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

Check # 25638

Date of Notification (1) 7/16/2018

Name of Building Owner/Operator (2) Clara Maass Medical Center

Agencies Notified Type Notification

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

Street Address 1 Clara Maass Drive

City, State, Zip Code Belleville, NJ 07109

Name of Contact Ron Carvalho

Telephone Number (908) 208-3000

FACILITY INFORMATION

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

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

Street Address 1 Clara Maass Drive

City (5) Belleville, NJ 07109

County (6) Essex

County Code (7) (STATE USE ONLY) 02

Current Use (Prior if being demolished) Residential

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

ASCM No. 000000

Name of Abatement Contractor (9)
Stevens Environmental Services, Inc.

Street Address PO Box 322

City, State, Zip Code Allentown, NJ 08501

Project Manager for Monitoring Firm Tom Geiger

Telephone No. (732) 290-2217

Telephone No. 609 259-9688

License No. 00493

Start Date (10) 7/26/2018

Scheduled Completion Date (11) 8/30/2018

Name of OSHA Monitor MECS

Occupancy Status During Abatement (Check Only One)
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other - Describe: None

Scope of Work (Check All That Apply)
- 23 sf or 23 ft
- 2160 sf or 2260 ft
- Demolition
- Renovation
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

In Facility

Yes No N/A

Location Normally Used Solely by Maintenance/Custodial Staff?

Pipe Insulation 110 ft

Duct Insulation 400 sf

Name of Registered Waste Hauler

Stevens Environmental Services

NJ DEP Waste Hauler ID No. 18292

Cubic Yards of Waste 10 cu

Name of Registered Landfill

Fairless Landfill

City, State Allentown, NJ 08501

Disposal Date 8/31/18

City, State Morrisville, PA

Completed by Mahlon E. Stevens Title Project Manager

Signature 7/16/18

* Do not use this form for asbestos licensure exempted activities.
State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:60-7 and 12:120-7)

**Date of Notification (1)**  
10/17/2018

**Name of Building Owner/Operator (2)**  
West Orange Board of Education

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

**Type Notification**  
- [X] Initial
- [ ] Amendment  
- [ ] Cancellation

**Address Information**

**Street Address**  
179 Eagle Rock Avenue, West Orange, NJ 07052

**Name of Contact**  
Robert Csigi  
*Phone Number*: (973) 669-5400 x 20580

**Facility Information**

**Name of facility where abatement is taking place (3)**  
Thomas A. Edison Central Six School (NON Sub 8)

**Street Address**  
75 William Street, West Orange, NJ 07052

**County (6)**  
Essex

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

**Street Address**  
P.O. Box 365, Oceanville, NJ 08233

**Project Manager for Monitoring Firm**  
John Smoyer  
*Phone Number*: 609-652-1833

**Scheduled Start Date (10)**  
07/23/2018

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

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

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

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

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

**Location normally used solely by maintenance/custodial staff (12)**

- [X] Kitchen
- [ ] VAT & mastic

**Amount**

- [X] 768 sf
- [ ] 0 sf

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

**Cubic Yards of Waste**  
10

**Name of Registered Landfill**  
Grand Central Landfill

**Completed by (Print or Type)**

Gordana Luna  
*Title*: Secretary/Treasurer  
*Signature*: Gordana Luna  
*Date*: 07/13/2018
**NOTIFICATION OF ABDICATION**

(State of New Jersey)
(Pursuant to NJAC 8:58 and 12:120)

**Date of Notification (1)**
07/13/18

**Name of Building Owner/Operator (2)**
School District of Chatham

**Street Address**
58 Meyersville Road

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

**Name of Contact**
John Cataldo

**Telephone Number**
973 457 2526

**FACILITY INFORMATION**

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

**Street Address**
480 Main Street

**City (5)**
Chatham

**County (6)**
Morris

**County Code (7)**

**Name of Monitoring Firm HIred by Building Owner (8)**
RK Occupational & Environmental Analysis, Inc.

**ASCM No.**
00080

**Name of Abatement Contractor (9)**
Bako Construction & Restoration, Inc.

**Street Address**
256 Route 46 Ste. 3D

**City, State, Zip Code**
Totowa, NJ 07512

**Project Manager for Monitoring Firm**
Jon Gilbert

**Telephone No.**
908 454 6316

**License No.**
00666

**Start Date (10)**
08/08/18

**Scheduled Completion Date (11)**
08/09/18

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

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

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

- [x] 150 sf or 150 if
- [x] 160 sf or 160 if
- [x] 3 ft or 8 ft

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

<table>
<thead>
<tr>
<th>Auditorium Mechanical Room</th>
<th>Transite Duct</th>
</tr>
</thead>
</table>

**Name of Registered Waste Hauler**
Bako Construction & Restoration, Inc.

**City, State**
Totowa, NJ

**Completed by**
Goran Kojic

**Title**
Project Manager

**Signature**

**Date**
07/13/18

**ASBM-41 (REV-09-08)**

*Do not use this form for asbestos license exempted activities.*
Date of Notification (1)
07/13/2018

Name of Building Owner/Operator (2)
Newark Public Schools

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

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

Street Address
2 Cedar Street

City, State, Zip Code
Newark, NJ 07102

Name of Contact
Luis Rosario

Telephone Number
(973) 424-4302

Name of Facility Where Abatement is Taking Place (3)
Lafayette Street School

Square Feet
15000

County Code (7)
Essex

Type of Abatement Contractor (9)
SMAC Corp.

Street Address
26 Columbia Turnpike, 2nd Floor

City, State, Zip Code
Florham Park, NJ 07932

Telephone No.
973-240-1800

License No.
01110

Name of OSHA Monitor
EMSL Analytical, Inc.

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)

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

Gym Area

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>Galley</td>
<td>Yes</td>
<td>Thermal Systems Insulation (isolation, surfacing)</td>
<td>1000 SF</td>
<td>X</td>
</tr>
<tr>
<td>Classroom 310</td>
<td>Yes</td>
<td>Wall Plaster</td>
<td>350 SF</td>
<td>X</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
SMAC Corp.

Disposal Date
08/31/2018

City, State
Saddle Brook, NJ 07663

Completed by
Borce Gjoroski
Title
President
Signature

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

<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>Name of Building Owner/Operator</th>
</tr>
</thead>
<tbody>
<tr>
<td>07 / 13 / 18</td>
<td>Hamilton Township School District</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
</tr>
<tr>
<td>DOLWD</td>
<td>Amended</td>
</tr>
<tr>
<td>DOH</td>
<td>Amendment #</td>
</tr>
<tr>
<td>DCA (NJAC 5:23-8)</td>
<td>Emergency (including justification)</td>
</tr>
<tr>
<td></td>
<td>Cancellation</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>90 Park Avenue</td>
<td>Hamilton, NJ 08690</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Contact</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>John Miranda</td>
<td>609-631-4100</td>
</tr>
</tbody>
</table>

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>Steinert High School</td>
<td>School (K-12)</td>
</tr>
<tr>
<td></td>
<td>Subchapter B (Other than K-12)</td>
</tr>
<tr>
<td></td>
<td>Other (i.e., private and commercial buildings, homes, etc.)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Square Feet</th>
<th># of Floors</th>
<th>Bldg Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>100,000 sf</td>
<td>2</td>
<td>65</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>County Code (STATE USE ONLY)</th>
<th>Current Use (Prior if being demolished)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mercer</td>
<td>School</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner</th>
<th>ASCM No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Karl Environmental Group</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Abatement Contractor</th>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Guardian Contracting, Inc.</td>
<td>610-356-7700</td>
<td>732-349-9932</td>
</tr>
<tr>
<td></td>
<td>00624</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>20 Lauck Road</td>
<td>Mohnton, PA 19540</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mike Krisher</td>
<td>610-356-7700</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date</th>
<th>Scheduled Completion Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>07 / 16 / 18</td>
<td>07 / 31 / 18</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 Time of Abatement: AM PM PM AM</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work</th>
</tr>
</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>

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

<table>
<thead>
<tr>
<th>Location Used Solely by Maintenance/Custodial Staff?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>150 sf</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>wrap &amp; cut elbows</td>
<td>150 sf</td>
</tr>
<tr>
<td>transite door panels</td>
<td>312 sf</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler

<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Guardian Contracting, Inc.</td>
</tr>
</tbody>
</table>

Cubic Yards of Waste

<table>
<thead>
<tr>
<th>Disposal Date</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>07/31/18</td>
<td>Tullytown, Pennsylvania</td>
</tr>
</tbody>
</table>

Completed By

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nicholas Femicola</td>
<td>Project Manager</td>
<td></td>
<td>11/3/18</td>
</tr>
</tbody>
</table>

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

**State of New Jersey**

**Date of Notification (1)**
7/12/2018

**Name of Building Owner/Operator (2)**
NUTLEY BOARD OF EDUCATION

**Street Address**
315 FRANKLIN AVENUE

**City, State, Zip Code**
NUTLEY, NJ 07110

**Name of Contact**
PHIL NICOLETTE

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

**County of**
ESSEX

**Type of Facility (4)**
School [X]
Other (check one):

**Square Feet**

**# of Stories**

**Building Age**

**Type of Facility (4)**
High School [X]

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

- Facility Closed/Vacated During Entire Period of Abatement
- Other - Gorilla: START: 7/13/2018

**Scope of Work (Check All That Apply)**
- [X] N/A
- [X] Renovation
- [X] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosed
- [ ] Glovebag Procedure
- [ ] Non-Excavated (N) and Non-Expendable Procedure

**Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (10)**

<table>
<thead>
<tr>
<th>Location</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
<th>Amount (Square Feet)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1ST FLOOR HALLWAY</td>
<td>CEILING PLASTER</td>
<td>18 SF</td>
</tr>
<tr>
<td>OUTSIDE OF GUIDANCE</td>
<td>PIPE INSULATION</td>
<td>8 LF</td>
</tr>
</tbody>
</table>

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

**Disposal Date**
7/16/2018

**Completed by**
VIVECA RAMOS

**Print Form**

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

State of New Jersey

Date of Notification (1)
7/12/2018

Name of Building Owner/Operator (2)
NUTLEY BOARD OF EDUCATION

Agencies Notified

☑ EPA
☑ DEP
☐ DOL
☑ DOH
☐ DCA

Type Notification

☐ Initial
☐ Amended
☒ Amendment # __
☒ Emergency (including justification)

Street Address
315 FRANKLIN AVENUE

City, State, Zip Code
NUTLEY, NJ 07110

Name of Contact
PHIL NICOLETTE

Telephone Number
973-661-3500

FACILITY INFORMATION

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

Name of Facility Where Abatement is Taking Place (3)
NUTLEY HIGH SCHOOL

Square Feet

# of Floors

Bldg. Age

City (5)
NUTLEY

County (6)
ESSEX

County Code (7)

Current Use (Prior if being demolished)

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

ASCM No.

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

Street Address
11 VREELAND AVENUE

City, State, Zip Code
TOTOWA, NJ 07512

Telephone No.
973-956-8700

License No.
00494

Project Manager for Monitoring Firm
ROLAND C. JONES

Telephone No.
609-394-4200

Start Date (10)
7/13/2018

Scheduled Completion Date (11)
7/16/2018

Name of OSHA Monitor
SAME AS (9) ABOVE

Occupyancy Status During Abatement (Check Only One)
☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☒ Other – Describe: START: 12:00 PM

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

Location of Asbestos-Containing Material (ACM)

Location of ACM

TO BE ABATED

In Facility (13)

Yes
No
N/A

1ST FLOOR HALLWAY

CEILING PLASTER (O&M)

18 SF

OUTSIDE OF GUIDANCE

PIPE INSULATION

6 LF

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
☐ Enclosure

Full Containment with Negative Pressure

Mini-Enclosure

Glovebag Procedure

Non-Exempted (*) and Non-Friable Procedure

Name of Registered Waste Hauler
TWO BROTHERS CONTRACTING

NJDEP Waste Hauler ID No.
18743

Cubic Yards of Waste
3

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

City, State
TOTOWA, NJ

Disposal Date
7/16/2018

City, State
MORRISVILLE, PA

Completed by
VIVECA RAMOS

Title
PROJECT COORDINATOR

Signature

Date
7/12/2018

ASB-41 (R-06-08)

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

(Pursuant to NJAC 8:60 and 6:16)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>6 / 1 / 18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agencies Notified</td>
<td></td>
</tr>
<tr>
<td>- EPA</td>
<td></td>
</tr>
<tr>
<td>- DOLWD</td>
<td></td>
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<tr>
<td>- DHSS</td>
<td></td>
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<tr>
<td>- DCA</td>
<td></td>
</tr>
<tr>
<td>- NJAC 5:23-8</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Building Owner/Operator (2)</th>
<th>The College of New Jersey</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>2000 Pennington Rd.</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Ewing, NJ 08628</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Amanda Radosti</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>609-771-2881</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FACILITY INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
</tr>
<tr>
<td>Street Address</td>
</tr>
<tr>
<td>City (5)</td>
</tr>
<tr>
<td>County (6)</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
</tr>
<tr>
<td>ASCM No.</td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
</tr>
<tr>
<td>Street Address</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
</tr>
<tr>
<td>Telephone No.</td>
</tr>
<tr>
<td>License No.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Roy Mosicant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone No.</td>
<td>610-891-0114</td>
</tr>
</tbody>
</table>

| Start Date (10) | 7 / 5 / 18 |
| Scheduled Completion Date (11) | 7 / 31 / 18 |

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

| Scope of Work (Check all that apply) |
| - ≥3 sf or ≥2 if |
| - ≥150 sf or ≥260 if |
| - Demolition |
| - Renovation |

| Description of Asbestos-Containing Material (ACM) |
| - Location Normally Used Solely by Maintenance/Custodial Staff? (12) |
| Yes No N/A |
| - Attic |
| Pipel Insulation |

| Location of Asbestos-Containing Material (ACM) |
| TO BE ABATED IN Facility |
| Name of Registered Waste Hauler |
| BRISTOL ENVIRONMENTAL, INC. |

| NJDEP Waste Hauler ID No. | 18706 |
| Cubic Yards of Waste |
| Name of Registered Landfill |
| FAIRLESS LANDFILL |

<table>
<thead>
<tr>
<th>Disposal Date</th>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>MORRISVILLE, PA 19067</td>
<td></td>
</tr>
</tbody>
</table>

| Completely By (Print or Type) |
| BRIAN SACIFIO |

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

<table>
<thead>
<tr>
<th>Signature</th>
</tr>
</thead>
</table>

| Date, |
| 7/16/18 |

**NOTE:** 7/15 - 4 PM - 2:30 AM; 7/14 - 1 PM - 11:30 AM; Mon 7/16 Normal Hours.
**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>6 / 1 / 18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>The College of New Jersey</td>
</tr>
<tr>
<td>Street Address</td>
<td>2000 Pennington Rd.</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Ewing, NJ 06618</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Amanda Radostl</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>609-771-2881</td>
</tr>
</tbody>
</table>

### FACILITY INFORMATION

**Name of Facility Where Abatement is Taking Place (3)**
TCNJ-Green Hall

<table>
<thead>
<tr>
<th>Street Address</th>
<th>2000 Pennington Rd.</th>
</tr>
</thead>
<tbody>
<tr>
<td>City (5)</td>
<td>Ewing</td>
</tr>
<tr>
<td>County (6)</td>
<td>MERCER</td>
</tr>
<tr>
<td>County Code (7)/STATE USE ONLY</td>
<td></td>
</tr>
<tr>
<td>Current Use (Prior if being demolished)</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>ASCM No.</th>
<th>00021</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>BRISTOL ENVIRONMENTAL, INC.</td>
</tr>
<tr>
<td>Street Address</td>
<td>1123 BEAVER STREET</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>BRISTOL, PA 19007</td>
</tr>
</tbody>
</table>

**Street Address**
28 Pennell Rd

**City, State, Zip Code**
Media, PA 19063

**Project Manager for Monitoring Firm**
Roy Mosicant

<table>
<thead>
<tr>
<th>Telephone No.</th>
<th>610-891-0114</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone No.</td>
<td>215-788-6040</td>
</tr>
<tr>
<td>License No.</td>
<td>00509</td>
</tr>
</tbody>
</table>

**Start Date (10)**
7 / 5 / 18

**Scheduled Completion Date (11)**
7 / 31 / 18

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

**Scope of Work (Check all that apply)**
- ≥3 sf or ≥30 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 (13)**

| Is Location Used Solely by Maintenance/Custodial Staff? Yes No N/A |
|----------------------|------------------|
| Attic                | X                |
| Pipe Insulation      |                  |

**Name of Registered Waste Hauler**
BRISTOL ENVIRONMENTAL, INC.

<table>
<thead>
<tr>
<th>NJDEP Waste Hauler ID No.</th>
<th>18706</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cubic Yards of Waste</td>
<td>Name of Registered Landfill</td>
</tr>
<tr>
<td></td>
<td>FAIRLESS LANDFILL</td>
</tr>
<tr>
<td>City, State</td>
<td>BRISTOL, PA 19007</td>
</tr>
</tbody>
</table>

**Completed By (Print or Type)**
BRIAN SCAFROI

<table>
<thead>
<tr>
<th>Title</th>
<th>ESTIMATOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature</td>
<td>Brian Scafro/ Jr</td>
</tr>
<tr>
<td>Date</td>
<td>7-5-18</td>
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</table>

*Do not use this form for asbestos license exempted activities.*
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 6:16)

Date of Notification (1)
6 / 1 / 18

Name of Building Owner/Operator (2)
The College of New Jersey

Street Address
2000 Pennington Rd.

Name of Contact
Amanda Radosti

Telephone Number
609-777-2581

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
TCNJ-Green Hall

Type of Facility (4)

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

City (5)
Ewing

Square Feet
66,000

County (6)
Mercer

No. of Floors
2

County Code (7)

Bidg. Age
88

Current Use (Prior if being demolished)

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

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

Street Address
1123 BEAVER STREET
City, State, Zip Code
BRISTOL, PA 19007

License No.
00509

Start Date (10)
06/18/18

Occupy 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: 8AM-7:00PM-7:00AM

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)
☐ ≥3 sf or ≥3 ft
☒ ≥150 sf or ≥260 ft

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

Location

Yes
No
N/A

Attic

Pipe Insulation

1,500 LF

Name of Registered Waste Hauler
BRISTOL ENVIRONMENTAL, INC.

NJDEP Waste Hauler ID No.
18706

Cubic Yards of Waste

Name of Registered Landfill
FAIRLESS LANDFILL

City, State
BRISTOL, PA 19007

Disposal Date

City, State
MORRISVILLE, PA 19067

Completed By (Print or Type)
BRIAN SCAFROI
Title
ESTIMATOR

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

Name of Facility Where Abatement is Taking Place (3):
TCNJ-Green Hall

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

Square Feet:
66,000

Current Use (Prior to being demolished):
88

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

Street Address:
2000 Pennington Rd.

# of Floors:
2

City, State, Zip Code:
Ewing, NJ 08628

Bldg. Age:
88

County Code (?)(STATE USE ONLY):


FACILITY INFORMATION

Name of Building Owner/Operator (2):
The College of New Jersey

TelephoneNumber:
609-771-2881

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

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

ASCM No. (Key):
00021

Street Address:
28 Pennell Rd

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

City, State, Zip Code:
Media, PA 19063

Telephone No.:
610-891-0114

License No.:
00509

Occupancy Status During Abatement (Check only one):
☐ Facility Closed/ Vacated During Entire Period of Abatement
☒ Abatement Performed Outside of Normal Facility Hours - Describe
Time of Abatement: __AM_____ Pm/7:00AM-7:00AM

Scope of Work (Check all that apply):
☐ 23 sf or 23 sq
☒ 160 sf or 260 sq

☐ Renovation
☐ Demolition

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

Name of Registered Waste Hauler:
BRISTOL ENVIRONMENTAL, INC.

Yes No N/A

Attic

Location of Asbestos-Containing Material (ACM)

Pipe Insulation

Amount (Specify SF or LF): 1,500 LF

Abatement Type

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

IN FACILITY

Notes:

Name of Registered Waste Hauler:
BRISTOL ENVIRONMENTAL, INC.

