**State of NJ**  
**Notification of Asbestos Abatement**  
(Pursuant to NJAC 8:60-7 and 12:120-7)  
***EMERGENCY***

**Date of Notification (1)**  
10/21/19

**Name of Building Owner/Operator (2)**  
Brick Township Board of Education

**Street Address**  
101 Hendrickson Ave

**City, State, Zip Code**  
Brick, NJ 08724

**Name of Contact**  
James Edwards, B.A/B.S

**ACTIONS INFORMATION**

**Name of facility where abatement is taking place (3)**  
Brick Township High School (Non Sub 8)

**Street Address**  
346 Chambersbridge Road

**City**  
Brick

**County**  
Ocean

**Current Use (Prior to being demolished)**  
School - NON Sub 8

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

**Square Feet**  
106

**# of Floors**  
2

**Bldg. Age**  
30

**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**  
00378

**Name of OSHA Monitor**  
B & G Restoration, Inc.

**Street Address**  
105 Ryerson Road

**City, State, Zip Code**  
Lincoln Park, NJ 07035

**Scheduled Start Date (10)**  
02/04/2015

**Scheduled Completion Date (11)**  
02/05/2015

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

**Current Use**  
School - NON Sub 8

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

**Square Feet**  
106

**# of Floors**  
2

**Bldg. Age**  
30

**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**  
00378

**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.
- [x] Other-Describe: Non Sub 8

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

- [ ] Demolition
- [ ] Renovation
- [ ] Full Containment w/negative pressure
- [x] Glovebag procedure
- [ ] Mini-enclosure
- [ ] Non-tolerable procedure

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

- [x] boiler room

<table>
<thead>
<tr>
<th>Location</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>boiler room</td>
<td>x</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Description of asbestos-containing material (ACM):**

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>pipe insulation</td>
<td>8 lf</td>
</tr>
</tbody>
</table>

**Location Normally Used Solely by Maintenance/Custodial staff (12):**

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>boiler room</td>
<td>pipe insulation</td>
</tr>
</tbody>
</table>

**Registered Waste Hauler**

<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
<th>Cubic Yards of Waste</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tullytown Resource &amp; Recovery Center</td>
<td>1/2</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Title</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Secretary/Treasurer</td>
<td>Gordana Luna</td>
</tr>
</tbody>
</table>

**Date:**  
02/04/2015
**State of NJ**
**Notification of Asbestos Abatement**
(Pursuant to NJAC 8:80-7 and 12:120-7)
***EMERGENCY***

**Notify on 1/14/2015**

**Agencies notified**: EPA, DOL, DOH, DCA

**Type Notification**: Initial

**Name of Building Owner/Operator**: Brick Township Board of Education

**Street Address**: 101 Hendrickson Ave

**City, State, Zip Code**: Brick, NJ 08724

**Name of Contact**: James Edwards, B.A.B.S.

**Facility Information**

**Facility where abatement is taking place**: Brick Township High School (Non Sub 8)

**Street Address**: 342 Chambersbridge Road

**City**: Brick

**County**: Ocean

**Name of Monitoring Firm**

**ABC#**:

**Name of Abatement Contractor**: B & G Restoration, Inc.

**Street Address**: 105 Ryerson Road

**City, State, Zip Code**: Lincoln Park, NJ 07035

**Occupancy Status During Abatement**: Abatement performed outside of normal facility hours

**Abatement performed outside of normal facility hours**: Describe:

**Other-Describe**: Non Sub 8

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

- [x] Demolition
- [x] Removal
- [x] >3,000 sf or >2000 lb
- [x] <160 sf or <280 lb
- [x] Full Containment w/negative pressure
- [ ] Glovebag procedure
- [x] Minit-enclosure
- [x] Non-ferrous procedure

