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

Date of Notification (1)
07/24/15

Name of Building Owner/Operator (2)
Gary Hodge

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

Type Notification
- Initial

Street Address
172 W Ivy Lane

City, State, Zip Code
Englewood, NJ 07631

Name of Contact

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Gary Hodge

Street Address
172 W Ivy Lane

City (6)
Englewood

County (6)
Bergen County

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

Name of Abatement Contractor (9)
Pro Abatement

Project Manager for Monitoring Firm

Street Address
1009 87th Street Suite A4

City, State, Zip Code
North Bergen, NJ 07047

Telephone No.
201-293-6305

License No.
01223

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

Scope of Work (Check All That Apply)
- ≥3 sf or ≥3 lf
- ≥160 sf or ≥250 lf
- 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
In Facility (13)

Basement

Yes
No
N/A

TSI

90 LF

Amount (Specify SF or LF)

Abatement Type

Endorse

Name of Registered Waste Hauler
SAN TON SERVICES

Cubic Yards of Waste

Name of Registered Landfill
MEDOWLANCHES COMMISION

City, State
KENILWORTH, NJ

Disposal Date

City, State
KEARNY, NJ

Completed by
Bryan Parra

Title
Project Manager

Signature

Date
07/24/15

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

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

<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>7/27/15</th>
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<tbody>
<tr>
<td>Name of Building Owner/Operator</td>
<td>EARTHTECH CONTRACTING</td>
</tr>
<tr>
<td>Street Address</td>
<td>155 R 12-50</td>
</tr>
<tr>
<td>City, State Zip Code</td>
<td>PALENFIELD, N.J. 07070</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>BRUCE BREUNIG</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
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<tr>
<td><strong>FACILITY INFORMATION</strong></td>
<td></td>
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<tr>
<td>Type of Facility</td>
<td>RESIDENCE</td>
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<tr>
<td>Address</td>
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<tr>
<td>Square Feet</td>
<td>1500</td>
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<tr>
<td># of Floors</td>
<td>2</td>
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<tr>
<td>Billing Age</td>
<td>50+</td>
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<td>Name of Abatement Contractor</td>
<td>KLEEMCO INC.</td>
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<tr>
<td>Street Address</td>
<td>369 S, SPRUCE AVE MAPLE SHADE, N.J. 08052</td>
</tr>
<tr>
<td>City, State Zip Code</td>
<td>MAPLE SHADE, N.J. 08052</td>
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<tr>
<td>Project Manager for Monitoring Firm</td>
<td>JOSEPH KLEEM</td>
</tr>
<tr>
<td>Telephone No</td>
<td>856-779-0422</td>
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<tr>
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<td>00444</td>
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<tr>
<td>Date of Abatement</td>
<td>8/6/15</td>
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<td>Scheduled Completion Date</td>
<td>8/13/15</td>
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<tr>
<td>% of ACM</td>
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<td>Location of Asbestos Containing Material (ACM)</td>
<td>SIDING</td>
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<td>Description of Asbestos Containing Material (ACM)</td>
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<tr>
<td>Amount (lb)</td>
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<td>Name of Registered Waste Hauler</td>
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<td>Waste Hauler ID No</td>
<td>17984</td>
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<td>Name of Registered Landfill</td>
<td>A.C.V.A.</td>
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<td>Disposal Date</td>
<td>PLEASANTVILLE, N.J.</td>
</tr>
<tr>
<td>Signature</td>
<td>JOSEPH KLEEM</td>
</tr>
</tbody>
</table>

