## 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>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2/10/14</td>
<td>Ana Quintela</td>
</tr>
</tbody>
</table>

### Agencies Notified
- [X] EPA
- [X] DEP
- [X] DOH
- [X] DCA

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

### Street Address
- 6 North Court
- Bayonne, NJ 07002

<table>
<thead>
<tr>
<th>Name of Contact</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ana Quintela</td>
<td></td>
</tr>
</tbody>
</table>

### FACILITY INFORMATION
- Name of Facility Where Abatement is Taking Place (3) house
- Street Address: 230-232 Avenue B
- City: Bayonne
- County: Hudson

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

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

### Project Manager for Monitoring Firm
- Telephone No. N/A

### Start Date (10)
- 2/21/14

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

### Scope of Work (Check All That Apply)
- [X] ≥ 36 sf or ≥ 36 if
- [X] ≥ 180 sf or ≥ 2600 if
- [ ] 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

<table>
<thead>
<tr>
<th>Location</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 #230</td>
<td>pipe insulation</td>
<td>30 LF</td>
<td>X</td>
</tr>
<tr>
<td>basement #232</td>
<td>pipe insulation</td>
<td>40 LF</td>
<td>X</td>
</tr>
</tbody>
</table>

### Name of Registered Waste Hauler
- D&S Abatement, Inc.

### Disposal Date
- TBD

### Name of Registered Landfill
- Waste Management of PA

### Completed by
- Deanna Brkusin
- Title: Project Manager

### Signature
- [Signature]

### Date
- 2/10/14

---

*Do not use this form for asbestos licensure exempted activities.*
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:20)

Date of Notification (1)  
2/12/13

Agencies Notified  
EPA  
DEP  
DOL  
DOH  
DCA

Type Notification  
Initial  
Amended  
Amendment #  
Emergency (including Justification)

Name of Building Owner/Operator (2)  
Camden City School District

Street Address  
901 S. 8th Street

City, State, Zip Code  
Camden NJ 08103

Name of Contact  
Steve

Telephone Number  

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  
Camden Board of Ed 4th Floor

Street Address  
201 N Front Street

City (5)  
Camden NJ 08102

County (6)  
Camden

County Code (7)  

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

ASCM No.  

Name of Abatement Contractor (9)  
Pemaco Inc.

Street Address  
PO Box 329

City, State, Zip Code  
West Berlin NJ 08091

Project Manager for Monitoring Firm  

Telephone No.  

Telephone No.  
856-753-9800

License No.  
00727

Start Date (10)  
2/14/14

Scheduled Completion Date (11)  
2/17/14

Occupancy Status During Abatement (Check Only One)  
Facility Closed/Vacated During Entire Period of Abatement

Abatement Performed Outside of Normal Facility Hours

Other – Describe: Nights and weekend

Scope of Work (Check All That Apply)  
≥3 sf or ≥3 if

≥160 sf or ≥260 if

Renovation

Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)  
4th Floor office areas

Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  
Floor Tile  
1680 SF

Amount (Specify SF or LF)  

Abatement Type  
Full Containment with Negative Pressure

Mini-Enclosure

Glovebag Procedure

Non-Exempted (*) and Non-Friable Procedure

Name of Registered Waste Hauler  
United Containers

NJDEP Waste Hauler ID No.  
22459

Cubic Yards of Waste  
6

Disposal Date  
2/17/14

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

City, State  
Elm NJ

City, State  
Morrisville PA 19067

Completed by  
Anthony T Perna  
Title  
President

Signature  

Date  
2/12/14

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

Date of Notification (1): 2-11-14

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

Type Notification:
- [X] Initial Notification
- [ ] Amended Notification
- [ ] Emergency
- [ ] Cancellation

Name of Building Owner/Operator (2):
Damaris Reynolds

Street Address:
155 Christopher Street
Montclair, NJ 07042

Name of Contact:
Damaris Reynolds

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3):
Same as above

City (5):
County (6):
County Code (7):

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

Street Address:

City, State, Zip Code:

Name of Abatement Contractor (9):
AZTECH MANAGEMENT, INC.

Street Address:
86 Christopher St.

City, State, Zip Code:
Montclair, NJ 07042

Telephone Number:
(973) 744-8800

License Number:
00371

Name of OSHA Monitor:
N/A

Project Manager for Monitoring Firm:
N/A

Scheduled Start Date (10):
2-21-14

Scheduled Completion Date (11):
2-24-14

Month Day Year:

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

Scope of Work (Check all that apply):
- [X] Renovation
- [X] Demolition
- [ ] Other

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

In Facility (13):

[ ] Yes
[ ] No
N/A

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

Amount (Specify SF or LF):

Abatement Type:
- [ ] Removal
- [ } Repairs
- [ ] Encapsulation
- [ ] Enclosure

Name of Registered Waste Hauler:
AZTECH MANAGEMENT, INC.

Waste Hauler ID No.:
17040

Cubic Yards of Waste:
1.5

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

City, State:
Montclair, NJ 07042

Disposal Date:
2-25-14

City, State:
Morrisville, PA 19067

Completed By (Print or Type):
Constantine Vivian
Title:
President
Signature:

Date:
2-11-14
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:50 and 12:120)

Date of Notification (1):
2-12-14

Name of Building Owner/Operator (2):
JRN Home Building

Street Address:
315 AVENUE

City, State, Zip Code:
BROOKLYN, N.J. 07125

Name of Contact:
Pete

Telephone Number:

FACILITY INFORMATION

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

Street Address:
315 AVENUE

City (5):
BROOKLYN

County (5):
MONMOUTH

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

ASCM No.:

Name of Abatement Contractor (9):
Ace Insulation Co., Inc.

Street Address:
95 Montrose Road

City, State, Zip Code:
Colts Neck, N.J. 07722

Project Manager for Monitoring Firm:

Telephone No.:
732-239-1757

License No.:
00029

Start Date (10):
2-18-14

Scheduled Completion Date (11):
2-28-14

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

Other — Describe:

Scope of Work (Check All That Apply):

- Asbestos-containing Material (ACM) TO BE ABATED
- Location Normally Used Solely by Maintenance/Custodial Staff?
- Description of Asbestos Containing Material (ACM)

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

- Indoors
- Outdoors

Amount (Specify SF or LF): 810 L

Abatement Type:

- Removal
- Repair
- Encapsulation
- Endorsement

Name of Registered Waste Hauler:
Ace Insulation Co., Inc.

NJDEP Waste Hauler ID No.:
12568

Cubic Yards of Waste:
4

Name of Registered Landfill:
Chirns

Disposal Date:
2-28-14

City, State:
Easton, Pa

Completed by:
Title:
President

Signature:

Date:
2-12-14

* Do not use this form for asbestos licensure exempted activities.
# 2243

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

### Date of Notification (1)
2-12-14

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

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

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

### Street Address
614 EAST HILL ROAD

### City, State, Zip Code
Chew Work 07722

### Name of Contact
Tony

### Telephone Number

### FACILITY INFORMATION

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

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

#### Square Feet
1400

#### # of Floors
2

#### Bldg. Age
52

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

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

#### ASCM No.

#### Name of Abatement Contractor (9)
Ace Insulation Co., Inc.

#### Street Address
95 Montrose Road

#### City, State, Zip Code
Colts Neck, N.J. 07722

#### Project Manager for Monitoring Firm

#### Telephone No.
732-294-1757

#### License No.
0009

#### Start Date (10)
2-21-14

#### Scheduled Completion Date (11)
2-26-14

#### Scope of Work (Check All That Apply)
- [ ] 30' or 33' SP
- [ ] 160' or 260' SP
- [ ] Renovation Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Gluing Operation
- [ ] Non-Exempted (*) and Non-Exempted Procedure
- [ ] Others – Describe: JAM (2)

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>OUTDOORS</td>
<td>Yes</td>
<td>SIDING</td>
<td>1800 SF</td>
<td></td>
</tr>
</tbody>
</table>

#### Name of Registered Waste Hauler
Ace Insulation Co., Inc.

#### NJDEP Waste Hauler ID No.
12086

#### Cubic Yards of Waste
3

#### Name of Registered Landfill
Chrin's

#### City, State
Colts Neck, New Jersey

#### Disposal Date
2-26-14

#### City, State
Easton, Pa.

#### Completed by
Gregg Weahaf

#### Title
President

#### Signature

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:1220)

**Date of Notification:** 2-14-14  
**Name of Building Owner/Operator:** Donald Gardner

<table>
<thead>
<tr>
<th>Agency</th>
<th>Type Notification</th>
<th>Control Agency</th>
<th>Type of Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
<td>Amended</td>
<td>School (K-12)</td>
</tr>
<tr>
<td>DEP</td>
<td>Amended</td>
<td>Amendment #</td>
<td>Subchapter B (Other than K-12)</td>
</tr>
<tr>
<td>DOL</td>
<td>Emergency (including justification)</td>
<td>Other (i.e., private &amp; commercial buildings, homes, etc.)</td>
<td></td>
</tr>
<tr>
<td>DOH</td>
<td>Cancellation</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Name of Facility Where Abatement is Taking Place:** Single Family Dwelling

- **Street Address:** 345 Lincoln Ave  
- **City:** Paulsboro  
- **State:** NJ  
- **Zip Code:** 08066

**County:** Gloucester  
**County Code:** (STATE USE ONLY)  
**Name of Monitoring Firm Hired by Building Owner:** EPC Technologies  
**ASCM No.:** N/A

**Name of Abatement Contractor:** EPC Technologies Inc.  
**Address:** P.O. Box 337  
**City:** New Egypt  
**State:** NJ  
**Zip Code:** 08533

**Name of OSHA Monitor:** EPC Technologies Inc.

- **Street Address:** P.O. Box 337  
- **City:** New Egypt  
- **State:** NJ  
- **Zip Code:** 08533

**Start Date:** 2-14-14  
**Scheduled Completion Date:** 2-21-14

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

- **Location:** Basement  
- **Material:** Pipe Insulation  
- **Amount:** 33 LF

**Name of Registered Waste Hauler:** EPC Technologies  
**NJDDEP Waste Hauler ID No.:** 17000  
**Cubic Yards of Waste:** 1  
**Name of Registered Landfill:** Waste Management of PA

- **Disposal Date:** 2-21-14  
- **City:** Moonachie  
- **State:** NJ

**Completed by:** Steve Schenkel  
**Title:** President

---

*ASB-41 (R-06-08)*  
*Do not use this form for asbestos licensure exempted activities.*
# Notification of Asbestos Abatement

**State of New Jersey**

**Notification of Asbestos Abatement**

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

**Date of Notification (1)**

2-4-14

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

Donald Gardner

**Street Address**

345 Lincoln Ave

**City, State, Zip Code**

Paulsboro, NJ 08066

**Type of Facility (4)**

- Single Family Dwelling

**Square Feet**

501-

**# of Floors**

1

**Bidg. Age**

501-

**County Name**

Gloucester

**County Code**

08066

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

EPC Technologies Inc

**ASCM No.**

N/A

**Name of Abatement Contractor (9)**

EPC Technologies Inc

**Street Address**

P.O. Box 337

**City, State, Zip Code**

New Egypt, NJ 08533

**License No.**

08-394

**Project Manager for Abatement Firm**

Steve Schenke

**Telephone No.**

609-758-3365

**Start Date (10)**

2-4-14

**Scheduled Completion Date (11)**

2-4-14

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

- Facility Closed/Vacated During Entire Period of Abatement

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

- 23 sf or 23 ft

- 2160 sf or 2260 ft

- Renovation

- Demolition

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

- Basement

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

- Yes

- No

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

- Pipe Insulation

**Amount (Specify SF or LF)**

33 LF

**Abatement Type**

- Full Containment with Negative Pressure

- Mini-Enclosure

- Glovebag Procedure

- Non-Exempted (*) and Non-Removable Procedure

**Name of Registered Waste Hauler**

EPC Technologies Inc

**Cubic Yards of Waste**

1

**Name of Registered Landfill**

Waste Management of PA

**Disposal Date**

2-4-14

**City, State**

Morgenisville, PA

**Completed by**

Steve Schenke

**Title**

President

**Signature**

Steve Schenke

**Date**

2-4-14

*Do not use this form for asbestos licensure exempted activities.*
State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:50-7 and 12:120-7)
O & M Removal

Date of Notification (1)

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

Street Address
99 E Century Road

City, State, Zip Code
Paramus, NJ 07652

Name of Contact
Bob Autorino

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
Paramus High School (NON Sub 8)

Street Address
145 Spring Valley Road

City (5)
Paramus, NJ 07652

County (6)
Bergen

County Code (7)
State use only

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

ASCM No.
0090

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

Street Address
403 St. James Avenue

City, State, Zip Code
Phillipsburg, NJ 08865

Project Manager for Monitoring Firm
Jon Gilbert

Phone Number
(908)454-4818

Scheduled Start Date (10)
02/21/2014

Scheduled Completion Date (11)
02/22/2014

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 ☐ Full Containment w/negative pressure
☐ ≥3 sf or ≥3 if ☐ ≥160 sf or ≥260 sf ☑ Glovebag procedure
☐ ≥160 sf or ≥260 sf ☑ 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)

Yes ☐ ☑ No ☑ N/A

Description of asbestos-containing material (ACM)

Pipe fitting insulation

Amount
9 count

Registered Waste Hauler
B & G Restoration, Inc.

