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>01/17/2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agencies Notified</td>
<td></td>
</tr>
<tr>
<td>EPA</td>
<td></td>
</tr>
<tr>
<td>DEP</td>
<td></td>
</tr>
<tr>
<td>DOL</td>
<td></td>
</tr>
<tr>
<td>DOH</td>
<td></td>
</tr>
<tr>
<td>DCA</td>
<td></td>
</tr>
<tr>
<td>Type Notification</td>
<td></td>
</tr>
<tr>
<td>Initial</td>
<td></td>
</tr>
<tr>
<td>Amended</td>
<td></td>
</tr>
<tr>
<td>Amendment #</td>
<td></td>
</tr>
<tr>
<td>Emergency (Including</td>
<td></td>
</tr>
<tr>
<td>Justification</td>
<td></td>
</tr>
<tr>
<td>Cancellation</td>
<td></td>
</tr>
<tr>
<td>Name of Building Owner/Operator</td>
<td>Russo Development</td>
</tr>
<tr>
<td>Street Address</td>
<td></td>
</tr>
<tr>
<td>71 Hudson Street</td>
<td></td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td></td>
</tr>
<tr>
<td>Hackensack, NJ</td>
<td></td>
</tr>
<tr>
<td>Name of Contact</td>
<td></td>
</tr>
<tr>
<td>Michael Pembroke</td>
<td></td>
</tr>
<tr>
<td>FACILITY INFORMATION</td>
<td></td>
</tr>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td></td>
</tr>
<tr>
<td>Former Residence/Office</td>
<td></td>
</tr>
<tr>
<td>65 Hudson Street</td>
<td></td>
</tr>
<tr>
<td>City (8)</td>
<td></td>
</tr>
<tr>
<td>Hackensack, NJ</td>
<td></td>
</tr>
<tr>
<td>County (8)</td>
<td>Bergen</td>
</tr>
<tr>
<td>County Code (7) (STATE USE ONLY)</td>
<td></td>
</tr>
<tr>
<td>Current Use (Prior to being demolished)</td>
<td>Vacant Building</td>
</tr>
<tr>
<td>Square Feet</td>
<td>2,200</td>
</tr>
<tr>
<td># of Floors</td>
<td>2</td>
</tr>
<tr>
<td>Bidg. Age</td>
<td>70+</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>N/A</td>
</tr>
<tr>
<td>ASCM No.</td>
<td></td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>Valiant Associates, LLC</td>
</tr>
<tr>
<td>Street Address</td>
<td>145 Mill Street</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Paterson, NJ 07501</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td></td>
</tr>
<tr>
<td>Telephone No.</td>
<td></td>
</tr>
<tr>
<td>Telephone No.</td>
<td>973-553-5374</td>
</tr>
<tr>
<td>License No.</td>
<td>01108</td>
</tr>
<tr>
<td>Name of OSHA Monitor</td>
<td>Valiant Associates, LLC</td>
</tr>
<tr>
<td>Street Address</td>
<td>145 Mill Street</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Paterson, NJ 07501</td>
</tr>
<tr>
<td>Occupancy Status During Abatement (Check only one)</td>
<td></td>
</tr>
<tr>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
<td>✔</td>
</tr>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours</td>
<td></td>
</tr>
<tr>
<td>Other - Describe:</td>
<td></td>
</tr>
<tr>
<td>Scope of Work (Check all that apply)</td>
<td></td>
</tr>
<tr>
<td>&gt;3 sf or &gt;3 if</td>
<td>✔ Renovation</td>
</tr>
<tr>
<td>≥160 sf or &gt;260 if</td>
<td>✔ Demolition</td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)</td>
<td></td>
</tr>
<tr>
<td>Is Location Normally Used Solely by Maintenance/ Custodial staff? (12)</td>
<td>Yes</td>
</tr>
<tr>
<td>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td></td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
<td></td>
</tr>
<tr>
<td>Abatement Type</td>
<td></td>
</tr>
<tr>
<td>Service Transport Group</td>
<td></td>
</tr>
<tr>
<td>NJDEP Waste Hauler ID No.</td>
<td>20990</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td></td>
</tr>
<tr>
<td>40 yds</td>
<td></td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>Minerva Landfill</td>
</tr>
<tr>
<td>City, State</td>
<td></td>
</tr>
<tr>
<td>New Castle, DE</td>
<td></td>
</tr>
<tr>
<td>Completed By</td>
<td></td>
</tr>
<tr>
<td>Miodrag Stanenovic</td>
<td></td>
</tr>
<tr>
<td>Title</td>
<td>Project Manager</td>
</tr>
<tr>
<td>Signature</td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td>02/2/2012</td>
</tr>
</tbody>
</table>

*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)

Date of Notification (1):

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ EPA</td>
<td>Initial</td>
<td>Frank Lindeman &amp; Aurora Hunt</td>
</tr>
<tr>
<td>☐ DEP</td>
<td>Amendment</td>
<td></td>
</tr>
<tr>
<td>✔ DOL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ DOH</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ DCA</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Street Address
35 Sargent Road
City, State, Zip Code
Ho-Ho-Kus, NJ 07423

Name of Contact
Frank Lindeman & Aurora Hunt

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
Frank Lindeman & Aurora Hunt

35 Sargent Road
City (5)
Ho-Ho-Kus, NJ 07423

County (6)
Bergen

County Code (7)
(B) Bergen

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

ASCM No.

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

Street Address
105 Ryerson Road
City, State, Zip Code
Lincoln Park, NJ 07035

Project Manager for Monitoring Firm

Phone Number

Scheduled Start Date (10)
2/13/2012

Sched. Completion Date (11)
2/14/2012

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

☐ Other-Describe:

Scope of Work (check all that apply)
☐ Demolition
☐ Renovation
☐ Full Containment w/negative pressure
☐ Glovebag procedure
☐ >3 sf or >3 lf
☐ ≥160 sf or ≥260 lf
☐ Mini-enclosure
☐ Non-friable procedure

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

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>
<tbody>
<tr>
<td>VAT</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Description of asbestos-containing material (ACM)

Amount (Specify SF or LF)

Remove
Repair
Encap
EncL

Registered Waste Hauler
B & G Restoration, Inc.

NJDEP Hauler ID# 19563
Cubic Yards of Waste 5 yards

Name of Registered Landfill
Tullytown Resource & Recovery Center

City, State
Lincoln Park, NJ 07035
Disposal Date
2/15/2012

Completed by (Print or Type)
Gordana Luna
Title
Treasurer
Signature
Gordana Luna
Date
2/2/2012
State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:60-7 and 12:120-7)  
Non Sub 8  
Check#: 5050

