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

Date of Notification (1) 12 / 23 / 14

Name of Building Owner/Operator (2)
Southern Regional School District / Job #1410-4832 Check #6730

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

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

Street Address
90 Cedar Bridge Rd.

City, State, Zip Code
Manahawkin, NJ 08050

Name of Contact
Dean Adams

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Southern Regional MS

Street Address
75 Cedar Bridge Rd.

City (5)
Manahawkin

County (6)
Ocean

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

ASCN No.

Name of Abatement Contractor (9)
AbateTech, Inc.

Street Address
500 Horizon Drive, Suite 540

City, State, Zip Code
Robbinsville, NJ 08691

Project Manager for Monitoring Firm
Rafael Torres

Telephone No. 609-890-7277

License No. 00629

Name of OSHA Monitor
EMSL Analytical

Start Date (10) 11 / 17 / 14

Scheduled Completion Date (11) 1 / 30 / 15

Occupy 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 - 11:30AM

Scope of Work (Check all that apply)
- ≥3 sf or ≥3 If
- ≥160 sf or ≥260 If
- Window glazing

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)
320 SF

Abatement Type

Endorse

Repair

Remove

Recapture

Endorse

Name of Registered Waste Hauler
AbateTech, Inc.
NJDPRate Hauler ID No. 18750

Cubic Yards of Waste 12

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

City, State
Lumberton, NJ Tullytown, PA

Completed By (Print or Type)
Gwendolyn Trumbetti

Title
Operations Coordinator

Signature

Date 12/23/14

* Do not use this form for asbestos license exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:50 and 5:16)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>12 / 23 / 14</td>
<td>PSE&amp;G / Job #1310-4703 Check #5714</td>
</tr>
</tbody>
</table>

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

- Type Notification:
  - Amended

- Street Address: 80 Park Plaza
- City, State, Zip Code: Newark, NJ 07101
- Name of Contact: Drew Shuda
- Telephone Number: ( )

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3):
PSE&G Camden Switch Yard

Street Address:
7272 N. Crescent Blvd.

City (6):
Pennsauken

County (6):
Camden

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

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

Street Address:
318 12th Street

City, State, Zip Code:
Hammonton, NJ 08037

Project Manager for Monitoring Firm:
Jim Proctor

Telephone No.:
609-704-8830

License No.:
00529

Start Date (10):
11 / 3 / 14

Scheduled Completion Date (11):
1 / 30 / 15

Name of OSHA Monitor:
EMSL Analytical

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

Time of Abatement: AM---PM---PM---AM

Scope of Work (Check all that apply):

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

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

Handhole Walls 220-3:
- Transite Conduit 800 LF

Handhole Walls 220-3:

- (Print or Type)
- Gwendolyn Trumbetti
- Title: Operations Coordinator

Name of Registered Waste Hauler:
NJDEP Waste Hauler ID No. 17273

Waste Management:
G.R.O.W.S. Landfill

Disposal Date: 1/30/15

City, State:
Morrisville, PA

Completed By: (Print or Type)

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

**State of New Jersey**

(Pursuant to NJAC 8:69 and 5:16)

**Date of Notification (1)**
12 / 23 / 14

**Name of Building Owner/Operator (2)**
NJ DPMC Department of Treasury

**Job #**
1408-4808 Check #6815

**received**

**DEC 29 2014**

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

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

**Street Address**
33 West State Street Floor 9

**City, State, Zip Code**
Trenton, NJ 08625

**Name of Contact**
Catherine Douglas

**Telephone Number**

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**
Trenton Psychiatric - Lincoln Building

**Street Address**
100 Sullivan Way

**City (5)**
West Trenton

**County (6)**
Mercer

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

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

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

**Square Feet**

**# of Floors**

**Bldg. Age**

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

**ASCM No.**

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

**Street Address**
1913 Atlantic Ave.

**City, State, Zip Code**
Manasquan, NJ 08736

**License No.**
00529

**Name of OSHA Monitor**
EMSL Analytical

**Telephone No.**
732-223-2225

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

**Project Manager for Monitoring Firm**
Jason Hooper

**Start Date (10)**
12 / 15 / 14

**Scheduled Completion Date (11)**
1 / 30 / 15

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

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

**Occupancy Status During Abatement (Check only one)**
- [ ] Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement:
- [ ] AM
- [ ] PM
- [ ] AM

**Scope of Work (Check all that apply)**
- [ ] 2 or more floors
- [ ] 160 sf or more
- [ ] 2600 sf
- [ ] Renovation
- [ ] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Min-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

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

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

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

**Amount (Specify SF or LF)**

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

---

**Room 109 Office**
- [ ] Floor tile & Mastic
  - [x] 9 SF

**1st Floor**
- [ ] Black Fire Electrical Panel
  - [x] 2 SF

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

**NJDEP Waste Hauler ID No.**
18759

**Cubic Yards of Waste**
2

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

**City, State**
Lumberton, NJ Tullytown, PA

**Disposal Date**
130/15

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

**Title**
Operations Coordinator

**Signature**

**Date**
12/23/14

---

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

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>12 / 23 / 14</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Trustees of Princeton / Job #1304-4626 - Check #5765</td>
</tr>
<tr>
<td>Street Address</td>
<td>Trustees of Princeton University E.A. MacMillan Bldg.</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Princeton, NJ 08544</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Robert Ortega, P.E.</td>
</tr>
<tr>
<td>FACILITY INFORMATION</td>
<td></td>
</tr>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td>20 Washington Road</td>
</tr>
<tr>
<td>Street Address</td>
<td>20 Washington Road, Princeton University Main Campus</td>
</tr>
<tr>
<td>City (5)</td>
<td>Princeton</td>
</tr>
<tr>
<td>County (6)</td>
<td>Mercer</td>
</tr>
<tr>
<td>County Code (7)/STATE USE ONLY</td>
<td></td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>ATC Associates</td>
</tr>
<tr>
<td>ASCM No.</td>
<td>00098</td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>AbateTech, Inc.</td>
</tr>
<tr>
<td>Street Address</td>
<td>3 Terri Lane</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Burlington, NJ 08016</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>Michael R. Keeth</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>609-368-8000</td>
</tr>
<tr>
<td>License No.</td>
<td>00529</td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>3 / 24 / 14</td>
</tr>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>1 / 30 / 15</td>
</tr>
<tr>
<td>Name of OSHA Monitor</td>
<td>EMSL Analytical</td>
</tr>
<tr>
<td>Street Address</td>
<td>3 Terri Lane</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Burlington, NJ 08016</td>
</tr>
<tr>
<td>Scope of Work (Check all that apply)</td>
<td></td>
</tr>
<tr>
<td>≥3 sf or ≥36 if</td>
<td></td>
</tr>
<tr>
<td>≥160 sf or ≥260 if</td>
<td></td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED</td>
<td></td>
</tr>
<tr>
<td>IN Facility (13)</td>
<td></td>
</tr>
<tr>
<td>Is Location Normally Used Solely by Maintenanceal Custodial Staff? (12)</td>
<td>Yes ☒ No ☐ N/A ☐</td>
</tr>
<tr>
<td>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td></td>
</tr>
<tr>
<td>Abatement Type</td>
<td></td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
<td></td>
</tr>
<tr>
<td>Room 227A</td>
<td>Floor Tile &amp; Mastic</td>
</tr>
<tr>
<td>Abandon Exterior Steam Tunnel</td>
<td>Cut &amp; Wrap</td>
</tr>
<tr>
<td>Auditorium Roof</td>
<td>Roof Flashing</td>
</tr>
<tr>
<td>1st Fl. Column C-D between 5&amp;6</td>
<td>Double layer Floor tile &amp; Mastic</td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
<td>AbateTech, Inc.</td>
</tr>
<tr>
<td>NJDEP Waste Hauler ID No.</td>
<td>18760</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td>40</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>G.R.O.W.S. Landfill</td>
</tr>
<tr>
<td>City, State</td>
<td>Lumberton, NJ</td>
</tr>
<tr>
<td>Completed By (Print or Type)</td>
<td>Gwendolyn Trumbetti</td>
</tr>
<tr>
<td>Title</td>
<td>Operations Coordinator</td>
</tr>
<tr>
<td>Signature</td>
<td>Gwendolyn Trumbetti</td>
</tr>
<tr>
<td>Date</td>
<td>12/23/14</td>
</tr>
</tbody>
</table>

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<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 or 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>Light Court TAR Shaft</td>
<td>Yes</td>
<td></td>
<td>Tar/Rope Packing assoc w/ terra cotta &amp; glass duct/pipe</td>
<td>20 each</td>
</tr>
<tr>
<td>Heritage Glass TAR Shaft</td>
<td>Yes</td>
<td></td>
<td>Tar/Rope Packing assoc w/ terra cotta &amp; glass duct/pipe</td>
<td>20 each</td>
</tr>
<tr>
<td>Basement</td>
<td>Yes</td>
<td></td>
<td>Exterior Perimeter Window Caulk</td>
<td>80 LF</td>
</tr>
<tr>
<td>Basement</td>
<td>Yes</td>
<td></td>
<td>Exterior Window Glazing</td>
<td>300 LF</td>
</tr>
<tr>
<td>Ground Floor Transformer Room</td>
<td>Yes</td>
<td></td>
<td>Debris clean up</td>
<td>100 SF</td>
</tr>
<tr>
<td>Ground Floor Transformer Room</td>
<td>Yes</td>
<td></td>
<td>Pipe Insulation (wrap &amp; cut)</td>
<td>24 LF</td>
</tr>
<tr>
<td>Ground Floor Transformer Room</td>
<td>Yes</td>
<td></td>
<td>Floor tile &amp; Mastic</td>
<td>988 SF</td>
</tr>
<tr>
<td>Ground Floor Transformer Room</td>
<td>Yes</td>
<td></td>
<td>Tar/Rope Packing assoc w/ terra cotta &amp; glass duct/pipe</td>
<td>15 each</td>
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<tr>
<td>1984 Addition</td>
<td>Yes</td>
<td></td>
<td>Waterproofing Mastic</td>
<td>2,700 SF</td>
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</table>
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)  
12 / 23 / 14

Name of Building Owner/Operator (2)  
PSE&G Delivery, Projects & Construction / Job #1411-4841 Check #6767

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

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

Street Address  
80 Park Plaza

City, State, Zip Code  
Newark, NJ 07101

Name of Contact  
Larry Eddinger

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  
PSE&G Plainfield Substation

Street Address  
241 W. 2nd Street

City (5)  
Plainfield

County (6)  
Union

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

ASCM No.  

Name of Abatement Contractor (9)  
AbateTech, Inc.

Street Address  
318 12th Street

City, State, Zip Code  
Hammonton, NJ 08037

Lumberton, NJ 08048

Project Manager for Monitoring Firm  
Jim Proctor

Telephone No.  
609-704-8850

License No.  
00529

Start Date (10)  
12 / 1 / 14

Scheduled Completion Date (11)  
1 / 30 / 15

Name of OSHA Monitor  
EMSL Analytical

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

Scope of Work (Check all that apply)

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

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

Yes No N/A

Control House
- Transite floor panels 60 SF

Office & Bathroom Areas
- Floor tiles 200 SF

Throughout
- Window caulk 100 SF

Exterior
- Roofing Materials 1,500 SF

Name of Registered Waste Hauler (14)

NJDEP Waste Hauler Id No. 1125

Cubic Yards of Waste 10

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

City, State  
Camden, NJ

Disposal Date  
1/30/15

Tullytown, PA

Completed By (Print or Type)  
Gwendolyn Trumbetti

Title  
Operations Coordinator

Signature  

Date  
12/23/14

* 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)
12 / 23 / 14

Name of Building Owner/Operator (2)
PSE&G Delivery, Projects & Construction / Job #1411-4843 Check #8762

Agency Notified
- [ ] EPA
- [ ] DOLWD
- [ ] DHSS
- [ ] DCA
- [ ] NJAC 5:23-8

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

Street Address
80 Park Plaza

City, State, Zip Code
Newark, NJ 07101

Name of Contact
Larry Eddinger

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
PSE&G Plainfield Substation

Street Address
241 W. 2nd Street

City (5)
Plainfield

County (6)
Union

County Code (7) (STATE USE ONLY)

Current Use (Prior if being demolished)

Utility

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

ASCM No.