Cubic Yards of Waste:

Name of Registered Landfill:
FAIRLESS LANDFILL

City, State:
BRISTOL, PA 19007

Disposal Date:

City, State:
MORRISVILLE, PA 19067

Completed By (Print or Type):
BRIAN SCAFIRO

Title:
ESTIMATOR

Signature:
Brian Scaffiro

Date:
6/1/18

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

(Pursuant to N.J.A.C. 8:60 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>5/22/18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agencies Notified</td>
<td>EPA</td>
</tr>
<tr>
<td></td>
<td>DEP</td>
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<tr>
<td></td>
<td>DOL</td>
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<td>DOH</td>
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<td></td>
<td>DCA</td>
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<td>Type Notification</td>
<td>Initial</td>
</tr>
<tr>
<td>Amended-REV #1-6/4/18</td>
<td></td>
</tr>
<tr>
<td>Emergency</td>
<td>Cancellation</td>
</tr>
</tbody>
</table>

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

**Street Address**
Patrik Torre Administration Bldg, County Route 516
Matawan, NJ 07747

**Name of Contact**
Mr. Frank Frazzitta
**Telephone Number**
732-360-4507

**FACILITY INFORMATION**

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

**Street Address**
3439 County Route 516

**City (6) / County (6) / County Code (7)**
Old Bridge / Middlesex / Middlesex

**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**
150,000 / 1 / 60+

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

**Name of Abatement Contractor (6)**
Bristol Environmental, Inc.

**Street Address**
1123 Beaver Street
Bristol, PA 19007

**Telephone Number**
(215) 788-6040
**License Number**
00509

**Name of OSHA Monitor**
Bristol Environmental, Inc.

**Street Address**
1123 Beaver Street
Bristol, PA 19007

**Scheduled Start Date (10) / Scheduled Completion Date (11)**
7/2/18 / 7/13/18

**Occupancy Status During Abatement (Check only one)**
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Hours - 7am to 3pm
- Facility Occupied During Abatement 7AM to 3:30PM

**Scope of Work (Check all that apply)**
- ≥ 3 sf or ≥ 3 if
- ≥ 180 sf ≥ 260 if
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glove Bag Procedures
- 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 or Custodial Staff? (12)**
- Yes
- No
- N/A

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

**Amount (Specify SF or LF)**
Boiler Room No 5
- Boiler Rib packing: 25 LF
- Pipe Fitting Insulation: 20 LF

**Name of Registered Waste Hauler**
Service Transport Inc.

**NJDEP Waste Hauler ID No.**
20990

**Cubic Yards of Waste**
5 Cu Yd

**Name of Registered Landfill**
Minerva Landfill

**Disposal Date**
7/13/18

**City, State**
Waynesburg, OH

**Completed By (Print or Type)**
Gino Pizzigoni

**Title / Signature / Date**
Project Manager / Dino Pizzigoni / 6/4/18
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1) 5/22/18

Agencies Notified
- EPA 976
- DEP 954
- DOL 954
- DOH 954
- DCA 954

Type Notification
- Initial
- Amended
- Emergency
- Cancellation

Name of Building Owner / Operator (2)
Old Bridge Township Board of Education
Street Address
Patrick Torre Administration Bldg, County Route 516
City, State & Zip Code
Matawan, NJ 07747
Name of Contact
Mr. Frank Frazzitta
Telephone Number
732-360-4507

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Sandburg Middle School
Street Address
1 Awn Street

City (5) Old Bridge
County (6) Middlesex
County Code (7) 976

Name of Monitoring Firm Hired by Building Owner (8)
Environmental Connection
Street Address
120 North Warren Street
City, State & Zip Code
Trenton, NJ 08601
Project Manager for Monitoring Firm
Rollie Jones
Telephone Number
609-382-4200

Scheduled Start Date (10) 7/2/18
Scheduled Completion Date (11) 7/13/18

Occupancy Status During Abatement (Check only one)
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Hours – 7am to 3pm
- Facility Occupied During Abatement 7AM to 3:30 PM

Scope of Work (Check all that apply)
- ≥ 25 ft or ≥ 250 lf
- ≥ 150 ft ≥ 2500 lf
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glove Bag Procedures
- Non-Exempted and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)
Boiler Room No 5
Boiler Room No 6

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

Description of Asbestos-Containing Material (ACM) (i.e., thermal systems, insulation, surfacing, etc.)

Amount (Specify SF or LF)

Abatement Type

Name of Registered Waste Hauler
Service Transport Inc.
City, State
New Castle, DE

Completed By (Print or Type)
Gino Pizzigoni

Title Project Manager
Signature
Date 5/22/18

NJDEP Waste Hauler ID No. 20890
Cubic Yards of Waste 5 Cu Yd
Disposal Date 7/13/18
Name of Registered Landfill Minerva Landfill
City, State
Waynesburg, OH
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1)
5/22/18

Name of Building Owner / Operator (2)
Old Bridge Township Board of Education

Agencies Notified
☐ EPA  ☑ Initial
☐ DEP  ☑ Amended R#1-7/13/18
☐ DOL  ☑ Emergency
☐ DOH  ☑ Cancellation
☐ DCA

Name of Contact
Mr. Frank Frazzitta

Street Address
Patrick Torre Administration Bldg, County Route 516
Matawan, NJ 07747

Telephone Number
732-360-4507

Name of Facility Where Abatement is Taking Place (3)
Jonas Salk Middle School

Street Address
155 West Greystone Road

City (5) New Bridge
County (6) Middlesex
County Code (7) 07925

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

Square Feet
50000
# of Floors
1
Bldg. Age
40+

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

AsCM No.

Street Address
120 North Warren Street

City, State & Zip Code
Trenton, NJ 08607

Project Manager for Monitoring Firm
Rollie Jones

Telephone Number
609-392-4200

Scheduled Start Date (10)
7/2/18
Scheduled Completion Date (11)
7/17/18

Occupancy Status During Abatement (Check only one)
☒ Facility Closed/Vacated During Entire Period of Abatement
☒ Abatement Performed Outside of Normal Hours – 7am to 3pm Describe:
☐ Facility Occupied During Abatement

Name of Abatement Contractor (9)
Bristol Environmental, Inc.

Street Address
1123 Beaver Street

City, State & Zip Code
Bristol, PA 19007

Telephone Number
(215) 788-6040
License Number
00509

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)
☒ ≥3 sf or ≥3 if
☒ ≥160 sf or ≥260 if
☒ Renovation
☐ Demolition

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

Boiler Room

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

Boiler Room

Boiler Room

Boiler Room

Boiler Room

Boiler Room

Name of Registered Waste Hauler
NJDEP Waste Hauler ID No.
20990

Service Transport Inc.

Cubic Yards of Waste
20 Cu Yd

Name of Registered Landfill
Minerva Landfill

Disposal Date
7/13/18

City, State
Waynesburg, Ohio

Completed By (Print or Type)
Gino Pizzigoni

Title
Project Manager

Signature

Date
5/22/18

GI 18089
**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to N.J.A.C. 8:60 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>5/22/18</th>
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<tbody>
<tr>
<td>Name of Building Owner / Operator (2)</td>
<td>Old Bridge Township Board of Education</td>
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<tr>
<td>Street Address</td>
<td>Patrick Torre Administration Bldg, County Route 516</td>
</tr>
<tr>
<td>City, State &amp; Zip Code</td>
<td>Metawan, NJ 07747</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Mr. Frank Frazzitta</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>732-360-4507</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

| Name of Facility Where Abatement is Taking Place (3) | Jonas Salk Middle School |
| Street Address | 155 West Greystone Road |
| City (5) | Middlesex |
| County (6) | Old Bridge |
| County Code (7) | |

| Name of Monitoring Firm Hired by Building Owner (8) | Environmental Connection |
| Street Address | 120 North Warren Street |
| City, State & Zip Code | Trenton, NJ 08610 |
| Project Manager for Monitoring Firm | Rollie Jones |
| Telephone Number | 609-382-4200 |

| Scheduled Start Date (10) | 7/2/18 |
| Scheduled Completion Date (11) | 7/13/18 |

| Occupancy Status During Abatement (Check only one) |
| Facility Closed/Vacated During Entire Period of Abatement |
| Facility Occupied During Abatement |

| Scope of Work (Check all that apply) |
| ≥36 sf or ≥36 lf |
| ≥160 sf or ≥260 lf |
| Renovation |
| Demolition |

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

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

| Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous) |
| Boiler Rib Insulation |
| Breaching |
| Tank Insulation |
| Pipe Insulation |

| Amount (Specify SF or LF) |
| 50 LF |
| 500 SF |
| 250 SF |
| 80 LF |

**Abatement Type**

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

**Service Transport Inc.**

| Name of Registered Waste Hauler | N.J. DEP Waste Hauler ID No. 20980 |
| Name of Registered Landfill | Minerva Landfill |
| City, State | New Castle, DE |
| Completed By (Print or Type) | Gino Pizzigoni |
| Title | Project Manager |
| Signature | Date | 5/22/18 |

| Cubic Yards of Waste |
| 20 Cu Yd |
| Disposal Date | 7/13/18 |
| City, State | Waynesburg, Ohio |
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to N.J.A.C. 8:60 and 12:120)

<table>
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<tr>
<th>Date of Notification (1)</th>
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<tbody>
<tr>
<td>Name of Building Owner / Operator (2)</td>
<td>Old Bridge Township Board of Education</td>
</tr>
<tr>
<td>Street Address</td>
<td>Patrick Torre Administration Bldg, County Route 516</td>
</tr>
<tr>
<td>City, State &amp; Zip Code</td>
<td>Matawan, NJ 07747</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Mr. Frank Frazzette</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>732-360-4567</td>
</tr>
</tbody>
</table>

FACILITY INFORMATION

| Name of Facility Where Abatement is Taking Place (3) | Sandburg Middle School |
| Street Address | 3439 County Route 516 |
| City (5) | Old Bridge |
| County (6) | Middlesex |
| County Code (7) | |
| Type of Facility (4) | |
| School (K-12) NON SUB-CHAPTER 8 |
| Subchapter 8 (Other than K-12) |
| Other (i.e. private & commercial buildings, homes, etc.) |
| Square Feet | 150,000 |
| # of Floors | 1 |
| Bldg. Age | 60+ |
| Current Use (Prior if being demolished) | School |

Environmental Connection

| ASCM No. | |
| Street Address | 120 North Warren Street |
| City, State & Zip Code | Trenton, NJ 08601 |
| Project Manager for Monitoring Firm | Rolli Jones |
| Telephone Number | 609-392-4200 |
| Scheduled Start Date (10) | 7/2/18 |
| Scheduled Completion Date (11) | 7/13/18 |
| Occupancy Status During Abatement (Check only one) | |
| Facility Closed/Vacated During Entire Period of Abatement | |
| Abatement Performed Outside of Normal Hours – 7am to 3pm | |
| Describe: | |
| Facility Occupied During Abatement | 1PM to 8:30 PM |

Scope of Work (Check all that apply)

| 23 sf or ≥23 If | Renovation |
| ≥160 sf ≥260 lf | Demolition |

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

| (13) | |

Is Location Normally Used Solely by Maintenance or Custodial Staff?

| Yes | No | N/A |
| Boiler Room No 5 | | |
| Boiler Room No 6 | | |

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

| Amount (Specify SF or LF) | 25 LF |
| Boiler Rib packing | |
| Pipe Fitting Insulation | 20 LF |

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

| Name of Registered Waste Hauler | |
| NJDEP Waste Hauler ID No. | |
| Cubic Yards of Waste | 5 Cu Yd |
| Name of Registered Landfill | Minerva Landfill |
| Disposal Date | 7/13/18 |
| City, State | Waynesburg, OH |
| Completed By (Print or Type) | Gino Pizzigoni |
| Title | Project Manager |
| Signature | |
| Date | 7/6/18 |

GI 18087
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to N.J.A.C. 8:60 and 12:120)

**Date of Notification (1)**  
5/22/18

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

**Address**  
Patrick Torre Administration Bldg, County Route 516

**City, State & Zip Code**  
Matawan, NJ 07747

**Name of Contact**  
Mr. Frank Frazzitta

**Telephone Number**  
732-360-4507

---

**FACILITY INFORMATION**

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

**Street Address**  
3439 County Route 516

**City (5)**  
Old Bridge  
**County (6)**  
Middlesex  
**County Code (7)**

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

**Square Feet**  
150,000

**# of Floors**  
1

**Bldg. Age**  
60+

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

**Name of Abatement Contractor (9)**  
Bristol Environmental, Inc.

**Street Address**  
1123 Beaver Street

**City, State & Zip Code**  
Bristol, PA 19007

**Telephone Number**  
(215) 788-6040

**License Number**  
00509

**Name of OSHA Monitor**  
Bristol Environmental Inc.

**Street Address**  
1123 Beaver Street

**City, State & Zip Code**  
Bristol, PA 19007

---

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

**Street Address**  
120 North Warren Street

**City, State & Zip Code**  
Trenton, NJ 08601

**Telephone Number**  
609-392-4200

**Name of Project Manager for Monitoring Firm**  
Rollie Jones

**Scheduled Start Date (10)**  
7/2/18

**Scheduled Completion Date (11)**  
7/16/18

---

**Occupy Status During Abatement (Check only one)**
- [ ] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Hours – 7am to 3pm
- [ ] Yes  
  **Location of Asbestos-Containing Material (ACM)**  
  TO BE ABATED in Facility  
  (13)

<table>
<thead>
<tr>
<th>Boiler Room No 5</th>
<th>Boiler Room No 5</th>
<th>Pipe Fitting Insulation</th>
<th>Boiler Rib packing</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

**Full Containment with Negative Pressure**  
- [ ]

**Mini-Enclosure**  
- [ ]

**Glove Bag Procedures**  
- [ ]

**Non-Exempted and Non-Friable Procedure**  
- [ ]

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

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

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

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

**Amount (Specify SF or LF)**

- [ ] 25 LF
- [ ] 20 LF

**Abatement Type**
- [ ] Removal
- [ ] Repair
- [ ] Encapsulation
- [ ] Enclosure

---

**Name of Registered Waste Hauler**  
Service Transport Inc.

**City, State**  
New Castle, DE

**Waste Hauler ID No.**  
20990

**Cubic Yards of Waste**  
5 Cu Yd

**Name of Registered Landfill**  
Minerva Landfill

**City, State**  
Waynesburg, OH

**Disposal Date**  
7/13/18

**Completed By (Print or Type)**  
Gino Pizzigoni

**Title**  
Project Manager

**Signature**

**Date**  
7/6/18

---

G1 18087
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)  

Date of Notification (1)  
7/13/18

Name of Building Owner/Operator (2)  
Church of the Sacred Heart

Agencies Notified  
EPA  
DEP  
DOL  
DOH  
DCA

Type Notification  
Initial  
Amended  
Emergency (including justification)  
Cancellation

FACILITY INFORMATION

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

Street Address  
200 Randolph Avenue

City (5)  
South Plainfield

County (6)  
Middlesex

Type of Facility (4)  

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

Square Feet  
3200

# of Floors  
2

Bldg. Age  
82

Name of Monitoring Firm Hired by Building Owner (5)  

ASCM No.  

Name of Abatement Contractor (6)  
ABS Environmental Services, LLC

Street Address  
PO Box 483, 4 E Gate Drive

City, State, Zip Code  
Glenwood, NJ 07418

Project Manager for Monitoring Firm  

Telephone No.  
973-764-2276

License No.  
703

Name of OSHA Monitor  

Start Date (7)  
7/25/18

Scheduled Completion Date (11)  
8/8/18

Occupancy Status During Abatement (Check Only One)  

Facility Closed/Vacated During Entire Period of Abatement  

Abatement Performed Outside of Normal Facility Hours  

Other - Describe: boiler room

Scope of Work (Check All That Apply)  

≥3 sf or ≥3 If  

≥160 sf or ≥260 sf  

Renovation  

Demolition  

Full Containment with Negative Pressure  

Mini-Enclosure  

Glovebag Procedure  

Non-Exempted (*) and Non-Friable Procedure

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

(13)

Is Location Normally Used Solely by Maintenance/Custodial Staff?  

Yes  
No  
N/A

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

Amount  
SF or LF

Abatement Type

Removal  
Repair  
Encapsulate  
Endure

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

(13)

basement  

boiler & pipe fittings  

boiler insulation  

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  

Freehold, NJ

Disposal Date  
TBD

City, State  

Birdsboro, PA

Completed by  
A. Scott Higgins  
Title  
President  
Signature  

Date  
7/13/18

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>6 / 27 / 18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Rutgers University</td>
</tr>
<tr>
<td>Street Address</td>
<td>33 Knightsbridge Road</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Piscataway, NJ 08854</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Joan Stanton, PE</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>732-445-2419</td>
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</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Building #3716 &amp; 3717 (ONE BUILDING)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>581 Taylor Road</td>
</tr>
<tr>
<td>City</td>
<td>Piscataway</td>
</tr>
<tr>
<td>County</td>
<td>Middlesex</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>ASCM No.</td>
</tr>
<tr>
<td>Criterion Laboratories</td>
<td>Name of Abatement Contractor (9)</td>
</tr>
<tr>
<td>Street Address</td>
<td>3859 Sylon Boulevard</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Hainesport, NJ 08036</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>Mike Paneropulos</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>215-244-1300</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>609-702-0400</td>
</tr>
<tr>
<td>License No.</td>
<td>00862</td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>7 / 13 / 18</td>
</tr>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>8 / 6 / 18</td>
</tr>
<tr>
<td>Occupancy Status During Abatement (Check one only)</td>
<td>No</td>
</tr>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours - Describe</td>
<td></td>
</tr>
<tr>
<td>Time of Abatement: AM-PM, PM-AM</td>
<td></td>
</tr>
<tr>
<td>Scope of Work (Check all that apply)</td>
<td>23 60 or 23 60</td>
</tr>
<tr>
<td>≥3 60 or ≥180 sf or ≥260 sf</td>
<td></td>
</tr>
<tr>
<td>Renovation</td>
<td>Demolition</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 IN Facility (13)</td>
<td></td>
</tr>
<tr>
<td>Exterior 3716</td>
<td>Transite Siding</td>
</tr>
<tr>
<td>Exterior 3717</td>
<td>Transite Siding</td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
<td>Champion</td>
</tr>
<tr>
<td>NJDEP Waste Hauler ID No.</td>
<td>32207</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td>5</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>Grand Central</td>
</tr>
<tr>
<td>City, State</td>
<td>Hainesport, NJ</td>
</tr>
<tr>
<td>Disposal Date</td>
<td>8/6/18</td>
</tr>
<tr>
<td>City, State</td>
<td>Penn Argyle, PA</td>
</tr>
<tr>
<td>Completed By (Print or Type)</td>
<td>Kimberly Trombetti</td>
</tr>
<tr>
<td>Title</td>
<td>Office Coordinator</td>
</tr>
<tr>
<td>Signature</td>
<td>[Signature]</td>
</tr>
<tr>
<td>Date</td>
<td>7/12/18</td>
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</tbody>
</table>

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

Date of Notification (1)  7 / 11 / 18

Agencies Notified
☐ EPA
☐ DOLWD
☐ DOH
☐ DCA (NJAC 5:23-8)

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

Name of Building Owner/Operator (2)
Verizon Communications

Street Address
71 Madison Ave

City, State, Zip Code
Jersey City, NJ 07304

Name of Contact
Brian Kingsbury

Telephone Number
201 356 5166

FACILITY INFORMATION

Name of Facility Where Abatement Is Taking Place (3)
Verizon Bergen Central Office

Street Address
71 Madison Ave

City (5)
Jersey City

County (6)
Hudson

County Code (7) (STATE USE ONLY)

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

ASCM No.

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
Brian Kingsbury

Telephone No.
201 356 5166

License No.
215-788-6040

00509

Start Date (10)
7 / 23 / 18

Scheduled Completion Date (11)
8 / 10 / 18

Occupancy Status During Abatement (Check only one)
☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM____PM/5:00PM-2:00AM

Scope of Work (Check all that apply)
☐ >3 sf or >3 if
☐ >160 sf or >260 if
☐ Renovation
☐ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

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

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
Endcaps

Elevator Cab Floor
☐ ☐ ☒ VAT & Mastic
40 SF

Elevator Shaft
☐ ☐ ☒ Pipe Insulation (Wrap & Cut)
140 LF

Elevator Machine Room
☐ ☐ ☒ Pipe Insulation
40 LF

Name of Registered Waste Hauler
SERVICE TRANSPORT GROUP, INC.

NJDEP Waste Hauler ID No.
20999

Cubic Yards of Waste
3

Name of Registered Landfill
MINERVA LANDFILL

City, State
NEW CASTLE, DE

Disposal Date
TBD

City, State
WAYNESBURG, OH

Completed By (Print or Type)
Dillan DeCaro

Title
Estimator

Signature

Date
7/11/18

* Do not use this form for asbestos licensure exempted activities.
“WRAP AND CUT” REMOVAL PROCEDURES FOR INSULATED PIPE

DESCRIPTION OF THE WORK

This Section describes the procedures to remove asbestos containing insulating materials utilizing “wrap and cut” methods.

PRODUCTS

- Amended Water
- Wettable/Adhesive Lagging Cloth
- Encapsulant (if specified in Section "Scope of Work")
- Disposal Bags
- Six mil polyethylene sheeting
- HEPA vacuum
- Duct Tape
- “Saw-zall”

DESCRIPTION OF THE WORK

All work shall be conducted in strict accordance with applicable federal, state and local regulations and shall be coordinated through the Owner’s representative.

