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

Date of Notification (1)
07-17-15

Name of Building Owner/Operator (2)
Monmouth University

Agencies Notified
EPA
DEP
DOL
DOH
DCA

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

Street Address
400 Cedar Avenue

City, State, Zip Code
West Long Branch, NJ 07764-1898

Name of Contact
Robert L. Comerro

Telephone Number
752-...

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Monmouth University: Edison School of Science

Street Address
400 Cedar Avenue

City (5)
West Long Branch

County (6)
Monmouth

County Code (7)
0004

Name of Monitoring Firm Hired by Building Owner (8)
Briggs Associates

Name of Abatement Contractor (9)
Pinnacle Environmental Corp.

Street Address
3 Crosswicks Street

City, State, Zip Code
Bordentown, NJ 08505

Street Address
200 Broad Street

City, State, Zip Code
Carstena, NJ 07072

Project Manager for Monitoring Firm
Mike Hoodak

Telephone No.
(609) 298-5520

Telephone No.
201-939-6565

License No.
00756

Name of OSHA Monitor
Even-Air Inc.

Start Date (10)
08-03-15

Scheduled Completion Date (11)
10-31-15

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

Scope of Work (Check All That Apply)
≥25 sf or ≥35 if
≥150 sf or ≥250 if
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
Removal
Repair
Encapsulate
Enclose

Location

Amount

Type

Name

Date

Name of Registered Waste Hauler
ATC, Inc./JBT (50071)

NJDEP Waste
Hauler ID No.
24310

Cubic Yards
of Waste
TBD

Name of Registered Landfill
Minerve Enterprises

City, State
Waynesburg, OH 44688

Disposal Date
TBD

Completed by
Richard Doran

Title
Project Manager

Signature

Date
07-17-15

* Do not use this form for asbestos licensure exempted activities.
<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)</th>
<th>Is Location Normally Used Solely by Maintenance or 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 Square Feet or Linear Feet)</th>
<th>Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level 2 Rms. 147, 148, Hallway by 148 &amp; 127</td>
<td>N/A</td>
<td>Transite</td>
<td>325SF</td>
<td>Removal</td>
</tr>
<tr>
<td>Level 3 Throughout</td>
<td></td>
<td>White Ceiling Plaster</td>
<td>20,975SF</td>
<td>Removal</td>
</tr>
<tr>
<td>Level 3 Rms. 235, 238, 237, 234, 232 &amp; 208</td>
<td>N/A</td>
<td>Transite Exhaust Hood</td>
<td>355SF</td>
<td>Removal</td>
</tr>
<tr>
<td>Rms. 242 - 245, 209, 217, 222 &amp; 223</td>
<td>N/A</td>
<td>VAT/Mastic</td>
<td>1,200SF</td>
<td>Removal</td>
</tr>
</tbody>
</table>
**Date of Notification:** 07/20/15

**Name of Building Owner/Operator:** Paramus Board of Education

**Street Address:** 145 Spring Valley Road

**City, State, Zip Code:** Paramus, NJ 07652

**Name of Contact:** Bob Autorino

**Telephone Number:**

### FACILITY INFORMATION

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

- **Paramus High School**
- **Street Address:** 99 E. Century Road
- **City:** Paramus
- **County Code:** Bergen

**Name of Monitoring Firm Hired by Building Owner:** R.K. Occupational & Environmental Analysis, Inc

**Telephone No.:** 908 454 6316

**Start Date:** 07/21/15

**Scheduled Completion Date:** 07/21/15

**Occupancy Status During Abatement:**

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

**Scope of Work:**

- 
- 23 sf or 23 if
- 180 sf or ≥260 if
- Renovation
- Demolition

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

- **Girl's Locker Room**

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

- Yes

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

- Asbestos Pipe Insulation

- **Amount:** 26LF

**Abatement Type:**

- **Removal**
- **Repair**
- **Encapsulate**
- **Endorse**

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

**NJDEP Waste Hauler ID No.:** 20889

**Cubic Yards of Waste:** TBD

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

**City, State:** Totowa, NJ

**Disposal Date:** 07/22/15

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

**City, State:** Morrisville, PA

**Completed by:** Goran Kojic

**Title:** Project Manager

**Signature:**

**Date:** 07/20/15

---

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

Date of Notification (1)  
07/20/15  

Name of Building Owner/Operator (2)  
Paramus Board of Education  
2015 JUL 24 AM 8:19  

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

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

Street Address  
145 Spring Valley Road  
City, State, Zip Code  
Paramus, NJ 07652  

Name of Contact  
Bob Autorino  
Telephone Number  

FACILITY INFORMATION  

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

Memorial School  
Street Address  
203 E Midland Avenue  
City (5)  
Paramus  
County (6)  
Bergen  

County Code (7)  
(State Use Only)  
Current Use (Prior if being demolished)  
School  

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

Square Feet  
45000  
# of Floors  
1  
Bldg. Age  
55  

Name of Monitoring Firm Hired by Building Owner (8)  
R.K. Occupational&Environmental Analysis, Inc.  
ASCM No.  
0090  

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

Street Address  
403 St. James Avenue  
City, State, Zip Code  
Phillipsburg, NJ 08865  

Project Manager for Monitoring Firm  
Jon Gilbert  
Telephone No.  
908 454 6316  

City, State, Zip Code  
Totowa, NJ 07512  

Start Date (10)  
07/21/15  
Scheduled Completion Date (11)  
07/21/15  

Name of OSHA Monitor  
Bako Construction & Restoration, Inc.  

Street Address  
265 Route 46 Suite 3D  
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: 4am - 12am  

Scope of Work (Check All That Apply)  
- 23 sf or 2.3 if  
- 160 sf or 260 sq  
- Renovation  
- Demolition  

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

Is Location Normally Used Solely by Maintenance Custodial Staff? (15)  
Yes  
No  
N/A  

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

Description of Asbestos-Containing Material (ACM)  
Amout (Specify SF or LF)  

Abatement Type  
- Removal  
- Repair  
- Encapsulate  
- Endorsement  

Amount  
60LF  

Endorsement  

Location of Registered Waste Hauler  
Bako Construction & Restoration, Inc.  

NJDEP Waste Hauler ID No.  
20889  

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

City, State  
Totowa, NJ  

Completed by  
Goran Kojic  
Title  
Project Manager  
Signature  
Date  
07/20/15  

Disposal Date  
07/22/15  
City, State  
Morrisville, PA  

ASB-41 (R-08-06)  
* 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) 7/21/2015

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

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 #</td>
</tr>
<tr>
<td>DOH</td>
<td>Emergency (including justification)</td>
</tr>
<tr>
<td>DCA</td>
<td>Cancellation</td>
</tr>
</tbody>
</table>

Street Address 500 HILLSIDE AVENUE

City, State, Zip Code ALPINE, NJ 07620

Name of Contact DAN HAUSER

Telephone Number

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

Street Address 500 HILLSIDE AVENUE

City (5) ALPINE

County (6) BERGEN

County Code (7) (STATE USE ONLY) ________

Type of Facility (4)

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

Square Feet

# of Floors

Bldg. Age

Current Use (Prior if being demolished) ELEMENTARY SCHOOL

Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL REMEDIATION & MGMT, II

ASCM No. ____________________________

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

Street Address 11 VREELAND AVENUE

City, State, Zip Code TOTOWA, NJ 07512

Name of OSHA Monitor SAME AS (9) ABOVE

Project Manager for Monitoring Firm WILLIE MORALES

Telephone No. 973-949-3525

License No. 00494

Telephone No. 973-956-8700

Start Date (10) 7/22/2015

Scheduled Completion Date (11) 7/24/2015

Occupancy Status During Abatement (Check Only One)

- [ ] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility Hours
- [ ] Other – Describe: UNOCCUPIED, 5:00 PM - 12:00 AM

Scope of Work (Check All That Apply)

- [ ] 2,300 sf or 2,3 sf
- [ ] 1,800 sf or 2,100 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

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>STORAGE ROOM</td>
<td>X</td>
<td>X</td>
<td>N/A</td>
</tr>
<tr>
<td>OLD BOARD OFFICE</td>
<td>X</td>
<td>X</td>
<td>N/A</td>
</tr>
<tr>
<td>HALLWAY</td>
<td>X</td>
<td>X</td>
<td>N/A</td>
</tr>
</tbody>
</table>

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

Description of Asbestos Containing Material (ACM)

<table>
<thead>
<tr>
<th>Material</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>PIPE ELBOWS</td>
<td>5 LF</td>
</tr>
<tr>
<td>PLASTER</td>
<td>1 SF</td>
</tr>
<tr>
<td>PLASTER</td>
<td>12 SF</td>
</tr>
</tbody>
</table>

Amount (Specify SF or LF)

Abatement Type

<table>
<thead>
<tr>
<th>Type</th>
<th>Removal</th>
<th>Encapsulate</th>
<th>Enclose</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>x</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler TWO BROTHERS CONTRACTING

NJDEP Waste Hauler ID No. 147843

Cubic Yards of Waste 5

Name of Registered Landfill

WASTE MANAGEMENT G.R.O.W.S.