Name of Abatement Contractor (9)
AbateTech, Inc.

Street Address
30 Maple Ave. PO Box 25

City, State, Zip Code
Lumberton, NJ 08048

Project Manager for Monitoring Firm
Jim Proctor

Telephone No.
609-704-9950

Start Date (10)
12 / 1 / 14

Scheduled Completion Date (11)
30 / 15

Occupy Status During Abatement (Check only one)

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

Scope of Work (Check all that apply)
- [ ] 200 sf or > 200 sf
- [ ] > 160 sf or > 260 sf
- [ ] Demolition
- [ ] Renovation

Location of Asbestos-Containing Material (ACM)

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

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

Control House

Fire Doors

6 each

Name of Registered Waste Hauler
Waste Management

NJDEP Waste Hauler ID No.
1125

Cubic Yards of
Waste
10

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

City, State
Camden, NJ

Completed By (Print or Type)
Gwendolyn Trumbetti

Title
Operations Coordinator

Signature

Date
12/23/14

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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:129)

Date of Notification (1): 5/9/13

Name of Building Owner/Operator (2): Sunoco Inc. (R&M)- Marcus Hook Refinery

Agencies Notified: EPA, DEP, DOL, DOH, DCA
Type Notification: Initial

Street Address: Blueball Ave. and Post Rd.
City, State, Zip Code: Marcus Hook, PA 19061
Name of Contact: Mark Strutz

Facility Information

Name of Facility Where Abatement is Taking Place (3):
Sunoco Eagle Point Refinery
Street Address: US Highway 130 South
City, State, Zip Code: Westville, Gloucester (5) (9)

County Code (7): (STATE USE ONLY) 111

Square Feet: 111,000

# of Floors Outside Work: 60

Current Use (Prior to initial work):
Refinery

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

Name of Abatement Contractor (9):
Alliance Environmental Systems, Inc.

Street Address: 700 Turner Industrial Highway, Suite 105
City, State, Zip Code: Aston, PA 19014

License No.: 005007

Project Manager for Monitoring Firm:
Don Heim
Telephone No.: 610-558-8602

Start Date (10): 1/12/15
Scheduled Completion Date (11): 1/30/15

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):

- 208 sf or 208 if
- 260 sf or 260 if
- Renovation
- Demolition

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

In Facility (15):

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM)</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>Quonset Hut</td>
<td>X</td>
<td>Pipe Insulation</td>
<td>20 LF</td>
<td>x</td>
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<tr>
<td>Quonset Hut</td>
<td>X</td>
<td>Linoleum</td>
<td>400 SF</td>
<td>x</td>
</tr>
<tr>
<td>Quonset Hut</td>
<td>X</td>
<td>Windows</td>
<td>15 EA</td>
<td>x</td>
</tr>
<tr>
<td>CRU Unit</td>
<td>X</td>
<td>Pipe Insulation</td>
<td>40 LF</td>
<td>x</td>
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</tbody>
</table>

Name of Registered Waste Hauler:
Waste Management Of Camden
NJDEP Waste Hauler ID No.: 17273
Cubic Yards of Waste: 400
Name of Registered Landfill:
Grows Landfill
City, State: Camden, NJ

Disposal Date: TBD
City, State: Tullytown, PA

Completed by:
Mark Griffin
Title: Project Manager
Signature:

Date: 12/23/14

* Do not use this form for asbestos licensure exempted activities.
<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>CRU Unit</td>
<td>VAT/Mastic</td>
<td>2000 SF</td>
<td>X</td>
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<td>CRU Unit</td>
<td>Roofing</td>
<td>2400 SF</td>
<td>X</td>
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</table>
**State of New Jersey**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60 and 12-120)

**Date of Notification (1)** 12-18-14

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Street Address</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ EPA</td>
<td>Initial Amendment</td>
<td>47 Spring Valley Road</td>
<td>Montvale Board of Education</td>
</tr>
<tr>
<td>□ DEP</td>
<td>Amended Amendment #</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ DOL</td>
<td>Emergency (including justification)</td>
<td></td>
<td></td>
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<tr>
<td>□ DOH</td>
<td>Cancellation</td>
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<tr>
<td>□ DCA</td>
<td></td>
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</tbody>
</table>

City, State, Zip Code
Montvale, NJ 07645

**Name of Contact** Marian Latz

**Facility Information**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Type of Facility (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Montvale Fieldstone MS</td>
<td>School (K-12)</td>
</tr>
<tr>
<td></td>
<td>Subchapter 9 (Other than K-12)</td>
</tr>
<tr>
<td></td>
<td>Other (i.e., private &amp; commercial buildings, homes, etc.)</td>
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</tbody>
</table>

Square Feet 40,000 +

<table>
<thead>
<tr>
<th># of Floors</th>
<th>Built Age</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>50+</td>
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</table>

Current Use (Prior if being demolished) School

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

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (3)</th>
<th>ASCM No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Karl &amp; Associates</td>
<td></td>
</tr>
</tbody>
</table>

**Street Address**
47 Spring Valley Rd

City (6) Montvale

County (8) Bergen

**Project Manager for Monitoring Firm**
Michael Krischer

**Telephone No.** (610) 223-1832

**Start Date (10)**
12-29-14

**Scheduled Completion Date (11)**
1-2-2015

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

**Scope of Work** (Check All That Apply)
- 23 sf or 23 If
- 2,100 sf or 2,260 If
- Renovation
- Demolition

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

Asst. Principal's Office, Kitchen, Copy Room

**Is Location Normaly 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)
Cove base mastica

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

**Location of Registered Waste Hauler**
GL Group, Inc

**Name of Registered Landfill**
GROWS

City, State
Bloomingdale, NJ

Disposal Date TBD

City, State
Morrisville, PA

Completed by Elena Solakov

Title President

Signature

Date 12-18-14

* 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)**
- 01 / 15 / 14

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

**Agencies Notified**
- [ ] EPA
- [ ] DOLWD
- [ ] DHSS
- [ ] DCA
- (NJAC 5:23-8)
- [ ] Initial
- [ ] Amended
- [ ] Emergency (including justification)

**Street Address**
- 200 Elm Dr.

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

**Name of Contact**
- Robert Ortega

**Telephone Number**

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**
- Princeton University-Firestone Library

**Street Address**
- Washington Rd

**City (5)**
- Princeton

**County (6)**
- MERCER

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

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

**Name of Monitoring Firm Hired by Building Owner (8)**
- ATC Associates Inc.

**ASCM No.**
- ASCM No.

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

**Street Address**
- 1123 BEAVER STREET

**City, State, Zip Code**
- BRISTOL, PA 19007

**Project Manager for Monitoring Firm**
- Michael Keehn

**Telephone No.**
- 609-386-8800

**License No.**
- 00509

**Start Date (10)**
- 2 / 5 / 14

**SCHEDULED COMPLETION DATE (11)**
- 12 / 24 / 15

**Occupy 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 5:00PM - PM 1:30AM

**Scope of Work**
- (Check all that apply)
- [ ] ≥ 3 sf or ≥ 3 If
- ≥ 160 sf or ≥ 260 If

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

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

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

**Amount (Specify SF or LF)**

**Abatement Type**

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

<table>
<thead>
<tr>
<th>Throughout Levels C, B and A</th>
<th>Floor tile and mastic</th>
<th>1,485 SF</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office A-7J</td>
<td>Window Caulk</td>
<td>96 LF</td>
</tr>
<tr>
<td>Throughout Levels C, B and A</td>
<td>Duct Work</td>
<td>1775 SF</td>
</tr>
<tr>
<td>1st Floor Level 1</td>
<td>Pipe Insulation (Wrap &amp; Cut)</td>
<td>72 LF</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**
- SERVICE TRANSPORT GROUP INC

**NJ DEP Waste Hauler ID No.**
- 20980

**Cubic Yards of Waste**

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

**City, State**
- NEW CASTLE, DE

**Disposal Date**

**City, State**
- MORRISVILLE, PA 19067

**Completed By (Print or Type)**
- Brian Scafiro

**Title**
- Estimator

**Signature**

**Date**
- 12/23/14

* 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) 01 / 15 / 14
Name of Building Owner/Operator (2) Princeton University-Office of Design and Construction

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

Type Notification
☐ Initial
☐ Amended
☐ Amendment #24-12/23/14
☐ Emergency (including justification)

Street Address
200 Elm Dr.

City, State, Zip Code
Princeton, NJ 08544

Name of Contact
Robert Ortega

Telephone Number

FACILITY INFORMATION

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

Street Address
Washington Rd

City (5)
Princeton

County (6)
MERCER

County Code (?) (STATE USE ONLY)

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

Square Feet
0

# of Floors
0

Bldg. Age

Current Use (Prior if being demolished)
Library

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

ASCM No.

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

Street Address
1123 BEAVER STREET

City, State, Zip Code
BRISTOL, PA 19007

Project Manager for Monitoring Firm
Michael Keehn

Telephone No.
609-386-6800

Name of OSHA Monitor
BRISTOL ENVIRONMENTAL, INC.

Street Address
1123 BEAVER STREET

City, State, Zip Code
BRISTOL, PA 19007

Start Date (10)
2 / 5 / 14

Scheduled Completion Date (11)
12 / 24 / 15

Occupy 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-5:30PM/PM-1:30AM

Scope of Work (Check all that apply)
☐ ≥3 sf or ≥3 If
☐ ≥100 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)

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

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

Amount (Specify SF or LF)

Abatement Type
☐ Full Enclosure
☐ Partial Enclosure
☐ None

B Level
☒ ☐ ☐ ☐ Floor tile and mastic 40 SF

B Level
☒ ☐ ☐ ☐ Pipe Insulation (Wrap & Cut) 2 LF

Delong Reading Level
☒ ☐ ☐ ☐ Pipe Insulation (Wrap & Cut) 30 LF

C Level Near Vault
☒ ☐ ☐ ☐ Floor Tile & Mastic 700 SF

Name of Registered Waste Hauler
SERVICE TRANSPORT GROUP INC

NJDEP Waste Hauler ID No. 20990

Cubic Yards of Waste

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

City, State
MORRISVILLE, PA 19067

Disposal Date

City, State

Completed By (Print or Type)
Brian Scafiro

Signature.

MAY 11

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

Date of Notification (1) 01 / 15 / 14
Name of Building Owner/Operator (2) Princeton University-Office of Design and Construction

Agencies Notified
☑ EPA  ☑ DHSS  ☑ DCA
☐ DOLWD (NJAC 5:23-8)
Type Notification
☑ Initial  ☑ Amended
Amendment #24-12/23/14
☐ Emergency (including justification)

Street Address 200 Elm Dr.
City, State, Zip Code Princeton, NJ 08544
Name of Contact Robert Ortega

Name of Facility Where Abatement is Taking Place (3) Princeton University-Firestone Library
Type of Facility (4)
☑ School (K-12)  ☑ Subchapter 8 (Other than K-12)
☐ Other (i.e., private and commercial buildings, homes, etc.)