**Location of asbestos-containing material to be abated in facility**: Yes

**Description of asbestos-containing material (ACM)**: Pipe insulation

**Amount (Specify SF or LB)**: 8 lb

**Regulated Waste Hauler**

**Name of Registered Landfill**: Tullytown Resource & Recovery Center

**Date of Disposal**: 02/05/2015

**Completed by (Print or Type)**

**Signature**: Gordana Luna

**Date**: 02/04/2015
**State of NJ**
**Notification of Asbestos Abatement**
(Pursuant to NJAC 8:60-7 and 12:120-7)

***EMERGENCY***

**Name of Building Owner/Operator:**
Brick Township Board of Education

**Street Address:**
101 Hendrickson Ave
City, State, Zip Code:
Brick, NJ 08724

**Name of Contact:**
James Edwards, B.A.B.S

**FACILITY INFORMATION**

**Name of facility where abatement is taking place:**
Brick Township High School (Non Sub 8)

**Street Address:**
346 Chambersbridge Road

**City:**
Brick

**County:**
Ocean

**County Code:**

**Name of Abatement Contractor:**
B & G Restoration, Inc.

**Street Address:**
105 Ryerson Road

**City, State, Zip Code:**
Lincoln Park, NJ 07035

**Telephone Number:**
(973)888-8889

**License Number:**
00378

**Name of Asbestos Monitor:**
B & G Restoration, Inc.

**Street Address:**
105 Ryerson Road

**City, State, Zip Code:**
Lincoln Park, NJ 07036

**Scheduled Start Date:**
02/04/2015

**Scheduled Completion Date:**
02/05/2015

**Occupancy Status During Abatement:**
Facility closed/abandoned during entire period of abatement.

**Scope of Work:**
- Demolition
- Renovation

**Location of asbestos-containing material to be abated in facility:**
- Boiler room: Yes
- Pipe insulation: Yes

**Amount of ACM (Specify SF or LB):**
- 80 SF

**Registered Waste Handler:**
B & G Restoration, Inc.

**Disposal Date:**
02/05/2015

**Complied by:**
Gordana Luna

**Signature:**
Gordana Luna

**Date:**
02/04/2015
NOTIFICATION OF NON-FRIABLE ASBESTOS WORK ACTIVITIES

Date of Notification: 2 / 9 / 2015

Type of Work: Renovation

Name of Building Owner/Operator: Matt DiDato
Name of Contact: Matt DiDato
Street Address: 173 Ward Lane
City: Williamstown
State: NJ
Zip: 08094
Telephone No.: 

Name of Facility Where Work Activity is to Take Place:

Diodato Residence
Residence
Street Address: 173 Ward Lane
City: Williamstown
State: NJ
Zip: 08094
County Code (State Use Only): 
Scheduled Completion Date: 2 / 12 / 2015

Facility Used: 

Activity Performed Outside Normal Facility Hours—Describe: 

Scope of Work (check all that apply):

- Floor Tile: Square Footage: 125 SF Percentage Asbestos: 
- Mastic: Square Footage: 125 SF Percentage Asbestos: 
- Transite: Square Footage: Percentage Asbestos: 
- Roofing: Square Footage: Percentage Asbestos: 
- Siding: Square Footage: Percentage Asbestos: 
- Other: Square Footage: Percentage Asbestos: 

Company Name: Shade Environmental, LLC
Street Address: 623 Cutler Avenue
City: Maple Shade
State: NJ
Zip: 08052
Telephone No.: 856-755-0099

New Jersey Asbestos License Number (if applicable): 00842
Monitoring Firm (if applicable): MDG Environmental, LLC
Telephone No.: 856-755-9300

Completed By: Christina Lynch
Title: Operations Manager
Date: February 9, 2015
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

**Date of Notification (1)**  
2/9/15

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

**Agencies Notified**  
- EPA  
- DEP  
- DOL

**Type Notification**  
- Initial  
- Amended

**Address**  
- Street Address: 174 Blanchard Street  
- City, State, Zip Code: Newark, NJ 07105

**Name of Contact**  
Joe Lockwood

**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>Street Address: 366 Mt. Prospect Avenue</td>
<td>School (K-12)</td>
</tr>
<tr>
<td>City (5) Newark</td>
<td>Subchapter 8 (Other than K-12)</td>
</tr>
<tr>
<td>County (5) Essex</td>
<td>Other (i.e. private &amp; commercial buildings, homes, etc.)</td>
</tr>
<tr>
<td>Square Feet 5000</td>
<td>Current Use (Prior if being demolished)</td>
</tr>
<tr>
<td># of Floors 5</td>
<td>License No. 703</td>
</tr>
<tr>
<td>Bldg. Age 65</td>
<td>Telephone No. 973-764-2276</td>
</tr>
</tbody>
</table>

**Name of Monitoring Firm Hired by Building Owner (8)**  
ASCM No.  
ABS Environmental Services, LLC

**Name of Abatement Contractor (9)**  
Street Address: PO Box 483, 4 E Gate Drive  
City, State, Zip Code: Glenwood, NJ 07418

**Project Manager for Monitoring Firm**  
Street Address

**Telephone No.**  
973-764-2276

**Start Date (10)**  
2/18/15

**Scheduled Completion Date (11)**  
3/18/15

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

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

- ≥25 sf or ≥25 ft
- ≥160 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 (15)**

<table>
<thead>
<tr>
<th>Location</th>
<th>Location Normally Used Solely by Maintenance/Custodial Staff? (12)</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>basement</td>
<td>x</td>
<td>x</td>
<td>pipe insulation</td>
<td>150 LF</td>
<td>x</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**  
NJDEP Waste Hauler ID No.  
Cubic Yards of Waste  
Name of Registered Landfill

**Completed by**  
A. Scott Higgins  
Title: President  
Signature: [signature]

**Date**  
2/9/15

*Do not use this form for asbestos licensure exempted activities.*
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:50-7 and 12:120-7)

Date of Notification (1) 01/02/06
Name of Building Owner/Operator (2)

[X] EPA

Agency Notified Type Notification

[X] Initial Notification

[X] DEP

[X] IDOL

Amended Notification

[X] DOH

Cancellation

[X] DCA

Street Address

2175 Lemoine Avenue, 6th Floor

City, State, Zip Code

Fort Lee, NJ 07024

Name of Contact

Maria / Jack DeNichilo

Telephone Number

Facility Information

Name of Facility Where Abatement is Taking Place (3)

Lewis F. Cole Middle School

Street Address

467 Stillwell Avenue

City (5) Bergen

County (6)

Bergen

County Code (7) (STATE USE ONLY)

State

Fort Lee, NJ 07024

Name of Abatement Contractor (9)

Westchester Environmental, LLC

ASCM No.

