<table>
<thead>
<tr>
<th><strong>Date of Notification</strong> (1)</th>
<th>1/28/15</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Name of Building Owner/Operator</strong> (2)</td>
<td>KACMCO INC.</td>
</tr>
<tr>
<td><strong>Address</strong></td>
<td>225 East 1st St.</td>
</tr>
<tr>
<td><strong>City</strong></td>
<td>Woodbine, NJ. 08270</td>
</tr>
<tr>
<td><strong>Type of Facility</strong> (4)</td>
<td>School (K-12)</td>
</tr>
<tr>
<td><strong>County Code</strong> (7)</td>
<td>08</td>
</tr>
<tr>
<td><strong>Name of Abatement Contractor</strong> (9)</td>
<td>KACMCO INC.</td>
</tr>
<tr>
<td><strong>Schedule Completion Date</strong> (11)</td>
<td>2/17/15</td>
</tr>
<tr>
<td><strong>Scope of Work (Check all that apply)</strong></td>
<td>Renovation, Demolition</td>
</tr>
<tr>
<td><strong>Location of Asbestos-Containing Material (ACM) TO BE ABATED</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Location Normally Used Solely by Maintenance/Custodial Staff</strong> (12)</td>
<td></td>
</tr>
<tr>
<td><strong>Name of Registered Waste Hauler</strong></td>
<td>KACMCO INC.</td>
</tr>
<tr>
<td><strong>City, State, Zip Code</strong></td>
<td>Woodbine, NJ. 08270</td>
</tr>
<tr>
<td><strong>Name of Contact</strong></td>
<td>Lisa Fisher</td>
</tr>
<tr>
<td><strong>Telephone Number</strong></td>
<td>973-779-0422, 0044</td>
</tr>
<tr>
<td><strong>现场存在</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Name of Registered Landfill</strong></td>
<td>C&amp;M, M.A.</td>
</tr>
<tr>
<td><strong>Date of Completion</strong></td>
<td>1/26/15</td>
</tr>
</tbody>
</table>

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

**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60 and 11:120)

#### Date of Notification

1/20/15

#### Name of Building Owner/Operator

[Name]

#### Sweet Address

227 Freeport Ave,
Woodbine, N.J. 07767

#### Name of Contact

Lisa Fisher

#### Telephone Number


### FACILITY INFORMATION

#### Name of Facility Where Abatement is Taking Place

RESIDENCE

#### Street Address

138 7th St,

#### City

Avon

#### County

Cape May

#### Name of Monitoring Firm Hired by Building Owner

N/A

#### Name of Abatement Contractor

Klanco Inc.

#### License No

00444

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

VACANT

#### SQA Footprint

1000

#### State Building Code

1000

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

- [X] Renovation
- [X] Demolition

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

MATERIAL TYPE

#### Amount

2000 lb

#### Name of Registered Waste hauler

Klanco Inc.

#### Name of Registered Landfill

C.M.C., M.U.A.

#### Disposed Waste

07904

#### Public Yard of Waste

S

#### Disposal Date

Woodbine, N.J.

#### Completed By

Joseph Klemm

#### Date

1/29/15

---

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

FEB 2 2015

Date of Notification (1):
1/25/15

Name of Building Owner/Operator (2):

AUSTIN'S CONSTRUCTION

Agencies Notified

□ EPA
□ DEP
□ DOL
□ OSHA
□ OSHA
□ DOA

Type Notification
□ Initial
□ Amended
□ Amendments
□ Emergency (including emasurance)
□ Cancellation

Facility Information

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

Street Address:
169 E 3RD ST

City (5):
STAN HAUKE

County (6):
Cape May

Name of Abatement Contractor (9):

KLEKOM CO. INC.

License No:
856-779-0477

Telephone No:
004-44

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

Scope of Work (Check all that apply):
□ Demolition
□ Renovation
□ Full Containment with Negative Pressure
□ Non-Exempted (1) and Non-Flexible Procedure

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

□ Facility

(13)

Location of

Name of Registered Waste Hauler:
KLEKOM CO. INC.

Type of Facility (4):
□ School (K-12)
□ Subchapter 8 (Other than K-12)
□ Other (i.e., private & commercial build

Name of Contact:

Homes, etc.)

Telephone Number:

Square Feet:

# of Floors:

Name of Abatement Contractor (9):

KLEKOM CO. INC.

License No:
856-779-0477

Telephone No:
004-44

Name of OSHA Monitor:

JOSEPH KLEKOM

City, State, Zip Code:

MAPLE SHADE, NJ, 08052

Cubic Yards of Waste:

Disposal Date:

Name of Registered Landfill:
C.M.C.M.U.A.