Bristol Environmental Inc. shall adequately wet all ACM with amended water and wrap all exposed thermal system insulation with two individual layers of 6-mil polyethylene sheeting. Each layer shall be sealed with high grade duct tape, and “candy-striped” around the pipe system to the best seal possible.

Upon the wetting, wrapping and sealing of thermal system insulation Bristol Environmental Inc. shall cut the pipe in existing spatial openings into sections no greater than ten (10) linear feet. These wetted, wrapped and sealed sections shall be properly labeled and disposed of as asbestos waste.

Where no spatial openings are present, Bristol Environmental Inc. shall perform glove bag abatement to remove approximately six (6) inches of ACM thermal system insulation to facilitate the cutting of the pipe as described.

Bristol Environmental Inc. shall remove all asbestos containing materials from the work site in double 6-mil polyethylene waste bags or impermeable packages. All asbestos materials shall be adequately wet with amended water using a fine low pressure sprayer or other wetting mechanism. The surfactant used by Bristol Environmental Inc. shall be available at all times at the work site. Bristol Environmental Inc. shall assure that all asbestos waste materials are sufficiently saturated with amended water to prevent fiber emission and/or visible emissions.

All asbestos waste bags, pipe sections and other waste packages shall be labeled with the prescribed Federal OSHA warning signs and shall include site specific waste generator information.

Bristol Environmental Inc. shall provide a fully enclosed, watertight waste container complete with a locking device for storage of all contaminated waste removed from the site. The waste container shall have asbestos warning signs affixed to all sides and doors.
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>07/16/18</td>
<td>Phillips 66 Domestic Trades Terminal</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
<td>Phillips 66 Domestic Trades Terminal</td>
</tr>
<tr>
<td>DOH</td>
<td>Emergency (including justification)</td>
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</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
<th>City (5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Route 1 North</td>
<td>Linden, NJ 07036</td>
<td>Linden</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Square Feet</th>
<th># of Floors</th>
<th>Bldg. Age</th>
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</thead>
<tbody>
<tr>
<td>700</td>
<td>0</td>
<td>0</td>
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<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>Name of Abatement Contractor (9)</th>
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</thead>
<tbody>
<tr>
<td>ASCM No.</td>
<td>Advanced Specialty Contractors</td>
</tr>
</tbody>
</table>

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

- [ ] Facility Closed/Vacated During Entire Period of Abatement
- [x] Abatement Performed Outside of Normal Facility Hours
  - Other - Describes: Encapsulation of ACM in pipe rack and glove bag removal

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

- [ ] >= 3 sf or >= 3 ll
- [x] >= 160 sf or >= 288 lf
- [x] Renovation
- [ ] Demolition

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

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

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

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

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

<table>
<thead>
<tr>
<th>Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
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</thead>
<tbody>
<tr>
<td>Pipe Insulation 700 LF</td>
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**Abatement Type**

<table>
<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
<th>Abrasion</th>
<th>Repair</th>
<th>Encapsulate</th>
<th>Endurance</th>
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<tbody>
<tr>
<td>700 LF</td>
<td>X</td>
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<td></td>
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**Name of Registered Waste Hauler:**

<table>
<thead>
<tr>
<th>City, State</th>
<th>Freehold Cartage</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>NJ/DEP Waste Hauler ID No. 15339</td>
<td>Fairless Landfill</td>
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</tbody>
</table>

**Disposal Date:**

<table>
<thead>
<tr>
<th>City, State</th>
<th>Disposal Date</th>
<th>Name of Registered Landfill</th>
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<td></td>
<td>07/31/18</td>
<td>Fairless Landfill</td>
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**Completed by:**

<table>
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<tr>
<th>Dan Baptista</th>
<th>Title</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safety Agent</td>
<td></td>
<td>06/22/18</td>
<td></td>
</tr>
</tbody>
</table>

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

Date of Notification (1) 7/16/2018

Name of Building Owner/Operator (2) Kennedy

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

Street Address
City, State, Zip Code Princeton, NJ 08540

Name of Contact Brom Synder
Telephone Number

FACILITY INFORMATION

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

Street Address 
City (5) Princeton, NJ 08540

County (6) Mercer
County Code (7) (STATE USE ONLY) __________

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

Name of Abatement Contractor (9) Stevens Environmental Services, Inc.
Street Address PO Box 322
City, State, Zip Code Allentown, NJ 08501

Telephone No. 609 259-9688
License No. 00493

Project Manager for Monitoring Firm Bill Weisgarber

Telephone No. 732 290-2217

Start Date (10) 7/26/2018
Scheduled Completion Date (11) 7/28/2018

Name of OSHA Monitor MECS

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

Scope of Work (Check All That Apply)
☒ 23 sf or ≥23 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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
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</thead>
<tbody>
<tr>
<td>1st Floor</td>
<td>X</td>
<td>Pipe Insulation</td>
<td>70lf</td>
<td>X</td>
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</table>

Name of Registered Waste Hauler
Stevens Environmental Services

NJDEP Waste Hauler ID No. 18292

Cubic Yards of Waste 2 cu

Name of Registered Landfill Fairless Landfill

Disposal Date 7/30/18
City/State Morrisville, PA

Completed by Mahlon E. Stevens
Title Project Manager
Signature
Date 7/16/18

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>07 / 13 / 18</td>
<td>Camden Redevelopment Agency</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Street Address</th>
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</thead>
<tbody>
<tr>
<td>☑ EPA</td>
<td>☑ Initial</td>
<td>520 Market St, City Hall- Suite 1300</td>
</tr>
<tr>
<td>☑ DOH</td>
<td>☑ Emergency</td>
<td>Camden, NJ 08101-5120</td>
</tr>
<tr>
<td>☑ DCA (NJAC 5:23-8)</td>
<td>☑ Cancellation</td>
<td>Name of Contact</td>
</tr>
<tr>
<td></td>
<td></td>
<td>James Harveson</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Telephone Number</td>
</tr>
<tr>
<td></td>
<td></td>
<td>856-757-7600</td>
</tr>
</tbody>
</table>

FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Type of Facility (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commercial</td>
<td>☑ Subchapter 8 (Other than K-12)</td>
</tr>
<tr>
<td>1667 Davis Street</td>
<td>☑ Other (i.e., private and commercial buildings, homes, etc.)</td>
</tr>
<tr>
<td>City (5)</td>
<td>Business</td>
</tr>
<tr>
<td>Camden</td>
<td>Square Feet</td>
</tr>
<tr>
<td>County (6)</td>
<td># of Floors</td>
</tr>
<tr>
<td>Camden</td>
<td>Bldg Age</td>
</tr>
<tr>
<td>County Code (7)(STATE USE ONLY)</td>
<td>Current Use (Prior if being demolished)</td>
</tr>
</tbody>
</table>

Name of Monitoring Firm Hired by Building Owner (8) | ASCM No. | Name of Abatement Contractor (9) | Street Address |
---------------------------------------------------|----------|---------------------------------|----------------|
| Bio Terra Solutions                               |          | ALL PRO MANAGEMENT LLC          | 27 Outwater Lane |
| Street Address                                    |          |                                 | City, State, Zip Code |
| P.O. Box 1224                                     |          |                                 | Garfield, NJ 07026 |

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rick Eustaquio</td>
<td>973-494-3762</td>
<td>1188</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
<th>Name of OSHA Monitor</th>
</tr>
</thead>
<tbody>
<tr>
<td>07 / 07 / 18</td>
<td>08 / 23 / 18</td>
<td>ALL PRO MANAGEMENT LLC</td>
</tr>
</tbody>
</table>

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

Time of Abatement: AM - PM/ AM - AM

Scope of Work (Check all that apply):
☐ >3 sf or >3 l
☐ >160 sf or >260 l
☐ 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>Exterior</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Wet Demo</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location Normally Used Solely by Maintenance/Custodial Staff? (14)</th>
<th>Description of Asbestos Containing Material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>(i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
</tr>
<tr>
<td>No</td>
<td></td>
</tr>
<tr>
<td>N/A</td>
<td></td>
</tr>
</tbody>
</table>

Amount (Specify SF or LF): $ |

Abatement Type:
☐ Removal
☐ Repair
☐ Encapsulate
☐ Endure

Location of Registered Waste Hauler:
Name of Registered Waste Hauler: Welge Trucking, LLC
NJ DEP Waste Hauler ID No: PA-599
Cubic Yards of Waste As Needed: TBD
Name of Registered Landfill: Minerva Enterprises
City, State: Waynesburg, OH
Completed By (Print or Type):
Allen Monchik
Title: Project Manager
Signature: Allen Monchik
Date: 7/13/18

* Do not use this form for asbestos licensure exempted activities.
7.0 ASBESTOS QUANTITY SCHEDULE

Friable suspect ACM were sampled and determined to be non-ACM. Asbestos was present in NOB suspect ACM materials that included floor tile mastic and floor tile within building 1/F. ACM abatement costs provided in this report address only the ACM that was confirmed through analytical testing. Budget constraints limited the sampling of the NOB suspect ACM identified during the initial site assessment. Therefore, TRC recommends additional sampling of NOB suspect ACM to complete the investigation of suspect ACM and better define asbestos abatement requirements.

<table>
<thead>
<tr>
<th>Homogenous Area ID</th>
<th>Sample #</th>
<th>Material Sampled</th>
<th>Building</th>
<th>Total Material Area</th>
<th>Impacted Materials</th>
<th>Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>05</td>
<td>Mastic on 9 x 9&quot; tiles</td>
<td>1/F</td>
<td>3,300</td>
<td>Floor tile mastic (Black) and floor tiles approximately 6,000 tiles (~10 cy) and 50-70 ey debris (wall plaster, wall board) on ground</td>
<td>Mastic is ACM</td>
</tr>
<tr>
<td></td>
<td>06</td>
<td>Mastic on 9 x 9&quot; tiles</td>
<td>1/F</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>11</td>
<td>9 x 9&quot; tiles</td>
<td>1/F</td>
<td>Up to 3,300</td>
<td></td>
<td>Tiles are ACM</td>
</tr>
<tr>
<td></td>
<td>12</td>
<td></td>
<td>1/F</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Asbestos was detected in floor tile mastic and floor tiles in the first floor and basement of building 1/F at concentrations greater than one percent (1%). The building condition is very poor and collapsed roofing, garbage, and wall plaster have created a layer of debris on top of the floor tiles, primarily on the first floor. Because separation of tile and mastic materials from the debris is not reasonably feasible, it has been assumed that the debris will be managed as ACM along with floor tiles and mastic.

ACM was detected in mastic samples 05 and 06 (homogeneous area 3) collected from the first floor of building 1/F. The floor tile mastic associated with samples 05 and 06 was present between the floor tiles and the concrete floor. Floor tile associated with samples 11 and 12 (homogeneous area 6) were also confirmed to be ACM based on analytical results. Abatement measures will include removal of all floor tiles and debris, and floor tile mastic (from the concrete floors) within building 1/F basement and 1st floor.

TRC estimates that there is approximately 12 cubic yards of asbestos-containing tiles and mastic and approximately 50 to 70 cubic yards of debris, consisting of mostly wall plaster, to be managed as ACM waste in building 1/F.

TRC recommends that additional NOB suspect ACMs identified in the pre-demolition survey summary be sampled prior to abatement and building demolition to properly and completely characterize materials within the sites structures.
**State of NJ**

**Notification of Asbestos Abatement**

(Pursuant to NJAC 8:60-7 and 12:120-7)

**Check # 9079**

**B & G proj. #: 2018-140**

---

**Date of Notification (1): 10/17/18**

**Name of Building Owner/Operator (2): Peter Weiner**

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

**Type Notification**
- [X] Initial
- [ ] Amendment
- [ ] Cancellation

**Street Address:** [Redacted]

**City, State, Zip Code:** Mountain Lakes, NJ 07046

**Name of Contact:** Peter Weiner

---

**FACILITY INFORMATION**

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

**Street Address:** [Redacted]

**City (5): Mountain Lakes**

**County (8): Morris**

**County Code (7):** n/a

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

**ASCM No.: n/a**

**Type of Facility (4):**
- [X] Other (Private/Commercial Bldgs., Homes, etc.)

**Square Feet: 0**

**# of Floors: 0**

**Bldg. Age: 0**

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

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

**Street Address:** 105 Ryerson Road

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

**Telephone Number:** (973) 998-6889

**License Number:** 00378

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

**Street Address:** 105 Ryerson Road

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

**Scheduled Start Date (10): 07/24/2018**

**Sched. Completion Date (11): 07/26/2018**

**Occupancy Status During Abatement (Check only one):** [X] Facility closed/vacated during entire period of abatement. Abatement performed outside of normal facility hours. Describe: (Blank)

**Scope of Work (check all that apply):**
- [ ] Demolition
- [X] Renovation
- [X] > 500 sf or > 3 if
- [X] ≥ 150 sf or ≥ 250 if
- [X] Glovebag procedure
- [X] Mini-enclosure
- [ ] Non-viable procedure

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

<table>
<thead>
<tr>
<th>Basement</th>
<th>Pipe insulation</th>
<th>220 sf</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
</tr>
</tbody>
</table>

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

**Disposal Date:** 07/25/2018

**Name:** Gordana Luna

**Title:** Secretary/Treasurer

**Signature:** [Redacted]

**Date:** 07/13/2018
State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12:120-7)

Check # 9080

Date of Notification (1)
11/18/2018

Name of Building Owner/Operator (2)
Edgardo Cabrera

Agencies Notified
- EPA
- DEP
- DOL
- DOH
- DCA
Type Notification
- Initial
- Amendment
- Cancellation

Street Address

City, State, Zip Code
Rutherford, NJ 07070

Name of Contact
Edgardo Cabrera

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
Edgardo Cabrera

Street Address

City (5)
Rutherford, NJ 07070

County (6)
Bergen

County Code (7)
(State use only)

Name of Monitoring Firm Hired by Bldg. Owner (8)
ASCN No.
n/a

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

Street Address
105 Ryerson Road

City, State, Zip Code
Lincoln Park, NJ 07035

Telephone Number
(973) 696-6869

License Number
00376

Name of OSHA Monitor
B & G Restoration, Inc.

Street Address
105 Ryerson Road

City, State, Zip Code
Lincoln Park, NJ 07035

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

Scope of Work (check all that apply)
- Demolition
- Renovation
- Full Containment w/ negative pressure
- Mini-enclosure
- Non-friable procedure
- >3 sf or >3 ft
- ≥160 sf or ≥280 sf

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

<table>
<thead>
<tr>
<th>Material</th>
<th>Description of asbestos-containing material (ACM)</th>
<th>Amount</th>
<th>Re</th>
<th>Repair</th>
<th>Encap</th>
<th>Encl</th>
</tr>
</thead>
<tbody>
<tr>
<td>basement</td>
<td>pipe insulation</td>
<td>110 lf</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>basement</td>
<td>boiler insulation</td>
<td>10 sf</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Registered Waste Hauler
B & G Restoration, Inc.

City, State
Lincoln Park, NJ

Disposal Date
07/27/2018

Name of Registered Landfill
Grand Central Landfill

City, State
Penn Argyle, PA

Completed by (Print or Type)
Gordana Luna

Title
Secretary/Treasurer

Signature
Gordana Luna

Date
07/13/2018
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification: 6/29/18

Name of Building Owner/Operator: Yannuzzi Environmental Services
County of Essex

Street Address: 77 South 11th Street

Type of Facility: School (K-12)

City: Newark, NJ 07102
County: Essex

Square Feet: 2000
# of Floors: 2
Bldg. Age: 50+

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

Name of Abatement Contractor: Yannuzzi Environmental Services
City: Kinnelon, NJ 07405

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

Scope of Work: Renovation, Demolition

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Location Normally Used Solely by Maintenance/Custodial Staff?</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>Yes</td>
<td>N/A</td>
<td>Air Cell Pipe</td>
<td>40 LF</td>
<td>x</td>
</tr>
<tr>
<td>Roof</td>
<td>x</td>
<td>No</td>
<td>Flashing</td>
<td>36 SF</td>
<td>x</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler: Yannuzzi Group Inc.
City: Kinnelon, NJ 07405

Disposal Date: City, State: Penn Argyl, PA

Cubic Yards of Waste: 3

Completed By: John Mucha
Title: Project Manager

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 5:60 and 12:120)

Date of Notification (1): 7/13/2018

Name of Building Owner/Operator (2):
Raymond and Virginia Zipko

Agency Notified Type Notification Street Address
- EPA Initial [REDACTED]
- DEP Amended
- DOH
- DOL
- DCA
- DOL Emergency (including Cancellation)

City, State, Zip Code: Pine Brook NJ 07958

Name of Contact Marko Stankovic, Project Manager

Telephone Number:

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

Square Feet: 2866

Bldg. Age: 50

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

Current Use (Prior to being demolished):
Residence

Count Code (7):

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

Name of Abatement Contractor (9):
Checkmark Industrial

Street Address:

City, State, Zip Code:

Project Manager for Monitoring Firm:

Project Manager Telephone No.

Name of OSHA Monitor Checkmark Industrial

Start Date (10):
7/27/2018

Scheduled Completion Date (11):
8/4/2018

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

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

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

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

Amount (Specify SF or LF):

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

Abatement Type:
- Removal
- Repair
- Encapsulation
- Enclosure

Name of Registered Waste Hauler:
Atlantic Carting

NJDEP Waste Hauler ID No.:

Cubic Yards of Waste:

Name of Registered Landfill:
Waste Management

City, State:
Wayne NJ

Disposal Date:

Completed by:
Corey Stankovic

Title:
CEO

Signature:

Date:
7/13/2018

* Do not use this form for asbestos licensure exempted activities.
Date of Notification (1): 07/15/18

Agencies Notified: DOH
Type of Notification: Amendment

Name of Building Owner/Operator (2): NJ IND RARITAN CENTER PARKWAY LLC
Street Address: 180 RARITAN CENTER PARKWAY
City, State, Zip Code: EDISON, NJ 08869
Name of Contact: MOSHE STERN
Telephone Number: 732-509-8931

Name of Facility Where Abatement is Taking Place (3)
Street Address: 180 RARITAN CENTER PARKWAY
City (5): EDISON
County (6): MIDDLESEX
County Code (7): NORTHERN

Square Feet: 350,000
Type of Facility (4):
- School (K-12)
- Subchapter 8 (Other than K-12)
- Other (i.e., private & commercial brds., homes, etc.)

Name of Monitoring Firm Hired by Bldg. Owner (8): GZA GEOENVIRONMENTAL, INC
Street Address: 55 LANE ROAD, SUITE 407
City, State, Zip Code: FAIRFIELD, NJ 07004
Telephne Number: 973-774-3300

Name of OSHA Monitor: NORTHSTAR CONTRACTING GROUP, INC
Street Address: 32 Williams Parkway
City, State, Zip Code: EAST HANOVER, NJ 07036

Scopes of Work (Check All That Apply):
- Demolition
- Renovation
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempt (*) and Non-Friable Procedure

Location of Asbestos Containing

<table>
<thead>
<tr>
<th>Location of Asbestos Containing</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>TO BE ABATED in Facility (13)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1ST FL SHIPPING</td>
<td>CARPET GLUE</td>
<td>2,880 SF</td>
</tr>
<tr>
<td>1ST FL OFFICE</td>
<td>VAT &amp; MASTIC</td>
<td>2,300 SF</td>
</tr>
<tr>
<td>2ND FL OFFICE</td>
<td>VAT &amp; MASTIC</td>
<td>1,525 SF</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler: NORTHSTAR CONTRACTING GROUP, INC
Cubic Yards of Waste: 520

Name of Registered Landfill: FAIRLESS LANDFILL
City, State: EAST HANOVER, NJ

Completed by (Print or Type):
Title: PROJECT MANAGER
Signature: STEVEN STILES
Date: 07/16/18

ASB-41
Date of Notification (1) 7/13/2018

 Agencies Notified

<table>
<thead>
<tr>
<th>Agency</th>
<th>Type Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
</tr>
<tr>
<td>DEP</td>
<td>Amended</td>
</tr>
<tr>
<td>DOL</td>
<td>Amendment #2</td>
</tr>
<tr>
<td>DOH</td>
<td>Emergency (including justification)</td>
</tr>
<tr>
<td>DCA</td>
<td>Cancellation</td>
</tr>
</tbody>
</table>

Name of Building Owner/Operator (2)
Hugo Neu Realty Management

Name of Facility Where Abatement is Taking Place (3)
Kearny Point Industrial Park

Street Address
78 John Miller Way, Building 78

City (5)
Kearny

County (5)
Hudson

County Code (7) (STATE USE ONLY) ________

Current Use (Prior if being demolished)
Warehouse

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

Name of Abatement Contractor (9)
Checkmark Industrial

Street Address
54 Morgan Dr

City, State, Zip Code
Sparta NJ 07871

Project Manager for Monitoring Firm
Telphone No.

