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

Date of Notification (1)
1/31/14

Name of Building Owner/Operator (2)
Parsippany-Troy Hills Board of Education

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

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

Street Address
292 Parsippany Road

City, State, Zip Code
parsippany, NJ 07054

Name of Contact
Tom Gaveglio

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Brooklawn Middle School

Street Address
250 Beachwood

City (5)
parsippany

County (6)
Morris

County Code (7)
STATE USE ONLY

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

Name of Abatement Contractor (9)
Pow/R/Save Inc.

Street Address
27 West Street

City, State, Zip Code
Bloomfield, NJ 07003

Telephone No.
(973) 680-0088

License No.
357

Name of OSHA Monitor

Start Date (10)
Scheduled Completion Date (11)

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 ft
[ ] ≥160 sf or ≥260 ft
[ ] Renovation
[ ] Demolition

Location of Asbestos-Containing Material (ACM) TO BE ABATED
In Facility (13)
classroom C7

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

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

Amount
1420 sf

Abatement Type

Location of Registered Waste Hauler

Name of Registered Landfill
Grand Central or Tullytown

City, State
Dover, NJ

Disposal Date

Name of Registered Landfill

City, State

Disposal Date

Completed by
Sharon Hendee

Title
sec/treas

Signature

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

**Date of Notification (1)**
1 / 31 / 14

**Name of Building Owner/Operator (2)**
Conifer Realty, LLC

**Agencies Notified**
- EPA
- DOLWD
- DHSS
- DCA
- NJAC 5:23-8
- Emergency (including justification)
- Cancellation

**Street Address**
20000 Horizon way, Suite 180
Mt. Laurel, NJ 08054

**City, State, Zip Code**
Mt. Laurel, NJ 08054

**Name of Contact**
Henry Fey

**Telephone Number**

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**
208 West 2nd St.

**Street Address**
208 W. 2nd St.

**City (5)**
Florence, NJ 08518

**County (6)**
Burlington

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

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

**Square Feet**
1200

**# of Floors**
2

**Bldg. Age**
100+

**Type of Facility (4)**

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

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

**ASCN No.**
NA

**Name of Abatement Contractor (9)**
Alliance Environmental Systems

**Street Address**
550 East Union St.

**City, State, Zip Code**
West Chester, PA 19382

**Project Manager for Monitoring Firm**
Dave Turotsy

**Telephone No.**
610-891-0114

**Name of OSHA Monitor**
AET

**Start Date (10)**
2 / 17 / 14

**Scheduled Completion Date (11)**
2 / 21 / 14

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

**Time of Abatement**
7 AM - 4 PM / 8 AM - 5 PM

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

<table>
<thead>
<tr>
<th>basement</th>
<th>pipe insulation</th>
<th>150</th>
</tr>
</thead>
<tbody>
<tr>
<td>kitchen</td>
<td>VAT / Mastic</td>
<td>200</td>
</tr>
</tbody>
</table>

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

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

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

- FULL CONTAINMENT WITH NEGATIVE PRESSURE
- MINI-ENCLOSURE
- GLOVES/BAG PROCEDURE
- NON-EXEMPTED (*) AND NON-FRAGILE PROCEDURE

**Amount (Specify SF or LF)**

- Removal: 
- Repair: 
- Encapsulation: 
- Endorse: 

**Location of Registered Waste Hauler N.E.T.S.**

<table>
<thead>
<tr>
<th>NJDEP Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
<th>Allied BFI Imperial</th>
</tr>
</thead>
<tbody>
<tr>
<td>18947</td>
<td>30</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**City, State**
Hazelton, PA

**Disposal Date**
TBD

**City, State**
Imperial, PA

**Completed By (Print or Type)**
Mark Griffin

**Title**
Estimator

**Signature**

**Date**
1/31/14

*Do not use this form for asbestos licensure exempted activities.
State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12:120-7)

B & G proj. #: 2014-18

Date of Notification (1)
01/14

Name of Building Owner/Operator (2)
Richard Rumana

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

Type Notification
☐ Initial
☐ Amendment
☐ Cancellation

Street Address
126 E 38th Street

City, State, Zip Code
Paterson, NJ 07514

Name of Contact
Richard Rumana

Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
Richard Rumana

Street Address
126 E 38th Street

City (5)
Paterson, NJ 07514

County (6)
Passaic

County Code (7)
(State use only)

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

ASCM No.

Bldg. Owner (9)

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

Square Feet

# of Floors

Bldg. Age

Current Use (Prior if being demolished)
Residential

Name of Abatement Contractor (9)
B & G Restoration, Inc.

Street Address
105 Ryerson Road

City, State, Zip Code
Lincoln Park, NJ 07035

Telephone Number
973-696-6869

License Number
0378

Name of OSHA Monitor
B & G Restoration, Inc.

Street Address
105 Ryerson Road

City, State, Zip Code
Lincoln Park, NJ 07035

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

Other-Describe:

Scheduled Start Date (10)
02/10/2014

Sched. Completion Date (11)
02/12/2014

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

☐ Full Containment w/negative pressure
☐ Wrap & Cut
☐ Mini-enclosure
☐ Glovebag procedure
☐ Non-friable procedure

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

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

Yes
No
N/A

Description of asbestos-containing material (ACM)

Amount

(Specify SF or LF)

Removal
Repair
Encapsulation
Enforcement

Laundry rm & finished bsmt
X
pipe insulation
100 ft
☐
☐
☐
☐

boiler room
X
pipe insulation
88 ft
☐
☐
☐
☐

garage area & above door
X
pipe insulation / pipe insulation
2 ft / 30 ft
☐
☐
☐
☐

boiler room
X
thin duct insulation (wrap & cut)
90 sf
☐
☐
☐
☐

registered Waste Hauler
B & G Restoration, Inc.

NJDEP Hauler ID# 19563

Cubic Yards of Waste
3.5

Name of Registered Landfill
Tullytown Resource & Recovery Center

City, State
Tullytown, PA

Disposal Date
02/12/2014

Completed by (Print or Type)
Gordana Luna

Title
Secretary/Treasurer

Signature
Gordana Luna

Date
01/31/2014
**Date of Notification**: 01/31/14

**Triborough of Morris**

**Name of Building Owner/Operator**: Dawn Janho

**Street Address**: 50 Woodland Avenue

**City, State, Zip Code**: Morris Township, NJ

**Telephone Number**: 973-949-4702

---

**FACILITY INFORMATION**

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

**Residential House**

**Street Address**: 35 Woodland Avenue

**City**: Morris Township

**County**: Morris

**Name of Monitoring Firm Hired by Building Owner**: Bio Terra Solutions

**Street Address**: P.O. Box 1224

**City, State, Zip Code**: Union, NJ

**Project Manager for Monitoring Firm**: Rick Eustachio

**Telephone No.**: 973-494-3752

**Scheduled Completion Date**: 02/24/14

**Occupancy Status During Abatement**: Facility Closed/Vacated During Entire Period of Abatement

**Time of Abatement**: AM

**Scope of Work**: Full Containment with Negative Pressure, Renovation, Demolition, 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?**: Yes

**Location Normally Used Solely by Maintenance/Custodial Staff?**: No

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

**Amount (Specify SF or LF)**: 35 LF

**Abatement Type**: Removal, Repair, Encapsulation

**Basement**

**Pipe Insulation**: 350 LF

**First Floor Ceiling**

**Pipe Insulation**: 8,500 SF

**1st & 2nd Floor Walls**

**Plaster**: 1,250 SF

**2nd Floor**

**Name of Registered Waste Hauler**: ALL PRO MANAGEMENT LLC

**NJDEP Waste Hauler ID No.**: 0034880

**Cubic Yards of Waste As Needed**: TBD

**Name of Registered Landfill**: IESI Landfill

**City, State**: Bethlehem, PA

**Completed By (Print or Type)**: Zvonko Veskov

**Title**: President

**Signature**: [Signature]

**Date**: 1-31-1

---

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

**Date of Notification (1)**
January 31, 2014

**Name of Building Owner/Operator**
Honeywell

**Street Address**
101 Columbia Road
Morristown, NJ 07962

**City, State, Zip Code**

**Name of Contact**
Emil Waierko

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

**Type of Facility (4)**

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

**Street Address**

- **Foot of 2nd Street**
- **City (5) Middletown**
- **County Code (7) (State Use Only)**
- **County (6) Middlesex**
- **ASCM No.**

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

**Name of Contractor (9)**
Brandenburg Industrial Service Company

**Project Manager for Monitoring Firm**

**Telephone Number**
610-691-1800

**License Number**
00721

**Sceduled Start Date (10)**
02/10/14

**Scheduled Completion Date (11)**
2/28/14

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

**Other - Describe Work hours will be Mon - Fri:**
- 07:00 am - 03:30 pm

**Source of Work (Check that all apply)**
- Demolition
- Renovation
- Large Proj. (>180 SF or >260 LF ACM) ( ) SM Proj. (>25<180 SF or >10 <260 LF ACM) ( ) Minor Proj. (<25 SF or <10 LF ACM)
- Full Containment with Negative Pressure ( ) Mini-Enclosure ( ) Glovebag Procedure