City, State:

MAPLE SHADE, NJ

Completed By:

JOSEPH KLEKOM

Signature:

DATE:

2/28/16

Do not use this form for asbestos licensure exemuted activities
<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
<th>APPROVED By</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/29/15</td>
<td>BARBARA GRIECO</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agents Notified</th>
<th>Type of Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>DOL</td>
<td>Emergency (including justification)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Direct Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>619 GRAND AVE.</td>
<td>NORTH BERGEN NJ</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Facility Type (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>GRIECO</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>County Code (5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>HUSSON</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (6)</th>
<th>ASCM No.</th>
<th>Name of Abatement Contractor (8)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>195 Vreeland Ave.</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/29/15</td>
<td>1/26/15</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check Only One)</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Abatement Performed Outside of Normal Facility Hours</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check All That Apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Renovation</td>
</tr>
<tr>
<td>B. Demolition</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>In Location Normally Used Solely by Maintenance/Custodial Staff?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes                                 No                            N/A</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Amount (Gross SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>40 SQ. FT. X</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Endurance</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste hauler</th>
</tr>
</thead>
<tbody>
<tr>
<td>Newark Carting, Inc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NJDEP Waste Hauler ID No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>04509</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cubic Yards of Waste</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>bis, PA Bethlehem Landfill Corp.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Disposal Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/26/15</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Completed by R. McDonald</th>
</tr>
</thead>
<tbody>
<tr>
<td>President:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>R. McDonald</td>
</tr>
</tbody>
</table>

* Do not use this form for asbestos licensure exempted activities.
Date of Notification: 1/26/15
Name of Building Owner/Operator: Somerset Raritan Valley Sewerage Authority

**FACILITY INFORMATION**

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

**Current Use (Prior if being demolished)**: Incinerator and pulse tanks

- **Square Feet**: N/A
- **# of Floors**: N/A
- **Bldg. Age**: N/A

**Name of Abatement Contractor**: Tricon Enterprises Inc

- **Street Address**: 322 Beers St
- **City, State, Zip Code**: Keyport N.J. 07735

**License No.**: 01095

**Name of GSHA Monitor**: n/a

**Scope of Work**: 
- ≥3 ft or ≥3 if
- ≥160 ft or ≥260 if
- Demolition
- Renovation

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

<table>
<thead>
<tr>
<th>Location Normally Used</th>
<th>Maintenance/Custodial Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>x</td>
<td></td>
</tr>
</tbody>
</table>

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

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

**Abatement Type**
- Removal
- Encapsulate
- Endorse

**Name of Registered Waste Hauler**
- Century waste
- NJDEP Waste Hauler ID No.: 32797
- Cubic Yards of Waste: 160

**Name of Registered Landfill**: Grows north

**City, State**: Morristown, N.J.

**Disposal Date**: 6/11/15

**Completed by**: James Mahoney
- Title: Project manager
- Signature: 

* 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 (13)</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sludge incinerator</td>
<td>x</td>
<td>Gasket material</td>
<td>350 lf</td>
</tr>
<tr>
<td>Sludge incinerator</td>
<td>x</td>
<td>Hatch door insulation</td>
<td>350 sf</td>
</tr>
<tr>
<td>Carbon incinerator</td>
<td>x</td>
<td>Gasket material</td>
<td>350 lf</td>
</tr>
<tr>
<td>Carbon incinerator</td>
<td>x</td>
<td>Hatch door insulation</td>
<td>350 sf</td>
</tr>
<tr>
<td>Pulse tank platform</td>
<td>x</td>
<td>Tar</td>
<td>1100 sf</td>
</tr>
<tr>
<td>Pulse tank platform</td>
<td>x</td>
<td>Tank insulation</td>
<td>2200 sf</td>
</tr>
</tbody>
</table>
State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 1/28/15

Name of Building Owner/Operator (2) V&F Auto Body of Keyport, LLC

Agencies Notified
- EPA
- DOL
- DOH
- DCA

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

Street Address
6 Cass St

City, State, Zip Code
Keyport, N.J. 07735

Name of Contact
Frank Ferraro, Jr

Telephone Number

FACILITY INFORMATION

name of Facility Where Abatement is Taking Place (3)
V&F auto body

Street Address
6 Cass St

City (5) Keyport

County (6)

County Code (7)
(State Use Only)

Current Use (Prior if being demolished)
Residence

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

ASCM No.

Name of Abatement Contractor (9)
Tricon Enterprises Inc

Street Address
322 Beers St

City, State, Zip Code
Keyport, N.J. 07735

Project Manager for Monitoring Firm

Telephone No.

Telephone No.
732-739-1200

License No.
01095

Start Date (10) 2/16/15

Scheduled Completion Date (11) 2/20/15

Name of OSHA Monitor
n/a

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

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

Renovation

Demolition

× Containment with Negative Pressure

× Mini-Enclosure

× Glovebag Procedure

× Non-Exempted () and Non-Friable Procedure

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

Is Location Normally Used Solely by Maintenance/Custodial Staff?

Yes

No

N/A

(12)

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

Basement

AirCell pipe insulation

100 lf

Abatement Type

Removal

Repair

Encapsulation

Endoscopically

Grows north

Name of Registered Waste Hauler
Century waste

NJDEP Waste Hauler ID No.
327/97

Cubic Yards of Waste
30

Name of Registered Landfill
Grows north

City, State, Elizabeth, N.J.

Disposal Date
2/25/15

City, State, Morrisville, P.A.

