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

Date of Notification (1)
12/14/15

Name of Building Owner/Operator (2)
Nich Tsimoulis

Street Address
8 SOUTH SOVEREIGN Ave
ATLANTIC CITY, NJ

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

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

City, State, Zip Code
ATLANTIC CITY, NJ
08401

Name of Contact
Eric Plackis

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Street Address
8 SOUTH SOVEREIGN Ave
ATLANTIC CITY

City (5)
ATLANTIC

County (6)
ATLANTIC

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.

Name of Abatement Contractor (9)
Brick Industries Inc.

Street Address
P.O. Box 915

City, State, Zip Code
Brick, New Jersey 08723

Project Manager for Monitoring Firm

Telephone No.
(732)399-7499

License No.
1196

Start Date (10)
12/15/15

Scheduled Completion Date (11)
12/17/15

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

Other – Describe:

Scope of Work (Check All That Apply)

☐ ≥3 sf or ≥3 If
☐ ≥160 sf or ≥260 If
☒ Renovation
☐ Demolition

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

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

Location
Removal
Encapsulate
Enclose

Name of Registered Waste Hauler
Brick Industries Inc.

NJDEP Waste Hauler ID No.
21602

Cubic Yards of Waste
6

Name of Registered
GROWS Inc

Disposal Date
12/18/15

City, State
Brick, New Jersey

Completed by
Eric Plackis

Title
President

Signature

Date
12/14/15

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>12-15-2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner / Operator (2)</td>
<td>Ms. Lewis Nieberg</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
</tr>
<tr>
<td>DOL</td>
<td>Amended</td>
</tr>
<tr>
<td>DOH</td>
<td>Emergency</td>
</tr>
<tr>
<td>DCA</td>
<td>Cancellation</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>305 Richmond Ave</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State &amp; Zip Code</td>
<td>South Orange, NJ</td>
</tr>
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</table>

| Name of Contact | Ms. Lewis Nieberg |

<table>
<thead>
<tr>
<th>FACILITY INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3) Residential</td>
</tr>
<tr>
<td>Street Address</td>
</tr>
<tr>
<td>City</td>
</tr>
<tr>
<td>County</td>
</tr>
<tr>
<td>County Code</td>
</tr>
</tbody>
</table>

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

| Square Feet | 2,200 |
| # of Floors | 2 |
| Bldg. Age | 85 |

| Current Use (Prior if being demolished) Residential Dwelling |

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8) ASCM No. 117</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health and Safety Services</td>
</tr>
<tr>
<td>Street Address</td>
</tr>
<tr>
<td>City, State &amp; Zip Code</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Abatement Contractor (9) Resource Management Group, LLC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
</tr>
<tr>
<td>City, State &amp; Zip Code</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm Mr. Jim Proctor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone Number</td>
</tr>
<tr>
<td>License Number</td>
</tr>
</tbody>
</table>

| Scheduled Start Date (10) | 12-28-2015 |
| Scheduled Completion Date (11) | 12-29-2015 |

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check only one)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
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<tr>
<td>Abatement Performed during Normal Hours:</td>
</tr>
<tr>
<td>Describe: 8:30pm-5:30pm</td>
</tr>
<tr>
<td>Facility Occupied During Abatement</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>≥3 sf or ≥3 If</td>
</tr>
<tr>
<td>≥160 sf ≥260 If</td>
</tr>
<tr>
<td>Renovation</td>
</tr>
<tr>
<td>Demolition</td>
</tr>
</tbody>
</table>

| Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13) |
| Is Location Normally Used Solely by Maintenance or Custodial Staff? (12) |
| Yes | No | N/A |
| Pipe Insulation |

| Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous) |
| Amount (Specify SF or LF) |
| Abatement Type |
| Full Container with Negative Pressure |
| Mini-Enclosure |
| Glove Bag Procedures |
| Non-Exempted and Non-Friable Procedure |

<table>
<thead>
<tr>
<th>Location</th>
<th>Basement</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler Resource Management Group, LLC</th>
</tr>
</thead>
<tbody>
<tr>
<td>NJ/DEP Waste Hauler ID No.</td>
</tr>
<tr>
<td>Disposal Date</td>
</tr>
<tr>
<td>City, State</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Name of Registered Landfill Grow's Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed By (Print or Type) Mr. Brian Haney</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
</tr>
<tr>
<td>Signature</td>
</tr>
</tbody>
</table>

| Title | |
|------------------|
| Signature | |

| Date | 12/15/2015 |
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

**State of New Jersey**

**Name of Building Owner / Operator:**
Yashivat He'Alb

**Street Address:**
139 South Washington Avenue

**City, State & Zip Code:**
Bergenfield, NJ 07621

**Name of Contact:**
Cra Kornbluth

**Type of Facility (4):**
- School (K-12)
- Subchapter B (Other than K-12)
- Other (i.e., private & commercial building)

**Square Feet:**
9,000

**Current Use (Prior if being demolished):**
Commercial building

**Persons Estimated to Be Affected:**

**Facility Information**

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

**Street Address:**
1500 Queen Anne Road

**City: (6)**
Tarentum, NJ

**County:**
Bergen

**County Code:**

**Name of Monitoring Firm Hired by Building Owner:**
ASCM No. 117

**Health and Safety Services:**

**Street Address:**
P.O. Box 385

**City, State & Zip Code:**
Bergenfield, NJ 07621

**Project Manager for Monitoring Firm:**
Mr. Jim Proctor

**Scheduled Start Date (10):**
12-15-2016

**Scheduled Completion Date (11):**
12-23-2016

**Occupancy Status During Abatement (Check only one):**
- Facilitly Closed / Vacated During Entire Period of Abatement
- Abatement Performed during Normal Hours:
  - Describe: 8:30pm - 5:30pm
- Boarded Over During Abatement