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

- Is Location Normally Used Solely by Maint/Custodial Staff? (12)
- Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)
- Amount (Specify SF or LF)
- Abatement Type

<table>
<thead>
<tr>
<th>Location</th>
<th>Normally Used</th>
<th>Description</th>
<th>Amount (SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Membrane on concrete slab**

- X

**Mastic thermal barrier**

- 6800 sf

**Name of Reg. Waste Haulier**
Brandywine Industrial Service Co.

**City, State**
Bethlehem, PA

**Disp. Date**
02/12/14

**Cubic Yards of Waste**
600 cy's

**Date**
01/31/14

**Mail to:** NJDEP-DSHW-BRRT,
401 E. State St., PO 414
Trenton, NJ 08625-0414

**Telephone 609-884-6620**

**Signature**

**C:/WORD/IMMDOC/SASBESTOS**
9/18/00
### State of New Jersey
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60 and 12:120)

**Date of Notification:** 01/30/2014

**Name of Building Owner/Operator:** Fred Delli Santi

### FACILITY INFORMATION

**Name of Facility Where Abatement Is Taking Place:** Harrison Residence

**Address:** 514 N 3rd Street

**City:** Harrison, NJ 07029

**County:** Hudson

**Company:** CA Environmental

**Street Address:** 2200 Paterson Plank Rd # 7

**City, State, Zip Code:** North Bergen, NJ 07047

**Project Manager for Monitoring Firm:** Carmelo Almanto

**Telephone No.:** (201) 864-6583

**Scheduled Completion Date:** 02/19/2014

**Occupancy Status During Abatement:**
- [X] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility Hours

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

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

- [ ] Basement

**Is Location Normally Used Solely by Maintenance/Custodial Staff?**
- [X] Yes

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

**Amount (Specify SF or LF):** 140 LF

**Abatement Type:**
- [X] Encapsulation

**Name of Registered Landfill:** GROWS Landfill

**City, State:** Montgomery, PA 19067

**Date:** 01/30/2014

---

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

Date of Notification (1) 1 / 31 / 14

Name of Building Owner/Operator (2) SPC/Matawan

Agencies Notified
- EPA
- DOHLD
- DHSS
- DCA (NJAC 5:23-B)

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

Street Address
1301 International Parkway suite 550
City, State, Zip Code
Sunrise, Florida

Name of Contact
Bergman Argiello

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
125 Harrison Ave.

City (5)
Aberdeen, NJ 07747

County (6) Monmouth
County Code (7) (STATE USE ONLY) 301

Current Use (Prior if being demolished)
Warehouse

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

Street Address
5 Marine View Plaza, Suite 303
City, State, Zip Code
Hoboken, NJ 07030

Name of Abatement Contractor (9)
Alliance Environmental Systems

Project Manager for Monitoring Firm
Arthur Rastelli

Telephone No. 201-876-9400

License No. 00508

Start Date (10) 1 / 13 / 14
Scheduled Completion Date (11) 3 / 28 / 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: 7AM-3:30PM-3AM

Name of OSHA Monitor
AET

Scopes of Work (Check all that apply)

- ≥ 3 af or ≥ 3 if
- ≥ 150 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

<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>Offices</td>
<td>Yes</td>
<td>VAT / Mastic</td>
<td>5076</td>
<td>☐ ☐ ☐ ☐</td>
</tr>
<tr>
<td>Roof</td>
<td>☒ ☐</td>
<td>Roofing / Flashing</td>
<td>7056</td>
<td>☐ ☐ ☐ ☐</td>
</tr>
<tr>
<td>Exterior</td>
<td>☐ ☒</td>
<td>Transite Shingles</td>
<td>2400</td>
<td>☐ ☐ ☐ ☐</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler N.E.T.S.
NJDEP Waste Hauler ID No. 18947

Cubic Yards of Waste 30

Name of Registered Landfill Allied BFI Imperial
City, State
Hazelton, PA

Disposal Date TBD

Completed By (Print or Type)
Mark Griffin

Title Estimator

Signature

Date 1-31-14

* 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>Name of Building Owner/Operator (2)</th>
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<tbody>
<tr>
<td>1 / 3 / 14</td>
<td>SPC/Matawan</td>
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<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Street Address</th>
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<tbody>
<tr>
<td>□ EPA</td>
<td>□ Initial</td>
<td>1301 International Parkway suite 550</td>
</tr>
<tr>
<td>□ DOLWD</td>
<td>□ Amended</td>
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<td>□ DHSS</td>
<td>□ Amendment 1</td>
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<tr>
<td>□ DCA (NJAC 5:23-8)</td>
<td>□ Emergency (including justification)</td>
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<td></td>
<td>□ Cancellation</td>
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<table>
<thead>
<tr>
<th>City (5)</th>
<th>Telephone Number</th>
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<tbody>
<tr>
<td>Aberdeen, NJ 07747</td>
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</table>

<table>
<thead>
<tr>
<th>FACILITY INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
</tr>
<tr>
<td>125 Harrison Ave.</td>
</tr>
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</table>

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

<table>
<thead>
<tr>
<th>Square Feet</th>
<th># of Floors</th>
<th>Bidg. Age</th>
</tr>
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<tbody>
<tr>
<td>50,000</td>
<td>1</td>
<td>75+</td>
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<table>
<thead>
<tr>
<th>Current Use (Prior if being demolished)</th>
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</thead>
<tbody>
<tr>
<td>Warehouse</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>County Code (7) (STATE USE ONLY)</th>
</tr>
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<tbody>
<tr>
<td>Monmouth</td>
</tr>
</tbody>
</table>

| Name of Monitoring Firm Hired by Building Owner (8) |
| Atlantic Environmental Solutions |

<table>
<thead>
<tr>
<th>ASCM No.</th>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>NA</td>
<td>Alliance Environmental Systems</td>
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<table>
<thead>
<tr>
<th>Street Address</th>
<th>Telephone No.</th>
<th>Name of OSHA Monitor</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 Marine View Plaza, Suite 303</td>
<td>201-876-8400</td>
<td>AET</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
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<tbody>
<tr>
<td>550 East Union St.</td>
<td>610-701-9000</td>
<td>00508</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arthur Rastelli</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hoboken, NJ 07030</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>West Chester, PA 19382</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allied BFI Imperial</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>-----</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>5076</td>
</tr>
<tr>
<td>7056</td>
</tr>
<tr>
<td>2400</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
</tr>
</thead>
<tbody>
<tr>
<td>N.E.T.S.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cubic Yards of Waste</th>
</tr>
</thead>
<tbody>
<tr>
<td>30</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Disposal Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>TBD</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hazleton, PA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Imperial, PA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed By (Print or Type)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mark Griffin</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Title</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Estimator</td>
<td></td>
<td>1-3-14</td>
</tr>
</tbody>
</table>

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

**State of New Jersey**

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

**Name of Abatement Contractor (9)**
Alliance Environmental Systems

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

**Location of ACM TO BE ABATED**

**IN Facility**

**Yes** | **No** | **N/A**
---|---|---
**OFFICES**

**VAT / Mastic**

5076

**ROOF**

**Roofing / Flashing**

7056

**EXTERIOR**

**Transite Shingles**

2400

**Name of Registered Waste Hauler**
N.J. E.T.S.

**Cubic Yards of Waste 30**

**Name of Registered Landfill**
Allied BFI Imperial

**City, State**
Imperial, PA

**Completed By (Print or Type)**
Mark Griffin

**Title**
Estimator

**Signature**

**Date**
12-20-13

---

**Footnotes:**
* Do not use this form for asbestos licensure exempted activities.
### State of New Jersey
#### NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:80 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>01 / 31 / 14</td>
<td>PSE&amp;G</td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>105 How Lane</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
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</thead>
<tbody>
<tr>
<td>New Brunswick, NJ 08901</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Keith S. Wilson</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>5000 Bordentown Avenue</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City (5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Old Bridge, NJ 08857</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>County (6)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Middlesex</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>County Code (7)/STATE USE ONLY</th>
</tr>
</thead>
<tbody>
<tr>
<td>15000</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Environmental Health Investigations, INC.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ASCM No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>JVN Restoration Inc</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Telephone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>973-729-5549</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 / 14 / 14</td>
<td>2 / 18 / 14</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>License No.</th>
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</thead>
<tbody>
<tr>
<td>00774</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of OSHA Monitor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tester Tech</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>47 Foster Road</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staten Island NY 10309</td>
</tr>
</tbody>
</table>