Completed by
James Mahoney

Title
Project Manager

Signature
James Mahoney

Date 1/28/15

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

Date of Notification (1) 1-29-15  
Name of Building Owner/Operator (2) Sara Robertson  

Agencies Notified [X] EPA  
[ ] DEP  
[ ] DOL  
[ ] DCA  
[X] Initial Notification  
[ ] Amended Notification  
[ ] EMERGENCY  
[ ] Cancellation  

Street Address 10 Belleclaire Place  
City, State, Zip Code Verona, NJ, 07094  
Name of Contact Sarah Robertson  
Telephone Number  

FACILITY INFORMATION  
Name of Facility Where Abatement is Taking Place (3)  
Same as above  
Street Address  

City (5)  
County (6) Essex  
County Code (7) N/A  

Name of Monitoring Firm hired by Building Owner (8)  
Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc.  

ASCH No. N/A  
Street Address 86 Christopher St.  
City, State, Zip Code Montclair, NJ 07042  
Telephone Number (973) 744-8800  
License Number 00371  

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

Scheduled Start Date (10) 2-9-15  
Sched. Completion Date (11) 2-10-15  
Month Day Year  

[ ] Full Containment with Negative Pressure  
[ ] Mini-Enclosure  
[X] Glovebag Procedure  
[ ] Non-Friable Procedure  

Scope of Work (Check all that apply)  
[X] >3 sf or >31 f  
[ ] >160 sf or >260 sf  
[X] Renovation  
[ ] Demolition  

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

Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)  
Amount (Specify SF or LF)  
Abatement Type  

Garage X Pipe Insulation 115 lf X  

Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.  
NJDEP Waste Hauler ID No. 17040  

Cubic Yards of Waste 1.5  
Name of Registered Landfill G.R.O.W.S.  
City, State Montclair, NJ 07042  
Disposal Date 2-11-15  
City, State Morrisville, PA 19067  
Completed By (Print or Type) Constantine Vivian  
Title President  
Signature Date 1-29-15
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

State of New Jersey

Date of Notification (1): 1/29/15

Name of Building Owner/Operator (2): HARCAR Realty, LLC 

Type of Notification (3):
- Initial
- Amendment A
- Emergency (including: notification)
- Cancellation

Name of Facility: 172 Schenck Ave

City, State, Zip Code: GREAT NECK, NY 11021

Name of Contact: FRED MARCARIAN

Telephone Number: 

FACILITY INFORMATION

Type of Facility (4):
- School (K-12)
- Chapter 2 (Other than K-12)
- Other (i.e., private & commercial buildings, homes, etc.)

Squares Feet: 5,600

Building Age: 1980

Name of Abatement Contractor (6):

NOCATECH, INC.

Name of ASCM No. (7): 00808C

ASCM No.: 

City, State, Zip Code: 

County Code (7) (STATE USE ONLY): 

County: 

Name of ASCM Monitor: 

Telephone No.: 

Name of ASCM Monitor: 

Location of Asbestos-Containing Material (ACM) TO BE ABATED (11):

- Location Normally Used Solely by Maintenance/Control Staff (12):
  - X Used for Roof Maintenance

Amount (Sqm Sr or Lb):

Description of Activities Containing Material (ACM) (i.e., removal of asbestos-containing material, sealing, repair, or other miscellaneous): 

Abatement Method: 

Amount (Sqm Sr or Lb):

Abatement Time:

Name of Registered Waste Handler: NOCATECH, INC.

MDEP Waste Handler ID No.: 18501

City, State, Zip Code: GREAT NECK, NY 11021

Name of Registered Laborer(s):

City, State, Zip Code: GREAT NECK, NY 11021

Date: 1/29/15

Signature of Person Completing This Form: 

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

Date of Notification (1)
1/29/15

Name of Building Owner/Operator (2)
Five D Contractors Inc.

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

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

Street Address
7708 Rathlin Ct.

City, State, Zip Code
Charlotte, NC 28270

Name of Contact
Brian Dalton

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
vacant Store Front

Street Address
33 Cornwell Dr.

City (5)
Bridgeton NJ 08302

County (6)
Salem

County Code (7)
111000

Square Feet
111000

# of Floors
1

Bldg. Age
35+

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

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.
856-753-9800

License No.
00727

Start Date (10)
2/9/15

Scheduled Completion Date (11)
2/16/15

Name of OSHA Monitor
Same

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

In Facility

Is Location Normally Used Solely by Maintenance/Custodial Staff?