000127

Street Address

307 North Walnut Street

City, State, Zip Code

West Chester, PA 19380

Name of Monitoring Firm Hired by Building Owner (8)

Four Strong Builders, Inc.

ASCM No.

Street Address

180 Sargeant Avenue

City, State, Zip Code

Clifton, NJ 07013-1935

Name of Monitoring Firm Hired by Building Owner (8)

Matt Abraham

Telephone Number

610-431-7545

Scheduled Start Date (10) 01/12/06

Sched. Completion Date (11)

01/12/06

Occupancy Status During Abatement (Check only one):

[X] School (K-12)

[X] Subchapter 6 (Other than K-12)

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

Square Feet # of Floors Bldg. Age

50,000 2 60

Current Use (Prior if being demolished)

School

Name of Monitoring Firm Hired by Building Owner (8)

Four Strong Builders, Inc.

Telephone Number

973-514-0377 00807

Name of OSRA Monitor

Project Manager of Monitoring Firm Telephone Number

Matt Abraham

610-431-7545

Scope of Work (Check all that apply)

[X] Renovation

[X] Full Containment with Negative Pressure

[X] Mini-Enclosure

[X] Glovebag Procedure

[X] Non-Friable Procedure

In Location

Description of

Location

Asbestos-Containing

Material (ACM)

Material

Location

Normaly

ASCM

Use

Solos

BY

Maint-

ENCE/(

Custodial

Staff)

Asbestos-Containing

Material (ACM)

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

Amount

SP or

LF

Removal

Repair

Rein

Closure

Enclosure

[ ] 3 sf or <30 sf

Location

Computer Room

[ ] 360 sf or >360 sf

Description

Floor Tile, Cove Base/Mastic, Carpet 660 SF

Location

Name of Registered Waste Hauler

Four Strong Builders, Inc.

Waste Hauler ID No.

12609

Cubic Yards of Waste

Name of Registered Landfill

G.R.O.W.S., Inc.

Disposal Date

City, State

Clifton, NJ

Completed By (Print or Type)

Date

Biliyana Kulakovska

Office Administrator

ASS-41

JUN 95

Signature

2/6/15

Date
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:30 and 12:120)

Date of Notification (1)
February 9, 2015

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

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

Name of Building Owner/Operator (2)
Carmen Pinto
Check # 1848

Street Address
9 W. Browning Road
City, State, Zip Code
Belmarw, NJ 07719

Name of Contact
Carmen Pinto

FACILITY INFORMATION

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

Street Address
9 West Browning Road

City (5)
Belmar

County (6)
Camden

County Code (7) (STATE USE ONLY)
1500

Current Use (Prior to being demolished)
Residence

Name of Owner of Property (8)
Carmen Pinto

Management & Enviro. Consulting Services
ASCM No.

Name of Abatement Contractor (8)
Shade Environmental, LLC

Street Address
623 Cutler Avenue

City, State, Zip Code
Maple Shade, NJ 08052

Name of OSHA Monitor
EMSL Analytical, Inc.

Street Address
200 Route 130 North

City, State, Zip Code
Cinnaminson, NJ 08077

Start Date (10)
February 18, 2015

Scheduled Completion Date (11)
February 19, 2015

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

Scope of Work (Check All That Apply)
☐ $3,000 or $23 if
☐ $100 or $2360 if

Renovation
☐ Demolition

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

In Facility

Yes No NA

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

Amount (Specify SF or LF)

50 LF

Abatement Type

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

Location of Registered Waste Hauler
Freehold Cartage

NJDEP Waste Hauler ID No.
02265

Cubic Yards of Waste
1

Name of Registered Landfill
Western Berks Community Landfill

City, State
Birdsboro, PA

Completed by
Christina Lynch
Title
Operations Manager
Signature
Date
2/9/2015

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

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

**Name of Contact**
TOMASZ DOBIAS

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**
RESIDENCE
33 GARDEN COURT NORTH

**City (5)**
GARFIELD

**County (6)**
BERGEN

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

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

**Telephone No.**
473-656-8700

**License No.**
00494

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

**Scope of Work (Check All That Apply)**
- ≥ 3 ft or ≥ 3’’
- ≥ 150 ft or ≥ 250 ft
- Renovation
- Demolition

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

**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? (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>BASEMENT</td>
<td>X</td>
<td>PIPE</td>
<td>145 LF</td>
<td>X</td>
</tr>
</tbody>
</table>