Square Feet # of Floors Bidg. Age
0000 000 000

FACILITY INFORMATION
County (6) MERCER
County Code (7) STATE USE ONLY
Current Use (Prior if being demolished) Library

Name of Monitoring Firm Hired by Building Owner (8) ATC Associates Inc.
Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.

Street Address Three Terri Center
City, State, Zip Code Burlington, NJ 08016
Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.

Project Manager for Monitoring Firm Michael Keehn
Telephone No. 609-386-8800
Phone No. 215-788-6040
License No. 00509

Start Date (10) 2 / 5 / 14
Scheduled Completion Date (11) 12 / 24 / 14

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 5:00PM PM 1:30AM

Street Address 1123 BEAVER STREET
City, State, Zip Code BRISTOL, PA 19007

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)

Location
B LEVEL NORTH CORRIDOR ☒ ☐ ☐ FLOOR TILE/MASTIC 240 SF ☒ ☐ ☐
RMS B-9J & B-12J B LEVEL 1 ☒ ☐ ☐ PIPE INSULATION 30 LF ☒ ☐ ☐

Name of Registered Waste Hauler SERVICE TRANSPORT GROUP INC
NJDEP Waste Hauler ID No. 20990
Cubic Yards of Waste
Name of Registered Landfill G.R.O.W.S. NORTH LANDFILL
City, State NEW CASTLE, DE
Disposal Date
City, State MORRISVILLE, PA 19067
Completed By (Print or Type) Brian Scafiro
Title Estimator
Signature Brian Scafiro
Date 12/23/14

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

Date of Notification (1)  
12/23/14

Name of Building Owner / Operator (2)  State of NJ Department of Corrections

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

Street Address
PO Box 11401

City, State & Zip Code  
Yardville, NJ 08520

Name of Contact  
Alan Cieslik

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  
Mountainview Correctional Facility

Street Address  
31 Petticoat Lane

City  
Annandale

County (6)  
Hunderton

County Code (7)

Square Feet  
20000

# of Floors  
2

Bidg. Age  
30+

Current Use (Prior if being demolished)

Correctional

Name of Abatement Contractor (9)  
Bristol Environmental, Inc.

Street Address  
1123 Beaver Street

City, State & Zip Code  
Bristol, PA 19007

Project Manager for Monitoring Firm  
Rollie Jones

Telephone Number  
609-392-4200

Telephone Number  
(215)788-6040

License Number  
00509

Name of OSHA Monitor  
Bristol Environmental Inc.

Street Address  
1123 Beaver Street

City, State & Zip Code  
Bristol, PA 19007

Occupancy Status During Abatement (Check one only)

Facility Closed/Vacated During Entire Period of Abatement  
[ ]

Abatement Performed Outside of Normal Hours – 7am to 3pm  
[ ]

Describe:  
7AM to 3:30 PM

Scope of Work (Check all that apply)

[ ] Renovation

[ ] Demolition

≥3 sf or ≥3 If  
[ ]

≥160 sf to ≥260 If  
[ ]

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

Pipe Chases  
[ ]

Pipe Insulation  
250 LF

[ ]

Name of Registered Waste Hauler  
Service Transport Inc.

NJDEP Waste Hauler ID No.  
20990

Cubic Yards of Waste  
4 Cu yd

Name of Registered Landfill  
Minerva Landfill

City, State  
New Castle, DE

Waysnesboro, OH

Completed By (Print or Type)  
Gino Pizzigoni

Title  
Project Manager

Signature  
Date  
12/23/14
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) 12 / 23 / 14

Name of Building Owner/Operator (2) Verizon Communications

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

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

Street Address
773 Summit Avenue

City, State, Zip Code
Jersey City, NJ

Name of Contact
Alex Baylor

Telephone Number

FACILITY INFORMATION

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

Street Address
773 Summit Avenue

City (5)
Jersey City

County (6)
Hudson

County Code (7) (STATE USE ONLY)

Square Feet
8000

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

# of Floors
3

Bldg. Age
90+

Current Use (Prior if being demolished)
Hospital

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

Street Address
1123 BEAVER STREET

City, State, Zip Code
BRISTOL, PA 19007

License No.
00509

Name of Abatement Monitor (10)
BRISTOL ENVIRONMENTAL, INC.

Street Address
1123 BEAVER STREET

City, State, Zip Code
BRISTOL, PA 19007

Telephone No.
215-788-6040

Start Date (10)
01 / 02 / 15

Scheduled Completion Date (11)
01 / 03 / 15

Occupy 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 9:00 PM PM 1:30 AM

Scope of Work (Check all that apply)
- >3 sf or >3 ft
- 300 sf or >300 ft
- >100 sf or >100 ft
- Demolition
- Renovation

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

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
- Encapsulation
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

Second Floor outside AC room
- Yes
- No
- N/A

Floor tile and mastic

12 SF

Second Floor next to return fan
- Yes
- No
- N/A

Floor tile and mastic

21 SF

Name of Registered Waste Hauler
SERVICE TRANSPORT GROUP, INC.

NJDEP Waste Hauler ID No.
20990

Cubic Yards of Waste
2

Name of Registered Landfill
Minerva Landfill

City, State
Waynesburg, OH

Disposal Date
7/3/14

Completed By (Print or Type)
Patrick T. DeCaro

Title
Estimator

Signature

Date
07/03/14

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

**NOTIFICATION OF ASBESTOS ABATEMENT**

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>12 / 23 / 14</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
</table>

**Federal Realty Investment Trust**

| Agencies Notified | | Type Notification |
|-------------------||-------------------|
| [ ] EPA | | Initial |
| [ ] DOLWD | | Amended |
| [ ] DHSS | | Amendment #0 |
| [ ] DCA | | Emergency (including Justification) |
| (NJAC 5:23-8) | | Cancellation |

<table>
<thead>
<tr>
<th>Street Address</th>
<th>1626 East Jerorrson St.</th>
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<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>Rockville, MD 20852</th>
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</table>

<table>
<thead>
<tr>
<th>Name of Contact</th>
<th>Ric Woodle</th>
</tr>
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</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Ellisburg Shopping Center</th>
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<table>
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<tr>
<th>Street Address</th>
<th>Route 70 &amp; Chapel Ave.</th>
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<table>
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<tr>
<th>City (5)</th>
<th>Cherry Hill, NJ 08034</th>
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<table>
<thead>
<tr>
<th>County (9)</th>
<th>Camden</th>
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<tr>
<th>Current Use (Prior if being demolished)</th>
<th>Vacant Retail</th>
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<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>VERTEX</th>
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<tr>
<th>Name of Abatement Contractor (9)</th>
<th>Alliance Environmental Systems</th>
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<table>
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<tr>
<th>Street Address</th>
<th>550 East Union St.</th>
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<table>
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<tr>
<th>City, State, Zip Code</th>
<th>West Chester, PA 19382</th>
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<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Don Heim</th>
</tr>
</thead>
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<table>
<thead>
<tr>
<th>Telephone No.</th>
<th>610-558-8902</th>
</tr>
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<table>
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<tr>
<th>Name of OSHA Monitor</th>
<th>AET</th>
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<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check only one)</th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>☒ Facility Closed/Vacated During Entire Period of Abatement</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7AM-PM 3:30PM-AM</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>☐ 3 ft or ≥ 3 ft</th>
<th>☒ Renovation</th>
</tr>
</thead>
<tbody>
<tr>
<td>≥ 160 ft or ≥ 260 ft</td>
<td>☐ Demolition</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
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<table>
<thead>
<tr>
<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>
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<table>
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<tr>
<th>VAT / Mastic</th>
<th>6000</th>
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<tr>
<th>Abatement Type</th>
<th>Removal</th>
<th>Repair</th>
<th>Encapsulate</th>
<th>Enclosure</th>
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<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>David Geppert Recycling</th>
</tr>
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<table>
<thead>
<tr>
<th>NJ/DEP Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
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</table>

| 30 | Western Berks Community Landfill |

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

<table>
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<th>Disposal Date</th>
<th>TBD</th>
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<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
<th>Western Berks Community Landfill</th>
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</table>

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<tr>
<th>City, State</th>
<th>Birdcboro, PA</th>
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<table>
<thead>
<tr>
<th>Completed By (Print or Type)</th>
<th>Mark Griffin</th>
</tr>
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<table>
<thead>
<tr>
<th>Title</th>
<th>Estimator</th>
</tr>
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<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
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</table>

| 12/23/14 | |

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

<table>
<thead>
<tr>
<th>Date of Notification (1):</th>
<th>12/09/2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2):</td>
<td>Paramount Assets</td>
</tr>
<tr>
<td>Address:</td>
<td>142 Broad Street</td>
</tr>
<tr>
<td>City, State, Zip Code:</td>
<td>Elizabeth, NJ 07208</td>
</tr>
<tr>
<td>Name of Contact:</td>
<td>Javier Vara</td>
</tr>
<tr>
<td>Telephone Number:</td>
<td></td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

| Name of Facility: | 199 Market Street |
| City (5): | Paterson |
| County (6): | Passaic |
| County Code (7): | 07505 |
| Name of Monitoring Firm Hired by Building Owner: | Turningpoint Contracting Corporation |
| ASCM No.: | |
| Name of Abatement Contractor (9): | Apex Development, Inc. |
| Street Address: | 658 Rutgers Place |
| City, State, Zip Code: | Paramus, NJ 07652 |
| Project Manager for Monitoring Firm: | Emeka Okeke |
| Telephone No.: | 201-927-6225 |
| Telephone No.: | (973) 350-0101 |
| License No.: | 01215 |
| Start Date (10): | 12/10/14 |
| Scheduled Completion Date (11): | 12/30/14 |
| 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 ft or ≥ 3 ft | ❑ Full Containment with Negative Pressure |
| ❑ 160 ft or ≥ 260 ft | ❑ Mini-Enclosure |
| ❑ Demolition | ❑ Glovebag Procedure |
| ❑ Abatement | ❑ Non-Exempted (* and Non-Asbestos Procedure |

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

<table>
<thead>
<tr>
<th>2ND FLOOR</th>
<th>Floor Tile</th>
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<tbody>
<tr>
<td>Location of ACM Normally Used Solely by Maintenance/Custodial/Staff? (12):</td>
<td>Yes</td>
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<tr>
<td>Description of ACM (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous):</td>
<td></td>
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<tr>
<td>Amount (Specify SF or LF):</td>
<td>1250 SF</td>
</tr>
<tr>
<td>Abatement Type:</td>
<td>*</td>
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</table>

**Name of Registered Waste Hauler:**

| Name: | TRI-STATE TRANSFER ASSOC., INC. |
| NJDEP Waste Hauler ID No.: | 2A456 |
| City, State: | Bronx, NY 10474 |
| Disposal Date: | |
| Completed By: | Sylvester Oraegbunam |
| Title: | President |
| Signature: | |
| Date: | 12/09/2014 |
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:20/N.J.A.C. 7:26-2.12)

<table>
<thead>
<tr>
<th>Date of Notification (1):</th>
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</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2):</td>
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<tr>
<td>Agents Notified</td>
<td>Type Notification</td>
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<tr>
<td>❑ EPA</td>
<td>Initial</td>
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<tr>
<td>❑ DEP</td>
<td>Amended</td>
</tr>
<tr>
<td>❑ DOL</td>
<td>Amendment:</td>
</tr>
<tr>
<td>❑ DOH</td>
<td>Emergency</td>
</tr>
<tr>
<td>❑ DCA</td>
<td>(including justification)</td>
</tr>
<tr>
<td>❑ Cancellation</td>
<td></td>
</tr>
<tr>
<td>Street Address:</td>
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<tr>
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<td>Javier Vara</td>
</tr>
<tr>
<td>Telephone Number:</td>
<td></td>
</tr>
</tbody>
</table>