City, State TOTOWA, NJ

Disposal Date 7/24/2015

Completed by VIVECA RAMOS

Title PROJECT COORDINATOR

Signature

Date 7/21/2015

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

Date of Notification (1) 7/21/15

Name of Building Owner/Operator (2) TOM WELSH - BUILDER

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

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

Square Feet 1000

# of Floors 1

Blg. Age 40+

Current Use (Prior if being demolished) VACANT

Name of Monitoring Firm Hired by Building Owner (5) N/A

ASCM No.

Name of Abatement Contractor (9) KLEMCO INC.

Street Address 369 S. SPRUCE AVE.

City, State, Zip Code MAPLE SHADE, N.J. 08052

Telephone No. 856-729-0472

License No. 00444

Name of OSHA Monitor JOSEPH KLEMM

Street Address 369 S. SPRUCE AVE

City, State, Zip Code MAPLE SHADE, N.J. 08052

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

<table>
<thead>
<tr>
<th>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAM, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transite</td>
<td>3000 SF</td>
</tr>
</tbody>
</table>

Abatement Type

[ ] Removal
[ ] Repair
[ ] Encapsulate
[ ] Air Curtains

Name of Registered Waste Hauler KLEMCO INC.

Hauler ID No. 17904

Cubic Yards of Waste 5

Name of Registered Landfill C.M.C. M.A.

City, State MAPLE SHADE, N.J.

Completed By JOE KLEMM Title OWNER

Signature JOSEPH KLEMM Date 7/21/15

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 11:13M).

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2/2/15</td>
<td>MITCHEL NICHOLSON</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agency/Order Number</th>
<th>Type Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>DOH</td>
<td>Unlawful</td>
</tr>
<tr>
<td>DOB</td>
<td>Amended</td>
</tr>
<tr>
<td>LGD</td>
<td>Emergency (excluding Justification)</td>
</tr>
<tr>
<td>DCA</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 3 KING ST.</td>
<td>Rio Grande, N.J. 08242</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>RESIDENCE</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Suite Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>439 4TH AVE</td>
<td>Rio Grande, N.J. 08242</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>County Code (5)</th>
<th>County Code (1) (STATE USE ONLY)</th>
</tr>
</thead>
<tbody>
<tr>
<td>CAPE MAY</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (6)</th>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Klemo Inc.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Suite Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>369 S. STRIVE AVE</td>
<td>Maple Shade, N.J. 08052</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Current Use (Prior Use Being Demolished)</th>
<th>Telephone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vacant</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Signed Date (10)</th>
<th>Scheduled Completion Date (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>9/8/15</td>
<td>9/15/15</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check only one)</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Description of ACM (i.e., Insulation, Plume, etc.)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Code of ACM Used</th>
<th>Amount (Sport)</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td>1200 sq. ft.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Haulers</th>
<th>Name of Registered Contractor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Klemo Inc.</td>
<td>Klemo Inc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Commodities Disposed of Waste (No of tons)</th>
<th>Disposal Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Disposal Site</th>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maple Shade, N.J.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Prepared By</th>
<th>Signed By</th>
</tr>
</thead>
<tbody>
<tr>
<td>Joseph Klemm</td>
<td>Joseph Klemm</td>
</tr>
</tbody>
</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 12:120)

Date of Notification (1): 7/21/15
Name of Building Owner/Operator (2): MASE ENTERPRISES

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

Street Address: 1401 N. ARKANSAS AVE
City, State, Zip Code: ATLANTIC CITY, N.J 08401
Name of Contact: ANDY MASON
Telephone Number: 988-41

Name of Facility Where Abatement is Taking Place (3): RESIDENCE
Street Address: 109 25TH ST.
City, County: BRIGANTINE, ATLANTIC
County Code: 08

Name of Abatement Contractor (9): KLEMCO INC.
Street Address: 369 S. SPRUCE AVE
City, State, Zip Code: MAPLE SHADE, N.J 08052
Telephone No.: 856-729-0472
License No.: 0944

Name of OSHA Monitor: JOSEPH KLEMM
Street Address: 369 S. SPRUCE AVE
City, State, Zip Code: MAPLE SHADE, N.J 08052

Start Date (10): 7/31/15
Scheduled Completion Date (11): 8/7/15

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

Scope of Work (Check all that apply):
☐ ≥25 sf or ≥25 ft²
☐ ≥160 sf or ≥160 ft²
☐ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure
☐ Expansion

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

<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>
| Siding | X | TRANSITE | 1300SF

Name of Registered Waste Hauler: KLEMCO INC.
NJ/DEP Waste Hauler ID No.: 12904

Abatement Type:
修理

Disposal Date: 7/31/15
City, State: PLEASANTVILLE, N.J

Completed By: MICHAEL KLEMM
Title: V-10
Signature: [Signature]
Date: 7/31/15

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey  
NOTIFICATION OF ASPEROS ABATEMENT  
(Pursuant to NJAC 6:60 and 12:120)

Date of Notification (1): 7/28/15

Name of Building Owner/Operator (2): MASE ENTERPRISES

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

Street Address: 1401 N. ARKANSAS AVE

City, State, Zip Code: ATLANTIC CITY, N.J 08401

Name of Contact: ANDY HUNSON

FACILITY INFORMATION

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

Square Feet: 1000

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

Current Use (Prior if being demolished): VACANT

Name of Abatement Contractor (9): KLEINCO INC

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

IN Facility:

Siding - X

Transite - 1500

Location of Asbestos-Containing Material (ACM) Used Solely by Maintenance/Custodial Staff:

Yes - No - N/A

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

Amount (Specify SF or LF):

Abatement Type:

Enclosure

Emergence

Removal

Replacemen

Name of Registered Waste Hauler: KLEINCO INC

City, State: MAPLE SHADE, N.J

Disposal Date: 7/21/15

Name of Registered Landfill: ACUVA

ASB-41

* Do not use this form for asbestos license exempted activities.
Date of Notification (1)  
7-20-15

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

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

Name of Facility Where Abatement is Taking Place (3)  
Nottingham High School - North

Street Address  
1055 Klockner Road

City (5)  
Hamilton

County (9)  
Mercer

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

ASCM No.  
00102

Name of Abatement Contractor (9)  
Plymouth Environmental Co., Inc.

Street Address  
515 Grove Street

City, State, Zip Code  
Haddon Heights, NJ 08035

Project Manager for Monitoring Firm  
Tom Adams

Telephone No.  
856-547-0505

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

Scope of Work (Check All That Apply)  
- ≤ 2 000 SF or ≤ 250 Floor
- ≥ 2160 sf or ≥ 2500 fl
- Renovation
- Demolition

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

<table>
<thead>
<tr>
<th>Location of ACM</th>
<th>Is Location Normally Used Solely by Maintenance or Custodial Staff?</th>
<th>Description of ACM (Enter thermal systems insulation, surface material, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>boiler room</td>
<td>Yes</td>
<td>interior boiler ins.</td>
<td>912 SF</td>
<td>x</td>
</tr>
<tr>
<td>boiler room</td>
<td>Yes</td>
<td>boiler breeching ins.</td>
<td>160 SF</td>
<td>x</td>
</tr>
<tr>
<td>boiler room</td>
<td>Yes</td>
<td>boiler breeching ins.</td>
<td>50 LF</td>
<td>x</td>
</tr>
<tr>
<td>1st floor</td>
<td>Yes</td>
<td>pipe fittings</td>
<td>100 LF</td>
<td>x</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler  
Robinson Waste Disposal

N.J. DEP Waste Hauler ID No.  
17304

Cubic Yards of Disposal  
30

Name of Registered Landfill  
Grows Landfill

City, State  
Voorhees, NJ 08043

Disposal Date  
8-31-15

Completed by  
James M. Kelly

Title  
Vice-President

Signature  
7-20-15

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>July 21, 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>EDM</td>
</tr>
<tr>
<td>Street Address</td>
<td>5 Benchley Drive</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Marlboro, NJ 07746</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Matt Martino</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
</tbody>
</table>

### FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Residence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>76 Front Street</td>
</tr>
<tr>
<td>City</td>
<td>Red Bank</td>
</tr>
<tr>
<td>County Code</td>
<td>Monmouth</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Type of Facility (4)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>School (k-12)</td>
<td></td>
</tr>
<tr>
<td>Subchapter 8 (other than k-12)</td>
<td></td>
</tr>
<tr>
<td>Other (i.e., private &amp; commercial buildings, homes, etc.)</td>
<td>X</td>
</tr>
</tbody>
</table>

| Square foot | 2000 sf |
| # of Floors | 2 |
| Bldg. Age | 60 |
| Current Use (Prior if being demolished) | Residence |

