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

Date of Notification (1):
August 26, 2016

Name of Building Owner/Operator (2):
Ethicon, Inc.

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):
Ethicon Bldg G
Street Address:
737 US Route 22
City (5):
Bridgewater, NJ
County (6):
Somerset

County Code (7):
(STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8):
PARS Environmental, Inc.

Project Manager for Monitoring Firm:

Project Manager:
800.959.1119

Start Date (10):
9/13/16

Scheduled Completion Date (11):
9/13/17

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:
3

Bldg. Age:

Current Use (Prior if being demolished):

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

Street Address:
500 Horizon Drive, Suite 540
City, State, Zip Code:
Robbinsville, NJ 08691

License No.:
(973) 759-5000 00781

Name of OSHA Monitor:
The MACK Group, LLC.

Street Address:
1500 Kings HWY N, STE 209
City, State, Zip Code:
Cherry Hill, NJ 08034

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 s.f or ≥3 l.f.
- ≥100 s.f or ≥200 l.f.
- 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>Location</th>
<th>Is Location Normally Used Solely by Maintenance/ Custodial Staff?</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement Bathrooms</td>
<td>No</td>
<td>VAT &amp; mastic</td>
<td>2,000 s/f</td>
<td>Removal</td>
</tr>
<tr>
<td>- -</td>
<td></td>
<td>pipe</td>
<td>500 l/f</td>
<td>Repair</td>
</tr>
<tr>
<td>- -</td>
<td></td>
<td>duct insulation</td>
<td>400 s/f</td>
<td>Encapsulate</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler:
Freehold / Newark Carting

City, State:
Freehold / Newark, NJ

Hauler ID No.:
22253

Cubic Yards of Waste:
29

Name of Registered Landfill:
BFI Imperial Landfill

City, State:
Imperial, PA 15126

Disposal Date:
9/13/17

Committed by:
Michael Cooper

Title:
President

Signature:

Date:
8/26/16

* Do not use this form for asbestos licensure exempted activities.
Date of Notification (1): January 24, 2017

Name of Building Owner/Operator (2): Ethicon, Inc.

Street Address: PO BOX 151
City, State, Zip Code: Somerville, NJ 08876

Name of Facility Where Abatement is Taking Place (3): Ethicon
Address: 737 US Route 22
City: Bridgewater, NJ
County Code: Somerset
County Code (7): (STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8): AET, Inc.
Street Address: 220 Church Street
City, State, Zip Code: Bridgewater, NJ 08807

Project Manager for Monitoring Firm: Eric Houseknecht
Telephone No.: (908) 296-1132

Start Date (10): 9/13/16
Scheduled Completion Date (11): 9/13/17

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

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):

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bldg G Bas. Bathrooms</td>
<td>X</td>
<td>VAT &amp; mastic</td>
<td>2,000 s/f</td>
<td>Removal</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler: NJ DEP Waste Hauler ID No.: 22253
City: Newark, NJ

Name of Registered Landfill: BFI Imperial Landfill
City: Imperial, PA 15126

Completed by: Michael Cooper
Title: President
Signature: 1/24/17

* Do not use this form for asbestos licensure-exempted activities.
<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility</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>Building M MBU4</td>
<td>No</td>
<td>pipe insulation &amp; fitting</td>
<td>4 If</td>
<td>Removal</td>
</tr>
<tr>
<td>Bldg D/G Bas. Passageway</td>
<td>No</td>
<td>pipe insulation &amp; fittings</td>
<td>17 If</td>
<td>Encapsulation</td>
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<tr>
<td>ATC Building A1U2</td>
<td>No</td>
<td>pipe insulation &amp; fittings</td>
<td>24 If</td>
<td>Endorse</td>
</tr>
</tbody>
</table>

Received: JAN 27, 2017
ASBESTOS CONTROL & LICENSING
### State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

**Date of Notification (1):** 01/24/2017

**Name of Builder Owner/Operator (2):** DOUG DAVIDOWICH

**Street Address:**

**City, State, Zip Code:** VOORHEES NJ 08043

**Name of Contact:**

**Telephone Number:**

### FACILITY INFORMATION

| Name of Facility Where Abatement is Taking Place (3):  RESIDENTIAL |
|-----------------------|------------------|
| **Street Address:**   | VOORHEES          |
| **City:**             | CAMDEN            |
| **County:**           | CAMDEN            |