NJDEP Hauler ID#
19563

Cubic Yards of Waste
1/4

Name of Registered Landfill
Tullytown Resource & Recovery Center

City, State
Lincoln Park, NJ 07035

Disposal Date
02/24/2014

Complied by (Print or Type)
Gordana Luna

Title
Secretary/Treasurer

Signature

Date
02/10/2014
**Notification of Asbestos Abatement**

**State of NJ**

**B & G proj.:** 2014-20

---

**Date of Notification:**
01/11/2014

---

**Name of Building Owner/Operator:**
Kelly Librera

**Street Address:**
77 Tuscan Road

**City, State, Zip Code:**
Maplewood, NJ, 07040

**Name of Contact:**
Kelly Librera

---

**FACILITY INFORMATION**

**Name of facility where abatement is taking place:**
Kelly Librera

**Street Address:**
77 Tuscan Road

**City, State, Zip Code:**
Maplewood, NJ 07040

**Name of Monitoring Firm Hired by Bldg. Owner:**
N/A

---

**Type of Facility:**
- School (K - 12)
- Subchapter 8 (Other than K-12)
- Other (Private-Commercial Buildings, etc.)

**Square Feet:**

**License Number:**
0378

**Occupancy Status During Abatement:**
- Facility closed/vacated during entire period of abatement.
- Abatement performed outside of normal facility hours.
- Other: Describe:

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

**Location of asbestos-containing material to be abated in facility:**
- Basement
- Crawl Space

---

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

**Disposal Date:**
02/24/2014

---

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

Title: Secretary/Treasurer

**Signature:**

Gordana Luna

Date: 02/10/2014
State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1) 02/18/2014

Name of Building Owner/Operator (2) Corinne Ball

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

Type Notification
☒ Initial
☐ Amendment
☐ Cancellation

Street Address
12 Woodward Avenue

City, State, Zip Code
Bloomingdale, NJ 07403

Name of Contact
Corinne Ball

Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
Corinne Ball

Street Address
12 Woodward Avenue

City (5)
Bloomingdale, NJ 07403

County (6)
Passaic

County Code (7)
(Neuse 7)

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
0378

Name of OSHA Monitor
B & G Restoration, Inc.

Street Address
105 Ryerson Road

City, State, Zip Code
Lincoln Park, NJ 07035

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

Other-Describe:

Scheduled Start Date (10)
02/24/2014

Sched. Completion Date (11)
02/25/2014

Scope of Work (check all that apply)
☐ Demolition
☒ Renovation
☐ Full Containment/w/negative pressure
☐ Glovebag procedure
☐ > 3 sq ft or ≥ 3 if
☐ ≥ 100 sq if or ≥ 260 sq if
☐ Mini-enclosure
☐ Non-frangible procedure

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

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

Yes
No
N/A

Description of asbestos-containing material (ACM)
pipe insulation

Amount (Specify SF or LF)
210 If

Removal
Repair
Encapsulation
Encapsulation

Registered Waste Hauler
B & G Restoration, Inc.

NJDEP Hauler ID# 19563

Cubic Yards of Waste 3

Name of Registered Landfill
Tullytown Resource & Recovery Center

City, State
Lincoln Park, NJ 07035

Disposal Date
02/26/2014

City, State
Tullytown, PA

Completed by (Print or Type)
Jordana Luna

Title
Secretary/Treasurer

Signature

Date
02/11/2014
State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification:

Name of Building Owner/Operator:

Address:

City, State, Zip Code:

Name of Contact:

Telephone Number:

FACILITY INFORMATION

Name of facility where abatement is taking place:

Street Address:

City, State, Zip Code:

Name of Monitoring Firm Hired by Bldg. Owner:

ASCN No.:

Name of Abatement Contractor:

Street Address:

City, State, Zip Code:

Telephone Number:

License Number:

Name of OSHA Monitor:

Street Address:

City, State, Zip Code:

Name of Registered Landfill:

City, State:

Disposal Date:

Completed by (Print or Type):

Title:

Signature:

Date:

FRAN CASSIDY

7 NORMADY BOULEVARD WEST

MORRIS TWP.

MORRIS

D & S RESTORATION, INC.

20 California Ave.

Paterson, NJ 07503

973-345-8020

01169

FRAN CASSIDY

20 California Avenue

Paterson, NJ 07503

TULLYTOWN, RESOURCE RECOVERY

TULLYTOWN, PA

02/20/14

02/10/2013

D & S RESTORATION, INC.

13506

1 yd

BOGDAN JOLDZIC

PRESIDENT

02/21/14
State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)

Name of Building Owner/Operator (2)

BETH STERNBERG

Street Address

204 FOREST AVENUE

City, State, Zip Code

GLEN RIDGE, NJ 07028

Name of Contact

BETH STERNBERG

Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3)

BETH STERNBERG

Street Address

204 FOREST AVENUE

City (5)

GLEN RIDGE

County (6)

ESSEX

County Code (7)

(State use only)

Type of Facility (4)

□ School (K - 12)

□ Subchapter 8 (Other than K-12)

□ Other (Private/Commercial Bldgs./Homes, etc.)

Square Feet

3240

# of Floors

2

Bldg. Age

60

Current Use (Prior if being demolished)

Name of Abatement Contractor (9)

D & S RESTORATION, INC.

Street Address

20 California Ave.

City, State, Zip Code

Paterson, NJ 07503

Telephone Number

973-345-8020

License Number

01169

Name of OSHA Monitor

D & S Restoration, Inc.

Street Address

20 California Avenue

City, State, Zip Code

Paterson, NJ 07503

Start Date (10)

03/04/14

Sched. Completion Date (11)

03/20/14

Occupancy Status During Abatement (Check only one)

□ Facility closed/vacated during entire period of abatement.

□ Abatement performed outside of normal facility hours-
Describe:

□ Other-Describe: NORMAL HOURS

Scope of Work (check all that apply)

□ ≥3 sf or ≥320 sf

□ ≥160 sf or ≥260 sf

□ Renovation

□ Demolition

□ Full Containment w/negative pressure

□ Mini-enclosure

□ Glovebag procedure

□ Non-Exempted (*) and Non-Friable procedure

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

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

Yes

No

N/A

Description of asbestos-containing material (ACM)

PIPE INSULATION

90 L FT

Amount (Specify SF or LF)

H R E M O V E

R E P A I R

E N C A P

E N C L

Registered Waste Hauler

D & S RESTORATION, INC.

NJDEP Hauler ID

13506

Cubic Yards of Waste

1 yd

Name of Registered Landfill

TULLYTOWN, RESOURCE RECOVERY

City, State

PATERNON, NJ 07503

Disposal Date

03/05/14

Completed by (Print or Type)

BOGDAN JOLDZIC

Title

PRESIDENT

Signature

Date

02/10/14

* 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 2 3

Name of Building Owner/Operator (2)
BRIAN BUXTON

Street Address
66 JOYCE ROAD

City, State, Zip Code
TENAFLY, NJ

Name of Contact
BRIAN BUXTON

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

Square Feet

# of Floors

Bldg. Age

Name of facility where abatement is taking place (3)
BRIAN BUXTON

Street Address
66 JOYCE ROAD

City (5)
TENAFLY

County (6)
BERGEN

County Code (7)

(Place only)

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

Street Address
20 California Ave.

City, State, Zip Code
Paterson, NJ 07503

Telephone Number
973-345-8020

License Number
01169

Name of OSHA Monitor
D & S Restoration, Inc.

Street Address
20 California Avenue

City, State, Zip Code
Paterson, NJ 07503

Start Date (10)
03/03/14

Sched. Completion Date (11)
03/18/14

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

ASCM No.

Project Manager for Monitoring Firm

Phone Number

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: NORMAL HOURS

Scope of Work (Check all that apply)
□ >2 sf or >2 lft
□ Renovation
□ ≥160 sf or ≥260 lft
□ Demolition
□ Full Containment w/negative pressure
□ Mini-enclosure
□ Glovebag procedure
□ Non-Exempted (*) and Non-Friable procedure

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

<table>
<thead>
<tr>
<th>Area</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
<th>Description of asbestos-containing material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Removal</th>
<th>Repair</th>
<th>Encap</th>
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<tbody>
<tr>
<td>BASEMENT</td>
<td></td>
<td></td>
<td></td>
<td>PIPE INSULATION</td>
<td>250 L FT</td>
<td></td>
<td></td>
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<tr>
<td>BASEMENT</td>
<td></td>
<td></td>
<td></td>
<td>BARE HEATING PIPES</td>
<td>40 L FT</td>
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Registered Waste Hauler
D & S RESTORATION, INC.
NJDEP Hauler ID: 13506
Cubic Yards of Waste: 3 YDS

Name of Registered Landfill
TULLYTOWN, RESOURCE RECOVERY

City, State
PATerson, NJ 07503

Disposal Date
03/04/14

Completed by (Print or Type)
BOGDAN JOLDZIC
Title
PRESIDENT
Signature
Date
02/10/14

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

Date of Notification (1) 2/11/14

Agency Notified
EPA
DEP
DOH
DCA

Type Notification
Initial
Amended
Amendment #
Emergency (including utilization)
Cancellation

Name of Building Owner/Operator (2)
Christopher Roanbeek

Address
50 1st Ave
Avon, New Jersey

City, State, Zip Code

Name of Contact
Peter Cavagnaro

Telephone Number

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

Type of Facility (4)

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

Square Feet
1600

# of Floors
2

Bldg. Age
60+

County Code (7)
M000

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.

Name of Abatement Contractor (9)
Ace Insulation Co., Inc.

Street Address
95 Montrose Road
Colts Neck, N.J. 07722

City, State, Zip Code

Telephone No.
732-294-1757

License No.
00028

Name of OSHA Monitor

Street Address

City, State, Zip Code

Start Date (10)
2/14/14

Scheduled Completion Date (11)
2/22/14

Occuqancy 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)

Ext./or of or 23 if
>1600 or or 5600 if

Renovation
Demolition

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

Location of Asbestos-Containing Material (ACM)

TO BE ABATED
In Facility
(13)

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

Yes
No
N/A

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

Amount
(Specify SF or LF)

Abatement
Type
Removal
Endeorsure
Repair
Non-Exempted

Name of Registered Waste Hauler
Ace Insulation Co., Inc.

NDEP Waste
Hauler ID No.
12088

Cubic Yards
of Waste
2

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

Disposal Date
2/22/14

City, State
Bethlehem, PA

Completed by
Bree McGuire

Title
Secretary Treasurer

Signature
Date 2/11/14

* Do not use this form for asbestos incursions exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:20)

Date of Notification (1) 02/11/14

Name of Building Owner/Operator  RUMSON MANAGEMENT

Agencies Notified  

☐ EPA  ☑ DOH  ☑ DCA

Type Notification  Initial

Street Address  7 WEST RIVER

City, State, Zip Code  RUMSON NJ 07760

Name of Contact  PETER

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Street Address  7 WEST RIVER

City (5)  RUMSON

County (6)  MONMOUTH

Type of Facility (4)

☐ School (K-12)

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

Square Feet  6000

# of Floors  1

Bldg. Age

Current Use (Prior if being demolished)

RETAIL

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

Name of Abatement Contractor (9)  AAA LEAD PROFESSIONALS

Street Address  6 WHITE DOVE COURT

City, State, Zip Code  LAKEWOOD, NJ 08701

Project Manager for Monitoring Firm

Telephone No.