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

**Disposal Date**
2/24/2015

**City, State**
CLIFTON, NJ

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

**City, State**
MORRISVILLE, PA

**Compiled by**
VIVECA RAMOS

**Title**
PROJECT COORDINATOR

**Date**
2/9/2015

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

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

**Date of Notification (1)**
2 / 9 / 15

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

**Street Address**
502 Main Street

**City, State, Zip Code**
Ft Lee, NJ 07024

**Name of Contact**
Harold Baldwin

**Telephone Number**

**FACILITY INFORMATION**

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

**Type of Facility (4)**

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

**Square Feet**
8,000

**# of Floors**
2

**Bldg. Age**
75

**County (5)**
Bergin

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

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

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

**ASCM No.**

**Name of Abatement Contractor (9)**
JVN Restoration Inc

**Street Address**
47 Foster Road

**City, State, Zip Code**
Staten Island

**License No.**
00774

**Telephone No.**
718-605-6256

**Name of OSHA Monitor**
Testor Tech

**Street Address**
1050 Jackson Avenue

**City, State, Zip Code**
LIC, NY 11101

**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: 9AM-9PM/9PM-9AM

**Start Date (10)**
2 / 9 / 15

**Scheduled Completion Date (11)**
5 / 19 / 15

**Start Date (10)**
2 / 9 / 15

**Scheduled Completion Date (11)**
5 / 19 / 15

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

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

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

- [ ] Basement
- [ ] Power Room
- [ ] Vat/Mastic

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

- [x] Yes
- [ ] No
- [ ] N/A

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

- [ ] Quantitative
- [ ] Qualitative
- [x] 300SF

**Abatement Type**

- [ ] Removal
- [ ] Repair
- [ ] Encapsulate
- [ ] Enclose

**Amount (Specify SF or LF)**
300SF

**Name of Registered Waste Hauler**
Newark Carting

**NJDEP Waste Hauler ID No.**
NJ-566

**Cubic Yards of Waste**
5

**Name of Registered Landfill**
Grand Central Sanitary Land Fill

**City, State**
Penargyl, PA

**Disposal Date**
2/29/15

**Completed By (Print or Type)**
Ignatius Marraccino

**Title**
Project Manager

**Signature**

**Date**
2-9-15

*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)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
<th>Fac. Control &amp; Licensing</th>
</tr>
</thead>
<tbody>
<tr>
<td>02/17/15</td>
<td>ROGER STUDWELL</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>444 BIRCH PLACE</td>
<td>WESTFIELD, NJ 07090</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Contact</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>SHERRIE WOODY</td>
<td></td>
</tr>
</tbody>
</table>

FACILITY INFORMATION

Name of facility where abatement is taking place (3)

<table>
<thead>
<tr>
<th>Name of facility where abatement is taking place (3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ROGER STUDWELL</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>707 CENTER STREET</td>
<td>GARWOOD</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Bldg. Owner (8)</th>
<th>ASCM No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>GARWOOD</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Abatement Contractor (9)</th>
<th>License Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>D &amp; S RESTORATION, INC.</td>
<td>01169</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>20 California Ave.</td>
<td>Paterson, NJ 07503</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Sched. Completion Date (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>02/16/15</td>
<td>02/27/15</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.</td>
</tr>
<tr>
<td>Other-Describe: NORMAL HOURS</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (check all that apply)</th>
<th>Full Containment w/ negative pressure</th>
</tr>
</thead>
<tbody>
<tr>
<td>≥3 sf or ≥3 if</td>
<td>Mini-enclosure</td>
</tr>
<tr>
<td>≥100 sf or ≥260 if</td>
<td>Glovebag procedure</td>
</tr>
<tr>
<td>Demolition</td>
<td>Non-Exempted (__) and Non-Friable procedure</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of asbestos-containing material (acm) to be abated in facility (13)</th>
<th>Description of asbestos-containing material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>GARAGE</td>
<td>PIPE INSULATION 30 ft.</td>
</tr>
<tr>
<td>GARAGE</td>
<td>DUCT INSULATION 50 SQ FT</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Registered Waste Hauler</th>
<th>Cubic Yards of Waste</th>
</tr>
</thead>
<tbody>
<tr>
<td>D &amp; S RESTORATION, INC.</td>
<td>2 yrs.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>TULLYTOWN, RESOURCE RECOVERY</td>
<td>TULLYTOWN, RESOURCE RECOVERY</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>Disposal Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>PATERN, NJ 07503</td>
<td>02/17/15</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Compiled by (Print or Type)</th>
<th>Title</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>BOGDAN JOLDZIC</td>
<td>PRESIDENT</td>
<td>02/05/2015</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) 02 / 09 / 15

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

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
1240 Crown Point Road

City, State, Zip Code
Westville, NJ 08093

Name of Contact
Ron Rosendorn

Telephone Number

FACILITY INFORMATION

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

Street Address
1240 Crown Point Road

City (5)
Westville, NJ 08093

County (6)
Gloucester

County Code (7) (STATE USE ONLY)
N/A

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

Square Feet
N/A

# of Floors
N/A

Bldg. Age
N/A

Current Use (Prior to being demolished)
Petroleum Fuels Storage (Tank Farm)

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

ASCM No.