FACILITY INFORMATION

| Name of Facility: | 146 Main Avenue |
| City/ (5): | Paterson |
| County (6): | Passaic |
| County Code (7): | 07505 |
| Type of Facility (4): |
| ❑ School (K-12) |
| ❑ Subchapter 8 (Other than K-12) |
| ❑ Other (i.e., private & commercial buildings, homes, etc.) |
| Square Feet: |
| # of Floors: |
| Bldg. Age |
| Current Use: |
| Name of Monitoring Firm Hired by Building Owner: | Turningpoint Contracting Corporation |
| ASCM No.: |
| Name of Abatement Contractor (9): | Apex Development, Inc. |
| Street Address: | 658 Rutgers Place |
| City, State, Zip Code: | Paramus, NJ 07652 |
| Project Manager for Monitoring Firm: | Emeka Okeke |
| Telephone No.: | 201-927-6225 |
| Start Date (10): | 12/10/14 |
| Scheduled Completion Date (11): | 12/30/14 |
| Occupancy Status During Abatement (Check only one) |
| ❑ Facility Closed/evacuated 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 lF |
| ❑ ≥ 160 sf or ≥ 260 lF |
| ❑ Renovation |
| ❑ Demolition |
| ❑ Full Containment with Negative Pressure |
| ❑ Mini-Enclosure |
| ❑ Glovebag Procedure |
| ❑ Non-Exempted (*) and Non-Friable Procedure |

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

| 3rd Floor Mechanical Room | X | Duct Insulation | 120 SF | * |
| 3rd Floor | X | Duct Insulation | 35 LF | * |
| 2nd Floor Main Office | X | Pipe Insulation | 42 LF | * |

Name of Registered Waste hauler: TRI-STATE TRANSFER ASSOC., INC. | NJDEP Waste Hauler ID No.: 2A456 |
Cubic Yards of Waste: 30

City, State: Bronx, NY 10474
Disposal Date: CITY, STATE: WAYNESBURG, OH 44688
Completed By: Sylvester Oracgbunam
Title: President
Signature:
Date: 12/09/2014
**NOTIFICATION OF ASBESTOS ABATEMENT**

**DOL - 10 DAY**

**Name of Facility Where Abatement is Taking Place (3)**
CLARA E. COLEMAN ELEMENTARY SCHOOL

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

**Type of Notification (1)**

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<thead>
<tr>
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<th>Type Notification</th>
<th>Street Address</th>
<th>City, State, Zip Code</th>
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<tbody>
<tr>
<td>EPA</td>
<td>Induced</td>
<td>620 HARRISTOWN ROAD</td>
<td>GLEN ROCK, NJ 07626</td>
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<tr>
<td>DOL</td>
<td>Emergency (including</td>
<td>City, State, Zip Code</td>
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<tr>
<td></td>
<td>Justification)</td>
<td></td>
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</tr>
<tr>
<td>DSHA</td>
<td>Cancellation</td>
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<td></td>
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</table>

**Name of Owner/Operator (2)**
GLEN ROCK BOARD OF EDUCATION

**Name of Contact**
SANDY MARINOS

**Contact Information**
- Telephone Number

**Facility Information**
- Street Address
- City, State, Zip Code
- Square Feet of Floor
- Building Age
- Normal Use
- Special Use

**Name of Monitoring Firm/Builder/Owner (5)**
KARL & ASSOCIATES, INC.

**Name of Abatement Contractor (8)**
TWO BROTHERS CONTRACTING, INC.

**Manager of Abatement (5)**
MERRILL KRISHNER

**Telephone Number**
- 973-666-6700
- 973-666-7700

**Schedule (9)**
- Start Date: 12/29/2014
- Completion Date: 1/2/2015

**Occupancy Status During Abatement (7)**
- Same As (6) Above

**Scope of Work (6)**
- Renovation Demolition

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

**Amount of Asbestos (SF or LP)**

**Abatement Type**

**Name of Registered Waste Hauler**
TWO BROTHERS CONTRACTING

**Name of Registered Landfill**
WASTE MANAGEMENT G.R.O.W.B.

**Completed By**
VIVECA RAMOS

**Printed On**

*Do not use this form for asbestos abatement sampled activities.*
<table>
<thead>
<tr>
<th>LOCATION</th>
<th>SCOPE OF WORK</th>
<th>MATERIAL**</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIRT CRAWL SPACE AREA</td>
<td>CLEANUP DEBRIS AND GENERAL DECONTAMINATION</td>
<td>15 Sq.Ft.</td>
</tr>
<tr>
<td></td>
<td>RAKE SOIL TO ENSURE THAT ALL DEBRIS HAVE BEEN REMOVED</td>
<td>400 Sq.Ft.</td>
</tr>
<tr>
<td></td>
<td>KNOWN AREAS OF DEBRIS/REPAIR</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>CAP SOIL</td>
<td>400 Sq.Ft.</td>
</tr>
</tbody>
</table>

DOL - 10 DAY

WAMER APPROVED
**State of New Jersey**

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

**Date of Notification (1)**
12/23/2014

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

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

**Name of Building Owner/Operator (2)**
GLEN ROCK BOARD OF EDUCATION

**Street Address**
620 HARRISTOWN ROAD

**City, State, Zip Code**
GLEN ROCK, NJ 07452

**Name of Contact**
SANDY MARINOS

**FACILITY INFORMATION**

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

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

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

**Name of Facility Where Abatement is Taking Place (3)**
CLARA E. COLEMAN ELEMENTARY SCHOOL

**Street Address**
100 PINELYNN ROAD

**City (5)**
GLEN ROCK

**County (6)**
BERGEN

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

**Name of Monitoring Firm Hired by Building Owner (8)**
KARL & ASSOCIATES, INC.

**Street Address**
P.O. BOX 645

**City, State, Zip Code**
SHILLINGTON, PA 19607

**Telephone No.**
610-856-7700

**Name of Abatement Contractor (9)**
TWO BROTHERS CONTRACTING, INC.

**Street Address**
250 RUTHERFORD BLVD.

**City, State, Zip Code**
CLIFTON, NJ 07014

**Telephone No.**
973-955-8700

**License No.**
00494

**Name of OSHA Monitor**
SAME AS (9) ABOVE

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

- 23 sf or 23 if
- 160 sf or 2260 if
- Renovation
- Demolition

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

<table>
<thead>
<tr>
<th><strong>Location Normally Used Solely by Maintenance/ Custodial Staff? (12)</strong></th>
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</thead>
<tbody>
<tr>
<td>Yes</td>
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<tr>
<td>SEE ATTACHED</td>
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**Amount (Specify SF or LF)**

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

**Name of Registered Waste Hauler**
TWO BROTHERS CONTRACTING

**NJDEP Waste Hauler ID No.**
18743

**Cubic Yards of Waste**
10

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

**City, State**
CLIFTON, NJ

**Disposal Date**
1/2/2015

**City, State**
MORRISVILLE, PA

**Completed by**
VIVECA RAMOS

**Title**
PROJECT COORDINATOR

**Signature**
Viveca Ramos

**Date**
12/23/2014

*Do not use this form for asbestos licensure exempted activities.*
<table>
<thead>
<tr>
<th>LOCATION</th>
<th>SCOPE OF WORK</th>
<th>MATERIAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIRT CRAWL SPACE AREA</td>
<td>CLEANUP DEBRIS AND GENERAL DECONTAMINATION</td>
<td>15 Sq.Ft.</td>
</tr>
<tr>
<td></td>
<td>RAKE SOIL TO ENSURE THAT ALL DEBRIS HAVE BEEN REMOVED</td>
<td>400 Sq.Ft.</td>
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<tr>
<td></td>
<td>KNOWN AREAS OF DEBRIS/REPAIR</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>CAP SOIL</td>
<td>400 Sq.Ft.</td>
</tr>
</tbody>
</table>

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1) 12-23-2014

Name of Building Owner / Operator (2)
Short Hills Club Village Apartments

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

Type Notification
☐ Initial
☒ Amended-New Start Date
☐ Emergency
☐ Cancellation

Street Address
Unit 67A Forest Drive
City, State & Zip Code
Springfield, NJ 07081

Name of Contact
Maria Abreu
Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Short Hills Club Village Apartments

City (5)
Springfield, NJ 07081
County (6)
Union
County Code (7)

Name of Monitoring Firm Hired by Building Owner (8)
Health & Safety Services, LLC.

ASCM No.
117

Street Address
P.O. Box 365
Berlin, NJ 08009

City, State & Zip Code
2115 Hamilton Ave, Suite 202
Trenton, NJ 08619

Telephone Number
856-452-1311

Project Manager for Monitoring Firm
Mr. Jim Proctor

License Number
01185

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

Square Feet
2,200

# of Floors
3

Bldg. Age
64

Current Use (Prior if being demolished)
Town House/Apartment Building

Name of Abatement Contractor (9)
Resource Management Group, LLC

Street Address
2333 Route 22 West
City, State & Zip Code
Union, NJ 07083

Telephone Number
909-977-6158

Project Manager for Abatement
J&S Environmental Laboratories, Inc.

Name of OSHA Monitor

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

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

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

Description of Asbestos-Containing Material (ACM)
Pipe Insulation 180 LF

Amount (Specify SF or LF)

Abatement Type
Endosource

Endosource

Full Containment with Negative Pressure ☒ Mini-Enclosure ☒
Glove Bag Procedures ☒ Non-Exempted and Non-Friable Procedure ☒

Name of Registered Waste Hauler
Resource Management Group, LLC

NJDEP Waste Hauler ID No.
0035216

Cubic Yards of Waste
TBD

Name of Registered Landfill
Grows Landfill

Disposal Date
TBD

City, State
Trenton, NJ
Morrisville, PA

Completed By (Print or Type)
Mr. Brian J. Haney

Title
President

Signature

Date
12/23/2014
<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>EARTHTECH CONTRACTING</th>
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<td>IA</td>
<td>Emergency</td>
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<thead>
<tr>
<th>Name of Building Owner/Operator</th>
<th>155 RT. AGESOS CONTRACTING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Site</td>
<td>GRIPPLE FIELD, NJ 08750</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>BRUCE BRENNING</td>
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<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place</th>
<th>129-10-08</th>
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</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>OXEN AVENUE</td>
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<table>
<thead>
<tr>
<th>City</th>
<th>OLMAY</th>
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</thead>
<tbody>
<tr>
<td>County</td>
<td>CUMBERLAND</td>
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<table>
<thead>
<tr>
<th>Cmt: (C)</th>
<th>3865 SPRUCE AVE</th>
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</thead>
<tbody>
<tr>
<td>Cmt, State, Zip Code</td>
<td>MAPLE SHADE, NJ 08052</td>
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</table>

<table>
<thead>
<tr>
<th>Name of Abatement Contractor</th>
<th>KLEEMCO INC.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>3865 SPRUCE AVE</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of OSHA Monitor</th>
<th>JOSEPH KLEMM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>3865 SPRUCE AVE</td>
</tr>
</tbody>
</table>

| Date of Start                | 1/15/15      |
| Date of Completion           | 1/15/15      |

