State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:80 and 12-120)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>July 24, 2015</td>
<td>City of Paterson</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>DOH</td>
<td>Amendment #</td>
</tr>
<tr>
<td>DOL</td>
<td>Emergency (including justification)</td>
</tr>
<tr>
<td>DCA</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>155 Market Street</td>
<td>Paterson, NJ 07505</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>House for Demolition</td>
</tr>
<tr>
<td>16 Lewis Street</td>
</tr>
<tr>
<td>Paterson</td>
</tr>
<tr>
<td>County (6)</td>
</tr>
<tr>
<td>Passaic</td>
</tr>
<tr>
<td>County Code (7) (STATE USE ONLY)</td>
</tr>
<tr>
<td>n/a</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>n/a</td>
<td>Loznica Management Corp</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>n/a</td>
<td>Lincoln Park, NJ 07035</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>n/a</td>
<td>n/a</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>July 25, 2015</td>
<td>July 26, 2015</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>✗ Other – Describe:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check All That Apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>✗ 23 sf or 23 If</td>
</tr>
<tr>
<td>✗ 2160 sf or 2260 If</td>
</tr>
<tr>
<td>☑ Renovation</td>
</tr>
<tr>
<td>☑ Demolition</td>
</tr>
</tbody>
</table>

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

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

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

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

<table>
<thead>
<tr>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>x</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>XLINE DUMPSTER + WETTING MATERIAL</th>
</tr>
</thead>
<tbody>
<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-Fireable Procedure</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rovic Transport</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>TBD</td>
<td>TBD</td>
<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>Riverdale, NJ</td>
<td>TBD</td>
<td>Morrisville, PA 19067</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed by</th>
<th>Title</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>E. Cirovic</td>
<td>Secretary</td>
<td>[Signature]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>July 24, 2015</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 24th, 2015

### Name of Building Owner/Operator (2)
Creamer Sanzari, A Joint Venture

### Name of Facility Where Abatement is Taking Place (3)
NJ Transit Main Line

### Street Address
101 East Broadway

### City, State, Zip Code
Hackensack, New Jersey 07601-6846

### Name of Contact
Chris Mengel

### Telephone Number

### FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (9)</th>
<th>ASCM No.</th>
<th>Name of Abatement Contractor (9)</th>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Skelly &amp; Loy, Inc.</td>
<td></td>
<td>Slavco Construction Inc.</td>
<td>164 Getty Ave.</td>
</tr>
</tbody>
</table>

### Street Address
449 Eisenhower Blvd.

### City, State, Zip Code
Harrisonburg, Pa 17111

### Project Manager for Monitoring Firm
Dan Davis

### Telephone No.
412-828-1412

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

### Square Feet

### # of Floors

### Bidg. Age

### Occupancy Status During Abatement (Check Only One)
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other – Describe: 7:00am-3:30pm Monday-Friday

### Start Date (10)
August 3rd, 2015

### Scheduled Completion Date (11)
December 31, 2015

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

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

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

### Amount (Specify SF or LF)
- Joint Material
  - 80SF

### Abatement Type

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>NJ DEP Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Slavco Construction Inc.</td>
<td>18508</td>
<td>TBD</td>
<td>G.R.O.W.S Landfill</td>
</tr>
</tbody>
</table>

### City, State
Clifton, New Jersey 07011-1802

### Completed by
Vivian D. Jurcevic

### Title
Office Manager

### Signature

### Date of Completion
July 24th, 2015

*Do not use this form for asbestos licensure exempted activities.*
Date of Notification (1) | 07/23/2015
---|---
Name of Building Owner/Operator (2) | St. Rose High School

**AGENCIES NOTIFIED**
- [x] EPA
- [x] DEP
- [x] DOL
- [x] DOH
- [x] DOA

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**
St. Rose High School

**Street Address**
607 7th Ave

**City (5)**
Belmar

**County (6)**
Monmouth

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

**Name of Abatement Contractor (9)**
Lillich Corporation

**Street Address**
606 McBride Ave

**City, State, Zip Code**
City, State, Zip Code
Woodland Park, NJ 07424

**Project Manager for Monitoring Firm**

**Telephone No.**
973-225-8400

**License No.**
01104

**Start Date (10)**
08/04/15

**Scheduled Completion Date (11)**
08/06/15

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

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

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Use Solely by Maintenance</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos-Containing Material</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>boiler room</td>
<td>x</td>
<td>No</td>
<td>pipe insulation/cure</td>
<td>3LF</td>
<td>x</td>
</tr>
<tr>
<td>1st floor hallway/weight room/former</td>
<td>x</td>
<td>pipe/fitting insulation/cure</td>
<td>5LF</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>1st fl boiler room</td>
<td>x</td>
<td>ceiling panels/cure</td>
<td>2LF</td>
<td>x</td>
<td></td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**
Lillich Corporation

**City, State**
Woodland Park, NJ

**Preferred Waste Disposal**
NJ DEP Waste Hauler ID No. 18724

**Cubic Yards of Waste**

**Name of Registered Landfill**
GROWS, PA

**City, State**
City, State
Morrisville, PA

**Completed by**
Momo Giavatovic
Title: vice president

**Signature**

**Date**
07/23/2015

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 5:80 and 12:120)

Date of Notification (1)
07/23/2015

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

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

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

Street Address
300 JFK Drive

City, State, Zip Code
Middlesex, NJ 08846

Name of Contact
Ray Mulvey

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Hazelwood Elementary school

Street Address
800 Hazelwood Ave

City (5)
Middlesex

County (9)
Middlesex

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

Square Feet

# of Floors

Bldg. Age

Current Use (Prior to being demolished)

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

ASCM No.

Name of Abatement Contractor (9)
Lillich Corporation

Street Address
606 McBride Ave

City, State, Zip Code
Woodland Park, NJ 07424

Project Manager for Monitoring Firm
Mike Hoodak

Telephone No.
609-280-5720

License No.
01104

Name of OSHA Monitor
J&S Environmental Laboratories, Inc

Street Address
2333 Route 22 West

City, State, Zip Code
Union, NJ 07083

Start Date (10)
08/03/15

Scheduled Completion Date (11)
08/07/15

Occupancy Status During Abatement (Check Only)
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other - Describe: occupied sub-8

Scope of Work (Check All That Apply)
- 23 sf or #2 sf
- 160 sf or #269 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

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>boiler room</td>
<td>X</td>
<td>gasket insulation</td>
<td>25 sf</td>
</tr>
<tr>
<td>boiler room</td>
<td>X</td>
<td>boiler refractory</td>
<td>40 sf</td>
</tr>
<tr>
<td>boiler room</td>
<td>X</td>
<td>boiler insulation</td>
<td>40 sf</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
Lillich Corporation

NJDEP Waste Hauler ID No.
18724

Cubic Yards of Waste

Name of Registered Landfill
GROWS, PA

City, State
Woodland Park, NJ

Completed by
Momo Glavatovic

Signature

Date
07/23/2015

* 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)
July 23, 2015

Name of Building Owner/Operator (2)
Estate of Nina Bein c/o Robert Bein
Check # 2249

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

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

Street Address
545 Mud College Road
City, State, Zip Code
Littlestown, PA 17340

Name of Contact
Robert Bein
Telephone Number

FACILITY INFORMATION

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

Street Address
1072 Trafalgar Street
City (5)
Teaneck
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
3,000
# of Floors
2
Bldg. Age
75

Current Use (Prior if being demolished)
Residence

Name of Monitoring Firm Hired by Building Owner (8)
Management & Enviro. Consulting Services
ASCN No.

Name of Abatement Contractor (9)
Shade Environmental, LLC

Street Address
PO Box 341
City, State, Zip Code
Chesterfield, NJ 08515

Telephone No.
609-239-4070
License No.
00842

Start Date (10)
August 5, 2015
Scheduled Completion Date (11)
August 28, 2015

Name of OSHA Monitor
EMSL Analytical, Inc.

Street Address
200 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
- Other – Describe:

Scope of Work (Check All That Apply)
- ≥3 sf or ≥6 If
- ≥150 sf or ≥260 If

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)
Textured Paint

Amount (Specify SF or LF)
2,800 SF

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

Location of Registered Waste Hauler
NJDEP Waste Hauler ID No.
02265

Cubic Yards of Waste
40

Name of Registered Landfill
Cumberland County Landfill

City, State
Newburg, PA

Completed by
Christina Lynch
Title
Operations Manager
Signature
Date
7/23/2015

* Do not use this form for asbestos licensure exempted activities.
**State of New Jersey**  
**Notification of Asbestos Abatement**  
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>07/24/2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Delaware Valley Regional High School District</td>
</tr>
<tr>
<td>Agencies Notified</td>
<td></td>
</tr>
<tr>
<td>[ ] EPA</td>
<td>[ ] Initial Notification</td>
</tr>
<tr>
<td>[ ] DCA</td>
<td>[ ] Amended #</td>
</tr>
<tr>
<td>[ ] DOL</td>
<td>[ ] Emergency notification (including justification)</td>
</tr>
<tr>
<td>[ ] DEP</td>
<td>[ ] Canceled</td>
</tr>
<tr>
<td>[ ] DOIH</td>
<td></td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Delaware Valley Regional High School</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>19 Senator Stout Road</td>
</tr>
<tr>
<td>Name of Owner/Bidder</td>
<td>Frenchtown, NJ 08825</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td></td>
</tr>
<tr>
<td>Notifications Hired by Bidder/Owner (8)</td>
<td>ASCM No.</td>
</tr>
<tr>
<td>Street Address</td>
<td></td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td></td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td></td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td></td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
<tr>
<td>License Number</td>
<td>01237</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>Panoramic Window &amp; Door Systems Inc.</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>P (732)926-0900</td>
</tr>
<tr>
<td>Name of OSHA Monitor</td>
<td>IAQ GURU LLC</td>
</tr>
</tbody>
</table>

**Occupancy Status During Abatement**  
[ ] Facility Closed/Vacated During Entire Period of Abatement  
[ ] Abatement Performed Outside of Normal Facility Hours - Describe: Mon-Sat 3:30 pm to 11:00 pm

**Location of Asbestos-Containing Material (ACM) in Facility (13)**  
Is Location Normally Used Solely by Maint./Custodial Staff? (12)  
[ ] Yes  [ ] No  [ ] NA

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

<table>
<thead>
<tr>
<th>Type of Facility (4)</th>
<th>School (K-12)</th>
</tr>
</thead>
<tbody>
<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></td>
</tr>
<tr>
<td>Sq. Feet</td>
<td># of Floors</td>
</tr>
<tr>
<td>Current Use (prior if being demolished)</td>
<td>High School</td>
</tr>
</tbody>
</table>

**Completed by (Print or Type)**  
Mark M. Jovic  
Title: Consultant  
Signature: [Signature]  
Date: 07-24-15
STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 AND 12:120)

Date of Notification (1) 07/23/15

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

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

Name of Building Owner/Operator (2)
JUL 20 2015
Summit School District
Street Address
14 Beekman Terrace
City, State, Zip Code
Summit, NJ 07901

Name of Facility Where Abatement is Taking Place (3)
Franklin Elementary School
Street Address
136 Blackburn Rd
City (5) Summit
County (6) Union
County Code (7) 00127
Name of Monitoring Firm Hired by Blgd. Owner (3)
Westchester Environmental
ASCM No.
00127

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

Name of Contractor (5)
MTM Metro Corporation
Street Address
135-137 McBride Ave
City State, Zip Code
Paterson, NJ 07501

Telephone Number
610-996-3515
License Number
973-742-5030

Phone Number

Name of OSHA Monitor
MTM Metro Corporation
Street Address
135-137 McBride Avenue
City State Zip Code
Paterson, NJ 07501

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

Facility Closed/Vacated During Entire Period of Abatement

Source of Work (Check all that apply)
- > 3 sf or > 3 if
- > 100 sf or > 260 if
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Non-Exempted(*1) & Non-Friable Procedure
- Mini-Enclosure
- Glovebag Procedure

Location of Asbestos-Containing Material (ACM) in Facility (13)
- Rooms 35 & 54
- TB-suicide and fittings
- 80 LF

Abatement Type
- Rem.
- Rep.
- Encap.
- Enclose

Name of Reg. Waste Hauler
MTM Metro Corporation
NJDEP Waste Hauler ID # 26552
Cubic Yards of Waste
10
Name of Reg. Landfill
Tullytown
City, State, Zip Code
Paterson, NJ 07501
Disp. Date
7/29/2015
City, State, Zip Code
Tullytown, PA

Completed by (Print or Type)
Elizabeth Maslarkov
Business Administrator
Signature
Elizabeth Maslarkov
Date
7/23/2015

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

Date of Notification (1)

7-24-15

Name of Building Owner/Operator (2)

Steve Harms

Street Address

158 S Mountain Ave

City, State, Zip Code

Montclair, NJ, 07042

Name of Contact

Steve Harms

Name of Facility Where Abatement is Taking Place (3)

Same as above

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

4500 3 88

Current Use (Prior if being demolished)

Name of Abatement Contractor (9)

AZTECH MANAGEMENT, Inc.

Street Address

86 Christopher St.

City, State, Zip Code

Montclair, NJ 07042

Telephone Number

(973) 744-8800

License Number

00371

Name of OSHA Monitor

N/A

Street Address

City, State, Zip Code

Name of Monitoring Firm hired by Building Owner (8)

N/A

ASCM No.

N/A

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

(In Facility)

[X] Renovation

[X] Demolition

[X] Pull Containment with Negative Pressure

[X] Mini-Enclosure

[X] Glovebag Procedure

[X] Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) NORMALLY USED SOLELY BY MAINTENANCE/STAFF

[T] Yes

[N] No

Location

Insulation

135 lf

Pipe Insulation

Baseline

Name of Registered Waste Hauler

AZTECH MANAGEMENT, INC.

NJDEP Waste Hauler ID No.

