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

Date of Notification (1)
01/12/15

Name of Building Owner/Operator (2)
Sam Camilleri

Agencies Notified
EPA
DEP
DOL
DOH
DCA

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

Street Address
500 Doremus Ave.

City, State, Zip Code
Newark, NJ, 07101

Name of Contact

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Sam Camilleri

Street Address
500 Doremus Ave.

City (5)
Newark

County (6)
Essex County

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.

Name of Abatement Contractor (9)
Pro Abatement

Street Address
1009 87th Street Suite A4

City, State, Zip Code
North Bergen, NJ 07047

Project Manager for Monitoring Firm

Telephone No.

Telephone No.
201-293-6305

License No.
01223

Start Date (10)
01/21/15

Scheduled Completion Date (11)
01/31/15

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)
23 sf or 23 If
☑ 150 sf or ≥260 If
Demolition

Renovation

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

In Facility

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
Encapsulate
Endorse

Location
Warehouse

Thermal System Insulation

23 LF

×

Name of Registered Waste Hauler
SAN TON SERVICES

NJDEP Waste Hauler ID No.
22430

Cubic Yards of Waste

Name of Registered Landfill
MEDOWLANCHES COMMISSION

City, State
KENILWORTH, NJ

Disposal Date

City, State
KEARNY, NJ

Completed by
Bryan Parra

Title
Project Manager

Signature

Date
01/12/15

ASB-41 (R-05-08)

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

**Date of Notification (1)**
1/12/15

**Name of Building Owner/Operator (2)**
City Of Atlantic City (owner) Earth Tech (operator)

**Street Address**
1801 Bacharach Blvd

**City, State, Zip Code**
Atlantic City NJ 08401

**Name of Contact**
Dale Finch

**Telephone Number**

### FACILITY INFORMATION

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

**Street Address**
317 North Indiana Avenue

**City (5)**
Atlantic City NJ 08401

**County (6)**
Atlantic

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

**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.**
Tel: 856-753-9800

**License No.**
00727

**Start Date (10)**
1/19/15

**Scheduled Completion Date (11)**
1/27/15

**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' So or ≥3' if
- ≥150 sf or ≥260 ft²
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

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

**Flat Roof**
x

**Wet Demo of Roof**

### Name of Registered Waste Hauler
Earth Tech

**NUDEP Waste Hauler ID No.**
16429

**Cubic Yards of Waste**
TBD

**Name of Registered Landfill**
ACUA

**Disposal Date**
TBD

**City, State**
Greenfield NJ

**Name of Registered Landfill**

**Completed by**
Anthony T Perna

**Title**
President

**Signature**

**Date**
1/12/15

* Do not use this form for asbestos licensure exempted activities.
<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>JAN 1 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (8)</td>
<td>Earth Tech (operator)</td>
</tr>
<tr>
<td>City of Atlantic City (owner)</td>
<td>Atlantic City NJ 08401</td>
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<tr>
<td>Name of Contractor</td>
<td>Formenico Inc.</td>
</tr>
<tr>
<td>Name of Contract</td>
<td>JAN 1 2 2015</td>
</tr>
<tr>
<td>Name of Facility Where Asbestos is Taking Place (3)</td>
<td>Vacant Building</td>
</tr>
<tr>
<td>Street Address</td>
<td>317 North Indiana Avenue</td>
</tr>
<tr>
<td>City</td>
<td>Atlantic City NJ 08401</td>
</tr>
<tr>
<td>County</td>
<td>Atlantic</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>N/A</td>
</tr>
<tr>
<td>Name of Abatement Contractor (16)</td>
<td>Formenico Inc.</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>609-693-0830</td>
</tr>
<tr>
<td>License No.</td>
<td>00727</td>
</tr>
<tr>
<td>Status Date (15)</td>
<td>1/18/15</td>
</tr>
<tr>
<td>Estimated Date During Abatement (Check Only One)</td>
<td>1/27/15</td>
</tr>
<tr>
<td>Name of OSHA Monitor</td>
<td>Same</td>
</tr>
<tr>
<td>Street Address</td>
<td>PO Box 929</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>West Berlin NJ 08091</td>
</tr>
<tr>
<td>Start Date (13)</td>
<td>1/18/15</td>
</tr>
<tr>
<td>Name of DSM Monitor</td>
<td>Same</td>
</tr>
<tr>
<td>Street Address</td>
<td>N/A</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>N/A</td>
</tr>
<tr>
<td>Status of Work (Check All That Apply)</td>
<td>Renovation, Demolition, Full Containment with Negative Pressure, Decontamination, Non-Asbestos, Non-Asbestos Removal</td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABRATED in Facility (12)</td>
<td>N/A</td>
</tr>
<tr>
<td>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td>N/A</td>
</tr>
<tr>
<td>Amount (Specify SF or L2)</td>
<td>4000 sq ft</td>
</tr>
<tr>
<td>Condition</td>
<td>Roofing, Wet Demolition</td>
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<tr>
<td>Name of Registered Waste Hauler</td>
<td>Formenico Inc.</td>
</tr>
<tr>
<td>Disposal Date</td>
<td>TBD</td>
</tr>
<tr>
<td>City, State</td>
<td>Atlantic City NJ 08401</td>
</tr>
<tr>
<td>Date</td>
<td>1/12/15</td>
</tr>
</tbody>
</table>

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

Date of Notification (1)  
01 / 12 / 15

Name of Building Owner/Operator (2)  
Vineland Construction Company

Agencies Notified  
☐ EPA  
☐ DEP  
☐ DCA (NJAC 5:16)  
☐ DHSS  
☐ DCA (NJAC 5:23-6)

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

Street Address  
71 W Park Avenue

City, State, Zip Code  
Vineland, NJ 08360

Name of Contact  
Tim France

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  
Victory Refrigeration

Street Address  
110 Woodcrest Road

City (5)  
Cherry Hill

County (6)  
Camden

Name of Monitoring Firm Hired by Building Owner (8)  
West Chester Environmental LLC

ASCM No.  
0288

Name of Abatement Contractor (9)  
Diamond Huntbach Construction Corporation

Street Address  
500 East Luzerne Street

City, State, Zip Code  
Philadelphia, PA 19124

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

Square Feet  
233,000

# of Floors  
1

Bldg. Age (9)  
50+

Current Use (Prior if being demolished)  
Warehouse

License No.  
00646

Occuancy 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:  
ZAM-4PM/ 4PM- AM

Name of OSHA Monitor  
SAME AS ABOVE

Start Date (10)  
01 / 13 / 15

Scheduled Completion Date (11)  
03 / 31 / 15

Scope of Work (Check all that apply)  

☐ ≥ 3 sf or ≥ 3 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

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

Amount (Specify SF or LF)  
450 LF

Abatement Type

☐ Removal  
☐ Repair  
☐ Encapsulation  
☐ Enclosure

Manufacturing Section  
☐ 2" Pipe Insulation  
☐ 4" Pipe Insulation

Manufacturing Section  
☐ Grey Floor Tile & Black Mastic  
☐ Red Fire Door

Entire 2nd Flr & Restrooms  
☐ 4" Pipe Insulation

Various Throughbuilding  
☐ Grey Floor Tile & Black Mastic  
☐ Red Fire Door

Name of Registered Waste Hauler  
Diamond Huntbach or Service Transport

NJDEP Waste Hauler ID No.  
19689/20990

Cubic Yards of Waste  
100

Name of Registered Landfill  
Minerva and GROWS

City, State  
Waynesburg, OH / Morrisville, PA

Completed By (Print or Type)  
Wayne Huntbach

Title  
Project Manager

Signature  
3/12/15

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:80 and 5:16)