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

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

**Date of Notification (1):**
July 28, 2015

**Name of Building Owner/Operator (2):**
Covenant Presbyterian Church

**Check #:**
2268

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

**Type Notification:**
- Initial
- Amended
- Amendment #
- Emergency (Including Justification)
- Cancellation

**Street Address:**
471 Parkway Avenue

**City, State, Zip Code:**
Trenton, NJ 08618

**Name of Contact:**
Marguerite Dykstra

**Telephone Number:**

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

**County (6):**
Mercer

**County Code (7):**

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

**Square Feet:**
5,000

**# of Floors:**
2

**Bldg. Age:**
75

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

**ASCM No.:**

**Name of Abatement Contractor (9):**
Shade Environmental, LLC

**Street Address:**
623 Cutler Avenue

**City, State, Zip Code:**
Maple Shade, NJ 08052

**Project Manager for Monitoring Firm:**
Firoz Jan

**Telephone No.:**
609-890-7277

**Start Date (10):**
August 5, 2015

**Scheduled Completion Date (11):**
August 10, 2015

**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):***
- [x] ≥30 sf or ≥12 if
- [x] ≥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 (12):**

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

**Safely?**
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):**
100 LF

**Abatement Type:**
- [x] Removal
- [ ] Repair
- [ ] Endoscope
- [ ] Enclosure

**Name of Registered Waste Hauler:**
NJDEP Waste Hauler ID No.
02265

**Cubic Yards of Waste:**
10

**Name of Registered Landfill:**
Cumberland County Landfill

**City, State:**
Newburg, PA

**Completed by:**
Christina Lynch

**Title:**
Operations Manager

**Signature:**

**Date:**
7/28/2015

* Do not use this form for asbestos licensure exempted activities.
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:68 and 12:120)

**Date of Notification (1)**  
July 28, 2015

**Name of Building Owner/Operator (2)**  
DJIA Properties, LLC  
Check # 2269

**Agencies Notified (3)**  
- [x] EPA  
- [ ] DEP  
- [ ] DOL  
- [ ] DOH  
- [ ] DCA  
- [ ] Initial  
- [x] Amended  
- [ ] Amendment #  
- [ ] Emergency (including justification)  
- [ ] Cancellation

**Street Address (4)**  
1792 Third Avenue, Street

**City (5)**  
West Deptford

**Name of Contact (6)**  
David Ahlizadeh  
Telephone Number

**County (7)**  
Gloucester  
County Code (7)  
[STATE USE ONLY]  
Current Use (Prior to being demolished)

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

**Square Feet (8)**  
800

**City, State, Zip Code (9)**  
West Deptford, NJ 08096

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

**Name of Abatement Contractor (9)**  
Shade Environmental, LLC  
Street Address  
623 Cutler Avenue  
City, State, Zip Code  
Chesterfield, NJ 08515

**Telephone Number (10)**  
609-298-4070  
City, State, Zip Code  
Chesterfield, NJ 08515

**License No. (11)**  
856-752-0099  
City, State, Zip Code  
Cinnaminson, NJ 08077

**Project Manager for Monitoring Firm (12)**  
Bill Weissgerber  
Telephone No.

**Start Date (13)**  
August 7, 2015  
Scheduled Completion Date (14)  
August 10, 2015

**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)**

- [x] 23 sf or 23 if
- [ ] 160 sf or 260 if
- [ ] Renovation
- [x] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

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

- **To Be Abated**
  
**In Facility**

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

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

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

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

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

**Name of Registered Waste Hauler**

**Freehold Cartage**

**Cubic Yards of Waste**

**Name of Registered Landfill (15)**

**Cumberland County Landfill**

**Disposal Date**

**City, State**

**Freehold, NJ**

**City, State**

**Newburg, PA**

**Completed by (16)**  
Christina Lynch  
Title  
Operations Manager

**Date (17)**  
7/28/2015

*Do not use this form for asbestos licensure exempted activities.*
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:50-7 and 12:120-7)

**Date of Notification (1)**

<table>
<thead>
<tr>
<th>Agency</th>
<th>Type Notification</th>
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<tbody>
<tr>
<td>EPA</td>
<td>Initial Notification</td>
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<tr>
<td>DEP</td>
<td>Amended Notification #7</td>
</tr>
<tr>
<td>DOL</td>
<td>Cancellation</td>
</tr>
<tr>
<td>DOH</td>
<td>On Hold</td>
</tr>
<tr>
<td>DCA</td>
<td>EMERGENCY N</td>
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</table>

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

ERICSSON TECHNOLOGIES INC.