17040

Cubic Yards of Waste

1.5

City, State

Minerva Enterprises

Montclair, NJ 07042

Disposal Date

8-12-15

Name of Registered Landfill

City, State

Waynesburg, OH 44688

Completed By (Print or Type)

Constantine Vivian

Title

President

Signature

Date

7-24-15
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60-7 and 12:120-7)

**Date of Notification (1):** 7-24-15

**Name of Building Owner/Operator (2):** Lisa Tomchek

**City, State, Zip Code:** Montclair, NJ, 07042

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

**Same as above**

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

**Name of Abatement Contractor (9):** AZTECH MANAGEMENT, Inc.

**Street Address:** 86 Christopher St.

**City, State, Zip Code:** Montclair, NJ 07042

**Number of Floors:** 2

**Building Age:** 85

**Scheduled Start Date (10):** 8-3-15

**Scheduled Completion Date (11):** 8-4-15

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

- [X] Renovation
- [ ] Demolition

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

- [X] Pipe Insulation

**Name of Registered Waste Hauler:** AZTECH MANAGEMENT, INC.

**Amount**: 50 lf

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

- [X] Pipe Insulation

**Type of Facility (4):**

- [ ] School (K-12)
- [ ] Subchapter 6 (Other than K-12)
- [X] Other (i.e., private & commercial buildings, homes, etc.)

**Square Feet:** 1800

**Telephone Number:** (973) 744-8800

**License Number:** 00371

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

**Name of Registered Landfill:** Minerva Enterprises

**City, State:** Waynesburg, OH

**Cubic Yards of Waste:** 1.5

**Hauler ID No.:** 17040

**Disposal Date:** 8-5-15

**Completed By (Print or Type):** Constantine Vivian

**Title:** President

**Signature:** [Signature]

**Date:** 7-24-15
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1) 7/24/15

Name of Building Owner/Operator (2) NJ DOT

Agencies Notified

<table>
<thead>
<tr>
<th>Type of Notification</th>
<th>Agency</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] EPA</td>
<td>Initial</td>
</tr>
<tr>
<td>[ ] DEP</td>
<td>Notification</td>
</tr>
<tr>
<td>[X] DOL</td>
<td>Amended</td>
</tr>
<tr>
<td>[X] DOH</td>
<td>Notification</td>
</tr>
<tr>
<td>[ ] DCA</td>
<td>emergency</td>
</tr>
<tr>
<td>[ ] Cancellation</td>
<td></td>
</tr>
</tbody>
</table>

Street Address

1035 Parkway Ave.

City, State, Zip Code

Trenton, NJ 08625-0600

Name of Contact

Anthony Pellegrino

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

NJ DOT Maintenance Yard

Street Address

92 Springer Road

City (5) Bridgeport

County (6) Gloucester

County Code (7) (STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner

Environmental Connection, Inc.

ASCM No. 000

Name of Abatement Contractor (9)

Jupiter Environmental Services, Inc.

Street Address

323 Changebridge Road, Suite 100

City, State, Zip Code

Pine Brook, NJ 07058

Telephone Number

973-575-8700

License Number

00852

Name of OSHA Monitor

J & S Environmental Laboratories, LLC

Street Address

2333 Route 22W

City, State, Zip Code

Union, NJ 07083

Square Feet

5000

# of Floors

1

Bldg. Age

-55

Current Use (Prior to being demolished)

Offices

Type of Facility (4)

School (K-12) Subchapter S (Other than K-12)

Other (i.e., private and commercial buildings, homes, etc.)

Occupancy Status During Abatement (Check only one)

[ ] Facility Closed/Vacated During Entire Period of Abatement

[ ] Abatement Performed Outside of Normal Facility Hours –

Describe:

[ ] Other – Describe: partially vacant

Scope of Work (Check all that apply)

[ ] Demolition

[ ] Renovation

[ ] 23 sf or 23 if

[ ] 2160 sf or 2,260 if

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

In Facility (13)

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

Yes No N/A

Main Building offices, locker room

x VAT and window glazing

1300 SF x

Mechanical room

x Trinsite panels

150 SF x

Name of Registered Waste Hauler

Jupiter Environmental Services

NJDEP Waste Hauler ID No. 04762

Cubic Yards

3

Of Waste

Name of Registered Landfill

Minerva Landfill

City, State

Pine Brook, NJ

Completed By (Print or Type)

Pane Repic

Title

General Manager

Signature

Disposal Date

8/14/15

Date

7/24/15

G4687
### NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

**Date of Notification:** 7/24/15

<table>
<thead>
<tr>
<th>Agency(ies) or Contracting Person</th>
<th>Type of Notification</th>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>NJ DOT</td>
<td></td>
<td>1035 Parkway Ave.</td>
<td>Trenton, NJ 08625-0600</td>
</tr>
</tbody>
</table>

**Name of Monitor/Firm Hired by Building Owner:** Environmental Connection, Inc.
**ASCN No.:** 000

**Location of Asbestos – Containing Material (ACM) to be Abated:**
- Main Building offices, locker room
- Mechanical room

**Location Normally Used Only by Maintenance/Construction Staff:**
- Yes

**Is Location VAT and window glazing:** Yes
- Trinate panels

**Name of Registered Waste Hauler:** Jupiter Environmental Services
**NJDEP Waste Hauler ID No.:** 04782

**Name of Registered Landfill:** Mineral Landfill
**Cubic Yards of Waste:** 3

**Disposal Date:** 8/14/15
**City, State:** Waynesburg, OH

**Name of Registered Landfill:**
**Name of Registered Waste Hauler:**

**Completion by:**
**Title:** General Manager
**Signature:**
**Date:** 7/24/15

**Type of Facility:**
- School (K-12)
- Other (Public or Commercial Buildings, Homes, etc.)

**Square Footage:**
- 9000
- 1

**Current Use:**
- Office

**Occupancy Status During Abatement:**
- Facility Closed
- Partially Vacant

**Abatement Abatement Performed Outside of Normal Facility Hours:**
- Yes

**Abatement Type:**
- Full Containment with Negative Pressure
- Non-Permissible Procedure

**Abatement Description:**
- VAT and window glazing
- Trinate panels
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1) 7-24-15

Name of Building Owner/Operator (2)
Kushner Properties

Name of Facility Where Abatement is Taking Place (3)
Same as above

Street Address
50 & 52 Broad Street
Perth Amboy, NJ, 08861

Type of Facility (4)
[X] School (K-12)
[X] Subchapter 8 (Other than K-12)

Square Feet 1400
# of Floors 65
Bldg. Age 65

Current Use (Prior if being demolished)

Name of Abatement Contractor (9)
AZTECH MANAGEMENT, Inc.

Street Address
86 Christopher St.
Montclair, NJ 07042

Telephone Number (973) 744-8800
License Number 00371

Name of Abatement Contractor (9)

Northland West Management, Inc.

Name of Registered Waste Hauler
AZTECH MANAGEMENT, INC.

Cubic Yards of Waste 3.0

Name of Registered Landfill
Minerva Enterprises

City, State
Montclair, NJ 07042
Waynesburg, OH 44688

Disposal Date 9-1-15

Completed By (Print or Type)
Constantine Vivian
President

Signature CVV
Date 7-24-15
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1) 7/10/15
Name of Building Owner / Operator (2) JUL 29 2015

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

Type Notification
- Initial
- Amended #1-7/23/15
- Emergency
- Cancellation

VERIZON COMMUNICATIONS

Street Address
301 Philadelphia Avenue
City, State & Zip Code
Egg Harbor City New Jersey
Name of Contact
ALEX BAYLOR
Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Egg Harbor City Central Office

Street Address
301 Philadelphia Avenue
City (5)
Egg Harbor City
County (6)
Atlantic
County Code (7)

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

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

Square Feet # of Floors Bldg. Age
6400 1 75

Current Use (Prior if being demolished)

COMMUNICATIONS

Name of Abatement Contractor (9)
BRISTOL ENVIRONMENTAL INC

Street Address
1123 BEAVER STREET
City, State & Zip Code
BRISTOL, PA 19007
Telephone Number
215-788-0640
License Number
00509

Name of OSHA Monitor
BRISTOL ENVIRONMENTAL INC

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

Occupancy Status During Abatement (Check only one)
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Hours – 7am to 3pm
  Description: 5:00 PM – 1:00 AM
- Facility Occupied During Abatement

Scope of Work (Check all that apply)
- ≥3 sf or ≥3 ft
- ≥150 sf ≥260 ft
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glove Bag Procedures
- Non-Exempted and Non-Friable Procedure

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

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

1st Floor Generator Room

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

Amount (Specify SF or LF)

Abatement Type

Name of Registered Waste Hauler
SERVICE TRANSPORT GROUP, INC.

City, State
NEW CASTLE, DE 19720

Cubic Yards of Waste
20

Name of Registered Landfill
MINERVA LANDFILL

Disposal Date
WAYNESBURG, OH 44688

Completed By (Print or Type)
PATRICK T. DeCaro

Title
PROJ. MGR.

Signature
Patrick T. DeCaro

Date
7/10/15

PD 15018 B
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)  
07 / 23 / 15

Name of Building Owner/Operator (2)  
Rancocas Valley Regional High School

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

Type Notification  
☐ Initial  
☒ Amended  
☐ Amendment #2  
☐ Emergency (including justification)  
☐ Cancellation

Street Address  
520 Jacksonville Road

City, State, Zip Code  
Mount Holly, NJ 08060

Name of Contact  
Mr. John Gauntt

Current Use (Prior to if being demolished)  
High School

Name of Facility Where Abatement Is Taking Place (3)  
Rancocas Valley Regional High School

Square Feet  
90,000 SF

# of Floors  
2

Bldg. Age  
40+

FACILITY INFORMATION

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

☒ Subchapter 8 (Other than K-12)

☒ Other (i.e., private and commercial buildings, homes, etc.)

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

ASCM No.  
0027

Name of Abatement Contractor (9)  
East Coast Haz Mat Removal, Inc.

Street Address  
307 N. Walnut Street

City, State, Zip Code  
West Chester, PA 19380

Name of OSHA Monitor  
East Coast Haz Mat Removal, Inc.

Street Address  
494 E. 41 Street

City, State, Zip Code  
Paterson, NJ 07504

Project Manager for Monitoring Firm  
Paul F. McCaa

Telephone No.  
610-4317545

License No.  
00507

Start Date (10)  
07 / 20 / 15

Scheduled Completion Date (11)  
07 / 28 / 15

Scope of Work (Check all that apply)  
☒ ≥3 sf or ≥3 If

☒ ≥160 sf or ≥260 If

☒ Renovation  
☒ Demolition

☒ Full Containment with Negative Pressure

☒ Mini-Enclosure  
☒ Glovebag Procedure

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

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

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

Rooms - C200/2/3/4/5/6/7/8  

☐ ☐ ☒ Ceiling Tiles - 2'x4'  

6,811 SF

☒ ☒ ☐ VAT/Mastic

6,811 SF

☐ ☒ ☐ TSI on Elbows

12 (Each)

Name of Registered Waste Hauler  
Freehold Cartage

NJDEP Waste Hauler ID No.  
13206

Cubic Yards of Waste  
100

Disposal Date  
07-31-2015

Name of Registered Landfill  
GROWS, Inc.

City, State  
Freehold, NJ 07728

Completed By (Print or Type)  
Leslie Olszewski

Title  
Project Manager

Signature  

Date  
07-23-15

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

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

**Western Monmouth Utility Authority**

**Date of Notification (1)**
07 / 16 / 15

**Agency Notified**
- [x] EPA
- [ ] DOLWD
- [ ] DHSS
- [ ] DCA

**Type Notification**
- [ ] Initial
- [ ] Amended
- [ ] Amendment 
- [ ] Emergency (including justifications)
- [ ] Cancellation

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

**Street Address**
50 Greenwood Avenue

**City, State, Zip Code**
07746

**Name of Contact**
David Beasley

**Telephone Number**

---

**FACILITY INFORMATION**

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

**Street Address**
50 Greenwood Avenue

**City (5)**
Mortboro

**County (6)**
Monmouth

**Square Feet**
400

**# of Floors**
1

**Bldg. Age**
45

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

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

---

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

**ASCM No.**

**Name of Abatement Contractor (9)**
JVN Restoration Inc

**Street Address**
47 Foster Road

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

**License No.**
00774

**Telephone No.**
718-605-6256

**Start Date (10)**
07 / 07 / 15

**Scheduled Completion Date (11)**
07 / 25 / 16

**Name of OSHA Monitor**
Testor Tech

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

- [x] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: A.M. - 5 P.M.

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

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

---

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

**Ground Floor**

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

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

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

**Amount (Specify SF or LF)**

- [ ] 300SF

**Abatement Type**

- [ ] Removal
- [ ] Repair
- [ ] Encapsulate
- [ ] Endorse

---

**Name of Registered Waste Hauler**
Newark Carting

**NJDEP Waste Hauler ID No.**

**Cubic Yards of Waste**

**Name of Registered Landfill**
IESI

**City, State**
Newark, NJ

**Disposal Date**
07/31/2015

**City, State**
Bethlehem, PA

**Completed By (Print or Type)**
Ignatius Marraccino

**Title**
Project Manager

**Signature**

---

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

Date of Notification (1) 07 / 16 / 15

Name of Building Owner/Operator (2)
Western Monmouth Utility Authority

Agencies Notified
☐ EPA
☐ DOLWD
☐ DHSS
☐ DGA
☐ (NJAC 5:23:6)

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

Street Address
50 Greenwood Avenue

City, State, Zip Code
07746

Name of Contact
David Beasley

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Pump Station

Street Address
50 Greenwood Avenue

City (5)
Morborne

County (6)
Monmouth

County Code (7) STATE USE ONLY

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (6)
TTI Environmental

ASCM No.