License No.
01334

Start Date (10)
7/18/2018

Scheduled Completion Date (11)
8/29/2018

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

Abatement Performed Outside of Normal Facility Hours
Other – Describe: ____________

Scope of Work (Check All That Apply)
\_
\_
\_
\_
\_
\_

\_

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

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

Amount (Specify SF or LF)

<table>
<thead>
<tr>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Material Removal</td>
</tr>
<tr>
<td>Repair</td>
</tr>
<tr>
<td>Encapsulation</td>
</tr>
<tr>
<td>Enclosure</td>
</tr>
</tbody>
</table>

Outside of Building (ROOF) Window Pane Tar 5000 SF X

Name of Registered Waste Hauler
Atlantic Carting
NJ/DEP Waste Hauler ID No.

Cubic Yards of Waste 120

Name of Registered Landfill
Waste Management

City, State Wayne NJ
Disposal Date

Tulleytown PA

Completed by
Corey Stankovic
Title CEO

Signature

Date 7/13/2018

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

(Pursuant to NJAC 8:60-7 and 12:120-7)

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

**Street Address**
128 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414

**City, State, Zip Code**
RAHWAY, NEW JERSEY 07065

**Name of Contact**
PATRICIA JOHNSON

**Telephone Number**
732-594-2257

---

**Facility Information**

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

**Street Address**
128 EAST LINCOLN AVENUE - BUILDING 80N

**City**
RAHWAY

**County**
UNION

**County Code** (STATE USE ONLY)
ASCN No. 104

**Square Feet**
40,000

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

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

□ Exposed
□ Encapsulated
□ Encapsulated & Ongoing

**Name of Abatement Contractor (9)**
PAR ENVIRONMENTAL CORPORATION

**Street Address**
313 SPOOK ROCK ROAD

**City, State, Zip Code**
SUFFERN, NEW YORK 10901

**Project Manager for Monitoring Firm**
WILLIAM S. KERBEL, CHC

**Telephone Number**
973-726-5649

**License Number**
845-369-7600

**Telephone Number**
1101

**Name of OSHA Monitor**
AMERISCI LABORATORIES INC

**Address**
117 EAST 30TH STREET

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

**Occupancy Status During Abatement (Check only one)**
□ Facility Closed/Vacated During Entire Period of Abatement
□ Abatement Performed Outside of Normal Facility Hours - Describe:
MONDAY - FRIDAY 5PM-1AM
SATURDAY 7AM-3:30 PM

**Expected Start Date (10)**
1 / 5 / 18

**Month**
1

**Day**
5

**Year**
2018

**Sched. Completion Date (11)**
11 / 15 / 18

**Month**
11

**Day**
15

**Year**
2018

**Scope of Work (Check all that apply)**
□ Demolition
□ >3SF OR LF
□ >150 SF OR 260 LF
□ Full Containment with Negative Pressure
□ Mini Enclo.
□ Glovebag Procedure
□ Non-Friable Procedure

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

**Amount**

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

**TO BE ABATED**
In Facility (13)

<table>
<thead>
<tr>
<th>Location of ACM MASTIC</th>
<th>1ST FLOOR CORRIDOR</th>
<th>5,720 SF</th>
</tr>
</thead>
<tbody>
<tr>
<td>PIPE FITTINGS</td>
<td>1ST FLOOR CORRIDOR</td>
<td>489 LF</td>
</tr>
<tr>
<td>DUCT INSULATION</td>
<td>1ST FLOOR CORRIDOR</td>
<td>400 SF</td>
</tr>
<tr>
<td>PIPE SADDLES</td>
<td>1ST FLOOR CORRIDOR</td>
<td>8 LF</td>
</tr>
<tr>
<td>DUCT SEAL MASTIC</td>
<td>1ST FLOOR CORRIDOR</td>
<td>12 SF</td>
</tr>
<tr>
<td>PIPE INSULATION</td>
<td>1ST FLOOR CORRIDOR</td>
<td>250 LF</td>
</tr>
<tr>
<td>FIRE DOORS (40)</td>
<td>1ST FLOOR CORRIDOR</td>
<td>800 SF</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**
NJDEP Waste Hauler ID No.
FREEHOLD CARTAGE, INC.
825 HIGHWAY 33
FREEHOLD, NEW JERSEY

**Cubic Yards of Waste**
120

**Disposal Date**
11/29/17-11/15/18

**Name of Registered Landfill**
LYCOMING COUNTY RESOURCE MANAGEMENT SE
447 ALEXANDER DRIVE ROUTE 15
CITY, STATE
MONTGOMERY, PA 17752

**Completed by (Print or Type)**
BENJAMIN SANCHEZ
DIRECTOR OF OPERATIONS

**Signature**

**Date**
3/26/18
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1)
3 / 5 /18

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

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

Type Notification
[ ] Initial Notification
[ ] Amended Notification #3
[ ] Cancellation
[ ] On Hold
[ ] EMERGENCY NOTIFICATION

Street Address
126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414

City, State, Zip Code
RAHWAY, NEW JERSEY 07065

Name of Contact
PATRICIA JOHNSON
Telephone Number
732-594-2257

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

City (5)
RAHWAY

County Code (7) (STATE USE ONLY)
ASCM No.
104

County (6)
UNION

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

Square Feet
40,000

# of Floors
1

Bldg. Age
65

Name of Abatement Contractor (9)
PAR ENVIRONMENTAL CORPORATION

Street Address
313 SPOOK ROCK ROAD

City, State, Zip Code
SUFFERN, NEW YORK 10901

Telephone Number
845-399-7500

License Number
1101

Name of OSHA Monitor
AMERISCI LABORATORIES INC

City, State, Zip Code
SPARTA, NEW JERSEY 07871

Telephone Number
973-729-5649

License Number

Expected State Date (10)
11 / 5 /18

Sched. Completion Date (11)
15 / 11 /18

Occupancy Status During Abatement (Check only one)
[ ] Facility Closed/Vacated During Entire Period of Abatement
[ ] Abatement Performed Outside of Normal Facility Hours - Describe:
[ ] Other - Describe:
MONDAY - FRIDAY 5PM-1AM
SATURDAY 7AM-3:30 PM

Scope of Work (Check all that apply)
[ ] Demolition
[ ] Renovation
[ ] Full Containment with Negative Pressure
[ ] Mini Enclos.
[ ] Glovebag Procedure
[ ] Non-Friable Procedure

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

in Facility (13)

1ST FLOOR CORRIDOR

Is Location normally used solely by Maint/Custodial Staff (12)
Yes
No
N/A

Description of Asbestos-Containing Material (ACM)
(le. Thermal systems insulation, surfacing, VAT, or other miscellaneous)

Amount
(Specify
SF or LF)

Abatement Type

<table>
<thead>
<tr>
<th>Material</th>
<th>Amount (SF or LF)</th>
<th>Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACM MASTIC</td>
<td>5,720 SF</td>
<td>X</td>
</tr>
<tr>
<td>PIPE FITTINGS</td>
<td>489 LF</td>
<td>X</td>
</tr>
<tr>
<td>DUCT INSULATION</td>
<td>400 SF</td>
<td>X</td>
</tr>
<tr>
<td>PIPE SADDLES</td>
<td>6 LF</td>
<td>X</td>
</tr>
<tr>
<td>DUCT SEAM MASTIC</td>
<td>12 SF</td>
<td>X</td>
</tr>
<tr>
<td>PIPE INSULATION</td>
<td>250 LF</td>
<td>X</td>
</tr>
<tr>
<td>FIRE DOORS (40)</td>
<td>800 SF</td>
<td>X</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
FREEHOLD CARTAGE, INC.

Hauler ID No.
15939

City, State
FREEHOLD, NEW JERSEY

Name of Registered Landfill
LYCOMING COUNTY RESOURCE MANAGEMENT SERVICES

City, State
MONTGOMERY, PA 17752

Disposal Date
11/29/17-11/15/18

Completed by (Print or Type)
BENJAMIN SANCHEZ

Title
DIRECTOR OF OPERATIONS

Signature

Date 3/5/18
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1)
1 / 4 /18

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

Agencies Notified

- EPA
- DEP
- DOL
- DOH
- DCA

Type Notification
- Initial Notification
- Amended Notification #2
- Cancellation
- On Hold
- EMERGENCY NOTIFICATION

Street Address
126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414

City, State, Zip Code
RAHWAY, NEW JERSEY 07065

Name of Contact
PATRICIA JOHNSON
Telephone Number
732-594-2257

FACILITY INFORMATION

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

Street Address
126 EAST LINCOLN AVENUE - BUILDING 80N

City (5) RAHWAY
County (6) UNION
County Code (7) (STATE USE ONLY)

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

ASCM No. 104

Name of Abatement Contractor (9)
PAR ENVIRONMENTAL CORPORATION

Street Address
SPARTA, NEW JERSEY 07861
City, State, Zip Code

Project Manager for Monitoring Firm
WILLIAM S. KERBEL, CPH
Telephone Number
973-729-5649

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

Square Feet
40,000
# of Floors
1
Bldg. Age
65

Current Use (Prior if being demolished)
COMMERCIAL

License Number
1101

Name of OSHA Monitor
AMERISCI LABORATORIES INC #11480

Expected State Date (10) 1 / 5 /18
Sched. Completion Date (11) 11 / 15 /18

Month Day Year
Month Day Year

Occupancy Status During Abatement (Check only one)
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours - Describe:
  MONDAY-FRIDAY 5PM-1AM
  SATURDAY 7AM-3:30PM
- Other - Describe:

Scope of Work (Check all that apply)
- Demolition
- Renovation
- >3SF OR LF
- >160 SF OR 200 LF

Location of Asbestos-containing Material (ACM)

TO BE ABATED

1ST FLOOR CORRIDOR

Location normally used solely by Maint/Custodial Staff (12)

Yes No N/A

Is Location

AACM MASTIC

Description of Asbestos-Containing Material (ACM)

(ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)

Amount (Specify SF or LF)

5,720 SF

Abatement Type

X

ENCLOSURE

REPAIR

REMOVAL

X

Min Endo.

Glovebag Procedure

Non-Friable Procedure

Name of Registered Waste Hauler
FREEHOLD CARTAGE, INC.
825 HIGHWAY 33

Cubic Yards of Waste
120

Name of Registered Landfill
LYCOMING COUNTY RESOURCE MANAGEMENT SE
447 ALEXANDER DRIVE/ROUTE 15

City, State
FREEHOLD, NEW JERSEY

Disposal Date
11/28/17-11/15/18

City, State
MONROE, PA 17752

Completed by (Print or Type)
BENJAMIN SANCHEZ
Title
DIRECTOR OF OPERATIONS

Signature
11/14/18
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:50-7 and 12:120-7)

Date of Notification (1)

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
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<tbody>
<tr>
<td>EPA</td>
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<td>DEP</td>
<td>Amended Notification</td>
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<td>DOL</td>
<td>Cancellation</td>
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<tr>
<td>DOH</td>
<td>On Hold #1</td>
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<tr>
<td>DCA</td>
<td>EMERGENCY NOTIFICATION</td>
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</table>

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

Street Address
126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414

City, State, Zip Code
RAHWAY, NEW JERSEY 07075

Name of Contact
PATRICIA JOHNSON
Telephone Number
732-594-2257

FACILITY INFORMATION

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

Street Address
126 EAST LINCOLN AVENUE - BUILDING 80N

City (5) County (6) County Code (7) (STATE USE ONLY)
RAHWAY UNION ASCM No. 104

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

Expected State Date (10)

<table>
<thead>
<tr>
<th>Month</th>
<th>Day</th>
<th>Year</th>
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<td>17</td>
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Sched. Completion Date (11)

<table>
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<th>Month</th>
<th>Day</th>
<th>Year</th>
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</thead>
<tbody>
<tr>
<td>11</td>
<td>15</td>
<td>18</td>
</tr>
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</table>

Occupancy Status During Abatement (Check only one)

- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours - Describe:
- Other - Describe: MONDAY - FRIDAY 5PM-1AM SATURDAY 7AM-3:30 PM

Scope of Work (Check all that apply)

- Demolition
- >3SF OR LF
- >160 SF OR 260 LF
- Renovation
- Full Containment with Negative Pressure
- Mini Enclo,
- Glovebag Procedure
- Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Facility (13)</th>
<th>Is Location normally used solely by Maint/Custodial Staff (12)</th>
<th>Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
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</thead>
<tbody>
<tr>
<td>1ST FLOOR CORRIDOR</td>
<td>X</td>
<td>ACM MASTIC</td>
<td>5,720 SF</td>
<td>X</td>
</tr>
<tr>
<td>1ST FLOOR CORRIDOR</td>
<td>X</td>
<td>PIPE FITTINGS</td>
<td>489 LF</td>
<td>X</td>
</tr>
<tr>
<td>1ST FLOOR CORRIDOR</td>
<td>X</td>
<td>DUCT INSULATION</td>
<td>400 SF</td>
<td>X</td>
</tr>
<tr>
<td>1ST FLOOR CORRIDOR</td>
<td>X</td>
<td>PIPE SADDLES</td>
<td>6 LF</td>
<td>X</td>
</tr>
<tr>
<td>1ST FLOOR CORRIDOR</td>
<td>X</td>
<td>DUCT SEAM MASTIC</td>
<td>12 SF</td>
<td>X</td>
</tr>
<tr>
<td>1ST FLOOR CORRIDOR</td>
<td>X</td>
<td>PIPE INSULATION</td>
<td>250 LF</td>
<td>X</td>
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<tr>
<td>1ST FLOOR CORRIDOR</td>
<td>X</td>
<td>FIRE DOORS (40)</td>
<td>800 SF</td>
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</tbody>
</table>

Name of Registered Waste Hauler
FREEHOLD CARTAGE, INC.
825 HIGHWAY 33

Cubic Yards of Waste
120

Name of Registered Landfill
LYCOMING COUNTY RESOURCE MANAGEMENT SE 447 ALEXANDER DRIVE ROUTE 15

City, State
FREEHOLD, NEW JERSEY

Disposal Date
11/29/17-11/15/18

Completed by (Print or Type)
BENJAMIN SANCHEZ
Title
DIRECTOR OF OPERATIONS
Signature

DECEIVED

Date 11/28/17
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1)  

11 / 15 /17

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

Street Address  
126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414

City, State, Zip Code  
RAHWAY, NEW JERSEY 07085

Name of Contact  
PATRICIA JOHNSON

Telephone Number  
732-894-2257

FACILITY INFORMATION

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

Type of Facility (4)  
X Other (ie. private & commdl. bldgs., homes, etc.)

Street Address  
126 EAST LINCOLN AVENUE - BUILDING 80N

Square Feet  
40,000

City (5)  
RAHWAY

County (6)  
UNION

County Code (7)  
004

Current Use (Prior if being demolished)  
COMMERCIAL

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

ASCM No.  
104

Name of Abatement Contractor (9)  
PAR ENVIRONMENTAL CORPORATION

Street Address  
313 SPOOK ROCK ROAD

City, State, Zip Code  
SPARTA, NEW JERSEY 07871

License Number  
1101

Project Manager for Monitoring Firm  
WILLIAM S. KERBEL, CIH

Telephone Number  
973-729-5649

Telephone Number  
845-369-7500

Name of OSHA Monitor  
AMERISCHE LABORATORIES INC

License Number  
# 11480

City, State, Zip Code  
SUFFERN, NEW YORK 10901

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

Month Day Year  
11 / 26 /17

Name of OSHA Monitor  
AMERISCHE LABORATORIES INC

Street Address  
117 EAST 10TH STREET

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

Sched. Completion Date (11)  
11 / 15 /18

Scope of Work (Check all that apply)  
X Renovation

Expected State Date (10)  
11 / 26 /17

Other - Describe:  
MONDAY - FRIDAY 5PM-7AM  
SATURDAY 7AM-3:30 PM

Full Containment with Negative Pressure

X 3SF OR LF

Other - Describe:  

X >160 SF OR 260 LF

X Non-Friable Procedure

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

Is Location normally used solely by Maint/Custodial Staff (12)  
Yes No N/A

Description of Asbestos-Containing Material (ACM)  
(Acceptable Materials or other miscellaneous)

Amount (Specify SF or LF)  
Abatement Type

<table>
<thead>
<tr>
<th>Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)</th>
<th>Is Location normally used solely by Maint/Custodial Staff (12)</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
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<tbody>
<tr>
<td>1ST FLOOR CORRIDOR</td>
<td>X</td>
<td>ACM MASTIC</td>
<td>5,720 SF</td>
<td>X</td>
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<tr>
<td>1ST FLOOR CORRIDOR</td>
<td>X</td>
<td>PIPE FITTINGS</td>
<td>489 LF</td>
<td>X</td>
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<tr>
<td>1ST FLOOR CORRIDOR</td>
<td>X</td>
<td>DUCT INSULATION</td>
<td>400 SF</td>
<td>X</td>
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<td>PIPE INSULATION</td>
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<td>1ST FLOOR CORRIDOR</td>
<td>X</td>
<td>FIRE DOORS</td>
<td>800 SF</td>
<td>X</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler  
FREEHOLD CARTAGE, INC.

Cubic Yards of Waste  
120

Name of Registered Landfill  
LYCOMING COUNTY RESOURCE MANAGEMENT SE

447 ALEXANDER DRIVE/ROUTE 15

City, State  
FREEHOLD, NEW JERSEY

Disposal Date  
11/28/17-11/15/18

Completed by (Print or Type)  
BENJAMIN SANCHEZ

Title  
DIRECTOR OF OPERATIONS

Signature  
888

Date  
11/15/17
Date of Notification (1) 3/29/18

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

Type Notification
- Initial Notification
- Amended Notification #5
- Cancellation
- On Hold
- EMERGENCY NOTIFICATION

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

Street Address
126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414

City, State, Zip Code
RAHWAY, NEW JERSEY 07065

Name of Contact
PATRICIA JOHNSTON

Telephone Number
732-594-2257

FACILITY INFORMATION

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

Street Address
126 EAST LINCOLN AVENUE - BUILDING 80N

City (5) RAHWAY

County (6) UNION

County Code (7) (STATE USE ONLY)

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

Square Feet
40,000

# of Floors
1

Bldg. Age
65

Current Use (Prior if being demolished)
COMMERCIAL

Name of Abatement Contractor (9)
PAR ENVIRONMENTAL CORPORATION

Street Address
313 SPOOK ROCK ROAD

City, State, Zip Code
SUFFERN, NEW YORK 10901

Telephone Number
845-369-7500

License Number
1101

Expected State Date (10)
1/5/18

Sched. Completion Date (11)
11/15/18

Occupancy Status During Abatement (Check only one)

X Facility Closed/Vacated During Entire Period of Abatement

Abatement Performed Outside of Normal Facility Hours - Describe:
MONDAY-FRIDAY 5PM-1AM
SATURDAY 7AM-3:30 PM

Scope of Work (Check all that apply)

Demolition

X Renovation

>3SF OR LF

Other - Describe:

>160 SF OR 260 LF

Location of Asbestos-containing Material (ACM)

TO BE ABATED

In Facility (13)

Is Location normally used solely by Main/Custodial Staff (12)

Yes

No

N/A

Description of Asbestos-Containing Material (ACM)

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

Amount

(Specify SF or LF)

Abatement Type

REMOVAL

REPAIR

ENCAPSULATION

EXCAVATION

1ST FLOOR CORRIDOR

X ACM MASTIC

complete

5,720 SF

X

1ST FLOOR CORRIDOR

X PIPE FITTINGS

489 LF

X

1ST FLOOR CORRIDOR

X DUCT INSULATION

400 SF

X

1ST FLOOR CORRIDOR

X PIPE SADDLES

6 LF

X

1ST FLOOR CORRIDOR

X DUCT SEAM MASTIC

12 SF

X

1ST FLOOR CORRIDOR

X PIPE INSULATION

250 LF

X

1ST FLOOR CORRIDOR

X FIRE DOORS

800 SF

X

Name of Registered Waste Hauler
FREEHOLD CARTAGE, INC.

285 HIGHWAY 33

City, State
FREEHOLD, NEW JERSEY

Cubic Yards of Waste
120

Disposal Date
11/29/17-11/15/18

Name of Registered Landfill
LYCOMING COUNTY RESOURCE MANAGEMENT SE

447 ALEXANDER DRIVE/ROUTE 15

City, State
MONTGOMERY, PA 17752

Completed by (Print or Type)
 BENJAMIN SANCHEZ

Title
DIRECTOR OF OPERATIONS

Signature

Date 3/29/18
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification: 6/15/18

Name of Building Owner/Operator: MERCK SHARP & DOHME CORP.