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

**Type of Facility (4):**

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

**Square Feet:** 1800

**# of Floors:** 1

**Bldg. Age:** 50+

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

**N/A**

**ASCM No.:**

**Name of Abatement Contractor (9):** ASSURED ENVIRONMENTAL SERVICES INC.

**Street Address:**

**City, State, Zip Code:**

**Name of OSHA Monitor:**

**EMLS**

**Street Address:**

**City, State, Zip Code:**

**Name of Project Manager for Monitoring Firm:**

**Telephone No.:** 610-504-4676

**License No.:** 01145

### Start Date (10): 02/02/2017

**Scheduled Completion Date (11): 02/03/2017**

**Occupancy Status During Abatement:**

- [ ] 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
- [ ] ≥160 sf or ≥260 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

<table>
<thead>
<tr>
<th>Location Normally Used Solely by Maintenance/Custodial Staff? (12):</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>HOUSE SIDING</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TRANSITE HOUSE SIDING</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amount (Specify SF or LF): 800 SF</td>
<td>x</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler:** ASSURED ENVIRONMENTAL SERVICES

**NUDEP Waste Hauler ID No.:** 0034895

**Cubic Yards of Waste:** 8

**Name of Registered Landfill:** MINERVA LANDFILL

**City, State:** MULLICA HILL NJ

**Disposal Date:** 02/03/2017

**City, State:** WAYNESBURG, OH

**Completed by:** RON SWANSON

**Title:** GENERAL MANAGER

**Signature:**

**Date:** 01/24/2017

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

Date of Notification (1) 01/17/17
Name of Building Owner/Operator (2) 295 RT9 LLC

Agencies Notified Type Notification

<table>
<thead>
<tr>
<th>Agency</th>
<th>Initial</th>
<th>Amended</th>
<th>Amendment</th>
<th>Emergency</th>
<th>Cancellation</th>
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<tbody>
<tr>
<td>EPA</td>
<td></td>
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<tr>
<td>DEP</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>DOL</td>
<td>x</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>DOH</td>
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<tr>
<td>DCA</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Street Address 295 RT 9 SOUTH
City, State, Zip Code BAYVILLE NJ 08721
Name of Contact RUFUS THOMAS
Telephone Number

Name of Facility Where Abatement is Taking Place (3)
295 RT 9 SOUTH

Type of Facility (4)

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

Square Feet 4000
# of Floors 1
Bldg. Age 1920

Current Use (Prior if being demolished) COMMERCIAL

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

Name of Abatement Contractor (9) Street Address
ARIAI 144 MILL ST

City, State, Zip Code PATERSON NJ 07501

License No. 1257

Project Manager for Monitoring Firm Telephone No.
GORAN IGEV 973-653-9652

Name of OSHA Monitor

Start Date (10) 01/27/17
Scheduled Completion Date (11) 02/27/17

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 ≥3 A
☐ ≥1,500 sf or ≥2 A
☐ 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>Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>TROUGH-OUT INTERIOR</td>
<td>V</td>
<td>CONTAMINATED WASTE</td>
<td>200-300 YRDS2</td>
<td>v</td>
</tr>
<tr>
<td>ROOF/FLUSHING</td>
<td>V</td>
<td>ROOF</td>
<td>10,200 SF</td>
<td>v</td>
</tr>
<tr>
<td>FLOORINGS</td>
<td>V</td>
<td>STORE AREAS</td>
<td>8000 SF</td>
<td>v</td>
</tr>
<tr>
<td>EXTERIOR SIDING</td>
<td>V</td>
<td>MODEL HOME</td>
<td>1200 SF</td>
<td>v</td>
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</tbody>
</table>

Name of Registered Waste Hauler
INDIAN ARROW INDUSTRIES
NJDEP Waste Hauler ID No. 36031

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

City, State PATERSON, NJ
Disposal Date TBD
City, State MORRISVILLE PA
Completed by GORAN IGEV Title SECRETARY
Signature
Date 01/17/17

* 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)  
1/23/17  

Agency Notified  
EPA  
DEP  
DOL  
DOH  
DCA  
Initial  
Amended  
Emergency (including justification)  
Cancellation  

