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

Date of Notification (1)
July 14, 2014
Name of Building Owner/Operator (2)
St. Andrew the Apostle

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

Street Address
27 Kresson-Gibbsboro Road
City, State, Zip Code
Gibbsboro, NJ 08026
Name of Contact
Paul Williams
Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
St. Andrew the Apostle Parish Center
Street Address
27 Kresson-Gibbsboro Road
City (5)
Gibbsboro
County (6)
Camden
County Code (7) (STATE USE ONLY) 500

Name of Monitoring Firm Hired by Building Owner (8)
MDG Environmental, LLC
Name of Abatement Contractor (9)
Shade Environmental, LLC

Street Address
1000 Maplewood Drive, Suite 207
City, State, Zip Code
Maple Shade, NJ 08052
Project Manager for Monitoring Firm
Tony Esposito
Telephone No. 856-755-9300

Start Date (10)
July 28, 2014
Scheduled Completion Date (11)
August 1, 2014

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

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

<table>
<thead>
<tr>
<th>Location</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>Little Angels Preschool</td>
<td>X</td>
<td>Flue Packing</td>
<td>2.5 SF</td>
<td>xxx</td>
</tr>
<tr>
<td>Boiler Room</td>
<td>X</td>
<td>Boiler Gaskets</td>
<td>100 LF</td>
<td>xxx</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler Freehold
NJDEP Waste Hauler ID No. 22253
Cubic Yards of Waste 20
Name of Registered Landfill
Western Berks Community Landfill
Disposal Date 8/1/2014
City, State
Mount Holly, NJ 08060
Birdsboro, PA 19508

Completed by
Christina Lynch
Title Operations Manager
Signature
Date July 14, 2014

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

**Date of Notification:** 9-11-14  
**Name of Building Owner/Operator:** NEVER AS MARCKS, L.L.C.  
**Address:** P.O. Box 167  
**City, State/Zip Code:** HOWELL, NJ 07731  
**Name of Contact:** ERIC PLACKIS  
**Telephone Number:**

### FACILITY INFORMATION

**Name of Facility Where Abatement is Taking Place:**  
**Street Address:** 2/5 DOGWOOD DRIVE  
**City:** BAYVILLE, NJ 08721  
**County:** OCEAN  
**Type of Facility:** HOME  
**Square Feet:** 5000  
**Current Use:** HOME  
**License No.:** 01196  
**Name of Project Manager for Monitoring Firm:**

### Scope of Work

- [ ] 25 sf or 50 ft
- [ ] 2100 sf or 2600 ft
- [ ] Demolition
- [ ] Renovation

### Asbestos-Containing Material (ACM)  
**Name of Registered Waste Handler:** BRICK INDUSTRIES INC.  
**Name of Registered Landfill:** GROWS  
**City, State:** BRICK, NEW JERSEY  
**Disposal Date:** 7-31-14  
**Name of Registered Lessor:**

### Location of Asbestos-Containing Material (ACM)  
**Location Normally Used Solely by Maintenance/ Custodial Staff:** YES  
**Description of Asbestos Containing Material (ACM):** TRANSITE  
**Amount (Specify SF or LF):** 1100 SF

### Notes

- [ ] Full Containment with Negative Pressure
- [ ] Non-Exempted (*) and Non-Friable Procedure

---

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

Date of Notification (1)
July 14, 2014

Name of Building Owner/Operator (2)
Park Ridge Board of Education

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

☐ Initial
☐ Amended
☐ Amendment #1
☐ Emergency (including justification)
☐ Cancellation

Street Address
2 Park Avenue

City, State, Zip Code
Park Ridge, NJ 07656

Name of Contact

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Park Ridge Board of Education

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

Square Feet
10,000

# of Floors
2

Bldg. Age
100

Current Use (Prior if being demolished)
School

Name of Monitoring Firm Hired by Building Owner (5)
Environmental Connection, Inc.

ASCM No.

Name of Abatement Contractor (6)
Shade Environmental, LLC

Street Address

120 North Warren Street

City, State, Zip Code
Trenton, NJ, 08608

Telephone No.
609-392-4200

License No.
856-755-0099

Project Manager for Monitoring Firm
Roland Jones

Telephone No.
609-392-4200

Name of OSHA Monitor
EMSL Analytical, Inc.

Street Address
623 Cutler Avenue

City, State, Zip Code
Maple Shade, NJ 08052

Start Date (10)
July 16, 2014

Scheduled Completion Date (11)
August 8, 2014

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

Scope of Work (Check All That Apply)
☐ ≤3 sf or ≤3 ft
☐ ≥160 sf or ≥260 ft
☐ Renovation
☐ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

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

In Facility

Location Normally Used Solely by Maintenance/Custodial Staff?

Yes ☐ No ☐ N/A ☐

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

Amount (Specify SF or LF)

Abatement Type

Material

Type

Removal
Repair
Encapsulation
Endorsement

Media Center

Yes ☒

Tile and Mastic

2,800 SF

xxx

Media Center

Pipe Fittings (Wrap & Cut)

9 SF

xxx

Name of Registered Waste Hauler
Freehold

NJDEP Waste Hauler ID No.
22253

Cubic Yards of Waste
30

Name of Registered Landfill
Western Berks Community Landfill

Disposal Date
8/8/2014

City, State
Birdsboro, PA 19508

Completed by
Christina Lynch
Title
Operations Manager
Signature

Date
July 14, 2014

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

(State of New Jersey)
(Pursuant to NJAC 8:60 and 5:16)

### Date of Notification (1)
- **6/24/14**

### Name of Building Owner/Operator (2)
- Arbor Management, LLC

### Name of Contact
- Guy Police

### Street Address
- 4 Donny Rd.

### City, State, Zip Code
- Wilmington, DE 19809

### FACILITY INFORMATION

#### Name of Facility Where Abatement is Taking Place (3)
- Burlington Manor Apartments

#### Street Address
- 255 E. Pearl St.

#### City (5)
- Burlington

#### County (6)
- Burlington

#### Name of Monitoring Firm Hired by Building Owner (8)
- Brightfields, Inc

#### Street Address
- 801 Industrial St

#### City, State, Zip Code
- Wilmington, DE 19801

#### Project Manager for Monitoring Firm
- Monty Krough

#### Telephone No.
- 302-656-9600

#### Start Date (10)
- **7/14/14**

#### Scheduled Completion Date (11)
- **7/15/14**

#### Occupancy Status During Abatement (Check only one)
- [ ] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-2:30PM PM: AM

#### Scope of Work (Check all that apply)
- [ ] Renovation
- [ ] Demolition
- [ ] ≥3 sf or ≥3 If
- [ ] ≥160 sf or ≥260 If