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<tr>
<th>Scope of Work (Check all that apply)</th>
<th>Renovation</th>
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<td></td>
<td>Demolition</td>
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<table>
<thead>
<tr>
<th>Name of Registered Trade Handler</th>
<th>KLEEMCO INC.</th>
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<tbody>
<tr>
<td>Size of Waste</td>
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<tr>
<td>Cubic Yards of Waste</td>
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</table>

<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
<th>C.M.C. M.U.A.</th>
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<table>
<thead>
<tr>
<th>Person Responsible for Monitoring Film</th>
<th>773-779-0421</th>
</tr>
</thead>
<tbody>
<tr>
<td>License Number</td>
<td>00444</td>
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<table>
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<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>License Number</td>
<td>00444</td>
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<table>
<thead>
<tr>
<th>Location of Asbestos Containing Material (ACM) to be Abated:</th>
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<tr>
<td>Description of ACM and Normal Systems Installation</td>
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<tr>
<td>Amount of ACM</td>
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</tr>
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| Location of Asbestos Containing Material (ACM) to be Abated: | N/A |
| Description of ACM and Normal Systems Installation          | 772.7 |
| Amount of ACM                                           | 772.7 |

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<th>Source: (S)</th>
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<tr>
<td>Description of ACM and Normal Systems Installation</td>
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</thead>
<tbody>
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<td>00444</td>
</tr>
</tbody>
</table>

| Location of Asbestos Containing Material (ACM) to be Abated: | N/A |
| Description of ACM and Normal Systems Installation          | 772.7 |
| Amount of ACM                                           | 772.7 |

| Location of Asbestos Containing Material (ACM) to be Abated: | N/A |
| Description of ACM and Normal Systems Installation          | 772.7 |
| Amount of ACM                                           | 772.7 |

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<tr>
<th>Source: (S)</th>
<th>400 W X</th>
</tr>
</thead>
<tbody>
<tr>
<td>Description of ACM and Normal Systems Installation</td>
<td>772.7</td>
</tr>
<tr>
<td>Amount of ACM</td>
<td>772.7</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Trade Handler</th>
<th>KLEEMCO INC.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Size of Waste</td>
<td>772.7</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
<th>C.M.C. M.U.A.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Person Responsible for Monitoring Film</th>
<th>773-779-0421</th>
</tr>
</thead>
<tbody>
<tr>
<td>License Number</td>
<td>00444</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of OSHA Monitor</th>
<th>JOSEPH KLEMM</th>
</tr>
</thead>
<tbody>
<tr>
<td>License Number</td>
<td>00444</td>
</tr>
</tbody>
</table>
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)
December 23, 2014

Name of Building Owner/Operator (2)
Michelle Montgomery

Check # 1759.

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

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

Street Address
236 Kings Highway
City, State, Zip Code
Clarkboro, NJ 08020

Name of Contact
Michelle Montgomery

Telephone Number

FACILITY INFORMATION

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

Street Address
236 Kings Highway
City (5)
Clarkboro

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

Name of Monitoring Firm Hired by Building Owner (8)
Management & Enviro. Consulting Services

ASCM No.
ASCM No.

Name of Abatement Contractor (9)
Shade Environmental, LLC

Street Address
623 Cutler Avenue
City, State, Zip Code
Maple Shade, NJ 08052

Project Manager for Monitoring Firm
Bill Weisgarber

Telephone No.
609-258-4070

License No.
00842

Telephone No.
856-755-0099

Name of OSHA Monitor
EMSL Analytical, Inc.

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

Start Date (10)
January 12, 2015

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

Scheduled Completion Date (11)
January 14, 2015

Scope of Work (Check All That Apply)
- ≥3 sf or ≥33 ft
- ≥160 sf or ≥260 ft
- Renovation
- Demolition

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

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

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

Amount (Specify SF or LF)
100 LF

Abatement Type
Removal
Repair
Encapsulate
Endorse

Name of Registered Waste Hauler
Freehold Cartage

NJ/DEP Waste Hauler ID No.
02265

Cubic Yards of Waste
5

Name of Registered Landfill
Western Berks Community Landfill

City, State
Freehold, NJ

Disposal Date
1/14/2015

City, State
Birdsboro, PA

Completed by
Christine Lynch
Title
Operations Manager

Signed
Date
12/23/2014

* 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>12/22/14</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Mr. Vincent Ruiz</td>
</tr>
</tbody>
</table>
| Agency Notified | □ EPA  
□ DEP  
□ DOL  
□ DOH  
□ DCA  |
| Type Notification | □ Initial  
□ Amended  
□ Amendment #  
□ Emergency (including justification)  
□ Cancellation  |
| Street Address | 76 Sprung St |
| City, State, Zip Code | Bloomfield, NJ, 07003 |
| Name of Contact | H. Ruiz |

## FACILITY INFORMATION

| Name of Facility Where Abatement is Taking Place (3) | Basement |
| Street Address | 76 Sprung St |
| City (5) | Bloomfield |
| County (6) | Essex |
| Current Use (Prior if being demolished) | Residence |

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>ASCM No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>Best Removal Inc</td>
</tr>
<tr>
<td>Street Address</td>
<td>450 South River St</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Hackensack, N.J. 07601</td>
</tr>
</tbody>
</table>
| Telephone No. | 201-329-7444  
License No. | 00388 |
| Name of OSHA Monitor | Omega Environmental |
| Street Address | 280 Huyler St |
| City, State, Zip Code | Hackensack, N.J. 07606 |

| Start Date (10) | 1/8/15 |
| Scheduled Completion Date (11) | 1/8/15 |

| 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) | Basement |
| Is Location Normally Used Solely by Maintenance/Custodial Staff? | Yes  
No  
N/A |
| Location Normally Used 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) | N/A |
| Amount (Specify SF or LF) | 370 SF |

| Name of Registered Waste Hauler | Best Removal Inc |
| NUDEP Waste Hauler ID No. | 17109 |
| Cubic Yards of Waste | 3-7 |
| Name of Registered Landfill | Minerva Enterprises, LLC |
| City, State | Hackensack, N.J. 07601 |
| Disposal Date | 12/24/18 |
| City, State | Waynesburg, OH, 44688 |
| Completed by | J. Maiorano |
| Title | Estimator |
| Signature | [Signature] |
| Date | 12/22/14 |

* Do not use this form for asbestos licensure exempted activities.
### State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 5:90 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>12-23-14</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Joseph Kwiatkowski</td>
</tr>
<tr>
<td>Street Address</td>
<td>7 Boehmhurst Ave</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Sayreville, NJ 08872</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Joe Kwiatkowski</td>
</tr>
<tr>
<td>FACILITY INFORMATION</td>
<td></td>
</tr>
<tr>
<td>Type of Facility (4)</td>
<td>Single Family Dwelling</td>
</tr>
<tr>
<td>Square Feet</td>
<td>2,750</td>
</tr>
<tr>
<td># of Floors</td>
<td>2</td>
</tr>
<tr>
<td>Building Age</td>
<td>75+</td>
</tr>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td>7 Boehmhurst Ave</td>
</tr>
<tr>
<td>Address</td>
<td>Sayreville, NJ 08872</td>
</tr>
<tr>
<td>County</td>
<td>Middlesex</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>EPC Technologies</td>
</tr>
<tr>
<td>Address</td>
<td>P.O. Box 337, New Egypt, NJ 08533</td>
</tr>
<tr>
<td>Phone Number</td>
<td>609-758-3365</td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>EPC Technologies Inc</td>
</tr>
<tr>
<td>Address</td>
<td>P.O. Box 337, New Egypt, NJ 08533</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>609-758-3365</td>
</tr>
<tr>
<td>Name of OSHA Monitor</td>
<td>EPC Technologies Inc</td>
</tr>
<tr>
<td>Address</td>
<td>P.O. Box 337, New Egypt, NJ 08533</td>
</tr>
<tr>
<td>License Number</td>
<td>00394</td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>Jan 2, 2015</td>
</tr>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>Jan 9, 2015</td>
</tr>
<tr>
<td>Occupancy Status During Abatement (Check Only One)</td>
<td>Facility Closed/Abandoned During Entire Period of Abatement</td>
</tr>
<tr>
<td>Scope of Work (Check All That Apply)</td>
<td></td>
</tr>
<tr>
<td>Is Location Normally Used Solely by Maintenance/Custodial Staff?</td>
<td>Yes</td>
</tr>
<tr>
<td>Description of Asbestos-Containing Material (ACM)</td>
<td>Pipe Insulation 1,250 LF</td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
<td>125 LF</td>
</tr>
<tr>
<td>Abatement Type</td>
<td>Removal</td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
<td>EPC Technologies</td>
</tr>
<tr>
<td>NJ DEP Waste Hauler ID No.</td>
<td>176000</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td>2</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>Waste Management of PA</td>
</tr>
<tr>
<td>City, State</td>
<td>New Egypt, PA</td>
</tr>
<tr>
<td>Disposal Date</td>
<td>1-9-15</td>
</tr>
<tr>
<td>City, State</td>
<td>Voorheesville, PA</td>
</tr>
<tr>
<td>Completed by</td>
<td>Steve Schenker</td>
</tr>
<tr>
<td>Title</td>
<td>President</td>
</tr>
<tr>
<td>Signature</td>
<td>Steve Schenker</td>
</tr>
<tr>
<td>Date</td>
<td>12-33-14</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)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>12-23-14</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agencies Notified</td>
<td>EPA, DEP, DOL, DOH, DCA</td>
</tr>
<tr>
<td>Type Notification</td>
<td>Initial</td>
</tr>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Arthur Shlossman</td>
</tr>
<tr>
<td>Street Address</td>
<td>15 Woodfern Road</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Summit, NJ 07901</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Arthur Shlossman</td>
</tr>
<tr>
<td>County (8)</td>
<td>Union</td>
</tr>
<tr>
<td>County Code (7)</td>
<td>01</td>
</tr>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td>Single Family Dwelling</td>
</tr>
<tr>
<td>Street Address</td>
<td>15 Woodfern Road</td>
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<tr>
<td>City (5)</td>
<td>Summit, NJ 07901</td>
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<tr>
<td>Type of Facility (4)</td>
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<tr>
<td>Square Feet</td>
<td>2</td>
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<tr>
<td># of Floors</td>
<td>2</td>
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<td>Current Use (Prior if being demolished)</td>
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</tr>
<tr>
<td>Name of Monitor Firm Hired by Building Owner (8)</td>
<td>EPC Technologies</td>
</tr>
<tr>
<td>ASCM No.</td>
<td>N/A</td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>EPC Technologies Inc</td>
</tr>
<tr>
<td>Street Address</td>
<td>P.O. Box 337</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>New Egypt, NJ 08533</td>
</tr>
<tr>
<td>Project Manager for Monitor Firm</td>
<td>Steve Schenker</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>609-758-3365</td>
</tr>
<tr>
<td>Name of OSHA Monitor</td>
<td>EPC Technologies Inc</td>
</tr>
<tr>
<td>Street Address</td>
<td>P.O. Box 337</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>New Egypt, NJ 08533</td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>Jan 2, 2015</td>
</tr>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>Jan 9, 2015</td>
</tr>
<tr>
<td>Occupancy Status During Abatement (Check Only One)</td>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
</tr>
<tr>
<td>Scope of Work (Check All That Apply)</td>
<td></td>
</tr>
<tr>
<td>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</td>
<td>No</td>
</tr>
<tr>
<td>Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td>Floor Tiles</td>
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<tr>
<td>Amount (Specify SF or LF)</td>
<td>800 SF</td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
<td>EPC Technologies</td>
</tr>
<tr>
<td>City, State</td>
<td>New Egypt, NJ</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>Waste Management of PIA</td>
</tr>
<tr>
<td>Disposal Date</td>
<td>1-9-15</td>
</tr>
<tr>
<td>City, State</td>
<td>Moonachie, PA</td>
</tr>
<tr>
<td>Completed by</td>
<td>Steve Schenker</td>
</tr>
<tr>
<td>Title</td>
<td>President</td>
</tr>
</tbody>
</table>