Date of Notification (1) 01 / 12 / 15

Name of Building Owner/Operator (2)
Vineland Construction Company

Agency Notified
□ EPA
□ DEP
□ DCA (NJAC 5:16)
□ DHSS
□ DCA (NJAC 5:23-8)
Type Notification
□ Initial
□ Amended
□ Amendment # 1
□ Emergency (including justification)
□ Cancellation

Street Address
71 W Park Avenue
City, State, Zip Code
Vineland, NJ 08360

Name of Contact
Tim France
Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Victory Refrigeration

City (5)
Cherry Hill

County (6)
Camden

County Code (7)/STATE USE ONLY

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

Square Feet
233,000

# of Floors
1

Bldg Age
50+

Current Use (Prior if being demolished)
Warehouse

Name of Monitoring Firm Hired by Building Owner (8)
West Chester Environmental LLC

ASCN No.
0268

Name of Abatement Contractor (9)
Diamond Huntbach Construction Corporation

Street Address
500 East Luzerne Street
City, State, Zip Code
Philadelphia, PA 19124

Telephone No.
215-739-8166

License No.
00646

Name of OSHA Monitor
SAME AS ABOVE

Street Address

City, State, Zip Code

Project Manager for Monitoring Firm
Matt Abraham

Telephone No.
610.431.7545

Start Date (10) 01 / 13 / 15

Scheduled Completion Date (11) 03 / 31 / 15

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: ZAM-4PM/ PM-AM

Scope of Work (Check all that apply)
□ ≥ 5 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

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

Endorse

Make

Repair

Encapsulate

Replacement

Complete

Name of Registered Waste Handler
Diamond Huntbach or Service Transport

NJDEP Waste Hauler ID No. 19889/20990

Cubic Yards of Waste
100

Name of Registered Landfill
Minerva and GROWS

City, State
Waynesburg, OH / Morrisville, PA

Disposal Date

City, State
Philadelphia, PA 19124 / New Castle, DE

Completed By (Print or Type)
Wayne Huntbach

Title
Project Manager

Signature

Date 1/2/15

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

**Name of Building Owner/Operator:** King Residence

**Spreader Address:** 1827 Burn Road

**City, State, Zip Code:** Bedminster, NJ 07921

**Name of Contact:** Tom Pariani

**Telephone Number:** 1-908-917-5700

### FACILITY INFORMATION

- **Name of Facility Where Abatement Is Taking Place:** Private house-carriage house
- **Street Address:** 455 Burn Road
- **City:** Bedminster, NJ 07921
- **County:** Somerset

- **Name of Monitoring Firm Hired by Building Owner:** ASGM No.
- **Name of Abatement Contractor:** Gr Tech, LLC
- **Street Address:** 576 Valley Rd #283
- **City:** Wayne, NJ 07470

- **Start Date:** 01/01/2015
- **Scheduled Completion Date:** 01/15/2015

- **Occupancy Status During Abatement:** Self-Explanatory
  - **Facility Closed/Unoccupied During Entire Period of Abatement:** Yes
  - **Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement:** AM, PM, AM, PM

- **Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility:**
  - **Carriage house-basement:** Yes
  - **Carriage house-basement:** No

- **Name of Registered Waste Hauler:** Gr Tech, LLC
  - **UDS Waste Hauler ID (if applicable):** 0033785
  - **Cubic Yards of Waste:** TBD
  - **Name of Registered Landfill:** T.R.B.F., Inc.
  - **Disposal Date:** TBD
  - **City, State:** Wayne, NJ 07470

- **Completed By:** Permits Issued By:** Debra A. Hamilton

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*Please note: This form is for asbestos license exempted activities.*
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)
1/13/15

Name of Building Owner/Operator (2)
Shaker Realty

Agencies Notified
EPA
DEP
DOL
DOH
DCA

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

Street Address

City, State, Zip Code

Name of Contact
Alaa Shaker

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Street Address
15 First Street

City (5)
Little Falls

County (6)
Passaic

County Code (7) (STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8)

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

PO Box 483, 4 E Gate Drive

City, State, Zip Code
City, State, Zip Code

Glenwood, NJ 07418

Street Address

Telephone No.
973-583-8500

License No.
703

Start Date (10)
1/28/15

Scheduled Completion Date (11)
2/19/15

Name of OSHA Monitor

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)

- 33 sf or < 33 sf
- 180 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)

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

Repair
Encapsulate
Enclose

basement

pipe insulation
75 LF
x

basement

ceiling material
10 SF
x

Name of Registered Waste Hauler
Freehold Cartage

NJ DEP Waste Hauler ID No.
15939

Cubic Yards of Waste
TBD

Name of Registered Landfill
TBD

City, State
Freehold, NJ

Disposal Date
TBD

Completed by
A. Scott Higgins
Title
President

Signature

Date
1/13/15

* 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) 1/13/15
Name of Building Owner/Operator (2) Neary Excavating

Agencies Notified Type Notification
X EPA Initial
X DEP Amended
X DOL Amendment #
X DOH Emergency (including justification)
X DCA Cancellation

Street Address
330 Lincoln Boulevard
City, State, Zip Code
Middlesex, NJ 08846

Name of Contact
Phil Sabatino
Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Street Address
5-8 Howard Boulevard
City (5) Mt. Arlington
County (6) Morris

County Code (7) (STATE USE ONLY) 2100

Square Feet
# of Floors
Bldg. Age
2100 2 65

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

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

Name of Abatement Contractor (5)
ABS Environmental Services, LLC

Street Address
PO Box 483, 4 E Gate Drive
City, State, Zip Code
Glenwood, NJ 07418

Project Manager for Monitoring Firm

Telephone No.

License No.
973-583-8500 703

Start Date (10) 1/22/15
Scheduled Completion Date (11) 2/22/15

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

Name of OSHA Monitor

City, State, Zip Code

Scope of Work (Check All That Apply)

x ≤ 3 sq. ft or ≤ 3 if
x ≥ 160 sq. ft or ≥ 500 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

Location Normally Used Solely by Maintenance/Custodial Staff?

Yes No N/A

basement

exterior

Is Location Normally Used Solely by Maintenance/Custodial Staff?

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

basement pipe insulation 20 LF x

exterior siding 2,200 SF x

Name of Registered Waste Hauler
Freehold Cartage

NJDEP Waste Hauler ID No. 15939
Cubic Yards of Waste TBD
Name of Registered Landfill TBD

City, State FREEHOLD, NJ

Disposal Date TBD

Completed by
A. Scott Higgins
Title President

Signature

Date 1/13/15

* 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)  
1/13/15

Name of Building Owner/Operator (2)  
CRA Construction & Home Elevations, LLC

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

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

Street Address  
3430 Sunset Avenue, Suite 5

City, State, Zip Code  
Ocean, NJ 07712

Name of Contact  
Steve Pisano

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  
108 West Cormorant Way

City (5)  
Lavallette

County (6)  
Ocean

Square Feet  
2100

# of Floors  
2

Bldg. Age  
65

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

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

Street Address  
PO Box 483, 4 E Gate Drive

City, State, Zip Code  
Glenwood, NJ 07418

Project Manager for Monitoring Firm  

Telephone No.  
973-583-8500

License No.  
703

Start Date (10)  
1/28/15

Scheduled Completion Date (11)  
2/19/15

Name of OSHA Monitor  

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

Scope of Work (Check All That Apply)  
☐ ≤3 sf or ≤3 ft

☐ ≥150 sf or ≥260 ft

☐ Renovation

☐ Demolition

☐ Full Containment with Negative Pressure

☐ Mini-Enclosure

☐ Glovebag Procedure

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

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

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

☐ Repair

☐ Encapsulate

☐ Endure

Name of Registered Waste Hauler

Freehold Cartage  
NJDEP Waste Hauler ID No. 15939

Cubic Yards of Waste  
TBD

Name of Registered Landfill  
TBD

Disposal Date  
TBD

City, State  
Freehold, NJ

Completed by  
A. Scott Higgins  
Title  
President  
Signature  

Date  
1/13/15

* 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)  
1/13/15

Name of Building Owner/Operator (2)  
FGS

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

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

Street Address  
513 East 32nd Street

City, State, Zip Code  
Paterson, NJ 07504

Name of Contact  
Frank Grisez

Telephone Number

Name of Facility Where Abatement is Taking Place (3)