**Street Address**

530 SOUTH AVENUE EAST

**City, State, Zip Code**

CRANFORD, NEW JERSEY 07016

**Name of Contact**

RICHARD SMITH

**Telephone Number**


---

**FACILITY INFORMATION**

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

ERICSSON LABS

**Street Address**

1 ERCISSON DRIVE

**City**

MIDDLESEX

**County**

MIDDLESEX

**Square Feet**

70,000

**# of Floors**

2

**Bldg. Age**

44

**State Use Only**

COMMERICAL OFFICE

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

ENVIRONMENTAL TACTICS INC.

**ASCM No.**

17

**Name of Abatement Contractor (9)**

PAR ENVIRONMENTAL CORPORATION

**Street Address**

313 SPOOK ROCK ROAD

**City, State, Zip Code**

SUFFERN, NEW YORK 10901

**Project Manager for Monitoring Firm**

THOMAS GEIGER

**Telephone Number**

732-290-2217

**License Number**

845-249-7500

**Name of OSHA Monitor**

QUALITY ENVIRONMENTAL

**Street Address**

1376 ROUTE 9 W

**City, State, Zip Code**

WAPPINGERS FALLS, NY 12590

**Expected Start Date (10)**

7 / 17 / 15

**Sched. Completion Date (11)**

7 / 27 / 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 Monday-Saturday 5pm-1am/Saturday & Sunday 7am-3:30pm

**X**

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

- Demolition
- >3SF OR LF
- X >160 SF OR
- X Full Containment with Negative Pressure
- X Renovation
- Mini-Enclo,
- Glovebag Procedure
- 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 Maint/Custodial Staff (12)</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e. Thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
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</thead>
<tbody>
<tr>
<td>2ND FLOOR-NORTH EAST AREA</td>
<td>X</td>
<td>VAT &amp; MASTIC</td>
<td>10,000 SF</td>
<td>X</td>
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<tr>
<td>BASEMENT- BREAK ROOM</td>
<td>X</td>
<td>VAT &amp; MASTIC</td>
<td>526 SF</td>
<td>X</td>
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<tr>
<td>2ND FLOOR NORTHEAST AREA</td>
<td>X</td>
<td>PIPE FITTINGS</td>
<td>70 LF</td>
<td>X</td>
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<tr>
<td>1ST FLOOR MER ROOM 3-1</td>
<td>X</td>
<td>PIPE FITTINGS</td>
<td>4 LF</td>
<td>X</td>
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<tr>
<td>1ST FLOOR MER 1</td>
<td>X</td>
<td>PIPE FITTINGS</td>
<td>14 LF</td>
<td>X</td>
</tr>
<tr>
<td>1st FLOOR MER 1</td>
<td>X</td>
<td>PIPE FITTINGS</td>
<td>10 LF</td>
<td>X</td>
</tr>
<tr>
<td>ADDITION TO SCOPE:</td>
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<td></td>
<td></td>
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<tr>
<td>BASEMENT- BREAK ROOM</td>
<td>X</td>
<td>VAT &amp; MASTIC</td>
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<td>PIPE FITTINGS</td>
<td>30 LF</td>
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</table>

**Name of Registered Waste Hauler**

DJM TRANSPORT , LLC

**NJDIT Waste Hauler ID No.**

26981

**Cubic Yards of Waste**

80

**Name of Registered Landfill**

GROWS LANDFILL

**City, State**

REARNEY, NEW JERSEY

**Disposal Date**

1/16-5/30/2015

**City, State**

PITTSBURGH, PA

**Completed by (Print or Type)**

BENJAMIN SANCHEZ

**Title**

DIRECTOR OF OPERATIONS

**Signature**

[Signature]

**Date**

7/27/15
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1)  
7 / 14 /15

Name of Building Owner/Operator (2)  
ERICSSON TECHNOLOGIES INC.