#### 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)
- **120 SF**

#### Location of Registered Waste Hauler
- SERVICE TRANSPORT GROUP, INC.
- **MINERVA LANDFILL**
- **NEW CASTLE, DE 19720**

#### Disposal Date
- **7/14/14**

#### Signature
- Brian Scafar

---

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

(State of New Jersey)

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

**Date of Notification (1)**
- 6 / 24 / 14

**Name of Building Owner/Operator (2)**
- Arbor Management, LLC

**Agencies Notified**
- [ ] EPA
- [X] DOLWD
- [ ] DHSS
- [X] DCA
  (NJAC 5:23-8)

**Type Notification**
- [X] Initial
- [ ] Amended
- [ ] Amendment #2-7/11/14
- [ ] Emergency (including justification)
- [ ] Cancellation

**Name of Facility Where Abatement is Taking Place (3)**
- Burlington Manor Apartments

**Street Address**
- 255 S. Pearl St.

**City (5)**
- Burlington

**County (6)**
- Burlington

**Name of Monitoring Firm Hired by Building Owner (8)**
- Brightfields, Inc

**ASCM No.**

**Name of Abatement Contractor (9)**
- BRISTOL ENVIRONMENTAL, INC.

**Type of Facility (4)**
- [X] Other (i.e., private and commercial buildings, homes, etc.)

**Square Feet**

**# of Floors**

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

**Name of Monitoring Firm Hired by Building Owner (8)**
- Brightfields, Inc

**Street Address**
- 801 Industrial St

**City, State, Zip Code**
- Wilmington, DE 19801

**Name of OSHA Monitor**
- BRISTOL ENVIRONMENTAL, INC.

**Street Address**
- 1123 BEAVER STREET

**City, State, Zip Code**
- BRISTOL, PA 19007

**Scope of Work (Check all that apply)**
- [X] Renovation
- [X] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boiler Room</td>
<td>[ ]</td>
<td>[X]</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Is 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>Boiler Caulk</td>
<td>[ ]</td>
<td>[X]</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

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

**Amount (Specify SF or LF)**

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

**Name of Registered Waste Hauler**
- SERVICE TRANSPORT GROUP, INC.

**Disposal Date**
- NEW CASTLE, DE 19720

**Cubic Yards of Waste**
- NJDEP Waste Hauler ID No. 20990

**Name of Registered Landfill**
- MINERVA LANDFILL

**City, State**
- WAYNESBURG, OH 44688

**Completed By (Print or Type)**
- Brian Scafro

**Title**
- Estimator

**Signature**

**Date**
- 7/11/14

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

Date of Notification (1) 6 / 26 / 14

Agencies Notified
☐ EPA
☒ DOLWD
☒ DHSS
☐ DCA
(NJAC 5:23-6)

Type Notification
☐ Initial
☒ Amended
Amendment #1-7/19/14
☐ Emergency (including justification)
☐ Cancellation

Name of Building Owner/Operator (2)
Arbor Management, LLC

Name of Contact
Guy Pollice

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Burlington Manor Apartments

Street Address
255 S. Pearl St.

City (5) Burlington

County (6) Burlington

Name of Monitoring Firm Hired by Building Owner (8)
Brightfields, Inc

ASCM No.

Name of Abatement Contractor (9)
BRISTOL ENVIRONMENTAL, INC.

Street Address
1123 BEAVER STREET

City, State, Zip Code
BRISTOL, PA 19007

Current Use (Prior to being demolished)
Apartments

Square Feet
# of Floors
Bldg. Age

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

Project Manager for Monitoring Firm
Monty Krouch

Telephone No. 302-556-9600

License No. 00509

Name of OSHA Monitor
BRISTOL ENVIRONMENTAL, INC.

Street Address
1123 BEAVER STREET

City, State, Zip Code
BRISTOL, PA 19007

Start Date (10) 7 / 10 / 14
Scheduled Complete Date (11) ON HOLD

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: 8:30AM-5:30PM/ PM- AM

Scope of Work (Check all that apply)
☒ 23 sf or ≥ 3 if
☐ 2160 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

Boiler Room

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

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

Amount (Specify SF or LF)

Location

Abatement Type

Name of Registered Waste Hauler
SERVICE TRANSPORT GROUP, INC.

NJDEP Waste Hauler ID No. 20980

Cubic Yards of Waste

Name of Registered Landfill
MINERVA LANDFILL

City, State
NEW CASTLE, DE 19720

Disposal Date

City, State
WAYNESBURG, OH 44688

Completed By (Print or Type)
Brian Scafido

Title
Estimator

Signature
Brian Scafido

Date 7/9/14
# NOTIFICATION OF ASBESTOS ABATEMENT

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>6 / 24 / 14</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Arbor Management, LLC</td>
</tr>
<tr>
<td>Agencies Notified</td>
<td>Type Notification</td>
</tr>
<tr>
<td>EPA</td>
<td>Initial</td>
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<tr>
<td>DOLWD 3.2.S2</td>
<td>Amended</td>
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<tr>
<td>DHSS 8.3.3</td>
<td>Amendment #</td>
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<tr>
<td>DCA (NJAC 5:23-8)</td>
<td>Emergency (including justification)</td>
</tr>
<tr>
<td></td>
<td>Cancellation</td>
</tr>
</tbody>
</table>

| Street Address | 4 Denny Rd. |
| City, State, Zip Code | Wilmington, DE 19809 |
| Name of Contact | Guy Pollice |
| Telephone Number | 1 |

**FACILITY INFORMATION**

| Name of Facility Where Abatement is Taking Place (3) | Burlington Manor Apartments |
| Street Address | 255 S. Pearl St. |
| City (5) | Burlington |
| County (6) | Burlington |
| Name of Monitoring Firm Hired by Building Owner (8) | Brightfields, Inc |
| ASCM No. | Bristol Environmental, Inc. |
| Name of Abatement Contractor (9) | Bristol Environmental, Inc. |
| Street Address | 1123 Beaver Street |
| City, State, Zip Code | BRISTOL, PA 19007 |
| Project Manager for Monitoring Firm | Monty Krough |
| Telephone No. | 302-556-9600 |
| License No. | 00509 |
| Start Date (10) | 7 / 10 / 14 |
| Scheduled Completion Date (11) | 7 / 11 / 14 |
| 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: 8:30 AM - 5:30 PM PM - AM |

| Scope of Work (Check all that apply) | |
| ≥3 sf or ≥3 ft² | |
| ≥100 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) TO BE ABATED IN Facility (13)**