License No. 1200

Start Date (10)  02/14/14

Scheduled Completion Date (11)  02/14/17

Occupy Status During Abatement (Check Only One)

☒ Facility Closed/Vacated During Entire Period of Abatement

☒ Abatement Performed Outside of Normal Facility Hours

Other – Describe:

Scope of Work (Check All That Apply)

☐ 0 sf or 33 sf

☒ 160 sf or 260 sf

☑ Renovation

☒ Demolition

☐ Full Containment with Negative Pressure

☐ Mini-Enclosure

☐ Glovebag Procedure

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

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

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

Yes  No  N/A

FLOOR X FLOOR TILES  800 SF X

Amount (Specify SF or LF)

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

Abatement Type

Removal

Repair

Encapsulate

Endorse

Name of Registered Waste Hauler  NEWARK CARTING

NJDEP Waste Hauler ID No. 04509

Cubic Yards of Waste  7

Name of Registered Landfill  IESI

City, State  NEWARK, NJ

Disposal Date  02/17/14

City, State  BETHLEHEM PA

Completed by  JOSEPH PERLSTEIN

Title  OWNER

Signature

Date  02/11/14

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

**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**

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

**Date of Notification**: 2/10/14

**Name of Building Owner/Operator**: P.S.E.G.

**Address**: 4000 HADLEY ROAD

**City, State, Zip Code**: SOUTH PLAINFIELD, NJ 07080

**Name of Facility Where Abatement is Taking Place**: P.S.E.G.

**Street Address**: GLENN AVE. BRIDGE

**City**: MILLBURN

**County**: ESSEX

**Name of Monitoring Firm Hired by Building Owner**: ENVIRONMENTAL TACTICS

**ASCM No.**: 0045

**Name of Abatement Contractor**: UNIQUE SYSTEMS OF AMERICA

**Street Address**: 396 WHITEHEAD AVE.

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

**Telephone No.**: 732-232-2217

**License No.**: 01111

**Name of OSHA Monitor**: UNIQUE SYSTEMS OF AMERICA

**Street Address**: 396 WHITEHEAD AVE.

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

**Telephone No.**: 732-432-8350

### Occupancy Status During Abatement

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

### Scope of Work

- [ ] ≥3 sf or ≥3 ft
- [X] ≥160 sf or ≥280 ft
- [X] Renovation or Demolition

### Location of asbestos-containing material (ACM)

<table>
<thead>
<tr>
<th>ACM TO BE ABATED</th>
<th>Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of ACM (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>OUTDOORS</td>
<td>[X]</td>
<td>SOMASITPipe Coating 60 LF</td>
<td></td>
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</tbody>
</table>

**Name of Registered Waste Hauler**: WASTE MANAGEMENT

**NJDEP Waste Hauler ID No.**: 1125

**Cubic Yards of Waste**: APPX 10

**Name of Registered Landfill**: GROWS NORTH

**Disposal Date**: TOD

**City, State**: MORRISVILLE, PA

**Completed by**: CAROL RAIMO

**Title**: OFFICE MGR.

**Signature**: Carol Raimo

**Date**: 2/10/14

---

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

Date of Notification (1)
1/31/14

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

Agencies Notified (3)
- EPA
- DEP
- DOL
- DOH
- DCA

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

Street Address
4000 HADLEY ROAD
SOUTH PLAINFIELD, NJ 07080

City, State, Zip Code
SOUTH PLAINFIELD, NJ 07080

Name of Contact
JOHN MARATTE

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
G.S.C + G

Street Address
GLEN AVE, BRIDGE
MILLBURN

City (5)
MILLBURN

County (6)
ESSEX

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

Square Feet
N/A

# of Floors
N/A

Bldg. Age
N/A

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

ASCN No.
0045

Name of Abatement Contractor (9)
UNIQUE SYSTEMS OF AMERICA

Street Address
396 WHITEHEAD AVE.

City, State, Zip Code
SOUTH RIVER, NJ 08882

Telephone No.
732-292-2217

License No.
01111

Name of OSHA Monitor
UNIQUE SYSTEMS OF AMERICA

Street Address
396 WHITEHEAD AVE.

City, State, Zip Code
SOUTH RIVER, NJ 08882

Start Date (10) 8/13/14
Scheduled Completion Date (11) 8/28/14

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

Scope of Work (Check All That Apply)
- 24 sf or ≥23 if
- 160 sf or ≥260 sf
- Renovation
- Demolition
- Other - Describe:

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

- In Facility (13)
- Outdoors
  - SOMASTIC Pipe Coating
  - 60 LF

Is Location Normally Used Solely by Maintenance/Custodial Staff? (14)
- Yes
- No
- N/A

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

Amount (Specify SF or LF)

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

Name of Registered Waste Hauler
WASTE MANAGEMENT

NJ/DEP Waste Hauler ID No.
1125

Cubic Yards of Waste
APX 10

Name of Registered Landfill
GROWS NORTH

Disposal Date
TBD

City, State
ELIZABETH, NJ

MORRISVILL, PA

Completed by
CAROL RAIMO

Title
OFFICE MGR.

Signature
Carol Reina

Date
8/13/14

* Do not use this form for asbestos licensure exempted activities.
<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>2/11/14</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Occupant</td>
<td>Michael C. Steinberg</td>
</tr>
<tr>
<td>Street Address</td>
<td>155 Mt. So. Co.</td>
</tr>
<tr>
<td>City, State &amp; Zip Code</td>
<td>Ocean City, N.J. 08230</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Bruceleine</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>5</td>
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</table>
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1)
02-11-2014

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

Type Notification
☑ Initial
☐ Amended (2nd)
☐ Emergency
☐ Cancellation

Name of Building Owner / Operator (2)
Woodbridge Center Mall

Street Address
250 Woodbridge Center Drive

City, State & Zip Code
Woodbridge, NJ 07095

Name of Contact
Mr. James Bercheiko

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Woodbridge Center Mall

Street Address
250 Woodbridge Center Drive

City (5)
Woodbridge, NJ 07095

County (5)
Middlesex

County Code (7)

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

Square Feet
315,908

# of Floors
2

Bldg. Age
40

Current Use (Prior if being demolished)
Shopping Mall

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

Street Address
2115 Hamilton Ave, Suite 202

City, State & Zip Code
Trenton, NJ 08619

Name of OSHA Monitor
J&S Environmental Laboratories Inc

Occupancy Status During Abatement (Check only one)
☐ Facility Closed/Vacated During Entire Period of Abatement
☒ Abatement Performed Outside of Normal Hours 4:30pm-1:00am

Describe: Facility Occupied During Abatement

Project Manager for Monitoring Firm
Mr. Mike Panepresso

Telephone Number
215-244-1300

Name of Monitoring Firm Hired by Building Owner (8)
Criterion Laboratories, Inc.

Telephone Number

ASCM No.

License Number
01185

Scheduled Start Date (10)
02-25-2014

Scheduled Completion Date (11)
03-04-2014

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

Space #1080
☒ ☐ ☐ Pipe Insulation
☐ ☘ ☐ Associated pipe fittings
☐ ☐ ☐ 10 LF

Space #1050
☒ ☐ ☐ 10 Total

☐ ☐ ☐ 10 Total

Location of Asbestos-Containing Material (ACM)

Is Location Normally Used Solely by Maintenance or Custodial Staff?
Yes ☐ No ☑ N/A

(12)

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

Amount (Specify SF or LF)

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

Abatement Type

Enclosure ☐

Removal ☐ Repair ☐

Exchangeable ☐

Name of Registered Waste Hauler
Resource Management Group, LLC

NJDEP Waste Hauler ID No.
0035218

Cubic Yards of Waste
TBD

Name of Registered Landfill
Grow's Landfill

Disposal Date
TBD

City, State
Hamilton, NJ 08619

Morrisville, PA

Completed By (Print or Type)
Mr. Brian Haney

Title
President

Signature

Date
02/11/2014
### FACILITY INFORMATION

- **Name of Facility Where Abatement is Taking Place (3):** Atlantic City Race Course - Jockey Building
- **Street Address:** 4501 Black Horse Pike
- **City (5):** Mays Landing
- **County (6):** Atlantic
- **Type of Facility (4):** Controlled Environmental Systems
- **Square Feet:** 10,000
- **# of Floors:** 1
- **Bldg. Age:** 50+
- **Current Use (Prior if being demolished):** Jockey Building

### Project Manager for Monitoring Firm

- **Name:** Keith Crawford
- **Telephone No.:** 215 572 6088

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

- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM - 11:00PM AM

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

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

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

- **"Uncle Nicks":** ACM Mastic on Cork Wall Panels - 2160 SF
- **Hallway Restroom:** ACM Pipe Sealant - 5 EACH
- **Above Ceiling:** HVAC Unit Duct Insulators - 10 EACH
- **Jockey Bldg-Main:** Ceiling Plaster - 2600 SF
- **Jockey Bldg Thru out:** Floor Tile, Mastic, Carpet & flooring - 5350 SF
- **Furnace:** Pipe Fittings - 9 EACH
- **Jockettes Room:** Ceiling Tiles - 1500 SF

### Name of Registered Waste Hauler

- **Name:** Geppert Recycling
- **NJDEP Waste Hauler ID No.:**
- **Cubic Yards of Waste:** 80
- **Name of Registered Landfill:** Western Berks Community Landfill
- **Disposal Date:** 3/30/147

### Completed By (Print or Type)

- **Patricia Visco:** Office Manager
- **Signature:**

---

*Do not use this form for asbestos licensure exempted activities.*
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:80 and 12:120)

Date of Notification (1)
2/03/14

Name of Building Owner/Operator (2)
Barbara Turner
2014 FEB 18 PM 3:21

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

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

Street Address
1035 Warren Avenue

City, State, Zip Code
Union, NJ 07083

Name of Contact
Robert Cary

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

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

Street Address
1035 Warren Avenue

City (5)
Union

County Code (7)
(STATE CODE ONLY)

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

ASCM No.

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

Street Address
11 Rosengren Avenue

City, State, Zip Code
Totowa, NJ 07512

Project Manager for Monitoring Firm

Telephone No.

Telephone No.
973-345-8685

License No.
#00875

Name of OSHA Monitor
D&S Abatement, Inc.

Street Address
11 Rosengren Avenue

City, State, Zip Code
Totowa, NJ 07512

Start Date (10)
2/18/14

Scheduled Completion Date (11)
2/19/14

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

Scope of Work (Check All that Apply)
☐ ≥23 sf or ≥23 ft
☐ ≥160 sf or ≥260 ft
☒ Renovation
☒ Demolition

Location of Asbestos-Containing Material (ACM) TO BE ABATED
in Facility (12)
basement

Yes
No
N/A

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

Amount (Specify SF or LF)
120 LF

Abatement Type
End Stage

End Stage

Location of Registered Waste Hauler
D&S Abatement, Inc.

Cubic Yards of Waste
TBD

Name of Registered Landfill
Waste Management of PA

City, State
Totowa, NJ

Completed by
Deanna Brkusin

Title
Project Manager

Signature

Date
2/03/14

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

Date of Notification (1)
2/03/14

Agencies Notified

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<th>Type Notification</th>
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<td>DEP</td>
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Type Notification

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<th>Type Notification</th>
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<td>Amendment #</td>
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<tr>
<td>Emergency (including justification)</td>
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Name of Building Owner/Operator (2)
Robert Cary

Street Address
215 Montague Place

City, State, Zip Code
South Orange, NJ 07079

Name of Contact
Robert Cary

Telephone Number

FACILITY INFORMATION

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

Street Address
215 Montague Place

City (5)
South Orange

County Code (7) (STATE USE ONLY)

County (6)
Union

Square Feet
N/A

# of Floors
N/A

Bldg. Age
N/A

Current Use (Prior to being demolished)
House

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

Type of Facility (4)

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

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

Street Address
11 Rosengren Avenue

City, State, Zip Code
Totowa, NJ 07512

Telephone No.
973-345-8685

License No.
#00675

Start Date (10)
2/17/14

Scheduled Completion Date (11)
2/18/14

Name of OSHA Monitor
D&S Abatement, Inc.

Street Address
11 Rosengren Avenue

City, State, Zip Code
Totowa, NJ 07512

Occuancy Status During Abatement (Check Only One)

<table>
<thead>
<tr>
<th>Status</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<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: Occupied</td>
<td></td>
</tr>
</tbody>
</table>

Scope of Work (Check All That Apply)

<table>
<thead>
<tr>
<th>Description</th>
<th>Check Mark</th>
</tr>
</thead>
<tbody>
<tr>
<td>≥3 sf or ≥3 lf</td>
<td>X</td>
</tr>
<tr>
<td>≥150 sf or ≥260 lf</td>
<td></td>
</tr>
<tr>
<td>Renovation Demolition</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Description</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>basement &amp; crawl space</td>
<td>pipe insulation</td>
<td>50 LF</td>
</tr>
</tbody>
</table>

Is Location Normally Used Safely by Maintenance/Custodial Staff?

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

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

Name of Registered Waste Hauler
D&S Abatement, Inc.

City, State
Totowa, NJ

Completed by
Deanna Brikusinan

Title
Project Manager

Name of Registered Landfill
Waste Management of PA

City, State
Tullytown, PA

Disposal Date
TBD

Endorse

Signature

Date
2/03/14

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

---  
**Date of Notification (1):**  1/30/14  
**Name of Building Owner/Operator (2):** Deanne Bernstein  
**Agencies Notified:**  
- [X] EPA  
- [X] DEP  
- [ ] DOL  
- [X] DOH  
- [ ] DCA  
**Type Notification:**  
- [X] Initial  
- [ ] Amended  
- [ ] Amendment #  
- [ ] Emergency (including justification)  
- [ ] Cancellation  
**Street Address:**  1125 Lambert Road  
**City, State, Zip Code:** Teaneck, NJ 07666  
**Name of Contact:** Deanne Bernstein  
**Telephone Number:**  
---  
**Name of Facility Where Abatement is Taking Place (3):**  
**House**  
**Street Address:** 1125 Lambert Road  
**City:** Teaneck  
**County:** Bergen  
**County Code:** (STATE USE ONLY)  
**Current Use (Prior if being demolished):** House  
---  
**Name of Monitoring Firm Hired by Building Owner (8):** N/A  
**ASCM No.:**  
**Name of Abatement Contractor (9):** D&S Abatement, Inc.  
**Street Address:** 11 Rosengren Avenue  
**City, State, Zip Code:** Totowa, NJ 07512  
**Project Manager for Monitoring Firm:**  
**Telephone No.:** 973-345-8685  
**License No.:** #00675  
**Start Date (10):** 2/01/14  
**Scheduled Completion Date (11):** 2/02/14  
**Occupancy Status During Abatement (Check Only One):**  
- [X] Facility Closed/Vacated During Entire Period of Abatement  
- [ ] Abatement Performed Outside of Normal Facility Hours  
- [ ] Other – Describe: Occupied  
---  
**Scope of Work (Check All That Apply):**  
- [X] ≥3 sf or ≥3 ft  
- [X] ≥100 sf or ≥260 ft  
- [ ] 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:**  
**boiler room**  
**Is Location Normally Used Solely by Maintenance/Custodial Staff? (13):** No  
---  
**Description of Asbestos Containing Material (ACM):** (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  
**Amount (Specify SF or LF):** 24 LF  
---  
**Name of Registered Waste Hauler:** D&S Abatement, Inc.  
**NJDEP Waste Hauler ID No.:** #20936  
**Cubic Yards of Waste:** TBD  
**Name of Registered Landfill:** Waste Management of PA  
**City, State:** Totowa, NJ  
**Disposal Date:** TBD  
**City, State:** Tullytown, PA  
**Completed by:** Deanna Brkusanin  
**Title:** Project Manager  
**Signature:**  
**Date:** 1/30/14  

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

**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:6G and 12:120)

**Name of Building Owner/Oprator:** Deanne Berman

**Address:** 1126 Lambert Road
**City:** Teaneck, NJ 07666

**Telephone Number:**

---

**FACTOR INFORMATION**

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

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

- **Name of Asbestos Contractor:** D&S Abatement, Inc.