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

### Date of Notification: 12 / 23 / 14

<table>
<thead>
<tr>
<th>Name of Building Owner/Operator</th>
<th>Jim Matthews</th>
</tr>
</thead>
</table>

### Agencies Notified
- [x] EPA
- [x] DOLWD
- [x] DHSS
- [ ] DCA

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

### Street Address
100 Gilbert Road, Ho-Ho-Kus, NJ 07423

### Name of Contact
Jim Matthews

---

### Facility Information

#### Name of Facility Where Abatement is Taking Place:
Private house

#### Street Address
100 Gilbert Road, Ho-Ho-Kus, NJ 07423

#### City
Ho-Ho-Kus

#### County
Bergen

---

#### Name of Monitoring Firm Hired by Building Owner:
Gr Tech LLC

#### ASCM No.

#### Name of Abatement Contractor:
Gr Tech LLC

#### Street Address
576 Valley Rd #283, Wayne, NJ 07470

#### License No.
973-638-1777

#### Name of OSHA Monitor
Envirosion Consultants, Inc.

#### Street Address
20-21 Wagars Road, Bldg. # 35 E, Fair Lawn, NJ 07410

---

#### Start Date (10):
01 / 02 / 15

#### Scheduled Completion Date (11):
01 / 04 / 15

#### Project Manager for Monitoring Firm
Gr Tech LLC

#### Telephone No.
973-638-1777

#### License No.
01127

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

---

#### Scope of Work (Check all that apply)
- [x] Clean up and decontamination with negative pressure
- [x] Full Containment with Negative Pressure
- [x] Mini-Enclosure
- [x] Glovebag Procedure
- [x] Tent with Negative Pressure
- [x] Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>[ ]</td>
<td>[x]</td>
<td></td>
</tr>
<tr>
<td>Garage</td>
<td>[ ]</td>
<td>[ ]</td>
<td></td>
</tr>
<tr>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td></td>
</tr>
</tbody>
</table>

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

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

### Name of Registered Waste Hauler
Gr Tech LLC

### Cubic Yards of Waste:
TBD

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

### Disposal Date:
TBD

### Tullytown, PA

**Signatures**

**N. Jevtic**

**Owner**

**Date:** 12/23/2014

---

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

Name of Building Owner/Operator (2)
125-135 Westfield Avenue, LLC  CK# 3433

Street Address
PO Box 948

City, State, Zip Code
Elizabeth, New Jersey 07207

Name of Contract
Mano Fernandez

FACILITY INFORMATION

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

Street Address
125-135 West Avenue

City (5)
Elizabeth, New Jersey 07206

County (6)
Union

County Code (7) [STATE USE ONLY]

Name of Monitoring Firm Filed by Building Owner (8)
ASA No.
N/A

Name of Abatement Contractor (9)
Lillich Corporation

Street Address
606 McBride Avenue

City, State, Zip Code
Woodland Park, New Jersey 07424

Project Manager for Monitoring Firm
Telephone No.

Scheduled Completion Date (11)
12 / 26 / 14

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

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

Square Feet
3000

Floors
3

Bldg. Age
50+

Abatement Use (Prior to being demolished)
Residence

Name of OSHA Monitor
J&S Environmental Laboratories, LLC

Street Address
2333 Route 22 West

City, State, Zip Code
Union, New Jersey 07083

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

Scope of Work (Check all that apply)

≥ 3 sf or ≥ 3 if
≥ 160 sf or ≥ 280 if

Reno
Demolition

Location of Asbestos-Containing Material (ACM)

Location

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

Yes No N/A

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

Amount (Specify SF or LF)

Abatement Type

End Result

3rd Floor Front Bedroom

Ceiling & Wall Plaster (mini enclosures)

600 SF

3rd Floor Front Bedroom

Linoleum Floor (non friable method)

80 SF

Name of Registered Waste Hauler
Lillich Corporation

NDEP Waste Hauler ID No. 17824

Gable Yards of Waste
5

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

City, State
Woodland Park, New Jersey 07424

Disposal Date
12/26/14

Complied By (Print or Type)
Momo Glavatovic

Title
Vice President

Signature

Date
12/23/14

* 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) 12 / 23 / 14

Name of Building Owner/Operator (2) Monmouth University CK# 3436 $200

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

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

Street Address
400 Cedar Avenue

City, State, Zip Code
West Long Branch, NJ 07764

Name of Contact
Robert Coreno

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Monmouth University, Bluff's Apt 9B

Street Address
590 Ocean Boulevard

City (5)
Long Branch, New Jersey 07740

County (6)
Monmouth

County Code (7)(STATE USE ONLY)

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

ASCM No.

Name of Abatement Contractor (9)
Lillich Corporation

Street Address
605 McBride Avenue

City, State, Zip Code
Woodland Park, New Jersey 07424

Name of OSHA Monitor
J&S Environmental Laboratories Inc.

Project Manager for Monitoring Firm
John Smoyer

Telephone No.
609-662-1833

Telephone No.
973-225-8400

License No.
01104

Start Date (10)
01 / 05 / 15

Scheduled Completion Date (11)
01 / 07 / 15

Occupancy Status During Abatement (Check only one)
☐ Facility Closed/Vacated During Entire Period of Abatement
☒ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7 AM - PM 9:30PM AM

Scope of Work (Check all that apply)
☐ ☒ 33 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

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

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

Amount (Specify SF or LF)

Abatement Type
☐ Removal
☐ Repair
☐ Encapsulate

Location of Asbestos-Containing Material (ACM) TO BE ABATED
IN Facility (13)
Bluff's Apartment 9-B Bathroom

Sheetrock/Joint Compound Walls/
120 SF

Ceiling

Name of Registered Waste Hauler
Lillich Corporation

NJDEP Waste Hauler ID No.
18724

Cubic Yards of Waste
6

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

City, State
Woodland Park, New Jersey 07424

Disposal Date
01/08/15

City, State
Morrisville, Pennsylvania

Completed By (Print or Type)
Momo Glavatovic

ASB-41
MAY 11

ASB-41
MAY 11

Signature

Date 12/31/14

* Do not use this form for asbestos licensure exempted activities.
Notifications of Asbestos Abatement
(Pursuant to NJAC 6:16 and 12:120)

Date of Notification (1)
12-23-14

Name of Building Owner/Operator (2)
W. RIKER

Agency Notified
- EPA
- DCA
- DOH
- DEF

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

Street Address
216 SOUTH IRVING STREET

City, State, Zip Code
RIDGEWOOD, NJ 07450

Name of Contact
W. RIKER

Phone Number
201-329-7444

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
W. RIKER

City (8)
RIDGEWOOD

County (8)
BERGEN

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

Square Feet
2,100 sq ft

Bed, Age
90+yrs

Name of Monitoring Firm Hired by Building Owner (5)
Best Removal Inc

Telephone No.
201-329-7444

License No.
00388

Name of Abatement Contractor (6)
Omega Environmental

Start Date (10)
1-6-15

Scheduled Completion Date (11)
1-8-15

Name of OSHA Monitor
S. Hackensack, N.J. 07606

Occupancy Status During Abatement (Check all that apply)
□ Facility Closed/Vacated During Entire Period of Abatement
□ Abatement Performed Outside of Normal Facility Hours
□ Other - Describe: 8 AM to 5 PM

Scope of Work (Check all that apply)
□ Full Containment with Negative Pressure
□ Renovation
□ Demolition
□ Thermal Insulation
□ Other - Describe: 8 AM to 5 PM

Amount
70 SF

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Name of Asbestos-Containing Material (ACM)</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>Thermal Insulation</td>
<td>70 SF</td>
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<tr>
<td>Basement</td>
<td>Thermal Insulation</td>
<td>95 LF</td>
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</table>

Name of Registered Waste Handler
Best Removal Inc

Name of Registered Landfill
Minerva Enterprises, LLC

Disposal Date
1-8-15

City, State
Waynesburg, OH, 44688

Completed by
R. Veleran

Date
12-23-14

* 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)
12 / 23 / 14

Name of Building Owner/Operator (2)
Mr. Isaiah Thompson  CK# 3438 S$200

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

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

Street Address
131W 35th Street, 11th Floor

City, State, Zip Code
New York, New York 10001

Name of Contact
Mr. Isaiah Thompson

FACILITY INFORMATION

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

Street Address
412-418 Bloomfield Avenue

City (5)
Caldwell, New Jersey 07006

County (6)
Essex

County Code (7) (STATE USE ONLY)

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

ASCM No.

Name of Abatement Contractor (9)
Lillich Corporation

Street Address
2333 Route 22 West

City, State, Zip Code
Union, New Jersey 07083

Project Manager for Monitoring Firm
Sheryll

Telephone No.
908-206-0073

License No.
01104

Start Date (10)
01 / 06 / 15

Scheduled Completion Date (11)
01 / 10 / 15

Name of GSHA Monitor
J&S Environmental Laboratories Inc.

Facility 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 AM - 30 PM - 3 AM

Scope of Work (Check all that apply)
☐ 3 or 36 if
☒ 360 sf or 260 if

☐ Renovation
☐ Demolition

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

Location of
Basement
Basement

Yes
No
N/A

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

Amount (Specify SF or LF)
200 LF
310 LF

Abatement Type
Removal
Repair
Encapsulate
Endorse

Name of Registered Waste Hauler
Lillich Corporation

NJDEP Waste Hauler ID No.
18724

Cubic Yards of Waste
5

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

City, State
Woodland Park, New Jersey 07424

Disposal Date
01/12/15

City, State
Morristown, Pennsylvania

Completed By (Print or Type)
Momo Glavatovic
Title
Vice President

Signature

Date
12/23/14

* 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>Project #</th>
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<tr>
<td>Date of Notification (1)</td>
<td>12/23/2014</td>
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<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Jersey City BOE</td>
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<tr>
<td>Agency Notified:</td>
<td></td>
</tr>
<tr>
<td>[ ] EPA</td>
<td>Type Notification:</td>
</tr>
<tr>
<td>[ ] DEP</td>
<td>Initial</td>
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<tr>
<td>[ ] DOL</td>
<td>Amended</td>
</tr>
<tr>
<td>[ ] DOH</td>
<td>Amendment #</td>
</tr>
<tr>
<td>[ ] DCA</td>
<td>Emergency (including justification)</td>
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<tr>
<td>Street Address</td>
<td>346 Claremont Ave</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Jersey City, NJ 07305</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Kevin O'Shea</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
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</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>School No. 41</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>59 Wilkinson Ave</td>
</tr>
<tr>
<td>City (5)</td>
<td>Jersey City, NJ 07305</td>
</tr>
<tr>
<td>County (6)</td>
<td>Hudson</td>
</tr>
<tr>
<td>County Code (7) (STATE USE ONLY)</td>
<td></td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>AHERA</td>
</tr>
<tr>
<td>ASCM No.</td>
<td></td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>Nick Restoration LLC</td>
</tr>
<tr>
<td>Street Address</td>
<td>72 Brookside Rd</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Randolph, NJ 07869</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>John Smoyer</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>(609)652-1833</td>
</tr>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>12/29/2014</td>
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<tr>
<td>Start Date (10)</td>
<td>12/26/2014</td>
</tr>
<tr>
<td>Occupancy Status During Abatement (Check Only One):</td>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
</tr>
<tr>
<td>Other - Describe:</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check All That Apply)</th>
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</thead>
<tbody>
<tr>
<td>≥3 sf or ≥3 ft</td>
<td>Renovation</td>
</tr>
<tr>
<td>≥160 sf or ≥260 ft</td>
<td>Demolition</td>
</tr>
<tr>
<td>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</td>
<td>Yes</td>
</tr>
<tr>
<td>Description of Asbestos-Containing Material (ACM)</td>
<td>(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
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<tr>
<td>Locations to Be Abated in Facility (13)</td>
<td>TSI</td>
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<tr>
<td>Location of Asbestos-Containing Material (ACM)</td>
<td>Appr.50 SF</td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
<td></td>
</tr>
<tr>
<td>Abatement Type</td>
<td></td>
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<tr>
<td>Endorse</td>
<td></td>
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<tr>
<td>Name of Registered Hazardous Waste Handler</td>
<td>Nick Restoration LLC</td>
</tr>
<tr>
<td>NJ DEP Waste Hauler ID No.</td>
<td>33782</td>
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<tr>
<td>Disposal Date</td>
<td>TBD</td>
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<tr>
<td>City, State</td>
<td>Randolph, NJ 07869</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>G.R.O.W.S</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td>TBD</td>
</tr>
<tr>
<td>Completed by</td>
<td>Elvira Mrda</td>
</tr>
<tr>
<td>Title</td>
<td>President</td>
</tr>
<tr>
<td>Signature</td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td>12/23/2014</td>
</tr>
</tbody>
</table>
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)
12/23/2014