#### 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

<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>
</tr>
</thead>
<tbody>
<tr>
<td>IN Facility (13)</td>
<td>Yes</td>
<td>Cubic Yards of Waste 20</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cubic Yards of Waste</th>
</tr>
</thead>
<tbody>
<tr>
<td>20</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
</tr>
</thead>
<tbody>
<tr>
<td>WM of New Jersey</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NJDEP Waste Hauler ID No.</th>
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</thead>
<tbody>
<tr>
<td>17273</td>
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<table>
<thead>
<tr>
<th>Disposal Date</th>
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</thead>
<tbody>
<tr>
<td>02/18/14</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>G.R.O.W.S., Inc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Morrisville, PA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>01-31-2014</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed By (Print or Type)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ralph Barnhardt</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project Manager</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>01-31-2014</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 / 22 / 14</td>
<td>JC Penney Corporation Inc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>✘ EPA</td>
<td>□ Initial</td>
</tr>
<tr>
<td>✘ DOLOWD</td>
<td>□ Amended</td>
</tr>
<tr>
<td>✘ DHSS</td>
<td>□ Amendment #3</td>
</tr>
<tr>
<td>✘ DCA (NJAC 5.23-8)</td>
<td>□ Emergency (including justification)</td>
</tr>
<tr>
<td></td>
<td>□ Cancellation</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ocean County Mall</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City (5)</th>
<th>County (6)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Toms River</td>
<td>Ocean</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>ASCM No.</th>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hillmann Consulting LLC</td>
<td>62252</td>
<td>JVN Restoration Inc</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
<th>Telephone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1201 Hooper Avenue</td>
<td>Union NJ 07083</td>
<td>718-605-6256</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tom Rubino</td>
<td>908-955-1233</td>
<td>00774</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
<th>Name of OSHA Monitor</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 / 26 / 14</td>
<td>1 / 30 / 14</td>
<td>Testor Tech</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check only one)</th>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Facility Closed/ Vacated During Entire Period of Abatement</td>
<td>1059 Jackson Avenue</td>
</tr>
<tr>
<td>□ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM - PM/10:00PM - 5:00AM/AM</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
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<tbody>
<tr>
<td>□ ≥3 sf or ≥3 m2</td>
</tr>
<tr>
<td>□ ≥160 sf or ≥160 m2</td>
</tr>
<tr>
<td>□ Renovation</td>
</tr>
<tr>
<td>□ Demolition</td>
</tr>
<tr>
<td>□ Full Containment with Negative Pressure</td>
</tr>
<tr>
<td>□ Mini-Enclosure</td>
</tr>
<tr>
<td>□ Glovebag Procedure</td>
</tr>
<tr>
<td>□ Non-Exempted (*) and Non-Friable Procedure</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM)</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>TO BE ABATED IN Facility (13)</td>
<td>(12)</td>
<td>(14)</td>
<td>2,360 SF</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Photo Studio &amp; Optical Center</th>
<th>VAT/MASTIC</th>
<th></th>
<th>□</th>
<th>□</th>
<th>□</th>
<th>□</th>
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</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>NJDEP Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Newark Carting</td>
<td>NJ-556</td>
<td>15</td>
<td>IESI</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>Disposal Date</th>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Newark, NJ</td>
<td>2/28/14</td>
<td>Bethlehem, PA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed By (Print or Type)</th>
<th>Title</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>John Tardy</td>
<td>Senior Project Manager</td>
<td>[Signature]</td>
<td>1/31/14</td>
</tr>
</tbody>
</table>

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

Date of Notification (1) 1 / 22 / 14
Name of Building Owner/Operator (2) JC Penney Corporation Inc.

Agencies Notified
☐ EPA
☐ DOLWD
☐ DHSS
☐ DCA
☐ NJAC 5:23-6

Type Notification
☐ Initial
☐ Amended
☐ Amendment #2
☐ Emergency (including justification)
☐ Cancellation

Street Address
6501 Legacy Drive
City, State, Zip Code
PLano, TX 75024
Name of Contact
Soy Thomas
Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Ocean County Mall

Ocean

County Code (7)/STATE USE ONLY!

Square Feet
150000
# of Floors
2
Bldg. Age
75

Current Use (Prior if being demolished)

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

Name of Building Owner

Name of Abatement Contractor (9)
JVN Restoration Inc

Street Address
1201 Hooper Avenue

City (5)
Toms River

County (6)
Ocean

Name of Monitoring Firm Hired by Building Owner (8)
Hillmann Consulting LLC

ASCM No.
62252

License No.
718-605-6256

Name of Abatement Contractor (9)
JVN Restoration Inc

Street Address
1600 Route 22 East

City, State, Zip Code
Union NJ 07083

Project Manager for Monitoring Firm
Tom Rubino

Telephone No.
908-956-1233

Start Date (10) 1 / 26 / 14
Scheduled Completion Date (11)
2 / 28 / 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:

Name of OSHA Monitor
Testor Tech

Scope of Work (Check all that apply)
☐ ≥3 sf or ≥3 if
☐ ≥16 sf or ≥250 if

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
Emulsify

[Box for each option marked with an X]

Photo Studio & Optical Center

Name of Registered Waste Hauler
Newark Carting

NJDEP Waste Hauler ID No.
NJ-566

Disposal Date
2/28/14

City, State
Newark, NJ
Bethlehem, PA

Name of Registered Landfill
IESI

Completed By (Print or Type)
John Tardy
Title
Senior Project Manager
Signature
Date
2/22/14

* Do not use this form for asbestos licensable 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>1/31/14</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>P.S.E.G.</td>
</tr>
<tr>
<td>Agencies Notified</td>
<td>EPA</td>
</tr>
<tr>
<td>Type Notification</td>
<td>Initial</td>
</tr>
<tr>
<td>Street Address</td>
<td>4000 HADLEY ROAD</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>SOUTH PLAINFIELD, NJ 07080</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>JOHN MARINTE</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

| Name of Facility Where Abatement is Taking Place (3) | PSECG |
| Street Address | GLENN AVE, BRIDGE |
| City (5) | MILLBURN |
| County (6) | ESPX |
| County Code (7) (STATE USE ONLY) | N/A |
| Type of Facility (4) | N/A |
| Square Feet | N/A |
| # of Floors | N/A |
| Bldg. Age | N/A |
| Name of Monitoring Firm Hired by Building Owner (8) | ASCM No. 0045 |
| Telephone No | 732-292-2217 |
| Street Address | 64 BROAD STREET |
| City, State, Zip Code | MATAWAN, NJ 07747 |
| Project Manager for Monitoring Firm | TOM GEIGER |
| Telephone No | 732-432-8350 |
| License No | 01111 |
| Street Address | 396 WHITEHEAD AVE. |
| City, State, Zip Code | SOUTH RIVER, NJ 08882 |

**ENVIRONMENTAL TACTICS**

| Start Date (10) | 2/13/14 |
| Scheduled Completion Date (11) | 2/28/14 |
| Name of Abatement Contractor (9) | UNIQUE SYSTEMS OF AMERICA |
| Street Address | 396 WHITEHEAD AVE. |
| City, State, Zip Code | SOUTH RIVER, NJ 08882 |

**Occupancy Status During Abatement (Check Only One)**

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

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

- 23 sf or 232 sf
- 2460 sf or 2260 sf
- Demolition
- Non-Exempted (*) and Non-Removable procedure

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

<table>
<thead>
<tr>
<th>In Facility (13)</th>
<th>OUTDOORS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SONNASTIC Pipe Coating 60 LF</td>
</tr>
</tbody>
</table>

| Amount (Specify SF or LF) | 60 LF |
| Abatement Type |
|-----------------|-------|

**Name of Registered Waste Hauler**

| Name of Registered Landfill | GROWS NORTH |
| City, State | MORRISVILLE, PA |
| Disposal Date | TBD |
| NJDEP Waste Hauler ID No. | 1125 |
| Name of Registered Landfill | GROWS NORTH |

**WASTE MANAGEMENT**

**Completed by**

| CAROL RAIMO |
| OFFICE MGR. |

**Signature**

**Date**

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

Date of Notification (1): 1/31/14

Name of Building Owner/Operator (2): P.S.E.G.