**Scopes of Work (Check all that apply):**
- 03 sf or 03 m
- 180 sf or 260 m
- Renovation
- Demolition

**Location of Abatement (Check all that apply):**

**Material (ACM) TO BE ABATED:**
- Insulation
- Surfacing
- VAT
- Other

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

**Description of Asbestos-Containing Material (ACM):**
(i.e., thermal systems)

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

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>(6) W1 windows each 6'-9&quot; X 3'-10&quot;</td>
<td>black wall sealant from cinder block</td>
<td>26 SF</td>
</tr>
<tr>
<td>(6) W2 windows each 6'-9&quot; X 7'-6&quot;</td>
<td>black wall sealant from cinder block</td>
<td>51 SF</td>
</tr>
<tr>
<td>(3) W3 windows each 6'-9&quot; X 5'-6&quot;</td>
<td>black wall sealant from cinder block</td>
<td>41 SF</td>
</tr>
<tr>
<td>(1) Door 7'-0&quot; X 6'-0&quot;</td>
<td>black wall sealant from cinder block</td>
<td>42 SF</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler:**

**Resource Management Group, LLC**

**NJDEP Waste Hauler ID No.:**
00305218

**Cubic Yards of Waste:**

**Name of Registered Landfill:**
Grove Landfill

**City, State:**
Trenton, NJ

**Completed By:**
Mr. Brian Haney

**Title:**
President

**Signature:**

**Date:**
2/11/2016
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) December 14, 2015
Name of Building Owner/Operator (2) The Salt & Light Company, Inc.
Check # 2639

Agencies Notified Type Notification

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

Street Address
1841 Burlington-Mount Holly Road
City, State, Zip Code
Westampton, NJ 08060

Name of Contact
Kent Pipes
Telephone Number

FACILITY INFORMATION

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

Street Address
102 Ridgeway Street
City (5)
Mount Holly
County (6)
Burlington

County Code (7) (STATE USE ONLY) 5000

Square Feet
5,000
# of Floors
3
Bldg. Age
80

Name of Monitoring Firm Hired by Building Owner (8)
Management & Enviro. Consulting Services
ASCW No.

Name of Abatement Contractor (9)
Shade Environmental, LLC

Street Address
PO Box 341
City, State, Zip Code
Chesterfield, NJ 08515

Telephone No.
609-239-4070
License No.
856-755-0999

Start Date (10)
December 23, 2015

Scheduled Completion Date (11)
December 28, 2015

Name of OSHA Monitor
EMSL Analytical, Inc.

Street Address
200 Route 130 North
City, State, Zip Code
Cinnaminson, NJ 08077

Start Date (10)
December 23, 2015

Occupancy Status During Abatement (Check Only One)

Facility Closed/Vacated During Entire Period of Abatement

Facility 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)

| Basement |
| XXX |
| Pipe Insulation |
| 200 SF |

Amount (Specify SF or LF)

Abatement Type

Removal

Endorsement

Cumberland County Landfill

Name of Registered Waste Hauler

Freehold Cartage

NJDEP Waste Hauler ID No.
02255

Cubic Yards of Waste
5

Name of Registered Landfill

Cumberland County Landfill

City, State

Freehold, NJ

Disposal Date
12/28/2015

Completed by
Christina Lynch
Title
Operations Manager

Signature
Date
12/14/2015

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

**State of New Jersey**

**Date of Notification (1):** 12/14/15

- **Name of Building Owner/Operator (2):** Hudson County
- **Street Address:** 595 Newark Ave.
- **City, State, Zip Code:** Jersey City, NJ 07306
- **Name of Contact:** Kim Riscart
- **Telephone Number:**

**FACILITY INFORMATION**

- **Name of Facility Where Abatement is Taking Place (3):** Brennan Court House
- **Street Address:** 583 Newark Avenue
- **City (5):** Jersey City
- **County: Hudson County**
- **County Code (7): ASCM No. 00110**

**Name of Monitoring Firm Hired by Building Owner:** Whitman Companies, Inc.
**Project Manager for Monitoring Firm:** Kevin Lovely
**Scheduled Start Date (10):** 12/16/15
**Scheduled Completion Date (11):** 12/31/15

**Name of Abatement Contractor (5):** Jupiter Environmental Services, Inc.
**Street Address:** 323 Changebridge Road, Suite 100
**City, State, Zip Code:** Pine Brook, NJ 07058
**License Number:** 00852

**Occupancy Status During Abatement (Check only one):**
- [x] Abatement Performed Outside of Normal Facility Hours – Describe: evenings and weekends

**Scope of Work (Check all that apply):**
- [x] Renovation

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

<table>
<thead>
<tr>
<th>Location Normally Used</th>
<th>Description of Asbestos – Containing Material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>In Facility (13)</td>
<td>(i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
</tr>
</tbody>
</table>

**2nd floor**
- [X] Concrete with TSI debris

**Name of Registered Waste Hauler:** Jupiter Environmental Services
**Hauler ID No.:** 04782

- **Name of Registered Landfill:** Minerva Landfill
- **City, State:** Waynesburg, OH

**Completed By (Print or Type):** Pane Repic
**Title:** General Manager
**Signature:**

**Disposal Date:** 12/29/15
**Date:** 12/14/15

**Abatement Type:**
- Full Containment with Negative Pressure
- Mini – Enclosure
- Glovebag Procedure
- Non – Frangible Procedure

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

- 20 SF x
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 6:80-7 and 12:152-7)

Date of Notification (1) 12/14/15

 Agencies Notified

[ ] EPA  [ ] Initial Notification
[ ] DEP  [ ] Emergency
[ ] DOL  [ ] Amended Notification
[ ] DOH  [ ] Cancellation
[ ] DCA

Name of Building Owner/Operator (2)
Hudson County

County Code (7) (STATE USE ONLY)
ASCM No. 00110

Street Address
595 Newark Ave.