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/02/2012</td>
<td>Brielle Board of Education</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Name of Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
<td>Ed McManus</td>
</tr>
<tr>
<td>DEP</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DOL</td>
<td>Amendment</td>
<td></td>
</tr>
<tr>
<td>DOH</td>
<td>Cancellation</td>
<td></td>
</tr>
<tr>
<td>DCA</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of facility where abatement is taking place (3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brielle Elementary School (Non Sub 8)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>605 Union Lane</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City (5)</th>
<th>County (6)</th>
<th>County Code (7)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brielle</td>
<td>Monmouth</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Type of Facility (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>School (K - 12)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>B &amp; G Restoration, Inc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>105 Ryerson Road</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of OSHA Monitor</th>
</tr>
</thead>
<tbody>
<tr>
<td>B &amp; G Restoration, Inc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>105 Ryerson Road</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demolition</td>
</tr>
<tr>
<td>Renovation</td>
</tr>
<tr>
<td>&gt;3 sf or &gt;3 lt</td>
</tr>
<tr>
<td>≥160 sf or ≥260 sf</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description of asbestos-containing material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>pipe insulation</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>175 lf</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of asbestos-containing material to be abated in facility (13)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes  No  N/A</td>
</tr>
<tr>
<td>crawl space</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Registered Waste Hauler</th>
</tr>
</thead>
<tbody>
<tr>
<td>B &amp; G Restoration, Inc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tullytown Resource &amp; Recovery Center</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lincoln Park, NJ 07035</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Disposal Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>2/16/2012</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Responsible Person</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gordana Luna</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>2/2/2012</td>
</tr>
</tbody>
</table>
State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12:120-7)
Non Sub 8
Check # 5053

B & G proj. #: 2012-32

Date of Notification (1)

Name of Building Owner/Operator (2)
St Clare's Health System

Street Address
25 Pocono Road
Denville, NJ 07834

Name of Contact
Drew Van Hook

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
St Clare's Health System

Street Address
25 Pocono Road, Wing 4-C (Same Day Surgery)

City (5) Country (6) County Code (7)
Denville, NJ 07834 Morris

Name of Monitoring Firm Hired by Bldg. Owner (8)
ASCM No.
017

Total Solution Environmental

Type of Facility (4)

Square Feet # of Floors Bldg. Age

Current Use (Prior if being demolished)
Hospital

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

Street Address
105 Ryerson Road

City, State, Zip Code
Lincoln Park, NJ 07035

Project Manager for Monitoring Firm
Ben Waer
Phone Number
973-998-9348

Scheduled Start Date (10) Sched. Completion Date (11)
2/15/2012 2/29/2012

Occupancy Status During Abatement (Check only one)
Facility closed/vacated during entire period of abatement.
Abatement performed outside of normal facility hours.
Other-Describe: 7:00am - 3:00pm occupied

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

Location of asbestos-containing material to be abated in facility (13)
4th Floor 3rd floor

is location normally used solely for maintenance/custodial staff(12)
Yes No N/A pipe insulation pipe insulation

Description of asbestos-containing material (ACM)

Amount (Specify SF or LF)
80 lf 75 lf

Remov Repair Encap Enc.

Registered Waste Hauler
B & G Restoration, Inc.
NJDEP Hauler ID# 19563

Cubic Yards of Waste
4 yards

Name of Registered Landfill
Tullytown Resource & Recovery Center

City, State
Lincoln Park, NJ 07035

Disposal Date
2/15 - 2/29/2012

Completed by (Print or Type)
Gordana Luna
Title Treasurer
Signature

Date 2/3/2012
State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60 and 12:420)

Date of Notification (1)
01/13/2012
01/13/2012

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

Type Notification
☒ Amendment
☐ Amendment #
☐ Emergency
☐ Cancellation

Name of Building Owner/Operator (2)
JEFFREY CROSBY

Street Address
20 VAN RYPEN STREET

City, State, Zip Code
JERSEY CITY, NJ 07305

Name of Contact
JEFFREY CROSBY

FAACILITY INFORMATION

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

Square Foot # of Floors Bldg. Age

Current Use (Prior if being demolished)

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

Street Address
20 CALIFORNIA AV

City, State, Zip Code
PATerson, NJ 07503

Telephone Number
973-345-8020

Licence Number
00159

Name of OSHA Monitor
D & S Restoration, Inc

Address
20 CALIFORNIA AVENUE

City, State, Zip Code
PATerson, NJ 07503

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

Scope of Work (check all that apply)
☒ 360° of or ≥360°
☐ 360° of or ≥360°
☐ Demolition

Location of asbestos-containing material (ACM) to be abated in facility (18)

BASEMENT

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

Yard No N/A

Description of asbestos-containing material (ACM)
BOILER INSULATION

Amount (square foot or linear foot)
30 SQ FT

Removal Method

Disposal Date
02/01/12

Name of Registered Landfill
TULLYtown, RESOURCE RECOVERY

City, State
TULLYtown, PA

Completed by (Print or Type)
Bogdan Joldzic
Title
PRESIDENT

Signature
DATE
01/30/12

Do not use this form for asbestos license exempted activities
State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:60 and 12-420)  

**Date of Notification** (1)  
10/11/12  

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

**Address**  
20 VAN RYPEN STREET  
JERSEY CITY, NJ  

**Facility Information**  

**Name of Facility where abatement is taking place** (3)  
JEFFREY CROSBY  

**Type of Facility** (4)  
Other (Private/Commercial Bldgs./Homes, etc.)  

**Square Feet**  
9000  

**# of Floors**  
5  

**Bldg. Age**  
10  

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

**Name of Monitoring Firm Hired by Bldg. Owner** (5)  
D & S RESTORATION, INC.  

**Street Address**  
20 California Ave.  
Paterson, NJ 07503  

**License Number**  
00159  

**Name of Abatement Contractor** (6)  
D & S RESTORATION, INC.  

**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  

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

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
<th>Description</th>
<th>Amount (Specify SF or LF)</th>
<th>Remove</th>
<th>Encap</th>
<th>Encap</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>BASEMENT</strong></td>
<td>X</td>
<td></td>
<td></td>
<td>BOILER INSULATION</td>
<td>30 SQ FT</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

**Cubic Yards of Waste**  
1 YD  

**Name of Registered Landfill**  
TULLYTCOWN, RESOURCE RECOVERY  

City, State  
PATERNON, NJ 07503  

**Disposal Date**  
02/01/12  

**Completed by** (Print or Type)  
BOGDAN JOLDAIC  

**Title**  
PRESIDENT  

**Signature**  
TULLYTCOWN, PA  

**Date**  
01/30/12  

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

(Pursuant to NJAC 8:58 and 12:128)

**Date of Notification (1)**
2-2-12

**Name of Building Owner/Operator (2)**
JUAN CECILIA RIVERA

**Name of Contact (3)**
CECILIA RIVERA

**Agencies Notified (4)**

<table>
<thead>
<tr>
<th>Agency</th>
<th>Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
</tr>
<tr>
<td>DOL</td>
<td>Amended</td>
</tr>
<tr>
<td>DCH</td>
<td>Emergency</td>
</tr>
<tr>
<td>DCA</td>
<td>Cancellation</td>
</tr>
</tbody>
</table>

**Street Address (5)**
1914 INGALLS AVENUE

**City, State, Zip Code (6)**
LINDEN, NJ 07036

**Name of Facility Where Abatement is Taking Place (7)**
RIVERA

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

**Square Feet (9)**
1000

**# of Floors (10)**
3

**Bldg. Age (11)**
56

**County Code (12)**
UNION

**Current Use**
Residential

**Name of Monitoring Firm Hired by Building Owner (13)**
ASCM No.

**Name of Abatement Contractor (14)**
A. Mac Contracting Inc.

**Street Address (15)**
105 Lowell Road

**City, State, Zip Code (16)**
Glen Rock, N.J. 07452

**Project Manager for Monitoring Firm (17)**
Telephone No.
201-262-5841

**License No. (18)**
00156

**Start Date (19)**
2-14-12

**Scheduled Completion Date (20)**
2-15-12

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

**Scope of Work (21)**
Renovation

**Location of Asbestos-Containing Material (ACM) (22)**
-要是被消除的

<table>
<thead>
<tr>
<th>Location</th>
<th>Normal Location</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>pavement</td>
<td>Yes</td>
<td>pipe insulation</td>
<td>200 LF</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler (23)**
Rovi Transport