Name of Contact  
RICHARD SMITH

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  
ERICSSON LABS

Street Address  
1 ERICSSON DRIVE

City, State, Zip Code  
MATAWAN, NEW JERSEY 07747

Project Manager for Monitoring Firm  
THOMAS GEIGER

Telephone Number  
732-220-2217

Expected Start Date (10)  
7 / 17 / 15

Sched. Completion Date (11)  
9 / 30 / 15

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

ASCM No.  
17

Name of Abatement Contractor (9)  
PAR ENVIRONMENTAL CORPORATION

Street Address  
313 SPOOK ROCK ROAD

City, State, Zip Code  
SUFFERN, NEW YORK 10901

License Number  
845-369-7500

Name of OSHA Monitor  
QUALITY ENVIRONMENTAL

Street Address  
1376 ROUTE 9 W

City, State, Zip Code  
WAPPINGERS FALLS, NY 12590

Occupancy Status During Abatement (Check only one)  
X Other - Describe Monday-Saturday 5pm-1am/Saturday & Sunday 7am-3:30pm

Scope of Work (Check all that apply)  
X Renovation

Full Containment with Negative Pressure

X Gloves Procedure

Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Description of Asbestos-Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
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<tbody>
<tr>
<td>VAT &amp; MASTIC</td>
<td>10,000 SF</td>
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<td>VAT &amp; MASTIC</td>
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<tr>
<td>PIPE FITTINGS</td>
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<td>X</td>
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<tr>
<td>PIPE FITTINGS</td>
<td>30 LF</td>
<td>X</td>
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Name of Registered Waste Hauler  
NJ DEP Waste Hauler ID No.  
26981

Disposal Date  
1/16/5/30/2015

City, State  
KEARNY, NEW JERSEY

Completed by (Print or Type)  
BENJAMIN SANCHEZ

Title  
DIRECTOR OF OPERATIONS
# NOTIFICATION OF ASBESTOS ABATEMENT

- **Date of Notification (1)**
  - 5 / 21 /15

- **Name of Building Owner/Operator (2)**
  - ERICSSON TECHNOLOGIES, INC.

- **Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)**
  - **2ND FLOOR - NORTH EAST AREA**
    - Yes
    - X VAT & MASTIC
    - 10,000 SF
    - X
  - **BASEMENT - BREAK ROOM**
    - X VAT & MASTIC
    - 525 SF
    - X
  - **2ND FLOOR NORTHEAST AREA**
    - X PIPE FITTINGS
    - 70 LF
    - X
  - **1ST FLOOR MER ROOM 3-1**
    - X PIPE FITTINGS
    - 4 LF
    - X
  - **1ST FLOOR MER 1**
    - X PIPE FITTINGS
    - 14 LF
    - X
  - **ADDITION TO SCOPE:**
    - 1ST FLOOR MER 1
    - X PIPE FITTINGS
    - 10 LF
    - X

- **Name of Registered Waste Hauler**
  - DJM TRANSPORT, LLC

- **Name of Registered Landfill**
  - GROWS LANDFILL

- **Completed by (Print or Type)**
  - BENJAMIN SANCHEZ

The document includes various details about the notification of asbestos abatement, including the name of the building owner/operator, the location and type of asbestos-containing material to be abated, and the contact information for the registered waste hauler and registered landfill. TheNotify of asbestos abatement includes detailed information about the asbestos-containing material located in the building, the type of asbestos abatement, and the name of the registered waste hauler and registered landfill. The completed by and print type section includes the name of the individual responsible for completing the notification.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:50-7 and 12:120-7)

Date of Notification (1)

<table>
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<tr>
<th>5 /</th>
<th>19 /15</th>
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Agencies Notified

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<thead>
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<th>Initial Notification</th>
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<td>DEP</td>
<td>Amended Notification #4</td>
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<tr>
<td>X</td>
<td>Cancellation</td>
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<tr>
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Type Notification

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<tr>
<td>DOH</td>
<td></td>
</tr>
<tr>
<td>DCA</td>
<td></td>
</tr>
</tbody>
</table>

Name of Building Owner/Operator (2)
ERICSSON TECHNOLOGIES INC.