Yes
No
N/A

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

Floor tile mastic

Amount (Specify SF or LF)
4100 SF

Abatement Type

Endicurate

Name of Registered Waste Hauler

NJDEP Waste Hauler ID No.
22459

Cubic Yards of Waste
5

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

City, State
Morristown, NJ

Completed by
Anthony T Perna
Title
President

Date
1/29/15

* Do not use this form for asbestos licensure exempted activities.
### NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 5:80 and 12:120)

**Date of Notification (1):** 1/29/15

**Name of Building Owner/Operator:** KELLY ASH

**Street Address:** 65 BOWIE PLACE

**City, State, Zip Code:** WILMINGTON, DE 19853

**Name of Monitor:** KELLY

**County Code:** 07775-1301

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

**Square Feet:** 1,450

**Occupancy Status During Abatement:**
- [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] 53 sf or less
- [ ] 53sf to 2260 sf

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

<table>
<thead>
<tr>
<th>In Facility</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
<th>Description of ACM (Specify Material and Amount)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>FLAME PIPE 13 LF X</td>
<td></td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler:**

**Newark Carting, Inc.**

**Newark Carting, Inc.**

**Cubic Yards of Waste:** 5

**Name of Registered Landfill:**

**Name of Registered Landfill:**

**City, State, Zip Code:** NEWARK, NJ 07105

**Completed by:**

**R. McDonald**

**Title:** President

**Signature:**

**Date:** 1/29/15

---

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

**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60-7 and 12:120-7)

---

**Date of Notification (1)**
1-28-15

---

**Name of Building Owner/Operator (2)**
Christopher A. Walker

---

**Street Address**
1 Court Street

---

**City, State, Zip Code**
Morristown, NJ 07963

---

**Name of Contact**
Christopher A. Walker

---

---

**FACILITY INFORMATION**

---

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

---

**Street Address**
1 Court Street

---

**City (5)**
Morristown

---

**County (6)**
Morris

---

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

---

**Type of Facility (4)**
[X] Other (i.e., private & commercial buildings, homes, etc.)

---

**Square Feet**
80,000+

---

**Number of Floors**
5

---

**Building Age**
65+

---

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

---

**Name of Abatement Contractor (9)**
AZTECH MANAGEMENT, Inc.

---

**Street Address**
86 Christopher St.

---

**City, State, Zip Code**
Montclair, NJ 07042

---

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

---

**License Number**
00371

---

**Name of OSHA Monitor**
N/A

---

**Street Address**

---

**City, State, Zip Code**

---

---

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

---

[X] Renovation

---

[ ] Demolition

---

[ ] Full Containment with Negative Pressure

---

[ ] Mini-Enclosure

---

[ ] Glovebag Procedure

---

[ ] Non-Friable Procedure

---

---

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

---

**Location Normally Used Solely By Maintenance/Custodial Staff (12)**

---

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

---

**Amount (Specify SF or LF)**

---

**Abatement Type**

---

**Location**

---

**White 2"x4" Pitted suspend**

---

[X] 3rd Floor

---

5,600 SF

---

**Tan Spray- applied fireproofing**

---

[X] 3rd Floor

---

5,600 SF

---

**Grey Cementitious pipe**

---

[X] 3rd Floor

---

600 LF

---

**fitting fiberglass duct insulation**

---

[X] 3rd Floor

---

2,500 SF

---

**Name of Registered Waste Hauler**

---

Newark Carting

---

**Cubic Yards**

---

50

---

**Name of Registered Landfill**

---

IESI PA Bethlehem Corp.

---

**Completed By (Print or Type)**

---

Constantine Vivian

---

**Title**

---

President

---

**Signature**

---

Date

---

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

**Date of Notification (1)**  
JAN. 29, 2015

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

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

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

**Street Address**  
177 HILL DRIVE

**City, State, Zip Code**  
SOUTH ORANGE, NJ 07079

**Name of Contact**  
MIKE/VANCO CONSTRUCTION

---

**FACILITY INFORMATION**

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

**Street Address**  
177 HILL DRIVE

**City**  
SOUTH ORANGE

**County**  
ESSEX

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

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

**Square Feet**  
1800

**# of Floors**  
2

**Bldg. Age**  
1950 + YRS

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

**ASCM No.**  
N/A

**Name of Abatement Contractor (9)**  
Finishing Touch Asbestos Abatement Corp., Inc.

**Street Address**  
580 Broadway, Unit A

**City, State, Zip Code**  
Long Branch, NJ 07740

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

**Telephone No.**  
732.222.8372

**License No.**  
00040

**Start Date (10)**  
Feb. 12, 2015

**Scheduled Completion Date (11)**  
Feb. 13, 2015

**Occupy Status During Abatement (Check Only One)**  
- [X] Facility Closed/Vacated During Entire Period of Abatement  
- [ ] Abatement Performed Outside of Normal Facility Hours

**Other – Describe:**  
N/A

**Scope of Work (Check All That Apply)**  
- [ ] 23 sf or 23 if  
- [X] 2160 sf or 2650 if  
- [ ] 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**  

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED</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>MECHANICAL ROOM 1</td>
<td>X</td>
<td>TSI</td>
<td>142 LF</td>
<td>x</td>
</tr>
<tr>
<td>BEDROOM HALL</td>
<td>X</td>
<td>VAT</td>
<td>400 SF</td>
<td>x</td>
</tr>
<tr>
<td>GARAGE</td>
<td>X</td>
<td>TSI</td>
<td>150 LF</td>
<td>x</td>
</tr>
<tr>
<td>BEDROOM HALL</td>
<td>X</td>
<td>TSI</td>
<td>85 LF</td>
<td>x</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**  
Finishing Touch Asbestos Abatement Corp., Inc.