Name of Building Owner/Operator (2)  
ECS Homes  

Street Address  
485 Monroe Avenue  

City, State, Zip Code  
Township of Washington, NJ 07676  

Name of Contact  
Mike Elayan  

Telephone Number  

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

Square Feet  
2100  

County Code (7)  
21  

Current Use (Prior if being demolished)  
71  

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

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  

Telephone No.  
973-764-2276  

License No.  
703  

Name of OSHA Monitor  

Start Date (10)  
2/4/17  

Scheduled Completion Date (11)  
2/28/17  

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  
Glovebox 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)  
pipe insulation  

Amount (Specify SF or LF)  
88 LF  

Abatement Type  
Removal  
Repair  
Encapsulate  
Endorse  

Name of Registered Waste Hauler  
Freehold Cartage  

NJ/DEP Waste Hauler ID No.  
15939  

Cubic Yards of Waste  
TBD  

Name of Registered Landfill  
Western Berks Landfill  

City, State  
Birdsboro, PA  

Disposal Date  
TBD  

Completed by  
A. Scott Higgins  
Title  
President  

Signature  
Date  
1/23/17  

* Do not use this form for asbestos licensure exempted activities.
Date of Notification (1) 1/23/17

Name of Building Owner/Operator (2) Sleepy Hollow Realtors

Agencies Notified

- EPA
- DEP
- DOL
- DOH
- DCA

Type Notification

- Initial
- Amended
- Amendment #
- Emergency (Including justification)
- Cancellation

Street Address 1304 South Avenue, Suite 3

City, State, Zip Code Plainfield, NJ 07062

Name of Contact Geraldine Boone

FACILITY INFORMATION

Type of Facility (4)

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

Square Feet 2200

# of Floors 2

Bldg. Age 63

Current Use (Prior if being demolished)

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

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.

Telephone No. 973-764-2276 License No. 703

Start Date (10) 2/1/17

Scheduled Completion Date (11) 2/28/17

Occupancy Status During Abatement (Check Only One)

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

Scope of Work (Check All That Apply)

- ≥ 3 sf or ≥ 3 if
- ≥150 sf or ≥200 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)

- basement
- pipe insulation 50 LF

Location of Asbestos-Containing Material (ACM) 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

Name of Registered Waste Hauler Freehold Cartage

Freehold Cartage ID No. 15939

Cubic Yards of Waste TBD

Name of Registered Landfill Western Berks Landfill

Disposal Date TBD

City, State Birdsboro, PA

Completed by A. Scott Higgins Title President

Signature Date 1/23/17

* 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)**
1/24/17

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

**Street Address**
212 2nd St

**City, State, Zip Code**
Lakewood, NJ 08701

**Name of Contact**
Moe Kassover

**Telephone Number**

---

**FACILITY INFORMATION**

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

**County Code (7)**

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

**Name of Monitoring Firm Hired by Building Owner (5)**

**ASCM No.**

**Name of Abatement Contractor (II)**
AAA LEAD PROFESSIONALS

**Street Address**
6 WHITE DOVE COURT

**City, State, Zip Code**
LAKEWOOD, NJ 08701

**Telephone No.**
732-668-9078

**License No.**
1200

**Name of OSHA Monitor**
AAA LEAD PROFESSIONALS

**Street Address**
6 WHITE DOVE COURT

**City, State, Zip Code**
LAKEWOOD, NJ 08701

---

**Start Date (10)**
2/3/17

**Scheduled Completion Date (11)**
2/6/17

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

**Abatement Performed Outside of Normal Facility Hours**

**Other – Describe:**

---

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

**In Facility (13)**

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

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

**Amount (Specify SF or LF)**
2500SF

**Abatement Type**

---

**Name of Registered Waste Hauler**
NEWARK CARTING

**NJDEP Waste Hauler ID No.**
045099

**Cubic Yards of Waste**
10

**Name of Registered Landfill**
IESI

**City, State**
NEWARK, NJ

**Disposal Date**
2/6/17

**City, State**
BETHLEHEM PA

**Completed by**
JOSEPH PERLSTEIN

**Title**
OWNER

**Signature**

**Date**
1/24/17

---

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

**Date of Notification (1)**
01/23/2017

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

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

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

**Street Address**

**City, State, Zip Code**
West Orange, NJ 07052

**Name of Contact**
James McNany

**Telephone Number**

**FACILITY INFORMATION**

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

**Street Address**

**City (5)**
West Orange

**County (6)**
Essex

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

**Current Use (Prior to Abatement)**
House

**Square Feet**
N/A

**# of Floors**
N/A

**Bldg. Age**
N/A

**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.**
01311

**Start Date (10)**
02/03/2017

**Scheduled Completion Date (11)**
02/04/2017

**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: Occupied

**Scope of Work (Check All That Apply)**
- [x] ≥ 3 sf or ≥3000 sq ft
- [ ] ≥ 1600 sf or ≥2600 sq ft
- [x] Renovation
- [x] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [x] Non-Exempted (*) and Non-Friable Procedure