City, State, Zip Code
City, State, NJ 07306

Name of Contact
Kim Riscart

Type of Facility (4)
[ ] School (K-12)
[ ] Office (Other than
Subchapter (K-12) Office building)
[ ] Other (e.g., private and commercial buildings, homes, etc.)

Square Feet
80000

# of Floors
4

Bldg. Age
- 20

Type of Abatement (9)
Jupiter Environmental Services, Inc.

Street Address
323 Changepointe Road, Suite 100
Pine Brook, NJ 07058

Telephone Number
973-575-8700

License Number
00852

Name of OSHA Monitor
J & S Environmental Laboratories, LLC

Street Address
2333 Route 22 W
Union, NJ 07083

Scope of Work (Check all that apply)

[X] Demolition

[X] 23 ft or 23 ft

[ ] 2160 ft or 2260 ft

Location of Asbestos - Containing Material (ACM)

TO BE ABATED in Facility (13)

Yes No N/A

2nd floor

Concrete with TSI debris

26 F

[X]

Cubic Yards of Waste
2

Disposal Date
12/29/15

City, State
Waynesburg, OH

Name of Registered Landfill
Minerva Landfill

Name of Registered Waste Hauler
Jupiter Environmental Services

NJDEP Waste Hauler ID No.
04722

Title
General Manager

Signature

Completed By (Print or Type)
Pane Repic

Date
12/14/15

AS641
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 6:60 and 12:120)

Date of Notification (1)
12/15/15

Name of Building Owner/Operator (2)
Steve Wolf

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

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

Street Address
38 Westervelt Place

City, State, Zip Code
Westwood, NJ 07675

Name of Contact
Steve Wolf

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

Square Feet
2300

# of Floors
2

Bldg. Age
58

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

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.

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

Street Address
PO Box 483, 4 E Gate Drive

City, State, Zip Code
Glenwood, NJ 07418

Project Manager for Monitoring Firm

Telephone No.
973-764-2276

License No.

Start Date (10)
12/17/15

Scheduled Completion Date (11)
1/17/16

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

Scope of Work (Check All That Apply)
☐ 23 sf or 23 sf
☐ ≥160 sf or ≥260 If
☐ Renovation
☐ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and No Peel-Friable Procedure

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

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

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

Amount (Specified SF or FT)

Abatement Type

<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?</th>
<th>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specified SF or FT)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>basement</td>
<td>☑</td>
<td>pipe elbows</td>
<td>15 L</td>
<td>☑</td>
</tr>
<tr>
<td>crawl space</td>
<td>☑</td>
<td>trancite</td>
<td>60 SF</td>
<td>☑</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler

Freehold Cartage

NJDEP Waste Hauler ID No. 15939

Cubic Yards of Waste
TBD

Name of Registered Landfill
Western Berks Landfill

City, State
Birdsboro, PA

Completed by
A. Scott Higgins

Title
President

Signature

Date
12/15/15

ASB-41 (R-06-06)

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

Date of Notification (1)
11/30/2015

Name of Building Owner/Operator (2)
ALBERTO COTTO

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

Street Address
36 WEST 46TH ST

City, State, Zip Code
BAYONNE NJ 07002

Name of Contact
ALBERTO COTTO

FACILITY INFORMATION

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

Type of Facility (4)

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

Street Address
36 WEST 46TH ST

Square Feet
2,000

County (5)
BAYONNE NJ 07002

County Code (7)

Current Use (Prior if being demolished)
N/A

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

Name of Abatement Contractor (9)
SHARON QUALITY CONSTRUCTION LLC.

Street Address
22 VAN ORDEN PL

City, State, Zip Code
HACKENSACK NJ 07601

Telephone No.
201.708.4270

License No.
01135

Name of OSHA Monitor
J & S ENVIRONMENTAL LAB. SERVICES

City, State, Zip Code
UNION, NJ 07083

Project Manager for Monitoring Firm

Telephone No.

Start Date (10)
12/09/15

Scheduled Completion Date (11)
12/10/15

Occupancy Status During Abatement (Check Only One)

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

Scope of Work (Check All That Apply)

RV 3 sl or RV 3 If
RV 160 sl or RV 260 If

Demolition

Renovation

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

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)

Abatement Type

Amount (Specify SF or LF)

Removal

Repair

Encapsulate

Endorse

BASEMENT

PIPE INSULATION

12 LF.

Name of Registered Waste Hauler

NJDEP Waste Hauler ID No.
19951

Cubic Yards of Waste
TBD

Name of Registered Liability
MINERVA ENTERPRISE INC.