- **Address:** 11 Rosengren Avenue

- **City:** Totowa, NJ 07512

---

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

- [ ] 250 sf or less
- [ ] Renovation
- [ ] Demolition
- [ ] 2,500 sf or more

---

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

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

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

- **Location:** Boiler Room
- **Description:** Pipe Insulation
- **Amount:** 24 LF

---

**Disposal Data:**

- **City:** Teaneck
- **State:** NJ
- **Date:** TBD

---

**Comp miraculous Whistle Hauler:**

**D&S Abatement, Inc.**

---

**Alternate Contact:**

**Name:** Deanne Berman

---

**Contact Information:**

**Name:** Deanne Berman

**Address:** 1126 Lambert Road
**City:** Teaneck, NJ 07666

**Telephone Number:** 873-345-8888

---

*Do not use this form for asbestos-limited exempted activities.*
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:18)

Date of Notification (1)
02 / 11 / 14

Name of Building Owner/Operator (2)
Susan Kamens

Agency Notified
- [ ] EPA
- [x] DOH
- [x] DHSS
- [ ] DCA

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

Facility Information
Name of Facility Where Abatement is Taking Place (3)
Private home
Highland Park, NJ 08904

County Code (7) (STATE USE ONLY)
Middlesex

Name of Monitoring Firm Hired by Building Owner (5)
ASCM No.

Name of Abatement Contractor (9)
Gr Tech LLC

Street Address
576 Valley Rd #283
Wayne, NJ 07470

Telephone No.
973-658-1777

License No.
01127

Name of OSHA Monitor
Envirovision Consultants, Inc

Street Address
20-21 Wagaraw Rd, Bldg. #34A
Fair Lawn, NJ 07410

Scope of Work (Check all that apply)
- [x] >36 sf or >3 if
- [ ] 180 sf or >260 if
- [ ] Demolition
- [ ] Renovation
- [ ] Clean up and decontamination with negative pressure
- [ ] Fill Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Tent with Negative Pressure
- [ ] Non-Exempted (*) and Non-Fireable Procedure

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

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

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

Amount (Specify SF or LF)
80 LF

Abatement Type
- [x] Removal
- [ ] Repair
- [ ] Encapsulate
- [ ] Eradicate
- [ ] Endorse

Asbestos Control & Licensing

Name of Registered Waste Hauler
Gr Tech LLC

D.O.E Waste Hauler #
0033785

Cubic Yards of Waste
TBD

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

Disposal Date
TBD

City, State
Tullytown, PA

Completed By (Print or Type)
N.Jevtic

Owner

Signature
Date

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

Date of Notification (1)
2/11/14

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

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

Name of Building Owner/Operator (2)
Sam Williams Private Home

Street Address
19 West 13th Street
City, State, Zip Code
North Beach Haven NJ 08008

Name of Contact
Sam
Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Sam Williams Private Home
Street Address
19 West 13th Street
City (5)
North Beach Haven NJ 08008
County (6)

County Code (7)

NAME USE ONLY
Ocean

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

Name of Abatement Contractor (9)
Pernaco Inc.
Street Address
PO Box 329
City, State, Zip Code
West Berlin NJ 08091

Project Manager for Monitoring Firm

Telephone No.
856-753-9800
License No.
00727

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

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

Scope of Work (Check All That Apply)
- <3 sf or <3 lf
- 3sf to 160 sf or 320.sf
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

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

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

Amount (Specify SF or LF)
750 SF

Abatement Type

Name of Registered Waste Hauler
United Containers
NJDEP Waste Hauler ID No.
22459
Cubic Yards of Waste
2
Name of Registered Landfill
G.R.O.W.S.
City, State
Morrisville PA 19067
Disposal Date
2/14/14

Completed by
Anthony T Perna
Title
President
Signature.
Date
2/11/14

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

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>February 11, 2014</td>
<td>Sandvik Tooling Services</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
<td>1702 Nevins Road</td>
</tr>
<tr>
<td>DEP</td>
<td>Amended Amendment</td>
<td></td>
</tr>
<tr>
<td>DOL</td>
<td>Emergency (including justification)</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>City, State, Zip Code</th>
<th>Name of Contact</th>
<th>Name of Engineering Manager</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fair Lawn, NJ 07410</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FACILITY INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
</tr>
<tr>
<td>AET, Inc.</td>
</tr>
<tr>
<td>Street Address</td>
</tr>
<tr>
<td>222 Church Road</td>
</tr>
<tr>
<td>Bridgewater, NJ 08807</td>
</tr>
</tbody>
</table>

| Project Manager for Monitoring Firm | Telephone No. | License No. | Name of OSHA Monitor |
| Eric Houseknecht | 908-296-1132 | (973) 759 - 5000 | The MACK Group, LLC. |

<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:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check All That Apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>≥3 sf or ≥3 ft</td>
</tr>
<tr>
<td>≥160 sf or ≥260 sf</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM)</th>
<th>Description of Asbestos Containing Material (ACM)</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>TO BE ABATED In Facility (13)</td>
<td>pipe insulation &amp; fittings</td>
<td>2,688 lf</td>
</tr>
<tr>
<td></td>
<td>floor tile/mastic or carpet/mastic</td>
<td>13,900 sf</td>
</tr>
<tr>
<td></td>
<td>asbestos pipe &amp; breeching insulation</td>
<td>TBD</td>
</tr>
<tr>
<td></td>
<td>exterior exposed underground rigid-weld pipe</td>
<td>1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>NJ DEP Waste Hauler ID No.</td>
<td>4509</td>
<td>Cumberland Co./BFI / GROWS / TRRF</td>
</tr>
<tr>
<td>Freehold / Newark Carting / Rovic</td>
<td>165.9</td>
<td>City, State</td>
</tr>
<tr>
<td>City, State</td>
<td>Disposal Date</td>
<td>Newburg / Imperial / Morrisville, PA</td>
</tr>
<tr>
<td>Freehold / Newark / Riverdale, NJ</td>
<td>4/30/14</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed by</th>
<th>Title</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mike Cooper</td>
<td>President</td>
<td></td>
<td>2/11/14</td>
</tr>
</tbody>
</table>

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

**Date of Notification (1):** 2/10/13

**Name of Building Owner/Operator (2):** Anthony & Rebecca Porta (Private Home)

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

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

**Street Address:** 403 Marne Highway

**City, State, Zip Code:** Hainesport NJ 08036

**Name of Contact:** Anthony

**Telephone Number:**

### FACILITY INFORMATION

**Name of Facility Where Abatement Is Taking Place (3):**
Anthony & Rebecca Porta (Private Home)

**Street Address:** 403 Marne Highway

**City:** Hainesport
**State:** NJ  **Zip Code:** 08036

**County Code (7):** Burlington

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

**Square Feet:** 1000+

**# of Floors:** 1

**Bldg. Age:** 35 +

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

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

**ASCM No.:**

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

**Street Address:**

**City, State, Zip Code:**

**Project Manager for Monitoring Firm:**

**Telephone No.:**

**Telephone No.:** 856-753-9600

**License No.:** 00727

**Start Date (10):** 2/11/14

**Scheduled Completion Date (11):** 2/12/14

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

**Scope of Work (Check All That Apply):**
- [x] 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:**

<table>
<thead>
<tr>
<th>In Facility (13)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>Kitchen</td>
</tr>
<tr>
<td>Description of Asbestos-Containing Material (ACM)</td>
</tr>
<tr>
<td>(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
</tr>
<tr>
<td>Amount (Specify SF or LF):</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>In Facility (13)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>Kitchen</td>
</tr>
<tr>
<td>Description of Asbestos-Containing Material (ACM)</td>
</tr>
<tr>
<td>(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
</tr>
<tr>
<td>Amount (Specify SF or LF):</td>
</tr>
</tbody>
</table>

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

**NJDEP Waste Hauler ID No.:** 22459

**Cubic Yards of Waste:** 2

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

**City, State:** Morrisville PA 19067

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

**Completed by:** Anthony T Perna

**Title:** President

**Signature:**

**Date:** 2/10/14

---

*Do not use this form for asbestos licensure exempted activities.*
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:58 and 12:120)

Date of Notification (1)  January 31-2014  Check#2562  Name of Building Owner/Operator (2)  Sea Girt National Guard Joint Training Center

Agencies Notified  EPA, DEP, DOL, DOH

Type Notification  Initial

Street Address  100 Camp Drive  City, State, Zip Code  Sea Girt, NJ 08750

Name of Contact  Bill McBride

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  Sea Girt National Guard Training Center and Armory

Street Address  100 Camp Drive

City (5)  Sea Girt, NJ 08750

County (6)  OCEAN

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

Square Feet  # of Floors  Bldg. Age

County Code (7)  (STATE USE ONLY)

Current Use (Prior if being demolished)  Training Center

Name of Monitoring Firm Hired by Building Owner (8)  Whitman ASCM No.  00110

Name of Abatement Contractor (9)  EA Services Corporation

Street Address  7 Pleasant Hill Road  City, State, Zip Code  Cranbury, NJ 08512

Telephone No.  732-390-5858

License No.  01074

Project Manager for Monitoring Firm  Whitman

Telephone No.  201-295-1700

Name of OSHA Monitor  EA Services Corporation

Start Date (10)  Feb 18/2014  Scheduled Completion Date (11)  March 30/2014

Occupancy Status During Abatement (Check Only One)

Facility Closed/Vacated During Entire Period of Abatement

Abatement Performed Outside of Normal Facility Hours

Other – Describe: 7:30 AM to 3:30 PM

Scope of Work (Check All That Apply)

Renovation

Demolition

 jasmine  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

Part of Facility

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

Description of Asbestos Containing Material (ACM)  Clean up transite debris  (i.e. thermal systems insulation, surfacing, VDT, or other miscellaneous)

Amount (Specify SF or LF)  8.260 cubic yd

Abatement Type

Name of Registered Waste Hauler  Clean Venture Inc

NJDEP Waste Hauler ID No.  16755

Cubic Yards of Waste  8,260

Name of Registered Landfill  GROWS Landfill

City, State  City, State  Morristown, PA 19067

Disposal Date  TBD

Name of Contact  Gina Salvador

Title  Office Manager

Signature  1/31/2014

Completed by

ASB-41 (R-06-08)

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

Name of Building Owner / Operator: 7 Eleven, Inc.
Street Address: 1722 South Street
City, State & Zip Code: Dallas, Texas 75201
Name of Contact: Jeff Allen

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place: Vacant Building
City: Perth Amboy
County: Middlesex
County Code: ASCM No.