Street Address  
20-21 Wagaraw Road

City (5)  
Fairlawn

County (6)  
Bergen

County Code (7)  
(State Use Only)

Current Use (Prior to being demolished)

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  

Bidg. Age  
65

Name of Monitoring Firm Hired by Building Owner (8)  

ASCM No.  

Name of Abatement Contractor (9)  

ABS Environmental Services, LLC

Street Address  
PO Box 483, 4 E Gate Drive

City, State, Zip Code  
Glenwood, NJ 07418

Project Manager for Monitoring Firm

Telephone No.  
973-583-8500

License No.  
703

Start Date (10)  
1/15/15

Scheduled Completion Date (11)  
2/16/15

Name of OSHA Monitor

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)

- x 23 sf or x 3 sf
- x 150 sf or x 260 sf

- Renovation  
- Demolition  
- Full Containment with Negative Pressure
- Min+Enclosure  
- Glovebag Procedure  
- Non-Exempted (*) and Non-Friable Procedure

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

In Facility (13)

- x basement

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)  
130 LF

Abatement Type  

- Removal  
- Repair  
- Encapsulate  
- Envelope

Name of Registered Waste Hauler

NUDEP Waste Hauler ID No.

Cubic Yards of Waste

Name of Registered Landfill

City, State

Completed by  
A. Scott Higgins  
Title  
President  
Signature

Disposal Date  
Date  
1/13/15

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

Date of Notification (1) 1 12 16

Agencies Notified
EPA
DEP
DOL
DOH
DCA
Type of Notification
Initial Notification
Amended Notification #3
Cancellation
On Hold
EMERGENCY NOTIFICATION

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

Street Address
126 EAST LINCOLN AVENUE - #7 TANK FARM

City (5)
RAHWAY

County (6)
UNION

County Code (7)
STATE USE ONLY

Name of Operating Firm (8)
ENVIROMETAL HEALTH INVESTIGATIONS, INC.

ASCM No.
17

Name of Abatement Contractor (9)
PAR ENVIRONMENTAL CORPORATION

Street Address
313 SPOOK ROCK ROAD

City, State, Zip Code
SUDBURY, NEW YORK 10801

Telephone Number
845-359-7500

License Number
11480

Name of OSHA Monitor
AMERISCI LABORATORIES INC

Street Address
117 EAST 50TH STREET

City, State, Zip Code
NEW YORK, NEW YORK 10016

Sched. Completion Date (11) 1 / 12 / 15

Expected State Date (10) 1 / 22 / 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: MONDAY-FRIDAY 7AM-3:30 PM

Scope of Work (Check all that apply)
X Renovation
X Demolition
X >35F OR LF
X >180 SF OR LF 260 LF

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)
Description
75 SF
PIPE GASKETS

Removal Method
Full Containment with Negative Pressure

Abatement Date
1 / 12 / 15

Name of Registered Waste Hauler
FREEHOLD CARTAGE, INC.

NJDEP Waste Hauler ID No.
15839

Cubic Yards of Waste
10

Disposal Date

City, State
FREEHOLD, NEW JERSEY

Complited by (Print or Type)
BENJAMIN SANCHEZ

Title
DIRECTOR OF OPERATIONS

Signature

Date

Phone Number

State of New Jersey

Name of Building Owner/Operator (2)
MERCK SHARP & DOHME CORPORATION

Street Address
126 E. LINCOLN AVENUE

City, State, Zip Code
RAHWAY, NEW JERSEY 07065

Name of Contact
MARY BETH BAKER

Telephone Number

License Number

License Date

Abatement Date

Date

Received

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

Date of Notification (1) 12 / 19 /14

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

Street Address 126 E. LINCOLN AVENUE

City, State, Zip Code RAHWAY, NEW JERSEY 07065

Name of Contact MARY BETH BAKER

Telephone Number

Name of Facility Where Abatement is Taking Place (3)

MERCK SHARP & DOHME CORPORATION

Street Address 126 EAST LINCOLN AVENUE - 97 TANK FARM

City (5) RAHWAY

County (6) UNION

Next of Facility Where Abatement is Taking Place (3)

Type of Facility (4)

School (K-12) X

Subchapter 8 (Other than K-12)

Other (i.e., private and comm. bldgs., homes, etc.)

Square Feet N/A

# of Floors N/A

Bldg. Age N/A

Current Use (Prior to being demolished) VACANT

Name of Abatement Contractor (9)

PAR ENVIRONMENTAL CORPORATION

Street Address 313 SPOOK ROCK ROAD

City, State, Zip Code SUFFERN, NEW YORK 10901

Telephone Number 914-369-7500

License Number 1101

Name of OSHA Monitor AMERIGO LABORATORIES INC #11480

Street Address 117 EAST 30TH STREET

City, State, Zip Code NEW YORK, NEW YORK 10016

Occupancy Status During Abatement (Check only one)

X Facility Closed/Vacated During Entire Period of Abatement

Abatement Performed Outside of Normal Facility Hours - Describe: MONDAY-FRIDAY 7AM-3:30PM

Other - Describe:

Month Day Year 12 / 22 /14

Sched. Completion Date (11) 2 / 30 /15

Month Day Year

Scope of Work (Check all that apply)

X Renovation

X Demolition

>35F OR LF

>160 SF OR LF 260 LF

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

Is Location normally used solely by Maint/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) 75 SF

Abatement Type X

Encapsulation

REMOVAL

REPAIR

ENCLOSURE

Full Containment with Negative Pressure

Mini-Enclosure

Glovebag Procedure

Non-Friable Procedure

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

THROUGHOUT X PIPE GASKETS

Cubic Yards of Waste 10

Name of Registered Waste Hauler NJDEP Waste Hauler ID No.

FREEHOLD CARTAGE, INC.