<table>
<thead>
<tr>
<th>Boiler Room</th>
<th>Boiler caulk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>120 SF</td>
</tr>
</tbody>
</table>

| Name of Registered Waste Hauler | SERVICE TRANSPORT GROUP, INC. |
| NJDEP Waste Hauler ID No. | 20990 |
| Cubic Yards of Waste | |
| Name of Registered Landfill | MINERVA LANDFILL |
| City, State | NEW CASTLE, DE 19720 |
| Disposal Date | WAYNESBURG, OH 44688 |
| Completed By (Print or Type) | Title |
| Signature | Date |
**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 8:80 and 12:120)

**Date of Notification (1)**
07/09/2014

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

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

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

**Street Address**
1335 Fayette Street

**City, State, Zip Code**
Teaneck, NJ 07666

**Name of Contact**
Rachel Antosofsky

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

**County Code (7)**
Bergen County

**Square Feet**
2,000

**Floors**
2

**Bldg. Age**
50

**Name of Monitoring Firm Hired by Building Owner (8)**
EnviroVision Consultants, Inc.

**ASCM No.**
00079

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

**Street Address**
20-21 Wagaraw Road, Building 35E

**City, State, Zip Code**
Fair Lawn, NJ 07410-1322

**Telephone No.**
(973) 636-9145

**Telephone No.**
(973) 450-9500

**License No.**
01036

**Name of OSHA Monitor**
Incinia Contracting, Inc.

**Start Date (10)**
7/20/2014

**Scheduled Completion Date (11)**
7/20/2014

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

**Other – Describe:**

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

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

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

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

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

**Amount (Specify SF or LF)**

| 400 SF |

**Abatement Type**

- [x] Removal
- [ ] Repair
- [ ] Encapsulate
- [ ] Emulsi

**Name of Registered Waste Hauler**
Atlantic Carting

**NJDEP Waste Hauler ID No.**
NJ-641

**Cubic Yards of Waste**
40

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

**City, State**
Wayne, NJ

**Disposal Date**
07/20/2014

**Comments**

- [ ] 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): 7/10/2014
Name of Building Owner/Operator (2): DIV 75 Demarest LLC c/o The Davis Companies

Agencies Notified: EPA, DEP, DOL, DOH, DCA
Type Notification: Initial

Street Address: 125 High Street
City, State, Zip Code: Boston, MA 02110

Name of Contact: Enrique Bellido
Telephone Number: N/A

Facility Information

Name of Facility Where Abatement is Taking Place (3): N/A
Type of Facility (4):
 School (K-12) ☐
 Subchapter 8 (Other than K-12) ☐
 Other (i.e. private & commercial buildings, homes, etc.) ☒

City (5): Wayne

County (6): Passaic
County Code (7) (STATE USE ONLY): N/A

Current Use (Prior to being demolished): Factory - Vacant for Demolition

Name of Monitoring Firm Hired by Building Owner (8): CTSI Environmental Safety & Health Profess.
ASCM No.: 00109

Name of Abatement Contractor (9): Incinia Contracting, Inc.
Street Address: 237 West 35th Street, Suite 805
City, State, Zip Code: New York, NY 10001

Name of OSHA Monitor: Incinia Contracting, Inc.
Street Address: 1360 Clifton Avenue, Unit 365
City, State, Zip Code: Clifton, NJ 07012

Project Manager for Monitoring Firm: Farhood Selamie
Telephone No.: 212-929-3451

Name of Registered Landfill: Minerva Enterprises
City, State, Zip Code: Linden, PA

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 of Asbestos-Containing Material (ACM) TO BE ABATED</th>
<th>Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)</th>
<th>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Floor - Columns</td>
<td>X</td>
<td>Spray-on Fireproofing</td>
<td>11,000 SF</td>
</tr>
<tr>
<td>First Floor - Horizontal Beams</td>
<td>X</td>
<td>Spray-on Fireproofing</td>
<td>50,000 SF</td>
</tr>
<tr>
<td>First Floor - Ovens</td>
<td>X</td>
<td>Oven Stack Insulation</td>
<td>188 SF</td>
</tr>
<tr>
<td>Mezzanine - Crawl Space</td>
<td>X</td>
<td>Spray-on Fireproofing</td>
<td>5,000 SF</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler:
Weigle Trucking Company

NJ/DEP Waste Hauler ID No.: 17634

Disposal Date: TBD
City, State: Linden, PA

Completed by: Milena Zoric
Title: Executive Director
Signature: [Signature]
Date: 7/10/2014

* 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 (13)</th>
<th>Is Location Normally Used Solely by Maintenance Custodial Staff? (12)</th>
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<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mezzanine - Columns</td>
<td>X</td>
<td>Spray-on Fireproofing</td>
<td>11,000 SF</td>
<td>X</td>
</tr>
<tr>
<td>Mezzanine - Boiler Room</td>
<td>X</td>
<td>Pipe Fittings</td>
<td>750 LF</td>
<td>X</td>
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<tr>
<td>Mezzanine - Boiler Room</td>
<td>X</td>
<td>Boiler Breaching</td>
<td>400 SF</td>
<td>X</td>
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<tr>
<td>Mezzanine - Boiler Room</td>
<td>X</td>
<td>Small Pipe Elbow Insulation</td>
<td>200 LF</td>
<td>X</td>
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<tr>
<td>Mezzanine - Boiler Room</td>
<td>X</td>
<td>Large Pipe Elbow Insulation</td>
<td>180 LF</td>
<td>X</td>
</tr>
<tr>
<td>Mezzanine - Boiler Room</td>
<td>X</td>
<td>Water Tank Insulation</td>
<td>360 SF</td>
<td>X</td>
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<tr>
<td>Mezzanine</td>
<td>X</td>
<td>Oven Stack Insulation</td>
<td>113 SF</td>
<td>X</td>
</tr>
<tr>
<td>Second Floor - Columns</td>
<td>X</td>
<td>Spray-on Fireproofing</td>
<td>11,000 SF</td>
<td>X</td>
</tr>
<tr>
<td>Second Floor - Horizontal Beams</td>
<td>X</td>
<td>Spray-on Fireproofing</td>
<td>6,000 SF</td>
<td>X</td>
</tr>
<tr>
<td>Second Floor - Roof</td>
<td>X</td>
<td>Duct Insulation Tar</td>
<td>600 SF</td>
<td>X</td>
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<tr>
<td>Second Floor - Penthouse</td>
<td>X</td>
<td>Pipe Insulation</td>
<td>300 LF</td>
<td>X</td>
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<td>Second Floor</td>
<td>X</td>
<td>Oven Stack Insulation</td>
<td>227 SF</td>
<td>X</td>
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<tr>
<td>Waste Water Treatment Plant</td>
<td>X</td>
<td>Roofing Membrane</td>
<td>2,000 SF</td>
<td>X</td>
</tr>
</tbody>
</table>

Page 2 of 2
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)
07/11/2014

Name of Building Owner/Operator (2)
Woodbridge VF, LLC c/o Vornado Realty Trust

Name of Contact
Judith D. Knop, P.E.