**Location of Asbestos-Containing Material (ACM) TO BE ABATED**
In Facility (12)

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED</th>
<th>Is Location Normally Used Solely by Maintenance/ Custodial Staff?</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>X</td>
<td>Pipe &amp; Fitting Insulation</td>
<td>100 LF</td>
</tr>
</tbody>
</table>

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

**NJDEP Waste Hauler ID No.**
20996

**Cubic Yards of Waste**
TBD

**Name of Registered Landfill**
Waste Management of PA

**City, State**
Totowa, NJ

**Disposal Date**
TBD

**Name of Registered Landfill**
Waste Management of PA

**City, State**
Morrisville, PA

**Completed by**
Oliver Hegedus

**Title**
Project Manager

**Signature**

**Date**
01/23/2017

---

*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)

**Date of Notification** 1/23/17  
**Name of Building Owner / Operator** Marina Ivanova

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

**Street Address** [Redacted]

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

**Telephone Number** [Redacted]

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

<table>
<thead>
<tr>
<th>City (5)</th>
<th>County (6)</th>
<th>County Code (7)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Union</td>
<td>[Redacted]</td>
<td></td>
</tr>
</tbody>
</table>

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

**Square Feet** 2,500  
**# of Floors** 2  
**Bldg. Age** 80+

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

**Name of Monitoring Firm Hired by Building Owner** ASCM No. N/A

**Environmental Tactics**

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>64 Broad Street</td>
<td>732-290-2217</td>
</tr>
</tbody>
</table>

**Project Manager for Monitoring Firm**

<table>
<thead>
<tr>
<th>Name</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tom Geiger</td>
<td>732-290-2217</td>
</tr>
</tbody>
</table>

**Scheduled Start Date** 2/2/17  
**Scheduled Completion Date** 2/8/17

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

**Scope of Work (Check all that apply)**
- X Renovation
- Full Containment with Negative Pressure
- Mini-Enclosure
- X Glovebag Procedure
- Other: Cut and Wrap

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM)</th>
<th>Is Location Normally Used Solely by Maintenance or Custodial Staff?</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)</th>
<th>Amount (Specify Square Feet or Linear Feet)</th>
<th>Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure)</th>
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</thead>
<tbody>
<tr>
<td>Basement</td>
<td>N/A</td>
<td>Pipe insulation</td>
<td>40 LF</td>
<td>Removal</td>
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</table>

**Name of Registered Waste Hauler**

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>NJDEP Waste Hauler ID #</th>
<th>Cu. Yds. of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Freehold Cartage</td>
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<td>5</td>
<td>Cumberland Landfill</td>
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<tr>
<td>City, State</td>
<td>Freehold, NJ</td>
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<td>City, State</td>
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<tr>
<td>Freehold, NJ</td>
<td>[Redacted]</td>
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**Disposal Date** 2/8/17  
**Completed By**

<table>
<thead>
<tr>
<th>Completed By (Print or Type)</th>
<th>Title</th>
<th>Signature</th>
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<tbody>
<tr>
<td>Dominick Tringali</td>
<td>Manager</td>
<td>[Redacted]</td>
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**Date** 1/23/17