Address: 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414

City, State, Zip Code: RAHWAY, NEW JERSEY 07065

Name of Contact: PATRICIA JOHNSON

Telephone Number: 732-594-2257

FACILITY INFORMATION

Name of Facility Where Abatement Is Taking Place: MERCK SHARP & DOHME CORPORATION

Street Address: 126 EAST LINCOLN AVENUE - BUILDING 80N

City: RAHWAY

County: UNION

County Code: 078

State Use Only: N/A

Type of Facility: COMMERCIAL

Square Feet: 40,000

# of Floors: 1

Bldg. Age: 85

Expected State Date: 6/22/18

Sched. Completion Date: 11/15/18

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

Scope of Work: Demolition

Description of Asbestos-Containing Material (ACM):

TO BE ABATED:

1ST FLOOR CORRIDOR: ACM Mastic

2ST FLOOR CORRIDOR: Duct Insulation

Location of Asbestos-Containing Material (ACM):

TO BE ABATED in Facility:

1ST FLOOR CORRIDOR: Duct Insulation

Amount: 5,720 SF

Abatement Type: REMOVAL

ENCLOSURE:

Name of Registered Waste Hauler: FREEHOLD CARTAGE, INC.

Hauler ID No.: 19393

Cubic Yards of Waste: 130

Disposal Date: 11/29/17-11/15/18

City, State: FREEHOLD, NEW JERSEY

Name of Registered Landfill: LYCOMING COUNTY RESOURCE MANAGEMENT SE

Disposal Date: 11/29/17-11/15/18

City, State: MONTGOMERY, PA 17752

Signature: [Signature]

Date: 6/15/18

Title: DIRECTOR OF OPERATIONS
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1)
6 / 27 /18

Agencies Notified
EPA
DEP
X DOL
DOH
DCA

Type Notification
Initial Notification
Amended Notification #7
Cancellation
On Hold
EMERGENCY NOTIFICATION

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

Name of Building Address
126 E. LINCOLN AVENUE, P.O. BOX 2000, RY23-414

City, State, Zip Code
RAHWAY, NEW JERSEY 07065

Name of Contact
PATRICIA JOHNSON
Telephone Number
732-594-2257

FACILITY INFORMATION

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

Street Address
126 EAST LINCOLN AVENUE - BUILDING 80N

City (5)
RAHWAY

County (6)
UNION

County Code (7) (STATE USE ONLY)

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

ASCM No.
104

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

Square Feet
40,000

# of Floors
1

Bldg. Age
85

Current Use (Prior if being demolished)
COMMERCIAL

Name of Abatement Contractor (9)
PAR ENVIRONMENTAL CORPORATION

Street Address
313 SPOOK ROCK ROAD

City, State, Zip Code
SUFFERN, NEW YORK 10901

Name of OSHA Monitor
AMERISCI LABORATORIES INC

Telephone Number
845-369-7500

License Number
1101

Project Manager for Monitoring Firm
WILLIAM S. KERBEL, CIC

Telephone Number
973-729-5649

Expected State Date (10)
6 / 22 /18

Sched. Completion Date (11)
11 / 15 /18

Month
Day
Year

Occupancy Status During Abatement (Check only one)
X Facility Closed/Vacated During Entire Period of Abatement
X Abatement Performed Outside of Normal Facility Hours - Describe:
FRI 5PM-1AM, SAT 7AM-3:30PM
X Other - Describe:

Scope of Work (Check all that apply)

Demolition
X Renovation

3SF OR LF
X 280 LF

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

X 1ST FLOOR CORRIDOR
X 1ST FLOOR CORRIDOR
X 1ST FLOOR CORRIDOR
X 1ST FLOOR CORRIDOR
X 1ST FLOOR CORRIDOR

X FLOOR MASTIC
X PIPE FITTINGS
X DUCT INSULATION
X PIPE SADDLES
X DUCT SEAM MASTIC
X PIPE INSULATION
X FIRE DOORS (40)

Is Location normally used solely by Maint/Custodial Staff (12)
Yes
No
N/A

Location normally used solely by Maint/Custodial Staff (12)

Description of Asbestos-Containing Material (ACM)
X ACM MASTIC
X PIPE FITTINGS
X DUCT INSULATION
X PIPE SADDLES
X DUCT SEAM MASTIC
X PIPE INSULATION
X FIRE DOORS (40)

X FLOOR MASTIC

Amount
5,720 SF
489 LF
400 SF
6 LF
12 SF
250 LF
800 SF
55 SF

Abatement Type
REMOVAL
REPAIR
ENCAPSUL
ENCLOUS

Name of Registered Waste Hauler
FREEHOLD CARTAGE, INC.

825 HIGHWAY 33
FREEHOLD, NEW JERSEY

Cubic Yards of Waste
130

Disposal Date
11/29/17-11/15/18

Name of Registered Landfill
LYCOMING COUNTY RESOURCE MANAGEMENT DEP.
447 ALEXANDER DRIVE/ROUTE 15
MONTGOMERY, PA 17752

Title
DIRECTOR OF OPERATIONS

Signature

Date
07/17/18
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1) 7 / 12 /18

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
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</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial Notification</td>
</tr>
<tr>
<td>DEP</td>
<td>Amended Notification #8</td>
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<tr>
<td>DOL</td>
<td>Cancellation</td>
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<td>DOH</td>
<td>On Hold</td>
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<tr>
<td>DCA</td>
<td>EMERGENCY NOTIFICATION</td>
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</table>

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

Street Address 128 E. LINCOLN AVENUE, P.O. BOX 2000, LR26-414

City, State, Zip Code RAHWAY, NEW JERSEY 07085

Name of Contact PATRICIA JOHNSON Telephone Number 732-594-2257

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

Street Address 126 EAST LINCOLN AVENUE - BUILDING 80N

City (5) RAHWAY County (6) UNION County Code (7) STATE USE ONLY

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

ASCM No. 104

Street Address 655 WEST SHORE TRAIL

City, State, Zip Code SPARTA, NEW JERSEY 07871

Project Manager for Monitoring Firm WILLIAM S. KERBEL, CIH Telephone Number 973-729-5649

Expected State Date (10) 7 / 16 /18 Sched. Completion Date (11) 11 / 15 /18

Month Day Year Month Day Year

Occupancy Status During Abatement (Check only one)

X Facility Closed/Vacated During Entire Period of Abatement

X Abatement Performed Outside of Normal Facility Hours - Describe:

Other - Describe: FRIDAY 6PM-1AM SATURDAY 7AM-3:30 PM

Scope of Work (Check all that apply)

X Demolition

X Renovation

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

in Facility (13)

1ST FLOOR CORRIDOR

X ACM MASTIC complete 5,720 SF

X PIPE FITTINGS complete 489 LF

X DUCT INSULATION complete 400 SF

X PIPE SADDLES complete 6 LF

X DUCT SEAM MASTIC complete 12 SF

X PIPE INSULATION complete 250 LF

X FIRE DOORS (40) 800 SF

1ST FLOOR CORRIDOR

X FLOOR MASTIC complete 55 LF

Name of Registered Waste Hauler FREEHOLD CARTAGE, INC.

DOL - 33 825 HIGHWAY 33 LIVINGSTON, NJ 07039

Disposal Date 11/29/17-11/15/18

Name of Registered Landfill LIVINGSTON COUNTY RESOURCE MANAGEMENT SE 447 ALEXANDER DRIVE/ROUTE 15

City, State FREEHOLD, NEW JERSEY MONTGOMERY, PA 17752

Completed by (Print or Type) BENJAMIN SANCHEZ Title DIRECTOR OF OPERATIONS Signature 11/14/18
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) 07 / 13 / 18
Name of Building Owner/Operator (2) Spring Lake Custom Homes, LLC

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

Type Notification
☒ Initial
□ Amended
□ Emergency (including justification)
□ Cancellation

Street Address
P O Box 80

City, State, Zip Code
Spring Lake, NJ 07762

Name of Contact
Ed Hale

Telephone Number
732-814-9778

FACILITY INFORMATION

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

Structure Address
Spring Lake

City (5)

County (6)
Monmouth

County Code (7) (STATE USE ONLY)

Current Use (Prior if being demolished)
Residence

Name of Monitoring Firm Hired by Building Owner (8)
Guardian Contracting, Inc.

ASCM No.

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

Street Address
1889 Rte. 9, Unit 61

City, State, Zip Code
Toms River, New Jersey 08755

Project Manager for Monitoring Firm
Nicholas Fernicola

Telephone No.
732-349-9932

License No.
732-349-9932

Address No.
00624

Name of OSHA Monitor
E.M.S.L. Analytical

Street Address
1066 Steilton

City, State, Zip Code
Piscataway, New Jersey 08854

Scope of Work (Check all that apply)
☐ ≥ 3 sf or ≥ 3 ft
☒ ≥ 160 sf or ≥ 260 sf

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

□ Renovation
□ Demolition

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

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

Description of Location
asbestos floor tile

Amount (Specify SF or LF)
264 sf

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

Endorsement

☐ Removal
☐ Repair
☐ Encapsulate

Name of Registered Waste Hauler
Guardian Contracting, Inc.

NUDEP Waste Hauler ID No. 20223

Cubic Yards of Waste
15

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

Disposal Date
08/03/18

City, State
Tullytown, Pennsylvania

Completed By (Print or Type)
Nicholas Fernicola

Title
Project Manager

Signature

Date
7/13/18

* Do not use this form for asbestos licensure exempted activities.
Date of Notification (1) 07/13/2018

Name of Building Owner/Operator (2) Robert Kunz

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

Street Address

City, State, Zip Code Boonton, NJ 07005

Name of Contact Robert Kunz

Telephone Number

FACILITY INFORMATION

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

Street Address

City Boonton

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

County (6) Morris

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

Current Use (Prior if being demolished) House

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

ASCM No. 0

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) 07/28/2018

Scheduled Completion Date (11) 07/28/2018

Name of OSHA Monitor D&S Abatement, Inc.

Street Address 11 Rosengren Avenue

City, State, Zip Code Totowa, NJ 07512

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

Scope of Work (Check All That Apply)
- ≥3 sf or ≥3 ft
- ≥180 sf or ≥260 ft
- Removal
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

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

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

Amount (Specify SF or LF) 200 LF

Abatement Type

Name of Registered Waste Hauler

D&S Abatement, Inc.

Name of Registered 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

City, State Morrisville, NJ

Completed by Oliver Hegedus

Title Project Manager

Signature 07/13/2018

* 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)**
07/13/2018

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

**Agency/Agency (3)**
- [X] EPA
- [X] DEP
- [X] DOL
- [X] DOH
- [ ] DCA

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

**Street Address**

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

**Name of Contact**
Garry Russel

**Telephone Number**

---

**FACILITY INFORMATION**

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

**Square Feet**
N/A

**# of Floors**
N/A

**Bldg. Age**
N/A

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

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

**County Code (7)**
(current state use only)

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

**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**
N/A

**Telephone No.**
973-345-8665

**License No.**
01311

**Start Date (10)**
07/24/2018

**Scheduled Completion Date (11)**
07/25/2018

**Occupy 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)**
- [ ] ≥ 30 sq ft or ≥ 30 ft
- [X] ≥ 150 sq ft or ≥ 260 ft
- [X] Renovation
- [ ] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

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

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

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

**Amount (Specify SF or LF)**
1230 SF

**Abatement Type**
- [ ] Removal
- [ ] Repair
- [ ] Encapsulate
- [ ] Endure

---

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

**Cubic Yards of Waste**
TBD

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

**City, State**
Totowa, NJ

**Disposal Date**
TBD

**Completed by**
Ned Joksimovic

**Title**
Project Manager

**Signature**

**Date**
07/13/2018

---

* 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)

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<tr>
<th>Date of Notification (1)</th>
<th>07/13/2018</th>
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<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Baris Tikiz</td>
</tr>
<tr>
<td>Agencies Notified</td>
<td>EPA, DEP, DOL, DOH, DCA</td>
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<tr>
<td>Type Notification</td>
<td>Initial</td>
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<tr>
<td>Street Address</td>
<td>[Redacted]</td>
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<tr>
<td>City, State, Zip Code</td>
<td>Springfield, NJ 07081</td>
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<tr>
<td>Name of Contact</td>
<td>Baris Tikiz</td>
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<tr>
<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>House</th>
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<td>Street Address</td>
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<tr>
<td>City (5)</td>
<td>Springfield</td>
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<tr>
<td>County (6)</td>
<td>Union</td>
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<td>County Code (7)</td>
<td>[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>
<td>Name of Abatement Contractor (9)</td>
<td>D&amp;S Abatement, Inc.</td>
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<tr>
<td>Street Address</td>
<td>11 Rosengren Avenue</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Totowa, NJ 07512</td>
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<tr>
<td>Project Manager for Monitoring Firm</td>
<td>[Redacted]</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>973-345-8685</td>
</tr>
<tr>
<td>License No.</td>
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<tr>
<td>Start Date (10)</td>
<td>07/23/2018</td>
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<tr>
<td>Scheduled Completion Date (11)</td>
<td>07/24/2018</td>
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<tr>
<td>Occupancy Status During Abatement (Check Only One)</td>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
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<tr>
<td>Other – Describe</td>
<td>Occupied</td>
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</table>

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

- [X] [≥ 23 sf or ≥ 23 ft²]
- [X] Renovation
- [ ] Demolition
- [ ] Full Containment with Negative Pressure Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED</th>
<th>In Facility (13)</th>
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</thead>
<tbody>
<tr>
<td>Yes</td>
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<tr>
<td>Basement</td>
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<td>[ ]</td>
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Name of Registered Waste Hauler:
D&S Abatement, Inc.

<table>
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<tr>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
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<td>TBD</td>
<td>Waste Management of PA</td>
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<td>Disposal Date</td>
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<tr>
<td>City, State</td>
<td>Morrisville, NJ</td>
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</table>

Completed by:
Ned Joksimovic
Title: Project Manager
Signature: [Signature]
Date: 07/13/2018

*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)
07/13/2018

Name of Building Owner/Operator (2)
Joe Lee

Agencies Notified
EPA

Type Notification
Initial

Street Address
City, State, Zip Code
Palisades Park, NJ 07650

Name of Contact
Joe Lee

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

House

Square Feet
N/A

City (6)
Palisades Park

# of Floors
N/A

County (6)
Bergen

Bldg. Age
N/A

County Code (7)
(STATE USE ONLY)

Current Use (Prior if being demolished)
House

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

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

ASCM No.

Street Address
11 Rosengren Avenue

City, State, Zip Code
Totowa, NJ 07512

Project Manager for Monitoring Firm

Telephone No.
973-345-6685

License No.
01311

Start Date (10)
07/17/2018

Scheduled Completion Date (11)
07/22/2018

Name of OSHA Monitor
D&S Abatement, Inc.

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)

Renovation
Demolition

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

Location of Asbestos-Containing Material (ACM)
LOCATION 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, suracing, VAT, or other miscellaneous)
Felt Paper

Amount
1200 SF

Abatement Type
Removal

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

Disposal Date
TBD

City, State, Zip Code
Totowa, NJ 07512

Name of Registered Landfill
Waste Management of PA

City, State, Zip Code
Morrisonville, NJ

Completed by
Ned Joksimovic
Title
Project Manager
Signature

Date
07/13/2018

* 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)**
07/13/2018

**Name of Building Owner/Operator (2)**
DRC Development, Corp.

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

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

**Street Address**
131 East Brinkerhoff Avenue

**City, State, Zip Code**
Palisades Park, NJ 07650

**Name of Contact**
David Lorenzo

**Telephone Number**
551-486-0560

**FACILITY INFORMATION**

<table>
<thead>
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<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Type of Facility (4)</th>
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<td>House</td>
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<th>Street Address</th>
<th>Square Feet</th>
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<td>Palisades Park</td>
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<tr>
<th>City (5)</th>
<th># of Floors</th>
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<td>Bergen</td>
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<th>County (6)</th>
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<tr>
<th>County Code (7) (STATE USE ONLY)</th>
<th>Current Use (Prior if being demolished)</th>
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<tr>
<td>Bergen</td>
<td>House</td>
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<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
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<th>Name of Abatement Contractor (9)</th>
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<th>Street Address</th>
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<td>11 Rosengren Avenue</td>
<td>973-345-8665</td>
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| License No.                                         | 01311        |

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<td>07/15/2018</td>
<td>07/29/2018</td>
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<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Name of OSHA Monitor</th>
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<td>D&amp;S Abatement, Inc.</td>
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<td>973-345-8665</td>
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| License No.                                         | 01311        |

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<th>City, State, Zip Code</th>
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<tbody>
<tr>
<td>Totowa, NJ 07512</td>
<td>973-345-8665</td>
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| License No.                                         | 01311        |

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<tr>
<th>City, State, Zip Code</th>
<th>Name of OSHA Monitor</th>
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<td>Totowa, NJ 07512</td>
<td>D&amp;S Abatement, Inc.</td>
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<table>
<thead>
<tr>
<th>Scope of Work (Check All That Apply)</th>
<th>Full Containment with Negative Pressure</th>
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<tbody>
<tr>
<td>x ≥30 sf or ≥3 if</td>
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<tr>
<td>x ≥150 sf or ≥260 if</td>
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<td>x Renovation</td>
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</tr>
<tr>
<td>x Demolition</td>
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<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM)</th>
<th>Description of Asbestos Containing Material (ACM)</th>
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<tbody>
<tr>
<td>TO BE ABATED</td>
<td>(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
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<tr>
<td>In Facility (13)</td>
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</thead>
<tbody>
<tr>
<td>TO BE ABATED</td>
<td>(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
</tr>
<tr>
<td>In Facility (13)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>900 SF</td>
<td>Removal</td>
</tr>
</tbody>
</table>

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

**City, State**
Totowa, NJ

**Disposal Date**
TBD

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

**City, State**
Morrisville, NJ

**Completed by**
Ned Joksimovic
**Title**
Project Manager
**Signature**

Date: 07/13/2018

* Do not use this form for asbestos licensure exempted activities.
## State of New Jersey
### NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:66 and 12:128)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>7/13/18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>J. Eileen Mercer</td>
</tr>
<tr>
<td>Street Address</td>
<td>[Redacted]</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Kearny, NJ 07032</td>
</tr>
</tbody>
</table>

### FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>J. Eileen Mercer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>[Redacted]</td>
</tr>
<tr>
<td>City (5)</td>
<td>Kearny</td>
</tr>
<tr>
<td>County (6)</td>
<td>Hudson</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>ASCM No.</td>
</tr>
<tr>
<td>Street Address</td>
<td>[Redacted]</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>[Redacted]</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>[Redacted]</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>[Redacted]</td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>7/27/18</td>
</tr>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>7/28/19</td>
</tr>
<tr>
<td>Occupancy Status During Abatement (Check Only One)</td>
<td>[Redacted]</td>
</tr>
<tr>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
<td>[Redacted]</td>
</tr>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours</td>
<td>[Redacted]</td>
</tr>
<tr>
<td>Other - Describe:</td>
<td>[Redacted]</td>
</tr>
<tr>
<td>Square Feet</td>
<td>2000</td>
</tr>
<tr>
<td># of Floors</td>
<td>2</td>
</tr>
<tr>
<td>Bidg. Age</td>
<td>1940</td>
</tr>
<tr>
<td>Current Use (Prior if being demolished)</td>
<td>Residence</td>
</tr>
</tbody>
</table>

### TYPE OF FACILITY

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

### 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
- Glovebox Procedure
- Non-Exempted (*) and Non-Friable Procedure

### LOCATION OF ASBESTOS-CONTAINING MATERIAL (ACM) TO BE ABATED

- In Facility
- [ ] Basement
- [ ] Thermal System Insulation

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

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

### Amount (Specify SF or LF)

- [ ] 78 LF

### Abatement Type

- Removal
- Regrind
- Encapsulation
- Enclosure

### Name of Registered Waste Hauler

- Best Removal Inc
- NJDEP Waste Hauler ID No. 17109
- Cubic Yards of Waste 7/207

### Name of Registered Landfill

- Minerva Enterprises, LLC
- Waynesburg, OH 44688

Completed by

- J. Maiorano
- Title: Estimator
- Signature: [Signature]
- Date: 7/13/18

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

### Date of Notification
- 7 / 12 / 18

### Agencies Notified
- ✓ EPA
- ✓ DOLWD
- ✓ DOH
- ✓ DCA (NJAC 5:23-6)

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

### Name of Building Owner/Operator
- Arconic

### Street Address
- 9 Roy Street

### City, State, Zip Code
- Dover, NJ 07801

### Name of Contact
- Charlie Pressner
- Telephone Number: 973-528-4713

### FACILITY INFORMATION

#### Name of Facility Where Abatement is Taking Place
- Arconic

#### Street Address
- 9 Roy Street

#### City (5)
- Dover

#### County (6)
- Morris

#### County Code (7)(STATE USE ONLY)
- Current Use (Prior if being demolished): Industrial

#### Name of Monitoring Firm Hired by Building Owner
- Hillmann Consulting, LLC

#### ASCM No.
- [Missing]

#### Name of Abatement Contractor
- Plymouth Environmental Co., Inc.

#### Street Address
- 923 Haws Ave.

#### City, State, Zip Code
- Norristown, PA 19401

#### Telephone No.
- (908) 378-0070

#### License No.
- 00398

#### Start Date
- 7 / 13 / 18

#### Scheduled Completion Date
- 7 / 13 / 18

#### 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: 7:00 AM - 3:30 PM, Midnight - 8:00 AM

#### Scope of Work (Check all that apply)
- ✓ 23 sq ft or >3 if
- ✓ 180 sq ft 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

<table>
<thead>
<tr>
<th>IN Facility</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exterior</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Transite pipe</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

### Description of Asbestos-Containing Material (ACM), (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
- Location: Exterior
- Amount (Specify SF or LF): 10 LF

### Name of Registered Waste Hauler
- Newark Carting
- NJDEP Waste Hauler ID No.: 4509

### Name of Registered Landfill
- GROWS

### Cubic Yards of Waste
- 5 CY

### Disposal Date
- 7/13/18

### City, State
- Newark, NJ

### Completed By (Print or Type)
- James M. Kelly
- Title: Vice President

### Signature
- [Signature]

### Date
- 7/13/18

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

Date of Notification (1):
07/13/18

Name of Building Owner/Operator (2):
Newark Broad, LLC

Street Address:
808 Montparnasse Place
City, State, Zip Code:
Newtown Square, PA 19073

Name of Contact:
Rob Murdock
Telephone Number:
610-986-3290

Name of Facility Where Abatement is Taking Place (3):
262-270 Broad Street

Street Address:
262-270 Broad Street & 257-261 Mt. Pleasant Avenue
City (5):
Newark

County (6):
Essex

County Code (7)(STATE USE ONLY):

Vacant commercial building

Type of Facility (4):
☐ School (K12)
☐ Subchapter B (Other than K12)
☒ Other (i.e., private and commercial buildings, homes, etc.)