15939

City, State FREEHOLD, NEW JERSEY

Completed by (Print or Type) BENJAMIN SANCHEZ

Title DIRECTOR OF OPERATIONS

Name of Registered Landfill LYCOMING COUNTY RESOURCE MANAGEMENT SERVICES

City, State, Zip Code 447 ALEXANDER DRIVE/ROUTE 15

Disposal Date 12/19/14

Signature

Date
<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>12 / 19 / 14</td>
<td>MERCK SHARP &amp; DOHME CORP.</td>
</tr>
</tbody>
</table>

### FACILITY INFORMATION

- **Name of Facility Where Abatement is Taking Place (3):** MERCK SHARP & DOHME CORPORATION
- **Street Address:** 126 EAST LINCOLN AVENUE - 97 TANK FARM
- **City (5):** RAHWAY
- **County (6):** UNION
- **County Code (7):** N/A (STATE USE ONLY)
- **ASCM No.:** 17
- **Current Use (Prior if being demolished):** VACANT

### Project Coordinator

- **Name of Monitoring Firm Hired by Building Owner (8):** ENVIROMETAL HEALTH INVESTIGATIONS, INC.
- **Project Manager for Monitoring Firm:** WILLIAM S. KERBEL, CIH
- **Telephone Number:** 973-729-5849

### Abatement Details

- **Expected State Date (10):** 12 / 22 / 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 - Describe: MONDAY-FRIDAY TAM-3:30 PM

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

- [X] Demolition
- [X] Renovation
- [X] >3SF OR LF
- [X] >160 SF OR 260 LF

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

- **Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13):** PIPE GASKETS
- **Descriptive of Asbestos-Containing Material (ACM):**
  - (i.e. Thermal systems, insulation, surfacing, VAT, or other miscellaneous)

### Disposal Information

- **Disposal Date:** 10
- **Name of Registered Landfill:** LYCOMING COUNTY RESOURCE MANAGEMENT SERVICES 447 ALEXANDER DRIVE/ROUTE 15
- **City, State:** MONTGOMERY, PA 17752

### Signature and Date

- **Title:** DIRECTOR OF OPERATIONS
- **Signature:** [Signature]
- **Date:** 12 / 19 / 14
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:50-7 and 12:120-7)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
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</thead>
<tbody>
<tr>
<td>12 / 11 /14</td>
<td>MERCK SHARP &amp; DOHME CORP.</td>
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</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial Notification</td>
</tr>
<tr>
<td>DEP</td>
<td>Amended Notification</td>
</tr>
<tr>
<td>DOL</td>
<td>Cancellation</td>
</tr>
<tr>
<td>DOH</td>
<td>On Hold</td>
</tr>
<tr>
<td>DCA</td>
<td>EMERGENCY NOTIFICATION</td>
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</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Type of Facility (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>MERCK SHARP &amp; DOHME CORPORATION</td>
<td>(a) School (K-12)</td>
</tr>
<tr>
<td></td>
<td>(b) Subchapter 8 (Other than K-12)</td>
</tr>
<tr>
<td></td>
<td>(c) Other (ie. private &amp; commcl. bldgs., homes, etc.)</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Street Address</th>
<th>County Code (7) (STATE USE ONLY)</th>
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<tbody>
<tr>
<td>126 EAST LINCOLN AVENUE - 97 TANK FARM</td>
<td>N/A</td>
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<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>Current Use (Prior if being demolished)</th>
</tr>
</thead>
<tbody>
<tr>
<td>RAHWAY, NEW JERSEY 07065</td>
<td>VACANT</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>ASCM No.</th>
</tr>
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<tbody>
<tr>
<td>ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.</td>
<td>17</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>655 WEST SHORE TRAIL</td>
<td>PAR ENVIRONMENTAL CORPORATION</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>License Number</th>
</tr>
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<tbody>
<tr>
<td>SPARTA, NEW JERSEY 07871</td>
<td>1101</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>WILLIAM S. KERBEL, CIIH</td>
<td>973-729-5649</td>
</tr>
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<table>
<thead>
<tr>
<th>Expected State Date (10)</th>
<th>Sched. Completion Date (11)</th>
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<tr>
<td>12 / 22 /14</td>
<td>2 / 30 /15</td>
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<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check only one)</th>
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<tbody>
<tr>
<td>X Facility Closed/Vacated During Entire Period of Abatement</td>
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<tr>
<td>X Other - Describe: MONDAY-FRIDAY 7AM-3:30 PM</td>
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</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
<th>Full Containment with Negative Pressure</th>
</tr>
</thead>
<tbody>
<tr>
<td>X Demolition</td>
<td></td>
</tr>
<tr>
<td>X &gt;3SF OR LF</td>
<td></td>
</tr>
<tr>
<td>X &gt;180 SF OR 250 LF</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)</th>
<th>Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, other miscellaneous)</th>
</tr>
</thead>
<tbody>
<tr>
<td>X PIPE GASKETS</td>
<td>75 SF</td>
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<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>Cubic Yards of Waste</th>
</tr>
</thead>
<tbody>
<tr>
<td>FREEHOLD CARTAGE, INC. 825 HIGHWAY 33</td>
<td>10</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Landfill Disposal Date</th>
<th>City, State</th>
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<tbody>
<tr>
<td>LYCOMING COUNTY RESOURCE MANAGEMENT SER</td>
<td>MONTGOMERY, PA 17752</td>
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<table>
<thead>
<tr>
<th>City, State</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>FREEHOLD, NEW JERSEY</td>
<td>11/11</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed by (Print or Type)</th>
<th>Title</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>BENJAMIN SANCHEZ</td>
<td>DIRECTOR OF OPERATIONS</td>
<td>[Signature]</td>
</tr>
</tbody>
</table>

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

Date of Notification (1)
1-13-2015

Name of Building Owner/Operator (2)
Garden Savings Federal Credit Union

Agencies Notified
□ SPA
□ DEP
□ DOL
X DOH
□ DCA

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

Street Address
gardensavingsfcu.org

City, State, Zip Code
Garden State Abatement, LLC
618 Broadway
Asbury Park, NJ 07712

Name of Contact
Telephone Number
Name of Abatement Contractor (9)
Loznica Management Corp

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

Square Feet
1500
# of Floors
2
Bldg. Age
50+

Current Use (Prior if being demolished)
House

County Code (7) (STATE USE ONLY)
Bergen

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

AsCM No.
n/a

License No.
01193

Telephone No.
9737067950

Name of OSHA Monitor
Loznica Management Corp

City, State, Zip Code
Lincoln Park NJ 07035

Project Manager for Monitoring Firm
n/a

Telephone No.

Status During Abatement (Check Only One)
□ Facility Closed/Vacated During Entire Period of Abatement
□ Abatement Performed Outside of Normal Facility Hours
□ Other – Describe: 9 am - 4 pm

Start Date (10)
1-22-2015

Scheduled Completion Date (11)
1-23-2015

Scope of Work (Check All That Apply)
□ ≥3 sf or ≥3 if
□ ≥160 sf or ≥280 if
□ Renovation
□ Demolition
□ Full Containment with Negative Pressure
□ Mini-Enclosure
□ Glovebag Procedure
□ Non-Exempted (*) and Non-Friable Procedure

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

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)
Asbestos Pipe Insulation
150 LF

Amount (Specify SF or LF)

Abatement Type
Removal
Repair
Encapsulation
Endorse

Endorse

Name of Registered Waste Hauler
Loznica Management Corp

NJDEP Waste Hauler ID No.