Name of Abatement Contractor (9)
Kenny Atlantic Industrial Services

Street Address
800 Billingsport Road

City, State, Zip Code
Paulsboro, NJ 08086

Project Manager for Monitoring Firm
Tom Kennedy

Telephone No.
856-491-5934

Telephone No.
856-491-5934

License No.
00857

Start Date (10)
02 / 23 / 15

Scheduled Completion Date (11)
12 / 31 / 15

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

Time of Abatement: AM PM PM AM

Name of OSHA Monitor
Kenny Atlantic Industrial Services, LLC

Street Address
800 Billingsport Road

City, State, Zip Code
Paulsboro, NJ 08086

Scope of Work (Check all that apply)
- [X] 2 or 3 SF
- [X] ≥160 SF or ≥260 SF
- [X] Renovation
- [X] Demolition

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)
2000LF/1000S

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

Various Outdoor Areas

- [ ] Yes
- [ ] No
- [ ] N/A

Name of Registered Waste Hauler
Waste Management of NJ

NJDEP Waste Hauler ID No.
17323

Cubic Yards of Waste
400

Name of Registered Landfill
Gloucester County Solid Waste Complex

City, State
Swedesboro, NJ

Completed By (Print or Type)
Ron Rosendorn

Title
Environmental Specialist

Signature

Date 02-09-15

ASB-41
JAN 13

* 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>2 / 6 / 15</td>
<td>Goya Foods, Inc. / Job #1412-4857 Check #6914</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ EPA</td>
<td>Initial</td>
</tr>
<tr>
<td>☑ DOL/WD</td>
<td>Amended Amendment #3</td>
</tr>
<tr>
<td>☐ DCA (NJAC 5:23-6)</td>
<td>Emergency (including justification)</td>
</tr>
<tr>
<td>☐ Cancellation</td>
<td></td>
</tr>
<tr>
<td>Street Address</td>
<td>350 County Road</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Jersey City, NJ 07307</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Matthew Montour</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
</tbody>
</table>

FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Type of Facility (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goya Maintenance Garage</td>
<td>School (K-12)</td>
</tr>
<tr>
<td></td>
<td>Subchapter 8 (Other than K-12)</td>
</tr>
<tr>
<td></td>
<td>Other (i.e., private and commercial buildings, homes, etc.)</td>
</tr>
<tr>
<td>Street Address</td>
<td></td>
</tr>
<tr>
<td>390 New County Road</td>
<td></td>
</tr>
<tr>
<td>City (5)</td>
<td></td>
</tr>
<tr>
<td>Jersey City</td>
<td></td>
</tr>
<tr>
<td>County (6)</td>
<td></td>
</tr>
<tr>
<td>Hudson</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>County Code (7)(STATE USE ONLY)</th>
<th>Current Use (Prior if being demolished)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></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>Omega Environmental</td>
<td></td>
<td>AbateTech, Inc.</td>
</tr>
<tr>
<td>Street Address</td>
<td></td>
<td>Street Address</td>
</tr>
<tr>
<td>280 Huylar Street</td>
<td></td>
<td>30 Maple Ave. PO Box 25</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td></td>
<td></td>
</tr>
<tr>
<td>South Hackenssack, NJ 07605</td>
<td></td>
<td>Lumberton, NJ 08048</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>Telephone No.</td>
<td>Telephone No.</td>
</tr>
<tr>
<td>Geisler Fajardo</td>
<td>201-491-5299</td>
<td>608-265-2107</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 / 19 / 15</td>
<td>2 / 27 / 15</td>
<td>EMSL Analytical</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>200 Route 130 North</td>
</tr>
<tr>
<td>☐ Abatement Performed Outside of Normal Facility Hours - Describe</td>
<td></td>
</tr>
<tr>
<td>Time of Abatement: AM PM AM AM</td>
<td></td>
</tr>
</tbody>
</table>

Scope of Work (Check all that apply)

| ☑ ≥3 sf or ≥3 If | ☑ Renovation | ☑ Full Containment with Negative Pressure |
| ☑ ≥160 sf or ≥280 If | ☑ Demolition | ☑ 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>Entrance to Restroom, Lunch Room #1</th>
<th>Throughout</th>
<th>Exterior</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ ☐ ☐ Floor tile &amp; Mastic</td>
<td>☐ ☐ ☐ Shetrock joint compound</td>
<td>☐ ☐ ☐ Roof flashing/mastic</td>
</tr>
<tr>
<td>☐ ☐ ☐</td>
<td>☐ ☐ ☐</td>
<td>☐ ☐ ☐</td>
</tr>
</tbody>
</table>