City, State
BRONX

Disposal Date
TBD

City, State
WAYNESSBURG, OHIO

Completed by
CARLOS ESQUIVEL
Title
SAFETY MANAGER

Signature

Date
11/30/2015

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

Date of Notification (1)
12 / 16 / 15

Name of Building Owner/Operator (2)
Sunoco Partners Marketing & Terminals, L.P. - Eagle Point Facility

Name of Contact
Ron Rosendorn

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Sunoco Partners Marketing & Terminals, L.P. - Eagle Point Facility

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

Square Feet
N/A

Current Use (Prior to being demolished)
Petrochemical Storage (Tank Farm)

County Code (?)(STATE USE ONLY)
N/A

Street Address
1240 Crown Point Road

City, State, Zip Code
Westville, NJ 08093

County (8)
Gloucester

License No.
00547

Name of Abatement Contractor (9)
Kenny Atlantic Industrial Services

Name of Monitoring Firm Hired by Building Owner (8)
Kenny Atlantic Industrial Services, LLC

Country Code (STATE USE ONLY)
N/A

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

Name of GSHA Monitor
Kenny Atlantic Industrial Services, LLC

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

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

Various Outdoor Areas

Thermal System Insulation

Abatement Type
Removal
Repair
Encapsulate
Endorse

Various Outdoor Areas

Name of Registered Waste Hauler
Republic Services

City, State
Camden, NJ

Cubic Yards of Waste
400

Name of Registered Landfill
Gloucester County Solid Waste Complex

Disposal Date
Various

CITY OF CAMDEN

* 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)
12/14/2015

Name of Building Owner/Operator (2)
Madison Urban Renewal LLC/KRE Madison NJ Urban Renewal LLC

Agencies Notified

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

Street Address
520 US Route 22
City, State, Zip Code
Bridgewater, NJ 08807

Name of Contact
Noah Chrismar

Telephone Number

Name of Facility Where Abatement is Taking Place (3)
N/A (former elementary school)

City (5)
Madison

County (6)
Morris

County Code (7) (STATE USE ONLY)

Square Feet
25,000

Current Use (Prior if being demolished)
Former School

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

ASCN No.
N/A

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

Street Address
655 West Shore Trail
City, State, Zip Code
Sparta, NJ 07871

Project Manager for Monitoring Firm
John Sekelsky

Telephone No.
973-729-5649

License No.
01507

Start Date (10)
January 5, 2016

Scheduled Completion Date (11)
February 29, 2016

Name of OSHA Monitor
Same as above

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

Scope of Work (Check All That Apply)

- 250 sf or 25 ft
- 1800 sf or 2250 ft

Renovation
Demolition

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

- In Facility (13)

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

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

Amunt (Specify SF or LF)

Abatement Type

Repair
Encapsulate
Encapsulate

Name of Registered Waste Hauler
East Coast Haz Mat Removal, Inc.

Waste Hauler ID No.
NJ 419

Cubic Yards of Waste
250

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

City, State
Paterson, NJ 07504

Disposal Date
2/10/2016

Completed by
James E. Unger

Title
Project Manager

Signature

Date
12/14/2015

* Do not use this form for asbestos licensure exempted activities.
<table>
<thead>
<tr>
<th>Material</th>
<th>Location</th>
<th>Approximate Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pipe Insulation &amp; Associated</td>
<td>Basement Including Old Special Services Space &amp; Separate Store Room</td>
<td>1,500 LF</td>
</tr>
<tr>
<td>Pipe Fitting/Elbow Insulation</td>
<td>Basement Boiler Room</td>
<td>330 LF</td>
</tr>
<tr>
<td></td>
<td>Tunnels</td>
<td>3,000 LF</td>
</tr>
<tr>
<td></td>
<td>1st Floor</td>
<td>500 LF</td>
</tr>
<tr>
<td></td>
<td>2nd Floor</td>
<td>200 LF</td>
</tr>
<tr>
<td></td>
<td>Building Exterior in Well Outside Door to Boiler Room</td>
<td>15 LF</td>
</tr>
<tr>
<td>Black Cove Molding</td>
<td>2nd Floor Rooms</td>
<td>450 LF</td>
</tr>
<tr>
<td>Boiler/ Breaching Insulation</td>
<td>Basement Boiler Room</td>
<td>600 SF</td>
</tr>
<tr>
<td>Boiler Header Insulation</td>
<td>Basement Boiler Room</td>
<td>40 LF x 1'</td>
</tr>
<tr>
<td>Gaskets Associated w/ Boiler</td>
<td>Boiler Room</td>
<td>25 LF</td>
</tr>
</tbody>
</table>

*Note: Pipe Insulation Debris on Floor in Sections of Tunnels*

*Note: Pipe Assumed to be in Rest Room Wall Chases, Chases Feeding Staircase Radiators & Wet Columns/Chases Feeding 2nd Floor Radiators*
### 33 Green Village Road
Madison, New Jersey

<table>
<thead>
<tr>
<th>Material</th>
<th>Location</th>
<th>Approximate Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Floor Tiling &amp; Associated Mastic</td>
<td>Basement (Including Former Special Services Space)</td>
<td>6,000 SF</td>
</tr>
<tr>
<td></td>
<td>1st Floor</td>
<td>14,000 SF</td>
</tr>
<tr>
<td></td>
<td>Note: Portions Under Carpet</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Note: 1,000 SF of Tile in Old Auditorium is Under Raised Wood Floor</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Note: Tile in Portions of Hallway Under Linoleum</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Note: 9&quot;x9&quot; Tile Under 12&quot; Blue Tile in Auditorium Office</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Note: Double Layer in Kitchen</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2nd Floor</td>
<td>4,000 SF</td>
</tr>
</tbody>
</table>