Square Feet:
11,726
# of Floors:
1
Bldg. Age:
60+

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

ASCM No.:

Name of Abatement Contractor (9):
ELCON Environmental, Inc.

Street Address:
150 Glenwood Drive
City, State, Zip Code:
Washington Crossing, PA 18977

TelephoneNumber:
610-279-7070

License No.:
01225

Start Date (10):
07/30/2018

Scheduled Completion Date (11):
08/11/2018

Name of OSHA Monitor:
Same

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

Scope of Work (Check all that apply):
☐ ≥3 sf or ≥3 If
☐ ≥180 sf or ≥260 If
☒ Renovation
☐ Demolition

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

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

IN Facility (13):

<table>
<thead>
<tr>
<th>Location</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Roof</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Windows</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interior 1st floor &amp; partial basement</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Throughout interior</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler Service Transport Group:
NJDEP Waste Hauler ID No. SW2117

Cubic Yards of Asbestos-Containing Material (ACM) per room:

<table>
<thead>
<tr>
<th>Material</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Built-up roofing</td>
<td>11,608 SF</td>
</tr>
<tr>
<td>Glazing associated with windows</td>
<td>1,000 SF</td>
</tr>
<tr>
<td>Pipe insulation &amp; flue packing</td>
<td>200 LF &amp; 3SF</td>
</tr>
<tr>
<td>Floor tile and mastic</td>
<td>11,106 SF</td>
</tr>
</tbody>
</table>

Name of Registered Landfill:
Minerva Enterprises

City, State:
Waynesburg, OH

Completion Date:
07/13/18

* Do not use this form for asbestos licenses or impounded activities.
STATE OF NEW JERSEY DEPARTMENT OF LABOR NOTIFICATION OF ASBESTOS ABATEMENT

Date of Notification (1) 07/12/2018

Name of Building Owner/Operator (2) Sarah Egan-Wilson

Agencies Notified
( ) EPA
(X) NJDEP
(X) NJ DOL
(X) DOH
( ) DCA

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

Street Address

City, State, Zip Code
Nutley, NJ 07110

Name of Contact
Sarah Egan-Wilson

Tel. Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Residence
Sarah Egan-Wilson

City (5) Nutley
County (6) Essex
County Code (7) N/A
(State Use Only)

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

Entire Building: Sq. Feet: ~ 1700 SQFT # of Floors 2 Bldg. Age 80

Current Use (if being demolished):

Name of Owner (9)
Industrial Safety & Environmental Solutions, Inc.

Street Address
3300 Hudson Avenue

City, State, Zip Code
Union City, NJ 07087

Name of Contractor (9)
ISES, Inc.

Street Address
3300 Hudson Avenue

City, State, Zip Code
Union City, NJ 07087

Name of OSHA Monitor
ISES, Inc.

Scheduled Start Date (10) 07/13/2018
Scheduled Completion Date (11) 07/18/2018

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

Source of Work (Check all that apply)
( ) Demolition
( ) Renovation

(X) Full Containment with Negative Pressure
( ) Mini-Enclosure
(X) Glove-bag 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 or Custodial Staff? (12)
YES NO N/A

 Basement X Pipe TSI ~ 50 LF X

Name of Reg. Waste Hauler
Newark Carting
NJDEP Waste Hauler ID # 04509

Cubic Yards of Waste 5

Name of Reg. Landfill
Grand Central Sanitation
1963 Pen Argyl Road

City, State

Disp. Date 07/17/2018

Completed by (Print or Type)
David Camacho
Project Supervisor

Signature

Date 07/12/2018
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)
07 / 13 / 18
Name of Building Owner/Operator (2)
Dominick Grossano

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

Street Address

City, State, Zip Code
Hasbrouck Heights, NJ 07604

Name of Contact
Dominick Grossano

Telephone Number

FACILITY INFORMATION

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

Street Address

City (5)
Hasbrouck Heights, NJ 07604

County (6)

County Code (7) (STATE USE ONLY)

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.

Name of Abatement Contractor (9)
Gr Tech LLC

Street Address
576 Valley Rd #283

City, State, Zip Code
Wayne, NJ 07470

Project Manager for Monitoring Firm

Telephone No.
973-638-1777

License No.
01127

Start Date (10)
07 / 23 / 18
Scheduled Completion Date (11)
07 / 24 / 18

Name of OSHA Monitor
Envirovision Consultants, Inc

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

Street Address
20-21 Wagaraw Road, Bldg. #35E

City, State, Zip Code
Fair Lawn, NJ 07410

Scope of Work (Check all that apply)

☒ >3 sf or >3 lf
☐ ≥ 180 sf or ≥260 lf
☒ Renovation
☒ Demolition

Clean up and decontamination with negative pressure
Full Containment with Negative Pressure
Mini-Enclosure
Glovebag Procedure
Tent with Negative Pressure
Non-Exempted (*) and Non-Friable Procedure

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

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

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

Amount (Specify Sf or LF)

Abatement Type

Removal
Repair
Encapsulate
Endorse

Name of Registered Waste Hauler
Gr Tech LLC

N.J. DEP Waste Hauler ID No.
0033785

Cubic Yards of Waste
TBD

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

City, State
Wayne, NJ 07470

Disposal Date
TBD

Completed By (Print or Type)
N. Jevtic

Title
Owner

Signature

Date
07/13/18

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

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>7 / 11 / 18</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>New Jersey Department of Transportation Central</td>
<td></td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>Street Address</th>
<th>1035 Parkway Ave.</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State, Zip Code</td>
<td>Trenton NJ. 08625</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Contact</th>
<th>Keith Lurdy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone Number</td>
<td>856-498-5038</td>
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**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Route 295 Ramp &amp; Route 45 Ramp North</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>Route 45 &amp; I-295</td>
</tr>
<tr>
<td>City (5)</td>
<td>Woodbury</td>
</tr>
<tr>
<td>County (6)</td>
<td>Gloucester</td>
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</table>

<table>
<thead>
<tr>
<th>Square Feet</th>
<th># of Floors</th>
<th>Bidg. Age</th>
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</thead>
<tbody>
<tr>
<td>1000</td>
<td>1</td>
<td>+/- 70</td>
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<table>
<thead>
<tr>
<th>Type of Facility (4)</th>
<th>School (K-12)</th>
<th>Subchapter B (Other than K-12)</th>
<th>Other (i.e., private and commercial buildings, homes, etc.)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>ASCM No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>ATC Group Services</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Abatement Contractor (9)</th>
<th>USA Environmental Management, Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>8436 Enterprise Avenue</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Philadelphia, PA 19153</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>John Lutz</td>
<td>609-479-8513</td>
</tr>
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<table>
<thead>
<tr>
<th>License No.</th>
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<tbody>
<tr>
<td>1156</td>
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<table>
<thead>
<tr>
<th>Name of OSHA Monitor</th>
<th>USA Environmental Management, Inc</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>8436 Enterprise Avenue</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Philadelphia, PA 19153</td>
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</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 / 25 / 18</td>
<td>8 / 1 / 18</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
<th>Full Containment with Negative Pressure</th>
<th>Mini-Enclosure</th>
<th>Glovebox Procedure</th>
<th>Non-Exempted (*) and Non-Friable Procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td>[x] 23 sf or ≥3 ft</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>[x] 160 sf or ≥260 ft</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Renovation</td>
<td>□</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Demolition</td>
<td>□</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>North Side Abutment</th>
<th>[x] Vapor/Moisture Barrier</th>
<th>50 SF</th>
</tr>
</thead>
<tbody>
<tr>
<td>South Side Abutment</td>
<td>[x] Vapor/Moisture Barrier</td>
<td>50 SF</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler Service Transport</th>
<th>NJDEP Waste Hauler ID No.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Cubic Yards of Waste 2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
<th>Minerva Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State</td>
<td>New Castle DE.</td>
</tr>
<tr>
<td>Disposal Date</td>
<td>8/1/18</td>
</tr>
<tr>
<td>City, State</td>
<td>Waynesburg OH.</td>
</tr>
</tbody>
</table>

**Completed By (Print or Type)**

Kevin Meldrum

**Title**

Project Manager

**Signature**

**Date**

7-11-18

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>6/12/18</th>
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</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Name of Building Owner / Operator</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA/DOL/DEP/DOH/DCA</td>
<td>Initial</td>
<td>Macy's Inc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Name of Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 West Seventh Street</td>
<td>Tia Wenrich</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State &amp; Zip Code</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cincinnati, OH 45202</td>
<td>(513) 579-7241</td>
</tr>
</tbody>
</table>

### FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Type of Facility (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Macy's Store</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>County (6)</th>
<th>County Code (7)</th>
<th>Current Use (Prior if being demolished)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000 Route 38, Suite 200</td>
<td>Camden</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City (5)</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cherry Hill</td>
<td>856-656-2875</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>ASCM No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pennoni Associates, Inc.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>License Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>515 Grove St.</td>
<td>00509</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State &amp; Zip Code</th>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Haddon Heights, NJ 08035</td>
<td>Bristol Environmental, Inc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Telephone Number</th>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>(215) 788-6040</td>
<td>1123 Beaver Street</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of OSHA Monitor</th>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bristol Environmental Inc.</td>
<td>Bristol, PA 19007</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scheduled Start Date (10)</th>
<th>Name of Registered Waste Hauler</th>
</tr>
</thead>
<tbody>
<tr>
<td>6/26/18</td>
<td>New Castle, Delaware</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Service Transport Inc.</th>
<th>Cubic Yards of Waste</th>
</tr>
</thead>
<tbody>
<tr>
<td>NJDEP Waste Hauler ID No.</td>
<td>25 Cu Yd</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Disposal Date</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>7/10/18</td>
<td>Minerva Landfill</td>
</tr>
</tbody>
</table>

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

- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glove Bag Procedures
- [ ] 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 and 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>1st Floor</td>
<td>Yes</td>
<td>Mastic</td>
<td>6,875 SF</td>
<td>Remove</td>
</tr>
<tr>
<td>3rd Floor</td>
<td>No</td>
<td>Mirror Mastic</td>
<td>120 SF</td>
<td>Encapsulate</td>
</tr>
</tbody>
</table>

### Abatement Type

<table>
<thead>
<tr>
<th>Repair</th>
<th>Encapsulation</th>
<th>Elaborate</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Castle, Delaware</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed By (Print or Type)</th>
<th>Title Project Manager</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gino Pizzigoni</td>
<td>[ ]</td>
<td>[ ]</td>
<td>6/12/18</td>
</tr>
</tbody>
</table>
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1)  
6/12/18

Name of Building Owner / Operator (2)  
Macy's Inc.

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

Type Notification  
- Initial  
- Amended-1-7/10/18  
- Emergency  
- Cancellation

Name of Facility Where Abatement is Taking Place (3)  
Macy's Store

Street Address  
2000 Route 38, Suite 200

City (5)  
Cherry Hill

County (6)  
Camden

County Code (7)

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

Square Feet

# of Floors

Bldg. Age

Current Use (Prior if being demolished)  
Retail

Name of Monitoring Firm Hired by Building Owner (8)  
Pennoni Associates, Inc.

ASCM No.

Name of Abatement Contractor (9)  
Bristol Environmental, Inc.

Street Address  
1123 Beaver Street

City, State & Zip Code  
Bristol, PA 19007

Telephone Number  
(215) 788-6040

License Number  
00509

Name of OSHA Monitor  
Bristol Environmental Inc.

Street Address  
1123 Beaver Street

City, State & Zip Code  
Bristol, PA 19007

Occupancy Status During Abatement (Check only one)  
- Facility Closed/Vacated During Entire Period of Abatement  
- Abatement Performed Outside of Normal Hours – Describe: 10PM to 7AM  
- Facility Occupied During Abatement

Scope of Work (Check all that apply)  
- ≥3 sf or ≥3 ft
- ≥160 sf or ≥260 ft
- Renovation
- Demolition

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

Is Location Normally Used Solely by Maintenance or 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  
- Full Containment with Negative Pressure  
- Mini-Enclosure  
- Glove Bag Procedures  
- Non-Exempted and Non-Friable Procedure

1st Floor

2nd Floor

3rd Floor

Name of Registered Waste Hauler  
Service Transport Inc.

Service Transport Inc.  
New Castle, Delaware

Title  
Project Manager

Signature  
Gino Pizzigoni

Date  
7/10/18
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1)  
6/12/18

Name of Building Owner / Operator (2)  
Macy's Inc.

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

Type Notification  
- Initial  
- Amended-#2-7/12/18  
- Emergency  
- Cancellation

Street Address  
7 West Seventh Street
City, State & Zip Code  
Cincinnati, OH 45202

Name of Contact  
Tia Wenrich  
Telephone Number  
(513) 579-7241

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  
Macy's Store
Street Address  
2000 Route 38, Suite 200
City (5)  
Cherry Hill  
County (6)  
Camden  
County Code (7)

Name of Monitoring Firm Hired by Building Owner (8)  
Pennoni Associates, Inc.
Street Address  
515 Grove St.
City, State & Zip Code  
Haddon Heights, NJ 08035

Project Manager for Monitoring Firm  
Alan Lloyd

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

Square Feet  
- Retail

Current Use (Prior if being demolished)  
- Retail

Name of Abatement Contractor (9)  
Bristol Environmental, Inc.
Street Address  
1123 Beaver Street
City, State & Zip Code  
Bristol, PA 19007

Project Manager for Abatement Contractor  
Bristol Environmental Inc.

Scheduled Start Date (10)  
6/26/18

Scheduled Completion Date (11)  
7/14/18

Occupancy Status During Abatement (Check only one)  
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Hours – 10PM to 7AM
- Facility Occupied During Abatement

Scope of Work (Check all that apply)  
- >=3 sf or >=3 if
- >=160 sf >=260 if
- Renovation
- Demolition

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)  
Yes  
No  
N/A

Is Location Normally Used Solely by Maintenance or 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)  
6975 SF

Abatement Type  
Full Containment with Negative Pressure

Name of Registered Waste Hauler  
Service Transport Inc.

Cubic Yards of Waste  
25 Cu Yd

Name of Registered Landfill  
Minerva Landfill

City, State  
New Castle, Delaware

Disposal Date  
7/14/18

City, State  
Waynesburg, OH

Completed By (Print or Type)  
Gino Pizzigoni

Title  
Project Manager  
Signature  
Gino Pizzigoni /GK

Date  
7/12/18
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1):
7/12/18

Name of Building Owner/Operator (2):
Jennifer Kramer Private Home

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

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

Street Address:

City, State, Zip Code:
Tabernacle NJ 08088

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3):
Jennifer Kramer Private Home

Street Address:

City (5):
Tabernacle NJ 08088

County (6):
Burlington

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

Square Feet:
1000+

# of Floors:
2

Bldg. Age:
35+

Current Use (Prior to being demolished):

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

ASCM No.:

Name of Abatement Contractor (9):
Pernaco Inc.

Street Address:
PO Box 329

City, State, Zip Code:
West Berlin NJ 08091

Project Manager for Monitoring Firm:

Telephone No.:
856-753-9800

License No.:
00727

Start Date (10):
7/25/18

Scheduled Completion Date (11):
8/1/18

Name of OSHA Monitor:
Same

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

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

In Facility:

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

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

Amount (Specify SF or LF):

Abatement Type:

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

Exterior Siding:

300 SF

Exterior Siding:

Name of Registered Waste Hauler:

United Roll Off

NJDEP Waste Hauler ID No.:
22459

Cubic Yards of Waste:
1

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

City, State:
Morrисville PA 19067

Completed by:
Anthony T Perna
Title:
President
Signature:
Date:
7/12/18

* 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)**: 7/9/18
- **Name of Building Owner/Operator (2)**: Gary F. Gardener Inc.
- **Street Address**: 624 Gravelly Hollow Rd.
- **City, State, Zip Code**: Medford NJ 08055
- **Name of Contact**: Shane
- **Telephone Number**:

**FACILITY INFORMATION**
- **Name of Facility Where Abatement is Taking Place (3)**: Vacant US Army Reserve Center - Garage
- **Street Address**: 3911 Federal St.
- **City**: Pennsauken
- **County**: Camden
- **County Code**: 08110
- **Square Feet**: 1000+
- **# of Floors**: 1
- **Bldg. Age**: 35+
- **Current Use (Prior to being demolished)**: Garage

**Name of Monitoring Firm Hired by Building Owner (8)**: 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)**: Pernaco Inc.
- **Street Address**: PO Box 329
- **City, State, Zip Code**: West Berlin NJ 08091
- **Telephone No.**: 856-753-9800
- **License No.**: 00727

**Start Date (10)**: 7/23/18  
**Scheduled Completion Date (11)**: 8/31/18

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

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

**Location of Asbestos-Containing Material (ACM) TO BE ABATED**  
- **In Facility (13)**
  - [x] Garage - See Attached

**Is Location Normally Used Solely by Maintenance/Custodial Staff (12)**
- [ ] Yes  
- [x] No

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

**Amount (Specify SF or LF)**

**Abatement Type**
- [ ] Removal
- [ ] Repair
- [ ] Encapsulate
- [ ] Endorse

**Name of Registered Waste Hauler**
- **Horizon Disposal**
- **City, State**
- **Trenton NJ**

**Cubic Yards of Waste (TBD)**

**Disposal Date (TBD)**

**Name of Registered Landfill**
- **G.R.O.W.S.**
- **City, State**
- **Morrisville PA 19067**

**Completed by**
- **Anthony T. Perna**

**Title**
- **President**

**Signature**

**Date**
- 7/9/18

*Do not use this form for asbestos licensure exempted activities.*
<table>
<thead>
<tr>
<th>ID No.</th>
<th>Material Description</th>
<th>Asbestos Content</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>07</td>
<td>White Sealant at Interface of Exhaust Stack &amp; Metal Breaching</td>
<td>75% Chrysotile</td>
<td>16 LF</td>
</tr>
<tr>
<td>08</td>
<td>Red Fire Brick Flue</td>
<td>None Detected</td>
<td>N/A</td>
</tr>
<tr>
<td>09</td>
<td>White Exterior Overhead Door Caulk</td>
<td>None Detected</td>
<td>N/A</td>
</tr>
<tr>
<td>10</td>
<td>White Cloth Duct Vibration Joint Associated with Exhaust Vent</td>
<td>45% Chrysotile</td>
<td>8 SF</td>
</tr>
<tr>
<td>11</td>
<td>Tan Interior Window Glazing</td>
<td>2% Chrysotile</td>
<td>5 Units 660 LF</td>
</tr>
<tr>
<td>12</td>
<td>Tan Exterior Window Caulk</td>
<td>10% Chrysotile</td>
<td>5 Units 660 LF</td>
</tr>
<tr>
<td>13</td>
<td>Black Tar Vapor Barrier Below Concrete Subfloor Foundation</td>
<td>None Detected</td>
<td>N/A</td>
</tr>
<tr>
<td>14</td>
<td>Black Rubberized Rolled Roofing</td>
<td>None Detected</td>
<td>N/A</td>
</tr>
<tr>
<td>15</td>
<td>Black Tar Sealant at Seams of ID No. 14</td>
<td>None Detected</td>
<td>N/A</td>
</tr>
<tr>
<td>16</td>
<td>Compressed Paper Pipe Insulation (Debris)</td>
<td>None Detected</td>
<td>N/A</td>
</tr>
<tr>
<td>17</td>
<td>Gasket at Intersection of Pipe Flanges</td>
<td>Assumed</td>
<td>7 LF</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ID No.</th>
<th>Material Description</th>
<th>Asbestos Content</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Brown Exterior Door Caulk</td>
<td>7% Chrysotile</td>
<td>63 LF</td>
</tr>
<tr>
<td>02</td>
<td>Boiler Rib Insulation</td>
<td>None Detected</td>
<td>N/A</td>
</tr>
<tr>
<td>03</td>
<td>White Gasket at Breaching Seams</td>
<td>70% Chrysotile</td>
<td>4 LF</td>
</tr>
<tr>
<td>04</td>
<td>Gypsum Paper Drywall</td>
<td>None Detected</td>
<td>N/A</td>
</tr>
<tr>
<td>05</td>
<td>Brown Pressed Board Wall Panel</td>
<td>None Detected</td>
<td>N/A</td>
</tr>
<tr>
<td>06</td>
<td>Fire Door Insulation</td>
<td>None Detected</td>
<td>N/A</td>
</tr>
</tbody>
</table>