**Disposal Date**  
2/13/15

**Name of Registered Landfill**  
GROWS NORTH LANDFILL

**City, State**  
Long Branch, NJ 07740

**Completed by**  
Joseph P. Miller  
Title: President

**Signature**  
[Signature]

**Date**  
1/29/15
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:89 and 12:120)

Date of Notification (1) 01/29/15
Name of Building Owner/Operator (2) Estate Found LLC.
Agent(s) Notified Type Notification
EPA Initial
DEP Amended
DOL Amendment #
DOH Emergency (including justification)
DCA Cancellation
Street Address 380 Lexington Ave. Suite 4005
City, State, Zip Code New York, NY 10168
Name of Contact Albert Mazzucca
Telephone Number

FACILITY INFORMATION
Name of Facility Where Abatement is Taking Place (3)
Vacant Building
Street Address 123 44th. St.
City (5) Union City
County (6) Hudson
County Code (7) [STATE USE ONLY.]
Current Use (Prior if being demolished) Retail Store

Name of Monitoring Firm Hired by Building Owner (8) N/A
ASCM No. Name of Abatement Contractor (9)
Lesco Services Inc.
Street Address 156 Maple Ave.
City, State, Zip Code Wallington, NJ 07057

Project Manager for Monitoring Firm
Telephone No. Telephone No. 973-406-7341
License No. 01107
Start Date (10) 02/11/15
Scheduled Completion Date (11) 02/27/15
Name of OSHA Monitor Leslaw Nalodka

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

Scope of Work (Check All That Apply)
- ≥3 sf or ≥3 if
- ≥100 sf or ≥2000 sf
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED
In Facility (13)
Location Normally Used Solely by Maintenance/Custodial Staff (12)

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>roof</td>
<td>*</td>
<td>roofing material</td>
<td>10,000sf</td>
<td>-</td>
</tr>
<tr>
<td>1st. floor</td>
<td>*</td>
<td>pipe insulation</td>
<td>2200sf</td>
<td>-</td>
</tr>
<tr>
<td>boiler room</td>
<td>*</td>
<td>transite ceiling panels</td>
<td>80sf</td>
<td>-</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
Newark Carting Inc.
NJDEP Waste Hauler ID No. 05409
Cubic Yards of Waste 100
Name of Registered Landfill G.R.O.W.S
Disposal Date 02/28/15
City, State Morrisville, PA

Completed by Leslaw Nalodka
Title President
Signature
Date 01/29/15

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

(Permitted by N.J.A.C. 8:50 and 12:20)

<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>01-26-2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appurtenant Notices</td>
<td>EPA, DOL, DOK, DCA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Building Owner / Operator</th>
<th>Kennedy University Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>18 E. Laurel Road</td>
</tr>
<tr>
<td>City, State &amp; Zip Code</td>
<td>Stratford, NJ 08084</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Asbestos is Taking Place</th>
<th>3rd Floor Hospital Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>18 E. Laurel Road</td>
</tr>
<tr>
<td>City, State &amp; Zip Code</td>
<td>Stratford, NJ 08084</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Person Responsible for Monitoring</th>
<th>Mike Patterson</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone Number</td>
<td>215-255-5500</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Person Responsible for Removal</th>
<th>Resource Management Group, LLC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>5115 Hamilton Ave., Suite 202</td>
</tr>
<tr>
<td>City, State &amp; Zip Code</td>
<td>Trenton, NJ 08618</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of ofstreams Responsible for Removal</th>
<th>Joe Ernie Laboratory, Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>2200 Route 22 West</td>
</tr>
<tr>
<td>City, State &amp; Zip Code</td>
<td>Union, NJ 07083</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Asbestos Consultant</th>
<th>Joe Ernie Laboratory, Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>2200 Route 22 West</td>
</tr>
<tr>
<td>City, State &amp; Zip Code</td>
<td>Union, NJ 07083</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered:</th>
<th>Resource Management Group, LLC</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State</td>
<td>Trenton, NJ</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Authorized Person</th>
<th>Brian J. Harvey</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature</td>
<td>[Signature]</td>
</tr>
<tr>
<td>Date</td>
<td>01/22/2015</td>
</tr>
</tbody>
</table>

**Type of Facility**

- School (K-12)
- Non-Residential/Commercial Buildings

**Asbestos Abatement Descriptions**

- Location of Asbestos-Containing Material (ACM): In Facility (13)
- Description of ACM: Insulation, siding, etc.
- Amount (SF or LF): TBD

**Other Information**

- Asbestos-containing Material (ACM) in Facility: Yes
- Renovation Description: Full Containment
- Consent to Proceed: Yes
- Name of Person Responsible for Monitoring: Mike Patterson
- Telephone Number: 215-255-5500
- Name of Person Responsible for Removal: Resource Management Group, LLC
- Address: 5115 Hamilton Ave., Suite 202, Trenton, NJ 08618
- Name of Asbestos Consultant: Joe Ernie Laboratory, Inc.
- Address: 2200 Route 22 West, Union, NJ 07083
- Name of Registered: Resource Management Group, LLC
- City, State: Trenton, NJ
- Name of Authorized Person: Brian J. Harvey
- Signature: [Signature]
- Date: 01/22/2015
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>1 / 27 / 15</th>
<th>Name of Building Owner/Operator (2)</th>
<th>Johnson &amp; Johnson</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Street Address</th>
<th>501 George Street</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ EPA</td>
<td>Initial</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☑ DOLWD</td>
<td>Amended Amendment #001</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☑ DHSS</td>
<td>Emergency (including justification)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☑ DCA</td>
<td>Cancellation</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Klimer Museum</th>
</tr>
</thead>
</table>

| Street Address | City, State, Zip Code | 501 George Street | New Brunswick, NJ 08901 |