### 33 Green Village Road
Madison, New Jersey

<table>
<thead>
<tr>
<th>Material</th>
<th>Location</th>
<th>Approximate Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Roofing Materials</td>
<td>Southwest Section of Main Roof &amp; Eastern Roof Over Kindergarten Room</td>
<td>12,000 SF</td>
</tr>
<tr>
<td>Window Glazing</td>
<td>Around Glass Panes of Windows</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2'x3' Windows - 14</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2'x8' Windows - 29</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1'x3' Windows - 1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2'x6' Windows - 24</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3'x6' Windows - 27</td>
<td></td>
</tr>
<tr>
<td>Exterior Window &amp; Door Frame Caulk</td>
<td>Around Exterior Window &amp; Door Frames</td>
<td>1,500 LF x 1&quot;</td>
</tr>
</tbody>
</table>
Date of Notification (1)
12/10/2015

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

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

Name of Building Owner/Operator (2)
Richard Zielinski

Street Address
32 Robertson Rd

City, State, Zip Code
West Orange NJ

Name of Contact
Richard Zielinski

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
# of Floor
Bldg. Age

Current Use (Prior if being declared)

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

Street Address
32 Robertson Rd

City
West Orange

County
Essex

County Code (7)

State Use Only

Name of Monitoring Firm Hired by Building Owner (6)
ACSM No.
00057

Competent Supervisor

Name of Abatement Contractor (9)
Academy Construction Inc

Street Address
205 Route 46 West

City, State, Zip Code
Totowa NJ 07512

License No.
011: 5

Project Manager for Monitoring Firm

Telephone No.
973 832 4244

License No.

Start Date (10)
12/11/2015

Scheduled Completion Date (11)
12/12/2015

Name of OSHA Monitor
Same as above

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

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

Asbestos-Containing Material (ACM) TO BE ABATED

In Facility

Location Normally Used Solely by Maintenance/Custodial Staff?

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)
Pipe Insulation

Amount (Specify SF or LF)
35 LF

Abatement Type
- Removal
- Repair
- Encapsulate
- Enclose

Name of Registered Waste Hauler

Academy Construction

NJ DEP Waste Hauler ID No.
00334422

Cubic Yards of Waste
4

Name of Registered LT Landfill
GROWS Landfill

City, State
Totowa

Disposal Date
TBD

Completed by
Zlate Geleski

Title
VP

Signature

Date
12/10/2015

* Do not use this form for asbestos listed or exempted activities.
**New Jersey Notification of Asbestos Abatement**

**Pursuant to NJAC 8:50-1.1 (10/22)**

**Date of Notification:** 12/10/2016

**Name of Building Owner/Operator:** Richard Zielinski

**Address:**
- **Street Address:** 32 Robertson Rd
- **City, State, Zip Code:** West Orange, NJ

**Notification Type:** Initial

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

**Name of Facility Where Abatement is Taking Place:**
- **Type of Facility:** School (K-12)
- **Current Use:** Same as above

**Cabinet Address:**
- **City:** West Orange
- **County Code:** Essex

**Name of Monitoring Firm Hired by Building Owner:**
- **Name:** Academy Construction Inc

**Project Manager for Monitoring Firm:**
- **Phone Number:** 973-652-4244

**Start Date:** 12/11/2015

**Scheduling and Completion Dates:**
- **Scheduled Completion Date:** 12/12/2015

**Occupancy Status During Abatement:**
- **Facility Closed/Inoperable During Entire Period of Abatement:** Yes

**Scope of Work: Check All That Apply:**
- Renovation
- Demolition
- Full Contents Cleanout and/or Substitution
- Minimal Disruption
- Abatement
- In-Place
- Replacement
- Encapsulate

<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>Asbestos Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>Yes</td>
<td>Pipe Insulation</td>
<td>35 LF</td>
<td></td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler:**
- **Name:** Academy Construction
- **OSHA ID No:** 00334422

**City, State:** Totowa

**Name of Registered Landfill:**
- **Name:** GROW8 Landfill

**Disposal Date:** TBD

**City, State:** Morrisville PA

**Compiled by:**
- **Name:** Zita Grecaski
- **Title:** VP

**Signatures:**
- **Signatures:**

**Notes:**
- 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)
12/14/2015

Name of Building Owner/Operator (2)
The Chemours Company FC LLC

Agencies Notified
- EPA
- DOL
- DOH
- DCA

Type Notification
- Initial
- Amended
- Amended # 2
- Emergency (including justification)

Street Address
Chemours-Repauno Site 200 N. Repauno Ave.

City, State, Zip Code
Gibbstown, NJ 08027

Name of Contact
C/o Duane Reese

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Chemours-Rupauno Site

Street Address
200 N. Repauno Avenue

City (6)
Gibbstown

County (6)
Gloucester

County Code (7)
(STATE USE ONLY)

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

ASCM No.

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

Street Address
42 Ridge Road

City, State, Zip Code
Phoenixville, PA 19460

Telephone No.
302 326-2333

Telephone No.
610 933-4332

License No.
836

License No.

Name of OSHA Monitor
Harvard Environmental, Inc.

Street Address
Same

City, State, Zip Code

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)
- ≥ 3,000 ft^2
- ≥ 160 ft^2
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

In Facility

Yes
No
N/A

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

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

Amount (Specify SF or LF)