Name of Abatement Contractor (9)
JVN Restoration Inc

Street Address
47 Foster Road

City, State, Zip Code
Staten Island NY 10309

Project Manager for Monitoring Firm
David Beasley

Telephone No.
(973) 445-4520

Telefonie No.
718-605-6256

License No.
00774

Start Date (10) 07 / 27 / 15

Scheduled Completion Date (11) 07 / 25 / 16

Name of OSHA Monitor
Testor Tech

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

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

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

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

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

Amount (Specify SF or LF)
300SF

Abatement Type
☐ Removal
☐ Repair
☐ Encapsulation
☐ Endorse

Ground Floor

☐ ☐ ☐

Floor Tile

☐ ☐ ☐

Name of Registered Waste Hauler
Newark Carting

NJDEP Waste Hauler ID No.
NJ-565

Cubic Yards of Waste
5

Name of Registered Landfill
IESI

City, State
Newark, NJ

Disposal Date
07/31/2015

City, State
Bethlehem, PA

Completed By (Print or Type)
Ignatius Marraccino

Title
Project Manager

Signature

Date
7-16-15

ASB-41
MAY 11

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

(Pursuant to NJAC 8:68-7 and 12:120-7)

---

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

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

**Name of Abatement Contractor (9)**
AZTECH MANAGEMENT, INC.

**Square Feet**
1400

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

---

**City (5)**
Franklin, NJ, 08873

**County (6)**
Essex

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

**Telephone Number**
[ ] Initial Notification

---

**Street Address**
163 Weston Road

**City, State, Zip Code**
Franklin, NJ, 08873

**Telephone Number**
N/A

---

**Name of Contact**
Eastman Companies

**License Number**
00371

---

**FACILITY INFORMATION**

**Occupancy Status During Abatement**

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

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

- [X] 250 sf or >300 sf
- [X] 160 sf or >260 sf
- [ ] Renovation
- [X] Demolition

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

- [ ] In Facility

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

**Amount ( Specify SF or LF)**

---

**Name of Registered Waste Hauler**
AZTECH MANAGEMENT, INC.

**Cubic Yards of Waste**
1.5

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

**City, State**
Montclair, NJ 07042

**Disposal Date**

---

**Completed By (Print or Type)**
Constantine Vivian

**Title**
President

**Signature**

---

**Date**
4-28-15
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

State of New Jersey

Date of Notification (1)
6-25-15 7-8-15

Agency Notified Type Notification
[X] EPA Initial Notification
[X] DOL Amended Notification
[] DEP Emergency
[] DOH Cancellation
[] DCA

Name of Building Owner/Operator (2)
Beth Medrash Govohua

Street Address
617 Sixth Street
City, State, Zip Code
Lakewood, NJ, 08701

Name of Contact
Beth Medrash Govohua
Telephone Number

FACILITY INFORMATION

Former Facility Where Abatement is Taking Place
Beth Medrash Govohua

Street Address
901 Madison Avenue

City (5)
County (6) Essex
Ocean
County Code (7)

Lakewood

Name of Monitoring Firm hired by Building Owner (8)
ASCNM No.
N/A

Name of Abatement Contractor (9)
AZTECH MANAGEMENT, Inc.

Street Address
86 Christopher St.

City, State, Zip Code
Montclair, NJ 07042

Project Manager for Monitoring Firm Telephone Number
N/A

License Number
(973) 744-8800
00371

Universities or Schools (including other uses, if applicable)

Square Feet # of Floors Bldg. Age
80,000 4 70

Current Use (Prior if being demolished)
school

Name of OSHA Monitor
N/A

Street Address

City, State, Zip Code

Occupancy Status During Abatement

Scheduled Start Date (10)
Month Day Year
7 15 15

Sched. Completion Date (11)
Month Day Year
8 29 15

Other Occupancy Descriptions

Scope of Work (Check all that apply)

[ ] Full Containment with Negative Pressure
[X] Partial Containment

[X] Renovation
[X] Demolition

Description of Asbestos-Containing Material (ACM)

Location
Exterior Facade
1st Fl. Storage & Lunch Room
Basement, 1, 2, 3 & 4 Floors

Material (ACM) To Be Abated
X/Masonry Coating
X/Sheet Rock Joint Compound

Location Normally Used
Yes
No
N/A

By Maintenance/Custodial Staff (12)

Amount (Specify SF or LF)

Abatement Type

28,000 sf
200 sf
75,000 sf

AZTECH MANAGEMENT, INC.

Name of Registered Waste Hauler
NJ DEP Waste Hauler ID No. 17040

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

City, State
Montclair, NJ 07042

Disposal Date
7/13/15

City, State
Morrisville, PA 19067

Completed By (Print or Type) Constantine Vivian Title President

Signature Date
6/25/15
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12-120)

Date of Notification (1)
7/27/2015

Name of Building Owner/Operator (2)
Express Container Corp

Agencies Notified Type Notification

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

Street Address
P.O. Box 2090

City, State, Zip Code
Trenton, NJ 08602-0209

Name of Contact
Coleman King, CHMM

FACILITY INFORMATION

Name of Facility Where Abatement Is Taking Place (3)
Express Container Corp

Square Feet
250

Type of Facility (4)

City (5)
Newark, NJ 07105

# of Floors
1

County Code (7)
(SSTATE USE ONLY)

Bldg. Age
70

County (6)
Essex

Current Use (Prior if being demolished)
Warehouse

Name of Monitoring Firm Hired by Building Owner (6)
ARCADIS US

Name of Abatement Contractor (9)
Abscope Environmental, Inc

ASCM No.

Street Address
6723 Tow Path Road, Box 66

City, State, Zip Code
Syracuse, NY 13214

Telephone No.
732-570-7012

City, State, Zip Code
Elkridge, MD 21075

License No.
01194

Start Date (10)
8/11/2015

Scheduled Completion Date (11)
8/11/2015

Name of OSHA Monitor
EMSL Analytical, Inc

Occupancy Status During Abatement (Check Only One)

Facility Closed/Vacated During Entire Period of Abatement

Suspended Abatement Performed Outside of Normal Facility Hours

Other – Describe:

Scope of Work (Check All That Apply)

R3 sf or R3 if
R180 sf or R280 if
Renovation Demolition
Full Containment with Negative Pressure
Mini-Enclosure

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

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

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

Yes No N/A

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

Amount (Specify SF or LF)

Abatement Type

Removal
Repair
Encapsulate
Endorse

Roof
Built Up Roofing
200sq
x

Window
Window Caulk
75lf
x

Name of Registered Waste Hauler
Minerva Enterprises

Services Transport Group

NJDEP Waste Hauler ID No.
SW2117

Cubic Yards of Waste
40

Name of Registered Landfill

City, State
New Castle, DE 19720

Disposal Date
As needed

Completed by
Eddie Waskiewicz

Title
Project Manager

Signature

Date
7/27/15

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

Date of Notification (1):
07 / 27 / 15

Name of Building Owner/Operator (2):
Community Health Systems

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

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

Street Address:
310 Woodstown Road

City, State, Zip Code:
Salem, NJ 08079

Name of Contact:
Jack Jenkins

Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3):
Salem Memorial Hospital

Street Address:
310 Woodstown Road

City (5):
Salem

County (6):
Salem

County Code (?/STATE USE ONLY):

Square Feet:
100,000

# of Floors:
4

Bidg. Age:
30+

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

Current Use (Prior if being demolished):
Hospital

Name of Monitoring Firm Hired by Building Owner (8):
Quad Three Group, Inc.

ASCM No.:

Name of Abatement Contractor (9):
Prism Response, Inc.

Street Address:
72 Glenmaura National Boulevard

City, State, Zip Code:
Export, PA 15632

Telephone No.:
570-342-5200

License No.:
724-325-3330

Project Manager for Monitoring Firm:
Jack Jenkins

Name of OSHA Monitor:
Quad Three Group, Inc.

Start Date (10):
7 / 29 / 15

Scheduled Completion Date (11):
7 / 30 / 15

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

Time of Abatement: 7:00 AM - 3:30 PM

Scope of Work (Check all that apply):
☐ ≥ 3,000 sf ≥ 260 if
☐ ≥ 100 sf or ≥ 260 if
☐ Renovation
☐ Decommission

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

Location:
Bariatric Office

Thermal System Insulation
50 LF

Name of Registered Waste Hauler:
Waste Management

NJDEP Waste Hauler ID No.:
SW1724

Cubic Yards of Waste

Name of Registered Landfill:
Grows North Landfill

City, State:
Camden, New Jersey

Disposal Date:
7/15

City, State:
Morrisville, PA

Completed By (Print or Type):
Jessica Wolfe

Title:
Administrative Support

Signature:

Date:
7/27/15

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

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 / 20 / 15</td>
<td>Township of Union Public Schools / Job #1505-4914, Check #7304</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>165 Perryville Rd.</td>
</tr>
<tr>
<td>DOLWD</td>
<td>Amended</td>
<td></td>
</tr>
<tr>
<td>DHSS</td>
<td>Amendment #1</td>
<td></td>
</tr>
<tr>
<td>DCA (NJAC 5:23-8)</td>
<td>Emergency (including justification)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Cancellation</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Township of Union Public Schools</th>
<th>Job #1505-4914, Check #7304</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Union Township MS</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FacilitiY Name Where Abatement is Taking Place (3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Union Township MS</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>County Code (7)/STATE USE ONLY</th>
<th>Current Use (Prior if being demolished)</th>
</tr>
</thead>
<tbody>
<tr>
<td>165 Perryville Rd.</td>
<td></td>
<td>School</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Langan Engineering</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Abatement Contractor (9)</th>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>AbateTech</td>
<td></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>Vijay Patel</td>
<td>201-794-6900</td>
<td>00529</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement</th>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>[☑ Facility Closed/Vacated During Entire Period of Abatement]</td>
<td>200 Route 130 North</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement</th>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>[☑ Abatement Performed Outside of Normal Facility Hours - Describe]</td>
<td>200 Route 130 North</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 / 16 / 15</td>
<td>7 / 29 / 15</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of OSHA Monitor</th>
<th>EMSL Analytical</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>[☐ Full Containment with Negative Pressure]</td>
<td>200 Route 130 North</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>[☐ Mini-Enclosure]</td>
<td>200 Route 130 North</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>[☐ Glovebag Procedure]</td>
<td>200 Route 130 North</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>[☐ Non-Exempted (*) and Non-Friable Procedure]</td>
<td>200 Route 130 North</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>AbateTech, Inc.</td>
<td>18750</td>
<td>G.R.O.W.S. Landfill</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed By (Print or Type)</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gwendolyn Trumbetti</td>
<td></td>
<td>7/20/15</td>
</tr>
</tbody>
</table>

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

Date of Notification (1)
7 / 24 / 15

Name of Building Owner/Operator (2)
Georgian Court University/Job #1507-4934 Check #7420

Agencies Notified
☒ EPA
☒ DOH
☒ DHR
☒ DCA (NJAC 5:23-3)
☐ Type Notification
☐ Initial
☐ Amended
☐ Amendment #
☐ Emergency (including justification)
☐ Cancellation

Street Address
900 Lakewood Avenue

City, State, Zip Code
Lakewood, NJ 08701

Name of Contact
Michael Voris

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Georgian Court University

Street Address
900 Lakewood Avenue

City (5)
Lakewood

County (6)
Ocean

County Code (7)(STATE USE ONLY)

Current Use (Prior if being demolished)
University

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

ASCM No.

Name of Abatement Contractor (9)
AbateTech, Inc.

Street Address
515 Grove Street, Suite 1B

City, State, Zip Code
Haddon Heights, NJ 08035

Project Manager for Monitoring Firm
Ralph Coppola

Telephone No.
856-347-9174

License No.
00529

Start Date (10)
8 / 10 / 15

Scheduled Completion Date (11)
9 / 4 / 15

Name of OSHA Monitor
EMSL Analytical

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

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

Boiler Room

Boiler Insulation from 2 Boilers

10' x 5' x 10'

Name of Registered Waste Hauler
AbateTech, Inc.

NJDEP Waste Hauler ID No.
18750

Cubic Yards of Waste
18

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

City, State
Lumberton, NJ

Disposal Date
9/4/15

City, State
Tullytown, PA

Completed By (Print or Type)
Gwendolyn Trumbetti

Title
Operations Coordinator

Signature

Date
7/24/15

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

**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60 and 5:15)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>7 / 23 / 15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>NJ SDA / Job #1506-4917 Check #7419</td>
</tr>
</tbody>
</table>
| Agencies Notified | □ EPA  
□ DLBWD  
□ DHSS  
□ DCA (NJAC 5:23-8) |
| Type Notification | □ Initial  
□ Amended  
□ Amendment #1  
□ Emergency (including justification)  
□ Cancellation |
| Street Address | 32 E. Front Street |
| City, State, Zip Code | Trenton, NJ 08625 |
| Name of Contact Administration | |
| Telephone Number | 908-692-6701 |

## FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Vineland HS South</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>2880 East Chestnut Ave.</td>
</tr>
<tr>
<td>City (5)</td>
<td>Vineland</td>
</tr>
<tr>
<td>County (9)</td>
<td>Cumberland</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>ASCM No.</td>
</tr>
<tr>
<td>Pennoni</td>
<td>Name of Abatement Contractor (5)</td>
</tr>
<tr>
<td>Street Address</td>
<td>515 Grove Street Suite 1B</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Haddon Heights, NJ 08035</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>Alan Lloyd</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>856-547-0505</td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>7 / 6 / 15</td>
</tr>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>8 / 31 / 15</td>
</tr>
<tr>
<td>Occupancy Status During Abatement (Check only one)</td>
<td></td>
</tr>
<tr>
<td>☐ Abatement Performed Outside of Normal Facility Hours - Describe</td>
<td></td>
</tr>
<tr>
<td>Time of Abatement: AM-PM-AM</td>
<td></td>
</tr>
<tr>
<td>Scope of Work (Check all that apply)</td>
<td></td>
</tr>
</tbody>
</table>
| ☐ ≥3 sf or ≥3 if  
☐ ≥160 sf or ≥260 if  
☐ Renovation  
☐ Demolition |
| Occurrence Location (Check all that apply) | |
| ☐ Location of Asbestos-Containing Material (ACM) TO BE REPAIRED IN Facility |
| Yes | No | N/A |
| Location of Asbestos-Containing Material (ACM) TO BE REPAIRED IN Facility (13) | |
| Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | |
| Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | |
| Amount (Specify SF or LF) | |
| Abatement Type | |
| Removal | Repair | Encapsulate | Endorse |
| ☐ Commercial/Institutional  
☐ Residential  
☐ Industrial  
☐ Other |
| Name of Registered Waste Hauler | AbateTech, Inc. |
| NJ/DEP Waste Hauler ID No. | 18750 |
| Cubic Yards of Waste | 40 |
| Name of Registered Landfill | G.R.O.W.S. Landfill |
| City, State | Lumberton, NJ |
| Disposal Date | 8/31/15 |
| City, State | Tullytown, PA |
| Completed By (Print or Type) | Gwendolyn Trumbetti |
| Title | Operations Coordinator |
| Signature | Gwendolyn Trumbetti |
| Date | 7/23/15 |