 Agencies Notified

<table>
<thead>
<tr>
<th>Agency</th>
<th>Notice Type</th>
</tr>
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<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
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<tr>
<td>DEP</td>
<td>Amended</td>
</tr>
<tr>
<td>DOL</td>
<td>Emergency</td>
</tr>
<tr>
<td>DOH</td>
<td>Cancellation</td>
</tr>
</tbody>
</table>

Street Address
210 Route 4

City, State, Zip Code
Paramus, NJ 07652-0910

Name of Facility Where Abatement is Taking Place (3)
Former SYMS Building - Space 9

Street Address
555 King Georges Road

City (5)
Woodbridge Township

County (6)
Middlesex County

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
20,000

# of Floors
1

Bldg. Age
50

Current Use (Prior to being demolished)

Name of Monitoring Firm Hired by Building Owner (6)
Environmental Tactics, Inc.

ASCM No.
45

Name of Abatement Contractor (9)
Incinia Contracting, Inc.

Street Address
64 Broad Street

City, State, Zip Code
Matawan, NJ 07747

Name of OSHA Monitor
Incinia Contracting, Inc.

Project Manager for Monitoring Firm
Thomas Geiger

Telephone No.
(732) 290-2217

License No.
01036

Start Date (10)
7/23/2014

Scheduled Completion Date (11)
8/25/2014

Occupancy Status During Abatement (Check Only One)

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

Scope of Work (Check All That Apply)

- ≥3 sf or ≥3 ft
- ≥10 sf or ≥25 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

<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>Ground Level</td>
<td>Yes</td>
<td>Vinyl Floor Tiles</td>
<td>36,000 SF</td>
<td>x</td>
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</tbody>
</table>

Name of Registered Waste Hauler
Atlantic Carting

NJ DEP Waste Hauler ID No.
NJ-641

Cubic Yards of Waste
40 Yards

Name of Registered Landfill
IESI PA Bethlehem Landfill Corp.

City, State
Wayne, NJ

Disposal Date
TBD

Completed by
Milena Zoric

Title
Executive Director

Signature

Date
7/11/2014

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

Date of Notification (1)
07-12-14

Name of Building Owner/Operator (2)
Big Top Contractors

Name of Contract
Angela

Telephone Number

FACILITY INFORMATION

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

Street Address
3301 Clark Lane

City, State, Zip Code
South Plainfield, Avenel NJ 07001

FACILITY INFORMATION

Name of Abatement Contractor (5)
Delfa Contracting LLC

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

Square Feet

# of Floors

Bldg. Age

Current Use (Prior if being demolished)

Type of Facility (4)

License No.
01206

ASCM No.

N/A

Name of Abatement Contractor (5)
Delfa Contracting LLC

Street Address
522 7th Street

City, State, Zip Code
Union City NJ 07087

Project Manager for Monitoring Firm

Telephone No.
201 216-9603

License No.
01206

Name of OSHA Monitor
Delfa Contracting LLC

Street Address
522 7th Street

City, State, Zip Code
Union City NJ 07087

Start Date (10)
07-22-14

Scheduled Completion Date (11)
07-23-14

Scope of Work (Check All That Apply)

Renovation [X]
Demolition [X]

Full Containment with Negative Pressure [X]

Mini-Enclosure [X]

Glovebag Procedure [X]

Non-Exempted (X) and Non-Friable Procedure [X]

[ ] Other – Describe:

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

Yes
No
N/A

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

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

Amount (Specify SF or LF)

Abatement Type

Removal [X]

Encapsulate [X]

Enclose [X]

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

Yes
No
N/A

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

Amount (Specify SF or LF)

Abatement Type

Removal [X]

Encapsulate [X]

Enclose [X]

Name of Registered Waste Hauler
Delfa Contracting LLC

NJDEP Waste Hauler ID No.
35240

Cubic Yards

Name of Registered Landfill
Tullytown Resource Recovery Facility

City, State
Union City NJ 07087

Disposal Date
07-24-14

City, State
Tullytown, PA

Completed by
Jaime Delgado

Title
Proj. Manager

Signature

Date
07-12-14

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>07-11-14</th>
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<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>38 Commonwealth Rd.</td>
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<td>Agencies Notified</td>
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<tr>
<td>EPA</td>
<td>X Initial</td>
</tr>
<tr>
<td>DEP</td>
<td></td>
</tr>
<tr>
<td>DOL</td>
<td></td>
</tr>
<tr>
<td>DOH</td>
<td>X Emergency (including justification)</td>
</tr>
<tr>
<td>DCA</td>
<td></td>
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<tr>
<td>Type Notification</td>
<td></td>
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<tr>
<td>Street Address</td>
<td>38 Commonwealth Rd.</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Kenilworth NJ 07033</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Hany</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
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<tr>
<td>FACILITY INFORMATION</td>
<td></td>
</tr>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td>38 Commonwealth Rd.</td>
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<tr>
<td>Street Address</td>
<td>38 Commonwealth Rd.</td>
</tr>
<tr>
<td>City (5)</td>
<td>Kenilworth</td>
</tr>
<tr>
<td>County (6)</td>
<td>Union</td>
</tr>
<tr>
<td>County Code (7)</td>
<td>(STATE USE ONLY)</td>
</tr>
<tr>
<td>Current Use (Prior if being demolished)</td>
<td></td>
</tr>
<tr>
<td>Square Feet</td>
<td></td>
</tr>
<tr>
<td># of Floors</td>
<td></td>
</tr>
<tr>
<td>Bldg. Age</td>
<td></td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td></td>
</tr>
<tr>
<td>ASCM No.</td>
<td></td>
</tr>
<tr>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>Delfa Contracting LLC</td>
</tr>
<tr>
<td>Street Address</td>
<td>522 7th Street</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Union City NJ 07087</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td></td>
</tr>
<tr>
<td>Telephone No.</td>
<td></td>
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<tr>
<td>Start Date (10)</td>
<td>07-21-14</td>
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<tr>
<td>Scheduled Completion Date (11)</td>
<td>07-23-14</td>
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<tr>
<td>Occupancy Status During Abatement (Check Only One)</td>
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</tr>
<tr>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
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</tr>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours</td>
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<tr>
<td>Other – Describe:</td>
<td></td>
</tr>
<tr>
<td>Scope of Work (Check All That Apply)</td>
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</tr>
<tr>
<td>≥3 sf or ≥3 if</td>
<td></td>
</tr>
<tr>
<td>≥160 sf or ≥260 if</td>
<td></td>
</tr>
<tr>
<td>Renovation</td>
<td></td>
</tr>
<tr>
<td>Demolition</td>
<td></td>
</tr>
<tr>
<td>Full Containment with Negative Pressure</td>
<td></td>
</tr>
<tr>
<td>Mini-Enclosure</td>
<td></td>
</tr>
<tr>
<td>Glovebag Procedure</td>
<td></td>
</tr>
<tr>
<td>Non-Exempted (*) and Non-Friable Procedure</td>
<td></td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED</td>
<td></td>
</tr>
<tr>
<td>In Facility (13)</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
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</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
<td></td>
</tr>
<tr>
<td>Abatement Type</td>
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<tr>
<td>Removal</td>
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<tr>
<td>Name of Registered Waste Hauler</td>
<td>Delfa Contracting LLC</td>
</tr>
<tr>
<td>NJDEP Waste Hauler ID No.</td>
<td>35240</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td>3</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>Tullytown Resource Recovery Facility</td>
</tr>
<tr>
<td>City, State</td>
<td>Union City NJ 07087</td>
</tr>
<tr>
<td>Disposal Date</td>
<td>07-24-14</td>
</tr>
<tr>
<td>City, State</td>
<td>Tullytown, PA</td>
</tr>
<tr>
<td>Completed by</td>
<td>Jaime Delgado</td>
</tr>
<tr>
<td>Title</td>
<td>Proj. Manager</td>
</tr>
<tr>
<td>Signature</td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td>07-11-14</td>
</tr>
</tbody>
</table>