Agencies Notified: [ ] EPA [ ] DEP [ ] DOL [ ] DOH [ ] DGA
Type of Notification: [ ] Initial [ ] Amended [ ] Amendment # [ ] Emergency (including justification) [ ] Cancellation

Street Address: 4000 HADLEY ROAD
City, State, Zip Code: SOUTH PLAINFIELD, NJ 07080

Name of Contact: JOHN MAROTTE

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

Street Address: MANHOLE# 1 - 341 MT. PLEASANT AVE.
City (5): WEST ORANGE
County (6): ESSEX

ENVIROMENTAL TACTICS
Name of Monitoring Firm Hired by Building Owner (8): ASCM No.: 0045
Name of Abatement Contractor (6): UNIQUE SYSTEMS OF AMERICA

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

Project Manager for Monitoring Firm: TOM GEIGER
Telephone No.: 732-292-2217

Start Date (10): 2/8/14
Scheduled Completion Date (11): 2/12/14

Name of OSHA Monitor: UNIQUE SYSTEMS OF AMERICA

Scope of Work (Check All That Apply): [ ] 23 or 23 less than 180 or 2260
Renovation [ ] Demolition

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

Description of Asbestos-Containing Material (ACM): ACRSMONASTIC

Amount (Specify SF or LF): 5 LF

Location of Asbestos-Containing Material (ACM) TO BE ABATED
In Facility: [ ] Yes [ ] No [ ] N/A

OUTSIDE MANHOLE

Name of Registered Waste Hauler: WASTE MANAGEMENT
NJDEP Waste Hauler ID No.: 1125

Cubic Yards of Waste: 1

Disposal Date: TBD

Name of Registered Landfill: GROWS NORTH
City, State: MORRISVILLE, PA

Completed by: CAROL RAIMO
Title: OFFICE MGR.
Signature: [Signature]
Date: 3/1/14

* 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>1/31/14</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>P.S. E. G.</td>
</tr>
<tr>
<td>Street Address</td>
<td>4000 HADLEY ROAD</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>SOUTH PLAINFIELD, NJ 07080</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>JOHN MAROTTE</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

| Name of Facility Where Abatement is Taking Place (3) | BSC + G |
| Street Address | MANHOLE #3 - 1073 PLEASANT VALLEY |
| City (5) | WEST ORANGE |
| County (6) | ESSEX |
| County Code (7) | (STATE USE ONLY) |
| Name of Monitoring Firm Hired by Building Owner (8) | ENVIRONMENTAL TACTICS |
| ASCM No. | 0045 |
| Name of Abatement Contractor (9) | UNIQUE SYSTEMS OF AMERICA |
| Street Address | 396 WHITEHEAD AVE. |
| City, State, Zip Code | SOUTH RIVER, NJ 08882 |

**Start Date (10)**

| 2/1/14 |

| 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) |
| ≥ 300 sf or ≥ 30 ft |
| ≥ 160 sf or ≥ 250 ft |
| Renovation |
| Demolition |

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

| 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) |
| ACM somastic |

| Amount (Specify SF or LF) |
| 9 |

| Abatement Type |
| Encapsulate |
| Removal |
| Repair |
| Dispose |

| Name of Registered Waste Hauler |
| WASTE MANAGEMENT |
| NJDEP Waste Hauler ID No. | 1125 |

| Name of Registered Landfill |
| GROWS NORTH |
| City, State, Zip Code |
| ELSIBETH, NJ |

| Completed by |
| CAROL RAIMO |
| Title | OFFICE MGR. |

| Signature |
| |
| Date | 13/1/14 |

*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)

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<th>Date of Notification (1)</th>
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<tr>
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<th>Name of Facility Where Abatement is Taking Place (3)</th>
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<th>Type of Abatement</th>
<th>Abatement Type</th>
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<th>UNIQUE SYSTEMS OF AMERICA</th>
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<tr>
<td>Street Address</td>
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<td>City, State, Zip Code</td>
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<td>2/11/14</td>
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<th>Scope of Work (Check All That Apply)</th>
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<tr>
<td>≥ 2500 sf</td>
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<tr>
<td>≥ 1600 sf or ≥ 2500 sf</td>
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<td>Renovation Demolition</td>
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<th>Location of Asbestos-Containing Material (ACM)</th>
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<tr>
<td>TO BE ABATED</td>
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<tr>
<td>In Facility (13)</td>
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<td>Outside Manhole (X)</td>
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<td>ACMSonastic (SLF X)</td>
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<tr>
<th>Name of Registered Waste Hauler (15)</th>
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<td>WASTE MANAGEMENT</td>
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<tr>
<th>NJDEP Waste Hauler ID No. (14)</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
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<tr>
<td>1125</td>
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<tr>
<th>Completed by CAROL RAIMO</th>
<th>Title OFFICE MGR.</th>
<th>Signature</th>
<th>Date 3/1/14</th>
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*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): 1/31/14

Name of Building Owner/ Operator (2): P.S.E.G.

Agencies Notified

- EPA
- DEP
- DOL
- DOH
- DCA

Type Notification

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

Street Address

4000 HADLEY ROAD
City, State, Zip Code: SOUTH PLAINFIELD, NJ 07080

Name of Contact

JOHN MAROTTI

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): DSC + G

Street Address

MANHOLE #6 17 CHERRY LANE
WEST ORANGE

City (5): ESSEX
County Code (7) (STATE USE ONLY): N/A

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

ASCM No.: 0045

Name of Abatement Contractor (9): UNIQUE SYSTEMS OF AMERICA

Street Address

64 BROAD STREET
MATAWAN, NJ 07747

Project Manager for Monitoring Firm: TOM GEIGER

Telephone No.: 732-232-2217

License No.: 01111

Start Date (10): 1/3/14

Scheduled Completion Date (11): 1/3/14

Occupy Status During Abatement (Check Only One)

- Facility Closed/Vacated During Entire Period of Abatement
- Occupational Exposure Outside of Normal Facility Hours
- Other - Describe: outdoor

Scope of Work (Check All That Apply)

- ≥30 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

(15)

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)

ACM type: Somastic

64

Amount (Specify SF or LF)

WASTE MANAGEMENT

NJDEP Waste Hauler ID No.: 1125

Cubic Yards of Waste: 1

Name of Registered Landfill: GROWS NORTH

City, State: MORRISVILLE, PA

Disposal Date: TBD

Completed by

CAROL RAIMO

Title: OFFICE MGR.

Signature:

Date: 1/3/14

* 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):** 1/31/14  
**Name of Building Owner/Operator (2):** P.S.E.G.

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<th>Agencies Notified</th>
<th>Type Notification</th>
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<th>City, State, Zip Code</th>
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<td>SOUTH PLAINFIELD, NJ 07080</td>
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<tr>
<td></td>
<td>Amended</td>
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<td>Amendment #</td>
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<td>Emergency (including</td>
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<td></td>
<td>justification)</td>
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<tr>
<td></td>
<td>Cancellation</td>
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</table>

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

**Street Address:** MANHOLE 7 - CHERRY LANE WEST ORANGE

**City (5):** WEST ORANGE  
**County (6):** ESSEX  
**County Code (7):** 0045  
**Type of Facility (4):**
- [x] 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):** ENVIRONMENTAL TACTICS  
**Environmetal Tactics No.:** 0045

**Name of Abatement Contractor (9):** UNIQUE SYSTEMS OF AMERICA  
**Street Address:** 396 WHITEHEAD AVE.

**City, State, Zip Code:** SOUTH RIVER, NJ 08882

**Project Manager for Monitoring Firm:** TOM GEIGER  
**Telephone No.:** 732-292-2217

**Start Date (10):** 1/31/14  
**Scheduled Completion Date (11):** 2/13/14

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

**Scope of Work (Check All That Apply):**
- [x] ≤ 30 sf or ≤ 3 ft
- [x] ≥ 150 sf or ≥ 2200 ft
- [x] Renovation
- [x] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outside Manhole X</td>
<td>Yes</td>
<td>ACM Pipe Somastic G LF</td>
<td>X</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler:** NJDEP Waste Hauler ID No. 1125

**Cubic Yards of Waste:** 1

**Name of Registered Landfill:** GROWS NORTH  
**City, State:** ELIZABETH, NJ  
**Disposal Date:** TBD  
**City, State:** MORRISVILLE, PA

**Completed by:** CAROL RAIMO  
**Title:** OFFICE MGR.  
**Signature:** Chelsi Kin ee  
**Date:** 1/31/14

* 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)  1/31/14

Name of Building Owner/Operator (2)  P.S.E.G.