Cubic Yards of Waste
TBD

Name of Registered Landfill
GROWS Landfill

City, State
Riverdale, NJ

Completed by
E. Cirovic
Secretary

Signature
Date
1-13-2015

* Do not use this form for asbestos licensure exempted activities.
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 5:68-5 and 12:129)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>1-8-2015</th>
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<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Avdi Electric &amp; Construction Co</td>
</tr>
<tr>
<td>Address Notified Type Notification</td>
<td>Street Address</td>
</tr>
<tr>
<td>EDA</td>
<td>Initial</td>
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<td>DEN</td>
<td>Amended</td>
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<td>DOL</td>
<td>Amendment of</td>
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<tr>
<td>DOH</td>
<td>Emergency (including</td>
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<tr>
<td>DQA</td>
<td>Cancellation</td>
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<tr>
<td>185 Cliff Street</td>
<td></td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Cliffside Park, NJ 07019</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>MD Dept. of Health &amp; Senior Services</td>
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**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Type of Facility (4)</th>
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<tbody>
<tr>
<td>School (K-12)</td>
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<tr>
<td>Subchapter 6 (Other than K-12)</td>
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<tr>
<td>Other (i.e., private &amp; commercial buildings, homes, etc.)</td>
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<tr>
<td>Square Feet</td>
</tr>
<tr>
<td># of Floors</td>
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<td>Age</td>
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<tr>
<th>Current Use (Prior to being demolished)</th>
<th>Demo'd house for disposal.</th>
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<tr>
<td>Name of Building Owner/Hired by Building Owner (5)</td>
<td>ASCM No. (STATE USE ONLY)</td>
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<tr>
<td>n/a</td>
<td>n/a</td>
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<tr>
<td>Street Address</td>
<td>22 Troy Lane</td>
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<tr>
<td>n/a</td>
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<tr>
<td>City, State, Zip Code</td>
<td>Lincoln Park NJ 07035</td>
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<tr>
<td>Project Manager for Monitoring Firm</td>
<td>Telephone No.</td>
</tr>
<tr>
<td>n/a</td>
<td>9737067950</td>
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<tr>
<td>License No.</td>
<td>01193</td>
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<tr>
<td>Start Date (10)</td>
<td>Jan 16, 2015</td>
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<tr>
<td>Name of Asbestos Contractor (9)</td>
<td>Loznica Management Corp</td>
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<tr>
<td>Street Address</td>
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<td>n/a</td>
<td>n/a</td>
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<tr>
<td>City, State, Zip Code</td>
<td>Lincoln Park NJ 07035</td>
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<tr>
<td>Project Manager for Monitoring Firm</td>
<td>Telephone No.</td>
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<td>n/a</td>
<td>9737067950</td>
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<tr>
<td>License No.</td>
<td>01193</td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>Jan 16, 2015</td>
</tr>
<tr>
<td>Name of OSHA Monitor</td>
<td>Loznica Management Corp</td>
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<table>
<thead>
<tr>
<th>Scope of Work (Check All That Apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ 25 sf or less</td>
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<tr>
<td>□ 250 sf or less</td>
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<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is Location Normally Used Solely by Maintenance &amp; Custodial Staff? (12)</td>
</tr>
<tr>
<td>Yes</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
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<tbody>
<tr>
<td>□ □ □</td>
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<table>
<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
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<tbody>
<tr>
<td>TBD</td>
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<table>
<thead>
<tr>
<th>Abatement Type</th>
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<tbody>
<tr>
<td>TBD</td>
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</table>

**NAME OF REGISTERED WASTE HANDLER**

<table>
<thead>
<tr>
<th>Name of Registered Waste Handler</th>
<th>Rovic Transport</th>
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<tbody>
<tr>
<td>Hauler ID No.</td>
<td>0053185</td>
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<tr>
<td>Cubic Yards of Waste</td>
<td>TBD</td>
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<tr>
<td>Name of Registered Landfill</td>
<td>GROWS Landfill</td>
</tr>
<tr>
<td>City, State</td>
<td>Morrisville, PA 19067</td>
</tr>
<tr>
<td>Completion by</td>
<td>E. Cirovic</td>
</tr>
<tr>
<td>Secretary</td>
<td>TBD</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)**
1/13/2015

**Name of Building Owner/Operator (2)**
MONTCLAIR KIMBERLEY ACADEMY

**Street Address**
201 VALLEY ROAD

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

**Name of Contact**
MARK DOMBROSKI

**Telephone Number**

**FACILITY INFORMATION**

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

**Street Address**
216 ORANGE ROAD

**City (5)**
MONTCLAIR

**County (6)**
ESSEX

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

**Name of Monitoring Firm Hired by Building Owner (8)**
DETAIL ASSOCIATES, INC.

**ASCM No.**

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

**Street Address**
250 RUTHERFORD BLVD.

**City, State, Zip Code**
CLIFTON, NJ 07014

**Telephone No.**
201-569-6708

**License No.**
00494

**Name of OSHA Monitor**
SAME AS (9) ABOVE

**Street Address**

**City, State, Zip Code**

**Start Date (10)**
1/24/2015

**Scheduled Completion Date (11)**
1/28/2015

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

**Facility Closed/Vacated During Entire Period of Abatement (Check All That Apply)**
- Yes
- No
- N/A

**Other – Describe:**

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

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1ST FLOOR</td>
<td>X</td>
<td></td>
<td></td>
<td>LINOILEUM</td>
<td>20 SF</td>
</tr>
<tr>
<td>BASEMENT</td>
<td>X</td>
<td></td>
<td></td>
<td>PIPE INSULATION</td>
<td>20 LF</td>
</tr>
</tbody>
</table>

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

**Disposal Date**
1/28/2015

**City, State**
CLIFTON, NJ

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

**City, State**
MORRISVILLE, PA

**Completed by**
VIVECA RAMOS

**Title**
PROJECT COORDINATOR

*Do not use this form for asbestos licensure exempted activities.*
Date of Notification (1)
1/13/2015

Name of Building Owner/Operator (2)
THE COLLEGE OF NEW JERSEY

Agency Notified Type Notification
EPA X Initial
DEP X Amended
DOL X Amendment #
DOH X Emergency (including justification)
DCA X Cancellation

Street Address
2000 PENNINGTON ROAD

City, State, Zip Code
EWING, NJ 08628

Name of Contact
JOHN HAMILTON

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
THE COLLEGE OF NEW JERSEY - NORSWORTHY HALL

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

Square Feet

# of Floors

Bldg. Age

City (5)
EWING

County Code (7)

Current Use (Prior to being demolished)

County Code (6)

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

ASCN No.

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

Street Address
250 RUTHERFORD BLVD.

City, State, Zip Code
CLIFTON, NJ 07014

Telephone No.
973-956-5700

License No.
00494

Name of OSHA Monitor
SAME AS (9) ABOVE

Project Manager for Monitoring Firm

Telephone No.

Start Date (10)
1/16/2015

Scheduled Completion Date (11)
1/23/2015

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

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

Location of Asbestos-Containing Material TO BE ABATED

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

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

Amount (Specify SF or LF)
50 LF

Exterior

Name of Registered Waste Hauler
TWO BROTHERS CONTRACTING

New Jersey Waste Hauler ID No.
18743

Cubic Yards of Waste
5

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

City, State
CLIFTON, NJ

Disposal Date
1/23/2015

Completed by
VIVECA RAMOS

Title
PROJECT COORDINATOR

Signature

Date
1/13/2015

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

- **Name of Facility Where Abatement is Taking Place (3):** Hamilton Shopping Center
- **Street Address:** 1061 Whitehorse Avenue
- **City (5):** Hamilton
- **County (6):** Mercer
- **Name of Monitoring Firm Hired by Building Owner (8):** ASCM No.
- **Accredited Environmental Technologies:** Name of Abatement Contractor (9)
- **Street Address:** 28 N. Pennell Road
- **City, State, Zip Code:** Media, PA 19063
- **Project Manager for Monitoring Firm:** Dave Turkay
- **Telephone No.:** 810-881-0114
- **Start Date (10):** 1/28/15
- **Scheduled Completion Date (11):** 2/13/15
- **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)

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

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

- **Vacant Tenant Space:** Vinyl asbestos floor tile
- **Amount (Specify SF or LF):** 5,410