**NJDEP Waste Hauler ID No. (24)**
20785

**Cubic Yards of Waste (25)**

**Name of Registered Landfill (26)**
IESI PA Bethlehem Landfill Corp.

**City, State (27)**
Bethlehem, PA 18015

**Disposal Date (28)**
2-14-12

**Completed by (29)**
R. McDonald

**Title (30)**
President

**Signature (31)**

**Date (32)**
2-2-12

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

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

### Date of Notification (1)
2.2.12

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

### Street Address
365 Concord Avenue

### City, State, Zip Code
Maywood, NJ 07607

### Name of Contact
Richie Scheneen

### FACILITY INFORMATION

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

#### Street Address
365 Concord Avenue

#### City (5)
Maywood

#### County (6)
Bergen

#### Square Feet
1500

#### # of Floors
2

#### Bidg. Age
80

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

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

#### License No.
00156

#### Telephone No.
201-262-5941

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

### Name of Abatement Contractor (9)
A. Mac Contracting Inc.

### Street Address
105 Lowell Road

### City, State, Zip Code
Glen Rock, N.J. 07452

### Telephone No.
201-262-5941

### License No.
00156

### Name of OSHA Monitor
Omega Environmental Services Inc.

### Street Address
280 Huyler Street

### City, State, Zip Code
Hackensack, NJ 07606

### Scope of Work (Check All That Apply)
- [ ] ≥3 sf or ≥3 if
- [ ] ≥150 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)

<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, VLT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>No</td>
<td>Pipe insulation</td>
<td>45 LF</td>
</tr>
</tbody>
</table>

### Name of Registered Waste Hauler
Rovic Transport

### NJDEP Waste Hauler ID No.
20785

### Cubic Yards of Waste
1

### Name of Registered Landfill
IESI PA Bethlehem Landfill Corp.

### Completion Date
2.2.12

### Signature
R. McDonald

### Title
President

### Completed by
R. McDonald

### City
Rivervale, New Jersey 07457

### Date
2.2.12

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

Date of Notification (1)
1/1/13

Name of Building Owner/Operator (2)
Mary Yochum

Street Address
14 Highland Avenue

FEB - 6 2012

City, State, Zip Code
Highland Park, NJ

Name of Contact
Barbara Van Derheyden

FACILITY INFORMATION

Name of facility where abatement is taking place (3)

MARY YOCHUM

Street Address
14 HIGHLAND AVENUE

City (5)
County (6)
MIDDLESEX

County Code (7) (State use only)

Type of Facility (4)

Square Feet

Current Use (Prior if being demolished)

D & S RESTORATION CONTRACTOR (9)

Name of Abatement Contractor (9)
D & S Restoration, Inc.

Street Address
20 California Ave.

City, State, Zip Code
Paterson, NJ 07503

License Number
00159

Telephone Number
973-345-8020

Name of OSHA Monitor
D & S Restoration, Inc.

Street Address
20 California Avenue

City, State, Zip Code
Paterson, NJ 07503

Start Date (10)
02/10/12

Sched. Completion Date (11)
02/17/12

Facility closed/vacated during entire period of abatement.
Facility closed/vacated during normal facility hours.
Facility closed/vacated during any time of day.

Other-Describe: NORMAL HOURS

Scope of Work (check all that apply)

≥3 sf or ≥3 lf

Renovation

≥60 sf or ≥600 lf

Demolition

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

Basement

Pipe Insulation

Description of asbestos-containing material (ACM)

Amount (Specify SF or LF)

Removal

Repair

Encapsulation

N/A

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

Date of Notification (1): 9/11/13

Name of Building Owner/Operator (2):
SAM ARDOLINO

Street Address:
93 PARK AVENUE

City, State, Zip Code:
MADISON, NJ

Name of Contact:
SAM ARDOLINO

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

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

FACILITY INFORMATION

Name of facility where abatement is taking place (3):
SAM ARDOLINO

Street Address:
93 PARK AVENUE

City (5)
MADISON

County (6)
MORRIS

County Code (7) (State use only)

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:
00159

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

Street Address:
20 California Avenue

City, State, Zip Code:
Paterson, NJ 07503

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

Start Date (10): 02/16/12

Sched. Completion Date (11): 02/24/12

Scope of Work (check all that apply):
- >3,000 sq or >30 ft
- Renovation
- >160 sq or >260 sq
- Demolition

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Is location normally used solely by maintenance/custodial staff</th>
<th>Description of asbestos-containing material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Removal/Encap</th>
</tr>
</thead>
<tbody>
<tr>
<td>BASEMENT</td>
<td>No</td>
<td>PIPE INSULATION</td>
<td>157 ft</td>
<td>☐</td>
</tr>
<tr>
<td>BASEMENT</td>
<td>Yes</td>
<td>BARE HEATING PIPES</td>
<td>32 ft</td>
<td>☐</td>
</tr>
</tbody>
</table>

Registered Waste Hauler:
D & S RESTORATION, INC.
NJDEP Hauler ID:
13506
Cubic Yards of Waste:
2 yds

Name of Registered Landfill:
TULLYTOWN, RESOURCE RECOVERY

City, State:
PATERN, NJ 07503

Disposal Date:
02/17/12

Completed by (Print or Type):
BOGDAN JOLDZIC

Title:
PRESIDENT

Date:
01/31/12

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

Date of Notification (1)
1/30/12

Name of Building Owner/Operator (2)
DuPont

Name of Contact: Richard Derer
Tel Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
DuPont - Teflon Building and Ladder Shack

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

Street Address
250 Cheesquake Road

Sq. Feet 40,000 SF  # of Floors 2

City, State, Zip Code
Parlin, NJ 08859

Bldg. Age: +/- 40 years

Current Use (prior if being demolished) Industrial

Name of Contractor (9)
USA Environmental Management, Inc.

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

ISCM No.

Street Address
3370 Progress Drive, Suite J

City State, Zip Code
Bensalem, PA 19020

Project Manager for Monitoring Firm
Mike Panepresso

Telephone Number
(215) 244-1300 Ext. 26

Scheduled Start Date (10)
2/14/12

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

Other - Describe
Abatement Performed Outside of Normal Facility Hours -

Mechanical Room is on an occupied floor

Scheduled Completion Date (11)
2/22/2012

License Number
00702

Name of OSHA Monitor
USA Environmental Management, Inc.