Street Address
530 SOUTH AVENUE EAST

City, State, Zip Code
CRANFORD, NEW JERSEY 07016

Name of Contact
RICHARD SMITH

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement Is Taking Place (3)
ERICSSON LABS

Street Address
1 ERICSSON DRIVE

City (5) | County (6) | County Code (7)
MIDDLESEX | MIDDLESEX | (STATE USE ONLY)

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

ASCM No.
17

Name of Abatement Contractor (9)
PAR ENVIRONMENTAL CORPORATION

Street Address
313 SPOOK ROCK ROAD

City, State, Zip Code
SUFFERN, NEW YORK 10901

Square Feet
70,000

# of Floors
2

Bldg. Age
44

Type of Facility (4)

<table>
<thead>
<tr>
<th>School (K-12)</th>
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<tbody>
<tr>
<td>Subchapter B (Other than K-12)</td>
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<tr>
<td>X Other (ie, private &amp; commm. bldgs., homes, etc)</td>
</tr>
</tbody>
</table>

Square Feet
70,000

# of Floors
2

Bldg. Age
44

Current Use (Prior if being demolished)
COMMERCIAL OFFICE

Occupancy Status During Abatement (Check only one)

| Facility Closed/Vacated During Entire Period of Abatement |
| Abatement Performed Outside of Normal Facility Hours - Describe: |
| X Other - Describe Monday-Saturday 5pm-1am/Saturday & Sunday 7am-3:30pm |

Occupancy Status During Abatement (Check only one)

| Facility Closed/Vacated During Entire Period of Abatement |
| X Other - Describe Monday-Saturday 5pm-1am/Saturday & Sunday 7am-3:30pm |

Name of OSHA Monitor
QUALITY ENVIRONMENTAL

Street Address
1376 ROUTE 8 W

City, State, Zip Code
WAPPINGS FALLS, NY 12590

Scope of Work (Check all that apply)

| 2>3SF OR LF |
| X Renovation |
| X Non-Fireable Procedure |

Full Containment with Negative Pressure

| X Mini-Endor |
| X Glovebag Procedure |

Location of Asbestos-containing Material (ACM)


| 2ND FLOOR - NORTH EAST AREA |
| 1ST FLOOR MER 3-1 |
| 1ST FLOOR MER 1 |
| ADDITION TO SCOPE: |
| 1ST FLOOR MER 1 |

TO BE ABATED in Facility (13)


| 2ND FLOOR - NORTH EAST AREA |
| 1ST FLOOR MER 3-1 |
| 1ST FLOOR MER 1 |

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

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

Description of Asbestos-Containing Material (ACM)

| 2ND FLOOR - NORTH EAST AREA |
| 1ST FLOOR MER 3-1 |
| 1ST FLOOR MER 1 |

| VAT & MASTIC |
| PIPE FITTINGS |
| PIPE FITTINGS |

Amount (Specify SF or LF)

| 2ND FLOOR - NORTH EAST AREA |
| 1ST FLOOR MER 3-1 |
| 1ST FLOOR MER 1 |

| 10,000 SF |
| 70 LF |
| 10 LF |

Abatement Type

| REMOVAL |
| REPAIR |
| ENCLOSURE |

| X |
| X |

| Name of Registered Waste Hauler |
| NJDEP Waste Hauler ID No. |
| 25991 |

City, State
KEARNY, NEW JERSEY

Disposal Date
1/16/5/2015

Name of Registered Landfill
GROWS LANDFILL

City, State
MORRISVILLE, PA

Completed by (Print or Type)
BENJAMIN SANCHEZ

Title
DIRECTOR OF OPERATIONS

Signature

Date
3/19/15
**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 8:70-7 and 12:120-7)