Agencies Notified  
\[\begin{array}{ll}
\text{EPA} & \text{X Initial} \\
\text{DEP} & \text{X Amendment} \\
\text{DOL} & \\
\text{DOH} & \\
\text{DCA} & \\
\end{array}\]

Type Notification  
\[\begin{array}{ll}
\text{Initial} & \\
\text{Amendment} & \\
\text{Emergency (Including} & \\
\text{Justification)} & \\
\text{Cancellation} & \\
\end{array}\]

Street Address  4000 HADLEY ROAD

City, State, Zip Code  SOUTH PLAINFIELD, NJ 07080

Name of Contact  JOHN MAROTTE

FACILITY INFORMATION

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

Street Address  MANHOLE #8 - SOUTH ORANGE AVE (CR510)

City (5)  MAPLEWOOD

County (9)  ESSEX

Square Feet  N/A  # of Floors  N/A  Bldg. Age  N/A

Name of Monitoring Firm Hired by Building Owner (8)  ASCM No. 0045

UNIQUE SYSTEMS OF AMERICA

ENVIRONMENTAL TACTICS

ENVIRONMENTAL TACTICS

Street Address 64 BROAD STREET

City, State, Zip Code MATAWAN, NJ 07747

Project Manager for Monitoring Firm  TOM GEIGER

Telephone No. 732-292-2217

License No. 01111

Start Date (10)  2/13/14  Scheduled Completion Date (11)  2/13/14

OCCUPANCY STATUS DURING ABATEMENT (Check Only One)

\[\begin{array}{ll}
\text{Facility Closed/Vacated During Entire Period of Abatement} & \\
\text{Other - Describe: address} & \\
\end{array}\]

SCOPE OF WORK (Check All That Apply)

\[\begin{array}{ll}
\text{X 3 sf or 3 ft} & \\
\text{X 160 sf or 260 ft} & \\
\text{X Renovation} & \\
\text{X Demolition} & \\
\text{X Full Containment with Negative Pressure} & \\
\text{X Mini-Enclosure} & \\
\text{X Glovebag Procedure} & \\
\text{X Non-Exempted (*) and Non-Friable Procedure} & \\
\end{array}\]

LOCATION OF ASBESTOS-CONTAINING MATERIAL (ACM)

\[\begin{array}{ll}
\text{TO BE ABATED} & \\
\text{In Facility} (13) & \\
\end{array}\]

\[\begin{array}{ll}
\text{Yes} & \\
\text{No} & \\
\text{N/A} & \\
\end{array}\]

DESCRIPTION OF ASBESTOS CONTAINING MATERIAL (ACM)

\[\begin{array}{ll}
\text{(i.e. thermal systems insulation, surfacing, VAT, or} & \\
\text{other miscellaneous)} & \\
\end{array}\]

AMOUNT (Specify SF or LF)

ABATEMENT TYPE

\[\begin{array}{ll}
\text{Removal} & \\
\text{Ripper} & \\
\text{Encapulate} & \\
\text{Enclosure} & \\
\end{array}\]

\[\begin{array}{ll}
\text{X ACM pipe somastie} & \\
\end{array}\]

NAME OF REGISTERED WASTE HAULER  GROWS NORTH

WASTE MANAGEMENT

NJDEP Waste Hauler ID No. 1125

Cubic Yards of Waste  

Name of Registered Landfill  

CITY, STATE  ELIZABETH, NJ

Disposal Date  TBD  CITY, STATE  MORRISVILLE, PA

Completed by  CAROL RAIMO  Title  OFFICE MGR.

Signature  

Date  1/31/14

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

**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:66 and 5:16)

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<td>1 / 31 / 14</td>
<td>New Jersey Department of Transportation</td>
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<td>□ DOLWD</td>
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<td>□ DHSs</td>
<td>□ Emergency (including justification)</td>
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<td>□ DCA (NJAC 5:23-6)</td>
<td>□ Cancellation</td>
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<tr>
<td>City, State, Zip Code</td>
<td>Trenton, NJ 08625-0600</td>
<td></td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Andrew Yorke</td>
<td></td>
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</table>

**FACILITY INFORMATION**

- **Name of Facility Where Abatement is Taking Place (3)**: Parcel M-56 - Former Dynamic Trucking
- **Street Address**: 125 Pennsylvania Avenue
- **Kearny**, Hudson County
- **Square Feet**: 38,400
- **Current Use (Prior if being demolished)**: Industrial
- **Type of Facility (4)**: Subchapter 8 (Other than K-12)
- **License No.**: 01121
- **Name of OSHA Monitor**: Shaw Environmental, Inc.

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

**Occupancy Status During Abatement**: □ Facility Closed/Vacated During Entire Period of Abatement

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

- □ 25 sf or less
- □ 260 sf or less

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM)</th>
<th>Use Solely by Maintenance/ Custodial Staff? (12)</th>
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<tbody>
<tr>
<td>IN Facility</td>
<td>Yes No N/A</td>
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</table>

**Abatement Type**

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

- **Name of Registered Waste Hauler**
  - NJDEP Waste Hauler ID No. 5001724

- **Cubic Yards of Waste**: 3800 SF

- **Name of Registered Landfill**
  - Grows North Landfill

- **City, State**: Morrisville, PA

- **Disposal Date**: 1/31/2014

*Do not use this form for asbestos license exempted activities.*
**State of New Jersey**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:62 and 12:120)

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<td>X DOL</td>
<td>Amendment #</td>
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<td>Emergency (Including Justification)</td>
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<td>DCA</td>
<td>Cancellation</td>
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<tr>
<td>City, State, Zip Co</td>
<td>Moorestown, NJ 08057</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Jim Poteet</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>102-324-9898</td>
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**FACILITY INFORMATION**

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<td>Moorestown</td>
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<td>County (6)</td>
<td>Camden</td>
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<td>County Code (7)</td>
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<td>Circuit Breaker</td>
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<td>Name of Monitoring Firm Owned by Bidg. Owner (8)</td>
<td>ASCM No.</td>
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<td>Harvard Environmental Inc</td>
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<tr>
<td>Street Address</td>
<td>760 Pulaski Highway</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>New Castle, DE 19720</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>Telephone No.</td>
</tr>
<tr>
<td>Wesley Morrison</td>
<td>(302) 326-2333</td>
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<tr>
<td>Scheduled Start Date (10)</td>
<td>02/11/14</td>
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<tr>
<td>Scheduled Completion Date</td>
<td>02/11/14</td>
</tr>
<tr>
<td>Name of OSHA Monitor</td>
<td>461 New Churchmans Rd.</td>
</tr>
<tr>
<td>County Environmental</td>
<td></td>
</tr>
<tr>
<td>Occupancy Status During Abatement (Check only one)</td>
<td>Street Address</td>
</tr>
<tr>
<td>UTC Facility Closed/Vacated During Entire Period of Abatement</td>
<td>461 New Churchmans Rd.</td>
</tr>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours</td>
<td></td>
</tr>
<tr>
<td>X Other – Describe abatement in un-occupied section of building</td>
<td></td>
</tr>
<tr>
<td>Scope of Work (Check all that apply)</td>
<td>Full Containment with Negative Pressure</td>
</tr>
<tr>
<td>X ≥ 3 sf or ≥ 3 if</td>
<td>X Renovation</td>
</tr>
<tr>
<td>□ ≥ 160 sf or ≥ 260 sf</td>
<td>X Mini-Enclosure</td>
</tr>
<tr>
<td>□ Only</td>
<td>X Glovebag Procedure</td>
</tr>
<tr>
<td>□ Demolition</td>
<td></td>
</tr>
<tr>
<td>□ Non-Exempted (*) and Non-Fiable Procedure</td>
<td></td>
</tr>
</tbody>
</table>

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

TO BE ABATED IN Facility (13)

<table>
<thead>
<tr>
<th>Crawl Space</th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td>TSI</td>
<td>30 LF</td>
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</table>

**Name of Reg. Waste Hauler Service Transport Grp**

<table>
<thead>
<tr>
<th>NJDEP Waste Hauler ID No.</th>
<th>20990</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cubic Yards of Waste</td>
<td>Name of Reg. Landfill Minerva</td>
</tr>
<tr>
<td>Disposal Date</td>
<td>TBA</td>
</tr>
<tr>
<td>City, State</td>
<td>Waynesburg, OH</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed by</th>
<th>Title</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ben Hodgdon</td>
<td>PM</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date</th>
<th>1/29/14</th>
</tr>
</thead>
</table>

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

Date of Notification (1)
01/12/14

Name of Building Owner/Operator (2)
MIKE CASSERLY

Agencies Notified
- DOL

Type Notification
- Amended

Amendment #:

City, State, Zip Code
BELMAR, NJ 07719

Name of Contact
MIKE CASSERLY

Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3)

MIKE CASSERLY

Street Address
76 UNIONVILLE AVENUE

City (5) County (6) County Code (7) (State use only)
SUSSEX SUSSEX

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

ASCM No.

Name of Abatement Contractor (9)

D & S RESTORATION, INC.

Street Address
20 California Ave.

City, State, Zip Code
Paterson, NJ 07503

Telephone Number
973-345-8020

License Number
01169

Name of OSHA Monitor
D & S Restoration, Inc.

Street Address
20 California Avenue

City, State, Zip Code
Paterson, NJ 07503

Start Date (10) Sched. Completion Date (11)
02/07/14 02/20/14

Occupancy Status During Abatement (Check only one)
- Other-Describe: NORMAL HOURS

Scope of Work (check all that apply)
- Renovation

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

Is location normally used solely by maintenance/custodial staff?

Yes No N/A

Description of asbestos-containing material (ACM)
PIPE INSULATION 95 LF
BARE HEATING PIPES 77 LF

Amount (Specify SF or LF)

Removal Repair Encapsulation

Registered Waste Hauler
D & S RESTORATION, INC.