Abatement Type

Removal
Repair
Encapsulate
Endcap

Ammonia Office
X
See Attached Spreadsheet
See Attached

Towers-Dry Bulk Building
X
See Attached Spreadsheet
See Attached

Atmospheric Building
X
See Attached Spreadsheet
See Attached

Salt House
X
See Attached Spreadsheet
See Attached

Name of Registered Waste Hauler

Waste Management
NJ/DEP Waste Hauler ID No. 17273

Cubic Yards of Waste
~ 300

Name of Registered Landfill
GROW/Truly Tymann Landfill

City, State
Fairless Hills, PA

Disposal Date
9/2015-12/2015

City, State
Morrisville, PA

Completed by
Patrick Larney
Title
Project Manager

Signature

Date
12/14/2015

* Do not use this form for asbestos removal exempted activities.
<table>
<thead>
<tr>
<th>Area / Notes</th>
<th>Abatement Item</th>
<th>Unit</th>
<th>Quantity</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>FA-0583, Ammonia Office</td>
<td>Floor Tile</td>
<td>SF</td>
<td>188</td>
<td>As SF 5/14/18</td>
</tr>
<tr>
<td>Roof Vent</td>
<td>Galbestos on Roof</td>
<td>SF</td>
<td>100</td>
<td>95% Complete</td>
</tr>
<tr>
<td>Non-ACM</td>
<td>Floor Paint</td>
<td>SF</td>
<td>120</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Transite Siding</td>
<td>SF</td>
<td>1,600</td>
<td></td>
</tr>
<tr>
<td>FA-0514, Towers-Dry Bulk Bldg</td>
<td>Floor Tile</td>
<td>SF</td>
<td>370</td>
<td>100% Complete</td>
</tr>
<tr>
<td></td>
<td>Transite</td>
<td>SF</td>
<td>11,050</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Tile and Mastic</td>
<td>SF</td>
<td>500</td>
<td></td>
</tr>
<tr>
<td>FA-0505, Atmospheric Bldg.</td>
<td>Fire Doors</td>
<td>EA</td>
<td>5</td>
<td>95% Complete</td>
</tr>
<tr>
<td></td>
<td>Wall Packing</td>
<td>SF</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Galbestos Roof Vent</td>
<td>SF</td>
<td>80</td>
<td></td>
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<tr>
<td></td>
<td>Brick Look Stucco</td>
<td>SF</td>
<td>2,600</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Transite</td>
<td>SF</td>
<td>2,850</td>
<td></td>
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<tr>
<td>FA-1761, Salt House</td>
<td>Fire Doors</td>
<td>EA</td>
<td>3</td>
<td>100% Complete</td>
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<tr>
<td></td>
<td>Roofing</td>
<td>SF</td>
<td>1,400</td>
<td>Left in Place for Demolition per Waiver</td>
</tr>
<tr>
<td></td>
<td>Flashing</td>
<td>LF</td>
<td>280</td>
<td>Left in Place for Demolition per Waiver</td>
</tr>
</tbody>
</table>
Date of Notification (1)  
12-08-2015

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

Name of Building Owner/Operator (2)  
Credit Union of New Jersey

Street Address  
P.O. Box 7921

City, State, Zip Code  
Ewing NJ 08628

Name of Contact  
Erick Carroll

Telephone Number

FACILITY INFORMATION

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

Street Address  
16-18 Lafayette Street

City (5)  
Trenton

County (6)  
Mercer

Current Use (Prior if being demolished)  
Commercial Bldg

County Code (7)  
N/A

Sqaure Feet  
N/A

# of Floors  
2

Bldg. Age  
n/a

Name of Monitoring Firm Hired by Building Owner (8)  
Bioterra Solution

ASCM No.  

Name of Abatement Contractor (9)  
Amex Contracting LLC

Street Address  
24 Morley Dr

City, State, Zip Code  
Woodland Park

License No.  
01266

Project Manager for Monitoring Firm  
Ric Eustagio

Telephone No.  
973-494-3762

Start Date (10)  
12-18-2015

Scheduled Completion Date (11)  
01-05-2016

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

Abatement Performed Outside of Normal Facility Hours  
No

Other - Describe:  

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

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos Containing Material (ACM)</th>
<th>Amount (SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Roof</td>
<td>X</td>
<td>black tar roofing material</td>
<td>340 SF</td>
<td>X</td>
</tr>
<tr>
<td>Roof</td>
<td>X</td>
<td>roof and chimney flushing</td>
<td>101 LF</td>
<td>X</td>
</tr>
<tr>
<td>1ST FLOOR</td>
<td>X</td>
<td>vat and mastic</td>
<td>90 SF</td>
<td>X</td>
</tr>
<tr>
<td>2ND FLOOR</td>
<td>X</td>
<td>brick wall mastic</td>
<td>301 SF</td>
<td>X</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler  
Amex Contracting LLC

NJDEP Waste Hauler ID No.  
0036184

Cubic Yards of Waste  
70 CY

Disposal Date  
12-31-2015

City, State  
Woodland Park

Completed by  
Tome Mastarkov  
Title  
Project Manager

Name of Registered Landfill  
GROWS

City, State  
Morrisville PA

Date  
12-08-2015

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>December 14, 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Equipment Leasing Specialists, LLC</td>
</tr>
<tr>
<td>Street Address</td>
<td>501 Madison Avenue</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Toms River, NJ 08753</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Lou Santora</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Residence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>1820 Nautilus Drive</td>
</tr>
<tr>
<td>City</td>
<td>Toms River</td>
</tr>
<tr>
<td>County</td>
<td>Ocean</td>
</tr>
<tr>
<td>County Code</td>
<td>(STATE USE ONLY)</td>
</tr>
<tr>
<td>Square feet</td>
<td>1200 sf</td>
</tr>
<tr>
<td># of Floors</td>
<td>1</td>
</tr>
<tr>
<td>Bldg. Age</td>
<td>60</td>
</tr>
<tr>
<td>Current Use (Prior to being demolished)</td>
<td>Residence</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>ASCM No.</td>
</tr>
<tr>
<td>Street Address</td>
<td>N/A</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td></td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td></td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
<tr>
<td>Scheduled Start Date (10)</td>
<td>12/15/15</td>
</tr>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>12/16/15</td>
</tr>
<tr>
<td>Occupancy Status During Abatement (Check only one)</td>
<td></td>
</tr>
<tr>
<td>[ ] Facility Closed/Vacated During Entire Period of Abatement</td>
<td></td>
</tr>
<tr>
<td>[ ] Abatement Performed Outside of Normal Facility Hours</td>
<td></td>
</tr>
<tr>
<td>[ ] Other – Describe</td>
<td></td>
</tr>
<tr>
<td>Scope of Work (Check all that apply)</td>
<td></td>
</tr>
<tr>
<td>[ ] &gt;3 sf or ≥3 if</td>
<td></td>
</tr>
<tr>
<td>[ ] ≥160 sf or ≥260 if</td>
<td></td>
</tr>
<tr>
<td>[ ] Renovation</td>
<td></td>
</tr>
<tr>
<td>[x] Demolition</td>
<td></td>
</tr>
</tbody>
</table>