<table>
<thead>
<tr>
<th>City (5)</th>
<th>County Code (7)</th>
<th>Square Feet</th>
<th># of Floors</th>
<th>Number of Abatement Contractors</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Brunswick</td>
<td>Middlesex</td>
<td>9500</td>
<td>2</td>
<td>USA Environmental Management, Inc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>973-729-5649</td>
<td>215-365-5610</td>
</tr>
</tbody>
</table>

| Name of Monitoring Firm Hired by Building Owner (8) | EHL, Inc. |

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Telephone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>655 West Shore Trail</td>
<td>973-729-5649</td>
</tr>
</tbody>
</table>

| Start Date (10) | Scheduled Completion Date (11) | 2 / 02 / 15 | 2 / 25 / 15 |

<table>
<thead>
<tr>
<th>Name of Abatement Contractor (9)</th>
<th>USA Environmental Management, Inc.</th>
</tr>
</thead>
</table>

| Street Address | City, State, Zip Code | 8436 Enterprise Avenue | Philadelphia, PA 19153 |

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Philadelphia, PA 19153</td>
<td>1156</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>215-365-5610</td>
<td>1156</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
<th>Description of Asbestos Containing Material (ACM)</th>
</tr>
</thead>
</table>
| ☑ > 60% of wall or ceiling          | ☑ Apartment, specialty, insulating, surfacing, or other miscellaneous 
| ☑ > 180 sq ft or > 280 sq ft       | ☑ Street Address: 8436 Enterprise Avenue |

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM)</th>
<th>Name of Registered Waste Hauler</th>
</tr>
</thead>
<tbody>
<tr>
<td>TO BE ABATED within Facility</td>
<td>GROWS Landfill</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Waste Hauler</th>
</tr>
</thead>
<tbody>
<tr>
<td>40</td>
<td>NJDEP Waste Hauler ID No.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
</tr>
</thead>
<tbody>
<tr>
<td>GROWS Landfill</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Abatement Type</th>
<th>Description of Asbestos Containing Material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full Containment with Negative Pressure</td>
<td>☑ Apartment, specialty, insulating, surfacing, or other miscellaneous</td>
</tr>
<tr>
<td>Mini-Enclosure</td>
<td>☑ Apartment, specialty, insulating, surfacing, or other miscellaneous</td>
</tr>
<tr>
<td>Glovebag Procedure</td>
<td>☑ Apartment, specialty, insulating, surfacing, or other miscellaneous</td>
</tr>
<tr>
<td>Non-Exempted (*) and Non-Friable Procedure</td>
<td>☑ Apartment, specialty, insulating, surfacing, or other miscellaneous</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Year</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>N/A</td>
</tr>
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</table>

**Completion Information**

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
</tr>
</thead>
<tbody>
<tr>
<td>GROWS Landfill</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Disposal Date</th>
<th>City, State</th>
</tr>
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<tbody>
<tr>
<td>2/16/15</td>
<td>Morrisville, PA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed By (Print or Type)</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dilip Kumar</td>
<td>Program Manager</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>/27/15</td>
</tr>
</tbody>
</table>

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

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

## Date of Notification
January 28, 2015

## Name of Building Owner/Operator
Seminole Construction

## Street Address
128 Bartlett Avenue

## City, State, Zip Code
West Creek, NJ 08092

## Name of Contact
Joyce

## Telephone Number

### FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place</th>
<th>Residence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>57 Budd Drive</td>
</tr>
<tr>
<td>City</td>
<td>Beach Haven West</td>
</tr>
<tr>
<td>County</td>
<td>Ocean</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner</th>
<th>ASCM No.</th>
<th>Name of Abatement Contractor</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td></td>
<td>Guardian Contracting, Inc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scheduled Start Date</th>
<th>Scheduled Completion Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/26/15</td>
<td>1/30/15</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ X ] Facility Closed/Vacated During Entire Period of Abatement</td>
</tr>
<tr>
<td>[ ] Abatement Performed Outside of Normal Facility Hours</td>
</tr>
<tr>
<td>[ ] Other – Describe</td>
</tr>
</tbody>
</table>

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

- [ X ] >3 sf or >3 ft
- [ ] <600 sf or <620 sf
- [ X ] Renovation
- [ ] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ X ] Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) in facility</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems, insulation, facing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exterior house</td>
<td>X</td>
<td>Asbestos siding</td>
<td>950 sf</td>
<td>X</td>
</tr>
<tr>
<td>Exterior shed</td>
<td>X</td>
<td>Asbestos siding</td>
<td>250 sf</td>
<td>X</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**
Guardian Contracting, Inc.