* Do not use this form for asbestos licensure exempted activities.
Date of Notification (1)  
07-12-14  
Name of Building Owner/Operator (2)  
High Ground Industrial LLC  
Agencies Notified  
EPA  
DEP  
DOL  
DOH  
DCA  
Type Notification  
Initial  
Amended  
Emergency (including justification)  
Cancellation  
Street Address  
1 International Blvd. # 610  
Mahwah NJ 07495  
Name of Contact  
Tim Leonard  
Name of Facility Where Abatement is Taking Place (3)  
Hartz Mountain Industries, Inc  
Street Address  
301-305 Broadway  
City (6)  
Jersey City  
County (8)  
Hudson  
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  
# of Floors  
Bldg. Age  
Current Use (Prior if being demolished)  
Name of Monitoring Firm Hired by Building Owner (8)  
AASC No.  
Name of Abatement Contractor (9)  
Delfa Contracting LLC  
Street Address  
522 7th Street  
City, State, Zip Code  
Union City NJ 07087  
Project Manager for Monitoring Firm  
Telephone No.  
201 216-9603  
License No.  
01206  
Start Date (10)  
07-23-14  
Scheduled Completion Date (11)  
08-23-14  
Name of OSHA Monitor  
Delfa Contracting LLC  
Occupancy Status During Abatement (Check Only One)  
Facility Closed/Vacated During Entire Period of Abatement  
Abatement Performed Outside of Normal Facility Hours  
Other – Describe:  
Scope of Work (Check All That Apply)  
≥2,000 sf or ≥200'  
Pipe Insulation  
Demolition  
Pipe Insulation  
Renovation  
Full Containment with Negative Pressure  
Mim-Enclosure  
Glovebag Procedure  
Non-Exempted (*) and Non-Frangible Procedure  
Location of Asbestos-Containing Material (ACM)  
TO BE ABATED  
In Facility (13)  
Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)  
Yes  
No  
N/A  
Description of Asbestos Containing Material (ACM)  
(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  
Amount (Specify SF or LF)  
Abatement Type  
Removal  
Repair  
Encapsulate  
Enclose  
Name of Registered Waste Hauler  
Delfa Contracting LLC  
NJDEP Waste Hauler ID No.  
35240  
Cubic Yards of Wastes  
30  
Name of Registered Landfill  
Tullytown Resource Recovery Facility  
City, State  
Union City NJ 07087  
Disposal Date  
08-23-14  
Completed by  
Jaime Delgado  
Title  
Proj. Manager  
Signature  
Date  
07-12-14  
* Do not use this form for asbestos licensure exempted activities.
## NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>JULY 15, 2014</th>
<th>Name of Building Owner/Operator (2)</th>
<th>PATRICK FLANAGAN</th>
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<tbody>
<tr>
<td>Agencies Notified</td>
<td></td>
<td>Street Address</td>
<td>105 ELM AVENUE</td>
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<tr>
<td></td>
<td></td>
<td>City, State, Zip Code</td>
<td>TAKOMA PARK, MD 20912</td>
</tr>
<tr>
<td>Name of Contact</td>
<td></td>
<td>Telephone Number</td>
<td>PATRICK FLANAGAN</td>
</tr>
</tbody>
</table>

### FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>FLANAGAN PROPERTY</th>
</tr>
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<tbody>
<tr>
<td>Street Address</td>
<td>511 BURLINGTON AVENUE</td>
</tr>
<tr>
<td>City (5)</td>
<td>BRADLEY BEACH</td>
</tr>
<tr>
<td>County (6)</td>
<td>MONMOUTH</td>
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<td>County Code (7) (STATE USE ONLY)</td>
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<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
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<tr>
<td>ASCM No.</td>
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</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>Finishing Touch Asbestos Abatement Corp., Inc.</td>
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### Project Information

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm N/A</th>
<th>Telephone No.</th>
<th>License No.</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td>00040</td>
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### Start Date (10)

<table>
<thead>
<tr>
<th>Start Date</th>
<th>8/4/14</th>
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</thead>
</table>

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

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

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

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

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

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

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

- Description: TSI
- Amount: 107 LF

### Abatement Type

- Removal
- Repair
- Encapsulate
- Enclosure

### Name of Registered Waste Hauler

- Finishing Touch Asbestos Abatement Corp., Inc.
- NJ/DEP Waste Hauler ID No.: 12058
- Cubic Yards of Waste: 2 cy

### Name of Registered Landfill

- TRRF Landfill

### City, State

- Long Branch, NJ

### Disposal Date

- 8/5/14

### Completed by

- Joseph P. Miller
- Title: President

### Signature

- [Signature]