NJ/DEP Hauler ID# Cubic Yards of Waste Name of Registered Landfill
13506 3 YDS TULLYTOWN, RESOURCE RECOVERY

City, State
PATerson, NJ 07503

Disposal Date
02/21/14

Completed by (Print or Type) Title Signature Date
BOGDAN JOLDZIC PRESIDENT 01/28/14
State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 1/1/14

Name of Building Owner/Operator (2)
MARY FLORIO

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

Type Notification
☒ Initial
☒ Amended
☐ Amendment #: __________

Amendment: (including justification)
☐ Emergency
☐ Cancellation

Name of Contact
JOHN TURCO

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
MARY FLORIO

124 WASHINGTON STREET

City (5) LODI
County (6) BERGEN
County Code (7) (State use only) 07644

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

ASCM No.

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

20 California Ave.
PATERSON, NJ 07503

Telephone Number 973-345-8020
Licence Number 01169

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

Square Feet # of Floors Bldg. Age

Current Use (Prior if being demolished)

Start Date (10) 02/11/14
Sched. Completion Date (11) 02/26/14

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

Project Manager for Monitoring Firm

Phone Number

Scope of Work (check all that apply)
☒ ≥3 sf or ≥3 If
☒ ≥160 sf or ≥260 If
☐ Demolition

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

Is location normally used solely by maintenance/custodial staff (12)
Yes ☒ No ☒ N/A ☒

Description of asbestos-containing material (ACM)
PIECE INSULATION

Amount (Specify SF or LF) 20 LF

Re移动 ☒ Repair ☒ Encap ☒ Enc LeBron ☒

Full Containment w/negative pressure ☒ Mini-enclosure ☒ Glovebag procedure ☒ Non-Exempted (*) and Non-friable procedure ☒

BASEMENT

BARE HEATING PIPES

60 LF

Registered Waste Hauler
D & S RESTORATION, INC.
NUDEP Hauler ID# 13506

City, State PATERSON, NJ 07503

Disposal Date 02/12/14

Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY

Cubic Yards of Waste 1

City, State TULLYTOWN, PA

Name of Registered Landfill

Completed by (Print or Type) BOGDAN JOLDZIC
Title PRESIDENT

Signature Date 01/28/14

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

**Date of Notification (1):** 01/29/2014

**Name of Building Owner/Operator (2):** Warren County Board of Chosen Freeholders

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

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

**Street Address:** 265 County Road 519 South

**City, State, Zip Code:** Belvidere, NJ 07823

**Name of Contact:** Christopher Pessolano

#### FACILITY INFORMATION

**Name of Facility Where Abatement is Taking Place (3):**  
Court Annex Building

**Street Address:** 199 Hardwick Street

**City (5):** Belvidere

**County (6):** Warren

**Square Feet:** 21,000

**# of Floors:** 3

**Bldg. Age:** 50+

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

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

**Name of Monitoring Firm Hired by Building Owner (8):** RK Occupational, Inc.  
**ASCM No.:** 0090

**Name of Abatement Contractor (9):** VMC Company, Inc.

**Street Address:** 403 St. James Avenue

**City, State, Zip Code:** Phillipsburg, NJ 08865

**Telephone No.:** 908-454-6316

**License No.:** 00704

**Project Manager for Monitoring Firm:** Jon Gilbert  
**Telephone No.:** 973-253-8828

**Start Date (10):** 02/27/2014

**Scheduled Completion Date (11):** 03/07/2014

**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] ≥3sf or ≥3 If
- [X] ≥150sf or ≥2250 If
- [X] Renovation
- [X] Demolition
- [X] Full Containment with Negative Pressure
- [X] Mini-Enclosure
- [X] Glovebag Procedure
- [X] Non-Exempted (*) and Non-Fireable Procedure

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

**Is Location Normally Used Solely by Maintenance/Custodial Staff?:** No

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

**Amount (Specify SF or LF):** 1,095 SF

**Abatement Type:** [X] Removal

**Endorsement:**

**Name of Registered Waste Hauler:** Freehold Cartage, Inc.

**NJDEP Waste Hauler ID No.:** 15939

**Cubic Yards of Waste:** 20y

**Name of Registered Landfill:** GROWS

**Disposal Date:** 03/10/2014

**City, State:** Morrisville, PA

**Completed by:** Voytek Roszkowski

**Title:** President

**Signature:**  
**Date:** 01/29/2014

* Do not use this form for asbestos licensure exempted activities.
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:66 and 12:120)

**State of New Jersey**

**Name of Building Owner/Operator:** VERIZON

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

**Street Address:** 789 WAYSIDE ROAD

**City:** NEPTUNE

**County:** MONMOUTH

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

**Square Feet:** 24910

**# of Floors:** 2

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

**Communications**

**Name of Monitoring Firm Hired by Building Owner:** USA ENVIRONMENTAL MANAGEMENT INC

**ASCM No.:**

**Name of Abatement Contractor:** BRISTOL ENVIRONMENTAL, INC.

**Street Address:** 1123 BEAVER STREET

**City:** BRISTOL, PA

**License No.:** 00509

**Name of OSHA Monitor:** BRISTOL ENVIRONMENTAL, INC.

**Street Address:** 1123 BEAVER STREET

**City:** BRISTOL, PA

**Start Date:** 2/13/14

**Completion Date:** 2/21/14

**Occupancy Status During Abatement:**

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos-Containing Material (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>BASEMENT BOILER ROOM</td>
<td>X</td>
<td>VAT &amp; MASTIC</td>
<td>550 SF</td>
</tr>
<tr>
<td>BASEMENT BOILER ROOM</td>
<td>X</td>
<td>TSI</td>
<td>30 SF</td>
</tr>
<tr>
<td>BASEMENT BOILER ROOM</td>
<td>X</td>
<td>PIPE FITTINGS</td>
<td>6 EA</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler:** SERVICE TRANSPORT GROUP, INC.

**Cubic Yards of Waste:**

**Name of Registered Landfill:** MINERVA LANDFILL

**City:** WAYNESBURG, OH

**Disposal Date:** 44688

**Completed by:** PATRICK T. DeCARO

**Title:** ESTIMATOR

**Signature:**

**Date:** 1/30/14

---

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

Date of Notification (1): October 15, 2013

Name of Building Owner / Operator (2): VERIZON COMMUNICATIONS

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

Type Notification: 
- [ ] Initial
- [ ] Amended R#5-1/29/14
- [ ] Emergency
- [ ] Cancellation

Name of Contact: Alex Baylor

Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): WILLIAMSTOWN CENTRAL OFFICE

Street Address: 707 SICKLERVILLE ROAD

City (5): WILLIAMSTOWN

County (6): Gloucester

County Code (7):

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

Square Feet: 20000

# of Floors: 2

Bldg. Age:

Current Use (Prior if being demolished):

Verizon communication center

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

Street Address: 8436 ENTERPRISE AVE

City, State & Zip Code: PHILADELPHIA PA 19153

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: MARK JENKINS

Telephone Number: 215-365-5810

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 only one):
- [ ] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Hours – 7am to 3pm
  Describe: 7AM-4PM
- [ ] Facility Occupied During Abatement

Scope of Work (Check all that apply):
- [ ] ≥3 sf or ≥3 if
- [ ] ≥160 sf ≥260 if
- [ ] Renovation
- [ ] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glove Bag Procedures
- [ ] Non-Exempted and Non-Friable Procedure

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

Is Location Normally Used Solely by Maintenance or Custodial Staff? (12):
- [ ] Yes
- [ ] No
- [ ] 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:

Basement- Emergency Power Room:
- [ ] Yes
- [ ] No
- [ ] N/A

VAT/MASTIC 680SF

Name of Registered Waste Hauler: SERVICE TRANSPORT GROUP, INC.

Title: Estimator

NJDEP Waste Hauler ID No.: 20990

Cubic Yards of Waste: 6

Disposal Date: TBD

Name of Registered Landfill: MINERVIA LANDFILL

City, State: WAYNESBURG, OH 44688

Completed By (Print or Type): PATRICK T. DeCARO

Signature: Patricia DeCaro

Date: 1/29/14
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)  
1 / 28 / 14

Name of Building Owner/Operator (2)  
Trustees of Princeton University

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

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

Street Address
E.A MacMillian Building
City, State, Zip Code  
Princeton, NJ 08544

Name of Contact
Robert Ortego
Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  
Princeton University- Walter Lowrie House

Street Address
83 Stockton St
City (5)  
Princeton
County (6)  
Mercer

Square Feet
7,500
# of Floors
2
Bldg. Age
50+

County Code (7) (STATE USE ONLY)

Current Use (Prior if being demolished)

MERGER

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

ASCM No.  
00102

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

Street Address
515 Grove St., Suite 1B
City, State, Zip Code  
Haddon Heights, NJ 08035
Project Manager for Monitoring Firm
Alan Lloyd
Telephone No.  
856-547-0505

Street Address
1123 Beaver Street
City, State, Zip Code  
Bristol, PA 19007
Telephone No.  
215-788-6040
License No.  
00509

Start Date (10)  
1 / 27 / 14

Scheduled Completion Date (11)  
1 / 31 / 14

Name of OSHA Monitor
BRISTOL ENVIRONMENTAL, INC.