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

| Exterior | X | Asbestos siding | 1200 sf | X |

| Name of Registered Waste Hauler | Guardian Contracting, Inc. |
| NIDEP Waste Hauler ID No. | 20223 |
| Cubic Yards of Waste | 3 |
| Name of Registered Landfill | T.R.R.F. |
| City, State | Toms River, New Jersey |
| Disposal Date | 12/17/15 |
| City, State | Tullytown, Pennsylvania |
| Completed by (Print or Type) | Nicholas Fernicola |
| Title | Project Manager |
| Signature | |
| Date | 12/14/2015 |

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

Date of Notification (1)  December 14, 2015

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

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

Name of Building Owner/Operator (2)  John Leitao

Street Address  1275 Bloomfield Avenue Bldg 6, Suite 32

City, State, Zip Code  Fairfield, NJ 07004

Name of Contact  John Leitao

Telephone Number

FACILITY INFORMATION

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

Street Address  5 St. Thomas Avenue

City  Toms River  County (6)  Ocean

County Code (7) (STATE USE ONLY)  

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

Square feet  1200 sf  

# of Floors  1  

Bldg. Age  60

Current Use (Prior if being demolished)  Residence

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

AsCM No.

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

Street Address  1889 Route 9 Unit 61

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

Telephone Number  732-349-9932

License Number  00624

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

Street Address  1056 Stelton Road

City, State, Zip Code  Piscataway, New Jersey 08854

Scope of Work (Check all that apply)  
[ ] Full Containment with Negative Pressure  
[ ] Mini-Enclosure  
[ ] Decap Procedure  
[ X ] Non-Exempted (*) and N-priable Procedure

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

Exterior  X  Asbestos siding  110 sf  X

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

Amount (Specify SF or LF)

Abatement Type  Removal  Repair  Encapsulation  Enclosure

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

Exterior  X  Asbestos siding  110 sf  X

Name of Registered Waste Hauler  Guardian Contracting, Inc.

NJDEP Waste Hauler ID No.  20223

Cubic Yards of Waste  3

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

City, State  Toms River, New Jersey

Disposal Date  12/17/15

Completed by (Print or Type)  Nicholas Fernicola

Title  Project Manager

Signature

City, State  Tullytown, Pennsylvania

Date  12/14/2015

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

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

**GAC Project # 060-15**

**Date of Notification (1): December 14, 2015**

<table>
<thead>
<tr>
<th>Agencies Notified</th>
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<tbody>
<tr>
<td>□ EPA</td>
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<tr>
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</tr>
<tr>
<td>□ DEP- No Longer REQUIRED</td>
<td>□ Canceled</td>
<td></td>
</tr>
</tbody>
</table>

**City (5): NEW BRUNSWICK**

**County (6): MIDDLESEX**

**County Code (7): ASCM No. 0098**

**Name of Monitoring Firm Hired by Bldg. Owner (6): Cardno ATC**

**Street Address:** DOUGLASS CAMPUS

**Street Address:** MARRYOTT MUSIC, BLDG# 8310

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

**Telephone Number:** 609-386-8800

**Name of Contractor (8): GREENWOOD ABATEMENT CONSULTANTS, INC.**

**Street Address:** 268 MAIN STREET

**City, State, Zip Code:** BUTLER, NJ 07405

**Telephone Number:** 973-492-0477

**Name of OSHA Monitor: ENVIRONMENTAL HEALTH & SAFETY**

**Street Address:** DOUGLASS CAMPUS

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

**Telephone Number:** 215-736-1700

**Name of Contact:** MICHAEL SMITH, ENV. HEALTH & SAFETY

**Type of Facility (4):**

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

**Sq. Feet: NA**

**# of Floors: 4**

**Bid: 1**

**Age: 80+ years**

**Current Use (prior to being demolished):** At ADEMIEC

**Scheduling Start Date (10): 12/26/15**

**Scheduling Completion Date (11): 12/28/15**

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

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

**Other - Describe: Shift Hours: 8:00 AM - 8:00 AM (24 hours as needed)**

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

- □ ≥ 3 sf or ≥ 3 lf
- □ ≥ 160 sf or ≥ 260 lf
- □ Renovation
- □ Demolition
- □ Full Containment with Negative Pressure
- □ Mini-Enclosure
- □ Glovebox Procedure
- □ Non-Exempted (*) and Non-Friable Procedure
- □ Remove, Repair, Encap, Envelope