Table 4 – Maintenance Garage, ACM Location(s)

<table>
<thead>
<tr>
<th>ID No.</th>
<th>Material Description</th>
<th>Room Number(s) / Location(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Brown Exterior Door Caulk</td>
<td>102, 104</td>
</tr>
<tr>
<td>03</td>
<td>White Gasket at Breaching Seams</td>
<td>104</td>
</tr>
<tr>
<td>07</td>
<td>White Sealant at Interface of Exhaust Stack &amp; Metal Breaching</td>
<td>104, Exterior at Stack</td>
</tr>
<tr>
<td>10</td>
<td>White Cloth Duct Vibration Joint Associated with Exhaust Vent</td>
<td>102</td>
</tr>
<tr>
<td>11</td>
<td>Tan Interior Window Glazing</td>
<td>102, 103</td>
</tr>
<tr>
<td>12</td>
<td>Tan Exterior Window Caulk</td>
<td>102, 103</td>
</tr>
<tr>
<td>17</td>
<td>Gasket at Intersection of Pipe Flanges</td>
<td>104, 104A</td>
</tr>
<tr>
<td>Date of Notification (1)</td>
<td>7/9/18</td>
<td></td>
</tr>
<tr>
<td>-------------------------</td>
<td>--------</td>
<td></td>
</tr>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Gary F Gardener Inc.</td>
<td></td>
</tr>
<tr>
<td>Agencies Notified</td>
<td>Type Notification</td>
<td></td>
</tr>
<tr>
<td>EPA</td>
<td>Initial</td>
<td></td>
</tr>
<tr>
<td>DEP</td>
<td>Amended</td>
<td></td>
</tr>
<tr>
<td>DOL</td>
<td>Amendment #</td>
<td></td>
</tr>
<tr>
<td>DOH</td>
<td>Emergency (including justification)</td>
<td></td>
</tr>
<tr>
<td>DCA</td>
<td>Cancellation</td>
<td></td>
</tr>
<tr>
<td>Street Address</td>
<td>624 Gravelly Hollow Rd.</td>
<td></td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Medford NJ 08055</td>
<td></td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Shane</td>
<td></td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Vacant US Army Reserve Center Main Building</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>3911 Federal St.</td>
</tr>
<tr>
<td>City (5)</td>
<td>Pennsauken NJ 08110</td>
</tr>
<tr>
<td>County (6)</td>
<td>Camden</td>
</tr>
<tr>
<td>(STATE USE ONLY)</td>
<td></td>
</tr>
<tr>
<td>County Code (7)</td>
<td></td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>N/A</td>
</tr>
<tr>
<td>ASCM No.</td>
<td></td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>Pernaco Inc.</td>
</tr>
<tr>
<td>Street Address</td>
<td>PO Box 329</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>West Berlin NJ 08091</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td></td>
</tr>
<tr>
<td>Telephone No.</td>
<td></td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>7/23/18</td>
</tr>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>8/31/18</td>
</tr>
<tr>
<td>Occupancy Status During Abatement (Check Only One)</td>
<td></td>
</tr>
<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>
<tr>
<td>Scope of Work (Check All That Apply)</td>
<td></td>
</tr>
<tr>
<td>≥ 3 sf or ≥ 3 if</td>
<td></td>
</tr>
<tr>
<td>≥ 150 sf or ≥ 250 ft²</td>
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</tr>
<tr>
<td>Renovation</td>
<td></td>
</tr>
<tr>
<td>Demolition</td>
<td></td>
</tr>
<tr>
<td>Is Location Normally Used Solely for Maintenance/Custodial Staff? (12)</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)</td>
<td></td>
</tr>
<tr>
<td>See Attached Main Building</td>
<td></td>
</tr>
<tr>
<td>See Attached</td>
<td></td>
</tr>
</tbody>
</table>

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

- See Attached Work Areas

- Name of Registered Waste Hauler | Horison Disposal |
- Cubic Yards of Waste | TBD |
- Name of Registered Landfill | G.R.O.W.S. |
- City, State | Morrisville PA 19067 |
- Disposal Date | TBD |

**Completed by**

<table>
<thead>
<tr>
<th>Anthony T Perna</th>
<th>Title</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>President</td>
<td></td>
<td></td>
</tr>
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</table>

**Do not use this form for asbestos licensure exempted activities.**
<table>
<thead>
<tr>
<th>ID No.</th>
<th>Material Description</th>
<th>Asbestos Content</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Gypsum Paper Drywall &amp; Associated Joint Compound (Type 1)</td>
<td>3% Chrysotile</td>
<td>15,216 SF</td>
</tr>
<tr>
<td>02</td>
<td>2&quot;x2&quot; White Ceiling Tile with Chips &amp; Pin Holes</td>
<td>None Detected</td>
<td>N/A</td>
</tr>
<tr>
<td>03</td>
<td>Tan Compressed Paper Pipe Insulation (Type 1)</td>
<td>3% Chrysotile</td>
<td>680 LF*</td>
</tr>
<tr>
<td>04</td>
<td>White Magnesium Block Pipe Insulation</td>
<td>30% Chrysotile</td>
<td>246 LF</td>
</tr>
<tr>
<td>05</td>
<td>Cementitious Fitting/Joint Insulation Associated with ID No. 04</td>
<td>60% Chrysotile</td>
<td>46 LF</td>
</tr>
<tr>
<td>06</td>
<td>Corrugated Paper Pipe Insulation</td>
<td>60% Chrysotile</td>
<td>240 LF</td>
</tr>
<tr>
<td>07</td>
<td>Cementitious Fitting/Joint Insulation Associated with ID No. 06</td>
<td>60% Chrysotile</td>
<td>35 LF</td>
</tr>
<tr>
<td>08</td>
<td>White Cementitious Tank Insulation</td>
<td>None Detected</td>
<td>N/A</td>
</tr>
<tr>
<td>09</td>
<td>Brown Boiler Rib Insulation</td>
<td>85% Chrysotile</td>
<td>90 LF</td>
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<tr>
<td>10</td>
<td>White Pipe Sealant at Exposed Ends of Fiberglass Pipe Insulation</td>
<td>None Detected</td>
<td>N/A</td>
</tr>
<tr>
<td>11</td>
<td>White Cloth Duct Wrap Over Fiberglass Breeching Insulation</td>
<td>None Detected</td>
<td>N/A</td>
</tr>
<tr>
<td>12</td>
<td>Black Tar Vapor Barrier Below Ceramic Floor</td>
<td>None Detected</td>
<td>N/A</td>
</tr>
<tr>
<td>13</td>
<td>Gypsum Paper Drywall &amp; Associated Joint Compound (Type 2)</td>
<td>None Detected</td>
<td>N/A</td>
</tr>
<tr>
<td>14</td>
<td>4&quot; Brown Cove Base</td>
<td>None Detected</td>
<td>N/A</td>
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<tr>
<td>15</td>
<td>Black Adhesive Associated with ID No. 14</td>
<td>None Detected</td>
<td>N/A</td>
</tr>
<tr>
<td>16</td>
<td>Tan Interior Door Caulk at Interface of CMU Wall &amp; Metal Frame</td>
<td>5% Chrysotile</td>
<td>21 Units 441 LF</td>
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<tr>
<td>17</td>
<td>Fire Door Insulation (Type 1)</td>
<td>None Detected</td>
<td>N/A</td>
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<tr>
<td>18</td>
<td>1'x1' Green Floor Tile with Dark Green &amp; Cream Mottled Pattern</td>
<td>7% Chrysotile</td>
<td>400 SF</td>
</tr>
<tr>
<td>19</td>
<td>Black Mastic Associated with ID No. 18</td>
<td>5% Chrysotile</td>
<td>400 SF</td>
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<tr>
<td>20</td>
<td>1'x1' Tan Floor Tile with Brown &amp; Cream Mottled Pattern</td>
<td>None Detected</td>
<td>5,850 SF</td>
</tr>
<tr>
<td>21</td>
<td>Black Mastic Associated with ID No. 20</td>
<td>5% Chrysotile</td>
<td>5,850 SF</td>
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<tr>
<td>22</td>
<td>White Smooth Coat Plaster</td>
<td>None Detected</td>
<td>N/A</td>
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<tr>
<td>23</td>
<td>Grey Rough Coat Plaster</td>
<td>None Detected</td>
<td>N/A</td>
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<tr>
<td>24</td>
<td>Grey Mortar Associated with Ceramic Wall Tile</td>
<td>None Detected</td>
<td>N/A</td>
</tr>
<tr>
<td>25</td>
<td>Gypsum Paper Drywall Associated with Accordian Partition Wall</td>
<td>None Detected</td>
<td>N/A</td>
</tr>
<tr>
<td>26</td>
<td>4&quot; Cream Cove Base</td>
<td>None Detected</td>
<td>N/A</td>
</tr>
<tr>
<td>27</td>
<td>Yellow Adhesive Associated with ID No. 26</td>
<td>None Detected</td>
<td>N/A</td>
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<tr>
<td>28</td>
<td>Black Interior Caulk Associated with Storefront Entrance</td>
<td>3% Chrysotile</td>
<td>160 LF</td>
</tr>
<tr>
<td>29</td>
<td>2&quot;x2&quot; Brown Slip Resistant Flooring</td>
<td>None Detected</td>
<td>N/A</td>
</tr>
<tr>
<td>30</td>
<td>4&quot; Light Blue Cove Base</td>
<td>None Detected</td>
<td>N/A</td>
</tr>
<tr>
<td>31</td>
<td>Yellow Adhesive Associated with ID No. 30</td>
<td>None Detected</td>
<td>N/A</td>
</tr>
<tr>
<td>32</td>
<td>1'x1' Brown Mottled Pattern Floor Tile</td>
<td>None Detected</td>
<td>N/A</td>
</tr>
<tr>
<td>33</td>
<td>Yellow Mastic Associated with ID No. 32</td>
<td>None Detected</td>
<td>N/A</td>
</tr>
<tr>
<td>34</td>
<td>Tan Interior Window Glazing (2nd Floor - Single Pane)</td>
<td>None Detected</td>
<td>N/A</td>
</tr>
<tr>
<td>ID No.</td>
<td>Material Description</td>
<td>Asbestos Content</td>
<td>Quantity</td>
</tr>
<tr>
<td>-------</td>
<td>-------------------------------------------------------------</td>
<td>------------------------</td>
<td>----------</td>
</tr>
<tr>
<td>35</td>
<td>2(\times)2() White Ceiling Tile with Tiny Chips &amp; Holes</td>
<td>None Detected</td>
<td>N/A</td>
</tr>
<tr>
<td>36</td>
<td>Brown Fibrous Sound Proofing</td>
<td>None Detected</td>
<td>N/A</td>
</tr>
<tr>
<td>37</td>
<td>Black Rolled Tar Paper Under Hardwood Flooring</td>
<td>None Detected</td>
<td>N/A</td>
</tr>
<tr>
<td>38</td>
<td>Grey Interior Window Glazing (Double Hung)</td>
<td>None Detected</td>
<td>N/A</td>
</tr>
<tr>
<td>39</td>
<td>Tan Exterior Stucco Finish Coat (EFIS)</td>
<td>None Detected</td>
<td>N/A</td>
</tr>
<tr>
<td>40</td>
<td>Grey Cementitious Base Coat Associated with ID No. 39</td>
<td>None Detected</td>
<td>N/A</td>
</tr>
<tr>
<td>41</td>
<td>Tan Sealant at Seams of ID No. 39</td>
<td>None Detected</td>
<td>N/A</td>
</tr>
<tr>
<td>42</td>
<td>Brown/Tan Exterior Window Caulk</td>
<td>None Detected</td>
<td>N/A</td>
</tr>
<tr>
<td>43</td>
<td>Gypsum Paper Drywall &amp; Associated Joint Compound (Type 3)</td>
<td>None Detected</td>
<td>N/A</td>
</tr>
<tr>
<td>44</td>
<td>Brown Exterior Window Glazing</td>
<td>None Detected</td>
<td>N/A</td>
</tr>
<tr>
<td>45</td>
<td>Black Rubberized Rolled Roof Field</td>
<td>None Detected</td>
<td>N/A</td>
</tr>
<tr>
<td>46</td>
<td>Black Sealant at Seams of ID No. 45</td>
<td>None Detected</td>
<td>N/A</td>
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<tr>
<td>47</td>
<td>Black Tar Flashing at Seams of Metal Counter Flashing</td>
<td>20% Chrysotile</td>
<td>80 SF</td>
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<tr>
<td>48</td>
<td>White Cementitious Insulating Board Below ID No. 45</td>
<td>None Detected</td>
<td>N/A</td>
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<tr>
<td>49</td>
<td>Black Tar Roofing Below ID No. 48</td>
<td>None Detected</td>
<td>N/A</td>
</tr>
<tr>
<td>50</td>
<td>Brown Rolled Paper Under ID No. 49</td>
<td>None Detected</td>
<td>N/A</td>
</tr>
<tr>
<td>51</td>
<td>Foil Coated Light Pad Insulation</td>
<td>60% Chrysotile</td>
<td>1 LF</td>
</tr>
<tr>
<td>52</td>
<td>Fire Door Insulation (Type 2)</td>
<td>None Detected</td>
<td>N/A</td>
</tr>
<tr>
<td>53</td>
<td>Brown Paper Vapor Barrier Below Concrete Floor – Drill Hall</td>
<td>None Detected</td>
<td>N/A</td>
</tr>
<tr>
<td>54</td>
<td>Brown Rope Gasket Associated with CMU Wall</td>
<td>None Detected</td>
<td>N/A</td>
</tr>
<tr>
<td>55</td>
<td>White/Clear Rubberized Sealant at Interface of Stucco Wall &amp; Wood Trim</td>
<td>None Detected</td>
<td>N/A</td>
</tr>
<tr>
<td>56</td>
<td>Sealant Associated with Window Sills Below Metal Cap</td>
<td>None Detected</td>
<td>N/A</td>
</tr>
<tr>
<td>57</td>
<td>Black Tar Flashing Associated with Metal Window Sill Cap</td>
<td>None Detected</td>
<td>N/A</td>
</tr>
<tr>
<td>58</td>
<td>Black Exterior Window Glazing</td>
<td>3% Chrysotile</td>
<td>576 LF</td>
</tr>
<tr>
<td>59</td>
<td>Brown Rubberized Exterior Window Caulk</td>
<td>None Detected</td>
<td>N/A</td>
</tr>
<tr>
<td>60</td>
<td>Compressed Paper Pipe Insulation (Type 2)</td>
<td>2% Chrysotile</td>
<td>100 LF</td>
</tr>
<tr>
<td>61</td>
<td>Cementitious Fitting/Joint Insulation Associated with ID No. 60</td>
<td>30% Chrysotile</td>
<td>6 LF</td>
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<tr>
<td>62</td>
<td>Cementitious Vault Door Insulation</td>
<td>None Detected</td>
<td>N/A</td>
</tr>
<tr>
<td>63</td>
<td>Tan Cloth Duct Vibration Joint</td>
<td>Assumed</td>
<td>72 LF</td>
</tr>
<tr>
<td>64</td>
<td>Gasket at Intersection of Pipe Flanges</td>
<td>Assumed</td>
<td>39 LF</td>
</tr>
</tbody>
</table>

Notes:
* Most, if not all, piping has been removed from building with asbestos insulation strewn throughout building.
** Contaminated floor tile with inseparable positive mastic
<table>
<thead>
<tr>
<th>ID No.</th>
<th>Material Description</th>
<th>Room Number(s) / Location(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>03</td>
<td>Tan Compressed Paper Pipe Insulation (Type 1)</td>
<td>004, 006, 008, H101, 107, 109</td>
</tr>
<tr>
<td>04</td>
<td>White Magnesium Block Pipe Insulation</td>
<td>120</td>
</tr>
<tr>
<td>05</td>
<td>Cementitious Fitting/Joint Insulation Associated with ID No. 04</td>
<td>120</td>
</tr>
<tr>
<td>06</td>
<td>Corrugated Paper Pipe Insulation</td>
<td>120</td>
</tr>
<tr>
<td>07</td>
<td>Cementitious Fitting/Joint Insulation Associated with ID No. 06</td>
<td>120</td>
</tr>
<tr>
<td>09</td>
<td>Brown Boiler Rib Insulation</td>
<td>013</td>
</tr>
<tr>
<td>16</td>
<td>Tan Interior Door Caulk at Interface of CMU Wall &amp; Metal Frame</td>
<td>H001A, S1, S2, 001, 002, 003, 004, 005, 006, 007, 008, 009, 010, 011, 012, 013, H101, 101, 102, 103, 104, 105, 106, 107, 108, 109, 110, 112, 113, 114, 115</td>
</tr>
<tr>
<td>18</td>
<td>1&quot; x 1&quot; Green Floor Tile with Dark Green &amp; Cream Mottled Pattern</td>
<td>S1, S2, H101</td>
</tr>
<tr>
<td>19</td>
<td>Black Mastic Associated with ID No. 18</td>
<td>S1, S2, H101</td>
</tr>
<tr>
<td>20</td>
<td>1&quot; x 1&quot; Tan Floor Tile with Brown &amp; Cream Mottled Pattern</td>
<td>004, 008, 010, 012, 017, 102, 104, 106, 108, 117</td>
</tr>
<tr>
<td>21</td>
<td>Black Mastic Associated with ID No. 20</td>
<td>004, 008, 010, 012, 017, 102, 104, 106, 108, 117</td>
</tr>
<tr>
<td>28</td>
<td>Black Interior Caulk Associated with Storefront Entrance</td>
<td>V1</td>
</tr>
<tr>
<td>47</td>
<td>Black Tar Flashing at Seams of Metal Counter Flashing</td>
<td>Connector Roof</td>
</tr>
<tr>
<td>51</td>
<td>Foil Coated Light Pad Insulation</td>
<td>S1</td>
</tr>
<tr>
<td>58</td>
<td>Black Exterior Window Glazing</td>
<td>120 (Exterior)</td>
</tr>
<tr>
<td>60</td>
<td>Compressed Paper Pipe Insulation (Type 2)</td>
<td>120</td>
</tr>
<tr>
<td>61</td>
<td>Cementitious Fitting/Joint Insulation Associated with ID No. 60</td>
<td>120</td>
</tr>
<tr>
<td>63</td>
<td>Tan Cloth Duct Vibration Joint</td>
<td>120</td>
</tr>
<tr>
<td>64</td>
<td>Gasket at Intersection of Pipe Flanges</td>
<td>008, 011, 012, 013, 120</td>
</tr>
</tbody>
</table>
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>7/10/18</td>
<td>Dave Bruce Private Home</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
</tr>
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<tbody>
<tr>
<td>Dave Bruce Private Home</td>
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</table>

<table>
<thead>
<tr>
<th>City (5)</th>
<th>County Code (7)</th>
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<tbody>
<tr>
<td>Brant Beach NJ 08008</td>
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<table>
<thead>
<tr>
<th>FACILITY INFORMATION</th>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>ASCM No.</th>
</tr>
</thead>
<tbody>
<tr>
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<table>
<thead>
<tr>
<th>Name of Abatement Contractor (9)</th>
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<tbody>
<tr>
<td>Pernaco Inc</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address</th>
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<tbody>
<tr>
<td>PO Box 329</td>
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<table>
<thead>
<tr>
<th>County Code (7) (STATE USE ONLY)</th>
<th>Current Use (Prior if being demolished)</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>House</td>
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<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
</tr>
</thead>
<tbody>
<tr>
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<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
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<tbody>
<tr>
<td>7/19/18</td>
<td>7/31/18</td>
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<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check Only One)</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Facility Closed/Vacated During Entire Period of Abatement</td>
</tr>
<tr>
<td>□ Abatement Performed Outside of Normal Facility Hours</td>
</tr>
<tr>
<td>□ Other – Describe:</td>
</tr>
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<table>
<thead>
<tr>
<th>Scope of Work (Check All That Apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ ≥3 sf or ≥3 ft</td>
</tr>
<tr>
<td>□ ≥160 sf or ≥260 if</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>
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</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED</th>
</tr>
</thead>
<tbody>
<tr>
<td>TO BE ABATED</td>
</tr>
<tr>
<td>in Facility</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Is Location Normally Used Solely by Maintenance/ Custodial Staff? (13)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1800 SF</td>
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<table>
<thead>
<tr>
<th>Abatement Type</th>
</tr>
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<tbody>
<tr>
<td>x</td>
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</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
</tr>
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<tbody>
<tr>
<td>United Roll Off</td>
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<table>
<thead>
<tr>
<th>NJ/DEP Waste Hauler ID No.</th>
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<tbody>
<tr>
<td>22459</td>
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<table>
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<tr>
<th>Cubic Yards of Waste</th>
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</table>

<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>G.R.O.W.S.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Disposal Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>7/31/18</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Morrisville PA 1960</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed by</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anthony T Perna</td>
<td>President</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>7/10/18</td>
</tr>
</tbody>
</table>

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

Date of Notification (1)
7/13/18

Name of Building Owner/Operator (2)
Mr. & Mrs. Sill

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

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

Street Address

City, State, Zip Code
Raritan, NJ 08869

Name of Contact
Mr. & Mrs. Sill

Telephone Number

FACILITY INFORMATION

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

Street Address

City (5)
Raritan

County (6)
Somerset

County Code (7) (STATE USE ONLY)

Current Use (Prior if being demolished)
house

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

Square Feet
2200

# of Floors
2

Bldg. Age
68

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

Project Manager for Monitoring Firm

Telephone No.