Name of Building Owner/Operator (2)
South Plainfield School District

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

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

Street Address
125 Jackson Ave
City, State, Zip Code
South Plainfield, NJ 07080

Name of Contact
Lori Tirone

FACILITY INFORMATION

Facility Name Where Abatement is Taking Place (3)
South Plainfield Administration Building
Street Address
125 Jackson Ave
City (6)
South Plainfield, NJ
County (8)
Middlesex
County Code (7)
(STATE USE ONLY)

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

Square Feet
# of Floors
Bldg. Age

Current Use (Prior if being demolished)

Name of Abatement Contractor (9)
Nick Restoration LLC
Street Address
72 Brookside Rd
City, State, Zip Code
Randolph, NJ 07869

License No.
01133

Name of OSCA Monitor
J&S Environmental
Street Address
2333 RT 22
City, State, Zip Code
Union, NJ 07083

Start Date (10)
12/23/2014
Scheduled Completion Date (11)
12/25/2014

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

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

Caution: Use Only

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

Hallway

Yes No N/A

TSI

9 LF

Name of Registered Waste Hauler
Nick Restoration LLC

Cubic Yards of Waste
TBD

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

City, State
Randolph, NJ

Completed by
Elvira Mrda
Title
President

Signature

Date
12/23/2014
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

State of New Jersey

Date of Notification (1)
12/24/14

Name of Building Owner/Operator (2)
Harold Squared LLC

Agencies Notified

X EPA
X DEP
X DOL
X DOH
X DCA

Type Notification

X Initial

Amendment # ______

Emergency (including justification)

Cancellation

Street Address
16 Cross Street

City, State, Zip Code
Vauxhall NJ 07088

Name of Contact
Harold

Telephone Number

FACILITY INFORMATION

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

Street Address
16 Cross Street

City (5)
Vauxhall

County (6)

County Code (7)

Residential

(State USE ONLY) ______

Type of Facility (4)

X School (K-12)

X Subchapter 8 (Other than K-12)

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

Square Feet
1600SF

# of Floors
2

Bldg. Age
77

Current Use (Prior if being demolished)

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

ASCM No.

Name of Abatement Contractor (9)
Turningpoint Contracting Corporation

Street Address
358 Broadway

City, State, Zip Code
Newark NJ

Project Manager for Monitoring Firm
Chinyelu Oraegbunam

Telephone No.
201-483-9788

Start Date (10)
01/8/15

Scheduled Completion Date (11)
01/10/15

Name of OSHA Monitor
JLC Environmental, Inc

Street Address
51 Berkeley Terrace

City, State, Zip Code
Irvington NJ 07111

License No.
44331

Occuany Status During Abatement (Check Only One)

X Facility Closed/Vacated During Entire Period of Abatement

X Abatement Performed Outside of Normal Facility Hours

Other - Describe:

Scope of Work (Check All That Apply)

X ≥300 sf or ≥3 If

≥160 sf or ≥1660 If

Renovation

Demolition

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

In Facility (13)

Basement

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

Yes

No

N/A

Pipe Insulation

60LF

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

Endsource

Name of Registered Waste Hauler
Newark Carter Inc

NJDEP Waste Hauler ID No.
4506

Cubic Yards of Waste

1

Name of Registered Landfill
Tullytown Refacility

City, State
Newark NJ 07102

Disposal Date

Completed by
Emeka Okeke

Title
President

Signature

Date
12/24/14

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:96 and 12:129)

Date of Notification (1)
12/22/2014

Name of Building Owner/Operator (2)
State of New Jersey; Department of the Treasury

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

Type Notification
- Initial
- Amended
- Emergency
- Amendment # 1

Street Address
Post Office Box 002

City, State, Zip Code
Trenton, New Jersey 08625-0002

Name of Contact
Robert Shaughnessy

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Greystone Park Psychiatric Hospital - Work Center Men's

Street Address
1 Central Avenue

City (5)
Parsippany

County (6)
Morris

Name of Monitoring Firm Hired by Building Owner (6)
Accredited Environmental Technologies (AET)

Name of Abatement Contractor (9)
PAL Environmental Services

Street Address
907 Doolittle Drive

City, State, Zip Code
Bridgewater, New Jersey 08807

Project Manager for Monitoring Firm
Eric Houseknecht
Telephone No.
(908) 218-1108

License No.
00853

Start Date (10)
October 21, 2014

Scheduled Completion Date (11)
October 12, 2015

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

Scope of Work (Check All That Apply)
- ≥3,000 sf or ≥3 if
- ≥160 sf or ≥2600 if
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

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

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

Amount
(Specify SF or LF)

Abatement Type
Removal
Repair
Encapsulate
Endorse

Name of Registered Waste Hauler
Newark Carting, Inc.

NJ DEP Waste Hauler ID No.
NJ-913

Cubic Yards of Waste
20 Yards

Name of Registered Landfill
IESI Bethlehem Landfill

Disposal Date
10/25/2014

City, State
Bethlehem, PA

Completed by
Ann A. Ali
Title
AA
Signature

Date
12/22/2014

* 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>12/22/2014</th>
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<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>State of New Jersey; Department of the Treasury</td>
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<td>X DOL</td>
<td>Amendment # 1</td>
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<tr>
<td>X DOH</td>
<td>Emergency (including justification)</td>
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<tr>
<td>X DCA</td>
<td>Cancellation</td>
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<tr>
<td>Street Address</td>
<td>Post Office Box 002</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Trenton, New Jersey 08625-0002</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Robert Shaughnessy</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
</tbody>
</table>

## FACILITY INFORMATION

| Name of Facility Where Abatement is Taking Place (3) | Greystone Park Psychiatric Hospital - Pump House |
| Street Address | 1 Central Avenue |
| City (5) | Parsippany |
| County (6) | Morris |
| Name of Monitoring Firm Hired by Building Owner (8) | Accredited Environmental Technologies (AET) |
| ASCM No. | Name of Abatement Contractor (9) |
| PAL Environmental Services |
| Telephone No. | (908) 218-1108 |
| License No. | 00853 |
| Street Address | 11-02 Queens Plaza South |
| City, State, Zip Code | Long Island City, New York 11101 |
| Start Date (10) | October 21, 2014 |
| Scheduled Completion Date (11) | October 12, 2015 |
| 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 43 sf or 43 sq ft |
| X 160 sf or 160 sf |
| Renovation |
| Demolition |
| Full Containment with Negative Pressure |
| Mini-Enclosure |
| Glovebag Procedure |
| Non-Exempted (*) and Non-Friable Procedure |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility |
| Is Location Normally Used Solely by Maintenance/Custodial Staff? |
| Yes | No |
| Description of Asbestos-Containing Material (ACM) |
| Amount (Specify SF or LF) |
| Abatement Type |
| Removal |
| Repair |
| Encapsulate |
| Endorse |
| Name of Registered Waste Hauler | Newark Carting, Inc. |
| NJDEP Waste Hauler ID No. | NJ-913 |
| Cubic Yards of Waste | 20 Yards |
| Name of Registered Landfill | IESI Bethlehem Landfill |
| Disposal Date | 10/25/2014 |
| City, State | Bethlehem, PA |

Complated by Ann A. Ali
Title AA
Signature
Date 12/22/2014

*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)  
12/22/2014

Name of Building Owner/Operator (2)  
State of New Jersey, Department of the Treasury

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

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

Street Address  
Post Office Box 002

City, State, Zip Code  
Trenton, New Jersey 08625-0002

Name of Contact  
Robert Shaughnessy

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  
Greystone Park Psychiatric Hospital - Service Unit

Street Address  
1 Central Avenue

City (5)  
Parsippany

County (6)  
Morris

County Code (7)  
STATE USE ONLY

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

Name of Monitoring Firm Hired by Building Owner (8)  
Accredited Environmental Technologies (AET)

ASCM No.  

Name of Abatement Contractor (9)  
PAL Environmental Services

Street Address  
11-02 Queens Plaza South

City, State, Zip Code  
Long Island City, New York 11101

Project Manager for Monitoring Firm  
Eric Houseknecht

Telephone No.  
(908) 218-1108

Start Date (10)  
October 21, 2014  
Scheduled Completion Date (11)  
October 12, 2015

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

Scope of Work (Check All That Apply)  
- ≥3 sf or ≥31 if
- ≥150 sf or ≥250 ft²
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Fireable Procedure

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

Is Location Normally Used Solely by Maintenance/Custodial Staff? (14)  
Yes

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

Amount (Specify SF or LF)  

Abatement Type  

Removal

Repair

Encapsulate

Enclosure

Name of Registered Waste Hauler  
Newark Carting, Inc.

NJDEP Waste Hauler ID No.  
NJ-913

Cubic Yards of Waste  
20 Yards

Name of Registered Landfill  
IESI Bethlehem Landfill

City, State  
Newark, NJ

Disposal Date  
10/25/2014

Completed by  
Ann A. Ali

Title  
AA

Signature  

Date  
12/22/2014

* 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)**
12-24-14

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

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

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

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

**Name of Facility Where Abatement is Taking Place (3)**
Single family Dwelling (Fire Damage)

**Street Address**
6 Snowden Lane
Willingboro NJ 08046

**City (5)**
Willingboro

**County (6)**
Burlington

**County Code (7)**
N/A

**Name of Monitor/Inspection Firm**
EPC Technologies

**Name of Abatement Contractor (9)**
EPC Technologies Inc

**Address**
P.O. Box 337
New Egypt, NJ 08533

**Telephone No.**
609-758-3365

**Schedule Completion Date (11)**
Jan 11, 2014

**Number of Floors**
2

**Building Age**
45+ yrs

**Owner Information**

**Name of Registered Waste Hauler**
EPC Technologies

**Name of Registered Landfill**
Waste Management of PA

**Completed by**
Steve Schenker
President

---

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

Date of Notification (1)  
12/22/14

Name of Building Owner/Operator (2)  
Levin Management Corp.