1st Fl. Northern Offices

<table>
<thead>
<tr>
<th>☐ ☐ ☐ Floor Tile</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ ☐ ☐</td>
</tr>
</tbody>
</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>AbateTech, Inc.</td>
<td>18750</td>
<td>20</td>
<td>G.R.O.W.S. Landfill</td>
</tr>
</tbody>
</table>

City, State, Location

<table>
<thead>
<tr>
<th>City, State</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lumberton, NJ</td>
<td></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>Gwendolyn Trumbetti</td>
<td>Operations Coordinator</td>
<td>❌</td>
<td>2/10/15</td>
</tr>
</tbody>
</table>

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

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<tr>
<th>Date of Notification (1)</th>
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</table>

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<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ EPA</td>
<td>Initial</td>
</tr>
<tr>
<td>☑ DOLWVD</td>
<td>Amended</td>
</tr>
<tr>
<td>☑ DHSS</td>
<td>Amendment #2</td>
</tr>
<tr>
<td>☑ DCA</td>
<td>Emergency (including justification)</td>
</tr>
<tr>
<td>(NJAC 5:23-6)</td>
<td>Cancellation</td>
</tr>
</tbody>
</table>

| Name of Building Owner/Operator (2) | Goya Foods, Inc. / Job #1412-4857 Check #6914. |

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<tr>
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<th>350 County Road</th>
</tr>
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<th>Telephone Number</th>
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<tr>
<td>Matthew Montour</td>
<td></td>
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**FACILITY INFORMATION**

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<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Goya Maintenance Garage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>390 New County Road</td>
</tr>
<tr>
<td>City (5)</td>
<td>Jersey City</td>
</tr>
<tr>
<td>County (6)</td>
<td>Hudson</td>
</tr>
<tr>
<td>County Code (7) (STATE USE ONLY)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>Omega Environmental (A&amp;CM No.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>280 Huyler Street</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State, Zip Code</td>
<td>South Hackensack, NJ 07608</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Geiser Fajardo</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone No.</td>
<td>201-484-6209</td>
</tr>
<tr>
<td>License No.</td>
<td>00529</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
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<th>1 / 19 / 15</th>
</tr>
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<tbody>
<tr>
<td>Scheduled Completion Date (11)</td>
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</table>

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

<table>
<thead>
<tr>
<th>Square Foot</th>
<th># of Floors</th>
<th>Bidg. Age</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of Abatement Contractor (9)</th>
<th>AbateTech, Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>30 Maple Ave. PO Box 25</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Lumberton, NJ 08048</td>
</tr>
</tbody>
</table>

| Name of OSHA Monitor | EMSL Analytical |

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check only one)</th>
</tr>
</thead>
<tbody>
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<tr>
<td>☑ Abatement Performed Outside of Normal Facility Hours - Describe</td>
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</table>

<table>
<thead>
<tr>
<th>Time of Abatement: AM PM AM</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
</tr>
</thead>
<tbody>
<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) TO BE ABATED IN Facility (13)</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fire doors</td>
<td>Yes</td>
</tr>
<tr>
<td>Canopy over Office Main Entrance</td>
<td>☑</td>
</tr>
<tr>
<td>Interior Perimeter Walls</td>
<td>☑</td>
</tr>
<tr>
<td>Name of Registered Waste Hauler AbateTech, Inc.</td>
<td>NJDEP Waste Hauler ID No. 18750</td>
</tr>
<tr>
<td>Name of Registered Landfill G.R.O.W.S. Landfill</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<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>Amount (Spasilly SF or LF)</th>
<th>18 total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Built up roofing and flashing</td>
<td>60 SF</td>
</tr>
<tr>
<td>Vapor Barrier Mastic</td>
<td>3,200 SF</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler AbateTech, Inc.</th>
<th>NJDEP Waste Hauler ID No. 18750</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>Lumberton, NJ</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disposal Date</td>
<td>2/27/15</td>
</tr>
<tr>
<td>Name of Registered Landfill G.R.O.W.S. Landfill</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Completed By (Print or Type)</th>
<th>Gwendolyn Trumbetti</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
<td>Operations Coordinator</td>
</tr>
<tr>
<td>Signature</td>
<td>Date 2/10/15</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 5:18)

Date of Notification (1)
2 / 11 / 15

Name of Building Owner/Operator (2)
PNC Bank

Agency Notified
☐ EPA
☐ DOLWD
☐ DHSS
☐ DCA
(62AC 5:23-B)

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

Street Address
320 Main Street

City, State, Zip Code
Avon by the Sea, NJ 07717

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
PNC Bank

Street Address
320 Main Street

City (5)
Avon by the Sea, NJ 07717

County (6)
Monmouth

Square Feet
5000

Building Age
50+/-

County Code (7) (STATE USE ONLY)

Current Use (Prior if being demolished)
Bank

Name of Monitoring Firm Hired by Building Owner (8)
ECS Mid-Atlantic, LLC

ASCM No.