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

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

- □ YES
- □ NO

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

**Room 218:** VAT

**Cubic Yards of Waste:** 300 SF

**Name of Reg. Waste Hauler:** See Hauler Below #1 & 2

**NJDEP Waste Hauler ID #:** See Below

**Cubic Yards of Waste:** 5 CY

**City, State, Zip Code:** 100 New Ford Mill Rd. Morrisville, Pa 19067

**Telephone Number:** 215-736-1700

**Name of Registered Landfill:** O.W.S. North Landfill

**Disposal Date:** 12/28/15

**City, State, Zip Code:** 100 New Ford Mill Rd. Morrisville, Pa 19067

**Telephone Number:** 215-736-1700

**Complied by (Print or Type):** RAYMOND C. PEDALINO

**Title:** SENIOR PROJECT MANAGER

**Signature:** Raymond C. Pedalino

**Date:** December 14, 2015

**Copies To:** Rutgers, REHS, Attn: Mike Smith and Cardno ATC, Attn: Brian Kearney
**State of New Jersey**

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

**Date of Notification (1)****

**December 11, 2015**

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

**Mr. Vinnie Patel**

**Agency Notified**
- [ ] EPA
- [ ] DOD
- [ ] DOH
- [ ] DCA

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

**Street Address**

**211 Blue Heron Drive**

**City, State, Zip Code**

**Secaucus, NJ 07094**

**Name of Contact**

**Mr. Vinnie Patel**

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

**182-184 14th Street**

**County (6)****

**Passaic**

**City, State, Zip Code**

**Jersey City, NJ 07310**

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

**Bergen**

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

**Diner**

**Square Feet**

**600**

**# of Floors**

**1**

**Bldg. Age**

**1910**

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

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

**B&N & K Restoration Co., Inc.**

**Street Address**

**223 Randolph Avenue**

**City, State, Zip Code**

**Clifton, NJ 07011**

**Telephone No.**

**973-478-4681**

**License No.**

**0012**

**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)**
- [ ] 2,000 sf or over 2,000 sf
- [ ] 2,000 sf or over 2,600 sf
- [ ] Renovation, Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini Enclosure
- [ ] Glovebox Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

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<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 (For or LF)</th>
<th>Abatement Type</th>
</tr>
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<tbody>
<tr>
<td>Roof</td>
<td>Y</td>
<td>Roof Membrane</td>
<td>600 sq ft</td>
<td>Removal</td>
</tr>
<tr>
<td>Roof</td>
<td>N</td>
<td>Flashing</td>
<td>350 sq ft</td>
<td>Encapsulate</td>
</tr>
<tr>
<td>Kitchen</td>
<td>Y</td>
<td>Transite</td>
<td>6 sq ft</td>
<td>Encapsulate</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**

**B&N & K Restoration Co., Inc.**

**Waste Hauler ID No.**

**18743 / 2A456**

**Cubic Yards of Waste**

**10**

**Name of Registered Landfill**

**Minerva Enterprises, Inc.**

**Disposal Date**

**12/23/2015 - 12/31/2015**

**City, State**

**Clifton, NJ 07011 / Bronx, NY**

**Completed by**

**G. Roger Woodman**

**Title**

**Safety Officer**

**Signature**

**Date**

**12/11/2015**

*Do not use this form for asbestos license exempted activities.*
### State of New Jersey - Notification of Asbestos Abatement
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

**GAC Project # 060-15**

**Date of Notification (1):** December 14, 2015

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

**Street Address:** ENVIRONMENTAL HEALTH & SAFETY DEPT.
27 ROAD 1, BLDG 4066, LIVINGSTON CAMPUSS

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

**Name of Contact:** MICHAEL SMITH, ENV.

**HEALTH & SAFETY**

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<td></td>
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</tbody>
</table>

**Name of Facility Where Abatement is Taking Place (3):** BLUMENTHAL HALL, BLDG# 7493

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

**Sta. Feet:** N/A

**# of Floors:** 4

**Bldg. Age:** 80+ years

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

**City (5):** NEWARK

**County (6):** ESSEX

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

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

**ASCN No.:** 0098

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

**Street Address:**

**BURLINGTON, NJ 08016**

**City, State, Zip Code:**

**Name of Manager for Monitoring Firm:** BRIAN KEARNEY

**Telephone Number:** 609-386-8800

**schedl. Start Date (10):** 12/28/15

**schedl. Completion Date (11):** 12/30/15

**Occupancy Status During Abatement (Check only one):**
- □ Facility Closed/Abandoned During Entire Period of Abatement
- □ Abatement Performed Outside of Normal Facility Hours - Describe

**Shift Hours:** 8:00 AM - 5:00 AM Daily (24 hours as needed)

**Scope of Work (Check all that apply):**
- □ ≥ 3 sf or ≥ 3 if
- □ ≥ 180 sf or ≥ 260
- □ Renovation
- □ Demolition
- □ Non-Exempted (*)

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

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</thead>
<tbody>
<tr>
<td>YES</td>
<td></td>
</tr>
</tbody>
</table>

**206 Suite, 102 Suite**

**VAT**

**Amount (Specify SF or LF):** 4250 SF

**Name of Registered Landfill:** G. I.O.W.S. North Landfill

**Name of Registered Landfill:**

**Disposal Date:** 12/30/15

**Hauler #1:** Greenwood Abatement Consultants, Inc. - Butler, NJ 07405, NJDEP # 28969

**Hauler #2:** Newark Carling, Inc., Newark, NJ

**NJ DEP #:** 04569

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

<table>
<thead>
<tr>
<th>Name of Responsible Person</th>
<th>Title</th>
<th>Disposal Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>RAYMOND C. PEDALINO</td>
<td>SENIOR PROJECT MANAGER</td>
<td>December 14, 2015</td>
</tr>
</tbody>
</table>

**Copies To:** Rutgers, REHS, Attn: Mike Smith and Cardno ATC, Attn: Brian Kearney