* Do not use this form for asbestos licensure exempted activities.
**State of NJ**
**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>2015-07-15</td>
<td>DAVID HALPERT</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>221 KINGSLAND TERRACE</td>
</tr>
<tr>
<td>DEP</td>
<td>Amended</td>
<td>SO. ORANGE, NJ 07079</td>
</tr>
<tr>
<td>DOL</td>
<td>Emergency (including justification)</td>
<td></td>
</tr>
<tr>
<td>DOH</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DCA</td>
<td>Cancellation</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City (5)</th>
<th>County (6)</th>
<th>County Code (7) (State use only)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SO. ORANGE</td>
<td>ESSEX</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Abatement Contractor (9)</th>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>D &amp; S RESTORATION, INC.</td>
<td>20 California Ave.</td>
<td>Paterson, NJ 07503</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Telephone Number</th>
<th>License Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>973-345-8020</td>
<td>01169</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of OSHA Monitor</th>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>D &amp; S Restoration, Inc.</td>
<td>20 California Avenue</td>
<td>Paterson, NJ 07503</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Facility Status During Abatement (Check only one)</th>
<th>Scope of Work (check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility closed/vacated during entire period of abatement.</td>
<td>Full Containment w/negative pressure</td>
</tr>
<tr>
<td>Abatement performed outside of normal facility hours.</td>
<td>Renovation</td>
</tr>
<tr>
<td>Other-Describe: NORMAL HOURS</td>
<td>Demolition</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of asbestos-containing material (ACM) to be abated in facility (13)</th>
<th>Is location normally used solely by maintenance/custodial staff (12)</th>
<th>Description of asbestos-containing material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Removal</th>
<th>Repairs</th>
<th>Encapsulation</th>
<th>Enclosure</th>
</tr>
</thead>
<tbody>
<tr>
<td>BASEMENT BOILER RM</td>
<td>Yes</td>
<td>PIPE INSULATION</td>
<td>24 sq ft</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BASEMENT FAMILY RM</td>
<td>No</td>
<td>PIPE INSULATION</td>
<td>44 LF</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BASEMENT STORAGE RM</td>
<td>No</td>
<td>PIPE INSULATION</td>
<td>14 LF</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BASEMENT RM BY STAIR</td>
<td>No</td>
<td>PIPE INSULATION</td>
<td>6 LF</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BASEMENT CHIMNEY</td>
<td>No</td>
<td>chimney thimble packing</td>
<td>4 SQ FT</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Registered Waste Hauler</th>
<th>Disposal Date</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>D &amp; S RESTORATION, INC.</td>
<td>07/24/15</td>
<td>TULLY TOWN, RESOURCE RECOVERY</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>Title</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>PATTERSON, NJ 07503</td>
<td>BOGDAN JOLDAIC</td>
<td>TULLY TOWN, PA</td>
<td>07/21/15</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)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>7 / 21 / 15</th>
</tr>
</thead>
</table>

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

**Type Notification**  
- Initial  
- Amended  
- Amendment #2  
- Emergency (including justification)  
- Cancellation

**Name of Building Owner/Operator (2)**  
- EVP LLC

**Street Address**  
- 61 Sunnyhill Road

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

**Name of Contact**  
- Vipul Patel

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Skytop Motel</th>
</tr>
</thead>
</table>

**Street Address**  
- 456 US-46

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

**Square Feet**  
- 15,000

**# of Floors**  
- 1

**Bldg. Age**  
- 59

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

**Project Manager for Monitoring Firm**  
- Badar Usmani

**Telephone No.**  
- 732-422-7228

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

**Name of OSHA Monitor**  
- AET

**Name of Abatement Contractor (9)**  
- Alliance Environmental Systems

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>The Resident Engineering Inspection, Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASCM No.</td>
<td>NA</td>
</tr>
</tbody>
</table>

**Street Address**  
- 18 Kathy Street

**City, State, Zip Code**  
- Kendall Park, NJ 08824

**Telephone No.**  
- 610-701-9000

**License No.**  
- 00508

**Start Date (10) | 7 / 13 / 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: TAM-__PM/3:30PM-____AM

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

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

<table>
<thead>
<tr>
<th>Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

**Motel**
- VAT/Mastic  
- 8000 SF

**Motel**
- AC Unit Caulk  
- 250 LF

**Motel**
- Flashing  
- 776 SF

**Restaurant**
- VAT/Mastic  
- 2719 SF

**Name of Registered Waste Hauler**  
- Allstate Power Vac

**Disposal Date**  
- TBD

**Name of Registered Landfill**  
- Minerva Enterprises, LLC

**Name of Registered Landfill**  
- Minerva Enterprises, LLC

**Cubic Yards of Waste**  
- 90

**City, State**  
- Rahway, NJ

**City, State**  
- Minerva, OH

**Completed By (Print or Type)**  
- Mark Griffin

**Title**  
- Estimator

**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 by Facility</th>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
<th>Amount Specify SF or Lf</th>
<th>Removal</th>
<th>Repair</th>
<th>Encapsulation</th>
<th>Enforcement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Restaurant</td>
<td></td>
<td></td>
<td></td>
<td>Textured Ceiling</td>
<td>88 LF</td>
<td>x</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Restaurant</td>
<td></td>
<td></td>
<td></td>
<td>Door Caulk</td>
<td>12 LF</td>
<td>x</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Restaurant</td>
<td></td>
<td></td>
<td></td>
<td>Flashing</td>
<td>33 LF</td>
<td>x</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Restaurant</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>x</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Restaurant</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>x</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Restaurant</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>x</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Restaurant</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>x</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Restaurant</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>x</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Restaurant</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>x</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Restaurant</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>x</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Restaurant</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>x</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Restaurant</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>x</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Restaurant</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>x</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Restaurant</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>x</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Restaurant</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>x</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Page 2 - Notification - 1/4/13
**NOTIFICATION OF ASBESTOS ABATEMENT**

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

**Date of Notification:** 07/23/15

**Name of Building Owner/Operator:** Saint Francis Health Resort (Page 1 of 2 see page 2 for add., materials)

<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>Christopher McIvor</td>
<td></td>
</tr>
<tr>
<td>❑ DOLWD</td>
<td>Amended</td>
<td></td>
<td></td>
</tr>
<tr>
<td>❑ DHSS</td>
<td>Cancellation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>❑ DCA (NJAC 5:23-8)</td>
<td>Emergency (including justification)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Street Address:**
- 122 Diamond Spring Road, Denville, NJ 07834

**City:** Denville

**County:** Morris

**Name of Facility Where Abatement is Taking Place:** Saint Francis Health Resort

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

**Square Feet:** 50000

**# of Floors:** 1

**Bidg. Age:** 1940

**Current Use:** Retirement Apartments

**Name of Monitoring Firm Hired by Building Owner:** ASCM No. 29737

**Name of Abatement Contractor:** Superior Abatement Inc

**Street Address:** 655 West Shore Trail, Sparta, NJ 07871

**City, State, Zip Code:** Sparta, NJ 07871

**Project Manager for Monitoring Firm:** Bill Kerbel (973)810-2634

**Telephone No.:** (973) 808-1616

**License No.:** 00411

**Start Date:** 08/03/15

**Scheduled Completion Date:** 08/12/15

**Name of OSHA Monitor:** Superior Abatement Inc

**Street Address:** 2 Henderson Drive, West Caldwell, NJ 07006

**City, State, Zip Code:** West Caldwell, NJ 07006

**Occupancy Status During Abatement:**
- ☐ 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:**
- ☐ ≥ 3 sf or ≥ 3 ft
- ☐ ≥ 160 sf or ≥ 280 ft
- ☐ Renovation
- ☐ Demolition
- ☐ Full Containment with Negative Pressure
- ☒ Mini-Enclosure
- ☒ Glovebag Procedure
- ☐ Non-Exempted (*) and Non-Frisable Procedure

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
<th>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAC, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apartments East End Floor</td>
<td>☐</td>
<td>☒</td>
<td>☒</td>
<td>Wall &amp; Ceiling Plaster</td>
<td>4,000 SF</td>
<td>☐ ☐ ☐ ☐</td>
</tr>
<tr>
<td>Old Kitchenette-West End Floor</td>
<td>☐</td>
<td>☒</td>
<td>☒</td>
<td>Linoleum</td>
<td>110 SF</td>
<td>☒ ☐ ☐ ☐</td>
</tr>
<tr>
<td>Old Kitchenette-West End Floor</td>
<td>☐</td>
<td>☒</td>
<td>☒</td>
<td>Formica Mastic</td>
<td>200 SF</td>
<td>☒ ☐ ☐ ☐</td>
</tr>
<tr>
<td>Shower Rom Apt 37- North Wing</td>
<td>☐</td>
<td>☒</td>
<td>☒</td>
<td>Floor Tile</td>
<td>40 SF</td>
<td>☒ ☐ ☐ ☐</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler Service Transport Group, Inc**

<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>SW2117</td>
<td>30</td>
<td>Minerva Landfill</td>
</tr>
</tbody>
</table>

**City, State:** New Castle, DE

**Disposal Date:** 8/12/15

**City, State:** Waynesburgh, OH

**Completed By:** Nick Petrovski

**Title:** President

**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 8:60 and 5:16)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>07 / 23 / 15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Saint Francis Health Resort</td>
</tr>
<tr>
<td>Agency Notified</td>
<td>Type Notification</td>
</tr>
<tr>
<td>☒ EPA</td>
<td>☒ Initial</td>
</tr>
<tr>
<td>☒ DOL WD</td>
<td>☒ Amended</td>
</tr>
<tr>
<td>☒ DHSS</td>
<td>Amendment #</td>
</tr>
<tr>
<td>☒ DCA</td>
<td>☒ Emergency (including justification)</td>
</tr>
<tr>
<td>(NJAC 5:23-8)</td>
<td>☒ Cancellation</td>
</tr>
<tr>
<td>Street Address</td>
<td></td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td></td>
</tr>
<tr>
<td>Name of Contact</td>
<td></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>Type of Facility (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>☐ School (K-12)</td>
</tr>
<tr>
<td>City (5)</td>
<td>☒ Subchapter 8 (Other than K-12)</td>
</tr>
<tr>
<td>County (6)</td>
<td>☒ Other (i.e., private and commercial buildings, homes, etc.)</td>
</tr>
<tr>
<td>County Code (?)/STATE USE ONLY</td>
<td>Current Use (Prior if being demolished)</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>ASCM No.</td>
</tr>
<tr>
<td>Street Address</td>
<td></td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td></td>
</tr>
<tr>
<td>Telephone No.</td>
<td></td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td></td>
</tr>
<tr>
<td>Telephone No.</td>
<td></td>
</tr>
<tr>
<td>License No.</td>
<td></td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>Scheduled Completion Date (11)</td>
</tr>
<tr>
<td><em>/__/</em>___</td>
<td><strong><strong>/</strong></strong>/____</td>
</tr>
<tr>
<td>Occupancy Status During Abatement (Check only one)</td>
<td>Name of OSHA Monitor</td>
</tr>
<tr>
<td>☐ Facility Closed/Vacated During Entire Period of Abatement</td>
<td>Street Address</td>
</tr>
<tr>
<td>☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM-____PM/____PM-____AM</td>
<td>City, State, Zip Code</td>
</tr>
</tbody>
</table>

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

| □ ≥3 sf or ≥3 f | □ Renovation |
| ☒ ≥160 sf or ≥260 if | □ 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>3 Restrooms-North Wing (Rm37)</th>
<th>Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☒ Yes</td>
<td>☒ No</td>
</tr>
<tr>
<td>Linoleum</td>
<td>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
</tr>
<tr>
<td>150 SF</td>
<td></td>
</tr>
<tr>
<td>Building Exterior</td>
<td>Amount (Specify SF or LF)</td>
</tr>
<tr>
<td>☒ Window Caulk</td>
<td>☒ Other</td>
</tr>
<tr>
<td>210 LF</td>
<td></td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**

<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>City, State</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Completed By (Print or Type)</td>
<td>Title</td>
<td>Signature</td>
</tr>
</tbody>
</table>

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

State of New Jersey

Date of Notification (1)
07/23/15

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

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

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

Street Address
57 Trinity Street

City, State, Zip Code
Newton, NJ 07860

Name of Owner/Operator (3)
Donna Snyder

FACILITY INFORMATION

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

Square Feet
50000

# of Floors
4

Bldg. Age
70

Current Use (Prior if being demolished)
School

Name of Facility Where Abatement is Taking Place (5)
Halsted Street School

County Code (7)
Sussex

County (6)
Sussex

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
401 St. James Avenue

City, State, Zip Code
Phillipsburg, NJ 08865

Telephone No.
908 454 6316

License No.
000666

Name of OSHA Monitor
Bako Construction & Restoration, Inc.

Street Address
265 Route 46 Ste. 3D

City, State, Zip Code
Totowa, NJ 07512

Start Date (10)
08/11/15

Scheduled Completion Date (11)
09/15/15

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

Scope of Work (Check All That Apply)
☐ ±3 sf or ±3 ft
☒ ±150 sf or ±150 ft
☐ Renovation
☐ Demolition

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

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

Boiler Room
Large Heat Exchanger Insulation
65 SF

Boiler Room
Pipe Insulation
20 LF

Boiler Room
Pipe Fitting Insulation
70 LF

Location of Asbestos-Containing Material (ACM)
In Facility

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

Cubic Yards of Waste
20889

Disposal Date
TBD

City, State
Totowa, NJ

Completed by
Goran Kojic

Title
Project Manager

Signature
Date
07/23/15

G.R.O.W.S. Inc.

* 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:** 7/22/15 & 7/24/15

<table>
<thead>
<tr>
<th>Agency Notified</th>
<th>Type Notification</th>
<th>Name of Building Owner/Operator</th>
</tr>
</thead>
<tbody>
<tr>
<td>X EPA</td>
<td>Initial</td>
<td>Delbarton School</td>
</tr>
<tr>
<td>X DEP</td>
<td>Amended</td>
<td></td>
</tr>
<tr>
<td>X DOL</td>
<td>Amendment #</td>
<td></td>
</tr>
<tr>
<td>X DOH</td>
<td>Emergency (including justification)</td>
<td></td>
</tr>
<tr>
<td>X DCA</td>
<td>Cancellation</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>230 Mendham Road</td>
<td>Morristown, NJ 07960</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Contact</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>M Rimpel</td>
<td></td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place</th>
<th>Type of Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abbey Complex &amp; Old Main Building</td>
<td>X School (K-12)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>230 Mendham Road</td>
<td>Morristown, NJ 07960</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>212-555-5555</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date</th>
<th>Scheduled Completion Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>8/12/15</td>
<td>11/12/15</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement</th>
<th>Description of Asbestos-Containing Material</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
<td>In Facility</td>
</tr>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours</td>
<td>Is Location Normally Used Solely by Maintenance/Custodial Staff</td>
</tr>
<tr>
<td>Other – Describe</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM)</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abbey Complex Old Pump Room</td>
<td>Yes</td>
</tr>
<tr>
<td>Basement, Rooms 301, 304, 305, 306</td>
<td>No</td>
</tr>
<tr>
<td>Attic</td>
<td>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description of Asbestos-Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>pipe insulation</td>
<td>4 LF</td>
</tr>
<tr>
<td>wall plaster</td>
<td>270 SF</td>
</tr>
<tr>
<td>wall &amp; ceiling plaster</td>
<td>500 SF</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Completed by</th>
<th>Title</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Scott Higgins</td>
<td>President/Owner</td>
<td></td>
<td>7/24/15</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) July 24, 2015
Name of Building Owner / Operator (2) MCP 8 King Road LLC

Check # 9935

Agencies Notified Type Notification
☐ EPA
☐ DEP
☒ DOL
☐ DOH
☐ DCA

Street Address
260 Franklin Street, Suite 620

City, State & Zip Code
Boston, MA 02110

Name of Contact
Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Spectra Laboratories

Street Address
East Building – 8 King Road

City (5)
Rockleigh

County (6) County Code (7) USE ONLY
Bergen

Name of Monitoring Firm Hired by Building Owner (8) ASCM No.
Arcadis U.S., Inc.