### Date

- 7/15/14
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)  
7/14/14

Name of Building Owner/Operator (2)  
Lisa Molinaro

Agency Notified  
[ ] EPA  
[ ] DEP  
[ ] DOL  
[ ] DOH  
[ ] DCA  
Type Notification  
[ ] Initial  
[ ] Amended  
Amendment #:  
Emergency (including justification):  

Street Address  
17 Suffolk Ave

City, State, Zip Code  
Port Monmouth, NJ

Name of Contact  
Tel.:  

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  
Residential Property

Street Address  
17 Suffolk Ave

City (6)  
Port Monmouth

County (6)  
Monmouth

County Code (7)  
STATE USE ONLY

Square Feet  
3,000

# of Floors  
2

Bldg. Age  
50 +

Current Use (Prior if being demolished)  
Residential Property

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

ASCM No.  
n/a

Name of Abatement Contractor (9)  
Loznica Management Corp

Street Address  
22 Troy Ln

City, State, Zip Code  
Lincoln Park, NJ 07035

Project Manager for Monitoring Firm  
n/a

Telephone No.  
n/a

Telephone No.  
973-706-7950

License No.  
01193

Start Date (10)  
7/15/14

Scheduled Completion Date (11)  
7/17/14

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

Name of OSHA Monitor  
n/a

Scope of Work (Check All That Apply)  
[ ] 23 sf or < 23 If  
[ ] ≥ 150 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  

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)  
Transite Shingles

Amount (Specify SF or LF)  
3,000 SF

Abatement Type  

Name of Registered Waste Hauler  
Loznica Management Corp

Waste Hauler ID No.  
033137

Cubic Yards of Waste  
TBD

Name of Registered Landfill  
GROWS Landfill

City, State  
Lincoln Park, NJ

Disposal Date  
TBD

City, State  
Morrisville, PA

Completed by  
E. Cirovic

Title  
Secretary  
Signature

Date  
7/14/14

* Do not use this form for asbestos license exempted activities.
Date of Notification (1) 07/11/2014

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

Agencies Notified Type Notification 

EPA Initial 

DEP Amended

DOL Amendment #

DOH Emergency (including justification)

DCA Cancellation

Street Address 145 Spring Valley Road

City, State, Zip Code Paramus, NJ 07652

Name of Contact Mr. Steven Cea

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Ridge Ranch Elementary School

Street Address 391 Sherwood Drive

City (5) Paramus

County (6) Bergen

County Code (7) (STATE USE ONLY)_________ 

Current Use (Prior if being demolished) Elementary School

Name of Monitoring Firm Hired by Building Owner (8) R.K. Occupational & Environmental Analysis

ASCM No. N/A

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) East Coast Haz Mat Removal, Inc.

Street Address 403 St. James Avenue

City, State, Zip Code Phillipsburg, NJ 08865

Project Manager for Monitoring Firm Jonathan S. Gilbert

Telephone No. 908-454-6316

License No. 00507

Start Date (10) July 12, 2014

Scheduled Completion Date (11) July 14, 2014

Name of OSHA Monitor Same as above

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

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

In Facility

Yes No N/A

Girls & Boys Bathrooms X Pipe Insulation 36 LF

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

Amount (Specify SF or LF) 

Abatement Type

Removal

Repair

Encapsulation

Display

Name of Registered Waste Hauler East Coast Haz Mat Removal, Inc.

NJDEP Waste Hauler ID No. NJ 419

Cubic Yards of Waste

1

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

City, State Paterson, NJ 07504

Disposal Date 07/14/2014

City, State Morrisville, PA

Completed by James E. Unger Title Project Manager

Signature

Date 07/11/2014

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

(Pursuant to NJAC 8:65 and 12:129)

**Date of Notification:** 7/12/14

<table>
<thead>
<tr>
<th>Name of Building Owner/Operator</th>
<th>Estate of</th>
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</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
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<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
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<tr>
<td>DEP</td>
<td>Amended</td>
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<tr>
<td>DOL</td>
<td>Amendment #1</td>
</tr>
<tr>
<td>DOH</td>
<td>Emergency (including justification)</td>
</tr>
<tr>
<td>DCA</td>
<td>Cancellation</td>
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<table>
<thead>
<tr>
<th>Street Address</th>
<th>574 Grand Avenue</th>
</tr>
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<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>Englewood, NJ 07631</th>
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<table>
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<tr>
<th>Name of Facility Where Abatement Is Taking Place</th>
<th>CVS</th>
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<tr>
<th>Street Address</th>
<th>135 Kinderkinack Road</th>
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<tr>
<th>City</th>
<th>River Edge, NJ</th>
</tr>
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<th>County Code (STATE USE ONLY)</th>
<th>Bergen</th>
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<tr>
<th>Name of Monitoring Firm Hired by Building Owner</th>
<th>ASCM No.</th>
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<table>
<thead>
<tr>
<th>Name of Abatement Contractor</th>
<th>A. Mac Contracting Inc.</th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>105 Lowell Road</th>
</tr>
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<table>
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<tr>
<th>City, State, Zip Code</th>
<th>Glen Rock, N.J. 07452</th>
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<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
</tr>
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</table>

| Telephone No. | 201-262-5841 |

| License No. | 00156 |

<table>
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<tr>
<th>Name of OSHA Monitor</th>
<th>Omega Environmental Services Inc.</th>
</tr>
</thead>
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<table>
<thead>
<tr>
<th>Street Address</th>
<th>280 Huyler Street</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>Hackensack, N.J. 07606</th>
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<table>
<thead>
<tr>
<th>Start Date</th>
<th>7/12/14</th>
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<tr>
<th>Scheduled Completion Date</th>
<th>7/15/14</th>
</tr>
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<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check Only One)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Facility Closed/Vacated During Entire Period of Abatement</th>
<th>Abatement Performed Outside of Normal Facility Hours</th>
</tr>
</thead>
</table>

| Other - Describe: | |

<table>
<thead>
<tr>
<th>Scope of Work (Check All That Apply)</th>
<th></th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>x ≥ 5,000 sf or ≥70 sf</th>
<th>Renovation</th>
</tr>
</thead>
<tbody>
<tr>
<td>x ≥150 sf or ≥250 sf</td>
<td>Demolition</td>
</tr>
</tbody>
</table>