**NJDEP Waste Hauler ID No.**
20223

**Cubic Yards of Waste**
3

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

**City, State**
Toms River, New Jersey

**Disposal Date**
2/02/15

**City, State**
Tullytown, Pennsylvania

**Date**
1/28/15

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

**NOTIFICATION OF ASBESTOS ABATEMENT**

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

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

**Street Address**
126 E. LINCOLN AVENUE

**City, State, Zip Code**
RAHWAY, NEW JERSEY 07065

**Name of Person**
JAROD NAPOLE

**Date of Notification (1)**
1 / 28 /15

<table>
<thead>
<tr>
<th>Agency(ies) Notified</th>
<th>Notification Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial Notification</td>
</tr>
<tr>
<td>DEP</td>
<td>Amended Notification #2</td>
</tr>
<tr>
<td>X DOL</td>
<td>Cancellation</td>
</tr>
<tr>
<td>X DOH</td>
<td>On Hold</td>
</tr>
<tr>
<td>DCA</td>
<td>EMERGENCY NOTIFICATION</td>
</tr>
</tbody>
</table>

**Facility Information**

**Name of Facility Where Abatement is Taking Place (3)**
MERCK SHARP & DOHME CORPORATION

**Street Address**
126 EAST LINCOLN AVENUE- BUILDING 819

**City, State, Zip Code**
RAHWAY, UNION, 07065

**Name of Monitoring Firm**
ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.

**County Code (7) (STATE USE ONLY)**
ASOM No. 17

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

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

**Square Feet**
30,000

**# of Floors**
5

**Blg. Age**
15

**Street Address**
655 WEST SHORE TRAIL

**City, State, Zip Code**
SPARTA, NEW JERSEY 07871

**Project Manager**
WILLIAM S. KERBER, CIH

**Telephone Number**
973-728-5649

**License Number**
642-359-7500

**Expected State Date (10)**
1 / 26 / 15

**Month**
1

**Day**
26

**Year**
15

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

- X Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours - Describe: MONDAY-FRIDAY 7AM-3:30 PM
- Other - Describe: MONDAY-FRIDAY 7AM-3:30 PM

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

- Demolition
- Renovation

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

5TH FLOOR- ROOM 509

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

- Location normally used solely by Maint/Custodial Staff (12)
- Insulation, surfacing, VAT, or other miscellaneous

**Amount (Specify SF or LF)**

- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Friable Procedure

**Name of Registered Landfill**
LYCOMING COUNTY RESOURCE MANAGEMENT SET

**447 ALEXANDER DRIVE/ROUTE 15**

**City, State**
MONTGOMERY, PA 17752

**Name of Registered Waste Hauler**
FREEHOLD CARTAGE, INC.

**Hauler ID No.**
16659

**Cubic Yards of Waste**
10

**Disposal Date**

**Name of Registered Waste Hauler**
FREEHOLD, NEW JERSEY

**Complated by**
BENJAMIN SANCHEZ

**Title**
DIRECTOR OF OPERATIONS

**Signature**

**Date**
28/15
**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 8:56-7 and 12:120-7)

---

**Date of Notification (1)**

1 / 15 /15

---

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

MERCK SHARP & DOHME CORP.

---

**Street Address**

126 E. LINCOLN AVENUE

---

**City, State, Zip Code**

RAHWAY, NEW JERSEY 07065

---

**Name of Contact**

JAROD NAPOLE

---

**FACILITY INFORMATION**

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

MERCK SHARP & DOHME CORPORATION

---

**City (5)**

RAHWAY

---

**County (6)**

UNION

---

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

ASCM No. 17

---

**Square Feet**

30,000

---

**# of Floors**

5

---

**Bldg. Age**

15

---

**Type of Facility (4)**

X Other (ie, private & commcl. bldgs., homes, etc.)

---

**Type of Abatement (9)**

PAR ENVIRONMENTAL CORPORATION

---

**Street Address**

655 WEST SHORE TRAIL

---

**City, State, Zip Code**

SPARTA, NEW JERSEY 07871

---

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

ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.

---

**License Number**

#11490

---

**Telephone Number**

845-369-7500

---

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

X Facility Closed/Vacated

---

**Name of Abatement Contractor (9)**

SPARTA, NEW JERSEY 07871

---

**Project Manager for Monitoring Firm**

WILLIAM S. KERBEL, CIH

---

**Telephone Number**

973-729-5649

---

**License Number**

1101

---

**Sched. Completion Date (11)**

3 / 30 /15

---

**Street Address**

117 EAST 30TH STREET

---

**City, State, Zip Code**

NEW YORK, NEW YORK 10016

---

**Name of OSHA Monitor**

AMERISCI LABORATORIES INC

---

**Full Containment with Negative Pressure**

X Demolition

---

**Glovebag Procedure**

X Renovation

---

**Non-Friable Procedure**

X >160 SF OR LF

---

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

5TH FLOOR- ROOM 509

---

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

TANK INSULATION

---

**Amount (Specify SF or LF)**

50 SF

---

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

N/A

---

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

15939

---

**Name of Registered Waste Hauler**

FREEMAN CARTAGE, INC.