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

Street Address  
975 US Highway 22 W

City, State, Zip Code  
Plainfield

Name of Contact  
Gerald O’Brien

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  
Former Mandees SP #3

Street Address  
Rt. 28 & Rt. 202

City (5)  
Raritan

County (6)  
Somerset

County Code (7) (STATE USE ONLY)  

Current Use (Prior if being demolished)  
Vacant Commercial Use

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

ASCM No.

Name of Abatement Contractor (9)  
Plymouth Environmental Company, Inc.

Street Address  
411 Southgate Court

City, State, Zip Code  
Mickleton, NJ 08056

Project Manager for Monitoring Firm  
Jack Carney

Telephone No.  
856-224-0080

Start Date (10)  
1/1/15

Scheduled Completion Date (11)  
1/21/15

Name of OSHA Monitor  
EHS Environmental Inc.

Street Address  
411 Southgate Court

City, State, Zip Code  
Mickleton, NJ 08056

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: 8:00 AM-5:00 PM

Scope of Work (Check all that apply)  
☐ 3 or more sf or 3 if  
☐ 1600 sf or greater if

☒ Renovation  
☐ Demolition

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

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

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

Amount (Specify SF or LF)  

Abatement Type  

Name of Registered Waste Hauler  
Newark Carting

NJDEP Waste Hauler ID No.  
4509

Cubic Yards of Waste  
2CY

Name of Registered Landfill  
Grows Landfill

Disposal Date  
1/21/15

City, State  
Tullytown, PA

Completed By (Print or Type)  
James M. Kelly

Title  
Vice President

Signature  

Date  
12/24/14

* 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) 12-22-14
Name of Building Owner/Operator (2) Lockheed Martin, Inc.

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

Street Address 199 Borton Landing Road
City, State, Zip Code Moorestown, NJ 08057
Name of Contact Paul Kim
Telephone Number

Name of Facility Where Abatement is Taking Place (3)
Lockheed Martin

FACILITY INFORMATION

Street Address 199 Borton Landing Road
City (5) Moorestown
County (6) Burlington
County Code (7) (STATE USE ONLY)

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

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

Square Feet 530,000
# of Floors 1
Bldg. Age 51 yrs.
Current Use (Prior to being demolished) offices

Name of Abatement Contractor (9)
Plymouth Environmental Co., Inc.
Street Address
City, State, Zip Code Norristown, PA 19401
Telephone No. 610-239-9920
License No. 00398

Facility Closed/Vacated During Entire Period of Abatement
☐
Abatement Performed Outside of Normal Facility Hours
☐ Other – Describe: work areas isolated

Occupy Status During Abatement (Check Only One)

Scope of Work (Check All That Apply)
☐ 28 sf or 28 if
☒ 2160 sf or 2260 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

Building 127
In Facility (13)
Located in the area

Building 101

Building 105

Building 108

Building 127

Building 107

Building 105

Building 108

Building 127

Location of Asbestos-Containing Material (ACM)

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

No

No

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Name of Registered Waste Hauler
Waste Management of Camden, NJ

NDEP Waste Hauler ID No. 39126

Cubic Yards of Waste 30

Name of Registered Landfill TTRF

City, State Camden, NJ

Disposal Date various

City, State Tullytown, PA

Completed by James M. Kelly Title Vice-President Signature Date 12-22-14

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:20 and 12:126)

Date of Notification (1): 12/17/2014
Name of Building Owner/Operator (2): Bristol Myers Squibb - Building #9

Agencies Notified: EPA, DEP, DOL
Type Notification: Initial
Street Address: 311 Pennington Rocky Hill Road
Name of Facility Where Abatement Is Taking Place (3): Bristol Myers Squibb Building #9
City: Hopewell, New Jersey
State: 08534
Zip Code: County: Mercer County
City Code: 08534
County Code: (STATE USE ONLY) __________

Name of Monitory Firm Hired by Building Owner (6): Eagle Industrial Hygiene Assoc. Inc.
Name of Abatement Contractor (9): Aetna Roofing Corporation
Street Address: 359 Dresher Rd.
City: Horsham, PA
State: 19044
Zip Code: 19016

Project Manager for Monitoring Firm: Mark Havas
Telephone No.: (215) 572-6088

Start Date (10): 1/9/2015
Scheduled Completion Date (11): 1/12/2015

Occupancy Status During Abatement (Check Only One):
- Facility Closed/Abandoned During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other - Describe: Removal of Cast Non-Friable - No RACM

Scope of Work (Check All That Apply):
- □ a 3 sf or <3 f
- □ ≥150 sf or ≥250 sf
- □ Renovation
- □ Demolition

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

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

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

Amount (Specify SF or LF): 72 S.F.

Abatement Type:
- □ Full Containment with Negative Pressure
- □ Wet-Encapsulation
- □ Manual or Mechanical
- □ Non-Exempted (*) and Non-Friable Procedure

Location of West End Ventilation Roof Curb:
- □ Roof Base Flashing

Name of Registered Waste Hauler:
Horizon Disposal Services Inc.
NUDep Waste Hauler ID No.: 10416
Cubic Yards of Waste: 30
Name of Registered Landfill:
Waste Management - GROWS
City: City, State:
Trenton, NJ 08611: Morrisville, PA 19067
Disposal Date: 1/12/2015

Completed by:
Darren R. Begg
Title: Sr. Vice President
Signature: [Signature]
Date: 1/17/14

*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)  
December 11, 2014

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

Agency Notified  
☐ EPA  
☐ DEP  
☐ DOH  
☐ DOL  
☐ DCA

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

Street Address  
2 Cedar Street

City, State, Zip Code  
Newark, NJ 07112

Name of Contact  
Benjamin Olagadeya  
Telephone Number

FACILITY INFORMATION

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

Street Address  
74 Montgomery Street

City (5)  
Newark, NJ 07102

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

Name of Monitoring Firm Hired by Building Owner (8)  
TTL Environmental, Incorporated  
ASCM No. 00003

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.  
856-840-8800  
973-478-4681  
00120

Start Date (10)  
December 23, 2014

Scheduled Completion Date (11)  
December 30, 2014

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

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

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

IN Facility  
Room 212

☐ VAT

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)  
155 sq ft

Abatement Type

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

Location of Registered Waste Hauler  
B&N&K Restoration Co., Inc.

Cubic Yards of Waste  
2

Name of Registered Landfill  
Minerva Enterprises, Inc.

City, State  
Clifton, NJ 07011 / Bronx, NY  
Wynnewburg, OH

Disposal Date  
12/24/2014  
01/05/15

Completed by  
G. Roger Woodman  
Safety Officer

Signature  
Date  
12/23/2014

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>12/23/2014</td>
<td>Private property</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ EPA</td>
<td>Initial</td>
<td>38 North 19th Street</td>
</tr>
<tr>
<td>□ DEP</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ DOL</td>
<td></td>
<td></td>
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<tr>
<td>□ DOH</td>
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<tr>
<td>□ DCA</td>
<td></td>
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<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>Name of Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kenilworth NJ</td>
<td>Carlos Gomez</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

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

- **Street Address**
  - 38 North 19th Street

- **City (5)**
  - Kenilworth NJ

- **County (6)**
  - Union County

- **Square Feet**
  - 1500

- **# of Floors**
  - 2

- **Bldg. Age**
  - 50

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

- **Name of Monitoring Firm Hired by Building Owner (8)**
  - ASCM No.
  - N/A

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

- **Street Address**
  - 339 Lafayette St

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

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

- **License No.**
  - 01240

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

- **Street Address**
  - 2333 Route 22 West

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

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

- □ ≥3 sf or ≥5 if
- □ ≥60 sf or ≥260 sf

**Renovation**

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>TO BE ABATED In Facility</td>
<td>1200SF</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Exterior</th>
<th>shingles transite</th>
</tr>
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</table>

**Name of Registered Waste Hauler**

- Tri State Transfer Assoc Inc
  - NJDEP Waste Hauler ID No. 19551

<table>
<thead>
<tr>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Minerva Enterprises</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Disposal Date</th>
<th>City, State</th>
<th>Date</th>
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<tr>
<td></td>
<td>waynesburg OH 44688</td>
<td>12/23/2014</td>
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<table>
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<tr>
<th>Completed by</th>
<th>Title</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carlos Gomez</td>
<td>President</td>
<td>[Signature]</td>
</tr>
</tbody>
</table>

**Abatement Type**

- □ Removal
- □ Repair
- □ Encapsulation
- □ Enclosure

*Do not use this form for asbestos licensure exempted activities.*
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:59 and 12:120)

Date of Notification (1)
12-22-14

Name of Building Owner/Operator (2)
Sandy Cundiff

Agencies Notified (3)
☐ EPA
☐ DEP
☐ DOL
☒ DOH
☐ DCA

Type Notification (4)
☒ Initial
☐ Amended
☒ Amendment #
☐ Emergency (including justification)
☐ Cancellation

Street Address
24 Hopper Ave.

City, State, Zip Code
Pompton Plains NJ 07444

Name of Contact
Sandy Cundiff

Telephone Number

FACILITY INFORMATION

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

Street Address
24 Hopper Ave.

City (5)
Pompton Plains

County (6)
Morris

County Code (7)
(SATE USE ONLY)

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

ASCM No.

Name of Abatement Contractor (9)
Delta Contracting LLC

Street Address
522 7th St.

City, State, Zip Code
Union City NJ 07087

Project Manager for Monitoring Firm

Telephone No.

License No.
01206

Start Date (10)
01-02-15

Scheduled Completion Date (11)
01-03-15

Occupy Status During Abatement (Check Only One)
☒ Facility Closed/Vacated During Entire Period of Abatement
☒ Other – Describe: 7:00 AM - 5:00 PM

Abatement Performed Outside of Normal Facility Hours

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

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

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
☒ Encapsulation
☐ Enclosure

Name of Registered Waste Hauler
Delta Contracting LLC

NJDEP Waste Hauler ID No.
35240

Cubic Yards of Waste
4

Name of Registered Landfill
Tullytown Resource Recovery Facility

City, State
Tullytown, PA

Disposal Date
01-05-15

Completed by
Jaime Delgado

Title
Proj. Manager.

Signature

Date
12-22-14

* 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):** 12/26/14

**Name of Building Owner/Operator (2):** Scott Eger Private Home

**Street Address:** 129 N Baltimore Ave

**City, State, Zip Code:** Ventnor NJ 08406

**Name of Contact:** Scott

**Telephone Number:**

### FACILITY INFORMATION

**Name of Facility Where Abatement Is Taking Place (3):** Scott Eger Private Home

**Street Address:** 129 N Baltimore Ave

**City:** Ventnor NJ 08406

**County:** Atlantic

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

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

**Name of Abatement Contractor (9):** Pernaco Inc.

**Street Address:** PO Box 329

**City, State, Zip Code:** West Berlin NJ 08091

**Project Manager for Monitoring Firm:**

**Telephone No:**

**License No.:** 00727

**Start Date (10):** 12/29/14

**Scheduled Completion Date (11):** 12/31/14

**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):**

- [ ] Renovation
- [X] Demolition

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

**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 LF):**

**Abatement Type:**

- [ ] Endorse
- [ ] Repair
- [ ] Removal
- [ ] Endorse

**Location of Registered Waste Hauler:**

**Name of Registered Waste Hauler:** United Containers

**Hauler ID No.:** 22459

**Cubic Yards of Waste:** 3

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

**City, State:** Morrisville PA 19067

**Disposal Date:** 12/31/14

**Completed by:** Anthony T Perna

**Title:** President

**Signature:**

**Date:** 12/26/14

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