<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>ATTIC</td>
<td>No</td>
<td>Duct insulation</td>
<td>235 SF</td>
</tr>
<tr>
<td>Basement</td>
<td></td>
<td>Floor tile mastic</td>
<td>534 SF</td>
</tr>
<tr>
<td>Basement</td>
<td></td>
<td>Floor tile mastic</td>
<td>180 SF</td>
</tr>
<tr>
<td>1st Floor</td>
<td></td>
<td>Duct insulation</td>
<td>48 SF</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Duct insulation</td>
<td>448 SF</td>
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<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>NJDEP Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rovic Transport</td>
<td>20785</td>
<td>8</td>
<td>IESI PA Bethlehem Landfill Corp.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Disposal Date</th>
<th>7/7/14</th>
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</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>Bethlehem, PA 18015</th>
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<table>
<thead>
<tr>
<th>Completed by</th>
<th>R. McDonald</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Title</th>
<th>President</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>07 / 15 / 14</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of Building Owner/Operator (2)</th>
<th>WASHINGTON TWP PUBLIC SCHOOL DISTRICT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>206 E. HOLLY AVE</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>SEWELL NJ 08080</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>BIRCHES ELEM. SCHOOL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>416 WEST MINSTER BLVD</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>TUNERSVILLE</td>
</tr>
<tr>
<td>County Code (7)/STATE USE ONLY (13)</td>
<td>1345 INDUSTRIAL BLVD</td>
</tr>
<tr>
<td>Name of Owner</td>
<td>HORIZON ENVIRONMENTAL GRP., INC</td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>DELTA/BJDS, INC</td>
</tr>
<tr>
<td>Street Address</td>
<td>P.O.Box 316</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>WEST DEPTFORD, NJ 08086</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>David Flanagan</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>856 848 0800</td>
</tr>
</tbody>
</table>

| Start Date (10)                                      | 7 / 29 / 14          |
| Scheduled Completion Date (11)                       | 8 / 20 / 14          |

**Occupancy Status During Abatement**

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

**Scope of Work**

- ≥ 3 sf or ≥ 3 If
- ≥ 160 sf or ≥ 280 If
- Renovation
- Demolition

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

**BOILER ROOM**

<table>
<thead>
<tr>
<th>Description of Asbestos Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
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</thead>
<tbody>
<tr>
<td>BOILER ROOM</td>
<td>30 LF</td>
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**Name of Registered Waste Hauler**

<table>
<thead>
<tr>
<th>SERVICE TRANSPORT GROUP INC</th>
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</thead>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>WAYNESBURG, OH 44688</th>
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</thead>
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**Completed By (Print or Type)**

<table>
<thead>
<tr>
<th>DAMIAN LAVELLE</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Title</th>
<th>PROJECT MGR.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Damian Lavelle</td>
<td>7-16-14</td>
</tr>
</tbody>
</table>

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

**NOTIFICATION OF ASBESTOS ABATEMENT**

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

**WASHINGTON TWP PUBLIC SCHOOL DISTRICT**

<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>Name of Building Owner/Operator</th>
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<tbody>
<tr>
<td>07 / 15 / 14</td>
<td>WASHINGTON TWP PUBLIC SCHOOL DISTRICT</td>
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**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place</th>
<th>Type of Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>BIRCHES ELEM. SCHOOL</td>
<td>School (K-12)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>416 WEST MINSTER BLVD</td>
<td>SEWELL, NJ 08080</td>
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<table>
<thead>
<tr>
<th>County Code (STATE USE ONLY)</th>
<th>Current Use (Prior to being demolished)</th>
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<tbody>
<tr>
<td>Gloucester</td>
<td>SCHOOL</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner</th>
<th>ASCM No.</th>
<th>Name of Abatement Contractor</th>
</tr>
</thead>
<tbody>
<tr>
<td>HORIZON ENVIRONMENTAL GRP., INC</td>
<td>00073</td>
<td>DELTA/BJDS, INC</td>
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</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Telephone No.</th>
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<tbody>
<tr>
<td>301 5TH STREET</td>
<td>856 648 0800</td>
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<table>
<thead>
<tr>
<th>Start Date</th>
<th>Scheduled Completion Date</th>
</tr>
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<tbody>
<tr>
<td>7 / 29 / 14</td>
<td>8 / 20 / 14</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
</tr>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours - Describe</td>
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<table>
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<tr>
<th>Time of Abatement</th>
<th>Is Location Normally Used Solely by Maintenance/ Custodial Staff?</th>
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<tr>
<td>7 AM - 11 AM PM</td>
<td>(13)</td>
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<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>BOILER ROOM</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
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</thead>
<tbody>
<tr>
<td>≥3 sf or ≥3 ft</td>
</tr>
<tr>
<td>≥160 sf or ≥260 ft</td>
</tr>
<tr>
<td>Renovation</td>
</tr>
<tr>
<td>Demolition</td>
</tr>
<tr>
<td>Full Containment with Negative Pressure</td>
</tr>
<tr>
<td>Mini-Enclosure</td>
</tr>
<tr>
<td>Glovebag Procedure</td>
</tr>
<tr>
<td>Non-Exempted (*) and Non-Friable Procedure</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
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</thead>
<tbody>
<tr>
<td>BOILER ROOM PIPE FITTINGS (CUT AND WRAP)</td>
<td>30 LF</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>SERVICE TRANSPORT GROUP INC</td>
<td></td>
<td>MINerva LANDFILL</td>
</tr>
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<thead>
<tr>
<th>City, State</th>
<th>Disposal Date</th>
<th>City, State</th>
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</thead>
<tbody>
<tr>
<td>58 PYLES LANE, NEW CASTLE, DE 19720</td>
<td>20950</td>
<td>WAYNESBURG, OH 44688</td>
</tr>
</tbody>
</table>

**Completed By (Print or Type)**

**Title**

DAMIAN LAVELLE

**Signature**

[Signature]