Street Address
8438 Enterprise Avenue

City State, Zip Code
Philadelphia, PA 19153

Source of Work (Check all that apply)

(x ) Demolition  ( ) Renovation
(x ) Large Proj. (>160 SF or >260 LF ACM)  ( ) SM Proj. (>25<160 SF or >10 <260 LF ACM)  ( ) Minor Proj. (<25 SF or <10 LF ACM)

( ) Full Containment with Negative Pressure  ( x ) Mini-Enclosure  ( ) Glovebag Procedure  ( ) Non Exempted or non friable work

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

Ladder Shack

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

Amount (Specify SF or LF)
500 SF

Abatement Type

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>

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

YES  NO  NA

Teflon Building

Transite Panels 500 SF

Floor Tile 30 SF

Bldg. 1933 - Exterior

Name of Reg. Waste Hauler Service Transport Group
NJDEP Waste Hauler ID # 32810

Cubic Yards of Waste 15 YDS

Name of Reg. Landfill Minerva Landfill

City State
New Castle, DE

Disp. Date 2/22/2012

Completed by (Print or Type)
Dilip Kumar

Title
Program Manager

Signature

Date 1-30-12
### Facilitator Information

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

**Verizon**

**Street Address**

204 West High Street

**City**

Bound Brook, NJ

**County**

Somerset

**Name of Monitoring Firm**

TTI Environmental, Inc.

**ASCM No.**

29717

**Name of Abatement Contractor**

JVN Restoration Inc

**Street Address**

1253 North Church Street

**City, State, Zip Code**

Moorstown, NJ

**Name of OSHA Monitor**

Testor Tech

**Start Date**

02 / 14 / 12

**Scheduled Completion Date**

02 / 20 / 12

**Occupancy Status During Abatement**

- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM

**Scope of Work**

- Renovation
- Demolition

### Location of Asbestos-Containing Material (ACM) To Be Abated

**Basement MER**

- VAT/Mastic

**Basement Corridor**

- VAT/MASTIC

**Name of Registered Waste Hauler**

Express Waste Services LLC

**Waste Hauler ID No.**

NJ-804

**Cubic Yards of Waste**

7

**Name of Registered Landfill**

Minerva Enterprises Inc

**City, State**

Waynesburg, OH

**Disposal Date**

2/20/2012

**Completed By (Print or Type)**

John Tardy

**Title**

Senior Project Manager

**Signature**

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

**Date of Notification (1)**  
**FEB. 3, 2011**

**Name of Building Owner/Operator (2)**  
FORDS TERMINAL COMPANY, INC.

**Street Address**  
950 KING GEORGE RD.

**City, State, Zip Code**  
FORDS, NJ 08863

**Name of Contact**  
DAVID L. OLSEN

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**  
FORDS TERMINAL COMPANY, INC.

**Type of Facility (4)**

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

**Square Feet**  
5,000

**# of Floors**  
1

**Bldg. Age**  
50+

**Current Use (Prior if being demolished)**  
OFFICE/WAREHOUSE

**Name of Abatement Contractor (9)**  
UNIPRO, INC.

**Street Address**  
173 KARKUS AVE.

**City, State, Zip Code**  
WOODRIDGE, NJ 07095

**Name of OSHA Monitor**  
ENVIRONMENTAL TACTICS, INC.

**Street Address**  
69 BROAD ST.

**City, State, Zip Code**  
MATHWAN, NJ 07447

**Project Manager for Monitoring Firm**  
THOMAS P. GEIGER

**Telephone No.**  
732-290-2210

**Telephone No.**  
732-726-3111

**License No.**  
00615

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

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

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

- 2,000 sq ft or 2,500 ft
- 160 sq ft or 2,500 ft

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

<table>
<thead>
<tr>
<th>Location</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>OFFICE/WAREHOUSE BUILDING</td>
<td>Yes</td>
<td>The PHYLLE PIPE INS.</td>
<td>260 LF</td>
<td>Encapsulate</td>
</tr>
<tr>
<td>BOILER ROOM</td>
<td>Yes</td>
<td>THEPHIL EXTERIOR</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>THEPHIL INS.</td>
<td>140 S.F.</td>
<td></td>
</tr>
</tbody>
</table>

**Name of Registered Waste hauler**  
NEWARK CARTING, INC.

**City, State**  
NEWARK, NJ.

**Cubic Yards of Waste**  
15

**Disposal Date**  
2-20-12

**Name of Registered Landfill**  
GROWS, INC.

**City, State**  
MORRISVILLE, PA.

**Completed by**  
DAVID J. TOLCHIN, PRES.

**Signature**  
DAVID J. TOLCHIN

**Date**  
2-23-12

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

Date of Notification (1): February 2, 2012
Name of Building Owner / Operator (2): TD Bank

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

Type Notification: □ Initial
□ Amended
□ Amendment #___
□ Cancellation

Street Address: 53 South Laurel Street
City, State & Zip Code: Bridgeton, NJ 08302

Name of Contact: [REDACTED]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): TD Bank
Street Address: 53 South Laurel Street
City: Bridgeton

County: Cumberland
County Code: [REDACTED]

Name of Monitoring Firm Hired by Building Owner (8): EFI Global
Street Address: 187 Ballardvale Street, Ste A215
City, State & Zip Code: Wilmington, MA 01887

Project Manager for Monitoring Firm: Sean Cassidy
Telephone Number: 978-688-3736

Scheduled Start Date (10): February 13, 2012
Scheduled Completion Date (11): March 3, 2012

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

Scope of Work (Check all that apply)
□ >10 LF or > 25 sf
□ >160 sf or >260 sf
□ Renovation
□ Demolition
□ Full Containment with Negative Pressure
□ Mini-Enclosure
□ Glovesbag Procedure
□ Non-Exempted(*) and Non-Friable Procedure

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

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

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

Amount (Specify SF or LF)

Location

Basement, 1st and 2nd Floors

HVAC Room 1 and Room 003

Yes X

Pipe Fitting Insulation
400 LF

Asbestos-containing Dust
≤3 SF

Name of Registered Waste Hauler
Synatech, Inc.
Hauler ID No. 27429

Name of Registered Landfill
Grows Landfill
City, State
Little Egg Harbor, NJ 08087

Disposal Date: March 5, 2012

Completed By: Diane Aloi
Title: Executive Administrator
Signature: [REDACTED]
Date: February 2, 2012

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

**State of New Jersey**

**Name of Building Owner/Operator (2):** Greek Development

**Name of Contact:** Matthew F. Schindwein

**Facility Information**

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3):</td>
<td>Former Wakefern Site</td>
</tr>
<tr>
<td>Street Address</td>
<td>700 York St.</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Elizabeth, NJ 07203</td>
</tr>
<tr>
<td>County Code (7):</td>
<td>Union</td>
</tr>
<tr>
<td>Name of Abatement Contractor (9):</td>
<td>DIA General Construction, Inc.</td>
</tr>
<tr>
<td>Street Address</td>
<td>1360 Clifton Avenue, PMB Suite 218</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Clifton, NJ 07012</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>973-389-0089</td>
</tr>
<tr>
<td>License No.</td>
<td>00693</td>
</tr>
</tbody>
</table>

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

**Scope of Work (Check all that apply):**
- [x] >360 sf or >260 If
- [ ] 360 sf or >260 If
- [ ] Renovation
- [ ] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Govebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exterior</td>
<td>Yes</td>
<td>Transite contaminated debris</td>
</tr>
</tbody>
</table>

**Complanted By:**

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Registered Waste Hauler</td>
<td>Horwith Truck, Inc.</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td>700 CY</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>Minerva Landfill</td>
</tr>
<tr>
<td>City, State</td>
<td>Northampton, PA</td>
</tr>
<tr>
<td>Disposal Date</td>
<td>03/02/2012</td>
</tr>
<tr>
<td>City, State</td>
<td>Waynesburg, OH 44688</td>
</tr>
</tbody>
</table>

