-7)

Date of Notification (1)
11/30/12

Name of Building Owner/Operator (2)
Verizon

Street Address
100 Greenwood Ave.

City, State, Zip Code
Jersey City, PA 19046

Name of Contact
Alex Baylor

ACTIONS INFORMED

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

Type of Notification
□ Initial
□ Amended
□ Amendment #
□ Emergency w/ justification
□ Cancellation

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

Street Address
220 West Broad Street

City (5)
Paulsboro

County (6)
Camden

County Code (7)

Square Feet
5,000

# Of Floors
2

Building Age
50+

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

Current Use (Prior to being demolished)
Commercial

Name of Monitoring Firm Hired by Bldg. Owner (8)
USA Environmental management, Inc.

ASCM NO

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

Street Address
8436 Enterprise Avenue

City, State, Zip Code
Philadelphia, PA 19153

Project Mgr. For Monitoring Firm
Mark Jenkins

Telephone Number
215-365-5810

Telephone Number
973-772-3660

License Number
00117

Scheduled Start Date (10)
12/14/12

Scheduled Completion Date (11)
12/26/12

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

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

Location of Asbestos Containing Material (ACM)
TO BE ABATED

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

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

Amount (Specify SF or LF)

Abatement Type

Location
Basement
Battery Room
Plant Storage

Name of Registered Waste Hauler
Service Transport Group
58 Pyles Lane

Cubic Yards of Waste

Name of Registered Landfill
Minerva Landfill

City, State
New Castle, DE.

Name of Registered Waste Hauler
NJDEP Waste Hauler ID No. SW2117

Disposal Date
12/20/12

City, State
Waynesburg, OH 44688

Name of Registered Landfill
Minerva Landfill

Complied by (Print or Type)
Marc Heim

Title
Project Manager

Signature
11/30/12

ASB 41
STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT
(PURSUANT TO NJAC 8:60-7 AND 12:12-20-7)

Date of Notification (1) 11/30/12

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

Agencies Notified

EPA
DEP
DOH
DOL

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

Name of Contact
John Luxford

FACILITY INFORMATION

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

Street Address
1286 Bound Brook Road

City (5)
Middlesex

County (6)
Middlesex

County Code (7)
8846

Square Feet
200,000

# Of Floors
3

Building Age
40 +

Current Use (Prior if being demolished)
Bank

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

ASCM No.
LVI Environmental Services Inc.

Street Address
655 Third Avenue 12th Floor

City, State, Zip Code
New York, NY

Project Mgr. For Monitoring Firm
Dino Nappi

Telephone Number
212-882-8271

Clifton, NJ 07011

Occupancy Status During Abatement (Check Only 1)
Facility Closed/Vacated During Entire Period of Abatement
Abatement Performed Outside of Normal Facility

Hours - Describe: 8:00 AM to 5:00 PM

Other - Describe: 8:00 AM to 5:00 PM

Name of OSHA Monitor
LVI Environmental Services Inc.

Street Address
462 Getty Avenue

City, State, Zip Code
Clifton, NJ 07011

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

TO BE ABATED
in Facility

Is Location
Normally
Used
Soledly
by Maintenance/Custodial Staff

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

Amount (Specify SF or LF)

Abatement Type

Location of
Registered Waste Hauler

NEWARK CARTING

NJDEP Waste Hauler ID No. 4509

Cubic Yards of Waste

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

City, State
NEWARK, NJ

Completed by (Print or Type)
Ralph Barnhardt

ASB-41

Date 11/30/12
<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (12)</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e., thermal system insulation, surfacing, VLT, or other insulating or non-insulating asbestos)</th>
<th>Amount (square ft or lin ft)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tents</td>
<td>AT DESOLDER</td>
<td>X</td>
<td>ThermoSystem Insulation</td>
</tr>
<tr>
<td>Pipes</td>
<td>AT DESOLDER</td>
<td>X</td>
<td>ThermoSystem Insulation</td>
</tr>
<tr>
<td>Transite</td>
<td>AT DESOLDER</td>
<td>X</td>
<td>Transite Panels</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler: THOMAS ROCK

Waste Management of Camden

City, State: Camden, NJ

Copied by: [Signature]

Date: 11/29/12
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)
11 / 28 / 12