### Name of Registered Waste Hauler

- **Waste Management of NJ**
- **NJ/DEP Waste Hauler ID No.:**
- **Cubic Yards of Waste:**
- **Name of Registered Landfill:** GROWS
- **City, State:** Trenton, NJ
- **Completed by:** Jack Bally
- **Title:** Sr Project Manager
- **Signature:**
- **Date:** 1/14/15

**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**: 01/10/2015

**Agencies Notified**
- EPA
- DEP
- DOL
- DOH
- DOA

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

**Name of Building Owner/Operator**: John Tunny

**Street Address**: 169 Weston Ave

**City, State, Zip Code**: Chatham, NJ 07928

**Name of Contact**: John Tunny

**Telephone Number**:

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place**: Chatham, NJ

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

**Square Feet**

**# of Floors**

**Bidg. Age**

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

**Name of Monitoring Firm Hired by Building Owner**: Nick Restoration LLC

**ASCM No.**

**Name of Abatement Contractor**: Nick Restoration LLC

**Street Address**: 72 Brookside Rd

**City, State, Zip Code**: Randolph, NJ 07869

**Project Manager for Monitoring Firm**: J&S Environmental

**Telephone No.**: 973-933-2550

**License No.**: 01133

**Start Date**: 01/22/2015

**Scheduled Completion Date**: 01/23/2015

**Name of OSHA Monitor**: J&S Environmental

**Occupancy Status During Abatement (Check Only One)**
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other - Describe: 4Pm

**Scope of Work (Check All That Apply)**
- ≥1,000 sf or ≥250 ft
- Renovation
- Demolition

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

**In Facility**

<table>
<thead>
<tr>
<th>Locality of Asbestos-Containing Material (ACM) To Be Abated</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attic Area (TSI)</td>
<td>Yes</td>
<td>Thermal System Insulation (TSI)</td>
<td>6 SF</td>
<td></td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**: Nick Restoration LLC

**NJDEP Waste Hauler ID No.**: 33782

**Cubic Yards of Waste**: TBD

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

**City, State**: Tullytown, PA

**Disposal Date**: TBD

**Completed by**: Elvira Mrda

**Title**: President

**Signature**: Elvira Mrda

**Date**: 01/10/2015
Date of Notification (1):
January 12, 2015

Name of Building Owner/Operator (2):
Medford Leas Retirement Community

Street Address:
1 Medford Leas Way

City, State, Zip Code:
Medford, NJ 08055

Name of Contact:
John Gray

Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3):
Medford Leas Retirement Community

Type of Facility (4):

Square Feet:
10,000

# of Floors:
1

Bldg. Age:
100

Current Use (Prior if being demolished):
Retirement Community

County Code (7) (STATE USE ONLY):

County Name:
Burlington

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

Name of Abatement Contractor (9):
Shade Environmental, LLC

Street Address:
623 Cutler Avenue

City, State, Zip Code:
Maple Shade, NJ 08052

Telephone No.:
856-755-0099

License No.:
00842

Name of OSHA Monitor:
EMSL Analytical, Inc.

Project Manager for Monitoring Firm:
Bill Weisgarber

Telephone No.:
609-298-4070

Start Date (10):
January 6, 2015

Scheduled Completion Date (11):
January 23, 2015

Occupancy Status During Abatement (Check Only One):

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

Scope of Work (Check All That Apply):

☐ ≤ 3,000 sf or 23 IF
☐ ≥ 160 sf or ≤ 2,650 sf
☐ Renovation
☐ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebox Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Facility</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Building</td>
<td>XXX</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Estraugh Building Data Room</td>
<td>XXX</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Is Location Normally Used Solely by Maintenance/Custodial Staff?

☐ Yes
☐ No
☐ N/A

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

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Linoleum Flooring</td>
<td>500 SF</td>
<td>X</td>
</tr>
<tr>
<td>Acoustical Ceiling</td>
<td>230 SF</td>
<td>X</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler:

Freehold Cartage

NJ/DEP Waste Hauler ID No.:
02285

Cubic Yards of Waste:
15

Disposal Date:
1/23/2015

City, State:
Birdsboro, PA

Name of Registered Landfill:
Western Berks Community Landfill

Completed by:
Christina Lynch

Title:
Operations Manager

Signature:

Date:
1/12/2015

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

**Name of Facility Where Abatement is Taking Place (3):** 330 English Street

**Street Address:** 330 English Street

**City:** Englewood, NJ 07631

**County Code (7):** Bergen

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

**Square Feet:** 2000

**# of Floors:** 6

**Bldg. Age:** 60+

**Name of Abatement Contractor (9):** Affiliated Env. Serv NJ Inc.

**Street Address:** 450 S. River Street

**City:** Hackensack, NJ 07601

**License No.:** 01148

**Name of OSHA Monitor:** N/A

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

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

**ASCM No.:** 0083

**Street Address:** 1600 Route 23 East

**City, State, Zip Code:** Union, NJ 07083

**Name of Abatement Contractor: Affiliated Env. Serv NJ Inc.**

**Telephone No.:** 201-931-0313

**Start Date (10):** 4-15-15

**Scheduled Completion Date (11):** 4-15-15

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

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

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

<table>
<thead>
<tr>
<th>Floor</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>4th Floor</td>
<td>YAT</td>
<td>400SF</td>
<td>[x] Full Containment with Negative Pressure</td>
</tr>
<tr>
<td>3rd Floor</td>
<td>Pipe Insulation</td>
<td>300 LF</td>
<td></td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler: Global Waste Industries**

**NJDEP Waste Hauler ID No.:** 25

**Cubic Yards of Waste: 0**

**Names of Registered Landfill: Minerva Enterprises Inc.**

**City, State:** Hackettstown, NJ

**Disposal Date:** 4-15-15

**City, State:** Waynesburg, Ohio 44688

**Completed by:** John Dombrowski (Operations)

**Title:** Operations

**Signatory:** [Signature]

**Date:** 1/2/15

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

Date of Notification (1)  
1 / 15

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

Type Notification  
- Initial Notification  
- Amended Notification  
- Cancellation  
- On Hold  
- EMERGENCY NOTIFICATION

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

Street Address  
126 E. LINCOLN AVENUE  
RAHWAY, NEW JERSEY 07068

Name of Contact  
JARROD NAPOLI  
Telephone Number

FACILITY INFORMATION

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

Street Address  
126 EAST LINCOLN AVENUE- BUILDING 819

City (6)  
RAHWAY  
County (6)  
UNION  
County Code (7)  
(SATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8)  
ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.

ASCM No.  
17

Name of Abatement Contractor (9)  
PAR ENVIRONMENTAL CORPORATION

Square Feet  
30,000  
# of Floors  
5  
Bldg. Age  
15

Current Use (Prior if being demolished)  
VACANT

Type of Facility (4)  
- School (K-12)  
- Subchapter 8 (Other than K-12)  
- Other (ie. private & commcl. bldgs., homes, etc.)

Street Address  
655 WEST SHORE TRAIL  
SPARTA, NEW JERSEY 07871

City, State, Zip Code  
SUFFERN, NEW YORK 10901

Name of OSHA Monitor  
AMERISCI LABORATORIES INC

License Number  
11001

Street Address  
117 EAST 30TH STREET  
NEW YORK, NEW YORK 10016

City, State, Zip Code  
SUFFERN, NEW YORK 10901

Occuancy Status During Abatement (Check only one)  
X Facility Closed/Vacated During Entire Period of Abatement

Abatement Performed Outside of Normal Facility Hours - Describe:  
MONDAY-FRIDAY 7AM-3:30 PM

Expected State Date (10)  
1 / 26 /15

Sched. Completion Date (11)  
3 / 30 /15

Month  
Day  
Year

Full Containment with Negative Pressure

Scope of Work (Check all that apply)  
Demolition  
X Renovation  
X >3SF OR LF  
X >160SF OR 260 LF

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

in Facility (13)

Is Location normally used solely by Maint/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)  
50 SF

Abatement Type

ENCLOSURE

ENCAPSULATE

REPAIR

REMOVAL

Name of Registered Waste Hauler  
FREEHOLD CARTAGE, INC.