**Completed By:**

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Project Manager</td>
<td>Krutarth Jagad</td>
</tr>
<tr>
<td>Title</td>
<td>Project Manager</td>
</tr>
<tr>
<td>Signature</td>
<td>[Signature]</td>
</tr>
<tr>
<td>Date</td>
<td>02/03/2012</td>
</tr>
</tbody>
</table>

*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): 1/31/12

Name of Building Owner / Operator: Trenton Board of Education

FACILITY INFORMATION

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

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

Square Feet: 70,000
# of Floors: 3
Bldg. Age: 60+

Current Use (Prior if being demolished):
School

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

ASCM No.:

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

Street Address:
120 North Warren Street
City, State & Zip Code:
Trenton, NJ 08610

Telephone Number:
609-392-4200

License Number:
00509

Project Manager for Monitoring Firm:
Ryan Broadwater

Scheduled Start Date (10):
1/31/12

Scheduled Completion Date (11):
2/1/12

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: 4:00 PM to 1:30AM

Facility Occupied During Abatement

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

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

Boiler

Is Location Normally Used Solely by Maintenance or Custodial Staff?
Yes

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

Amount (Specify SF or LF):
6 SF

Abatement Type:

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

Name of Registered Waste Hauler:
Bristol Environmental Inc

NJDEP Waste Hauler ID No.:
18706

Cubic Yards of Waste:
1 Cu Yd

Name of Registered Landfill:
GROWS Landfill

Disposal Date:
2/1/12

City, State:
City, State & Zip Code:
Bristol, PA
Morrisville, PA

Completed By (Print or Type):
Gino Pizzigoni

Title:
Project Manager

Signature:
Gino Pizzigoni

Date:
1/31/12

G I 12 023
Date of Notification: 1/31/12

Name of Building Owner / Operator: Trenton Board of Education

Address: 1450 Prospect Street, Trenton, NJ 08618

Name of Facility Where Abatement is Taking Place: Hedgepath-William MS

Street Address: 301 Gladstone Avenue, Trenton, NJ 08618

Name of Monitoring Firm Hired by Building Owner: Environmental Connection

Street Address: 120 North Warren Street, Trenton, NJ 08618

Type of Facility: School (K-12)

Type of Abatement: Full Containment with Negative Pressure, Demolition

Environmental Connection

Name of Abatement Contractor: Bristol Environmental, Inc.

Street Address: 1123 Beaver Street, Bristol, PA 19007

Name of OSHA Monitor: Bristol Environmental Inc.

Street Address: 1123 Beaver Street, Bristol, PA 19007

Occupancy Status During Abatement:
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Hours – 7am to 3pm
- Facility Occupied During Abatement

Scope of Work:
- ≥ 3,000 ft²
- ≥ 6,000 ft²
- Renovation
- Demolition

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

Boiler Room

Pipe Insulation

Name of Registered Waste Hauler: Bristol Environmental Inc

Cubic Yards of Waste: 1/2 Cu Yd

Name of Registered Landfill: GROWS Landfill

City, State: Bristol, PA

Completed By: Gino Pizzigoni

Title: Project Manager

Signature: Gino Pizzigoni
Date of Notification (1) 1/31/12

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

Street Address
1490 Prospect Street
City, State & Zip Code
Trenton, NJ 08638

Name of Contact
Mr. Everett O. Collins

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Trenton Central HS West

Street Address
1001 West State Street

City (5)
Trenton

County (6)
Mercer

County Code (7)

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

ASCM No.

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

Street Address
120 North Warren Street
City, State & Zip Code
Trenton, NJ 08010
Project Manager for Monitoring Firm
Brian Holbig
Telephone Number
609-392-4200

Scheduled Start Date (10)
1/31/12

Scheduled Completion Date (11)
2/3/12

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:
4:00 PM to 1:30 AM

☐ Facility Occupied During Abatement

Scope of Work (Check all that apply)
☐ ≥3 sf or ≥23 lf
☒ ≥160 sf ≥250 lf

☒ Renovation
☐ Demolition

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

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

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 ☐

RM A-20
RM A-24

Description of Asbestos-Containing Material (ACM)
Nailicrete Stabilization 384 SF
Nailicrete Stabilization 960 SF

Amount (Specify SF or LF)

Abatement Type

Endoscope
Repair

Name of Registered Waste Hauler
BRISTOL ENVIRONMENTAL, INC.

Cubic Yards of Waste
8 cu yd

Cubic Yards of Waste

Disposal Date
2/3/12

Name of Registered Landfill
GROWS NORTH LANDFILL

City, State
Bristol, PA

Completed By (Print or Type)
Gino Pizzigoni
Title
Project Manager
Signature

Date
1/31/12

GI 12022
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:62 and 12:120)  

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>2/12/12</th>
</tr>
</thead>
</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>□ DEP</td>
<td>Amended</td>
</tr>
<tr>
<td>□ DOL</td>
<td>Amendment #</td>
</tr>
<tr>
<td>□ DOH</td>
<td>Emergency (including justification)</td>
</tr>
<tr>
<td>□ DCA</td>
<td>Cancellation</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Building Owner/Operator (2)</th>
<th>TENAFLY METHODIST CHURCH</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>28 WEST CLINTON AVE</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>TENAFLY, NJ 07670</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>TENAFLY METHODIST CHURCH</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (6)</th>
</tr>
</thead>
<tbody>
<tr>
<td>OMEGA ENVIRONMENTAL</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Abatement Contractor (9)</th>
<th>Best Removal Inc</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>450 South River St</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Hackensack, NJ 07601</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>2/13/12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>2/14/12</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of OSHA Monitor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Omega Environmental Services</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</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>THERMAL INSULATION 2 LF</td>
</tr>
<tr>
<td>THERMA-SURFACE INSULATION 12 SF</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
</tr>
</thead>
<tbody>
<tr>
<td>GLOBAL WASTE SERVICES</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIRENA ENTERPRISES LLC</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>HACKETTSTOWN, NJ 07840</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Disposal Date</th>
<th>2/14/12</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State</td>
<td>WAYNESBORO, OH</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed by</th>
</tr>
</thead>
<tbody>
<tr>
<td>J. MAIORANO</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Estimator</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>[Signature]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>2/12/12</td>
</tr>
</tbody>
</table>

---

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

Date of Notification (1): 1/30/12
Name of Building Owner/Operator (2): St. Philip the Apostle School
Type Notification: Initial
Agency Notified: EPA
Street Address: 492 Saddle River Rd
City, State, Zip Code: Saddle Brook, NJ 07663
Name of Contact: Father Parkes, O.F.M.
Telephone Number: 973-437-2500

FACILITY INFORMATION
Name of Facility Where Abatement is Taking Place (3): St. Philip the Apostle School
Type of Facility (4): School (K-12)
Street Address: 492 Saddle River Rd
City (5): Saddle Brook
County (6): Bergen
County Code (7) (STATE USE ONLY): 000
Name of Monitoring Firm Hired by Building Owner (8): EnviroVision
ASCM No. (8): 000076
Name of Abatement Contractor (9): F. Gruesser and Sons, Inc.
Street Address: 513 E 32nd St
City, State, Zip Code: Paterson, NJ
Name of OSHA Monitor: Same