Street Address
35 Columbia Road

City, State & Zip Code
Branchburg, NJ 08876

Project Manager for Monitoring Firm Telephone Number
Alex Hernandez 908-526-1000

Name of Abatement Contractor (9)
Synatech, Inc.

Street Address
829 Radio Road

City, State & Zip Code
Little Egg Harbor, NJ 08087

Scheduled Start Date (10) Scheduled Completion Date (11)
July 20, 2015 August 30, 2015

Name of OSHA Monitor
Synatech, Inc.

Occupancy Status During Abatement (Check only one)
☐ Facility Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Hours
☒ Other – Describe: Abatement in Unoccupied Construction Area
☐ Facility Occupied During Abatement

Scope of Work (Check all that apply)
☐ ≥3 sf or ≥1 sf
☒ ≥160 sf or ≥260 sf

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance or Custodial Staff?</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Construction Area – 1st Floor</td>
<td>X</td>
<td>Cove Base Mastic</td>
<td>20 SF</td>
<td>X</td>
</tr>
<tr>
<td>Construction Area – Bathrooms</td>
<td>X</td>
<td>Pipe Fitting Insulation</td>
<td>10 LF</td>
<td>X</td>
</tr>
<tr>
<td>Boiler Room</td>
<td>X</td>
<td>Boiler Door Insulation</td>
<td>8 SF</td>
<td>X</td>
</tr>
<tr>
<td>MER 5</td>
<td>X</td>
<td>Tranite Panels</td>
<td>650 SF</td>
<td>X</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
Synatech, Inc.

Cubic Yards of Waste
15

Disposal Date
September 1, 2015

City, State
Little Egg Harbor, NJ 08087

Completed By
Diane Aloi
Title
Executive Administrator

Signature ____________________________
Date July 24, 2015

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

Date of Notification (1) 7/25/15

Name of Building Owner/Operator (2) Montclair State University

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

Type of Notification
- Initial Notification [ ]
- Emergency Notification [X]
- Amended Notification #3 [X]
- Cancellation [ ]

Street Address
- One Normal Avenue
- City, State, Zip Code
- Montclair, NJ 07043

Name of Contact
- Amy Ferdinand
- Telephone Number

Facility Information

Name of Facility Where Abatement is Taking Place (3)
- Life Hall, Montclair State University

Street Address
- 1 Normal Avenue

City (5)
- Upper Montclair

County (6)
- Essex

County Code (7) (STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner
- Whitman Companies, Inc.

ASCM No.
- 00110

Project Manager for Monitoring Firm
- Kevin Lovely

Telephone Number
- 732-390-5888

Scheduled Start Date (10)
- 3/30/15

Sched. Completion Date (11)
- 12/31/15

Occupancy Status During Abatement (Check only one)
- [ ] Facility Closed/Vacated During Entire Period of Abatement
- [X] Abatement Performed Outside of Normal Facility Hours – Describe:

Other – Describe: partially vacant

Scope of Work (Check all that apply)
- [ ] Demolition
- [X] Renovation
- [ ] ≥360 sf or ≥3,000 ct
- [X] ≥160 sf or ≥2,000 ct

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)

Full Containment with Negative Pressure [ ]

Mini - Enclosure [X]

Glovebag Procedure [X]

Non - Frangible Procedure [X]

Amount of Asbestos - 14000 SF

Name of Registered Waste Hauler
- Jupiter Environmental Services

Hauler ID No.
- 04782

Cubic Yards Of Waste
- 60

Name of Registered Landfill
- Minerva Landfill

City, State
- Pine Brook, NJ

Completed By (Print or Type)
- Pane Repic

Title
- General Manager

Signature

Date
- 4/30/15

Disposal Date
- 7/25/15

See next page
Note: Work to be done in phases. First phase is to start on 3/30/15 with expected completion on/about 4/17/15. Some 800 LF of TSI is to be removed via “wrap & cut” method and some 9000 SF of VAT from Dumont Center and adjacent areas (Life Hall). Amendments will be sent for other phases.

5/21/15, Amendment #1: Phase 2 has been scheduled, with a starting date of 5/26/15 and anticipated completion on/about 6/5/15. Some 700SF of VAT is scheduled for removal.

6/12/15, Amendment #2: Phase 3 has been scheduled, with a starting date of 6/17/15 and anticipated completion 6/22/15. Some 600 SF of VAT is scheduled for removal from office areas.

7/25/15, Amendment #3: Phase 4 has been scheduled, with a starting date of 8/3/15 and anticipated completion 8/10/15. Some 1300 SF of VAT is scheduled for removal from Room 053 and Second floor corridor at Stairs.
**NOTIFICATION OF ASBESTOS ABATEMENT**

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>7/14/15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>MAAS CHOCOLATE, NA</td>
</tr>
<tr>
<td>Agencies Notified</td>
<td>EPA, DEP, DOL</td>
</tr>
<tr>
<td>Type Notification</td>
<td>Initial</td>
</tr>
<tr>
<td>Street Address</td>
<td>800 HIGH STREET</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>HACKENSACK, NJ 07601</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>JEFF CUYERSEN</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>732-540-7000</td>
</tr>
<tr>
<td>FACILITY INFORMATION</td>
<td></td>
</tr>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td>MAAS CHOCOLATE, NA</td>
</tr>
<tr>
<td>Street Address</td>
<td>800 HIGH ST</td>
</tr>
<tr>
<td>City (5)</td>
<td>HACKENSACK, NJ</td>
</tr>
<tr>
<td>County (6)</td>
<td>WANEN</td>
</tr>
<tr>
<td>County Code (7) (STATE USE ONLY)</td>
<td></td>
</tr>
<tr>
<td>Square Feet</td>
<td>200,000</td>
</tr>
<tr>
<td>Type of Facility (4)</td>
<td>Manufacturing/Office</td>
</tr>
<tr>
<td># of Floors</td>
<td>2</td>
</tr>
<tr>
<td>Building Age</td>
<td>507</td>
</tr>
<tr>
<td>Current Use (Prior if being demolished)</td>
<td></td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>EHI</td>
</tr>
<tr>
<td>Street Address</td>
<td>855 WEST STORCH TAIL</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>SUTHERLAND, NY 10877</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>BILL KERDEL</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>973-929-3649/6824-730</td>
</tr>
<tr>
<td>License No.</td>
<td>00768</td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>7/14/15</td>
</tr>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>7/29/15</td>
</tr>
<tr>
<td>Occupancy Status During Abatement (Check Only One)</td>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
</tr>
<tr>
<td>Scope of Work (Check All That Apply)</td>
<td>Abatement Only</td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)</td>
<td>Depositing Mezzanine</td>
</tr>
<tr>
<td>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</td>
<td>No</td>
</tr>
<tr>
<td>Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td></td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
<td></td>
</tr>
<tr>
<td>Abatement Type</td>
<td>Full Containment with Negative Pressure</td>
</tr>
<tr>
<td>Future Disposal by DEP Owner</td>
<td></td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
<td></td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td></td>
</tr>
<tr>
<td>Completed by</td>
<td>JOHN T WASHABAU, President</td>
</tr>
<tr>
<td>Title</td>
<td></td>
</tr>
<tr>
<td>Signature</td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td>7/14/15</td>
</tr>
</tbody>
</table>

**Note:** 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>7-24-15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>L. HALKA</td>
</tr>
<tr>
<td>Street Address</td>
<td>15 FIRST STREET</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>MAHWAH, NJ 07430</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>S. HALKA</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>XX-XX-XXXX</td>
</tr>
</tbody>
</table>

### FACILITY INFORMATION

| Name of Facility Where Abatement is Taking Place (3) | HALKA |
| City (5) | MAHWAH |
| County Code (7) | BERGEN |
| Square Feet | 2000 |
| # of Floors | 2 |
| Estimated Building Age | 83 YRS |
| Current Use (Prior if being demolished) | RESIDENTIAL |

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>ASCM No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>Telephone No.</td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>8-4-15</td>
</tr>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>8-5-15</td>
</tr>
<tr>
<td>Project Manager For Monitoring Firm</td>
<td>Telephone No.</td>
</tr>
<tr>
<td>Street Address</td>
<td>450 South River St</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Hackensack, N.J. 07601</td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>Best Removal Inc</td>
</tr>
<tr>
<td>License No.</td>
<td>00388</td>
</tr>
<tr>
<td>Name of OSHA Monitor</td>
<td>Omega Environmental</td>
</tr>
<tr>
<td>Street Address</td>
<td>280 Huyler St</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>S. Hackensack, N.J. 07606</td>
</tr>
</tbody>
</table>

### 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

| Boiler Room/Closet | Thermal Insulation | 50 LF | X |

### Name of Registered Waste Hauler

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>NJDEP Waste Hauler ID No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Best Removal Inc</td>
<td>17109</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td>1/2 YO</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>Minerva Enterprises, LLC</td>
</tr>
<tr>
<td>City, State</td>
<td>Hackensack, N.J. 07601</td>
</tr>
<tr>
<td>Disposal Date</td>
<td>8-5-15</td>
</tr>
<tr>
<td>City, State</td>
<td>Waynesburg, OH 44688</td>
</tr>
<tr>
<td>Completed by</td>
<td>R. VELDRAN</td>
</tr>
<tr>
<td>Title</td>
<td>Estimator</td>
</tr>
<tr>
<td>Signature</td>
<td>R. VELDRAN</td>
</tr>
<tr>
<td>Date</td>
<td>7-24-15</td>
</tr>
</tbody>
</table>

* Do not use this form for asbestos licensure-exempted activities.
Date of Notification (1) 07/16/2015

Name of Building Owner/Operator (2) BARBARA PARK

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

Street Address 26 LOWELL TERRACE
City, State, Zip Code BLOOMFIELD NJ. 07003

Name of Contact MATT ABRAHAMSON

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) PRIVATE
Street Address 26 LOWELL TERRACE
City (5) BLOOMFIELD NJ. 07003
County (6) N/A

Square Feet 2,000
# of Floors 2
Bldg. Age 85 Y
Current Use (Prior if being demolished) N/A

Name of Monitoring Firm Hired by Building Owner (8) ASCM No. 0 N/A
Name of Abatement Contractor (9) SHARON QUALIT CONSTRUCTION LLC

Project Manager for Monitoring Firm N/A

Telephone No. 2017084270
License No. 01135

Start Date (10) 07/21/15
Scheduled Completion Date (11) 07/23/15

Name of OSHA Monitor J&S ENVIRONMENTAL SERVICES.

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

Scope of Work (Check All That Apply)
- 23 sf or 23 if
- ≥150 sf or ≥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)

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>BASEMENT</td>
<td>X</td>
<td>VAT FLOOR TILE 9x9</td>
<td>725 SF.</td>
<td>x</td>
</tr>
<tr>
<td>BASEMENT</td>
<td>X</td>
<td>PIPE INSULATION</td>
<td>12 LF.</td>
<td>x</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler TRI STATE. ASSOC INC

Cubic Yards of Waste TBD

Name of Registered Landfill MINERVA ENTERPRISE INC

Disposal Date TBD

City, State WAYNESBURG, OHIO

Completed by CARLOS ESQUIVEL

Title SAFETY MANAGER

Signature

Date 07/16/15

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:80 and 12:120)

**Date of Notification (1)**  
07/23/15  
**Name of Building Owner/Operator (2)**  
Como Textile Prints Inc. c/o 191 Railway, LLC

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Street Address</th>
<th>City, State, Zip Code</th>
<th>Name of Contact</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
<td>P.O. Box 288</td>
<td>Franklin Lakes, NJ 07417</td>
<td>Mr. Michael Blanchfield</td>
<td></td>
</tr>
</tbody>
</table>

**Name of Facility Where Abatement is Taking Place (3)**  
Como Textile Prints, Inc.

**Street Address**  
191 East Railway Avenue

**City (6)**  
Paterson

**County (5)**  
Passaic

**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**  
40,000 +

**# of Floors**  
2

**Bldg, Age**  
50 +

**Name of Monitoring Firm Hired by Building Owner (8)**  
ASCM No.  
Name of Abatement Contractor (9)  
J.R. Contracting & Environmental Consulting, Inc.

**Street Address**  
1141 Route 23  
City, State, Zip Code  
Wayne, NJ 07470

**Project Manager for Monitoring Firm**  
Telephone No.  
973-628-9200  
License No.  
00408

**Start Date (10)**  
08/03/15  
**Scheduled Completion Date (11)**  
09/25/15

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED (13)</th>
<th>Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)</th>
<th>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Through-Out Building</td>
<td>X</td>
<td>VAT</td>
<td>3,825 SF</td>
<td>x</td>
</tr>
<tr>
<td>Roof</td>
<td>X</td>
<td>Multi Layered Roof Flashing</td>
<td>8,533 SF</td>
<td>x</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**  
J.R. Contracting & Environmental Consul., Inc.

**NJDEP Waste Hauler ID No.**  
17819  
**Cubic Yards of Waste**  
80  
**Name of Registered Landfill**  
Grand Central Landfill

**City, State**  
Wayne, New Jersey

**Disposal Date**  
City, State  
Pen Argyl, Pennsylvania

**Completed by**  
Jerry Bijelonic  
Title  
Project Manager  
Signature  
07/23/15

* Do not use this form for asbestos licensure exempted activities.
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:20/N.J.A.C. 7:26-2.12)

State of New Jersey

Date of Notification (1):
07/22/2015

Name of Building Owner/Operator (2):
Argelyn Teson

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

Type Notification:
☐ Initial
☐ Amended
☐ Emergency
☐ Cancellation

Street Address:
221 Mallory Avenue

City, State, Zip Code:
Jersey City, NJ 07304

Name of Contact:
Argelyn Teson

Telephone Number:

FACILITY INFORMATION

Name of Facility
Argelyn Teson

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:

Name of Abatement Contractor (9):
Apex Development, Inc.