City, State  
FREEHOLD, NEW JERSEY 826 HIGHWAY 33

Name of Registered Landfill  
LYCOMING COUNTY RESOURCE MANAGEMENT SITE

Cubic Yards of Waste  
10

447 ALEXANDER DRIVE/ROUTE 15

City, State  
MONTGOMERY, PA 17752

Completed by (Print or Type)  
BENJAMIN SANCHEZ

Title  
DIRECTOR OF OPERATIONS

Signature  
Date 11/15/15
STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT
(PURSUANT TO NJAC 8:60-7 AND 12:120-7)

Date of Notification (1)

09 / 02 / 14

Name of Building Owner / Operator (2)

Mondelez International

Street Address

2211 Route 208 North
Fairlawn, New Jersey, 07410

City, State, Zip Code

Name of Contact

JOHN LISSY

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Mondelez International

Street Address

2211 Route 208

City (5)

Fairlawn

County (6)

Bergen

County Code (7)

Square Feet

1,000,000

# Of Floors

3

Building Age

40 +

Type of Facility (4)

☐ School (K-12)

☐ Subchapter 8 (Other than K-12)

☐ Other (i.e., private & commercial
   bldgs., homes, etc.)

Current Use (Prior if being demolished)

Bakery/WAREHOUSE

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

AET

ASCM NOTA

NORTHSTAR CONTRACTING GROUP, INC.

Street Address

907 Doolittle Drive
Bridgewater, NJ. 08807

City, State, Zip Code

32 Williams Parkway

City, State, Zip Code

East Hanover, NJ 07936

Project Mng'r For Monitoring Firm

Eric Houseknecht

Telephone Number

908-218-1108

Name of OSHA Monitor

NORTHSTAR CONTRACTING GROUP, INC.

Street Address

32 Williams Parkway

City, State, Zip Code

East Hanover, NJ 07936

Scheduled Start Date (10)

09 / 16 / 14

Sched. Completion Date (11)

02 / 28 / 15

Occupancy Status During Abatement (Check Only 1)

☐ Facility Closed/Vacated During Entire Period of
   Abatement

☐ Abatement Performed Outside of Normal Facility
   Hours - Describe:

☐ Other - Describe: 7:00 AM - 3:30PM

Scope of Work (Check All That Apply)

☐ Demolition

☐ ≥3sf or ≥3lf

☐ ≥160 sf or ≥260 lf

☐ Renovation

☐ Full Containment with Negative Pressure

☐ Mini - Enclosure

☐ Glovebag Procedure

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

Location of Asbestos Containing

TO BE ABATED

Location

Normally

Solely

by

Location

Maintenance

Custodial

Staff

Yes

No

N/A

Name of Registered Waste Hauler

NEWARK CARTING

NJ/DEP Waste

Hauler ID No.

4559

Cubic Yards of Waste

Disposal Date

City, State

BETHLEHEM, PA 18105

Name of Registered Landfill

I.E.S.I.

Completed by (Print or Type)

Title

Project Manager

Signature

Date

01/15/15

ASB-41
<table>
<thead>
<tr>
<th>Location of Asbestos Containing Material (ACM)</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
<th>Location Normally Used Solely by Maintenance/Custodial Staff</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>BAKERY - 2ND FLOOR</td>
<td>DUCT INSULATION</td>
<td>YES NO N/A</td>
<td>1,025 SF</td>
<td>REPAIR</td>
</tr>
<tr>
<td>BAKERY - 2ND FLOOR</td>
<td>GASKET</td>
<td>YES NO N/A</td>
<td>1500 SF</td>
<td>ENCAPSULAR</td>
</tr>
<tr>
<td>BAKERY - 2ND FLOOR</td>
<td>TRANSITE</td>
<td>NO</td>
<td>90 SF</td>
<td>ENCAPSULAR</td>
</tr>
<tr>
<td>BAKERY - 2ND FLOOR</td>
<td>WIRING</td>
<td>NO</td>
<td>3,000 LF</td>
<td>ENCAPSULAR</td>
</tr>
<tr>
<td>BAKERY - 2ND FLOOR</td>
<td>PIPE &amp; FITTING INSULATION</td>
<td>NO</td>
<td>4,265 LF</td>
<td>ENCAPSULAR</td>
</tr>
<tr>
<td>BAKERY - 1ST FLOOR</td>
<td>PIPE &amp; FITTING INSULATION</td>
<td>YES NO N/A</td>
<td>175 LF</td>
<td>ENCAPSULAR</td>
</tr>
<tr>
<td>STAIRWELL #1</td>
<td>PIPE &amp; FITTING INSULATION</td>
<td>YES NO N/A</td>
<td>10 LF</td>
<td>ENCAPSULAR</td>
</tr>
<tr>
<td>STAIRWELL #2</td>
<td>PIPE &amp; FITTING INSULATION</td>
<td>YES NO N/A</td>
<td>20 LF</td>
<td>ENCAPSULAR</td>
</tr>
<tr>
<td>2ND FLOOR PAINT SHOP</td>
<td>VAT &amp; MASTIC</td>
<td>YES NO N/A</td>
<td>1050 LF</td>
<td>ENCAPSULAR</td>
</tr>
<tr>
<td>1ST FLOOR SHOP AREA</td>
<td>DUCT INSULATION</td>
<td>YES NO N/A</td>
<td>200 LF</td>
<td>ENCAPSULAR</td>
</tr>
<tr>
<td>1ST FLOOR SHOP AREA</td>
<td>PIPE &amp; FITTING INSULATION</td>
<td>YES NO N/A</td>
<td>150 LF</td>
<td>ENCAPSULAR</td>
</tr>
<tr>
<td>BAKERY - 2ND FLOOR</td>
<td>PIPE &amp; FITTING INSULATION</td>
<td>NO</td>
<td>2 LF</td>
<td>ENCAPSULAR</td>
</tr>
<tr>
<td>BAKERY COLUMN M-5</td>
<td>PIPE &amp; FITTING INSULATION</td>
<td>YES NO N/A</td>
<td>15 LF</td>
<td>ENCAPSULAR</td>
</tr>
<tr>
<td>BAKERY COLUMN M-7</td>
<td>PIPE &amp; FITTING INSULATION</td>
<td>YES NO N/A</td>
<td>18 LF</td>
<td>ENCAPSULAR</td>
</tr>
<tr>
<td>LADIES ANNEX</td>
<td>VAT &amp; MASTIC</td>
<td>YES NO N/A</td>
<td>2400 SF</td>
<td>ENCAPSULAR</td>
</tr>
<tr>
<td>COLUMN P-23</td>
<td>PIPE &amp; FITTING INSULATION</td>
<td>YES NO N/A</td>
<td>20 LF</td>
<td>ENCAPSULAR</td>
</tr>
<tr>
<td>BAKERY DRAIN LINES</td>
<td>PIPE &amp; FITTING INSULATION</td>
<td>YES NO N/A</td>
<td>130 LF</td>
<td>ENCAPSULAR</td>
</tr>
<tr>
<td>BAKERY RACK CORRIDOR</td>
<td>PIPE &amp; FITTING INSULATION</td>
<td>YES NO N/A</td>
<td>270 LF</td>
<td>ENCAPSULAR</td>
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<tr>
<td>SPIRAL COOLER AREA</td>
<td>PIPE &amp; FITTING INSULATION</td>
<td>YES NO N/A</td>
<td>300 LF</td>
<td>ENCAPSULAR</td>
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<tr>
<td>BAKERY WATER LINE</td>
<td>PIPE &amp; FITTING INSULATION</td>
<td>YES NO N/A</td>
<td>8 LF</td>
<td>ENCAPSULAR</td>
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<tr>
<td>BAKERY DRAIN LINES</td>
<td>PIPE &amp; FITTING INSULATION</td>
<td>YES NO N/A</td>
<td>190 LF</td>
<td>ENCAPSULAR</td>
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<tr>
<td>2ND FLOOR SUGAR WAFER</td>
<td>VIBRATION CLOTHES</td>
<td>YES NO N/A</td>
<td>20 SF</td>
<td>ENCAPSULAR</td>
</tr>
<tr>
<td>2ND FLOOR LOCKER ROOM</td>
<td>DUCT INSULATION</td>
<td>YES NO N/A</td>
<td>3000 SF</td>
<td>ENCAPSULAR</td>
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<tr>
<td>2ND FLOOR OREO</td>
<td>PIPE &amp; FITTING INSULATION</td>
<td>YES NO N/A</td>
<td>3000 LF</td>
<td>ENCAPSULAR</td>
</tr>
<tr>
<td>2ND FLOOR Icing</td>
<td>PIPE &amp; FITTING INSULATION</td>
<td>YES NO N/A</td>
<td>120 LF</td>
<td>ENCAPSULAR</td>
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<tr>
<td>2ND FLOOR LOCKER ROOM</td>
<td>PIPE &amp; FITTING INSULATION</td>
<td>YES NO N/A</td>
<td>95 LF</td>
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<tr>
<td>1ST FLOOR WATER PIPING</td>
<td>PIPE &amp; FITTING INSULATION</td>
<td>YES NO N/A</td>
<td>120 LF</td>
<td>ENCAPSULAR</td>
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<tr>
<td>MEZZANINE</td>
<td>PIPE &amp; FITTING INSULATION</td>
<td>YES NO N/A</td>
<td>100 LF</td>
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<td>BOILER ROOM</td>
<td>PIPE &amp; FITTING INSULATION</td>
<td>YES NO N/A</td>
<td>20 LF</td>
<td>ENCAPSULAR</td>
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<tr>
<td>BAKERY PACKAGING</td>
<td>PIPE &amp; FITTING INSULATION</td>
<td>YES NO N/A</td>
<td>20 LF</td>
<td>ENCAPSULAR</td>
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<tr>
<td>EXTERIOR</td>
<td>TRANSITE WINDOW PANELS</td>
<td>YES NO N/A</td>
<td>2,000 SF</td>
<td>ENCAPSULAR</td>
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</table>
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)  1 / 13 / 14