**ASB-41 JUN 95 G4667**
<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
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<th>Name of Building Owner/Operator (2)</th>
<th>ESTATE OF DOROTHY MALCOLM</th>
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<tr>
<td>Agency Identified</td>
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<td>EPA</td>
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<td>DOL</td>
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<td>Emergency (including justification)</td>
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<td>DCA</td>
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<td>City, State, Zip Code</td>
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<tr>
<td>Name of Facility Where Asbestos is Being Taken Out (3)</td>
<td>ESTATE OF DOROTHY MALCOLM</td>
<td>Name of Abatement Contractor (9)</td>
<td>Best Removal Inc</td>
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<tr>
<td>Street Address</td>
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<tr>
<td>Name of Monitoring Firm Hired by Building Owner (4)</td>
<td>AECM No</td>
<td>Name of Geologist/Inspector (10)</td>
<td>Omega Environmental</td>
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<td>Street Address</td>
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<tr>
<td>City, State, Zip Code</td>
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<td>1/24/17</td>
<td>Scheduled Completion Date (11)</td>
<td>1/25/17</td>
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<tr>
<td>Occupancy Status During Abatement (Check Only One)</td>
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<td></td>
</tr>
<tr>
<td>Facility Closed/Abandoned During Entire Period of Abatement</td>
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<tr>
<td>Abatement Performed Outside of Normal Facility Hours</td>
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<tr>
<td>Bores of Work (Check All That Apply)</td>
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<tr>
<td>24 ft or 2 ft</td>
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<td>2160 ft or 2160 ft</td>
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<td></td>
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<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED (13)</td>
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</tr>
<tr>
<td>Basement</td>
<td>Yes</td>
<td>Type of ACM</td>
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<tr>
<td>Attic</td>
<td>No</td>
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<tr>
<td>Name of Registered Waste Handler</td>
<td></td>
<td></td>
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</tr>
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<td></td>
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<tr>
<td>City, State, Zip Code</td>
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<tr>
<td>Name of Geologist/Inspector (10)</td>
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</tr>
<tr>
<td>Street Address</td>
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</tr>
<tr>
<td>City, State, Zip Code</td>
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</tr>
<tr>
<td>Amount (SP or LP)</td>
<td>10 SLFP</td>
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<tr>
<td>Abatement Type</td>
<td>Removal</td>
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<td>首发日期</td>
<td>1/24/17</td>
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<tr>
<td>Name of Geologist/Inspector (10)</td>
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</tr>
<tr>
<td>Date</td>
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<tr>
<td>City, State, Zip Code</td>
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<tr>
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<td>10 SLFP</td>
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<tr>
<td>Estimated Weight (15)</td>
<td>10 SLFP</td>
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</tr>
<tr>
<td>Estimated Volume (16)</td>
<td>10 SLFP</td>
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## State of New Jersey
### NOTIFICATION OF ASPEROS ABATEMENT
(Pursuant to NJAC 5:60 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>1/23/2017</th>
<th>Name of Building Owner/Operator (2)</th>
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</thead>
<tbody>
<tr>
<td>Agencies Notified</td>
<td>EPA, DEP, DOL, DOH, DCA</td>
<td>Residence</td>
</tr>
<tr>
<td>Type Notification</td>
<td>Initial, Amended, Amendment #, Emergency (including justification)</td>
<td>Street Address [redacted]</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Ridgefield Park, NJ 07660</td>
<td>Name of Contact</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Veronica Tewes</td>
<td>Telephone Number</td>
</tr>
</tbody>
</table>

### FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Residence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>[redacted]</td>
</tr>
<tr>
<td>City</td>
<td>Ridgefield Park</td>
</tr>
<tr>
<td>County</td>
<td>Bergen</td>
</tr>
<tr>
<td>N/A</td>
<td>[STATE USE ONLY]</td>
</tr>
<tr>
<td>Current Use (Prior if being demolished)</td>
<td>1200</td>
</tr>
<tr>
<td>Square Feet</td>
<td>1200</td>
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<td># of Floors</td>
<td>2</td>
</tr>
<tr>
<td>Bldg. Age</td>
<td>100+</td>
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<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>ASCM No.</th>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>[redacted]</td>
<td>Brinks Tank Services</td>
</tr>
<tr>
<td>Street Address</td>
<td>1256 Liberty Avenue</td>
<td></td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Hillside, NJ 07205</td>
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</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>[redacted]</td>
<td>[redacted]</td>
<td>01316</td>
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<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>1/23/2017</th>
<th>Scheduled Completion Date (11)</th>
<th>1/26/2017</th>
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</thead>
<tbody>
<tr>
<td>Name of OSHA Monitor</td>
<td>A. Seine Lighthouse Solutions, LLC</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Street Address</td>
<td>PO Box 354</td>
<td></td>
<td></td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>South Orange, NJ 07079</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check Only One)</th>
<th></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</td>
<td></td>
</tr>
</tbody>
</table>