<table>
<thead>
<tr>
<th>Name of Abatement Contractor (9)</th>
<th>Guardian Contracting, Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>1889 Route 9, Unit 61</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Toms River, NJ 08755-1271</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Nicholas Fernicola</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone Number</td>
<td>732-349-9932</td>
</tr>
</tbody>
</table>

| Scheduled Start Date (10) | 7/22/15 |
| Scheduled Completion Date (11) | 7/23/15 |

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check only one)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
<td>X</td>
</tr>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours</td>
<td></td>
</tr>
<tr>
<td>Other – Describe</td>
<td></td>
</tr>
</tbody>
</table>

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

| [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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is Location Normally used Solely by Maintenance/Custodial Staff (12)</td>
</tr>
<tr>
<td>YES</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Basement</th>
<th>Asbestos pipe insulation</th>
<th>175 lf</th>
</tr>
</thead>
</table>

### Name of Registered Waste Hauler
Guardian Contracting, Inc.

<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
<th>T.R.R.F.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>Toms River, New Jersey</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disposal Date</td>
<td>7/24/15</td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
<td>NIDEP Waste Hauler ID No. 20223</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td>3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed by (Print or Type)</th>
<th>Nicholas Fernicola</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
<td>Project Manager</td>
</tr>
<tr>
<td>Signature</td>
<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) July 21, 2015

 Agencies Notified
[ ] EPA  [ ] Initial Notification
[ ] DEP  [ ] Amended Notification
[ ] DOL  [ ] Amendment #_________
[ ] DOH  [ ] Emergency (including justification)
[ ] DCA  [ ] Cancellation

Name of Building Owner/Operator (2)
NJ State Police Headquarters

Name of Facility Where Abatement is Taking Place (3)
NJ State Police Headquarters

Street Address
1 River Road, Bldg 15

City
West Trenton

County
Mercer

County Code (6) (STATE USE ONLY)

Current Use (Prior if being demolished)
Generator

Type of Facility (4)
[ ] School (k-12)
[ ] Subchapter 9 (other than k-12)
[ ] Other (i.e., private & commercial buildings, homes, etc.)

Square feet
150 sf

# of Floors
1

Bldg. Age
40

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

Street Address
1889 Route 9, Unit 61

City
Toms River, New Jersey 08755-1271

License Number
00624

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

Street Address
1056 Stelton Road

City
Piscataway, New Jersey 08854

Square foot area
X

Full Containment with Negative Pressure

[ ] Mini-Enclosure

[ ] Glovebag Procedure

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

Scope of Work (Check all that apply)
[ ] >3 sf or ≥3 lf

[ ] 150 sf or ≥260 lf

Renovation

Demolition

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

YES NO N/A

Generator #2 X caulk

Name of Registered Waste Hauler
Guardian Contracting, Inc.

NJRDP Waste Hauler ID No.
20223

Cubic Yards of Waste
2

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

City, State
Toms River, New Jersey

Disposal Date
8/5/15

City, State
Tullytown, Pennsylvania

Completed by (Print or Type)
Nicholas Fornelica

Title
Project Manager

Signature

Date
7/21/2015

*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)
7/21/15

Name of Building Owner/Operator (2)
Debbie & Joe Kelly Private Home

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

Street Address
914 Sarazen rd.

City, State, Zip Code
Brigantine NJ 08203

Name of Contact
Mandy

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Debbie & Joe Kelly Private Home

Street Address
914 Sarazen rd.

City (5)
Brigantine NJ 08203

County (6)
Atlantic

County Code (7)

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)
8/3/15

Scheduled Completion Date (11)
8/7/15

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

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

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

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

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

Amount (Specify SF or LF)

Abatement Type

Endorse

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

Name of Registered Waste Hauler
Unified Containers

NJDEP Waste Hauler ID No.
22459

Cubic Yards of Waste
4

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

City, State
Elm NJ

Disposal Date
8/7/15

City, State
Morrisville PA 19067

Completed by
Anthony T Perna

Title
President

Signature

Date
7/21/15

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

Date of Notification (1)
7/20/15

Name of Building Owner/Operator (2)
Chris Moore

Agencies Notified
EPA
DEP
DOL
DOH
DCA

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

Street Address
194 Beechwood Road
Ridgewood, NJ 07450

City, State, Zip Code

Name of Contact
Chris Moore

Telephone Number

FACILITY INFORMATION

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

Address Street
194 Beechwood Road

City (4)
Ridgewood

County (6)
Bergen

County Code (7)
N/A

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

AsCM No.

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

Street Address
11 Rosengren Avenue

City, State, Zip Code
Totowa, NJ 07512

Project Manager for Monitoring Firm

Telephone No.
973-345-6685

License No.
#00875

Start Date (10)
7/31/15

Scheduled Completion Date (11)
8/01/15

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

Other – Describe: Occupied

Scope of Work (Check All That Apply)

Renovation
Demolition

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

in Facility

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

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

NJDEP Waste Hauler ID No. #20096

Cubic Yards of Waste
TBD

Name of Registered Landfill
Waste Management of PA

City, State
Totowa, NJ

Disposal Date
TBD

City, State
Tullytown, PA

Completed by
Dearina Brkusancin

Title
Project Manager

Signature

Date
7/20/15

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

Date of Notification (1)
7/20/15

Name of Building Owner/Operator (2)
Margaret Schilling

Agencies Notified
EPA
DEP
DOL
DOH
DCA

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

Street Address
277 Grove Street

City, State, Zip Code
Montclair, NJ 07042

Name of Contact:
Margaret Schilling

FACILITY INFORMATION

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

City (5)
Montclair

County (6)
Essex

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.)

Square Feet
N/A

# of Floors
N/A

Bldg. Age
N/A

Current Use (Prior if being demolished)
House

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.
#00875

Name of OSHA Monitor
D&S Abatement, Inc.

Start Date (10)
8/03/15

Scheduled Completion Date (11)
8/04/15

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

Scope of Work (Check All That Apply)

 Renovation
 Demolition

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

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

In Facility (13)

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

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

Amount (Specify SF or LF)
260 LF

Abatement Type
Removal
Repair
Encapsulate
Endorse

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

City, State
Tullytown, PA

Completed by
Deanna Brkuscin
Title
Project Manager

Signature

Date
7/20/15

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

Date of Notification (1)
7/20/15

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

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

Name of Building Owner/Operator (2)
Leslie Lukaszczek

Street Address
63 Ferndale Ave

City, State, Zip Code
Glen Rock, NJ 07452

Name of Contact
Lark Gaydos

Telephone Number
732-37-UZ

FACILITY INFORMATION

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

Street Address
63 Ferndale Ave

City (5)
Glen Rock

County Code (7)
(STATE USE ONLY)

Current Use (Prior if being demolished)
House

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

ASCM No.
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

Telephone No.

License No.

Start Date (10)
8/04/15

Scheduled Completion Date (11)
8/05/15

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

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

Yes
No
N/A

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

Endorse
Repair
Removal
Endorse

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

NJ/DEP Waste Hauler ID No.
#20096

Cubic Yards of Waste
TBD

Name of Registered Landfill
Waste Management of PA

City, State
Totowa, NJ

Disposal Date
TBD

City, State
Tullytown, PA

Completed by
Deanna Brkusacin

Title
Project Manager

Signature

Date
7/20/15

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

Date of Notification (1)
7/20/15

Name of Building Owner/Operator (2)
Kathleen Del Rosso

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

Street Address
71 Overlook Terrace

City, State, Zip Code
Bloomfield, NJ 07003

Name of Contact
Kathleen DelRosso

Telephone Number
046-027-22-0

FACILITY INFORMATION

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

Street Address
71 Overlook Terrace

City (5)
Bloomfield

County (6)
Essex County Code (7)
N/A

Current Use (Prior if being demolished)
House

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

ASCM No.

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

Street Address
11 Rosengren Avenue

City, State, Zip Code
Totowa, NJ 07512

Project Manager for Monitoring Firm

Telephone No.

Start Date (10) 8/07/15

Scheduled Completion Date (11) 8/08/15

Occupancy Status During Abatement (Check Only One)

Facility Closed/Vacated During Entire Period of Abatement

Abatement Performed Outside of Normal Facility Hours

Other – Describe: Occupied

Scope of Work (Check All That Apply)

≥5 sf or ≥5 If

≥160 sf or ≥260 If

Renovation

Demolition

Full Containment with Negative Pressure

Mini-Enclosure

Gluebag Procedure

Non-Exempted (*) and Non-Fireable Procedure

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

In Facility (13)

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

Yes

No

N/A

Description of Asbestos-Containing Material (ACM)

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

Amount (Specify SF or LF)

75 LF

Abatement Type

Removal

Repair

Encapsulate

Endorse

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

NJ/DEP Waste Hauler ID No.
#20096

Cubic Yards of Waste
TBD

Name of Registered Landfill
Waste Management of PA

City, State
Totowa, NJ

Disposal Date
TBD

City, State
Tullytown, PA

Completed by
Deanna Brkuscin

Title
Project Manager

Signature

Date 7/20/15

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:1:20)

**Date of Notification (1):** July 21, 2015  
**Name of Building Owner/Operator (2):** Evonik Corp

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ EPA</td>
<td>□ Initial</td>
</tr>
<tr>
<td>□ DEP</td>
<td>□ Amended</td>
</tr>
<tr>
<td>□ DOL</td>
<td>□ Amendment #1</td>
</tr>
<tr>
<td>□ DOH</td>
<td>□ Emergency (Including</td>
</tr>
<tr>
<td>□ DCA</td>
<td>□ justification)</td>
</tr>
</tbody>
</table>

**Street Address:** 299 Jefferson Road  
**City, State, Zip Code:** Parsippany, NJ 07054

**Name of Contact:** Engineering Manager  
**Telephone Number:** 800-224-1100

**Name of Facility Where Abatement is Taking Place (3):** Evonik Corp  
**Street Address:** 2 Turner Place  
**City (5):** Piscataway, NJ  
**County (6):** Middlesex  
**County Code (7):** ASCM No.