Name of Abatement Contractor (9)
Prism Response, Inc.

Street Address
56 Grumbacher Road, Suite D

Telephone No.
717-767-4788

City, State, Zip Code
York, PA 17406

License No.
01121

Name of OSHA Monitor
ECS Mid-Atlantic, LLC

Start Date (10)
3 / 14 / 15

Scheduled Completion Date (11)
3 / 14 / 15

Name of Project Manager for Monitoring Firm
Mike Smith

Telephone No.
724-325-3330

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 12:00 PM 12:00 PM 12:00 AM

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

Roo Renovation
☐ Demolition

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

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

In Facility

Is Location Normally Used Solely by Maintenance/Custodial Staff?

Yes ☐ No ☐ N/A ☐

Description of Asbestos-Containing Material (ACM)

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

Amount (Square Foot or LF)

Abatement Type

Endorse

Repair

Complet

Endorse

Date

Name of Registered Waste Hauler

Waste Management

NUDEP Waste

Cubic Yards of

Disposal Date

City, State

Grows North Landfill

Title

Signature

Jessica Wolfe

Administrative Support

Date

2/11/2015

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>2 / 9 / 15</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 / 9 / 15</td>
<td></td>
<td>PSE&amp;G Delivery, Projects &amp; Construction / Job #1502-4870/Check #6962</td>
</tr>
</tbody>
</table>

Agencies Notified  
☐ EPA  
☐ DOLWD  
☐ DHSS  
☐ DCA (NJAC 8:23-6)  
Type Notification  
☐ Amended  
☐ Emergency (including justification)  
☐ Cancellation  
Amendment #________________________

Street Address  
80 Park Plaza

City, State, Zip Code  
Newark, NJ 07101

Name of Contact  
Larry Eddinger

Telephone Number

FACILITY INFORMATION

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

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

City (5)  
Cherry Hill

County Code (7) [STATE USE ONLY]  
Camden

Current Use (Prior if being demolished)  
Utility

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

ASCM No.  
AbateTech, Inc.

Name of Abatement Contractor (9)  
EMSL Analytical

Street Address  
30 Maple Ave. PO Box 25

City, State, Zip Code  
Lumberton, NJ 08048

Start Date (10)  
2 / 23 / 15

Scheduled Completion Date (11)  
3 / 6 / 15

Name of OSHA Monitor  
EMSL Analytical

Project Manager for Monitoring Firm  
Jim Proctor

Telephone No.  
(856) 452-1311

License No.  
00529

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

Scope of Work (Check all that apply)  
☐ ≥3 sf or ≥3 lsf  
☒ ≥160 sf or ≥260 lsf  
☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM, PM, AM

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)  
ID Card Number (14)  
NJDEP Waste Hauler ID No. 1125

Is Location Normally Used Solely by Maintenance/Custodial Staff? (15)  
Yes ☐ No ☐ N/A ☒

Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)  
1,600 SF  
100 SF

Amount (Specify SF or LF)  
End Result  
Repair ☐ Removal ☒ Encapsulate ☒ Non-Exempted (*) and Non-Friable Procedure ☒

End Result  
Repair ☐ Removal ☒ Encapsulate ☒ Non-Exempted (*) and Non-Friable Procedure ☒

Exterior Control House  
Stucco

Interior Control House  
Transite Floor Panels

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

Waste Management  
City, State  
Camden, NJ  
City, State  
Morristown, NJ

Completed By (Print or Type)  
Gwendolyn Trumbetti  
Title  
Operations Coordinator

Signature  
Date 3/6/15  
2/9/15

* 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. #: 2015-21

Date of Notification (1) |
0 1 2 / 0 1 9 / 1 1 1 5 |

Name of Building Owner/Operator (2) |
Helga Schlape

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

Type Notification |
☒ Initial |
☐ Amendment |
☐ Cancellation |

Street Address |
11 Beechwood Road

City, State, Zip Code |
Florham Park, NJ 07932

Name of Contact |
Helga Kautsky / Daughter

Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3) |
Helga Schlape

Street Address |
11 Beechwood Road

City (5) |
Florham Park, NJ 07932

County (6) |
Morris

County Code (7) |
(State use only)

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

Telephone Number |
(973) 696-6869

License Number |
00378

Name of OSHA Monitor |
B & G Restoration, Inc.

Street Address |
105 Ryerson Road

City, State, Zip Code |
Lincoln Park, NJ 07035

Scheduled Start Date (10) |
02/24/2015

Scheduled Completion Date (11) |
02/25/2015

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) |
☐ Demolition |
☐ Renovation |
☒ >3 sf or >3 if |
☐ >=180 sf or >=260 if |
☐ Full Containment w/negative pressure |
☐ Glovebag procedure |
☒ Mini-enclosure |
☐ Non-friable procedure |

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


Description of asbestos-containing material (ACM) |

Amount (Specify SF or LF) |

Removal |

Repair |
Encapsulation |

End Cap |

Registered Waste Hauler |
B & G Restoration, Inc.