Street Address:
658 Rutgers Place

City, State, Zip Code:
Paramus, NJ 07652

ASCM No.:

Street Address:

City, State, Zip Code:

City, State, Zip Code:

City, State, Zip Code:

Project Manager for Monitoring Firm:

Telephone No.:
973-350-0101

Telephone No.:
(973) 350-0101

License No.:
01215

Name of OSHA Monitor:
Mero Analytical Laboratories

Street Address:
255 West 36th Street, Suite 203

City, State, Zip Code:
New York, New York, 10018

Start Date (10):
07/25/15

Scheduled Completion Date (11):
07/26/15

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

Describe:

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

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

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial/Staff? (12)</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>BASEMENT</td>
<td>X</td>
<td>PIPE INSULATION</td>
<td>2 LF</td>
<td></td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler:
TRI-STATE TRANSFER ASSOC., INC.

NJDEP Waste Hauler ID No.:

Cubic Yards of Waste:
30

Name of Registered Landfill:
MINERVA ENTERPRISES

City, State:
Bronx, NY 10474

Disposal Date:

City, State:
Waynesburg, OH 44688

Completed By:
Sylvester Oraegbnun

Title:
President

Signature:

Date:
07/22/2015
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1):
07/23/2015

Name of Building Owner/Operator (2):
KEVIN & KRISTING KELLY.

Agencies Notified

- EPA
- DEP
- DOH
- DCA

Type Notification

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

Street Address
83 PORTLAND RD.

City, State, Zip Code
MIDDLETOWN NJ. 07748

Name of Contact
KEVIN & KRISTING KELLY.

FACILITY INFORMATION

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

Street Address
83 PORTLAND RD.

City (5):
MIDDLETOWN NJ. 07748

County (6):

County Code (7)

(State USE ONLY)

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

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

ASCM No.

Name of Abatement Contractor (9):
SHARON QUALITY CONSTRUCTION LLC.

Street Address
22 VAN ORDEN PL.

City, State, Zip Code
HACKENSACK NJ. 07601

Project Manager for Monitoring Firm
N/A

Telephone No.

License No.
201-708-4270
011135

Start Date (10):
08/01/2015

Scheduled Completion Date (11):
08/01/2015

Name of OSHA Monitor
ENVIRO - PROBE INC

Occupancy Status During Abatement (Check Only One):

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

Scope of Work (Check All That Apply):

- 23 sf or 23 sf
- 2160 sf or 2250 sf

Location of Asbestos-Containing Material (ACM)

TO BE ABATED
In Facility

(13)

Is Location Normally Used Solely by Maintenance/Custodial Staff?

Yes
No
N/A

Description of Asbestos-Containing Material (ACM)

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

Amount (Specify SF or LF)

Abatement Type

Removal
Repair
Encapsulation
Endorse

EXTERIOR SIDING

X

SHINGLES SIDING

500 SF.

X

Name of Registered Waste Hauler

TRI - STATE - ASSOC

NJDEP Waste Hauler ID No.

1991

Cubic Yards of Waste

TBD

Name of Registered Landfill

MINERVA ENTERPRISE INC

Disposal Date

TBD

City, State

WAYNESBURG OHIO

Completed by

CARLOS ESQUIVEL

Title
SAFETY MANAGER

Signature

Date
07/23/2015

* 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)

Name of Building Owner/Operator (2)
Woodbury City Public Schools

Name of Abatement Contractor (9)
Pernaco Inc.

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Room C-D area</td>
<td>No N/A</td>
<td>Pipe Insulation</td>
<td>14 LF</td>
<td></td>
</tr>
<tr>
<td>Hall outside Room C-D</td>
<td>No N/A</td>
<td>Pipe Insulation</td>
<td>14 LF</td>
<td></td>
</tr>
<tr>
<td>Hall outside Room 3</td>
<td>No N/A</td>
<td>Pipe Insulation</td>
<td>14 LF</td>
<td></td>
</tr>
<tr>
<td>Hall outside Room A</td>
<td>No N/A</td>
<td>Pipe Insulation</td>
<td>13 LF</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)**
7/24/2015

**Name of Building Owner/Operator (2)**
Four Star Developers

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

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

**Street Address**
1301 Route 33 #3E
Neptune, NJ 07753

**City, State, Zip Code**
Neptune, NJ 07753

**Name of Contact**
Mr. Green

**Telephone Number**
777-777-7777

---

**FACILITY INFORMATION**

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

**Street Address**
46 West Highland Avenue

**City**
Atlantic Highlands

**County (6)**
Monmouth

**County Code (7)**

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

**Square feet**
2000 sf

**# of Floors**
2

**Bldg. Age**
80

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

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

**Street Address**
1889 Route 9, Unit 61
Toms River, New Jersey 08755-1271

**City, State, Zip Code**
Toms River, New Jersey 08755-1271

**Telephone Number**
732-349-9932

**License Number**
00624

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

**Street Address**
1056 Stelton Road
Piscataway, New Jersey 08854

**City, State, Zip Code**
Piscataway, New Jersey 08854

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

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

**Exterior**

**X**

Asbestos siding

2000 sf

**X**

---

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

**NJDEP Waste Hauler ID No.**
20223

**Cubic Yards of Waste**
3

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

**City, State**
Toms River, New Jersey

**Disposal Date**
7/30/15

**City, State**
Tullytown, Pennsylvania

**Completed by (Print or Type)**
Nicholas Fernicola

**Title**
Project Manager

**Signature**

**Date**
7/24/2015

*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)
July 24, 2015

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

Street Address
10 Juliustown Road

City, State & Zip Code
Browns Mills, NJ 08015

Name of Contact
Jim Kalafsky

Agencies Notified

☐ EPA
☐ DEP
☒ DOL
☒ DOH
☐ DCA

Type Notification
☒ Initial
☐ Amended
☐ Amendment #
☐ Cancellation

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Bank of America

Street Address
10 Juliustown Road

City (5)
Browns Mills

County (6) Burlington

County Code (7) USE ONLY

Name of Monitoring Firm Hired by Building Owner (8)
Environmental Testing Consultants, LLC

ASCM No.

Name of Abatement Contractor (9)
Synatech, Inc.

Street Address
413 North Black Horse Pike

City, State & Zip Code
Runnemede, NJ 08078

Project Manager for Monitoring Firm
Howard Zenobi

Telephone Number
856-482-1311

Telephone Number
609-296-6916

License Number
00817

Scheduled Start Date (10)
August 4, 2015

Scheduled Completion Date (11)
September 8, 2015

Name of OSHA Monitor
Synatech, Inc.

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

Facility Occupied During Abatement

Scope of Work (Check all that apply)

☐ ≥3 sf or ≥ 50 l.f.
☐ ≥100 sf or ≥260 l.f.
☐ Renovation
☐ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☒ Non-Exempted(*) and Non-Friable Procedure

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

IN Facility (13)

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

Yes ☒

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
Encapsulate
Endorse
Repair

Exterior Doors

X Perimeter Caulk

40 LF

X

Name of Registered Waste Hauler
NJDEP Waste Hauler ID No.
27429

Cubic Yards of Waste
1

Name of Registered Landfill
Grows Landfill

City, State
Little Egg Harbor, NJ 08087

Disposal Date
September 9, 2015

City, State
Morrisville, PA

Completed By
Diane Alola

Title
Executive Administrator

Signature

Date
July 24, 2015

*Do not use this form for asbestos licensure exempted activities.
Date of Notification (1) July 24, 2015

 Agencies Notified

☐ EPA  ☑ DEP  ☐ DOL  ☑ DOH  ☐ DCA
☐ Initial  ☐ Amended  ☑ Amendment #1  ☐ Cancellation

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

Street Address
604 West Union Avenue

City, State & Zip Code
Bound Brook, NJ 08805

Name of Contact
Jim Kalafsky

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement Is Taking Place (3)
Bank of America

Street Address
604 West Union Avenue

City (5)
Bound Brook

County (6)
Somerset

County Code (7)
USE ONLY

Name of Monitoring Firm Hired by Building Owner (8)
Environmental Testing Consultants, LLC

ASCM No.

Name of Abatement Contractor (9)
Synatech, Inc.

Street Address
413 North Black Horse Pike
City, State & Zip Code
Runnemede, NJ 08078

Project Manager for Monitoring Firm
Howard Zenobi

Telephone Number
856-462-1311

Telephone Number
609-286-6916

License Number
00817

Scheduled Start Date (10)
August 3, 2015

Scheduled Completion Date (11)
September 8, 2016

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

Facility Occupied During Abatement

Scope of Work (Check all that apply)
☐ ≥3 sf or ≥ 50 lf
☐ ≥160 sf or ≥260 lf
☐ Renovation
☐ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted(*) and Non-Friable Procedure

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

IN (13)

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

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

Amount (Specify SF or LF)

Abatement Type

Removal ☑ Repair ☐ Encapsulation ☐ Endorsement ☑

Main Banking Area - Closet
X

Floor Tile and Mastic
4 SF

Name of Registered Waste Hauler
Synatech, Inc.

NJDEP Waste Hauler ID No.
27429

Cubic Yards of Waste
< 1

Name of Registered Landfill
Grows Landfill

City, State
Little Egg Harbor, NJ 08087

Disposal Date
September 9, 2016

City, State
Morrisville, PA

Completed By
Diane Aloia

Title
Executive Administrator

Signature

Date
July 24, 2015

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

D&S Proj. #: 2015-254

Date of Notification (1)

| 9 | 17 | 1/1 | 12/11 | 5 |

Name of Building Owner/Operator (2)
gary voorhees

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

Type Notification
- [ ] Initial
- [ ] Amended
- [ ] Emergency
- [ ] Cancellation

Amendment #: __________________________

Street Address
14 north main street

City, State, Zip Code
marlboro, nj 07746

Name of Contact
gary voorhees

Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
gary voorhees

Street Address
14 north main street

City (5)
m Marlboro

County (6)
MONMOUTH

County Code (7)
(State use only)

Type of Facility (4)
- [ ] School (K-12)
- [ ] Other (Private/Commercial Bldgs/Homes, etc.)
- [ ] Other

Square Feet

# of Floors

Bldg. Age

Current Use (Prior if being demolished)

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

ASCM No.

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

Street Address
20 California Ave.

City, State, Zip Code
Paterson, nj 07503

Telephone Number
973-345-8020

License Number
01169

Name of OSHA Monitor
D & S Restoration, Inc.

Street Address
20 California Avenue

City, State, Zip Code
Paterson, NJ 07503

Start Date (10)
07/27/15

Sched. Completion Date (11)
08/17/15

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

Scope of Work (check all that apply)
- [ ] >3 sf or >3 lf
- [ ] 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)
PIPE INSULATION

Amount (Specify SF or LF)
33.1 ft

Removal, Repair, Encapsulation

Registered Waste Hauler
D & S RESTORATION, INC.

NJDEP Hauler ID#
13506

Cubic Yards of Waste
1 yd.

Name of Registered Landfill
TULLYTOWN, RESOURCE RECOVERY

City, State
Paterson, NJ 07503

Disposal Date
07/28/15

City, State
TULLYTOWN, PA

Completed by (Print or Type)
BOGDAN JOLDZIC

Title
PRESIDENT

Signature

Date
07/17/2015

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

Date of Notification (1)  
D&S Proj. #: 2015-355

Name of Building Owner/Operator (2)  
VALERIE BURAK

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

Name of Contact  
VALERIE BURAK

FACILITY INFORMATION

Name of facility where abatement is taking place (3)  
VALERIE BURAK

Street Address  
117 LLEWELLY ROAD

City (5)  
MONTCALIR

County (6)  
ESSEX

County Code (7)  
(State use only)

Type of Facility (4)  
☐ School (K-12)  ☑ Other (Private/Commercial Bldgs./Homes, etc.)

Square Feet  
# of Floors  
Bldg. Age

Current Use (Prior if being demolished)

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

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

Street Address  
20 California Ave.

City, State, Zip Code  
Paterson, NJ 07503

Telephone Number  
973-345-8020

License Number  
01169

Name of OSHA Monitor  
D & S Restoration, Inc.

Street Address  
20 California Avenue

City, State, Zip Code  
Paterson, NJ 07503

Start Date (10)  
08/03/15

Sched. Completion Date (11)  
08/28/15

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

Scope of Work (check all that apply)  
☒ Renovation  ☑ Demolition

Location of  
asbestos-containing  
mater (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)  

Amount (Specify SF or LF)  

Removal  
Repair  
Encapsulation  
Enclosure

BASEMENT BOILER RM  
PIECE INSULATION  
76 LF  ☑  ☐  ☑  ☐  ☑

basement bathroom  
PIECE INSULATION  
8 LF  ☐  ☑  ☑  ☑  ☑

basement storage rm  
PIECE INSULATION  
39 LF  ☐  ☑  ☑  ☑  ☑

BASEMENT CRAWL SPACE  
PIECE INSULATION  
30 LFT  ☑  ☑  ☐  ☑  ☐

Registered Waste Hauler  
D & S RESTORATION, INC.

NIDEP Hauler ID#  
13506

Cubic Yards of Waste  
1 yd.

Name of Registered Landfill  
TULLY TOWN, RESOURCE RECOVERY

City, State  
PATerson, NJ 07503

Disposal Date  
08/04/15

City, State  
TULLY TOWN, PA

Completed by (Print or Type)  
BOGDAN JOLDZIC  
Title  PRESIDENT

Signature  
07/20/2015

ASR-41

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

Date of Notification (1)
[12/01/15]

Name of Building Owner/Operator (2)
ANGELO SPALLETA

Street Address
69 CHARLES STREET

City, State, Zip Code
BLOOMFIELD, NJ 07003

Name of Contact
ANGELO SPALLETA

Telephone Number
973-...

FACTOR INFORMATION

Name of facility where abatement is taking place (3)
ANGELO SPALLETA

Street Address
69 CHARLES STREET

City (5) County (6) County Code (7) (State use only)
BLOOMFIELD ESSEX

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

Type of Facility (4)

Square Feet # of Floors Bldg. Age

Current Use (Prior if being demolished)

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

Street Address
20 California Ave.