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

Square Feet: 5,000
# of Floors: 1
Bidg. Age: 50

Current Use: Auto Shop
Name of Abatement Contractor: Global Abatement Services, LLC
Street Address: 443 Schoolhouse Road
City, State & Zip Code: Monroe Township, NJ 08831
Telephone Number: 732-605-8062
License Number: 00714

Name of OSHA Monitor: Global Abatement Services, LLC
Street Address: 443 Schoolhouse Road
City, State & Zip Code: Monroe Township, NJ 08831

Scheduled Start Date: 2/28/14
Scheduled Completion Date: 3/30/14
Occupancy Status During Abatement: Facility Closed/Vacated During Entire Period of Abatement
Abatement Performed Outside of Normal Facility Hours - Describe: Area Isolated During Abatement

Scope of Work: Demolition

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility:
Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)

Amount (Specify Square Feet or Linear Feet): 5,000 SF
Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure):

Name of Registered Waste Hauler: Freehold Cartage
City, State: Freehold, NJ

Completed By (Print or Type): Dominick Tringali
Title: Project Manager

Signature: Dominick Tringali
Date: 2/10/14

ASB-41 JUN 95 G4867
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notice 2/7/14
Type Notification Emergency Notification
Agencies Notified
X EPA Initial Notification
X DEP Amended Notification
X DOL Cancellation
X DOH
X DCA

Name of Building Owner / Operator
Investors Bank
Street Address 101 JFK Parkway
City, State & Zip Code Short Hills, NJ 07078
Name of Contact Dan McKeon

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Vacant Building
88 Norwood Ave
City (5) Deal
County (6) Monmouth

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

Square Feet 5,800
# of Floors 1
Bldg. Age 50

Current Use (Prior if being demolished)

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

Street Address
City, State & Zip Code

Project Manager for Monitoring Firm
Telephone Number

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

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

Scope of Work (Check all that apply)
X Demolition Renovation
Large Project
X Quantity is ≥ 3 SF or ≥ 3 LF ACM

Location of Asbestos-Containing Material (ACM)
TO BE ABATED in Facility
Exterior N/A

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

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

Amount (Specify Square Feet or Linear Feet)

Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure)

Name of Registered Waste Hauler Freehold Cartage
Freehold Cartage ID # 18693

Cu. Yds. of Waste 2
Name of Registered Landfill TRRF

Disposal Date 2/8/14
City, State & Zip Code Tullytown, Pa

Completed By (Print or Type) Dominick Tringali
Title Project Manager
Signature Dominick Tringali

Date 2/7/14

ASB-41 JUN 95 G4667
**State of New Jersey**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60-7 and 12:126-7)

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

<table>
<thead>
<tr>
<th>Name of Building Owner / Operator (2)</th>
<th>Anheuser Busch, Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>200 Route 1 South</td>
</tr>
<tr>
<td>City, State &amp; Zip Code</td>
<td>Newark, NJ 07114</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Jesse Gross</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Stock House – Basement</th>
</tr>
</thead>
<tbody>
<tr>
<td>200 Route 1 South</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Type of Facility (4)</th>
<th>School (K-12) Subchapter 8 (Other than K-12) Other (i.e., private &amp; commercial buildings, homes, etc.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brewery</td>
<td></td>
</tr>
<tr>
<td>Square Feet</td>
<td>50000</td>
</tr>
<tr>
<td># of Floors</td>
<td>7</td>
</tr>
<tr>
<td>Bldg. Age</td>
<td>60 +/-</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Current Use (Prior if being demolished)</th>
<th>Brewery</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>Environmental Tactics, Inc</td>
</tr>
<tr>
<td>ASCM No.</td>
<td>0045</td>
</tr>
<tr>
<td>Street Address</td>
<td>64 Broad Street</td>
</tr>
<tr>
<td>City, State &amp; Zip Code</td>
<td>Matawan, NJ 07747</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Tom Geiger</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone Number</td>
<td>732-290-2217</td>
</tr>
</tbody>
</table>

| Scheduled Start Date (10) | 02/04/14 |
| Scheduled Completion Date (11) | 02/05/14 |

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check only one)</th>
</tr>
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<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>X Describe: Area Isolated During Abatement</td>
</tr>
<tr>
<td>Other - Describe:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
<th>Demolition</th>
<th>Renovation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Large Project</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

| X Quantity is ≥ 3 SF or ≥ 3 LF ACM |
| Quantity is ≥ 160 SF or ≥ 260 LF ACM |

| Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13) | N/A |
| Is Location Normally Used Solely by Maintenance or Custodial Staff? (12) | TSI |
| Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous) | 28 LF |
| Amount (Specify Square Feet or Linear Feet) | Removal |

<table>
<thead>
<tr>
<th>Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure)</th>
<th>Full Containment with Negative Pressure</th>
</tr>
</thead>
<tbody>
<tr>
<td>X Glovebag Procedure</td>
<td></td>
</tr>
<tr>
<td>Other - Non-friable</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler Freehold Cartage</th>
<th>NJDEP Waste Hauler ID # 18693</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State</td>
<td>Freehold, NJ</td>
</tr>
<tr>
<td>Disposal Date</td>
<td>02/05/14</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>TRRF</td>
</tr>
<tr>
<td>City, State &amp; Zip Code</td>
<td>Tullytown, Pa</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed By (Print or Type)</th>
<th>Dominick Tringali</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
<td>Project Manager</td>
</tr>
<tr>
<td>Signature</td>
<td>Dominick Tringali</td>
</tr>
</tbody>
</table>

Date 02/03/14
State of New Jersey - Notification of Asbestos Abatement
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

<table>
<thead>
<tr>
<th>GAC Project # 060-14</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Notification (1)</td>
</tr>
<tr>
<td>Name of Building Owner/Operator (2)</td>
</tr>
<tr>
<td>Street Address</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
</tr>
<tr>
<td>Name of Contact</td>
</tr>
<tr>
<td>FACILITY INFORMATION</td>
</tr>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
</tr>
<tr>
<td>Type of Facility (4)</td>
</tr>
<tr>
<td>Sq. Feet</td>
</tr>
<tr>
<td># of Floors</td>
</tr>
<tr>
<td>Name of Contractor (9)</td>
</tr>
<tr>
<td>Street Address</td>
</tr>
<tr>
<td>City State, Zip Code</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
</tr>
<tr>
<td>Telephone Number</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Bldg. Owner (8)</td>
</tr>
<tr>
<td>Street Address</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
</tr>
<tr>
<td>Telephone Number</td>
</tr>
<tr>
<td>License Number</td>
</tr>
<tr>
<td>Name of OSHA Monitor</td>
</tr>
<tr>
<td>Street Address</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
</tr>
<tr>
<td>Scope of Work (Check all that apply)</td>
</tr>
<tr>
<td>≥ 3 sf or ≥ 3 If</td>
</tr>
<tr>
<td>≥ 160 sf or ≥ 260</td>
</tr>
<tr>
<td>Renovation</td>
</tr>
<tr>
<td>Demolition</td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) in Facility (13)</td>
</tr>
<tr>
<td>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other misc.)</td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
</tr>
<tr>
<td>Abatement Type</td>
</tr>
<tr>
<td>PUMP ROOM</td>
</tr>
<tr>
<td>TS</td>
</tr>
<tr>
<td>&lt;9 LF</td>
</tr>
<tr>
<td>Name of Reg. Waste Hauler</td>
</tr>
<tr>
<td>See Hauler Below #1 &amp; 2</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
</tr>
<tr>
<td>Disposal Date</td>
</tr>
<tr>
<td>City, State</td>
</tr>
<tr>
<td>215-736-1700</td>
</tr>
<tr>
<td>Completed by (Print or Type)</td>
</tr>
<tr>
<td>RAYMOND C. PEDALINO</td>
</tr>
<tr>
<td>Title</td>
</tr>
<tr>
<td>Signature</td>
</tr>
<tr>
<td>Date</td>
</tr>
</tbody>
</table>

Copies To: Rutgers, REHS, Attn: Mike Smith and ATC, Attn: Brian Kearney
**State of New Jersey**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60 and 12:120)

**Date of Notification (1):**
2/12/14

**Name of Building Owner/Operator (2):**
Dan Strzelec Private Home

**Street Address:**
15 Andrew

**City, State, Zip Code:**
Manahawkin NJ 08050

**Name of Contact:**
Dan

**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:** 1000+
- **# of Floors:** 1
- **Bldg. Age:** 35+
- **Current Use (Prior if being demolished):** Home

**Name of Facility Where Abatement Is Taking Place (3):**
Dan Strzelec Private Home

**Street Address:**
15 Andrew

**City (5):**
Manahawkin NJ 08050

**County Code (6):**
Anonymous

**County Code (7):**
Anonymous

**Name of Monitoring Firm Hired by Building Owner (6):**
N/A

**ASCM No.:**

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

**Street Address:**
PO Box 329

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

**Project Manager for Monitoring Firm:**

**Telephone No.:** 856-753-9800

**License No.:** 00727

**Start Date (10):** 2/13/14

**Scheduled Completion Date (11):** 2/15/14

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

**Scope of Work (Check All That Apply):**
- [x] ≥3 sf or ≥3 lf
- [x] ≥150 sf or ≥260 lf
- [x] Demolition
- [ ] Renovation
- [ ] 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>Exterior Siding</th>
<th>Family Room</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>x</td>
</tr>
<tr>
<td></td>
<td>x</td>
</tr>
</tbody>
</table>

**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>x</td>
<td>x</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Exterior Siding</th>
<th>Floor Tile</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1000 sf</td>
</tr>
<tr>
<td></td>
<td>300 sf</td>
</tr>
</tbody>
</table>

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

| 1000 sf | 300 sf |

**Abatement Type:**

- [x] Removal
- [ ] Encapsulation
- [ ] Endorsement

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

**NJDEP Waste Hauler ID No.:** 22459

**Cubic Yards of Waste:**
3

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

**Disposal Date:** 2/19/14

**City, State:** Morrisville PA 19067

**Completed by:**
Anthony T Perna

**Title:** President

**Signature:**

**Date:** 2/12/14

---

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

Date of Notification (1)
2/12/14

Agency Notified
- EPA
- DEP
- DOH
- DOL
- DCA

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

Name of Building Owner/Operator (2)
Kevin Cavangh Private Home

Street Address
3 West Kirkland Av

City, State, Zip Code
Brant Beach NJ 08008

Name of Contact
Kevin

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Kevin Cavangh Private Home

Square Feet
1000+

# of Floors
2

Bldg. Age
35+

Current Use (Prior if being demolished)
Home & detached Garage

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

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

Name of Abatement Contractor (9)
Pamaco Inc.

Telephone No.
856-753-9800

License No.
00727

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

Scope of Work (Check All That Apply)
- 23 sf or 23 if
- 160 sf or 260 if

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

Exterior Sliding

Yes

No

N/A

Amount

Abatement Type

Removal

Repair

Encapsulate

Endorse

Name of Registered Waste Hauler
United Containers

Waste Hauler ID No.
22459

Cubic Yards of Waste
4

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

City, State
Morrisville PA 19067

Disposal Date
2/21/14

City, State
Brant Beach NJ 08008

Completed by
Anthony T. Perna

Title
President

Signature

Date
2/12/14

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:69 and 12:120)

Date of Notification (1)
2-12-2014

Name of Building Owner/Operator (2)
Matthew Wurtzel

Name of Building Owner/Operator (2)
RECEIVED

Agencies Notified
EPA
DEP
DOL
DOH
DCA

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

Street Address
27 Rosedale Ave.

City, State, Zip Code
Millburn, NJ 07078

FACILITY INFORMATION

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

Street Address
27 Rosedale Ave.

City (5)
Millburn

County (6)
Essex

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

Square Feet
2100

# of Floors
2

Bldg. Age
50+

Current Use (Prior if being demolished)
House

Name of Monitoring Firm HIRED by Building Owner (8)
n/a

ASCN No.
n/a

Name of Abatement Contractor (9)
Loznica Management Corp

Street Address
22 Troy Lane

City, State, Zip Code
Lincoln Park, NJ 07035

Project Manager for Monitoring Firm
n/a

Telephone No.
n/a

License No.
973-706-7950
01193

Name of OSHA Monitor
Loznica Management Corp

Street Address
22 Troy Lane

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
Other – Describe:

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

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

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

Yes
No
N/A

Basement

≥ Asbestos Pipe Insulation
42 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
Endorse

Name of Registered Waste Hauler
Loznica Management Corp

Cubic Yards of Waste
TBD

Name of Registered Landfill
GROWS Landfill

Disposal Date
TBD

City, State
Morrisville PA 19067

Completed by
E. Cirovic

Title
Secretary

Signature
Date
2-12-2014

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:90 and 5:16)

Date of Notification (1) 02 / 11 / 14

Name of Building Owner/Operator (2) Laura Oberg

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

Street Address 201 Birdwood Ave

City (5) Haddonfield, NJ

County (6) US; Camden CO.

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

ASCM No.

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

Square Feet 2500SF

# of Floors 3 Floors

Bldg. Age 80 yrs.

Current Use (Prior if being demolished) Resident

Name of Abatement Contractor (9)
Graham-Tech Environmental Service, LLC.

Street Address 14 Read Drive

City, State, Zip Code Sicklerville, NJ 08081

Project Manager for Monitoring Firm Raymond Giordano

Telephone No. 610-277-0405

License No. 01158

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; TAM-3:30PM - FM-3:00AM

Name of OSHA Monitor
Graham-Tech Environmental Services, LLC.

Street Address 14 Read Drive

City, State, Zip Code Sicklerville, NJ 08081

Scope of Work (Check all that apply)
□ ≥3 sf or ≥3 if
□ ≥180 sf or ≥260 if
□ Renovation ☒ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (15)

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

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

Amount (Specify SF or LF)

Abatement Type

Crawl Space
□ Duct Paper 45LF ☒

Name of Registered Waste Hauler
Graham-Tech Environmental Service, LLC

NJDEP Waste Hauler ID No. 0034600

Cubic Yards of Waste

Name of Registered Landfill
G.R.O.W. North Landfill & Tullytown

City, State, City, State 1613 Bowdertown Rd, Morrisville, PA

Disposal Date

Completed By (Print or Type)
Vernice Graham

Signature

Title
President

Date 3-11-14

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

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

**FACILITY INFORMATION**

**Name of facility where abatement is taking place (3)**

Ridgewood High School

**Street Address**

627 E. Ridgewood Ave

**City (5)**  
Ridgewood, NJ  
Bergen

**County Code (7)**  
(State use only)

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

Ridgewood Board of Education

**Street Address**

49 Cottage Place

**City, State, Zip Code**

Ridgewood, NJ 07451

**Name of Contact**

Steve Titchenor

**Telephone Number**

---

**Name of Abatement Contractor (9)**

B & G Restoration, Inc.