Agencies Notified

- EPA
- DOLWD
- DHSS
- DCA (NJAC 5:23-5)

Type Notification

- Initial
- Amended
- Amendment #0
- Emergency (including justification)
- Cancellation

Name of Building Owner/Operator (2)
George Stiles Realty, LLC

Street Address
58 Wildwood Road
City, State, Zip Code
Ridgewood, NJ 07450

Name of Contact
Edward Jeten
Telephone Number
973-650-0049

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
St. Georges Ave. & Stiles St.

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

Square Feet
16,000

# of Floors
1 - 2

Bldg. Age
45+

Current Use (Prior if being demolished)
Retail

Name of Monitoring Firm HIred by Building Owner (8)
J&S Environmental Laboratories, LLC

ASCM No.
NA

Name of Abatement Contractor (9)
Alliance Environmental Systems

Street Address
550 East Union St.
City, State, Zip Code
West Chester, PA 19382

Project Manager for Monitoring Firm
Sherrill Gelsomino

Telephone No.
908-208-0073

License No.
00503

Start Date (10)
1 / 15

Scheduled Completion Date (11)
2 / 27 / 15

Name of OSHA Monitor
AET

Occupancy Status During Abatement (Check only one)
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7AM - 8PM, 3:30PM - 11AM

Street Address
28 N. Pennel Road
City, State, Zip Code
Media, PA 19063

Scope of Work (Check all that apply)
- >3sf or >3 If
- >160 sf or >260 If

- Renovation
- Demolition

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM)</th>
<th>Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)</th>
<th>Description of Asbestos Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ground &amp; 2nd Fl</td>
<td>Yes</td>
<td>VAT</td>
<td>4072 SF</td>
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<tr>
<td>Ground &amp; 2nd Fl</td>
<td>No</td>
<td>Mastic</td>
<td>14,800 SF</td>
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<td>Exterior</td>
<td>No</td>
<td>Plaster</td>
<td>670 SF</td>
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<td>Exterior</td>
<td>No</td>
<td>Roofing</td>
<td>3240</td>
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<td>Name of Registered Waste Hauler</td>
<td>NJDEP Waste Hauler ID No.</td>
<td>Cubic Yards of Waste</td>
<td>150</td>
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<td>David Geffert Recycling</td>
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<tr>
<td>City, State</td>
<td>Hatfield, PA</td>
<td>Disposal Date</td>
<td>TBD</td>
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<tr>
<td>Completed By (Print or Type)</td>
<td>Mark Griffin</td>
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</tbody>
</table>

* Do not use this form for asbestos licensure exempted activities.
<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM)</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>Remove</th>
<th>Repair</th>
<th>Encapsulate</th>
<th>Closure</th>
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<tbody>
<tr>
<td>Exterior</td>
<td></td>
<td></td>
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<td>Flashing</td>
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<td>Exterior</td>
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<td>Caulk</td>
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</tbody>
</table>
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:90 and 12:120)

Date of Notification (1) 1/15/15

Name of Building Owner/Operator (2) Macerich

Agencies Notified Type Notification
☐ EPA
☐ DEP
☐ DOH
☐ DCA
☐ Initial
☐ Amended
☐ Amendment # 1
☐ Emergency (including justification)
☐ Cancellation

Street Address 401 Wilshire Blvd.

City, State, Zip Code Santa Monica, CA 90401

Name of Contact Allison Ghafar
Telephone Number 310-229-3387

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Street Address 1750 South Market Street

City (5) Portland

County (6) Multnomah

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

Square Feet 107,912

# of Floors 2

Bldg. Age Nov 3, 1995

Name of Monitoring Firm Hired by Building Owner (6)

ASCM No.

Name of Abatement Contractor (3)

192 Participant Services, Inc.

Street Address 11252-30 115 Commercial St.

City, State, Zip Code East Amboy, NJ 08816

Project Manager for Monitoring Firm

Telephone No. 312-222-0180

Name of OSHA Monitor

Start Date (10) 1/15/15

Scheduled Completion Date (11) 1/17/15

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 ≥5 ft
☐ ≥160 sf or ≥260 ft
☐ Renovation
☐ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Enclosed (*) and Non-Friable Procedure

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

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

Description of Asbestos-Containing Material (ACM)

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

Amount (Specify SF or LF)

Abatement Type

Removal
Repair
Encapsulate
Endure

Location of Asbestos-Containing Material (ACM)

Name of Registered Waste Hauler

NJDEP Waste Hauler ID No.

Cubic Yards of Waste

Name of Registered Landfill

Disposal Date 1/17/15

City, State Wappinger, NY

Completed by

Signature

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