**Name of Monitoring Firm Hired by Building Owner (8):** UniPro Inc  
**Street Address:** 173 Karkus Avenue  
**City, State, Zip Code:** Woodbridge, NJ 07095

**Project Manager for Monitoring Firm:** David Tolchin  
**Telephone No.:** 732-433-5246

**Start Date (10):** 5/5/15  
**Scheduled Completion Date (11):** 5/5/16

**Name of Abatement Contractor (9):** The MACK Group, LLC  
**Street Address:** 1500 Kings HWY N, STE 209  
**City, State, Zip Code:** Cherry Hill, NJ 08034

**Name of OSHA Monitor:** The MACK Group, LLC  
**License No.:** 00781

**Facility Classifications:**  
- Facility Closed/Accepted During Entire Period of Abatement  
- Abatement Performed Outside of Normal Facility Hours

**Scope of Work (Check All That Apply):**  
- ≥36 sf or ≥3 If  
- ≥160 sf or ≥280 sf  
- Renovation  
- Demolition  
- Full Containment with Negative Pressure  
- Mini-Enclosure  
- Glovebag Procedure  
- Non-Exempted  
- Non-Friable Procedure

**Location of Asbestos-Containing Material (ACM) TO BE ABATED (13):**  
- In Facility  
- - Building 3  
  - - Pipe Insulation  
  - - Vat/Mastic  
  - - Window/Door w/ Caulk/Graging  
  - - Transite  
- - Name of Registered Waste Hauler: NJ DEP Waste Hauler ID No. 4509  
- - Cubic Yards of Waste 233.8  
- - Name of Registered Landfill: Cumberland Co./BFI/GROWS/TRRF

**Freehold / Newark Carting / Rovic:**  
**City, State:** Newark, Riverdale, NJ  
**Disposal Date:** 5/5/16

**Completed by:** Mike Cooper  
**Title:** President  
**Signature:**  
**Date:** 7/21/15

*Do not use this form for asbestos licensure exempted activities.*
<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Building 5</td>
<td>Yes</td>
<td>Transite</td>
<td>10000 SF</td>
<td>Removal</td>
</tr>
<tr>
<td>&quot;=&quot;</td>
<td>Yes</td>
<td>Roofing</td>
<td>10000 SF</td>
<td>Removal</td>
</tr>
<tr>
<td>Building 5 (2 Boilers)</td>
<td>Yes</td>
<td>Boiler Insulation</td>
<td>2600 sf</td>
<td>Encapsulate</td>
</tr>
</tbody>
</table>

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

Date of Notification (1)
07/22/15

Name of Building Owner/Operator (2)
HORIZON PROPERTIES

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

Type Notification

Street Address
7 GLENWOOD AVENUE, SUITE 412

City, State, Zip Code
EAST ORANGE, NJ 07017

Name of Contact
BENTZY FISHBAIN

Telephone Number

Name of Facility Where Abatement is Taking Place (3)

Street Address
381 BERKELEY ROAD

City (5)
ORANGE, NJ

County (6)
ESSEX County

County Code (7)
(STATE USE ONLY) 2000

Square Feet

# of Floors

Built Age

Current Use (Prior if being demolished)
HOME

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.

Name of Abatement Contractor (9)
AAA LEAD PROFESSIONALS

Street Address
6 WHITE DOVE COURT

City, State, Zip Code
LAKEWOOD, NJ 08701

Project Manager for Monitoring Firm

Telephone No.
732-688-9078

License No.
1200

Start Date (10)
08/02/15

Scheduled Completion Date (11)
08/02/15

Name of OSHA Monitor
AAA LEAD PROFESSIONALS

Occupancy Status During Abatement (Check Only One)

☒ Facility Closed/Vacated During Entire Period of Abatement
☐ Other – Describe:

Scope of Work (Check All That Apply)
☒ x² sf or ≥3 xf
☒ ≥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

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

INTERIOR
PIPE INSULATION
80 LF

☒

Name of Registered Waste Hauler
NEWARK CARTING

NJDEP Waste Hauler ID No.
04509

Cubic Yards of Waste
4

Name of Registered Landfill
IESI

City, State
BETHELHEM PA

Disposal Date
08/02/15

Completed by
JOSEPH PERLSTEIN

Title
OWNER

Signature

Date
07/22/15

ASB-41 (R-06-08)

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

### Date of Notification (1)
7/22/15

### Name of Building Owner/Operator (2)
Sama Pereborow

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

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

### Street Address
325 Garfield Ave

### City, State, Zip Code
Avon, New Jersey

### Name of Contact
George

### Telephone Number

## FACILITY INFORMATION

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

### Street Address
325 Garfield Ave

### City (5)
Avon

### County (6)
Monmouth

### Square Feet
2000

### # of Floors
2

### Bldg. Age
50+

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

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

### ASCM No.

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

### Street Address
95 Montroso Road

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

### Telephone No.
732-294-1757

### License No.
00029

### Start Date (10)
7/31/15

### Scheduled Completion Date (11)
8/3/15

### 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: 7am-7pm

### Scope of Work (Check All That Apply)
- [X] ≥30 sf or ≥23 if
- [X] ≥180 sf or ≥260 if
- [X] Renovation
- [X] Demolition
- [X] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

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

#### Location

<table>
<thead>
<tr>
<th>ACM TO BE ABATED</th>
<th>In Facility (13)</th>
</tr>
</thead>
<tbody>
<tr>
<td>outdoors</td>
<td>x</td>
</tr>
<tr>
<td>siding</td>
<td>x</td>
</tr>
</tbody>
</table>

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

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

### Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VLT, or other miscellaneous) (12)

<table>
<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000sf</td>
</tr>
</tbody>
</table>

### Abatement Type

<table>
<thead>
<tr>
<th>Removal</th>
<th>Repair</th>
<th>Encapsulate</th>
<th>Envelope</th>
</tr>
</thead>
<tbody>
<tr>
<td>x</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

### NJDEP Waste Hauler ID No.
12096

### Cubic Yards of Waste
3

### Name of Registered Landfill
Chirius

### City, State

### Disposal Date
8/3/15

### City, State
Easton., PA

### Completed by
Bree McGuire

### Title
Secretary Treasurer

### Signature

### Date
7/22/15

* Do not use this form for asbestos licensure exempted activities.
<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>7/29/15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>P.S.E.G.</td>
</tr>
<tr>
<td>Agencies Notified</td>
<td>Type Notification</td>
</tr>
<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>fq</td>
<td>Emergency (including justification)</td>
</tr>
<tr>
<td>DCA</td>
<td>Cancellation</td>
</tr>
<tr>
<td>Street Address</td>
<td>4000 HADLEY ROAD</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>SOUTH PLAINFIELD, NJ 07080</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>JOHN MAROTE</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td>PSE+G (ITEM - 37-42)</td>
</tr>
<tr>
<td>Street Address</td>
<td>Route 508 near MP 3.87</td>
</tr>
<tr>
<td>City (5)</td>
<td>WEST ORANGE</td>
</tr>
<tr>
<td>County (6)</td>
<td>ESSEX</td>
</tr>
<tr>
<td>County Code (7)</td>
<td>N/A</td>
</tr>
<tr>
<td>Current Use (Prior it being demolished)</td>
<td>N/A</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>ASCM No. 0045</td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>UNIQUE SYSTEMS OF AMERICA</td>
</tr>
<tr>
<td>Street Address</td>
<td>396 WHITEHEAD-AVE.</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>SOUTH RIVER, NJ 08882</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>TOM GEIGER</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>732-292-2217</td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>8/4/15</td>
</tr>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>12/31/15</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>OUTDOORS</td>
</tr>
<tr>
<td>Scope of Work (Check All That Apply)</td>
<td></td>
</tr>
<tr>
<td>Renovation</td>
<td></td>
</tr>
<tr>
<td>Demolition</td>
<td></td>
</tr>
<tr>
<td>Full Containment with Negative Pressure</td>
<td></td>
</tr>
<tr>
<td>Min-Enclosure</td>
<td></td>
</tr>
<tr>
<td>Glovebag Procedure</td>
<td></td>
</tr>
<tr>
<td>Non-Exempted (*) and Non-Friable Procedure</td>
<td></td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED</td>
<td></td>
</tr>
<tr>
<td>In Facility (13)</td>
<td>outside</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Description of Asbestos Containing Material (ACM)</td>
<td>ACM Pipe. Sam Masta. 200 CF</td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
<td></td>
</tr>
<tr>
<td>Abatement Type</td>
<td></td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
<td>WASTE MANAGEMENT</td>
</tr>
<tr>
<td>NJDEP Waste Hauler ID No.</td>
<td>1125</td>
</tr>
<tr>
<td>Disposal Date</td>
<td>TBD</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>GROWS NORTH</td>
</tr>
<tr>
<td>City, State</td>
<td>ELIZABETH, NJ</td>
</tr>
<tr>
<td>CITY</td>
<td></td>
</tr>
<tr>
<td>City, State</td>
<td>MORRISVILLE, PA</td>
</tr>
<tr>
<td>Completed by</td>
<td>CAROL RAIMO</td>
</tr>
<tr>
<td>Title</td>
<td>OFFICE MGR.</td>
</tr>
<tr>
<td>Signature</td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td>7/23/15</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)**  
7/23/15