Start Date (10): 2-10-12
Scheduled Completion Date (11): 2-13-12
Occupancy Status During Abatement (Check only one): Other – Describe: 
Scope of Work (Check all that apply):
- ≤ 3 sf or ≤ 3 If
- ≤ 160 sf or ≤ 280 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 (12):

<table>
<thead>
<tr>
<th>Location of ACM</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurse Room # 113</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hallway</td>
<td>X</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) (13):

Pipe insulation 30 LF

Amount (Specify SF or LF): 30 LF

Abatement Type:

Name of Registered Waste Hauler:
Name of Registered Landfill: TRRC Landfill
Cubic Yards of Waste:
Disposal Date:
City, State:

Name of Landfill Disposal:

Completed by: Frank Gruesser
Signature:
Date: 1/30/12

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 / 3 / 12</td>
<td>BLACKPORT INVESTMENT GROUP</td>
</tr>
</tbody>
</table>

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

**VACANT BUILDING**

- **Street Address**: 901 SE 17+L STREET, SUITE 206
- **City, State, Zip Code**: FT LAUDERDALE, FL 33316
- **Type of Facility (4)**
  - [ ] School (K-12)
  - [ ] Subchapter 8 (Other than K-12)
  - [ ] Other (i.e., private and commercial buildings, homes, etc.)
- **Square Feet**: 3000
- **# of Floors**: 3
- **Bldg. Age**: 50
- **Current Use (Prior if being demolished)**
  - VACANT

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

- **ASCM No.**: ASCM No.
- **Name of Abatement Contractor (9)**
  - ATC CONSTRUCTION LLC

**Street Address**

- **Street Address**: 6012 BROADWAY
- **City, State, Zip Code**: WEST NEW YORK NJ 07093
- **Telephone No.**: 201-283-2368
- **License No.**: 01160
- **Name of OSHA Monitor**: HILLMANN CONSULTING, LLC
- **Location**: 1600 ROUTE 22 EAST, SUITE 107
- **City, State, Zip Code**: UNION, NJ 07093

**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

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>AREA 1 FLOOR TILE/MASTIC</td>
<td>☒</td>
<td></td>
<td>275 SF</td>
</tr>
<tr>
<td>AREA 2 BASEMENT</td>
<td>☒</td>
<td></td>
<td>200 LF</td>
</tr>
<tr>
<td>BASEMENT ROOF FLASTING</td>
<td>☒</td>
<td></td>
<td>75 SF</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**

- **Transformation**: NJDEP Waste Hauler ID No. 18952
- **Cubic Yards of Waste**: 20
- **Name of Registered Landfill**: ATLANTIC COUNTY UTILITIES

**City, State**

- **City**: EGG HARBOR NJ 08215
- **Disposal Date**: 3-6-12
- **Name of Contact**: MR WOOD
- **Telephone Number**: FEB - 6 2012
- **Telephone No.**: 02 02/12

**Completed By (Print or Type)**

- **Title**: LT
- **Signature**: Leticia Torres

---

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

GAC Project # 251-12-01

Date of Notification (1) February 1, 2012

Name of Building Owner/Operator (2)
KEAN UNIVERSITY

Agencies Notified
☐ EPA
☐ DCA
☐ DEP
☐ DOL
☐ DEP - No Longer REQUIRED
☐ DOH

Notification Type
☐ Initial Notification
☐ Amended Certification
☒ Emergency (including justification attached)
☐ Cancelled

Name of Facility Where Abatement is Taking Place (3)
TECHNOLOGY BLDG.

Street Address
MAIN CAMPUS – 1000 MORRIS AVENUE

City (5) UNION
County Code (6) UNION
County Code (7) (State Use Only)

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

ASCN No. 00003

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

So. Feet: N/A
# of Floors: 1
Bldg. Age: 40+ years

Current Use (prior if being demolished): ACADEMIC

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

Street Address
268 MAIN STREET

City State, Zip Code
BUTLER, NJ 07405

Telephone Number
973-492-0477

License No. 00840

Name of OSHA Monitor
ENVIROVISION, INC.

Street Address
20-21 WARGARAW ROAD

City State, Zip Code
FAIRLAWN, NJ

Occupy Status During Abatement (Check only one)
☐ Facility Closed/Vacated During Entire Period of Abatement
☒ Abatement Performed Outside of Normal Facility Hours -
Describe: 3:00 PM – 5:00 AM

Source of Work (Check all that apply)
☒ > 3 sq ft or ≥ 3 If
☒ > 160 sq ft or ≥ 250 If

Removal
☐ Renovation
☐ Demolition

Location of Asbestos-Containing Material (ACM) in Facility (13)
Is Location Normally Used Solely by Maint./Custodial Staff (12) YES ☒ NO NA

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

Amount (Specify SF or LF)

Abatement Type
☒ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glove Bag Procedure
☒ Non-Exempted (*) and Non-Friable Procedure

ROOM 122-A

☐ FLOOR TILE <100 SF ☒

Name of Req. Waste Hauler
See Hauler Below #1 & 2
NJDEP Waste Hauler ID # See Below

Cubic Yards of Waste:
5 CY

Name of Registered Landfill
IESI – Bethlehem, PA
G.R.O.W.S. Landfill
Morrisville, PA

Notes:
Hauler #1) Greenwood Abatement Consultants, Inc. – Butler, NJ 07405
NJDEP # 12561
Hauler #2) Newark Carting, Inc., Newark, NJ 07109
NJ DEP # 4509

Disposal Date
02/02/12

City State
100 New Ford Mill Rd.
Morrisville, PA 19067
215-736-1700

Copies To: KEAN, Attn: Adam Varava & TTI, Attn: Jim Guilardi

Signature

Date February 1, 2012

Committed by (Print or Type)
RAYMOND C. PEDALINO
Title SENIOR PROJECT MANAGER
State of New Jersey - Notification of Asbestos Abatement
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC Project # 251-12-01

Date of Notification (1) February 1, 2012

Agencies Notified:
☑ EPA
☑ DCA
☑ DOH
☑ DEP - No Longer REQUIRED

Notification Type:
☑ Initial Notification
☑ Amended Certification
☑ Emergency (Including justification attached)
☑ Cancelled

Name of Building Owner/Operator:
KEAN UNIVERSITY

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

City, State, Zip Code: UNION, NJ 07083

Name of Contractor:
MR. ADAM VARAVA

Type of Building or Facility:
ASBESTOS

Project Engineer:
& LICENSING

Name of Contractor:
GREENWOOD ABATEMENT CONSULTANTS, INC.

Street Address:
1253 NORTH CHURCH STREET
MOORESTOWN, NJ 08057

Telephone Number:
556-840-8800
Fax 556-840-8815

License Number:
973-432-0477

Occupancy Status During Abatement:
☑ Facility Closed/Vacated During Entire Period of Abatement
☑ Abatement Performed Outside of Normal Facility Hours
☐ Other - Describe: 3:00 PM - 5:00 AM

Name of Contractor:
ENVIROVISION, INC.