**Street Address**

105 Ryerson Road

**City, State, Zip Code**

Lincoln Park, NJ 07035

**Name of OSHA Monitor**

B & G Restoration, Inc.

**Street Address**

105 Ryerson Road

**City, State, Zip Code**

Lincoln Park, NJ 07035

**Type of Facility (4)**

☑ School (K - 12)

☐ Subchapter 8 (Other than K-12)

☐ Other (Private/Commercial Bldgs./Homes, etc.)

**Square Feet**

---

**# of Floors**

---

**Bldg. Age**

---

**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

☐ Full Containment w/negative pressure

☑ Mini-enclosure

☑ Non-friable procedure

☐ Wrap & cut

☐ Glovebag procedure

---

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Use</th>
<th>No</th>
<th>N/A</th>
<th>Description of asbestos-containing material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Removal</th>
<th>Repair</th>
<th>Encapsulation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Room #241</td>
<td>Mastic only</td>
<td>X</td>
<td></td>
<td>800 sqft</td>
<td></td>
<td>✔</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Room #243</td>
<td>VAT (9&quot; x 9&quot;)</td>
<td></td>
<td></td>
<td>126 sqft</td>
<td></td>
<td>✔</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Room #243</td>
<td>Mastic</td>
<td></td>
<td></td>
<td>350 sqft</td>
<td></td>
<td>✔</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Registered Waste Hauler**

B & G Restoration, Inc.

**NJDEP Hauler ID #**

19563

**Cubic Yards of Waste**

4

**Name of Registered Landfill**

Tullytown Resource & Recovery Center

**City, State**

Lincoln Park, NJ 07035

**Disposal Date**

02/19/2014

**Completed by (Print or Type)**

Gordana Luna

**Title**

Secretary/Treasurer

**Signature**

Gordana Luna

**Date**

02/11/2014
**State of NJ**

**Notification of Asbestos Abatement**

(Pursuant to NJAC 8:90-7 and 12:120-7)

**EMERGENCY**

**IN FEB TO PN 3:00**

**DOL - 10 DAY**

**308 CONTROL & LICENSING**

**MAINER APPROVED**

---

**B & G proj. #: 2014-23**

---

<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/02/2014</td>
<td>Ridgewood Board of Education</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Agent(s) Notified</th>
<th>Type of Notification</th>
<th>Street Address</th>
<th>City, State, Zip Code</th>
<th>Name of Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ EPA</td>
<td>□ Initial</td>
<td>49 Cottage Place</td>
<td>Ridgewood, NJ 07451</td>
<td>Steve Titchenor</td>
</tr>
<tr>
<td>□ DEP</td>
<td>□ Amendment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ DOL</td>
<td>□ Cancellation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ BOH</td>
<td>□</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ DCA</td>
<td>□</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

**FACILITY INFORMATION**

**Name of facility where abatement is taking place (3)**

- Ridgewood High School

**Street Address**

- 827 E. Ridgewood Ave

**City (8)**

- Ridgewood, NJ

**County Code (7)**

- Bergen

**Type of Facility (4)**

- □ School (K-12)

- □ Other (Private/Commercial Buildings, etc.)

**Building Use**

- □ N/A

**Square Feet of Floors**

- □ N/A

**Type of Asbestos (5)**

- □ Chrysotile

- □ Other

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

- □ Textile only

- □ More than 100 sq ft or < 1200 sq ft

- □ > 1200 sq ft or < 2400 sq ft

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

### Room # 241

- Yes
- □ X
- □ Maile only
- □ 800 sq ft

### Room # 243

- Yes
- □ X
- □ VLT (2" x 8")
- □ 126 sq ft

### Room # 243

- Yes
- □ X
- □ VLT (2" x 8")
- □ 360 sq ft

---

**Registered Waste Hauler**

- B & G Restoration, Inc.

**Name of Registered Landfill**

- Tullytown Resource & Recovery Center

**City, State**

- Tullytown, PA

**Completed by (Print or Type)**

- Catherine Luna

**Secretary/Treasurer**

- □ N/A

**Signature**

- □ N/A

**Date**

- 02/11/2014
State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:60-7 and 12:120-7)  
***EMERGENCY***  

B & G proj. #: 2014-23  

Date of Notification (1)  
(02/11/2014)  

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

Type Notification  
☐ Initial  
☐ Amendment  
☐ Cancellation  

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

Street Address  
49 Cottage Place  
City, State, Zip Code  
Ridgewood, NJ 07451  

Name of Contact  
Steve Titchener  
Telephone Number  

FACILITY INFORMATION  

Name of facility where abatement is taking place (3)  
Ridgewood High School  

City (9)  
Ridgewood, NJ  

County (9)  
Bergen  

County Code (7)  
(State use only)  

Name of Abatement Contractor (8)  
B & G Restoration, Inc.  

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

Telephone Number  
973-696-6869  
License Number  
0378  

Name of OSHA Monitor  
B & G Restoration, Inc.  

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

Project Manager for Monitoring Firm  
Phone Number  

Scheduled Start Date (10)  
02/18/2014  

Scheduled Completion Date (11)  
02/19/2014  

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

Scope of Work (check all that apply)  
☐ Demolition  
☐ Renovation  
☐ ≥3 sf or ≥3, if  
☐ ≥160 sf or ≥280 sf  
☐ Full Containment w/negative pressure  
☐ Mini-accessories  
☐ Non-ferable procedure  

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

<table>
<thead>
<tr>
<th>Room #</th>
<th>Location normally used solely by maintenance/custodial staff(12)</th>
<th>Description of asbestos-containing material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Removal</th>
<th>Reappraisal</th>
<th>Encapsulation</th>
<th>Final</th>
</tr>
</thead>
<tbody>
<tr>
<td>#241</td>
<td>☐ Yes ☑ No ☐ N/A</td>
<td>Mastic only</td>
<td>800 sf</td>
<td>☑</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>#243</td>
<td>☐ Yes ☑ No ☐ N/A</td>
<td>VAT (9' x 9')</td>
<td>125 sf</td>
<td>☑</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>#245</td>
<td>☐ Yes ☑ No ☐ N/A</td>
<td>Mastic</td>
<td>350 sf</td>
<td>☑</td>
<td></td>
<td></td>
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</table>

Registered Waste Hauler  
B & G Restoration, Inc.  

NJ DEP Hauler ID  
193283  

Cubic Yards of Waste  
4  

Name of Registered Landfill  
Tullytown Resource & Recovery Center  

City, State  
Lincoln Park, NJ 07035  

Disposal Date  
02/19/2014  

Completed by (Print or Type)  
Gordana Luna  
Title  
Secretary/Treasurer  
Signature  
Gordana Luna  
Date  
02/11/2014
### State of New Jersey

**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 8:90 and 12:120)

**Date of Notification (1):** 2/12/14

**Name of Building Owner/Operator (2):** Jeanne Lewis Private Home

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

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

**Street Address:** 535 Peach Street

**City, State, Zip Code:** Hammonton NJ 08037

**Name of Contact:** Jeanne

**Telephone Number:**

### FACILITY INFORMATION

**Name of Facility Where Abatement is Taking Place (3):** Jeanne Lewis Private Home

**Street Address:** 535 Peach Street

**City:** Hammonton NJ 08037

**County:** Atlantic

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

**Square Feet:** 1000 +

**# of Floors:** 1

**Bldg. Age:** 35+

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

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

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

**Street Address:** PO Box 329

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

**Telephone No.:** 856-753-9800

**License No.:** 00727

**Start Date (10):** 2/24/14

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

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

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

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

**Amount (Specify SF or LF):** 700 SF

**Abatement Type:**

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED</th>
<th>Used Solely by Maintenance/Custodial Staff? (12)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>[X] Yes</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler:**

**United Containers:**

**Cubic Yards of Waste:**

**Name of Registered Landfill:**

**Disposal Date:** 2/28/14

**City, State:** Morrisville PA 19067

**Completed by:** Anthony T Perna

**Title:** President

**Signature:**

**Date:** 2/12/14

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

**Date of Notification (1)**
2/12/14

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

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

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

**Street Address**
50 Country Day Drive

**City, State, Zip Code**
Short Hills, NJ 07078

**Name of Contact**
Michael Virzi

---

**FACILITY INFORMATION**

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

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

**Square Feet**
3000

**# of Floors**
1

**Bldg. Age**
55

**County Code (7)**
Bergen

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

---

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

**Name of Abatement Contractor (9)**
ABS Environmental Services, LLC

**Street Address**
4 E Gate Drive, PO Box 483

**City, State, Zip Code**
Glenwood, NJ 07418

**Telephone No.**
973-583-8500

**License No.**
703

---

**Start Date (10)**
3/12/14

**Scheduled Completion Date (11)**
4/4/14

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

**Scope of Work (Check All That Apply)**
- [X] 23 sf or 23 if
- [X] 2160 sf or 2260 if
- [X] Renovation
- [X] Demolition
- [X] 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)**
- [X] Yes
- [ ] No
- [ ] N/A

**Location**
Exterior

**Description of Asbestos Containing Material (ACM)**
- [X] trancite soffit

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

**Abatement Type**
- [X] Removal
- [ ] Repair
- [ ] Encapsulate
- [ ] Exclude

---

**Name of Registered Waste Hauler**
Freehold Cartage

**NUDEP Waste Hauler ID No.**
15939

**Cubic Yards of Waste**
10

**Name of Registered Landfill**
GROWS

**City, State**
Freehold, NJ

**Disposal Date**
TBD

**City, State**
Morrisville, PA

**Completed by**
Andrew Scott Higgins

**Title**
President

**Signature**

**Date**
2/12/14

---

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

Date of Notification (1)
02/12/14

Name of Building Owner/Operator (2)
Richard Berezansky

Street Address
114 Taylor Avenue

City, State, Zip Code
Hillsborough, NJ 08844

Name of Contact
Richard Berezansky

FACILITY INFORMATION

Type of Facility (4)

Private home

Name of Facility Where Abatement is Taking Place (3)

Street Address
114 Taylor Avenue

City (6)

Hillsborough, NJ 08844

County (8)
Somerset

County Code (?) (STATE USE ONLY)

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (6)

Gr Tech LLC

ASCM No.

Name of Abatement Contractor (9)

Street Address
576 Valley Rd, #283

City, State, Zip Code
Wayne, NJ 07470

License No.
973-638-1777

Telephone No.
01127

Type of OSHA Monitor
Envirowision Consultants, Inc

Scheduled Completion Date (11)
02/23/14

Facility Closed/Vacated During Entire Period of Abatement

Project Manager for Monitoring Firm

Telephone No.

Start Date (10)
02/22/14

02/02/14

Occupancy Status During Abatement (Check only one)

Abatement Performed Outside of Normal Facility Hours - Describe

Name of OSHA Monitor

Envirowision Consultants, Inc

Scope of Work (Check all that apply)

Street Address
20-21 Wagaraw Road, Bldg. #34A

City, State, Zip Code
Fair Lawn, NJ 07410

Time of Abatement: AM

Yes No N/A

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

Description of Asbestos-Containing Material (ACM)

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

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

Amount (Specify SIF or LF)

Abatement Type

Yes No N/A

Location of Laundry Room

Duct Insulation

30 SF

Clean up and decontamination with negative pressure

Full Containment with Negative Pressure

Renovation Demolition

Mini-Enclosure

Glovebag Procedure

Tent with Negative Pressure

Non-Exempted (*) and Non-Friable Procedure

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

T.R.R.F. Inc

Name of Registered Landfill

TBD

Disposal Date

TBD

City, State

Wayne, NJ 07470

Name of Registered Waste Hauler

T.R.R.F. Inc

0033785

Date

2/12/2014

Committed By [Print or Type]

Title

Owner

Signature

N.Jevtic

MAY 11

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

Date of Notification (1) / 02 / 10 / 14
Name of Building Owner/Operator (2) / PSE&G / Job #1402-4728 Check #5925

Agencies Notified
- EPA
- DOLWD
- DHSS
- DCA (NJAC 5:23-8)
Type Notification
- Initial
- Amended
- Emergency (including justification)
- Cancellation
Street Address
4000 Hadley Road
City, State, Zip Code
South Plainfield, NJ 07080
Name of Contact
Richard Gibbons
Telephone Number

FACILITY INFORMATION
Name of Facility Where Abatement is Taking Place (3)
PSE&G Teaneck
Street Address
1085 Palisades Avenue & Colonial Court
City (5)
Teaneck
County (6)
Bergen

Name of Monitoring Firm Hired by Building Owner (8)
Health & Safety Services
ASCN No.