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

**Type Notification**  
- Initial

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

**Street Address**  
4000 HADLEY ROAD

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

**Name of Contact**  
JOHN MAROTTE

**Telephone Number**  
(908) 871-4071

**Name of Facility Where Abatement is Taking Place (3)**  
PSE & G (WHITEMAN 92, 93, 96, 97)

**Street Address**  
ROUTE-510 NEAR MP 08.37

**City (5)**  
MAPLEWOOD

**County (6)**  
ESSEX

**Square Feet**  
N/A

**# of Floors**  
N/A

**Bldg. Age**  
N/A

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

**ASCN No.**  
0045

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

**Street Address**  
64-BROAD-STREET

**City, State, Zip Code**  
MATAWAN, NJ 07747

**Project Manager for Monitoring Firm**  
TOM GEIGER

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

**License No.**  
01111

**Start Date (10)**  
8/4/15

**Scheduled Completion Date (11)**  
12/31/15

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

**Street Address**  
396 WHITEHEAD-AVE.

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

**Scope of Work (Check All That Apply)**
- [ ] ≥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-Friabile Procedure

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

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

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

**Description of Asbestos Containing Material (ACM)**
- (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)
- [ ] ACM Pipe Somatastic  
- [ ] 200 LF  
- [ ] X

**Amount (Specify SF or LF)**  

**Abatement Type**  

**Name of Registered Waste Hauler**  
WASTE MANAGEMENT

**Waste Hauler ID No.**  
1128

**Cubic Yards of Waste**  

**Disposal Date**  
7/3/15

**City, State**  
MORRISVILLE, PA

**Name of Registered Landfill**  
GROWS NORTH

**Completed by**  
CAROL RAIMO

**Title**  
OFFICE MGR.

**Signature**  
[Signature]

**Date**  
7/23/15

---

* Do not use this form for asbestos licensure exempted activities.
**State of New Jersey**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 5:90 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>7/28/15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>P.S.E.G.</td>
</tr>
<tr>
<td>Agencies Notified</td>
<td>Type Notification</td>
</tr>
<tr>
<td>EPA</td>
<td>Initial</td>
</tr>
<tr>
<td>DOH</td>
<td>Amendment</td>
</tr>
<tr>
<td>DOL</td>
<td>Amendment Number</td>
</tr>
<tr>
<td>DCA</td>
<td>Emergency</td>
</tr>
<tr>
<td>Street Address</td>
<td>4000 HADLEY ROAD</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>SOUTH PLAINFIELD, NJ 07080</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>JOHN MAROTTE</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td>ASMC ITEM 11</td>
</tr>
<tr>
<td>Street Address</td>
<td>7 VIA VITALE</td>
</tr>
<tr>
<td>City (5)</td>
<td>KENILWORTH</td>
</tr>
<tr>
<td>County (6)</td>
<td>UNION</td>
</tr>
<tr>
<td>County Code (7)</td>
<td>N/A</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>ENVIRONMENTAL TACTICS</td>
</tr>
<tr>
<td>ASCM No.</td>
<td>0045</td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>UNIQUE SYSTEMS OF AMERICA</td>
</tr>
<tr>
<td>Street Address</td>
<td>396 WHITEHEAD AVE.</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>SOUTH RIVER, NJ 08822</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>TOM GEIGER</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>732-282-2217</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>732-432-8350</td>
</tr>
<tr>
<td>License No.</td>
<td>01111</td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>8/4/15</td>
</tr>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>12/31/15</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>OUTDOORS</td>
</tr>
<tr>
<td>Scope of Work (Check All That Apply)</td>
<td></td>
</tr>
<tr>
<td>≥3 sf or ≥3 ft²</td>
<td>Renovation</td>
</tr>
<tr>
<td>≥160 sf or ≥160 ft²</td>
<td>Demolition</td>
</tr>
<tr>
<td>≥260 sf or ≥260 ft²</td>
<td></td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)</td>
<td></td>
</tr>
<tr>
<td>Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)</td>
<td>Yes</td>
</tr>
<tr>
<td>Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td>ACM Pipe Somastic</td>
</tr>
<tr>
<td>Amount (Specify $F or LF)</td>
<td>200 LF</td>
</tr>
<tr>
<td>Abatement Type</td>
<td></td>
</tr>
<tr>
<td>Full Containment with Negative Pressure</td>
<td></td>
</tr>
<tr>
<td>Mini-Enclosure</td>
<td></td>
</tr>
<tr>
<td>Glovebag Procedure</td>
<td></td>
</tr>
<tr>
<td>Non-Exempted (*) and Non-Friable Procedure</td>
<td></td>
</tr>
<tr>
<td>WASTE MANAGEMENT</td>
<td></td>
</tr>
<tr>
<td>NJDEP Waste Hauler ID No.</td>
<td>1125</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td>0.10</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>GROWS NORTH</td>
</tr>
<tr>
<td>City, State</td>
<td>MORRISVILLE, PA</td>
</tr>
<tr>
<td>Disposal Date</td>
<td>TBD</td>
</tr>
<tr>
<td>Completed by</td>
<td>CAROL RAIMO</td>
</tr>
<tr>
<td>Title</td>
<td>OFFICE MGR.</td>
</tr>
<tr>
<td>Signature</td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td>7/28/15</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 8:80 and 12:120)

**Date of Notification (1)**
7/23/15

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

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

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

**Street Address**
4000 HADLEY ROAD

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

**Name of Contact**
JOHN MAROTE

**Telephone Number**

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**
PSE+G (ITEM 64)

**Street Address**
123 GROVE STREET

**City (5)**
ROSELLE PARK

**County Code (6)**
UNION

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

**Square Feet**
N/A

**# of Floors**
N/A

**Bldg. Age**
N/A

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

**Name of Monitoring Firm Hired by Building Owner (8)**
ASCM No. 0045

**ENVIRONMENTAL TACTICS**

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

**Street Address**
396 WHITEHEAD AVE.

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

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

**License No.**
01111

**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: OUTDOORS

**Start Date (10)**
8/4/15

**Scheduled Completion Date (11)**
12/13/15

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

**Street Address**
396 WHITEHEAD AVE.

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

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

- [x] ≥ 23 sf or ≥ 33 ft
- [ ] ≥ 150 sqft or ≥ 2600 sf
- [x] Renovation
- [ ] Demolition
- [ ] - Full Containment with Negative Pressure
- [x] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

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

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

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

- [ ] Acm Pipe Somastics 200 LF

**Abatement Type**

- [ ] Removal
- [ ] Repair
- [ ] Encapsulate
- [ ] Endure

**Name of Registered Waste Hauler**
WASTE MANAGEMENT

**NJDEP Waste Hauler ID No.**
1125

**Cubic Yards of Waste**
APX 10

**Name of Registered Landfill**
GROWNS NORTH

**City, State**
ELIZABETH, NJ

**Disposal Date**
TBD

**Completed by**
CAROL RAIMO

**Title**
OFFICE MGR.

**Signature**

**Date**
7/23/15

*Do not use this form for asbestos licensure exempted activities.*
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:95 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>7/18/15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>P.S.E.G.</td>
</tr>
<tr>
<td>Agencies Notified</td>
<td>Type Notification</td>
</tr>
<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>
</tr>
<tr>
<td>Street Address</td>
<td>4000 HADLEY ROAD</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>SOUTH PLAINFIELD, NJ 07080</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>JOHN MAROTTE</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>826-3120</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

| Name of Facility Where Abatement is Taking Place (3) | 646-652 WEST 1ST AVE. |
| Type of Facility (4) | |
| School (K-12) | |
| Subchapter B (Other than K-12) | |
| Other (i.e. private & commercial buildings, homes, etc.) | |
| Square Feet | N/A |
| # of Floors | N/A |
| Bldg. Age | N/A |
| County (6) | UNION |
| County Code (7) | N/A |
| Current Use (Prior to being demolished) | N/A |
| Name of Monitoring Firm Hired by Building Owner (8) | ENVIRONMENTAL TACTICS |
| ASCM No. | 0045 |
| Name of Abatement Contractor (9) | UNIQUE SYSTEMS OF AMERICA |