Name of Building Owner/Operator (2)
Maverick Management Corp

Agencies Notified
Ex. EPA
Ex. DEP
□ DCA (NJAC 5:16)
□ DHSS
□ DCA (NJAC 5:23-6)
Type Notification
□ Initial
□ Amended
□ Amendment #
□ Emergency (including justification)
□ Cancellation

Street Address
1000 Pennsylvania Ave

City, State, Zip Code
Brooklyn, NY 11207

Name of Contact
Jerald Goldfine

FACILITY INFORMATION

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

Street Address
117 E State Street

City (5)
Trenton, NJ

County (6)
Trenton

Name of Monitoring Firm Hired by Building Owner (8)
Ally Services Co

ASCN No.

Name of Abatement Contractor (9)
Controlled Environmental Systems

Street Address
1121 N. Bethlehem Pike - Suite 60

City, State, Zip Code
Spring House, PA 19477

Project Manager for Monitoring Firm
Andy Miller

Telephone No.
215 498 7538

Start Date (10)
11 / 29 / 12

Scheduled Completion Date (11)
12 / 2 / 12

Name of OSHA Monitor
CES

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

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

Amount
(Specify SF or LF)

Location

Abatement Type

Removal
Repair
Encapsulation
Enclose

1st floor

☐ ☐ ☐ Pipe Insulation

120 LF

☐ ☐ ☐ Pipe Fittings

10 Fittings

Name of Registered Waste Hauler

Waste Management

NUDEP Waste Hauler ID No.

Cubic Yards of Waste

3

Name of Registered Landfill

GROWS

City, State
Tullytown PA

Disposal Date
12/3/12

City, State
Tullytown PA

Completed By (Print or Type)
Patricia Visco

Title
Office Manager

Signature
Patricia Visco

Date
1/29/2012

* Do not use this form for asbestos licensure exempted activities.
<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>11/29/12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agency Notified</td>
<td>EPA</td>
</tr>
<tr>
<td>Type Notification</td>
<td>TRO</td>
</tr>
<tr>
<td>Name of Facility</td>
<td>J. J. Hamel</td>
</tr>
<tr>
<td>Street Address</td>
<td>283 East Ave</td>
</tr>
<tr>
<td>City, State, Zip</td>
<td>Park Ridge, NJ, 07656</td>
</tr>
<tr>
<td>County</td>
<td>Bergen</td>
</tr>
<tr>
<td>Type of Facility</td>
<td>Residence</td>
</tr>
<tr>
<td>Name of Contractor</td>
<td>Best Removal Inc</td>
</tr>
<tr>
<td>Address</td>
<td>450 S River St</td>
</tr>
<tr>
<td>City, State, Zip</td>
<td>Hackensack, NJ, 07601</td>
</tr>
<tr>
<td>Project Manager</td>
<td>Omega Environmental Inc</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>201-329-7444</td>
</tr>
<tr>
<td>License No.</td>
<td>00388</td>
</tr>
<tr>
<td>Name of OSPA Monitor</td>
<td></td>
</tr>
<tr>
<td>Street Address</td>
<td>280 Huyler St</td>
</tr>
<tr>
<td>City, State, Zip</td>
<td>Hackensack, NJ, 07606</td>
</tr>
<tr>
<td>Location of Asbestos Containing Material (ACM) TO BE ABATED</td>
<td>2nd Floor, Basement</td>
</tr>
<tr>
<td>Description of Asbestos Containing Material (ACM)</td>
<td>Asbestos Insulation</td>
</tr>
<tr>
<td>asbestos Removal Method</td>
<td>70 SF</td>
</tr>
<tr>
<td>Removal Method</td>
<td>Fibre Cement with Negative Pressure</td>
</tr>
<tr>
<td>Location of ACM</td>
<td>2nd Floor, Basement</td>
</tr>
<tr>
<td>Description of ACM</td>
<td>Asbestos Insulation</td>
</tr>
<tr>
<td>Type of ACM</td>
<td>Asbestos Insulation</td>
</tr>
<tr>
<td>Amount (SF or LT)</td>
<td>70 SF</td>
</tr>
<tr>
<td>Name of Registered Waste Handler</td>
<td>Best Removal Inc</td>
</tr>
<tr>
<td>ID No.</td>
<td>17109</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>Minerva Enterprises</td>
</tr>
<tr>
<td>Transportation</td>
<td>2CY Waynesburg, Oh</td>
</tr>
<tr>
<td>Complier</td>
<td>J. Maiorano</td>
</tr>
<tr>
<td>Estimator</td>
<td></td>
</tr>
</tbody>
</table>