City, State, Zip Code
Paterson, NJ 07503

Telephone Number License Number
973-345-8020 01169

Name of OSHA Monitor
D & S Restoration, Inc.

Street Address
20 California Avenue

City, State, Zip Code
Paterson, NJ 07503

Occupancy Status During Abatement (Check only one)

Facility closed/vacated during entire period of abatement.
Abatement performed outside of normal facility hours-

Describe:
OTHER-Describe: NORMAL HOURS

Scope of Work (check all that apply)

Full Containment w/negative pressure
Mini-enclosure
Glovebag procedure
Non-Exempted (') and Non-Friable procedure

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

Are location normally used solely by maintenance/custodial staff (12)

Yes No N/A

Description of asbestos-containing material (ACM)

Amount (Specify SF or LF)

Remove Repairs

ENC.

ENC.

BASEMENT

PIPE INSULATION
170 LFT

BASEMENT BOILER

BOILER INSULATION-bricks
32 SQ FT

BASEMENT CHIMNEY

chimney thimble packing
4 SQ FT

Registered Waste Hauler
D & S RESTORATION, INC.

NJDEP Hauler ID# 13506

Cubic Yards of Waste
3 YDS

Name of Registered Landfill
TULLYTOWN, RESOURCE RECOVERY

City, State
Paterson, NJ 07503

Disposal Date
08/06/15

Completed by (Print or Type)
BOGDAN JOLDZIC
Title
PRESIDENT
Signature
Date
07/20/2015

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

**D&S Proj. #**: 2015-253

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/11/15</td>
<td>linda debenedetto</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>DOL</td>
<td>Emergency</td>
<td>398 howe avenue</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>PASSAIC, NJ 07055</td>
</tr>
</tbody>
</table>

**Name of Contact**: linda debenedetto

<table>
<thead>
<tr>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of facility where abatement is taking place (3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>linda debenedetto</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>398 howe avenue</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>County (6)</th>
<th>County Code (7)</th>
</tr>
</thead>
<tbody>
<tr>
<td>PASSAIC</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>D &amp; S RESTORATION, INC.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>20 California Ave.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paterson, NJ 07503</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Telephone Number</th>
<th>License Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>973-345-8020</td>
<td>01169</td>
</tr>
</tbody>
</table>

**Type of Facility (4)**
- [ ] School (K - 12)
- [x] Subchapter 8 (Other than K-12)
- [x] Other (Private/Commercial Bldgs./Homes, etc.)

<table>
<thead>
<tr>
<th>Square Feet</th>
<th># of Floors</th>
<th>Bldg. Age</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

**Start Date (10)**

<table>
<thead>
<tr>
<th>Sched. Completion Date (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>08/28/15</td>
</tr>
</tbody>
</table>

**Occupancy Status During Abatement**: NORMAL HOURS

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

<table>
<thead>
<tr>
<th>Location normally used solely by maintenance/custodial staff (12)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>-----</td>
</tr>
<tr>
<td>BASEMENT       PIPE INSULATION     841 ft</td>
</tr>
<tr>
<td>BASEMENT BOILER BOILER INSULATION-bricks 55 sq ft</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
<th>Disposal Date</th>
<th>Cubic Yards of Waste</th>
</tr>
</thead>
<tbody>
<tr>
<td>TULLYTOWN, RESOURCE RECOVERY</td>
<td>08/04/15</td>
<td>2 yds.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>PATerson, NJ 07503</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Registered Waste Hauler</th>
</tr>
</thead>
<tbody>
<tr>
<td>D &amp; S RESTORATION, INC.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NJDEP Hauler ID#</th>
<th>Cubic Yards of Waste</th>
</tr>
</thead>
<tbody>
<tr>
<td>13506</td>
<td>2 yds.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Disposal Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>08/04/15</td>
</tr>
</tbody>
</table>

**ASR-41**

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

Date of Notification (1) 08/06/15

Name of Building Owner/Operator (2) michael kemp

Agencies Notified

- EPA
- DEP
- DOL
- DOH
- DCA

Type Notification

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

Street Address
21 midland boulevard

City, State, Zip Code
MAPLEWOOD, NJ 07040

Name of Contact
michael kemp

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
michael kemp

Street Address
21 midland boulevard

City (5) MAPLEWOOD
County (6) ESSEX

County Code (7) [State use only]

Name of Monitoring Firm Hired by Bldg. Owner (6)

ASCN No.

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

Street Address
20 California Ave.

City, State, Zip Code
Paterson, NJ 07503

Telephone Number
973-345-8020

License Number
01169

Square Feet
# of Floors
Bldg. Age

Current Use (Prior to being demolished)

Type of Facility (4)
- School (K - 12)
- Subchapter B (Other than K-12)
- Other (Private/Commercial Bldgs./Homes, etc.)

Start Date (10)
08/06/15

Sched. Completion Date (11)
08/26/15

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

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

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

- Yes
- No
- N/A

Description of asbestos-containing material (ACM)
PIPE INSULATION
80 l ft

Amount (Specify SF or LF)

Removal
Repair
Encapsulation

Registered Waste Hauler
D & S RESTORATION, INC.
NDEP Hauler ID# 13506
Cubic Yards of Waste 1 yd.

Name of Registered Landfill
TULLYTOWN, RESOURCE RECOVERY

City, State
Paterson, NJ 07503

Disposal Date
08/07/15

Completed by (Print or Type)
BOGDAN JOLDZIC PRESIDENT

Signature

Date
07/20/2015

ASR-41
* Do not use this form for asbestos licensure exempted activities.
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:30 and 12:120)

**Date of Notification (1)**: 7/21/15

**Name of Building Owner/Operator (2)**: Joshua Edmont

**Street Address**: 25 Franklin St

**City, State, Zip Code**: Verona, N.J. 07044

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

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

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

**Name of Abatement Contractor (9)**: A. Mac Contracting Inc.

**Street Address**: 185 Veeland Ave.

**City, State, Zip Code**: Midland Park, N.J.

**City, State, Zip Code**: Hackensack, N.J. 07606

**License No.**: 00156

**Telephone No.**: 201-262-5841

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

**Scheduled Completion Date (11)**: 9/20/15

**Telephone No.**: 201-262-5841

**Name of OSHA Monitor**: Omega Environmental Services Inc.

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

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

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Used Solely by</th>
<th>Description of ACM</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>Yes</td>
<td>VAT</td>
<td>500 SF</td>
</tr>
</tbody>
</table>

**Cubic Yards of Waste**: 2

**Name of Registered Landfill**: Grand Central Sanitary Landfill

**City, State**: Pen Argyl, PA 08072

**Disposal Date**: 8/5/15

**Completed by**: Joseph Vocaturo  
**Title**: Vice President

**Signature**:  
**Date**: 7/24/15

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

**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC Title 8 and 12:129)

<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>BETH HAVEL RIRISH SHALOM</td>
</tr>
</tbody>
</table>

**Agencies Notified**

- EPA
- DEP
- DOH
- DCA

**Type Notification**

- Initial
- Amended
- Cancellation

**Street Address**

380 RAMAPO VALLEY ROAD

**City, State, Zip Code**

MAHWAH, NJ 07492

**Name of Contact**

PETER ACBULL

**Telephone No.**

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

**Type of Facility (4)**

- House

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

ASCM No.

**Name of Abatement Contractor (8)**

A. Mac Contracting Inc.

**Street Address**

185 Vrooman Ave.

**Owner Address**

280 Hayter Street

**City, State, Zip Code**

Hackensack, N.J. 07606

**Project Manager for Monitoring Firm**

RICHARD M. BANCROFT

**Telephone No.**

**License No.**

00166

**Start Date (10)**

7/22/15

**Completion Date (11)**

7/24/15

**Name of OSHA Monitor**

OMEGA ENVIRONMENTAL SERVICES INC.

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

- Facility Closed/Nevacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other - Describes:

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

- 25' or 25'
- 5000 sq ft or 500 sq ft
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Cap and Baulk Procedure
- Non-Permitted (*) and Non-Friendly Procedure

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

**TO BE ABATED**

- (13) x SHINGLE

- 1 Room

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

- Normal location
- Normal location
- (12) 1200 SF

- Normal location
- Ceramic Tile

- Normal location
- Ceramic Tile

**Amount (Specify 3rd or LP)**

- Normal location
- 1200 SF

- Normal location
- 144 SF

**Abatement Type**

- Normal location

**Name of Registered Waste Handler**

'NEWARK CARLING INC.

**Name of Registered Landfill**

N.J. DEP Waste Handler No. 4500

**Disposal Date**

7/23/15

**City, State, Zip Code**

NEWARK, NJ 07105

**Completed by**

R. McDONALD

**Title**

President

**Signature**

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

Date of Notification (1) 07/16/2015
Name of Building Owner/Operator (2) PASCAK VALLEY High School District

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

Name of Facility Where Abatement is Taking Place (3)
PASCAK VALLEY High School

Street Address
46 Akers Avenue

City, State, Zip Code
Montvale, New Jersey 07645

Name of Contact
Brenda Kirk

FACILITY INFORMATION

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

Name of Abatement Contractor (9)
Savic Construction Corp

Square Feet
90,000

# of Floors
2

Bldg. Age
30 years

Current Use (Prior if being demolished)
Public High School

County Code (7) ________

Name of Monitoring Firm Hired by Building Owner (8)
HEALTH & SAFETY SERVICES, Inc.

ASHM No.
0117

Street Address
PO Box 365

City, State, Zip Code
Berlin, NJ 08009

Telephone No.
856 - 452 - 1311

License No.
01034

Name of OSHA Monitor
Savic Construction Corp

Start Date (10)
06/03/2015

Occupancy Status During Abatement (Check Only One)
Facility Closed/Vacated During Entire Period of Abatement
Abatement Performed Outside of Normal Facility Hours
Other – Describe: occupied building for the Sheetrock Compound Portion

Assigned Completion Date (11)
08/12/2015

Scope of Work (Check All That Apply)
\[ \surd \] 23 sf or \[ \surd \] 230 sf
\[ \surd \] Renovation
\[ \surd \] Demolition

\[ \surd \] 160 sf or \[ \surd \] 260 sf

Location of Asbestos-Containing Material (ACM)

<table>
<thead>
<tr>
<th>Location of ACM</th>
<th>Location Used by Maintenance/Custodial Staff?</th>
<th>Description of ACM</th>
<th>Amount Specified (SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Main Gym</td>
<td>X</td>
<td>Sheetrock Compound</td>
<td>800 SF</td>
<td>x x</td>
</tr>
<tr>
<td>Main Gym, Middle Gym Hall</td>
<td>X</td>
<td>Pipe fittings</td>
<td>16 LF</td>
<td>x x x</td>
</tr>
<tr>
<td>Back Gym, Weight Room</td>
<td>X</td>
<td>Floor Tile and Mastic</td>
<td>39 LF</td>
<td>x x x</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
Newark Carting

NJ DEP Waste Hauler ID No.
04509

Cubic Yards of Waste

Name of Registered Landfill
GROWS

City, State
Newark NJ

Disposal Date
08/10/2015

City, State
Morrisville, PA

Completed by
Milos Savic

Title
Project Manager

Signature

Date
07/16/2015

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

Date of Notification (1) 7/22/15

Name of Building Owner/Operator (2) EVP LLC

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

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

Street Address 81 Sunnyhill Road
City, State, Zip Code Dover, NJ 07801

Name of Contact Vipul Patel
Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Skytop Motel

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

City (5) Dover, NJ 07801

County Code (7)/STATE USE ONLY
Morris

Current Use (Prior if being demolished) Motel

Name of Monitoring Firm Hired by Building Owner (8)
The Resident Engineering Inspection, Inc.

Name of Abatement Contractor (9) Alliance Environmental Systems

ASCM No. NA

Street Address 18 Kathy Street
City, State, Zip Code Kendall Park, NJ 08824

Project Manager for Monitoring Firm Badar Usmani

Telephone No. 732-422-7228

Start Date (10) 7/13/15

Scheduled Completion Date (11) 8/7/15

Name of OSHA Monitor AET

Occupancy Status During Abatement (Check only one)
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ZAM____PM/3:30PM____AM

Scope of Work (Check all that apply)
- ≥3 sf or ≥3 if
- ≥100 sf or ≥280 if
- Demolition

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, VAT, or other miscellaneous)

Amount (Specify SF or LF)

Abatement Type

Restaurant
- VAT/Mastic
- 2719 SF

Restaurant
- AC Unit Caulk
- Flushing
- 776 SF

Restaurant
- VAT/Mastic
- 2719 SF

Restaurant
- VAT/Mastic
- 2719 SF

Name of Registered Waste Hauler Allstate Power Vac

NJ/DEP Waste Hauler ID No.

Cubic Yards of Waste

Name of Registered Landfill Minerva Enterprises, LLC

City, State, Zip Code Rahway, NJ 07065

Disposal Date TBD

City, State Minerva, OH

Completed By (Print or Type) Mark Griffin
Title Estimator

Signature

Date 7-22-15

* 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>Description of Asbestos-Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Removal</th>
<th>Repair</th>
<th>Encapsulate</th>
<th>Enclosure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Restaurant</td>
<td>Textured Ceiling</td>
<td>68 SF</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Restaurant</td>
<td>Door Caulk</td>
<td>18 LF</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Restaurant</td>
<td>Flashing</td>
<td>532 SF</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Motel</td>
<td>Cove Base Mastic</td>
<td>4600 LF</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Page 2 - Notification - 1/4/13
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) 7 / 22 / 15

Agencies Notified
- EPA
- DOLWD
- DHSS
- DCA (NJAC 5:23-3)

Name of Building Owner/Operator (2)
ExxonMobil Research and Engineering

Street Address
600 Billingsport Rd.

City, State, Zip Code
Paulsboro, NJ 08066

Name of Contact
Emil Szymczak

FACILITY INFORMATION

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

Street Address
600 Billingsport Rd.

City (5)
Paulsboro, NJ 08066

County (6)
Gloucester

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

ASCM No.
NA

Name of Abatement Contractor (9)
Alliance Environmental Systems

Street Address
550 East Union St.

City, State, Zip Code
West Chester, PA 19382

Project Manager for Monitoring Firm
Ray Giordano

Telephone No.
610-217-0405

Start Date (10) 8 / 5 / 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: 7 AM - ______PM/3:30PM - ______ AM

Scope of Work (Check all that apply)
- 3 sf or >3 sf
- 160 sf or >200 sf
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Flammable 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

Lab

Transite Fume Hood

40 SF

Pit

Gasket

1 SF

Name of Registered Waste Hauler

Waste Management

NJDEP Waste Hauler ID No.