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

- [ ] ≥3 sf or ≥3 If
- [ ] ≥160 sf or ≥280 If
- [ ] Renovation
- [ ] Demolition
- [x] Full Containment with Negative Pressure
- [x] Mini-Enclosure
- [x] Glovebag Procedure
- [x] Non-Exempted (*) and Non-Friable Procedure

<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>Basement</td>
<td>X</td>
<td>pipe</td>
<td>7lf</td>
<td>X</td>
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</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>NJ/DEP Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Newark Carting</td>
<td>04509</td>
<td>Waste Management Landfill</td>
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<table>
<thead>
<tr>
<th>City, State</th>
<th>East Orange, NJ</th>
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</table>

<table>
<thead>
<tr>
<th>Completed by</th>
<th>Title</th>
<th>Signature</th>
<th>Date</th>
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</thead>
<tbody>
<tr>
<td>Ron Brink</td>
<td>President</td>
<td>[Signature]</td>
<td>1/23/2017</td>
</tr>
</tbody>
</table>

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

**Date of Notification:** 1/23/2017

**Name of Building Owner/Operator:** [Redacted]

**Name of Facility Where Abatement Is Taking Place:** [Redacted]

**Type of Facility:** [Redacted]

**Occupancy Status During Abatement:** [Redacted]

**Scope of Work:**
- [ ] 200 SF or less
- [ ] 201 - 500 SF
- [ ] 501 - 1500 SF
- [ ] 1501 - 2500 SF
- [ ] 2501 - 5000 SF
- [ ] Over 5000 SF

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

<table>
<thead>
<tr>
<th>Location</th>
<th>ACM in Facility</th>
<th>Type</th>
<th>ACM Used Naturally</th>
<th>ACM Used by Maintenance/Custodial Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

**Abatement Type:** [Redacted]

**Disposal Date:** 2/2/2017

**Name of Registered Waste Hauler:** Newark Carting

**Name of Contact:** Veronica Brown

**Address:** 1258 Liberty Avenue, Hillsdale, NJ 07642

**Name of Licensed Asbestos Hauler:** Third Party

**Name of Licensed Asbestos Hauler:** Penn Argyle, PA

**Amount of Waste:** [Redacted]

**Cubic Yards of Waste:** [Redacted]

**Estimated Date of Completion:** [Redacted]

**Telephone No.:** [Redacted]

**License No.:** [Redacted]

**License Expiration Date:** [Redacted]

**Note:** Do not use this form for asbestos license exempted activities.
Date of Notification: 01/23/2017

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

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

Name of Building Owner/Operator:
RELIANT REALTY SERVICES, LLC

Street Address:
885 2ND AVE, 16TH FLOOR

City, State, Zip Code:
NEW YORK, NY 10017

Name of Contact:
FERMIN GARCIA

FACILITY INFORMATION

Name of Facility Whose Abatement is Taking Place:
CARVER HALL APARTMENTS

Street Address:
612 NORTH SOUTH CAROLINA AVE.

City:
ATLANTIC CITY

County:
ATLANTIC

Name of Monitoring Firm Hired by Building Owner:
ACER ASSOC.

Name of Abatement Contractor:
ASSURED ENVIRONMENTAL SERVICES INC.

Street Address:
1012 INDUSTRIAL DRIVE

City, State, Zip Code:
WEST BERLIN NJ 08091

Telephone No.:
856-809-1202

Name of OSHA Monitor:
EMSL

Start Date:
01/23/2017

Scheduled Completion Date:
01/28/2017

Scope of Work:
- Renovation Demolition
- Full Containment with Negative Pressure
- Non-Exempted (C) and Non-Tireable Procedure

Location of Asbestos-Containing Material (ACM) to be Abated:
- Units (18-2B-2B)

Is Location Normally Used Exclusively by Maintenance Custodial Staff?
- Yes

Amount of Asbestos-Containing Material (ACM) (i.e., thermal systems, insulation, surfacing, VAT, or other miscellaneous):
- 1062 SF

Abatement Type:
- Removal

Name of Registered Waste Hauler:
NUDEP WASTE

Disposal Date:
01/23/2017

Name of Registered Landfill:
MINERVA LANDFILL

City, State:
WAYNE, NEW JERSEY

Completed by:
RON SWANSON

Signature:
GENERAL MANAGER

* Do not use this form for asbestos testing exempted activities.
Date of Notification (1) 01/23/2017