Start Date (10)
7/24/18

Scheduled Completion Date (11)
8/7/18

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 #
☐ ≥160 # or ≥260 #
☒ Renovation
☒ Demolition

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

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

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
President

Signature
Date
7/13/18

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

Date of Notification (1)
7/11/18

Name of Building Owner/Operator (2)
Dixon Projects

Street Address
140 Broadway, 28th Floor

Name of Contact
Rachel Mawn

City, State, Zip Code
New York, NY 10005

Telephone Number
212-423-5075

Agency(ies) Notified

☐ EPA
☐ DEP
☒ DOL
☐ DOH
☐ DCA

Type Notification

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

Facility Information

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

Street Address

City (5)
West Orange

County Code (7)
Essex

Type of Facility (4)

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

Square Feet
2500

# of Floors
2

Bldg. Age
63

Current Use (Prior if being demolished)
house

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.

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

Street Address
PO Box 483, 4 E Gate Drive

City, State, Zip Code
Glenwood, NJ 07418

Project Manager for Monitoring Firm

Telephone No.
973-784-2276

License No.
703

Start Date (10)
7/23/18

Scheduled Completion Date (11)
8/6/18

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 ≥31 sf
☐ ≥160 sf or ≥260 sf
☒ Renovation
☒ Demolition

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

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

Enclosure

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

Completed by
A. Scott Higgins
Title
President

Signature
Date
7/13/18

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

**NOTIFICATION OF ASBESTOS ABATEMENT**

(Permitt to NJAC 8:60 and 12:130)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>7/13/18</th>
</tr>
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</table>

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

<table>
<thead>
<tr>
<th>Name of Building Owner/Operator (2)</th>
<th>Betty mams</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td></td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td></td>
</tr>
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<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Resident</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td></td>
</tr>
<tr>
<td>City (5)</td>
<td></td>
</tr>
<tr>
<td>County (6)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>ASCM No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td></td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td></td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Type of Facility (4)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>School (K-12)</td>
<td>X</td>
</tr>
<tr>
<td>Subsection 8 (Other than K-12)</td>
<td></td>
</tr>
<tr>
<td>Other (i.e. private &amp; commercial buildings, homes, etc.)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Square Feet</th>
<th># of Floors</th>
<th>Bldg Age</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Current Use (Prior to being demolished)</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of Abatement Contractor (9)</th>
<th>Ani, Inc Abatement Corporation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>1212 Burlington Ave</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Atlantic NJ C2025</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>609-334-1916</td>
<td>81670</td>
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<table>
<thead>
<tr>
<th>Name of OSHA Monitor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check All That Apply)</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>≥ 3 sf or ≥ 3.5 ft</td>
<td></td>
</tr>
<tr>
<td>≥ 160 sf or ≥ 160 ft</td>
<td></td>
</tr>
<tr>
<td>Demolition</td>
<td></td>
</tr>
<tr>
<td>Renovation</td>
<td></td>
</tr>
</tbody>
</table>

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

<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>
</table>

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

<table>
<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>400 SF</td>
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</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>Ani, Inc LLC</th>
</tr>
</thead>
<tbody>
<tr>
<td>NIDEP Waste Hauler ID No.</td>
<td>222447</td>
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<table>
<thead>
<tr>
<th>Cubic Yards of Waste</th>
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<tbody>
<tr>
<td>1014</td>
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<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hill of Ash</td>
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<table>
<thead>
<tr>
<th>Disposal Date</th>
</tr>
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<tbody>
<tr>
<td>T.B.D.</td>
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</table>

<table>
<thead>
<tr>
<th>City, State, Date</th>
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</thead>
<tbody>
<tr>
<td>Atlantic NJ 7/13/18</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed by</th>
</tr>
</thead>
<tbody>
<tr>
<td>Joseph J. Hall</td>
</tr>
<tr>
<td>Title: President</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

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

Date of Notification (1):
7/13/16

Name of Building Owner/Operator (2):
Betty Manns

Agency Notified:
EPA
DEP
DOH
DOL
DCA

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

Street Address:

City, State, Zip Code:
Galloway, NJ

Name of Contact:
Betty Manns

Telesine Number:

Name of Facility Where Abatement Is Taking Place (3):
Resident

Street Address:

City (5):
Galloway

County Code (7) (STATE USE ONLY):

County Name:
Atlantic County

Square Feet:

# of Floors:

Bldg. Age:

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

Current Use (Prior if being demolished):

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

ASCM No.:

Name of Abatement Contractor (9):

Street Address:
1212 Dillingham Road

City, State, Zip Code:
Delaware, DE 19955

Telephone No.:

Telephone No.:

License No.:

Name of OSHA Monitor:

Start Date (10):
7/13/18

Scheduled Completion Date (11):
8/7/18

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

Scope of Work (Check All That Apply):

≥ 23 SF or ≥ 23 If
≥ 150 SF or ≥ 230 If
Renovation
Demolition

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

In Facility (13):

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

Yes
No
N/A

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

Amount (Specify SF or LF):

Removal:

Repair:

Encapsulation:

Employer:

Name of Registered Waste Hauler:
AAA Waste LLC

Waste Hauler ID No.:
26847

Cubic Yards of Waste:

Name of Registered Landfill:

Disposal Date:
TBD

City, State, Zip Code:
Delaware, DE 19955

Completed by:

Signature:

July 13, 2018

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

State of New Jersey

 bulun (1):
07/13/2018

Name of Building Owner/Operator (2):
FREDOM ENTERPRISE, INC.

Address:
1741 VALLEY FORGE ROAD
WORCESTER, PA 18480

Name of Contractor:
JOE BOTTACK

FACILITY INFORMATION

Address of Facility Where Abatement is Taking Place (3):
CLOVER SQUARE SHOPPING CENTER / BARBER & HOBBIE SHOP
101 SLOAN AVE
TRENTON, NJ

City (4): TRENTON
County (5): MERCER

License No.:
01145

Name of Existing Firm/Hired By Building Owner:
THE VERTEX COMPANIES, INC.

Street Address:
700 TURNER INDUSTRIAL WAY
ASTON, PA 19014

Telephone No.:
610-384-8802

License:
ENVIRONMENTAL SERVICES INC.

Date of Notification (1):
07/13/2018

Date of Completion (10):
09/07/2019

Street Address:
570 GLEI S RUN

City, State, Zip Code:
ASTON, PA 19014

Responsibility for Monitoring Firm:
WILLIAM OTTEN

Telephone No.:
610-384-8802

Monitor:
EMSL

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:

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

BARBER & HOBBIE SHOP

Location Normally Used: Yes

Description of ACM:
NFI WINDOW GLAZ (12).

Location (13):

Amount (Square LF or SF):
120 LF

Removal:

Expiration:

Date of Completion:
09/07/2019

Name of Registered Waste Handler:

Name of Disposal Site:

MULICA HILL NJ

Disposal Date:
09/08/2018

City, State:
MULICA HILL NJ

Completed by:
RON SWANSON

GENERAL MANAGER

Signature:

ASSURED ENVIRONMENTAL SERVICES

Ewing TWP, NJ

City:

Date:
07/13/2018

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

**Date of Notification (1)** 07/13/2018

**Name of Building Owner/Operator (2)** FREDOM ENTERPRISE, INC.

**Address** 1741 VALLEY FORGE ROAD

**City, State, Zip Code** WORCESTER PA 19490

**Name of Contact** JOE SOTACK

**Telephone Number** 215-542-2250

**CHECK #1749**

### FACILITY INFORMATION

**Name of Facility Where Abatement is Taking Place (3)** CLOVER SQUARE SHOPPING CENTER / BARBER & HOBBIE SHOP

**Street Address**

- **101 SLOAN AVE**
- **TRENTON**
- **MERCIER**

**Name of Monitoring Firm Hired by Building Owner (3)** THE VERTEX COMPANIES, INC.

**Address** 700 TURNER INDUSTRIAL WAY

**City, State, Zip Code** ASTON, PA 19014

**Project Manager for Monitoring Firm** WILLIAM OTTEN

**Telephone No.** 610-558-8902

**Type of Facility (4)**

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

**Square Feet** 2600

**# of Floors** 1

**Bldg. Age** 50+

**Current Use** VACANT

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

**Street Address** 570 CLEMS RUN

**City, State, Zip Code** MULLICA HILL NJ 08062

**Telephone No.** 610-304-4676

**License No.** 01145

**Name of OSHA Monitor** EMSL

**Street Address** 200 RT. 130 NORTH

**City, State, Zip Code** CINNAMON NJ 08077

**Start Date (10)** 07/17/2018

**Scheduled Completion Date (11)** 08/07/2018

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

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

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

- ≥23 sf or ≥3 ft
- >160 sf or ≥260 sf
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Normally Used</th>
<th>Maintenance/Custodial Staff?</th>
<th>Description</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
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<tbody>
<tr>
<td>BARBER &amp; HOBBIE SHOP</td>
<td>X</td>
<td>NF1 WINDOW GLAZING</td>
<td>120 LF</td>
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<tr>
<td>BARBER &amp; HOBBIE SHOP</td>
<td>X</td>
<td>NF1 DOOR CAULK</td>
<td>100 LF</td>
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<tr>
<td>BARBER &amp; HOBBIE SHOP</td>
<td>X</td>
<td>NF1 FLOOR TILE &amp; SHEET FL</td>
<td>1250 SF</td>
<td>X</td>
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</tr>
<tr>
<td>BARBER &amp; HOBBIE SHOP</td>
<td>X</td>
<td>NF1 ROOFING MATERIAL</td>
<td>2600 SF</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

**Waste Hauler ID No.** 0034895

**Cubic Yards of Waste** 40

**Name of Registered Landfill** MERCE COUNTY LANDFILL

**City, State** MULLICA HILL NJ

**Disposal Date** 08/03/2018

**Completed by** RON SWANSON

**Title** GENERAL MANAGER

**Signature**

*Do not use this form for asbestos licensure exempted activities.*
# State of New Jersey
## NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:69 and 12:123)

**Name of Building Class/Character:** FREDOM ENTERPRISE, INC.

**Street Address:** 1741 VALLEY FORGE ROAD

**City, State, Zip Code:** WORCESTER PA 19480

**Name of Contact:** JOE BOTTACK

---

### Facility Information

- **Type:**
  - (Check one)
  - School (K-12)
  - Other (Not K-12)
  - Other (Not K-12)

- **Related Use:**
  - (Check one)
  - Residential
  - Other

- **Use Note:**
  - (Check one)
  - Prior use
  - Demolition

---

### Monitoring Firm

- **Name of Monitoring Firm Hired:** THE VERTEX COMPANIES, INC.
- **Address:** 700 TURNER INDUSTRIAL WAY
- **City, State, Zip Code:** ABINGTON PA 19001

---

### Schedule

- **Start Date:** 07/17/2018
- **Scheduled Completion Date:** 08/07/2018

---

### Approval

- **Waiver Approved:**
  - (Check one)
  - Yes
  - No

---

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

- **Location of ACM to Be Removed:**
  - (Check all that apply)
  - Roof

- **Product:**
  - (Check one)
  - Epoxy (EP)
  - Other

- **Amount:**
  - (Specify) 457 L

---

### Disposal

- **Name of Registered Landfill:** MERCE COUNTY LANDFILL
- **Name of Registered Disposal Site:**
  - WORCESTER MUNICIPAL LANDFILL

---

### Approvals

- **Not Required:**
  - (Check one)
  - All
  - Partial

---

### Signature

- **Signature:** RON SWANSON
- **Date:** 07/13/2018

---

**Assurance:**

- **Checked:**
  - Yes
  - No

---

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

Date of Notification (1)
07/13/2018

Name of Building Owner/Operator (2)
FREDOM ENTERPRISE, INC.

Address
1741 VALLEY FORGE ROAD

City, State, Zip Code
WORCESTER PA 19490

Name of Contact
JOE SOTACK

Telephone Number
215-642-2250

Name of Facility Where Abatement is Taking Place (3)
CLOVER SQUARE SHOPPING CENTER / MUSIC BOX SHOP

Street Address
3100 QUAKERSBRIDGE ROAD

City (5)
TRENTON

County (6)
MERGER

County Code (7) (STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8)
THE VERTEX COMPANIES, INC.

ASCM No.

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

Street Address
570 CLEMS RUN

City, State, Zip Code
MULLICA HILL NJ 08062

Project Manager for Monitoring Firm
WILLIAM OTTEN

Telephone No.
610-558-8902

Telephone No.
610-304-4676

License No.
01145

Name of OSHA Monitor
EMSL

Start Date (10)
07/17/2018

Sched. Completion Date (11)
08/07/2018

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 (13)

Music Box Shop

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

Description of Asbestos Containing Material (ACM)
(i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
NF1 Roof Flashing

Amount (Specify SF or LF)
850 SF

Name of Registered Waste Hauler
ASSUREDD ENVIRONMENTAL SERVICES

City, State
MULLICA HILL NJ

Waste Hauler ID No.
00324985

Disposal Date
08/08/2018

Name of Registered Landfill
MERCER COUNTY LANDFILL

City, State
EWING TWP, NJ

Completed by
RON SWANSON

Title
GENERAL MANAGER

Signature

Date
07/13/2018

* 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)  
07/11/2018  

Name of Building Owner/Operator (2)  
Residence  

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

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

Street Address  
[ ] City, State, Zip Code  
Westfield NJ 07090  

Name of Contact  
Ken Kandigian  

Telephone Number  

FACILITY INFORMATION  

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

Street Address  
[ ] City (5)  
Westfield  

[ ] County Code (7)  
(SATE USE ONLY)  

[ ] Current Use (Prior if being demolished)  

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

Square Feet  
2, 496  

[ ] # of Floors  
3  

Bldg. Age  
106  

Name of Monitoring Firm Hired by Building Owner (8)  
A. Seine Lighthouse Solutions  

ASCM No.  

Name of Abatement Contractor (9)  
Brinks Tank Services  

Street Address  
1256 Liberty Avenue  

City, State, Zip Code  
Hillside, NJ 07205  

Project Manager for Monitoring Firm  
Sarah Calandra  

Telephone No.  
201-349-2666  

Telephone No.  
844-462-7465  

License No.  
01316  

Name of OSHA Monitor  
A. Seine Lighthouse Solutions  

Street Address  
PO Box 354  

City, State, Zip Code  
South Orange, NJ 07079  

Start Date (10)  
07/23/2018  

Scheduled Completion Date (11)  
08/06/2018  

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 ≥280 ft  
[ ] Renovation  
[ ] Demolition  
[ ] Full Containment with Negative Pressure  
[ ] Mini-Enclosure  
[ ] Glovebag Procedure  
[ ] Non-Exempted (*) and Non-Friable Procedure  

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

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

Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) (12)  

Amount (Specify SF or LF)  
10 LF  

Abatement Type  

Name of Registered Waste Hauler  
Newark Carting  

NJDEP Waste Hauler ID No.  
04509  

Cubic Yards of Waste  

Name of Registered Landfill  
Waste Management Landfill  

City, State  
East Orange, NJ  

Disposal Date  

Completed by  
Alison Lamers  
Title  
Office Manager  

Signature  
signature  

Date  
07/11/2018  

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
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<tbody>
<tr>
<td>07/09/2018</td>
<td>Street Address</td>
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<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Street Address</th>
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<tbody>
<tr>
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<td>DOL</td>
<td>Amendment #</td>
<td></td>
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<td>Emergency (including justification)</td>
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<td>DCA</td>
<td>Cancellation</td>
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<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>Name of Contact</th>
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<tbody>
<tr>
<td>Newark, NJ 07102</td>
<td>Father Blisnarck</td>
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<table>
<thead>
<tr>
<th>FACILITY INFORMATION</th>
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<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
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<tr>
<td>Residence</td>
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<tbody>
<tr>
<td>Newark</td>
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<tr>
<th>County (6)</th>
<th>County Code (7)</th>
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<tr>
<td>Essex</td>
<td>(STATE USE ONLY)</td>
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<table>
<thead>
<tr>
<th>Square Feet</th>
<th># of Floors</th>
<th>Blg. Age</th>
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<tbody>
<tr>
<td>2,514</td>
<td>3</td>
<td>89</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>A. Seine Lighthouse Solutions</td>
<td></td>
<td>Brinks Tank Services</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
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<tbody>
<tr>
<td>PO Box 354</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
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<tbody>
<tr>
<td>South Orange, NJ 07079</td>
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<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
</tr>
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<tbody>
<tr>
<td>Sarah Calandra</td>
<td>201-349-2666</td>
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<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
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<tr>
<th>Occupancy Status During Abatement (Check Only One)</th>
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<tbody>
<tr>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
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<tr>
<td>Abatement Performed Outside of Normal Facility Hours</td>
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<td>Other – Describe:</td>
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<table>
<thead>
<tr>
<th>Scope of Work (Check All That Apply)</th>
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<tbody>
<tr>
<td>☑ ≥3 sf or ≥3 if</td>
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<tr>
<td>☑ ≥190 sf or ≥260 if</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-Removably Procedure</td>
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</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility</th>
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</thead>
<tbody>
<tr>
<td>1st Floor Utility Room</td>
</tr>
<tr>
<td>X pipe wrap</td>
</tr>
<tr>
<td>30 LF</td>
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<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
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<tbody>
<tr>
<td>Newark Carting</td>
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<table>
<thead>
<tr>
<th>NJDEP Waste Hauler ID No.</th>
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<td>04509</td>
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<table>
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<tr>
<th>Cubic Yards of Waste</th>
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<tbody>
<tr>
<td>Name of Registered Landfill</td>
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<tr>
<td>Waste Management Landfill</td>
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<table>
<thead>
<tr>
<th>Disposal Date</th>
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</thead>
<tbody>
<tr>
<td>City, State</td>
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<tr>
<td>Penn Argyle, PA</td>
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<table>
<thead>
<tr>
<th>Completed by</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alison Lamers</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office Manager</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alan</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date</th>
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**State of New Jersey**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 07/13/2018

Name of Building Owner/Operator (2) Phyllis Salowe

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

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

Street Address

City, State, Zip Code West Orange NJ 07052

Name of Contact Phyllis Salowe

Telephone Number

**FACILITY INFORMATION**

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

Street Address

City (5) West Orange

County (6)

County Code (7) (STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8)

ASCN No.

Name of Abatement Contractor (9) Danvic Contracting LLC

Street Address 240 South 5th Street

City, State, Zip Code Elizabeth NJ 07206

Project Manager for Monitoring Firm

Telephone No.

Telephone No. 908-806-1211

License No. 01355

Start Date (10) 07/13/2018

Scheduled Completion Date (11) 07/14/2018

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

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

Location of Asbestos-Containing Material (ACM)

TO BE ABATED

In Facility (13)

<table>
<thead>
<tr>
<th>Basement</th>
<th>Pipe Insulation</th>
</tr>
</thead>
</table>

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, VAC, or other miscellaneous)

Amount (Specify SF or LF)

Abatement Type

Name of Registered Waste Hauler Danvic Contracting

NJDEP Waste Hauler ID No. 37574

Cubic Yards of Waste 4 CU YD

Name of Registered Landfill Fairless Hills Landfill

City, State Elizabeth NJ

Completed by Jeymy Donneys

Title Owner

Signature

Date 07/13/2018

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