---

**Name of Registered Landfill**

LYCOMING COUNTY RESOURCE MANAGEMENT SERVICES

---

**Cubic Yards of Waste**

10

---

**Disposal Date**

11/15/15

---

**Title**

DIRECTOR OF OPERATIONS

---

**Signature**

[Signature]

---

**Date**

11/15/15

---

**Register**

NJDEP Waste Hauler ID No.

---

**Complete**

BENJAMIN SANCHEZ

---
Date of Notification (1) 1/27/15
Name of Building Owner/Operator (2) Gina Cristiano Private Home

Agencies Notified
- EPA
- DEP
- DOH
- DOL
- DCA
Type Notification
- Initial
- Amended
- Amendment #
- Emergency (Including Justification)
- Cancellation
Street Address 35 West Boat Drive
City, State, Zip Code Little Egg Harbor NJ 08087
Name of Contact Gina
Telephone Number

FACILITY INFORMATION
Name of Facility Where Abatement Is Taking Place (3) Gina Cristiano Private Home
Street Address 35 West Boat Drive
City (5) Little Egg Harbor NJ 08087
County (6) Ocean
County Code (7) [STATE USE ONLY] N/A
Square Feet 1000+
# of Floors 1
Bldg. Age 35+
Current Use (Prior if being demolished) Home

Name of Monitoring Firm Hired by Building Owner (8) N/A
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. 856-753-9800 License No. 00727
Start Date (10) 1/28/15 Scheduled Completion Date (11) 1/30/15
Name of OSHA Monitor Same
Occupancy Status During Abatement (Check Only One)
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other – Describe:
Scope of Work (Check All That Apply)
- 2± sf or ±3 if
- 2±60 sf or ±260 if
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>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>No</td>
<td>Yes</td>
<td>Exterior Siding 1300 SF x</td>
<td></td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler: United Containers
NJ/DEP Waste Hauler ID No. 22459
Cubic Yards of Waste 3
Name of Registered Landfill G.R.O.W.S.
City, State Elm NJ City, State Morrisville PA 19067
Disposal Date 1/30/15

Completed by Anthony T Perna
Title President
Signature
Date 1/27/15

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

- **State of New Jersey**
- **Pursuant to NJAC 8:60 and 5:16**

#### Date of Notification (1)
- 01 / 23 / 15

#### Name of Building Owner/Operator (2)
- Woodbridge Township School District, Check # 2490 $200

#### Address Information
- **Street Address:** P.O. Box 428, School Street
- **City, State, Zip Code:** Woodbridge, New Jersey 07095

#### Name of Contact
- Anthony D'Orsi

#### FACILITY INFORMATION
- **Name of Facility Where Abatement is Taking Place (3):** Iselin Middle School
- **Type of Facility (4):** School (K-12)
- **Square Feet:** 20,000
- **County Code:** Middlesex
- **Current Use (Prior to being demolished):** Middle School

#### Monitoring Firm Information
- **Name of Monitoring Firm Hired by Building Owner (8):** RAMM Environmental Services, Inc.
- **License No.:** C1104

#### Abatement Contractor Information
- **Name of Abatement Contractor (9):** Lilich Corporation
- **Street Address:** 506 McBride Avenue
- **City, State, Zip Code:** Woodland Park, New Jersey 07424

#### Additional Information
- **Name of OSHA Monitor:** J & S Environmental Laboratories LLC
- **Street Address:** 2333 Route 22 West
- **City, State, Zip Code:** Union, New Jersey

#### Scope of Work
- **Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13):** Boys Locker Room Storage Room

#### Abatement Type
- **Type:** Thermal System Insulation
- **Amount:** 9 LF

#### Disposal
- **Disposal Date:** 02/03/15
- **City, State:** Morrisville, Pennsylvania

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

<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>Name of Building Owner/Operator</th>
<th>Type Notification</th>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>01 / 26 / 15</td>
<td>Saint Gobain</td>
<td>Initial</td>
<td>150 Dey Road</td>
</tr>
</tbody>
</table>

**Name of Facility Where Abatement is Taking Place**
Saint Gobain

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

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

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

**Name of Abatement Contractor**
Lilich Corporation

**Name of OSHA Monitor**
J&S Environmental Laboratories LLC

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Storage Room (Wrap &amp; Dispose)</td>
<td>Yes</td>
<td>Asbestos Containing Ovens 2 ea</td>
<td>Abatement Type</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>N/A</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**
Lilich Corporation

<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
<th>Cubic Yards of Waste</th>
<th>Disposal Date</th>
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</thead>
<tbody>
<tr>
<td>G.R.O.W.S. Landfill</td>
<td>20</td>
<td>02/09/15</td>
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</tbody>
</table>

**Completed By (Print or Type)**
Mom Glavatic | Title | Signature | Date |
<table>
<thead>
<tr>
<th></th>
<th></th>
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<th></th>
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</thead>
<tbody>
<tr>
<td>Vice President</td>
<td></td>
<td>[Signature]</td>
<td>1/26/15</td>
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</tbody>
</table>

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