NJDEP Hauler ID# |
19563

Cubic Yards of Waste |
1/2

Name of Registered Landfill |
Tullytown Resource & Recovery Center

City, State |
Lincoln Park, NJ

Disposal Date |
02/25/2015

City, State |
Tullytown, PA

Completed by (Print or Type) |
Gordana Luna

Title |
Secretary/Treasurer

Signature |
Gordana Luna

Date |
02/09/2015
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1): 2 / 9 / 15  
Name of Building Owner/Operator (2): Trustees of Princeton  
/ Job #1502-4871, Check #6936

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

Street Address:  
Trustees of Princeton University E.A. MacMillan Bldg.  
City, State, Zip Code: Princeton, NJ 08544

Name of Contact: Robert Ortigo, P.E.  
Telephone Number:  

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3):  
Princeton University-Dillon Gym

Street Address:  
Elm Drive Princeton, NJ -Princeton University Main Campus

City (5): Princeton  
County (6): Mercer  
County Code (7) (STATE USE ONLY):  
Square Feet: 214,000  
# of Floors: 8  
Bldg. Age: 68  
Current Use (Prior if being demolished): University Gymnasium

Name of Monitoring Firm Hired by Building Owner (8): Cardno ATC  
ASCM No.: 00098  
Name of Abatement Contractor (9): AbateTech, Inc.

Street Address:  
3 Terril Lane  
City, State, Zip Code: Burlington, NJ 08016

Project Manager for Monitoring Firm: Michael R. Koenh  
Telephone No.: 609-386-8800

Start Date (10): 2 / 23 / 15  
Scheduled Completion Date (11): 3 / 15 / 16

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

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 (12):  
Yes No N/A

Phase 5 B Level Tunnel:  
☐ ☐ ☒ Pipe & fitting insulation: 370 LF  
☑ ☐ ☐

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

Name of Registered Waste Hauler: AbateTech, Inc.  
NJDEP Waste Hauler ID No.: 18750  
Cubic Yards of Waste: 12  
Name of Registered Landfill: G.R.O.W.S. Landfill  
City, State: Lumberton, NJ 08048

Disposal Date: 3/15/15  
City, State: Tullytown, PA

Completed By (Print or Type): Gwendolyn Trumbetti  
Title: Operations Coordinator  
Signature:  
Date: 3/9/15

* 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. #: 2015-20
Check # 7072

Date of Notification (1)
10 12/1/09 11/15

Name of Building Owner/Operator (2)
Mary Pat Phillips

Agencies Notified

<table>
<thead>
<tr>
<th>Agency</th>
<th>Notification Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
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<tr>
<td>DEP</td>
<td>Amendment</td>
</tr>
<tr>
<td>DOH</td>
<td>Cancellation</td>
</tr>
</tbody>
</table>

Street Address
402 Linwood Avenue

City, State, Zip Code
Ridgewood, NJ 07451

Name of Contact
Mary Pat Phillips

Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
Mary Pat Phillips

Street Address
402 Linwood Avenue

City (5) County (6) County Code (7)
Ridgewood, NJ 07451 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

Telephone Number
(973)896-6869

License Number
00378

Name of OSHA Monitor
B & G Restoration, Inc.

Street Address
105 Ryerson Road

City, State, Zip Code
Lincoln Park, NJ 07035

Scheduled Start Date (10) Sched. Completion Date (11)
02/20/2015 02/21/2015

Occupancy Status During Abatement (Check only one)
X Facility closed/vacated during entire period of abatement.

Scope of Work (check all that apply)

<table>
<thead>
<tr>
<th>Work</th>
<th>Description</th>
<th>Full Containment Winemagazine Pressure</th>
<th>Glovebag Procedure</th>
<th>Non-fragile Procedure</th>
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</thead>
<tbody>
<tr>
<td>Demolition</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>≥200 sf or ≥200 ft</td>
<td>pipe insulation</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>≤160 sf or ≤260 ft</td>
<td>pipe insulation</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>X X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Location of asbestos-containing material 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>
</tr>
</thead>
<tbody>
<tr>
<td>boiler room</td>
<td>X</td>
<td></td>
<td></td>
<td>pipe insulation</td>
<td>30 ft</td>
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<td>storage room</td>
<td>X</td>
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<td></td>
<td>pipe insulation</td>
<td>6 ft</td>
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<tr>
<td>main room</td>
<td>X</td>
<td></td>
<td></td>
<td>pipe insulation</td>
<td>3 ft</td>
</tr>
</tbody>
</table>

Registered Waste Hauler

B & G Restoration, Inc.

NJDEP Hauler ID # 19563

Cubic Yards of Waste: 1

Name of Registered Landfill
Tullytown Resource & Recovery Center

City, State
Lincoln Park, NJ
Tullytown, PA

Disposal Date
02/23/2015

Completed by (Print or Type)
Gordana Luna

Title
Secretary/Treasurer

Signature
Gordana Luna

Date
02/09/2015