Note: The document contains information about the notification of asbestos abatement in a facility located in Park Ridge, NJ. The abatement is scheduled to start on 11/30/12 and end on 12/1/12. The asbestos material to be abated includes 2nd floor and basement areas. The asbestos removal method is fibre cement with negative pressure. The document is signed by J. Maiorano on 11/29/12.
# State of New Jersey
## NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

**Date of Notification:** 11-29-12  
**Name of Building Owner/Operator:** 124 Greenwood Drive LLC

<table>
<thead>
<tr>
<th>Agency Notified</th>
<th>Type Notification</th>
<th>Street Address</th>
<th>City, State, Zip Code</th>
<th>Telephone Number</th>
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</thead>
<tbody>
<tr>
<td>□ EPA</td>
<td>Initial</td>
<td>124 Greenwood Drive</td>
<td>Millburn, N.J. 07041</td>
<td>LICENSING</td>
</tr>
<tr>
<td>□ DEP</td>
<td>Amended</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>□ DOL</td>
<td>Amendment(s)</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>□ DOH</td>
<td>Emergency (including justification)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ DCA</td>
<td>Cancellation</td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

## FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place</th>
<th>Type of Facility (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>124 Greenwood Drive LLC</td>
<td>□ School (K-12)</td>
</tr>
<tr>
<td></td>
<td>□ Subchapter B (Other than K-12)</td>
</tr>
<tr>
<td></td>
<td>□ Other (i.e., private &amp; commercial buildings, homes, etc.)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Square Feet</th>
<th># of Floors</th>
<th>Egress Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>2200</td>
<td>2</td>
<td>76 yrs</td>
</tr>
</tbody>
</table>

## Name of Monitoring Firm Hired by Building Owner

<table>
<thead>
<tr>
<th>Name of Monitoring Firm</th>
<th>ACRM No.</th>
<th>Name of Abatement Contractor</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Best Removal Inc</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>450 S. River St</td>
<td>Hackensack, N.J. 07601</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>201-329-7444</td>
<td>00388</td>
</tr>
</tbody>
</table>

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

## Scope of Work (Check all that apply)

- [ ] Renovation
- [ ] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebox Procedure
- [ ] Non-Exempted (*) and Non-Firable Procedure

## Name of Registered Waste Hauler

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Lender</th>
</tr>
</thead>
<tbody>
<tr>
<td>Best Removal Inc</td>
<td>17109</td>
<td>Minerva Enterprises</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>Disposal Date</th>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hackensack, N.J. 07601</td>
<td>12-11-12</td>
<td>Waynesburg, Oh</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed by</th>
<th>Title</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>R. Valdman</td>
<td>Estimator</td>
<td>R. Valdman</td>
<td>11-29-12</td>
</tr>
</tbody>
</table>

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

Date of Notification: 11-30-12

Name of Building Owner/Operator: MIDDLETOWN TWP PUB SCH

Facility Information
Name of Facility Where Abatement is Taking Place: MIDDLETOWN TWP SCHOOL ADMIN BLDG
Street Address: 59 TINDAL RD
City: MIDDLETOWN
County: MIDDLETOWN

Type of Facility: School (K-12)

Name of Abatement Contractor: ACE INSULATION CO INC
Street Address: 95 MINTROUS RD
City, State, Zip Code: COLTS NECK, NJ 07722
Telephone No.: 732-284-1757
License No.: 000149

Scheduled Completion Date: 12-30-12
Compliance Date: 01-11-13

Scope of Work:
- 561 sf or 231 ft²
- 1160 sf or 1161 ft²
- 7600 sf
- Floor tile
- Fittings
- Window coverings
- Cleaning and Regrouting

Abatement Type:
- Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, WAT, or other miscellaneous):
  - 7600 sf
  - 75

Name of Registered Waste Handler: ACE INSULATION CO INC

Name of Registered Handi: KROWS

City, State: COLTS NECK, NJ

Completed By: Jack Czaplinski
Date: 11-30-12

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

**State of New Jersey**

**Notification of Asbestos Abatement**

(Pursuant to NJAC 8:90 and 5:116)