Street Address:
20-21 WARGARAW ROAD
FAIR LAWN, NJ

Telephone Number:
556-840-8800
Fax 556-840-8815

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

Location Normally Used
Solely by Maint/Custodial Staff:
YES/NO/NA

Amount (Specify SF or LF)

Asbestos Type:
Full Containment with Negative Pressure

Removal, Repair, Envelope Program

Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAC, or other include): NA

Cubic Yards of Waste:
5 CY

Name of Hauler:
See Hauler Below #1 & 2

Name of Responsible Landfill:
IESI - Bethlehem, PA
G.R.O.W.S. Landfill

Disposal Date:
02/02/12

City, State, Zip Code:
100 New Ford Mill Rd
Morristown, PA 07087
215-738-1700

Note:
Hauler #1: Greenwood Abatement Consultants, Inc. - Butler, NJ 07405
Hauler #2: Newark Carving, Inc., Newark, NJ 07109
NJ DEP #: 12561
NJ DEP #: 4599

Completed by (Print or Type):
RAYMOND C. PEDALINO
SENIOR PROJECT MANAGER

Signature:

Date:
February 1, 2012

Copies To:
KEAN, Attn: Adam Varava & TJI, Attn: Jim Guilerdi
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Check # 1290
Date of Notification (1)
02/01/2012

Hodges Claire
Street Address
18 S. Talmadge Street
City, State, Zip Code
New Brunswick, NJ 08901
Name of Contact
Ramon Alayon

Name of Building Owner/Operator (2)

FACILITY INFORMATION

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

Square Foot # of Floors Bldg. Age

County Code (7) (STATE USE ONLY)

Name of Abatement Contractor (9)
Gr Tech LLC

License No.
973-638-1777 01127

Name of GSHA Monitor
Envirovision Consultants, Inc

Street Address
576 Valley Rd #283
Wayne, NJ 07470

Project Manager for Monitoring Firm

Telephone No.

Telephone No.


Start Date (10) Scheduled Completion Date (11)
02/11/2012 02/12/2012

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

Scope of Work (Check all that apply)

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

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

Amount (Specify SF or LF)

Abatement Type

Nature of Waste

Disposal Date

T.R.R.F. Inc

Disposal Date

Tullytown, PA

Completed by
N. Jevtic
Owner

ASB-41

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

State of New Jersey

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

**Date of Notification (1)**
January 27, 2012

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

**Agency Notified (3)**
- [x] EPA
- [x] DEP
- [x] DOL
- [x] DOH
- [x] DCA

**Type Notification**
Initial

**Street Address (4)**
87 Highland Ave.

**City, State, Zip Code (5)**
Metuchen, N.J. 08840

**Name of Contact (6)**
Cell Dragich

**FACILITY INFORMATION**

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

**Street Address**
87 Highland Ave.

**County (7)**
Middlesex

**Name of Monitoring Firm Hired by Building Owner (8)**
Environmental Management International, Inc.

**Name of Abatement Contractor (9)**
Graham-Tech Environmental Services LLC.

**Street Address**
204 E. Germantown Pike

**City, State, Zip Code**
Norriton, P.A. 19401

**Name of OSHA Monitor**
Graham-Tech Environmental Services

**Start Date (10)**
February 10, 2012

**Scheduled Completion Date (11)**
February 13, 2012

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

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

**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)**
150-LF

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

**Name of Registered Waste Hauler**
American Disposal Systems

**Cubic Yards of Waste**
SW2069

**Name of Registered Landfill**
JP Mascaro - Pioneer Crossing

**City, State**
727 Red Lane Rd, Birdsboro, P.A.

**Disposal Date**
City, State
727 Red Lane Rd, Birdsboro, P.A.

**Completed by**
Willis Graham

**Title**
Owner

**Signature**

**Date**

---

*Do not use this form for asbestos licensure exempted activities.*
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:99 and 12:129)

**Date of Notification (1)**  
February 01, 2012

**Name of Building Owner/Operator (2)**  
Ortho Diagnostic / Johnson & Johnson

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

**Street Address**  
1000 / 1001 Route 202, PO Box 300

**City, State, Zip Code**  
Raritan, NJ 08869

**Name of Contact**  
Project Manager

**Telephone Number**  

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**  
Ortho Diagnostic / Johnson & Johnson

<table>
<thead>
<tr>
<th>Street Address</th>
<th>County Code (7)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1000 / 1001 Route 202</td>
<td>(STATE CODE ONLY)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City (5)</th>
<th>County (6)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Raritan, NJ</td>
<td>Somerset</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>ASCM No.</th>
<th>Telephone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>908-874-6207</td>
</tr>
</tbody>
</table>

**Street Address**  
12 Kilmer Drive

**City, State, Zip Code**  
Hillsborough, NJ 08844-3830

**Project Manager for Monitoring Firm**  
Edward J. Bulava

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2/2/12</td>
<td>2/10/12</td>
</tr>
</tbody>
</table>

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

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

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

- [x] ≥3 sf or ≥3 if
- [x] ≥160 sf or ≥250 if
- [ ] Renovation
- [ ] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

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

<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>OCD Boiler Room</td>
<td>Yes</td>
<td>pipe</td>
<td>45 if</td>
<td>Removal</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>Tank</td>
<td>350 s/f</td>
<td>Encapsulate</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**  
Freehold Cartage

<table>
<thead>
<tr>
<th>NJ DEP Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>22253</td>
<td>4</td>
<td>BFI Imperial Landfill</td>
</tr>
</tbody>
</table>

**City, State**  
Freehold, NJ

**Disposal Date**  
2/10/12

**City, State**  
Imperial, PA 15126

**Completed by**  
Michael Cooper

<table>
<thead>
<tr>
<th>Title</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>President</td>
<td></td>
<td>2/1/12</td>
</tr>
</tbody>
</table>

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

Date of Notification (1) 01/31/12

Name of Building Owner/Operator: David Shapiro
Street Addresses 275 Passaic Ave.
City, State, Zip  Passaic, NJ 07055
Name of Contact: David Shapiro

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) House
Street Addresses 275 Passaic Ave.,
City(5) Passaic NJ
County (6) Passaic County Code (7) (STATE USE ONLY)  

Name of Monitoring Firm Hired by Building Owner (8): J&S Environmental Laboratories, LLC 
ASCM No. 
Name of Abatement Contractor (9): Pezo Inc
Street Address: 2333 Route 22 West
City, State, Zip Code: Union NJ 07083

Project Manager for Monitoring Firm Sherry Telephone No. 908-206-0073
Start Date (10) 02/21/12 Scheduled Completion Data (11) 02/22/12

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

Scope of Work (Check all apply)
> 3 sf or > 3 lf
x > 160 sf or > 260 lf
x Renovation Demolition
XX Glovebag Procedure Non-Exempted (*) and Non-Friable procedure

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

<table>
<thead>
<tr>
<th>Location Normally</th>
<th>Description of</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Used Solely by Maintenance/Custodial Staff? (12)</td>
<td>Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td>Amount (Specify SF or LF)</td>
</tr>
<tr>
<td>Yes No N/A</td>
<td>Approx. 80 LF x</td>
<td></td>
</tr>
</tbody>
</table>

Name of registered Waste Hauler Pezo Inc.
NJDEP Waste Huler CS 6224
Cubic Yards of Waste
Name of Registered Landfill Management of Pennsylvania

Disposal Date 01/31/12
City, State Lincoln Park, NJ 07035
Morrisville, Pennsylvania
Completed by Ike Pezi Title President
Signature [Signature]