Cubic Yards of Waste

1

Name of Registered Landfill

Gloucester County

City, State
Paulsboro, NJ

Disposal Date
TBD

City, State
Swedesboro, NJ

Completed By (Print or Type)
Mark Griffin

Title
Estimator

Signature

Date
7-22-15

* 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)**: 7-22-15

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

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

**Name of Building Owner/Operator (2)**: Exxon Mobile Fuels and Lubricants

**Street Address**
- Name: Avenue J

**City, State, Zip Code**
- Bayonne, NJ, 07002

**Name of Facility Where Abatement is Taking Place (3)**
- Former Bayonne Lubricating Mfg. Plant

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**
- Former Bayonne Lubricating Mfg. Plant

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

**Name of Monitoring Firm Hired by Building Owner (5)**: Asset Inspector Technologies

**ASCM No.**

**Name of Abatement Contractor (6)**
- Terra Contracting Services, LLC

**Street Address**
- 123 N. Sea Road, PO Box 3415

**City, State, Zip Code**
- South Hampton, NY 11969

**Project Manager for Monitoring Firm**
- Peter J. Alama

**Telephone No.**
- 973-402-8717

**Telephone No.**
- 212-920-5976

**License No.**
- 01208

**Name of OSHA Monitor**
- Apprentices Testing & Consulting Services

**Street Address**
- 591 S. 6th Ave

**City, State, Zip Code**
- Miami, FL 33015

**Start Date (10)**
- 8-10-15

**Scheduled Completion Date (11)**
- 8-11-15

**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:

**Scope of Work (Check all that apply)**
- [ ] Exposed Asbestos-containing Material (ACM) TO BE ABATED IN Facility
- [ ] Abatement
- [ ] Renovation
- [ ] Demolition
- [X] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Row-Back Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

**Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)**
- [X] pipe insulation

**Amount (Specify SF or LF)**
- 100

**Name of Registered Waste Hauler**
- HazMat Environmental Group

**NJDEP Waste Hauler ID No.**
- 1665

**Cubic Yards of Waste**
- 10

**Name of Registered Landfill**
- High Acres Landfill

**City, State**
- Buffalo, NY

**Completed by**
- [ ] Director of Abatement Services

**Title**
- **Signature**
- Gregory A. Moe

**Date**
- 7-31-15

*Do not use this form for asbestos licensure example only.*
**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 8:80 and 5:16)

<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>7 / 9 / 15</th>
</tr>
</thead>
</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>☑ DOHWD</td>
<td>☑ Amended</td>
</tr>
<tr>
<td>☑ DHSS</td>
<td>Amendment #1-7/24/15</td>
</tr>
<tr>
<td>□ Mobile Home</td>
<td>Emergency (including justification)</td>
</tr>
<tr>
<td>□ CCA</td>
<td>Cancellation</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Building Owner/Operator</th>
<th>E.I. duPont de Nemours</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>250 Cheesequake Road</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>Parlin, NJ 08859</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of Contact</th>
<th>Nichol Reinhold</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Telephone Number</th>
<th>321-5000</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>FACILITY INFORMATION</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place</th>
<th>DuPont Parlin Facility - Bldg. 713</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>250 Cheesequake Road</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>City</th>
<th>Parlin</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>County (9)</th>
<th>Middlesex</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>County Code (7) (STATE USE ONLY)</th>
<th>Current Use (Prior if being demolished)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Interior</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner</th>
<th>Cardno ATC</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>ASCM No.</th>
<th>Name of Abatement Contractor</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>BRISTOL ENVIRONMENTAL, INC.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>1123 BEAVER STREET</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>Burlington, NJ 08016</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>John Lutz</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Telephone No.</th>
<th>609-366-8800</th>
</tr>
</thead>
</table>

| Start Date (10) | 8 / 3 / 15 |
| Scheduled Completion Date (11) | 8 / 5 / 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: 7:00AM- PM:3:30PM AM |

| Scope of Work (Check all that apply):
| ☑ ≥ 3 sf or ≥ 3 if |
| ☑ ≥ 500 sf or ≥ 250 if |
| ☑ Renovation |
| ☑ Demolition |
| ☑ Full Containment with Negative Pressure |
| ☑ Mini-Enclosure |
| ☑ Glovebag Procedure |
| ☑ Non-Exempted (*) and Non-Friable Procedure |

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

<table>
<thead>
<tr>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Building 713 Exterior atrium</th>
<th>☑</th>
<th>☑</th>
<th>☑</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Location</th>
<th>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify $F or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>Pipe Insulation</td>
<td>120 LF</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>BRISTOL ENVIRONMENTAL INC</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>NJDEP Waste Hauler ID No.</th>
<th>18706</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>City, State</th>
<th>BRISTOL, PA</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Disposal Date</th>
<th>4/22/2015</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>Morrisville, PA 19067</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Completed By (Print or Type)</th>
<th>Patrick T. DeCaro</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patrick T. DeCaro</td>
<td>7/24/15</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 / 9 / 15
Name of Building Owner/Operator (2) E.I. duPont de Nemours

Agencies Notified
☐ EPA
☐ DOLWD 15-26
☐ DHSS 13-12
☐ DCA (NJAC 5:23-8)

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

Street Address
250 Cheesequake Road
City, State, Zip Code
Parlin, NJ 08859

Name of Contact
Nichol Reinhold
Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
DuPont Parlin Facility - Bldg. 713

Street Address
250 Cheesequake Road

City (5)
Parlin

County (6)
Middlesex

County Code (7)(STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8)
Cardno ATC

ASCM No.

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

Street Address
3 Terri Lane

City, State, Zip Code
Burlington, NJ 08016

Project Manager for Monitoring Firm
John Lutz

Telephone No.
609-386-8800

License No.
215-788-6040

Start Date (10) 7/1 / 27 / 15
Scheduled Completion Date (11) 7 / 29 / 15

Name of OSHA Monitor
BRISTOL ENVIRONMENTAL, INC.

Occupancy Status During Abatement (Check only one)
☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM - 3:30PM - AM

Scope of Work (Check all that apply)
☒ ≥3 sf or ≥3 if
☒ ≥160 sf or ≥200 if
☒ Renovation
☒ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

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

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

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

Amount (Specify SF or LF)
120 LF

Abatement Type
☐ Removal ☐ Repair ☐ Encapsulate

Name of Registered Waste Hauler
BRISTOL ENVIRONMENTAL INC

NJDEP Waste Hauler ID No.
18706

Cubic Yards of Waste

Name of Registered Landfill
GROWS Landfill

City, State
BRISTOL, PA

Disposal Date
4/22/2015

City, State
Morrisville, PA 19067

Completed By (Print or Type)
Patrick T. DeCaro
Title
Estimator
Signature

Date 7/4/15

* Do not use this form for asbestos inspections or pre-abatement activities.
State of New Jersey - Notification of Asbestos Abatement  
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC Project # 060-15  
**July 23, 2015**

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Notification Type</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>❑ EPA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>❑ DCA</td>
<td>✗ Initial Notification</td>
<td></td>
</tr>
<tr>
<td>❑ DOL</td>
<td>❑ Emergency (including justification)</td>
<td></td>
</tr>
<tr>
<td>❑ DEP- No Longer REQUIRED</td>
<td></td>
<td></td>
</tr>
<tr>
<td>❑ DOH</td>
<td>❑ Amended Notification #</td>
<td></td>
</tr>
</tbody>
</table>

**RUTGERS, THE STATE UNIVERSITY OF NJ**

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Name of Contractor (5)</th>
</tr>
</thead>
</table>
| ENVIRONMENTAL HEALTH & SAFETY DEPT.  
27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS |
| MICHAEL SMITH, ENV. HEALTH & SAFETY |

**FACILITY INFORMATION**

- **Name of Facility Where Abatement Is Taking Place (3)**  
  LIFE SCIENCE CENTER, BLDG# 7245

**Street Address**

- 225 UNIVERSITY AVENUE, NEWARK CAMPUS

<table>
<thead>
<tr>
<th>City (6)</th>
<th>County (6)</th>
<th>County Code (7)</th>
</tr>
</thead>
<tbody>
<tr>
<td>NEWARK</td>
<td>ESSEX</td>
<td></td>
</tr>
</tbody>
</table>

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

- Cardno ATC  
  ASCM No. 0098

**Street Address**

- 3 TERRI LANE

**City, State, Zip Code**

- BURLINGTON, NJ 08016

**Project Manager for Monitoring Firm**

- BRIAN KEARNY  
  Telephone Number 609-386-8800

**Scheduled Start Date (10)**

- 08/07/15  
  **Scheduled Completion Date (11)**  
  08/14/15

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

- ☑ Facility Closed/Vacated During Entire Period of Abatement
- ❑ Abatement Performed Outside of Normal Facility Hours - Describe Shift Hours: M-F 3:00 PM – 5:00 AM – Exterior Trench
- ☑ Other – Describe: Shift Hours: M-F 3:00 PM – 5:00 AM – Exterior Trench

**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-Fireable Procedure

**Location of Asbestos-Containing Material (ACM) in Facility (13)**

- Is Location Normally Used Solely by Maint./Custodial Staff (12)  
  YES  
  NO  
  NA

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

- Description

**EXTERIOR HTHW TRENCH**

<table>
<thead>
<tr>
<th>TSI</th>
<th>150 LF</th>
</tr>
</thead>
</table>

**Name of Reg. Waste Hauler**

- See Hauler Below #1 & 2

**Cubic Yards of Waste: 10 CY**

**Name of Registered Landfill**

- G.R.O.W.S. North Landfill

**Disposal Date**

- 08/14/15

**City, State**

- BUTLER, NJ 07405

**Hauler #1**

- Greenwood Abatement Consultants, Inc. – Butler, NJ 07405  
  NJDEP # 28969

**Hauler #2**

- S TG – 58 Pyles Lane, New Castle, De 19720  
  NJ DEP # 20990

**Completed by (Print or Type)**

- RAYMOND C. PEDALINO
  SENIOR PROJECT MANAGER

**Signature**

- Raymond C. Pedalino

**Date**

- July 23, 2015

**Copies To:** Rutgers, REHS, Attn: Mike Smith  
and Cardno ATC, Attn: Brian Kearney
### GAC Project # 491-15

**State of New Jersey - Notification of Asbestos Abatement**  
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>July 23, 2015</th>
</tr>
</thead>
</table>

**Agencies Notified**  
- EPA  
- DCA  
- DOL  
- DEP - No Longer REQUIRED  
- DOH

**Notification Type**  
- Initial Notification  
- Amended Certification #1  
- Consultant address change  
- Emergency (including justification)  
- Cancelled

**Name of Building Owner/Operator (2)**  
NORTHERN HIGHLANDS REGIONAL HS BOE

**Street Address**  
298 HILLSIDE AVENUE

**City, State, Zip Code**  
ALLENDALE, NJ 07401

**Name of Contact**  
JAMIE ATCHISON  
**Telephone Number**  
00

**Name of Facility Where Abatement is Taking Place (3)**  
NORTHERN HIGHLANDS REGIONAL HIGH SCHOOL

**Street Address**  
298 HILLSIDE AVENUE

**City, State, Zip Code**  
ALLENDALE, NJ 07401

**Name of Monitoring Firm Hired by Bldg. Owner (8)**  
RK OCCAPTATIONAL & ENVIRONMENTAL ANALYSIS, INC.

**ASCM No.**  
0090

**Name of Contractor (9)**  
GREENWOOD ABATEMENT CONSULTANTS, INC.

**Street Address**  
268 MAIN STREET

**City, State, Zip Code**  
BUTLER, NJ 07405

**Project Manager for Monitoring Firm**  
JON GILBERT  
**Telephone Number**  
908-454-6316

**Scheduled Start Date (10)**  
08/03/15  
**Scheduled Completion Date (11)**  
08/10/15

**Occupancy Status During Abatement (Check only one)**  
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours - Describe
- Facility Occupied During Entire Period of Abatement
  
**SHIFT HOURS 7AM - 7PM (as needed)**

**Source of Work (Check all that apply)**  
- > 3 sf or > 3 lf  
- ≥ 160 sf or ≥ 260

**Renovation**  
- Demolition

**Location of Asbestos-Containing Material (ACM) in Facility (13)**

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

- Amount (Specify SF or LF)

**Abatement Type**

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

<table>
<thead>
<tr>
<th>Cafeteria Kitchen</th>
<th>DUCT INSULATION</th>
<th>178 SF</th>
</tr>
</thead>
</table>

**Name of Reo. Waste Hauler**

Newark Carting, Inc.  
Newark, NJ 04509

**NJ DEP Waste Hauler ID #**

NJ DEP # 4509

**Cubic Yards of Wastes**  
10 CY

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

**Disposal Date**  
08/10/15  
**City State Landfill**

100 New Ford Mill Rd.  
Morrisville, Pa 19067  
215-736-1700

**Completed by (Print or Type)**

RAYMOND C. PEDALINO  
Title: SENIOR PROJECT MANAGER

**Signature**

**Date**  
June 23, 2015

**Copies To:**  
BOE CHATHAM Attn: Mr. J. Cataldo and RK O&E, Attn: Jon Gilbert
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:66 and 12:120)

Date of Notification (1)
7-22-2015

Name of Building Owner/Operator (2)
Bergen County Technical School

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

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

Street Address
327 East Rigwood ave

City, State, Zip Code
Paramus NJ 07652

Name of Contact
Thomas Jodice

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Bergen County Technical High School

Street Address
275/285 Pascack Road

City (5)
Paramus, nj 07652

County Code (7)
Bergen

Name of Abatement Contractor (9)
DYV Enterprises LLC

ASCM No.

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)
Technical School

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

Street Address
1253 N Church ST

City, State, Zip Code
Moorestown, NJ 08057

Telephone No.
856-8408800

Project Manager for Monitoring Firm
Michael R Stocku

Telephone No.
973-9426924

License No.
01129

Start Date (10)
7-23-15

Scheduled Completion Date (11)
7-23-15

Name of OSHA Monitor

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

Scope of Work (Check All That Apply)
- 92 sf or 231 ft
- ≥160 sf or ≥260 sf
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

In Facility (13)

Boiler Room

X Boiler gasket insulation material

5 LF

Abatement Type

Removal

Amount (Specify SF or LF)

Endorsement

Disposal Date
7-24-15

City, State
Paterson NJ
Tullitown PA

Completed by
Dorian Carpio

Title
Manager

Signature

Date
7-22-15

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