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

Time of Abatement: 7:00AM-5:30PM, ______PM-____AM

Scope of Work (Check all that apply)
☐ ≥3 sf or ≥3 if  
☒ ≥150 sf or ≥250 if
☒ Renovation  
☐ Demolition

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

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

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  
Encore

4th Floor Family Room

Pipe Insulation
4 LF

2nd Floor Bedroom

Pipe Insulation
36 LF

2nd Floor Bathroom

Pipe Insulation
44 LF

3rd Floor Bathroom

Pipe Insulation
9 LF

Name of Registered Waste Hauler  
BRISTOL ENVIRONMENTAL, INC.

NJDEP Waste Hauler ID No.  
18706
Cubic Yards of Waste  
10
Name of Registered Landfill
G.R.O.W.S. NORTH LANDFILL

City, State  
BRISTOL, PA 19007
Disposal Date  
2/1/2014
City, State  
MORRISVILE, PA 19067

Completed By (Print or Type)  
Brian Scafiro
Title  
Estimator
Signature

Date  
1/28/14

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>1 / 30 / 14</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Hartz Mountain Industries</td>
</tr>
<tr>
<td>Agencies Notified</td>
<td>EPA, DOLWD, DHSS</td>
</tr>
<tr>
<td>Type Notification</td>
<td>Initial</td>
</tr>
<tr>
<td>Emergency (including justification)</td>
<td></td>
</tr>
<tr>
<td>Cancellation</td>
<td></td>
</tr>
<tr>
<td>Street Address</td>
<td>400 Plaza Drive, PO Box 515</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Secaucus, NJ 07094</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Mr. Robert Mertruel</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
</tbody>
</table>

## FACILITY INFORMATION

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

<table>
<thead>
<tr>
<th>Square Feet</th>
<th>80,000</th>
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<tbody>
<tr>
<td># of Floors</td>
<td>1</td>
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<tr>
<td>Bidg. Age</td>
<td>50</td>
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County Code (7) (STATE USE ONLY)
Vacant Property

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

Name of Abatement Contractor (9)
Asbestos and Mold Services, Corp.

<table>
<thead>
<tr>
<th>Street Address</th>
<th>3859 Sylon Boulevard</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State, Zip Code</td>
<td>Hainesport, NJ 08036</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Dave Flanagan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone No.</td>
<td>856-848-0800</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>2 / 18 / 14</th>
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<tbody>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>2 / 21 / 14</td>
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</table>

<table>
<thead>
<tr>
<th>Name of OSHA Monitor</th>
<th>EMSS Analytical, Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone No.</td>
<td>609-702-0400</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement</th>
<th>Facility Closed/Vacated During Entire Period of Abatement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Description</td>
<td>Time of Abatement: AM-PM/PM-AM</td>
</tr>
</tbody>
</table>

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
- [ ] Glovebox Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

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

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

<table>
<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
<th>400 SF</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Registered Landfill</td>
<td>GROWS Landfill</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste hauler</th>
<th>Freehold Cartage, Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>NJDEP Waste Hauler ID No.</td>
<td>02256</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td>5</td>
</tr>
<tr>
<td>Disposal Date</td>
<td>2/21/14</td>
</tr>
<tr>
<td>City, State</td>
<td>Freehold, NJ Morrisville, PA 19067</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed By (Print or Type)</th>
<th>Kimberly A. Trumbetti</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
<td>Office Coordinator</td>
</tr>
<tr>
<td>Signature</td>
<td>Date</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 5:16)

Date of Notification (1)
1 / 30 / 14

Name of Building Owner/Operator (2)
Hartz Mountain Industries
Job # 1401-1841 Chk. #3466

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

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

Street Address
400 Plaza Drive, PO Box 516
Secaucus, NJ 07094

Name of Contact
Mr. Robert Merzuel

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Bokara Rugs

Street Address
50 Enterprise Avenue

City (5)
Secaucus

County (6)
Hudson

Square Feet
20,000

# of Floors
2

Bidg. Age
30+

Current Use (Prior if being demolished)
Occupied - Retail

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

ASCN No.

Name of Abatement Contractor (9)
Asbestos and Mold Services, Corp.

Street Address
PO Box 366

City, State, Zip Code
Thorofare, NJ 08086

Telephone No.
856-848-0800

License No.
00862

Project Manager for Monitoring Firm
Dave Flanigan

Telephone No.
609-702-0400

Street Address
3859 Sylon Boulevard

City, State, Zip Code
Hainesport, NJ 08036

Start Date (10)
2 / 12 / 14

Scheduled Completion Date (11)
2 / 17 / 14

Time of Abatement: AM PM AM

Name of OSHA Monitor
EMSL Analytical, Inc.

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

Abatement Performed Outside of Normal Facility Hours - Describe

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

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

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)

Amount (Specify SF or LF)

Abatement Type

Enforcement

Endorsement

2nd Floor, Area #1
☐ ☐ ☒ Black Mastic under VAT

2nd floor, Area #1/Tel. Closet
☐ ☐ ☒ Black Mastic under Tile

2nd Floor, Area #13 corridor
☐ ☐ ☒ Mastic under Tile

Name of Registered Waste Hauler
Freehold Cartage, Inc.

NJDEP Waste Hauler ID No. 02265

Cubic Yards of Waste
5

Name of Registered Landfill
GROWS Landfill

City, State
Freehold, NJ

Disposal Date
2/18/14

City, State
Morrisville, PA 19067

Completed By (Print or Type)
Kimberly A. Trumbetti

Title
Office Coordinator

Signature

Date 3-30-14

* 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>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>12/17/13</td>
<td>Benjamin Moore &amp; Co.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
</tr>
<tr>
<td>DOLWD</td>
<td>Amended Amendment #92</td>
</tr>
<tr>
<td>DHSS</td>
<td>Emergency (including justification)</td>
</tr>
<tr>
<td>DCA (NJAC 5:23-8)</td>
<td>Cancellation</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>101 Paragon Drive</td>
<td>Montvale, NJ 07645</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Contact</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dennis Recca</td>
<td></td>
</tr>
</tbody>
</table>

**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>Benjamin Moore - Building #11</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>134 Lister Avenue</td>
<td>Newark, Essex 07107</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>County Code</th>
<th>Current Use (Prior to being demolished)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Essex</td>
<td>Manufacturing Plant</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>ASCM No.</th>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Horizon Environmental</td>
<td></td>
<td>Asbestos and Mold Services, Corp.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>P.O. Box 336</td>
<td>856-848-0800</td>
<td>00862</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date</th>
<th>Scheduled Completion Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/6/14</td>
<td>2/1/14</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check only one)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
</tr>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM-PM AM-PM AM</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>≥3 sf or ≥3 If</th>
<th>≥150 sf or ≥260 If</th>
<th>Renovation</th>
<th>Demolition</th>
<th>Full Containment with Negative Pressure</th>
<th>Mini-Enclosure</th>
<th>Gluebag Procedure</th>
<th>Non-Exempted (*) and Non-Friable Procedure</th>
</tr>
</thead>
</table>

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

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

<table>
<thead>
<tr>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pipe Insulation</td>
</tr>
<tr>
<td>Transite from Hoods</td>
</tr>
<tr>
<td>Roofing</td>
</tr>
<tr>
<td>Roofing &amp; Flashing</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 LF</td>
<td></td>
</tr>
<tr>
<td>110 SF</td>
<td></td>
</tr>
<tr>
<td>2 SF</td>
<td></td>
</tr>
<tr>
<td>3,900 SF</td>
<td></td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler Freehold Cartage, Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>NJDEP Waste Hauler ID No. 02265</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cubic Yards of Waste</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Landfill GROWS Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State</td>
</tr>
<tr>
<td>Freehold, NJ</td>
</tr>
<tr>
<td>Morrisville, PA 19067</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed By (Print or Type)</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kimberly A. Trumbetti</td>
<td>Office Coordinator</td>
</tr>
</tbody>
</table>

**Signature**

**Date**

1-24-14

*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)
1 / 30 / 14

Name of Building Owner/Operator (2)
Beth & Stan Gittelten / Job # 1401-18429 Ph. #3464

Agencies Notified
☐ EPA
☐ DOLWD
☐ DHSS
☐ DCA
☐ NJAC 5.23-8

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

Street Address
3 South Argyle Avenue

City, State, Zip Code
Margate City, NJ 08402

Name of Contact
Stan Gittelten

Telephone Number

FACILITY INFORMATION

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

Street Address
3 South Argyle Avenue

City (5)
Margate City

County Code (7) / STATE USE ONLY

Current Use (Prior if being demolished)
Residential Property

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

Name of Abatement Contractor (9)
Asbestos and Mold Services, Corp.