**Environmental Tactics**

| Street Address | 64 BROAD STREET |
| City, State, Zip Code | MATAWAN, NJ 07747 |
| Project Manager for Monitoring Firm | TOM GEIGER |
| Telephone No. | 732-292-2217 |

| Start Date (10) | 8/14/15 |
| Scheduled Completion Date (11) | 12/31/15 |

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

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

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

- 330 sq. ft or 33 sq. ft
- ≥1600 sq. ft or ≥2600 sq. 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)
- Yes: No: N/A

**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**

<table>
<thead>
<tr>
<th>Location</th>
<th>Removal</th>
<th>Repair</th>
<th>Encapsulate</th>
<th>Endosuction</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACM Pipe Somastic 200 LF</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**

- WASTE MANAGEMENT
- NJDEP Waste Hauler ID No. 1126
- Cubic Yards of Waste | 10 |
- Name of Registered Landfill | GROWS NORTH |
- City, State | ELIZABETH, NJ |
- Disposal Date | TBD |
- City, State | MORRISVILLE, PA |
- Completed by | CAROL RAIMO |
- Title | OFFICE MGR. |
- Signature |
- Date | 7/18/15 |

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

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

---

**Date of Notification (1)**  
7/23/15

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

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

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

**Street Address**  
4000 HADLEY ROAD

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

**Name of Contact**  
JOHN MAROTTE

---

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**  
PSC-42 (ITEM AS5) MH-25-06

**Street Address**  
318 ASHWOD AVE.

**City (5)**  
KENILWORTH

**County (6)**  
UNION

**County Code (7)**  
0045

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

**ASCM No.**  
0045

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

**Street Address**  
396 WHITEHEAD AVE.

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

**Telephone No.**  
732-329-2217

**License No.**  
01111

---

**Start Date (10)**  
8/4/15

**Scheduled Completion Date (11)**  
10/31/15

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

**Street Address**  
396 WHITEHEAD AVE.

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

---

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

- [x] 23 sf or ≥23 if
- [ ] ≥190 sf or ≥290 if
- [ ] Renovation
- [x] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Endoscopy
- [ ] Glovebox Procedure
- [ ] Non-Exempted (*) and Non-Firable Procedure

---

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

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACM Pipe</td>
<td>200 LF</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outside</td>
<td>ACM Pipe</td>
<td>200 LF</td>
</tr>
</tbody>
</table>

---

**Name of Registered Waste Hauler**  
WASTE MANAGEMENT

**NJDEP Waste Hauler ID No.**  
1125

**Cubic Yards of Waste**  
10

**Disposal Date**  
TBD

**City, State**  
ELIZABETH, NJ

**Name of Registered Landfill**  
GROWS NORTH

**City, State**  
MORRISVILLE, PA

---

**Compiled by**  
CAROL RAIMO

**Title**  
OFFICE MGR.

**Signature**  
[Signature]

**Date**  
7/23/15

---

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

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>7/26/15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>P.S.E.G.</td>
</tr>
<tr>
<td>Agencies Notified</td>
<td>EPA, DEP, DOL, DOH, DCA</td>
</tr>
<tr>
<td>Type Notification</td>
<td>X Initial, Amendment #</td>
</tr>
<tr>
<td>Street Address</td>
<td>4000 HADLEY ROAD</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>SOUTH PLAINFIELD, NJ 07080</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>JOHN M ARTOE</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td>PSE &amp; G (ITEM 28)</td>
</tr>
<tr>
<td>Street Address</td>
<td>31 S. MICHIGAN AVE.</td>
</tr>
<tr>
<td>City (5)</td>
<td>KENILWORTH</td>
</tr>
<tr>
<td>County (6)</td>
<td>UNION</td>
</tr>
<tr>
<td>County Code (7)</td>
<td></td>
</tr>
<tr>
<td>Name of Monitored Firm Hired by Building Owner (8)</td>
<td>ASCM No. 0045</td>
</tr>
<tr>
<td>Environmental Tactics</td>
<td>UNIQUE SYSTEMS OF AMERICA</td>
</tr>
<tr>
<td>Street Address</td>
<td>64 BROAD STREET</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>MATAWAN, NJ 07747</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>TOM GEIGER</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>732-282-2217</td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>8/4/15</td>
</tr>
<tr>
<td>Scheduling Completion Date (11)</td>
<td>12/31/15</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: OUTDOORS</td>
<td></td>
</tr>
<tr>
<td>Scope of Work (Check All That Apply)</td>
<td></td>
</tr>
<tr>
<td>Renovation</td>
<td>X 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-Permitable Procedure</td>
<td></td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED</td>
<td></td>
</tr>
<tr>
<td>In Facility</td>
<td></td>
</tr>
<tr>
<td>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</td>
<td>Yes</td>
</tr>
<tr>
<td>Description of Asbestos-Containing Material (ACM)</td>
<td>ACM Pipe, 300 LF</td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
<td>300 LF</td>
</tr>
<tr>
<td>Abatement Type</td>
<td>Endcare</td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
<td>N.J DEP Waste Hauler ID No. 1125</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>GROWS NORTH</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>ELIZABETH, NJ 07018</td>
</tr>
<tr>
<td>Disposal Date</td>
<td>T/B</td>
</tr>
<tr>
<td>Completed by</td>
<td>CAROL RAIMO</td>
</tr>
<tr>
<td>Title</td>
<td>OFFICE MGR.</td>
</tr>
<tr>
<td>Signature</td>
<td>CAROL RAIMO</td>
</tr>
<tr>
<td>Date</td>
<td>7/26/15</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)**

7/23/15

**Agency Notified**

- [ ] EPA
- [ ] DEP
- [ ] DOL
- [ ] DOH
- [ ] DCA

**Type Notification**

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

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

P.S.E.G.

**Street Address**

4000 HADLEY ROAD

**City, State, Zip Code**

SOUTH PLAINFIELD, NJ 07080

**Name of Contact**

JOHN MAROTTE 07/23/11

**FACILITY INFORMATION**

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

PSE&G (ITEM 106)

**Street Address**

1 BOYD TERRACE

**City**

KENILWORTH

**County**

UNION

**Square Feet**

N/A

**# of Floors**

N/A

**Bldg. Age**

N/A

**Type of Facility (4)**

- [ ] School (K-12)
- [ ] Subchapter 9 (Other than K-12)
- [ ] Other (i.e. private & commercial buildings, homes, etc.):

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

N/A

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

ENVIRONMENTAL TACTICS

**ASCN No.**

0045

**Name of Abatement Contractor (9)**

UNIQUE SYSTEMS OF AMERICA

**Street Address**

64-BROAD-STREET

**City, State, Zip Code**

MATAWAN, NJ 07747

**Project Manager for Monitoring Firm**

TOM GEIGER

**Telephone No.**

732-252-2217

**License No.**

01111

**SCHEDULED COMPLETION DATE (11)**

12/31/15

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

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

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

- [ ] ≥3 sf or ≥3 if
- [ ] ≥150 sf or ≥220 if
- [ ] ≥20 sf or ≥200 if
- [ ] Renovation
- [ ] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Fireable Procedure

**Location of Asbestos-Containing Material (ACM) TO BE ABAETED (Check All That Apply)**

- [ ] Location Normally Used Solely by Maintenance/Custodial Staff (12)

**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)**

ACM Pipe Soma344, 200 LF

**Amount (Specify SF or LF)**

**Abatement Type**

**Removal**

**Encapsulate**

**Endorse**

**Name of Registered Waste Hauler**

NAME MANAGEMENT

**NJDEP Waste Hauler ID No.**

1125

**Cubic Yards of Waste**

APPROX. 10

**Name of Registered Landfill**

GROWS NORTH

**City, State**

ELIZABETH, NJ

**Disposal Date**

TBD

**City, State**

MORRISVILLE, PA

**Completed by**

CAROL RAIMO

**Title**

OFFICE MGR.