Name of Abatement Contractor (9)
AbateTech, Inc.
Street Address
318 12th Street
City, State, Zip Code
Hampton, NJ 08037

Project Manager for Monitoring Firm
Jim Proctor
Telephone No.
609-704-8850

Telephone No.
609-205-2107
License No.
00529
Name of OSHA Monitor
EMSL Analytical

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

Start Date (10)
02 / 24 / 14
Scheduled Completion Date (11)
02 / 27 / 14

Scope of Work (Check all that apply)
- ≥ 3 sf or ≥ 3 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

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

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

Amount (Specify SF or LF)

Abatement Type
- Removal
- Repair
- Encapsulate
- Endoscope

Exterior
- Asbestos Plaster
- 690 SF

Name of Registered Waste Hauler
AbateTech, Inc.
NUDEP Waste Hauler ID No.
18750
Cubic Yards of Waste
40
Name of Registered Landfill
G.R.O.W.S. Landfill
City, State
Lumberton, NJ
City, State
Tullytown, PA
Disposal Date
02/28/14
Completed By (Print or Type)
Jennifer Piraine
Title
Operations Coordinator
Signature
Date
2/10/14

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:80 and 12:120)

Date of Notification (1)
2/12/14

Name of Building Owner/Operator (2)
GMT Reality LLC

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

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

Street Address
King and Essex Streets

City, State, Zip Code
Gloucester City, NJ 08030

Name of Contact
Michael Fluhr

Telephone Number

FACILITY INFORMATION

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

Street Address
King and Essex Streets

County Code (7)
Camden

County (6)
Camden

County Code (7)

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

Name of Abatement Contractor (9)
ecoservices, LLC

Street Address
407 West Lincoln Highway, Suite 500

City, State, Zip Code
Exton, PA 19341

Project Manager for Monitoring Firm

Telephone No.
484-872-8884

License No.
01161

Start Date (10)
2.24.14

Scheduled Completion Date (11)
3.31.14

Name of OSHA Monitor
EMSL

Occuancy 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
☒ ≥150 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 (13)

Room 18 on 3rd floor; flooring

Yes
No
N/A

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

Flooring materials

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

Amount (Specify SF or LF)

54 SF

Abatement Type

Removal
Repair
Encapsulate
Endure

Location of Registered Waste Hauler
TBD (multiple constituent waste)

Name of Registered Waste Hauler

NJDEP Waste Hauler ID No.

Cubic Yards

Name of Registered Landfill
TBD (multiple constituent waste)

Disposal Date

City, State

Completed by
Jack Bally
Sr. Project Manager

Signature
Jack Bally

Date
2/12/14

Do not use this form for asbestos licensure exempted activities.
Date of Notification (1) 02/05/13

Name of Building Owner/Operator (2) NOVARTIS PHARMACEUTICALS CORPORATION

Agencies Notified

- [ ] EPA
- [ ] DOH
- [ ] DOL

Type of Notification

- [ ] Initial
- [ ] Amended
- [ ] Amendment # 1
- [ ] Emergency w/justification
- [ ] Cancellation

Street Address

1 HEALTH PLAZA

City, State, Zip Code

EAST HANOVER, NJ 07936

Name of Contact

KEN PIROZZI

Telephone Number

FACILITY INFORMATION

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

Type of Facility (4)

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

Square Feet

200,000

# Of Floors

2

Building Age

40+

Current Use (Prior if being demolished)

OFFICE/RESEARCH

Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM NO HILLMAN ENVIRONMENTAL

Name of Abatement Contractor (9) LVI Demolition Services Inc.

Street Address

1600 ROUTE 22 EAST

City, State, Zip Code

UNION, NJ 07083

Telephone Number

908-688-7800

City, State, Zip Code

East Hanover, NJ 07936

MIKE NEHLSEN

Project Mgr. For Monitoring Firm

Street Address

32 Williams Parkway

City, State, Zip Code

East Hanover, NJ 07936

Occupancy Status During Abatement (Check Only 1)

- [ ] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility Hours - Describe: 7:00am-3:30pm
- [ ] Other - Describe:

Scope of Work (Check All That Apply)

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

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

<table>
<thead>
<tr>
<th>Location of Asbestos Containing Material (ACM) TO BE ABATED in Facility (13)</th>
<th>Is Location Normally Used Solely by Maintenance/ Custodial Staff (12)</th>
<th>Description of Asbestos - Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>BLDG 220-1st floor</td>
<td>YES N/A</td>
<td>MASTIC</td>
<td>20 SF</td>
<td>M</td>
</tr>
<tr>
<td>BLDG 220-2nd floor</td>
<td>YES N/A</td>
<td>MASTIC</td>
<td>20 SF</td>
<td>M</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler

NEWARK CARTING

Disposal Date

Name of Registered Landfill

IESI

City, State

NEWARK, NJ

Name of Registered Waste Hauler ID No.

NJDEP Waste Hauler ID No. 4509

Cubic Yards of Waste

Completed by (Print or Type)

STEVEN STILES

Title

PROJECT MANAGER

Signature

DATE: 02/14/14
**State of New Jersey**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:80 and 12:120)

**Date of Notification (1):**
2/17/14

**Name of Building Owner/Operator (2):**
B'way

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

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

**Street Address:**
6 Litho Road

**City, State, Zip Code:**
Trenton, NJ 08648

**Name of Contact:**
Rich Shenowski

**Television Number:**

---

**FACILITY INFORMATION**

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

**Street Address:**
1202 Airport Road

**City (5):**
North Brunswick

**County (6):**
Middlesex

**County Code (7):**

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

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

**Telephone No.:**
513-519-7279

**Name of Abatement Contractor (9):**
ecoservices, LLC

**Street Address:**
407 West Lincoln Highway, Suite 500

**City, State, Zip Code:**
Exton, PA 19341

**License No.:** 01161

**Telephone No.:**
484-872-8884

**Name of OSHA Monitor:**
EMSL

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

**Start Date (10):**
3/3/14

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

**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):**
- Oven #1, Ducts (2)

**Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous):**
- Duct Insulation 200 SF

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

**Abatement Type:**
- Removal
- Repair
- Encapsulate
- Endurance

**Name of Registered Waste Hauler:**

**Waste Management:**

**Cubic Yards of Waste:**

**Name of Registered Landfill:**
GROWS

**City, State:**
Trenton, NJ

**Disposal Date:**
TBD

**City, State:**
Morrisville, PA

**Completed by:**
Jack Bally

**Title:**
Sr. Project Manager

**Date:**
2/17/14

---

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:90 and 12:120)

Date of Notification (1) 02/08/2014
Name of Building Owner/Operator (2) WEISS PROPERTIES

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

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

Street Address
41 Bayard St - 2nd floor
City, State, Zip Code
New Brunswick, NJ 08901

Name of Contact
Rob Kaflinski
Telephone Number

FACILITY INFORMATION

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

Name of Facility Where Abatement is Taking Place (3)
Deals
Street Address
148 Smith Street
City (5)
Perth Amboy
County Code (6)
Middlesex
County Code (7)

Square Feet
# of Floors
Bldg. Age

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8)
ASCM No.
CA Environmental
Name of Abatement Contractor (9)
SUPER, LLC

Street Address
2200 Paterson Plank Rd 7
City, State, Zip Code
North Bergen, NJ 07047

Telephone No.
(201)864-6683
Name of OSHA Monitor
Testor Tech

Start Date (10)
02/22/2014
Scheduled Completion Date (11)
02/28/2014

Occupancy Status During Abatement (Check Only One)

Facility Closed/Vacated During Entire Period of Abatement

Abatement Performed Outside of Normal Facility Hours

Other - Describe:

Scope of Work (Check All That Apply)

- x3 sf or 23 lf
- x100 sf or x230 lf
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

In Facility (13)

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

Yes
No
N/A

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

Amount (Specify SF or LF)

Abatement Type

Removal
Repair
Encapsulation
Endorsement

Name of Registered Waste Hauler
SUPER, LLC

NJ/DEP Waste Hauler ID No.
034893

Cubic Yards of Waste
TBD

Name of Registered Landfill
GROWS Landfill

City, State
Paramus, NJ

Completed by
Tailor Dominguez
Title
Project Manager
Signature

Date
02/08/2014

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

Date of Notification (1):
2/12/14

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

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

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

Street Address:
4000 HADLEY ROAD

City, State, Zip Code:
SOUTH PLAINFIELD, NJ 07080

Name of Contact:
WILLIAM MONGUE

FACILITY INFORMATION

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

Street Address:
71 LAFAYETTE RD

City (5):
FORDS

County (6):
MIDDLESEX

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

Square Feet:
N/A

# of Floors:
N/A

Bldg. Age:
N/A

Current Use (Prior to being demolished):
SUBSTATION

Name of Monitoring Firm Hired by Building Owner (6):
ENVIRONMENTAL TACTICS

ASCM No.:
0045

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

Street Address:
396 WHITEHEAD AVE.

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

Project Manager for Monitoring Firm:
TOM GEIGER

Telephone No.:
732-292-2217

License No.:
01111

Start Date (10):
2/14/14

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

Name of OSHA Monitor:
UNIQUE SYSTEMS OF AMERICA

Street Address:
396 WHITEHEAD AVE.

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

Scope of Work (Check All That Apply):
- Renovation
- Demolition

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

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):
TRANSLATE PIPE

Amount (Spacify SF or LF):
100 LF

Abatement Type:
- Removal
- Repair
- Encapsulate
- Endorse

Name of Registered Waste Hauler:
WASTE MANAGEMENT

NJDEP Waste Hauler ID No.:
1125

Cubic Yards of Waste:
20

Name of Registered Landfill:
GROWS NORTH

City, State:
ELIZABETH, NJ

Disposal Date:
TBD

Completed by:
CAROL RAIMO
Title:
OFFICE MGR.

Signature:

Date:
3/14/14

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

**Date of Notification (1)**: 2/12/14

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

**Agencies Notified (3)**: [ ] EPA  [ ] DEP  [X] DOH  [ ] DOL  [ ] DGA

**Type Notification (4)**: Initial

**Street Address (5)**: 4000 HADLEY ROAD

**City, State, Zip Code (6)**: SOUTH PLAINFIELD, NJ 07080

**Name of Contact (7)**: John Marco

**Name of Facility Where Abatement is Taking Place (8)**: PSC + C

**Street Address (9)**: MANHOLE 1 - CHERRY LANE

**City (10)**: WEST ORANGE

**County (11)**: Essex

**Square Feet (12)**: N/A

**# of Floors (13)**: N/A

**Bldg. Age (14)**: N/A

**Current Use (Prior if being demolished) (15)**: N/A

**Type of Facility (16)**: [ ] School (K-12)  [X] Subchapter 8 (Other than K-12)  [ ] Other (i.e. private & commercial buildings, homes, etc.)

**Name of Monitoring Firm Hired by Building Owner (17)**: ASCM No. 0045

**UNIQUE SYSTEMS OF AMERICA**

**Street Address (18)**: 396 WHITEHEAD AVE.

**City, State, Zip Code (19)**: SOUTH RIVER, NJ 08882

**Project Manager for Monitoring Firm (20)**: TOM GEIGER

**Telephone No. (21)**: 732-292-2217

**License No. (22)**: 732-432-9350 01111

**Start Date (23)**: 2/12/14

**Scheduled Completion Date (24)**: 2/21/14

**Occupancy Status During Abatement (Check Only One)**: [X] Facility Closed/Vacated During Entire Period of Abatement

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

**Location of Asbestos-Containing Material (ACM) TO BE ABATED (25)**: Outside Manhole

**Cubic Yards of Waste (26)**: TBD

**Endorsement**

**Amount**

<table>
<thead>
<tr>
<th>Description of Asbestos-Containing Material (ACM)</th>
<th>(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACM lspy somatic</td>
<td>6 CF</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler (27)**: WASTE MANAGEMENT

**NJDEP Waste Hauler ID No. (28)**: 1125

**Name of Registered Landfill (29)**: Name of Registered Landfill

**Disposal Date (30)**: GROWS NORTH

**City, State (31)**: City, State

**Completed by (32)**: CAROL RAIMO

**Title (33)**: OFFICE MGR.

**Signature (34)**: Carol RAIMO

**Date (35)**: 2/12/14

---

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

Date of Notification (1)
1/31/14

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

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

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

Street Address
4000 HADLEY ROAD

City, State, Zip Code
SOUTH PLAINFIELD, NJ 07080

Name of Contact
JOHN MAROTTO

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
PSE & G
MANHOLE 1 - CHERRY LANE
WEST ORANGE
ESSEX

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

Square Feet
N/A

# of Floors
N/A

Bldg. Age
N/A

Current Use (Prior if being demolished)
N/A

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

ASCM No.
0045

Name of Abatement Contractor (9)
UNIQUE SYSTEMS OF AMERICA

Street Address
64 BROAD STREET

City, State, Zip Code
MATAWAN, NJ 07747

Project Manager for Monitoring Firm
TOM GEIGER

Telephone No.
732-292-2217

License No.
01111

Start Date (10)
2/13/14

Scheduled Completion Date (11)
2/13/14

Name of OSHA Monitor
UNIQUE SYSTEMS OF AMERICA

Street Address
396 WHITEHEAD AVE.