Street Address
16 West Elizabeth Avenue

City, State, Zip Code
Linden, NJ 07036

Telephone No.
908-852-4301

Project Manager for Monitoring Firm
Kelly Walton

License No.
00862

Start Date (10)
2 / 17 / 14

Scheduled Completion Date (11)
2 / 17 / 14

Name of OSHA Monitor
EMSL Analytical, Inc.

Street Address
3859 Sylon Boulevard

City, State, Zip Code
Hainesport, NJ 08036

Scope of Work (Check all that apply)

☐ 2 or more stories
☐ 3 floors or more
☐ 3 floors or more

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 AM PM PM

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

Location
Attic

Special Collection
☐ Fully Enclosed
☐ Mini-Enclosure
☐ Insulation Removal
☐ Full Containment with Negative Pressure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

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)

Amount (Specify SF or LF)

Abatement Type

Name of Registered Waste Hauler
Freehold Cartage, Inc.

NJDEP Waste Hauler ID No.
02265

Cubic Yards of Waste
5

Name of Registered Landfill
GROWS Landfill

City, State
Freehold, NJ

Disposal Date
2/18/14

City, State
Morrisville, PA 19067

Completed By (Print or Type)
Kimberly A. Trumbetti
Title
Office Coordinator

Signature
Date
1-30-14

* 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) 1/31/14

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

Name of Building Owner/Operator (2) Michael Rheinhardt
Street Address 30 E. Wellin Ave.
City, State, Zip Code Pennington, NJ 08534
Name of Contact M. Rheinhardt
Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Residential Property
Street Address 30 East Wellin Ave.
City (5) Pennington, NJ
County (6) Mercer
County Code (7) (STATE USE ONLY)
Name of Monitoring Firm Hired by Building Owner
MECS
ASCM No.
Name of Abatement Contractor (9) Stevens Environmental Services, Inc.
Street Address PO Box 341
City, State, Zip Code Crosswicks, NJ 08515
Project Manager for Monitoring Firm
William Weisgarber Jr.
Telephone No. (609) 298-4070
Start Date (10) 2/10/14
Scheduled Completion Date (11) 2/14/14
Occupancy Status During Abatement (Check only one)
☒ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☐ Other - Describe: 8:am 4:pm

Scope of Work (Check all that apply)
☒ ≥3 sf or ≥3 ft
☒ ≥180 sf or ≥260 ft
☐ 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) 15 ft ☒ 8 ft ☐

Abatement Type  ☒ Removal  ☐ Relax  ☐ Encapsulate  ☐ Disposal

Name of Registered Waste Hauler
Stevens Environmental
NJDEP Waste Hauler ID No. 18292
Cubic Yards of Waste 1 CU
Name of Registered Landfill T.R.R.F., Inc.
City, State Allentown, NJ
Disposal Date 2/14/14
City, State Tullytown, PA
Completed By Mahlon E. Stevens
Title Project Manager
Signature Date 1/31/14

* 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>1/31/14</th>
</tr>
</thead>
</table>

**ACTIONS NOTIFIED**

- [ ] EPA
- [ ] DEP
- [ ] DOL
- [ ] DOH
- [ ] DCA

**Type Notification**

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

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

David M. McCall

**Street Address**

54 North Main Street

**City, State, Zip Code**

Cranbury, NJ 08512

**Name of Contact**

D. Allikas

**Telephone Number**


---

**FACILITY INFORMATION**

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

Residential Property

**Street Address**

54 N. North Main Street

**City (5)**

Cranbury, NJ 08512

**County (6)**

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**

3000

**# of Floors**

2

**Bldg. Age**

150

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

Residential

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

MECS

**Address**

PO Box 341

**City, State, Zip Code**

Crosswicks, NJ 08515

**Project Manager for Monitoring Firm**

William Weisgarber Jr.

**Telephone Number**

(609) 298-4070

**Start Date (10)**

2/10/14

**Scheduled Completion Date (11)**

2/14/14

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

- [ ] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility Hours
- [ ] Other - Describe: 7am-4pm

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

- [ ] ≥3 sf or ≥3 if
- [ ] ≥160 sf or ≥260 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)**

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

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

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

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thermal Pipe</td>
<td>220 lf</td>
<td>x</td>
</tr>
<tr>
<td>VAT</td>
<td>230 sf</td>
<td>x</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**

Stevens Environmental

**NJDEP Waste Hauler ID No.**

18292

**Cubic Yards of Waste**

3 CU (T.R.R.F., Inc.)

**City, State**

Allentown, NJ

**Disposal Date**

2/14/14

**Completed By**

Mahlon E. Stevens

**Title**

Project Manager

**Date**

1/31/14

---

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

## NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 8:19)

### Date of Notification (1)

| 01 | 29 | 14 |

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

Scott Harris

### Agencies Notified

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

### Type Notification

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

### Street Address

358 Elm Ave

### City, State, Zip Code

Rahway NJ

### Name of Contact

Scott Harris

### Telephone Number

### FACILITY INFORMATION

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

Residential House

#### Street Address

358 Elm Ave

#### City (5)

Rahway

#### County (6)

Somerset

#### County Code (7)

Current Use (Prior if being demolished)

#### Square Feet

#### # of Floors

#### Bidg. Age

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

Bio Terra Solutions

### ASCM No.

### Name of Abatement Contractor (9)

ALL PRO MANAGEMENT LLC

### Street Address

27 Outwater Lane

### City, State, Zip Code

Garfield, NJ 07026

### Project Manager for Monitoring Firm

Rick Eustaquio

### Telephone No.

973-494-3762

### Start Date (10)

02 / 08 / 14

### Scheduled Completion Date (11)

02 / 09 / 14

### Name of OSHA Monitor

ALL PRO MANAGEMENT LLC

### Occupancy Status During Abatement (Check only)

- [x] 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)

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

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

#### TO BE ABATED

IN Facility

#### (13)

<table>
<thead>
<tr>
<th>Basement</th>
</tr>
</thead>
</table>

| TSI |

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

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

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

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

#### Amount (Specify SF or LF)

| 70 LF |

### Abatement Type

#### Removal

| ☐ | ☐ | ☐ |

#### Repair

| ☐ | ☐ | ☐ |

#### Encapsulate

| ☐ | ☐ | ☐ |

#### Endorse

| ☐ | ☐ | ☐ |

### Name of Registered Waste Hauler

All Pro Management

### NJDEP Waste Hauler ID No.

0034860

### Cubic Yards of Waste As Needed

TBD

### Name of Registered Landfill

IESI Landfill

### City, State

Garfield, NJ

### Disposal Date

TBD

### City

Bethlehem, PA

### State

PA

### Completed By (Print or Type)

Zvonko Veskov

### Title

President

### Signature

**Date**

29-14

---

*Do not use this form for asbestos removal exempted activities.*
STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT
(PURSUANT TO NJAC 8:80-7 AND 12:120-7)

Date of Notification (1) 1/31/2014

Name of Building Owner / Operator (2)
Robert Solomon

Street Address
69 Glenview Road

City, State, Zip Code
South Orange, NJ 07079

Name of Contact
Robert Solomon

Telephone Number

FACILITY INFORMATION

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

Street Address
69 Glenview Road

City (5)
South Orange

County (6)
Essex

County Code (7)
719

Square Feet
3,000

# Of Floors
3

Building Age
79 yrs

Current Use (Prior to if being demolished)
residential

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

Name of Monitoring Firm Hired by Bldg. Owner (9)
Steve Rich Env. Contractors d/b/a OPUS Abatement

ASCM NO

Name of Abatement Contractor (9)
Steve Rich Environmental Contractors d/b/a OPUS Abatement

Street Address
222 Delawanna Avenue

City, State, Zip Code
Clifton, NJ 07014

Telephone Number
973-458-1188

License Number
1219

Name of OSHA Monitor
Steve Rich Environmental Contractors d/b/a OPUS Abatement

Street Address
222 Delawanna Avenue

City, State, Zip Code
Clifton, NJ 07014

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

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

Hours - Describe:

Other - Describe:

Location of Asbestos Containing

TO BE ABATED in Facility (13)

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

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

Amount (Specify SF or LF)

Abatement Type
- Removal
- Repair
- Encapsulation
- Enclosure

Name of Registered Waste Hauler
Newark Carting

NJDEP Waste Hauler ID No.
4509

Name of Registered Landfill
IESI

City, State
Newark, NJ

Completed by (Print or Type)
Tracey O'Connell

Title
Office Manager

Signature

Date 3/31/14

Disposal Date 2/13/2014