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

**Date of Notification (1):** January 30, 2012

**Name of Building Owner/Operator (2):** Mattia Building Contracting

**Street Address:** 1702 A Grand Central Avenue

**City, State, Zip Code:** Lavallette, NJ 08735

**Name of Contact:** Sal Mattia

**Telephone Number:**

---

## FACILITY INFORMATION

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

**Residence**

**Street Address:** 253 Harbor Drive

**City:** Ocean Beach II

**County:** Ocean

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

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

**Street Address:** 1889 Route 9, Unit 61

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

**Telephone Number:** 732-349-9932

**License Number:** 00624

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

**Street Address:** 1056 Stelton Road

**City, State, Zip Code:** Piscataway, New Jersey 08854

**Type of Facility (4):** Subchapter 8 (other than k-12)

**Square feet:** 1000sf

**# of Floors:** 1

**Bldg. Age:** 60

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

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

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

**Scheduled Start Date (10):** 2/10/12

**Scheduled Completion Date (11):** 2/13/12

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

- [ ] >3 sf or ≥3 sf
- [x] ≥160 sf or ≥260 ft²
- [ ] Renovation
- [x] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [x] 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
- [x] NO
- [ ] N/A

**Exterior:** X

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

**Amount (Specify SF or L.F.):** 800 sf

**Abatement Type:** X

---

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

**NIDEP Waste Hauler ID No.:** 20223

**Cubic Yards of Waste:** 2

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

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

**Disposal Date:** 2/14/12

**City, State:** Tullytown, Pennsylvania

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

**Title:** Project Manager

**Signature:**

**Date:** 1/30/2012

---

*Do not use this form for asbestos licensure exempted activities.*
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:50 and 12:120)

Date of Notification (1)
February 01, 2012

Name of Building Owner/Operator (2)
Donnelly Construction

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

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

Street Address
557 Route 23 South
Wayne, NJ 07470

City, State, Zip Code
Wayne, NJ 07470

Name of Contact
Shahzad Khan

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Baltusrol Golf Club

City (5)
Springfield, NJ

County (6)
County Code (7)
NJ

Current Use (Prior if being demolished)
golf club

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

ASCM No.
0021

Name of Abatement Contractor (9)
The MACK Group, LLC

Street Address
907 Doolittle Drive
Bridgewater, NJ 08807

City, State, Zip Code
Bridgewater, NJ 08807

Project Manager for Monitoring Firm
Eric Houseknecht

Telephone No.
(908) 218-1108

Telephone No.
(973) 759-5000

License No.
00781

Name of OSHA Monitor
The MACK Group, LLC.

Start Date (10)
1/3/12

Scheduled Completion Date (11)
3/31/12

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

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

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

In Facility (13)

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attic</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>3rd floor</td>
<td></td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

Description of Asbestos Containing Material (ACM)

<table>
<thead>
<tr>
<th>Location</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attic</td>
<td>transite</td>
<td>6900 s/f</td>
</tr>
<tr>
<td>3rd floor</td>
<td>contaminated fiberglass insulation</td>
<td>5250 s/f</td>
</tr>
<tr>
<td>3rd floor</td>
<td>pipe</td>
<td>600 l/f</td>
</tr>
<tr>
<td>3rd floor</td>
<td>pipe</td>
<td>45 l/f</td>
</tr>
</tbody>
</table>

Amount (Specify SF or LF)

Abatement Type

Endoscope
☐ Repair
☐ Enclosure

Name of Registered Waste Hauler

Freehold / American Waste

North Brunswick, NJ / Warren OH

Name of Registered Waste Hauler ID No.
15939

Cubic Yards of Waste
128

Name of Registered Landfill
GROWS Minerva Enterprises

City, State
Morrisville, PA / Waynesburg, OH

Disposal Date
3/31/12

Completed by
Mike Cooper

Title
President

Signature

Date
2/1/12

* Do not use this form for asbestos licensure exempted activities.
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:56 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>January 24, 2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Donnelly Construction</td>
</tr>
<tr>
<td>Street Address</td>
<td>557 Route 23 South</td>
</tr>
<tr>
<td>Wayne, NJ 07470</td>
<td></td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Shahzad Khan</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baltusrol Golf Club</td>
</tr>
<tr>
<td>Street Address</td>
</tr>
<tr>
<td>City (5)</td>
</tr>
<tr>
<td>County Code (6)</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
</tr>
<tr>
<td>Telephone No.</td>
</tr>
<tr>
<td>Start Date (10)</td>
</tr>
<tr>
<td>Scheduled Completion Date (11)</td>
</tr>
</tbody>
</table>

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

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

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM)</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (13)</th>
<th>Description of Asbestos Containing Material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attic</td>
<td>Yes</td>
<td>transite, contaminated fiberglass insulation</td>
</tr>
<tr>
<td>3rd floor</td>
<td>No</td>
<td>pipe</td>
</tr>
<tr>
<td></td>
<td>N/A</td>
<td></td>
</tr>
</tbody>
</table>

**Amount (Specify SF or LF)**

- 6900 s/f
- 5250 s/f
- 600 LF
- 45 LF

**Location of Registered Waste Hauler**

- NJ DEP Waste Hauler ID No. 15939
- Cubic Yards of Waste 128
- Name of Registered Landfill GROWS / Minerva Enterprises

**Freehold / American Waste**

- City, State: Freehold, NJ / Warren OH
- Disposal Date: 2/29/12
- City, State: Morrisville, PA / Waynesburg, OH

**Completed by**

- Mike Cooper
- Title: President
- Signature: [Signature]
- Date: 1/24/12

**Do not use this form for asbestos licensure exempted activities.**
Date of Notification (1)  
December 15, 2011

Name of Building Owner/Operator:
Donnelly Construction

AGENCIES NOTIFIED

☐ EPA  ☐ DEP  ☐ DOL  ☐ DOH  ☐ DCA

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

Name of Facility Where Abatement is Taking Place (3):
Baltusrol Golf Club

Street Address:
557 Route 23 South
Wayne, NJ 07470

City, State, Zip Code:
Wayne, NJ 07470

Name of Contact:
Shahzad Khan

FACILITY INFORMATION

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

Square Feet:

# of Floors:

Bldg. Age:

current Use (Prior if being demolished):
golf club

NAME OF MONITORING FIRM HIRED BY BUILDING OWNER (8):
AET

ASCM No.:
0021

Name of Abatement Contractor (9):
The MACK Group, LLC

Street Address:
1500 Kings HWY N, STE 209
Cherry Hill, NJ 08034

City, State, Zip Code:
Cherry Hill, NJ 08034

Name of OSHA Monitor:
The MACK Group, LLC.

Telephone No.:
(973) 759 - 5000
License No.:
00781

Start Date (10):
1/3/12

Scheduled Completion Date (11):
1/24/12

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

SCOPE OF WORK (CHECK ALL THAT APPLY):

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

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

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

☐ Yes  ☒ No  ☐ N/A

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

Amount (Specify SF or LF):

Abatement Type:

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

Attic:

transite

contaminated fiberglass insulation

6900 sf

3rd floor:

pipe

600 lf

Name of Registered Waste Hauler:
NJ DEP Waste Hauler ID No. 15939
Cubic Yards of Waste:
128

Name of Registered Landfill:
GROWS / Minerva Enterprises
City, State:
Morristown, PA / Waynesburg, OH

Completed by:
Mike Cooper
Title:
President
Signature:
Date: 12/15/11

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