City, State, Zip Code
SOUTH RIVER, NJ 08882

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

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

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

In Facility
(13)

Yes
No
N/A

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

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

Amount
(Specify SF or LF)

Abatement Type
Removal
Repair
Encapsulation
Endorsement

Endorsement

Endorsement

Signature

Name of Registered Waste Hauler
WASTE MANAGEMENT

NJDEP Waste Hauler ID No.
1125

Cubic Yards of Waste

Name of Registered Landfill
GROWS NORTH

Disposal Date
TBD

City, State
MORRISVILLE, PA

COMPLETED BY
CAROL RAIMO
Title
OFFICE MGR.

Completed by

Signature

ASB-41 (R-06-08)

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

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

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

Street Address:
4000 HADLEY ROAD

City, State, Zip Code:
SOUTH PLAINFIELD, NJ 07080

Name of Owner/Operator:
P.S.E.G.

Name of Facility Where Abatement Is Taking Place:

<table>
<thead>
<tr>
<th>Manhole #6 17 CHERRY LANE</th>
</tr>
</thead>
<tbody>
<tr>
<td>WEST ORANGE</td>
</tr>
<tr>
<td>ESSEX</td>
</tr>
</tbody>
</table>

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

Square Feet:
N/A

# of Floors:
N/A

Bldg. Age:
N/A

Current Use (Prior to being demolished):
N/A

Name of Monitoring Firm Hired by Building Owner:
ENVIRONMENTAL TACTICS

ASCM No.:
0045

Name of Abatement Contractor:
UNIQUE SYSTEMS OF AMERICA

Street Address:
396 WHITEHEAD AVE.

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

Telephone No.:
732-432-8350

License No.:
01111

Name of OSHA Monitor:
UNIQUE SYSTEMS OF AMERICA

Street Address:
396 WHITEHEAD AVE.

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

Scope of Work:
- Renovation
- Demolition

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

Location of Asbestos-Containing Material (ACM)

<table>
<thead>
<tr>
<th>To Be Abated</th>
<th>Location Normally Used Solely by Maintenance/Custodial Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outside Manhole</td>
<td>×</td>
</tr>
</tbody>
</table>

Amount (Specify SF or LF): 6 LF

Name of Registered Waste Hauler:
WASTE MANAGEMENT

NUDEP Waste Hauler ID No.:
1125

Cubic Yards of Waste:
1

Name of Registered Landfill:
GROWS NORTH

City, State:
ELIZABETH, NJ

Disposal Date:
TBD

Completed by:
CAROL RAIMO

Title:
OFFICE MGR.

Signature:

Date:
2/12/14

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

**Date of Notification (1)**
6/31/14

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

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

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

**Street Address**
4000 HADLEY ROAD

**City, State, Zip Code**
SOUTH PLAINFIELD, NJ 07080

**Name of Contact**
JOHN MAROTTO

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**
P.S.E.G.

**Street Address**
MANHOLE #6 17' CHERY LANE

**City (5)**
WEST ORANGE

**County (5)**
ESSEX

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

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

**Square Feet**
N/A

**# of Floors**
N/A

**Bldg. Age**
N/A

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

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

**ASCM No.**
0045

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

**Street Address**
396 WHITEHEAD AVE.

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

**Project Manager for Monitoring Firm**
TOM GEIGER

**Telephone No.**
732-292-2217

**Telephone No.**
732-432-8350

**License No.**
01111

**Start Date (10)**
6/31/14

**Scheduled Completion Date (11)**
6/31/14

**Name of OSHA Monitor**
UNIQUE SYSTEMS OF AMERICA

**Street Address**
396 WHITEHEAD AVE.

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

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

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

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

**Is Location Normally Used Solely by Maintenance/Custodial Staff? (13)**
- [x] Yes
- [ ] No
- [ ] N/A

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

**Amount**
6 CF

**Endurance**

**Name of Registered Waste Hauler**
WASTE MANAGEMENT

**NJDEP Waste Hauler ID No.**
1125

**Cubic Yards of Waste**
1

**Name of Registered Landfill**
GROWS NORTH

**City, State**
ELIZABETH, NJ

**Disposal Date**
TBD

**City, State**
MORRISVILLE, PA

**Completed by**
CAROL RAIMO

**Title**
OFFICE MGR.

**Signature**

**Date**
6/31/14

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

**Date of Notification:** 2/12/14

**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 8:69 and 12:120)

---

**Name of Building Owner/Operator:** P.S.E.G.

**Street Address:**

**4000 HADLEY ROAD**

**City, State, Zip Code:**

**SOUTH PLAINFIELD, NJ 07080**

**Type of Facility:**

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

**Square Feet:** N/A

**# of Floors:** N/A

**Bidg. Age:** N/A

---

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

**PSEG C + G MANHOLE #8 - SOUTH ORANGE AVE (CR510)**

**City:**

**MAPLEWOOD**

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

**ESSEX**

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

---

**Name of Monitoring Firm Hired by Building Owner:**

**ENVIROMENTAL TACTICS**

**ASCM No.:** 0045

**Name of Abatement Contractor:**

**UNIQUE SYSTEMS OF AMERICA**

**Street Address:**

**396 WHITEHEAD AVE.**

**City, State, Zip Code:**

**SOUTH RIVER, NJ 08882**

**License No.:** 01111

---

**Occupy Status During Abatement (Check Only One):**

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

**Start Date:** 2/11/14

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

**Other – Describe:**

- 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:**

**Outside Manhole**

**ACM Type:** Somastic 6 LF

---

**Name of Registered Waste Hauler:**

**WASTE MANAGEMENT**

**NUDEP Waste Hauler ID No.:** 1125

**Cubic Yards of Waste:** 1

**Name of Registered Landfill:**

**GROWS NORTH**

**City, State:**

**ELIZABETH, NJ**

**Disposal Date:**

**TBD**

**City, State:**

**MORRISVILLE, PA**

**Completed by:**

**CAROL RAIMO**

**Title:** OFFICE MGR.

**Signature:**

**Date:** 2/12/14

---

**ASB-41 (R-05-08)**

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>1/31/14</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>P.S.E.G.</td>
</tr>
<tr>
<td>Agencies Notified</td>
<td>□ EPA</td>
</tr>
<tr>
<td>Type Notification</td>
<td>□ Initial</td>
</tr>
<tr>
<td>Street Address</td>
<td>4000 HADLEY ROAD</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>SOUTH PLAINFIELD, NJ 07080</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>JOHN MARETTE</td>
</tr>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td>P S E G</td>
</tr>
<tr>
<td>County (6)</td>
<td>ESSEX</td>
</tr>
<tr>
<td>County Code (7)</td>
<td>N/A</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>ASCM No. 0045</td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>UNIQUE SYSTEMS OF AMERICA</td>
</tr>
<tr>
<td>Street Address</td>
<td>396 WHITEHEAD AVE.</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>SOUTH RIVER, NJ 08882</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>TOM GEIGER</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>732-292-2217</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>732-432-8350</td>
</tr>
<tr>
<td>License No.</td>
<td>01111</td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>2/13/14</td>
</tr>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>2/13/14</td>
</tr>
<tr>
<td>Occupancy Status During Abatement (Check One Only)</td>
<td>□ Facility Closed/Vacated During Entire Period of Abatement</td>
</tr>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours</td>
<td>□ Other – Describe: outdoor</td>
</tr>
<tr>
<td>Scope of Work (Check All That Apply)</td>
<td>□ ≥ 3 sf or ≥ 3 ft</td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED</td>
<td>□ IN Facility</td>
</tr>
<tr>
<td>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>ACM pipe, somastia</td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
<td></td>
</tr>
<tr>
<td>Abatement Type</td>
<td>□ Full Containment with Negative Pressure</td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
<td>NJDEP Waste Hauler ID No. 1125</td>
</tr>
<tr>
<td>Disposal Date</td>
<td>TBD</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>GROWS NORTH</td>
</tr>
<tr>
<td>City, State</td>
<td>ELIZABETH, NJ</td>
</tr>
<tr>
<td>Title</td>
<td>OFFICE MGR.</td>
</tr>
<tr>
<td>Completed by</td>
<td>CAROL RAIMO</td>
</tr>
<tr>
<td>Signature</td>
<td>December 28, 2014</td>
</tr>
<tr>
<td>Date</td>
<td>1/31/14</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Check # 2563</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2/5/2014</td>
<td></td>
<td>Myhren Builders Inc</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Street Address</th>
<th>13 Malibu Drive</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State, Zip Code</td>
<td>Vernon, NJ 07452</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Contact</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tim Myhren</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FACILITY INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
</tr>
<tr>
<td>Residence</td>
</tr>
<tr>
<td>542 Illingworth Avenue</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City (5)</th>
<th>Englewood, NJ 07631</th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>County (6)</th>
<th>County Code (7)</th>
</tr>
</thead>
<tbody>
<tr>
<td>BERGEN</td>
<td>(STATE USE ONLY)</td>
</tr>
</tbody>
</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>
</tr>
<tr>
<td>Other (i.e. private &amp; commercial buildings, homes, etc.)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Square Feet</th>
<th># of Floors</th>
<th>Bidg. Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>2,000</td>
<td>1</td>
<td>50+</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Current Use (Prior if being demolished)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vacant - Residence</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Omega Environmental</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ASCM No.</th>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>EA Services Corporation</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>426 69th Street</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State, Zip Code</td>
<td>Guttenberg, NJ 07093</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>201-489-3700</td>
<td>01074</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Name of OSHA Monitor</th>
</tr>
</thead>
<tbody>
<tr>
<td>EA Services Corporation</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>same as above</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State, Zip Code</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2/21/2014</td>
<td>2/24/2014</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</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check All That Apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ ≥3 sf or ≥3 lf x</td>
</tr>
<tr>
<td>☐ ≥160 sf or ≥260 lf</td>
</tr>
<tr>
<td>☑ Renovation</td>
</tr>
<tr>
<td>☐ Demolition</td>
</tr>
<tr>
<td>☐ Full Containment with Negative Pressure</td>
</tr>
<tr>
<td>☐ Mini-Enclosure</td>
</tr>
<tr>
<td>☐ Glovebag Procedure</td>
</tr>
<tr>
<td>☐ Non-Exempted (*) and Non-Friable Procedure</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>(13)</td>
</tr>
<tr>
<td>Attic Area</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 No N/A</td>
</tr>
<tr>
<td>x</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
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</thead>
<tbody>
<tr>
<td>600 LF</td>
</tr>
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<table>
<thead>
<tr>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>x</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Registered Waste Hauler</th>
</tr>
</thead>
<tbody>
<tr>
<td>Freehold Cartage</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NJ/DEP Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
</tr>
</thead>
<tbody>
<tr>
<td>15939</td>
<td>TBD</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>City, State, PO Box 5010, Freehold, NJ 07728</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disposal Date</td>
</tr>
<tr>
<td>City, State</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed by</th>
<th>Title</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gina Salvador</td>
<td>Office Manager</td>
<td>[Signature]</td>
<td>2/5/2014</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): Feb 5-2014

Check#2564

Name of Building Owner/Operator (2):
Our Lady of Hungary

Street Address:
697 Corolland Street
City, State, Zip Code:
Perth Amboy, NJ 08861

Name of Contact:
Father John B Gordon

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):
Perth Amboy Catholic School

EAST CAMPUS

Street Address:
680 Catherine Street
City:
Perth Amboy, NJ 08861

County:
MIDDLESEX COUNTY

County Code:
STAE USE ONLY

Name of Monitoring Firm Hired by Building Owner (6):
N/A

ASCM No.:

Name of Abatement Contractor (9):
EA Services Corporation

Street Address:
426 69th Street
City, State, Zip Code:
Guttenberg, NJ 07093

Telephone No.:
201-295-1700
License No.:
01074

Name of OSHA Monitor:
EA Services Corporation

Street Address:
same as above
City, State, Zip Code:

Start Date (10):
Feb 21/2014

Scheduled Completion Date (11):
Feb 22/2014

Occupancy Status During Abatement (Check Only One):
☒ Facility Closed/Vacated During Entire Period of Abatement
☒ Abatement Performed Outside of Normal Facility Hours
☐ Other – Describe: 3:00 PM

Scope of Work (Check All That Apply):
☒ ≥3 sf or ≥3 If
☒ ≥160 sf or ≥260 If

☐ Renovation
☒ Demolition

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

<table>
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<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)</th>
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<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 Cafeeteria</td>
<td>x</td>
<td>9x9 Floor Tile</td>
<td>5 SF</td>
<td>☒ Removal</td>
</tr>
<tr>
<td>Storage Room</td>
<td>x</td>
<td>Floor Tile</td>
<td>3 SF</td>
<td>☐ Repair</td>
</tr>
<tr>
<td>Teacher's Lounge</td>
<td>x</td>
<td>Floor Tile</td>
<td>2 SF</td>
<td>☐ Encapsulation</td>
</tr>
</tbody>
</table>

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

Location of Registered Waste Hauler:
NJDEP Waste Hauler ID No. 15939

Disposal Date:
tbd
Name of Registered Landfill:
GROWS North Landfill

City, State:
Morrisville, PA 19067

Completed by:
Gina Salvador
Title:
Office Manager
Signature:
Chul
Date:
2/5/2014

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