Name of Building Owner/Operator (2) RELIANT REALTY SERVICES, LLC

Agencies Notified Type Notification

☐ EPA ☐ Initial
☐ DEP ☐ Amended
☐ DOL ☐ Amendment #
☐ DOH ☐ Emergency (including justification)
☐ DCA ☐ Cancellation

Street Address 885 2ND AVE. 16TH FLOOR

City, State, Zip Code NEW YORK, NY 10017

Name of Contact FERMIN GARCIA

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) CARVER HALL APARTMENTS

Street Address 512 NORTH SOUTH CAROLINA AVE.

City (5) ATLANTIC CITY

County (6) ATLANTIC

County Code (7) [STATE USE ONLY] ___

Current Use (Prior if being demolished) RESIDENTIAL APARTMENTS

Square Feet 800 P/UNIT

# of Floors 1

Bldg. Age 50+

Name of Monitoring Firm Hired by Building Owner (8) ACER ASSOC.

Name of Abatement Contractor (9) ASSUATED ENVIRONMENTAL SERVICES INC.

Street Address 1012 INDUSTRIAL DRIVE

City, State, Zip Code WEST BERLIN NJ 08091

Project Manager for Monitoring Firm MATT DEPALMA

Telephone No. 856-809-1202

Start Date (10) 01/25/2017

Scheduled Completion Date (11) 01/28/2017

Name of OSHA Monitor EMSL

Street Address 570 CLEMS RUN

City, State, Zip Code MULLICA HILL NJ 08062

Telephone No. 610-304-4676

License No. 01145

Occupy Status During Abatement (Check One Only)

☒ Facility Closed/Vacated During Entire Period of Abatement
☒ Abatement Performed Outside of Normal Facility Hours
☐ Other – Describe: UNITS VACANT DURING ABATEMENT

Scope of Work (Check All That Apply)

☐ ≥3 sf or ≥3 if
☐ ≥160 sf or ≥280 if
☒ Renovation
☐ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

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

In Facility (13)

UNIT (1B-2B-2B)

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)

NF1 FLOOR TILE

Amount (Specify SF or LF) 1062 SF

Abatement Type

Removal ☒ Repair ☒ Encapsulate ☒ Endure ☒

Name of Registered Waste Hauler ASSURED ENVIRONMENTAL SERVICES

NJDEP Waste Hauler ID No. 0034895

Cubic Yards of Waste 15

Name of Registered Landfill MINERVA LANDFILL

City, State MULLICA HILL NJ

Disposal Date 01/30/2017

City, State WAYNESBURG, OH

Completed by RON SWANSON Title GENERAL MANAGER

Date 01/23/2017

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
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<td>Penasauken, NJ 08109</td>
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<thead>
<tr>
<th>FACILITY INFORMATION</th>
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<tbody>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
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<tr>
<td>Street Address</td>
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<td>City (5)</td>
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<td>County (6)</td>
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<td>ASCM No.</td>
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<th>Telephone No.</th>
<th>License No.</th>
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<tbody>
<tr>
<td>Anni Jure Abatement Demolition LLC</td>
<td>410-319-5916</td>
<td>E12-7140</td>
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<th>Scheduled Completion Date (11)</th>
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<td>1-31-17</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check All That Apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>≥ 2500 sf or ≥ 2500 ft²</td>
</tr>
<tr>
<td>≥1600 sf or ≥ 2600 ft²</td>
</tr>
<tr>
<td>Demolition</td>
</tr>
<tr>
<td>Renovation</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Location Normally Used Solely by Maintenance/ Custodial Staff?</th>
<th>Description of Asbestos Containing Material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>1st Floors</td>
<td>✔</td>
</tr>
<tr>
<td>2nd Floors</td>
<td>✔</td>
</tr>
<tr>
<td>3rd Floors</td>
<td>✔</td>
</tr>
<tr>
<td>4th Floors</td>
<td>✔</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>NIDEP Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anni Jure LLC</td>
<td>205547</td>
<td>2924</td>
<td>P.O. Box 182</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed by</th>
<th>Title</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Joseph J. Hill</td>
<td>V. President</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of Notice</th>
<th>Date of Notice (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-17-17</td>
<td>1-22-17</td>
</tr>
</tbody>
</table>

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