**Signature**

CAROL RAIMO

**Date**

7/23/15

* Do not use this form for asbestos licensure exempted activities.
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:20 and 12:120)

Date of Notification (1) 7/23/15

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

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

Street Address 4000 HADLEY ROAD
City, State, Zip Code SOUTH PLAINFIELD, NJ 07080

Name of Contact JOHN MARDOTE

FACILITY INFORMATION

Name of Facility Where Abatement Is Taking Place (3) PSE&G (ITEM 77)

Street Address 580 N. MICHIGAN AVE.
City (5) KENILWORTH
County (6) UNION

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

ASCN No. 0045

Name of Abatement Contractor (9) UNIQUE SYSTEMS OF AMERICA

Street Address 64-BROAD-STREET
City, State, Zip Code MATAWAN, NJ 07747

Project Manager for Monitoring Firm TOM GEIGER

Telephone No. 732-292-2217

Start Date (10) 8/4/15

Scheduled Completion Date (11) 10/31/15

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

Scope of Work (Check All That Apply)
- ≥23 sf or ≥23 ft
- ≥160 sf or ≥280 ft
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

In Facility (13)

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

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

ACM Pipe Somastic 200 LF

Amount (Specify SF or LF)

Abatement Type

Location of Registered Waste Hauler WASTE MANAGEMENT

NJDEP Waste Hauler ID No. 1125

Cubic Yards of Waste 10

Name of Registered Landfill GROWS NORTH

City, State ELIZABETH, NJ MORRISVILLE, PA

Disposal Date TBD

Completed by CAROL RAIMO

Title OFFICE MGR.

Signature

Date 7/23/15

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>7/23/15</td>
<td>P.S.E.G.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Name of Contact</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
<td>George Vilardo</td>
<td></td>
</tr>
<tr>
<td>DOH</td>
<td>Amended</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DOL</td>
<td>Amendment #</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Emergency (including Cancellation)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FACILITY INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
</tr>
<tr>
<td>2133 Grand Ave.</td>
</tr>
<tr>
<td>City (5)</td>
</tr>
<tr>
<td>North Bergen</td>
</tr>
<tr>
<td>County (6)</td>
</tr>
<tr>
<td>Hudson</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ENVIRONMENTAL TACTICS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
</tr>
<tr>
<td>ASCM No. 0045</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>UNIQUE SYSTEMS OF AMERICA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Abatement Contractor (9)</td>
</tr>
<tr>
<td>Name of Abatement Contractor</td>
</tr>
<tr>
<td>Name of OSHA Monitor</td>
</tr>
<tr>
<td>Name of OSHA Monitor</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PROJECT INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
</tr>
<tr>
<td>64 Broad Street</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
</tr>
<tr>
<td>Matawan, NJ 07747</td>
</tr>
</tbody>
</table>

| Street Address      |
| 396 Whitehead Ave.  |

| City, State, Zip Code |
| South River, NJ 08882 |

| Project Manager for Monitoring Firm |
| Tom Geiger                       |

| Telephone No. |
| 732-292-2217 |

| Telephone No. |
| 732-432-8350 |

| License No. |
| 01111 |

| Start Date (10) |
| 8/5/15 |

| Scheduled Completion Date (11) |
| 10/31/15 |

| OCCUPANCY STATUS DURING ABATEMENT (CHECK ONLY) |
| Facility Closed/ Vacated During Entire Period of Abatement |
| Facility Performed Outside of Normal Facility Hours |
| Other - Describe: Necessary App. Only |

| SCOPE OF WORK (CHECK ALL THAT APPLY) |
| 23 sf or 23 If |
| 160 sf or 220 If |

| FULL CONTAINMENT WITH NEGATIVE PRESSURE |
| Mini-Enclosure |
| Glovebag Procedure |
| Non-Exempted (*) and Non-Friable Procedure |

| LOCATION OF ASBESTOS-CONTAINING MATERIAL (ACM) |
| TO BE ABATED |
| Location Normally Used Solely by Maintenance/Custodial Staff? (12) |
| Yes No N/A |

| DESCRIPTION OF ASBESTOS CONTAINING MATERIAL (ACM) |
| PEELING PAINT |
| Transite Panels |
| Pipe Insulation |

| AMOUNT (SPECIFY SF or LF) |
| 36 SF |
| 480 LF |
| 65 LF |

<table>
<thead>
<tr>
<th>WASTE MANAGEMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Registered Waste Hauler</td>
</tr>
<tr>
<td>WASTE MANAGEMENT</td>
</tr>
</tbody>
</table>

| City, State |
| Elizabeth, NJ |

| Disposal Date |
| TBA |

<table>
<thead>
<tr>
<th>WASTE DISPOSAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State</td>
</tr>
<tr>
<td>Morrisville, PA</td>
</tr>
</tbody>
</table>

| COMPLETED BY |
| Carol Raimo |

| Title |
| Office Mgr. |

| Signature |
| Carol Raimo |

* 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>7 / 21 / 15</td>
<td>Lindenwald Board of Education / Job #1506-1988 Chk. #4024</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></td>
</tr>
<tr>
<td>☑ DHSS</td>
<td>☑ Amended</td>
</tr>
<tr>
<td>☑ DCA (NJAC 5:23-8)</td>
<td>☑ Amendment #</td>
</tr>
<tr>
<td></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>801 Egg Harbor Road</td>
<td>Lindenwald, NJ 08021</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Contact</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kathleen Hudner</td>
<td></td>
</tr>
</tbody>
</table>

### FACILITY INFORMATION

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

**School #5**

**Street Address**

550 Chews Landing Road

**City (5)**

Lindenwald

**County (6)**

Camden

**Square Feet**

96,847

**# of Floors**

3

**Bldg. Age**

75

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


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

School

<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>Horizon Environmental</td>
<td></td>
<td>Asbestos and Mold Services, Corp.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dave Flanigan</td>
<td>856-848-0800</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>8 / 3 / 15</td>
<td>8 / 7 / 15</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check only one)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ Facility Closed/Vacated During Entire Period of Abatement</td>
</tr>
<tr>
<td>☑ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM-PM/PM-AM</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ 3 sf or ≥3 if</td>
</tr>
<tr>
<td>☑ 160 sf or ≥260 sf or ≥280 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>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED</th>
</tr>
</thead>
<tbody>
<tr>
<td>IN Facility</td>
</tr>
<tr>
<td>(13)</td>
</tr>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>-----</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>
<tr>
<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>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>438 SF</td>
<td>☑ Full Containment with Negative Pressure</td>
</tr>
<tr>
<td></td>
<td>☑ Mini-Enclosure</td>
</tr>
<tr>
<td></td>
<td>☑ Glovebag Procedure</td>
</tr>
<tr>
<td></td>
<td>☑ Non-Exempted (*) and Non-Friable Procedure</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Kitchen</th>
<th>Non ACM Floor Tile and Asb Mastic</th>
<th>438 SF</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
</tr>
</thead>
<tbody>
<tr>
<td>Freehold Cartage, Inc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NJ/DEP Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
</tr>
</thead>
<tbody>
<tr>
<td>02265</td>
<td>6</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>City, State</th>
<th>Disposal Date</th>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Freehold, NJ</td>
<td>8/7/15</td>
<td>Morrisville, PA 19067</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed By (Print or Type)</th>
<th>Title</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kimberly A. Trumbetti</td>
<td>Office Coordinator</td>
<td></td>
<td>11-31-15</td>
</tr>
</tbody>
</table>

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

Date of Notification (1) 7 / 21 / 15
Name of Building Owner/Operator (2) Lindenwold Board of Education / Job #1506-1988 Chk. #4023

Agencies Notified

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

Type Notification

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

Street Address

801 Egg Harbor Road

City, State, Zip Code

Lindenwold, NJ 08021

Name of Contact

Kathleen Huder

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

School #4

Street Address

900 Gibbsboro Road

City (5)

Lindenwold

County (6)

Camden

County Code (7)(STATE USE ONLY)

Square Feet

96,947

# of Floors

3

Bldg. Age

75

Name of Monitoring Firm Hired by Building Owner (8)

Horizon Environmental

ASCM No.

Name of Abatement Contractor (9)

Asbestos and Mold Services, Corp.

Street Address

3658 Sylon Boulevard

City, State, Zip Code

Hainesport, NJ 08036

Project Manager for Monitoring Firm

Dave Flanigan

Telephone No.

856-848-0800

License No.

00862

Start Date (10) 8 / 3 / 15

Scheduled Completion Date (11) 8 / 7 / 15

Occupancy Status During Abatement (Check only one)

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

Scope of Work (Check all that apply)

- 2 sf or 2 ft
- 160 sf or 260 ft
- Demolition
- Renovation

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 (12)

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

Amount (Specify SF or LF)

Abatement Type

- Removal
- Repair
- Encapsulate
- Endorse

Kitchen & Storage Area

- Floor Tile and Mastic

667 SF

Name of Registered Waste Hauler

Freehold Cartage, Inc.

NJDEP Waste Hauler ID No. 02265

Cubic Yards of Waste

5

Name of Registered Landfill

GROWS Landfill

City, State

Freehold, NJ

Disposal Date

8/7/15

City, State

Morrissville, PA 19067

Completed By (Print or Type)

Kimberly A. Trumbetti

Title

Office Coordinator

Signature

Date

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

Date of Notification (1)  7 / 21 / 15  
Name of Building Owner/Operator (2)  Millville Investment Group / Job #1507-2004  
Chk. #4022  

Agencies Notified  
☐ EPA  ☐ DOLWD  ☐ DHSS  ☐ DCA (NJAC 5:23-8)  
Type Notification  ☐ Initial  ☐ Amended  ☐ Emergency (including justifications)  ☐ Cancellation  
Street Address  1101 Wheaton Avenue  
City, State, Zip Code  Millville, NJ 08332  
Name of Contact  John Lopez  
Telephone Number  

FACILITY INFORMATION  

Name of Facility Where Abatement is Taking Place (3)  
Millville Investment Group  
Street Address  1101 Wheaton Avenue  
City (5)  Millville  
County (6)  Cumberland  
County Code (7)  Cumberland  
Current Use (Prior or if being demolished)  
Financial Group  

Name of Monitoring Firm Hired by Building Owner (8)  Horizon Environmental  
ASCN No.  