**Date**

7-15-14

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

**State of New Jersey**

**WASHINGTON TWP PUBLIC SCHOOL DISTRICT**

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>07 / 15 / 14</th>
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<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>WASHINGTON TWP PUBLIC SCHOOL DISTRICT</td>
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<tr>
<td>Agencies Notified</td>
<td>Type Notification</td>
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<td>EPA</td>
<td>Initial</td>
</tr>
<tr>
<td>DOLWD</td>
<td>Amended</td>
</tr>
<tr>
<td>DHSS</td>
<td>Amendment #1</td>
</tr>
<tr>
<td>DCA (NJAC 5:23-8)</td>
<td>Emergency (including justification)</td>
</tr>
<tr>
<td></td>
<td>Cancellation</td>
</tr>
<tr>
<td>Street Address</td>
<td>206 E. HOLLY AVE</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>SEWELL NJ 08080</td>
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<tr>
<td>Name of Contact</td>
<td>Telephone Number</td>
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**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>BELLS ELEMENTARY SCHOOL</th>
</tr>
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<tbody>
<tr>
<td>Type of Facility (4)</td>
<td>School (K-12)</td>
</tr>
<tr>
<td></td>
<td>Subchapter 8 (Other than K-12)</td>
</tr>
<tr>
<td></td>
<td>Other (i.e., private and commercial buildings, homes, etc.)</td>
</tr>
<tr>
<td>Street Address</td>
<td>227 GREENTREE ROAD</td>
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<tr>
<td>City (5)</td>
<td>TURNERSVILLE</td>
</tr>
<tr>
<td>County (6)</td>
<td>Gloucester</td>
</tr>
<tr>
<td>County Code (7)/STATE USE ONLY</td>
<td></td>
</tr>
<tr>
<td>Current Use (Prior if being demolished)</td>
<td>SCHOOL</td>
</tr>
<tr>
<td>Square Feet</td>
<td>&gt;50,000</td>
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<td># of Floors</td>
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<td>Bidg. Age</td>
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<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>ASCM No.</th>
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<tbody>
<tr>
<td>HORIZON ENVIRONMENTAL GRP., INC</td>
<td>00073</td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>DELTA/BJDS, INC</td>
</tr>
<tr>
<td>Street Address</td>
<td>P.O. Box 316</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>WEST DEPTFORD, NJ 08086</td>
</tr>
<tr>
<td>Street Address</td>
<td>SOUTHAMPTON, PA 18966</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td></td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>David Flanigan</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>856 848 0800</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>215 322-2900</td>
</tr>
<tr>
<td>License No.</td>
<td>00793</td>
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| Start Date (10) | 7 / 29 / 14 |
| Scheduled Completion Date (11) | 8 / 20 / 14 |
| 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 - Describe Time of Abatement: 7AM-11PM/AM | |

| Scope of Work (Check all that apply) | |
| ≥3 sf or ≥3 If | Renovation |
| ≥160 sf or ≥260 If | 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) | |
| | 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 | |

| BOILER ROOM | |
| PIPE FITTINGS (CUT AND WRAP) | 30 LF |

| Name of Registered Waste Hauler | SERVICE TRANSPORT GROUP INC |
| Name of Registered Landfill | MINERVA LANDFILL |
| Cubic Yards of Waste | |
| Name of Registered Landfill | MINERVA LANDFILL |
| City, State | WAYNESBURG, OH 44688 |
| City, State | 58 PYLES LANE, NEW CASTLE, DE 19720 |
| Disposal Date | |

| Completed By (Print or Type) | DAMIAN LAVELLE |
| Title | PROJECT MGR. |
| Signature | |
| Date | 7-16-14 |

*Do not use this form for asbestos licensure exempted activities.*
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:50 and 5:16)

State of New Jersey

Date of Notification: 07 / 15 / 14

Name of Building Owner/Operator: \textit{WASHINGTON TWP PUBLIC SCHOOL DISTRICT - BELLS ELEMENTARY SCHOOL}

Type of Notification: Initial

Street Address: 206 E. HOLLY AVE

City, State, Zip Code: SEWELL NJ 08080

Name of Contact: \textit{ASPM}

Telephone Number: \textit{500-8000}

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place: \textit{BELL'S ELEMENTARY SCHOOL}

Street Address: 227 GREENTREE ROAD

City: TURNSERVILLE

County: Gloucester

County Code: 0073

Current Use (Prior to being demolished): SCHOOL

Type of Facility: School (K-12)

Square Feet: >50,000

# of Floors: 1

Bldg. Age: 50

Name of Abatement Contractor: \textit{DELA/BJDS, INC}

ASCM No.: 00073

License No.: 00793

Name of Monitoring Firm Hired by Building Owner: \textit{HORIZON ENVIRONMENTAL GRP, INC}

Project Manager for Monitoring Firm: \textit{STEVE}

Start Date: 07 / 15 / 14

Scheduling Completion Date: 07 / 29 / 14

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

Scope of Work: Renovation

Boiler Room

Pipe Fittings (Cut and Wrap): 30 LF

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

IN Facility

Is Location Normally Used Solely by Maintenance/Custodial Staff?: Yes

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

Amount (Specify SF or LF)

Abatement Type

Endorsements

Name of Registered Waste Hauler: \textit{SERVICE TRANSPORT GROUP INC}

Service Transport Group Inc

Cubic Yards of Waste: 20990

Name of Registered Landfill: \textit{MINERVA LANDFILL}

City, State: WAYNESBURG, OH 44688

Disposal Date: 07 / 15 / 14

completed By: \textit{DAMIAN LAVELLE}

Title: \textit{PROJECT MGR.}

Signature: \textit{DAMIAN LAVELLE}

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

Date of Notification (1) 07 / 16 / 14

Name of Building Owner/Operator (2) Bank of America

Agencies Notified

- EPA
- DOLWD
- DHSS
- DCA (NJAC 5:23-8)

Type Notification

- Initial
- Amended
- Emergency (including justification)
- Cancellation

Street Address

855 Mountainside Avenue

City, State, Zip Code

Mountainside, NJ 07092

Name of Contact

John Luxford

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Bank of America

Square Feet

15000

# of Floors

2

Bldg. Age

30

County Code (7)(STATE USE ONLY)

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8)

Environmental Testing Consultants, LLC.

ASCM No.

Name of Abatement Contractor (9)

JVN Restoration Inc

Street Address

413 N. Blackhorse Pike

City, State, Zip Code

Runnemede, NJ 08078

Project Manager for Monitoring Firm

Howard Zonobie

Telephone No.

855-209-1831

Street Address

47 Foster Road

City, State, Zip Code

Staten Island NY 10309

License No.

718-605-6256

00774

Start Date (10)

07 / 26 / 14

Scheduled Completion Date (11)

9 / 7 / 14

Name of OSHA Monitor

Testor Tech

Occupancy Status During Abatement: (Check only one)

- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours - Describe
  Time of Abatement: AM 1:00PM/9:00PM AM

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

- Roof
- Roof Shingles

- Location Normally Used Solely by Maintenance/Custodial Staff?
  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
  - Enclose
  - Full Containment with Negative Pressure
  - Mini-Enclosure
  - Glovebag Procedure
  - Non-Exempted (*) and Non-Friable Procedure

Name of Registered Waste Hauler

Newark Carting

NJDEP Waste Hauler ID No.

NJ-566

Cubic Yards of Waste

40

Name of Registered Landfill

IESI

City, State

Newark, NJ

Disposal Date

9/07/14

City, State

Bethlehem, PA

Completed By (Print or Type)

Ralph Barnhardt

Title

Project Manager

Signature

Date

07/16/14

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