**Date of Notification:**
- **11 / 30 / 12**

**Name of Building Owner/Operator:**
- **Verizon**
- **2012 DEC 3 PM 1:23**

**Agencies Notified:**
- **EPA**
- **DOLWD**
- **DHSS**
- **DCA**
  - **Emergency (Including Justification)**

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

**Name of Facility Where Abatement is Taking Place:**
- **Verizon Rochelle Park Central Office**
- **75 Pascack Street**
- **Rochelle Park, NJ**
- **Bergen County**

**Name of Monitoring Firm Hired by Building Owner:**
- **TII Environmental, Inc.**
- **ARCM No. 29747**

**Name of Abatement Contractor:**
- **JVN Restoration Inc.**

**County Code:**
- **07**
- **STATE USE ONLY**

**Current Use:**
- **Prior to being demolished**

**Type of Abatement:**
- **Removal (0)**
- **Disposal (0)**
- **Immediate**

**Street Address:**
- **1253 North Church Street**
- **47 Foster Road**

**City, State, Zip Code:**
- **Moorestown, NJ**
- **Staten Island NY 10309**

**Project Manager for Monitoring Firm:**
- **Harold Balwin**
- **Telephone No.: 609-840-3000**

**Telephone No.: 718-605-9264**

**License No.: 00774**

**Job Description:**
- **Occupant Status During Abatement:**
  - **Closed/Vacated During Entire Period of Abatement**
  - **Abatement Performed Outside of Normal Facility Hours**
  - **Time of Abatement: 8AM-PM / 4PM-AM**

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Ray</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement Vault</td>
<td>Yes</td>
<td>Yes</td>
<td>N/A</td>
</tr>
<tr>
<td>VAT 1800SF</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Ray</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>VAT 1800SF</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler:**
- **Minerva Entrepriques, Inc.**
- **NJDEP Waste Hauler ID No. NJ-22171**
- **Cubic Yards of Waste: 7**

**City, State:**
- **Waynesburg, OH**
- **Date of Disposal:**
  - **12/10/12**

**Compliance By:**
- **John Tardy**
- **Senior Project Manager**
- **Signature:**
  - **Tardy D 30/12**

**Do not use this form for asbestos licensed exempted activities.**
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 8:18)

Date of Notification (1)
11 / 30 / 12

Name of Building Owner/Operator (2)
Verizon

Name of Facility Where Abatement is Taking Place (3)
Verizon Rochelle Park Central Office

Street Address
1095 6th Avenue

City, State, Zip Code
New York, NY 10036

Name of Contact
Alex Baylor

FACILITY INFORMATION

County (6)
Bergen

Current Use (Prior if being demolished)

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

ASCM No.
29717

Name of Abatement Contractor (9)
JVN Restoration Inc

Street Address
65 Passaic Street

City (5)
Rochelle Park NJ

County Code (7) (STATE USE ONLY)

Type of Facility (4)

Square Feet
20000

Name of OSHA Monitor
Testor Tech

# of Floors
3

Bldg. Age
50

License No.
00774

Street Address
47 Foster Road

City, State, Zip Code
Staten Island NY 10309

Phone No.
856-840-8800

Telephone No.
718-605-6256

Project Manager for Monitoring Firm
Harold Balwin

Start Date (10)
12 / 4 / 12

Scheduling Completion Date (11)
12 / 10 / 12

Occupy Status During Abatement (Check only one)

Scope of Work (Check all that apply)

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM)

TO BE ABATED
IN Facility (13)

Description of Asbestos-Containing Material (ACM)

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

Amount (Specify SF or LF)
1800SF

Abatement Type

Basement Cable Vault

Repair

Demolition

Non-Friable Procedure


N/A

Full Containment with Negative Pressure

Mini-Enclosure

Glovebag Procedure


Name of Registered Waste Hauler
Global Waste Industries Inc

NJDEP Waste Hauler ID No.
NJ-22171

Cubic Yards of Waste
7

Name of Registered Landfill
Minerva Enterprises Inc

City, State
Hackettstown, NJ

Disposal Date
12/10/12

City, State
Waynesburg, OH

Completed By (Print or Type)
John Tardy

Title
Senior Project Manager

Signature

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