Name of Abatement Contractor (9)  Asbestos and Mold Services, Corp.  
Street Address  3859 Sylon Boulevard  
City, State, Zip Code  Hainesport, NJ 08036  

Project Manager for Monitoring Firm  Dave Flanagan  
Telephone No.  856-948-0800  
License No.  00862  

Start Date (10)  8 / 4 / 15  
Scheduled Completion Date (11)  8 / 21 / 15  
Name of OSHA Monitor  EMSL Analytical, Inc.  
Street Address  200 U.S. Route 130 North  
City, State, Zip Code  Cinnaminson, NJ 08077  

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 ≥3 if  ☒ ≥150 sf or ≥250 ft  ☒ Renovation  ☒ Demolition  ☒ Full Containment with Negative Pressure  ☒ Minisurveys  ☒ 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  Encapsulation  Endoscopy  

Location of Asbestos-Containing Material (ACM)  

Storage Area  ☒  ☒  ☒ Assumed Transite Wallboard  130 SF  ☒  ☒  ☒  
Storage Area  ☒  ☒  ☒ Asb. Insulated Ductwork  10 LF  ☒  ☐  ☒  
Storage Area/Mechanical  ☒  ☐  ☒ Ductwork (89 ft)  500 LF  ☐  ☐  ☒  
Mechanical Room  ☒  ☒  ☒ Pipe Insulation (14 ft)  300 LF  ☒  ☐  ☒  

Name of Registered Waste Hauler  Freehold Cartage, Inc.  
NJDEP Waste Hauler ID No. 02265  
Cubic Yards of Waste  5  
Name of Registered Landfill  GROWS Landfill  
City, State  Freehold, NJ  Morrisville, PA 19067  
Disposal Date  8/21/15  

Completed By (Print or Type)  Kimberly A. Trumbetti  
Title  Office Coordinator  
Signature  
Date  9-21-15  

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>7/22/15</td>
<td>The Lawrenceville School</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ EPA</td>
<td>✗ Initial</td>
<td>2500 Main Street</td>
</tr>
<tr>
<td>☑ DEP</td>
<td>✗ Amended</td>
<td></td>
</tr>
<tr>
<td>☑ DOL</td>
<td>☑ Emergency (including justification)</td>
<td></td>
</tr>
<tr>
<td>☑ DOH</td>
<td>☑ Cancellation</td>
<td></td>
</tr>
<tr>
<td>☑ DCA</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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>Exterior Garage Area</td>
<td>School (K-12)</td>
</tr>
<tr>
<td></td>
<td>Subchapter 8 (Other than K-12)</td>
</tr>
<tr>
<td></td>
<td>Other (i.e., private &amp; 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>NA</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>County (6)</th>
<th>Current Use (Prior if being demolished)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mercer</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>MECS</td>
<td>Stevens Environmental Services, Inc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bill Weisgarber</td>
<td>(609) 298-4070</td>
<td>00493</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>7/31/15</td>
<td>8/31/15</td>
</tr>
</tbody>
</table>

**Occupy Status During Abatement (Check only one)**

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

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

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

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

<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>

<table>
<thead>
<tr>
<th>Exterior Trench</th>
<th>Thermal Pipe Insulation</th>
</tr>
</thead>
<tbody>
<tr>
<td>✗</td>
<td>120 lf</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stevens Environmental Services, Inc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NJDEP Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>18292</td>
<td>2 CU</td>
<td>GROWS Landfill</td>
</tr>
</tbody>
</table>

**Disposal Date**

8/31/15

**City-State**

Allentown, NJ

**Completed By**

Mahlon E. Stevens  
Project Manager

**Signature**

Date 7/22/15

*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)
[07/12/11]

Name of Building Owner/Operator (2)
Janet Muench

Street Address
181 W Clinton Avenue

City, State, Zip Code
Bergenfield, NJ 07621

Name of Contact
Janet Muench

Telephone Number
570-376-3000

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
Janet Muench

Street Address
181 W Clinton Avenue

City (5)
Bergenfield

County (6)
Bergen

County Code (7)
(NJ use only)

Type of Facility (4)

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

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

Street Address
105 Ryerson Road

City, State, Zip Code
Lincoln Park, NJ 07035

Project Manager for Monitoring Firm

Telephone Number
973-696-6869

License Number
0378

Name of OSHA Monitor
B & G Restoration, Inc.

Street Address
105 Ryerson Road

City, State, Zip Code
Lincoln Park, NJ 07035

Scheduled Start Date (10)
08/01/2015

Sched. Completion Date (11)
08/01/2015

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

Scope of Work (check all that apply)
- Demolition
- Renovation
- >3 sf or >3 if
- ≥160 sf or ≥260 if
- Full Containment winegative pressure
- Mini-enclosure
- Wrap & cut
- Glovebag procedure
- Non- friable procedure

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
<th>Description</th>
<th>Amount (Specify SF or LF)</th>
<th>R</th>
<th>E</th>
<th>C</th>
<th>L</th>
</tr>
</thead>
<tbody>
<tr>
<td>basement</td>
<td></td>
<td>X</td>
<td></td>
<td>pipe insulation</td>
<td>20 if</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Registered Waste Hauler
B & G Restoration, Inc.

NJDEP Hauler ID# 19563

Cubic Yards of Waste 1/2

Name of Registered Landfill
Tullytown Resource & Recovery Center

City, State
Lincoln Park, NJ 07035

Disposal Date
08/03/2015

City, State
Tullytown, PA

Completed by (Print or Type)
Gordana Luna
Title
Secretary/Treasurer

Signature

Date
07/21/2015
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>7-21-15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Bristol Myers Squibb Building 3A</td>
</tr>
<tr>
<td>Agencies Notified</td>
<td>Type Notification</td>
</tr>
<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>
</tr>
<tr>
<td>Street Address</td>
<td>311 Pennington Rocky Hill Road</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Hopewell, NJ 08534</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Ken May - Project Manager</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>908-689-1234</td>
</tr>
</tbody>
</table>

FACILITY INFORMATION

| Name of Facility Where Abatement is Taking Place (3) | Bristol Myers Squibb Building 3A Roof Sections 1 and 4 |
| Type of Facility (4) | |
| School (K-12) | |
| Subchapter 8 (Other than K-12) | |
| Other (i.e. private & commercial buildings, homes, etc.) | X |
| Square Feet | 22,127 |
| # of Floors | 2 |
| Bldg. Age | 1970 |
| County Code (7) | N/A |
| Current Use (Prior if being demolished) | Commercial |
| County (8) | Mercer County |
| Name of Monitoring Firm Hired by Building Owner (9) | Eagle Industrial Hygiene Assoc., Inc. |
| ASCM No. | N/A |
| Name of Abatement Contractor (10) | Belcher Roofing Corporation |
| Street Address | 359 Dresher Road |
| City, State, Zip Code | Horsham, PA 19044 |
| Telephone No. | 215-672-6088 |
| Name of OSHA Monitor | Criterion Laboratories, Inc. |
| Project Manager for Monitoring Firm | Mark Hays |
| Start Date (11) | 8-2015 |
| Scheduled Completion Date (11) | 10-2015 |
| Occupancy Status During Abatement | N/A |
| Facility Closed/Vacated During Entire Period of Abatement | N/A |
| Abatement Performed Outside of Normal Facility Hours | N/A |
| Other - Describe: Removal of Cat 1 Non-Friable - No RACM | N/A |
| Scope of Work (Check All That Apply) | |
| x 3 or more sf | Renovation |
| x 160 sf or more | Demolition |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED | |
| in Facility | |
| (15) | |
| Is Location Normally Used Solely by Maintenance/Custodial Staff? (16) | Yes |
| Description of Asbestos Containing Material (ACM) | base flashings & edge stripplings |
| (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | 1,526 LF |
| Amount (Specify SF or LF) | x |
| Abatement Type | |
| x Removal | |
| x Repair | |
| x Encapsulate | |
| Endorse | |
| Name of Registered Waste Hauler | Horizon Disposal Services, Inc. |
| NJDEP Waste Hauler ID No. | 10416 |
| Cubic Yards of Waste | 20 |
| Name of Registered Landfill | Waste Management - GROWS |
| City, State | Trenton, NJ 08611 |
| Disposal Date | 8-2015 |
| City, State | Morrisville, PA 19067 |
| Completed by | Thomas A. Belcher |
| Title | Treasurer |
| Signature | 7-21-15 |

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