**State of New Jersey**

**Name of Building Owner/Operator (2)**
ERICSSON TECHNOLOGIES INC.

**Street Address**
530 SOUTH AVENUE EAST

**City, State, Zip Code**
CRANFORD, NEW JERSEY 07016

**Name of Contact**
RICHARD SMITH

**Telephone Number**

---

**FACILITY INFORMATION**

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

**Square Feet**
70,000

**Bldg. Age**
44

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

**Name of Facility Where Abatement is Taking Place (5)**
ERICSSON LABS

**Street Address**
1 ERICSSON DRIVE

**City, State, Zip Code**
MATAWAN, NEW JERSEY 07747

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

**ASCM No.**
17

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

**Street Address**
313 SPOOK ROCK ROAD

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

**Project Manager for Monitoring Firm**
THOMAS GEIGER
732-290-2217

**Telephone Number**
845-369-7500

**License Number**
900

**Expected State Date (10)**
1 / 15 / 15

**Scheduled Completion Date (11)**
5 / 30 / 15

**Name of OSHA Monitor**
QUALITY ENVIRONMENTAL

**Occupancy Status During Abatement (Check only one)**
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours - Describe:
  - Other - Describe: Monday-Saturday 5pm-1am/Saturday & Sunday 7am-3:30pm

**Street Address**
1376 ROUTE 9 W

**City, State, Zip Code**
WAPPINGERS FALLS, NY 12560

**Scope of Work (Check all that apply)**
- Demolition
- >3SF OR LF
- 2ND FLOOR - NORTH EAST AREA
- BASEMENT - BREAK ROOM
- 1ST FLOOR MER ROOM 3-1
- ADDITION TO SCOPE:
  - 1ST FLOOR MER 1
  - 2ND FLOOR NORTHEAST AREA

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

<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>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>2ND FLOOR - NORTH EAST AREA</td>
<td>X</td>
<td>VAT &amp; MASTIC</td>
<td>10,000 SF</td>
<td>X</td>
</tr>
<tr>
<td>BASEMENT - BREAK ROOM</td>
<td>X</td>
<td>VAT &amp; MASTIC</td>
<td>525 SF</td>
<td>X</td>
</tr>
<tr>
<td>1ST FLOOR MER ROOM 3-1</td>
<td>X</td>
<td>PIPE FITTINGS</td>
<td>4 LF</td>
<td>X</td>
</tr>
<tr>
<td>ADDITION TO SCOPE:</td>
<td>1ST FLOOR MER 1</td>
<td>PIPE FITTINGS</td>
<td>14 LF</td>
<td>X</td>
</tr>
<tr>
<td>2ND FLOOR NORTHEAST AREA</td>
<td>X</td>
<td>PIPE FITTINGS</td>
<td>70 LF</td>
<td>X</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**
DJM TRANSPORT, LLC

**NJDEP Waste Hauler ID No.**
26981

**Cubic Yards of Waste**
80

**Name of Registered Landfill**
GROWS LANDFILL

**Disposal Date**
1/15-5/30/2015

**City, State**
KEARNY, NEW JERSEY

**Completed by**
BENJAMIN SANCHEZ

**Title**
DIRECTOR OF OPERATIONS

**Signature**

**Date** 3/9/15
### Notice of Asbestos Abatement

**State of New Jersey**  
**Notification of Asbestos Abatement**  
**(Pursuant to NJAC 8:50-7 and 12:120-7)**

**Date of Notification (1):**  
1 / 3 / 15

**Name of Building Owner/Operator (2):** ERICSSON TECHNOLOGIES INC.

**Street Address:** 530 SOUTH AVENUE EAST  
**City, State, Zip Code:** CRANFORD, NEW JERSEY 07016

**Name of Contact:** RICHARD SMITH

### Facility Information

**Name of Facility Where Abatement is Taking Place (3):** ERICSSON LABS  
**Street Address:** 1 ERICSSON DRIVE  
**City, State, Zip Code:** MIDDLESEX, MIDDLESEX, 07040

**Name of Monitoring Firm Hired by Building Owner (6):** ENVIRONMENTAL TACTICS INC.

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

**Square Feet:** 70,000  
**# of Floors:** 2  
**Bldg. Age:** 44

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

**Name of Abatement Contractor (9):** PAR ENVIRONMENTAL CORPORATION  
**Street Address:** 313 SPOOK ROCK ROAD  
**City, State, Zip Code:** SUFFERN, NEW YORK 10901

**Project Manager for Monitoring Firm:** THOMAS GEIGER  
**Telephone Number:** 732-202-2217  
**Telephone Number:** 845-969-7500

**Expected State Date (10):** 1 / 16 / 15  
**Sched. Completion Date (11):** 5 / 30 / 15

**Occupancy Status During Abatement (Check one only):**  
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours - Describe: Monday-Saturday 5pm-1am/Saturday & Sunday 7am-3:30pm

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Description</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>2ND FLOOR - NORTH EAST AREA</td>
<td>X VAT &amp; MASTIC</td>
<td>10,000 SF</td>
<td>X</td>
</tr>
<tr>
<td>BASEMENT - BREAK ROOM</td>
<td>X VAT &amp; MASTIC</td>
<td>525 SF</td>
<td>X</td>
</tr>
<tr>
<td>1ST FLOOR MER ROOM 3-1</td>
<td>X PIPE FITTINGS</td>
<td>4 LF</td>
<td>X</td>
</tr>
<tr>
<td>ADDITION TO SCOPE:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1ST FLOOR MER 1</td>
<td>X PIPE FITTINGS</td>
<td>14 LF</td>
<td>X</td>
</tr>
<tr>
<td>2ND FLOOR NORTHEAST AREA</td>
<td>X PIPE FITTINGS</td>
<td>70 LF</td>
<td>X</td>
</tr>
</tbody>
</table>

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

**Cubic Yards of Waste:** 80

**Name of Registered Landfill:** GROWS LANDFILL  
**Disposal Date:** 1/15-5/30/2015  
**City, State:** MORRISVILLE, PA

**Name of Registered Waste Hauler:** DJM TRANSPORT, LLC  
**Hauler ID No:** 25981

**Completed (Print or Type):** BENJAMIN SANCHEZ  
**Signature:** [Signature]

**Date:** 3/15
**State of New Jersey**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60-7 and 12:120-7)

**Date of Notification (1)**
1\slash29\slash16

**Name of Building Owner/Operator (2)**
ERICSSON TECHNOLOGIES INC.

**Street Address**
530 SOUTH AVENUE EAST
CRANFORD, NEW JERSEY 07016

**Name of Contact**
RICHARD SMITH

**FACILITY INFORMATION**

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

**Street Address**
1 ERICSSON DRIVE
MATAWAN, NEW JERSEY 07747

**City (5)**
MIDDLESEX
**County (6)**
MIDDLESEX

**Name of Monitoring Firm Hired by Building Owner (8)**
ENVIROMENTAL TACTICS INC.

**ASCM No.**
17

**Name of Abatement Contractor (8)**
PAR ENVIRONMENTAL CORPORATION

**Street Address**
313 SPOOK ROCK ROAD
SUFEERN, NEW YORK 10901

**Name of OSHA Monitor**
QUALITY ENVIRONMENTAL

**Street Address**
1376 ROUTE 9 W
WAPPINGERS FALLS, NY 12590

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

**Square Feet**
70,000

**# of Floors**
2

**Bldg. Age**
44

**Current Use**
COMMERCIAL OFFICE

**Expected State Date (19)**
1\slash15\slash16

**Sched. Completion Date (11)**
5\slash30\slash15

**Occupancy Status During Abatement**
Facility Closed/Vacated During Entire Period of Abatement
Abatement Performed Outside of Normal Facility Hours - Describe:
MONDAY - SATURDAY 8PM - 1AM

**Scope of Work**
X Demolition
X Renovation

**Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (15)**

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location normally used solely by Mgmt/Gstcl Staff (12)</th>
<th>Description of Asbestos-Containing Material (ACM) (ie. Thermal system insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>2ND FLOOR - NORTH EAST AREA</td>
<td>X</td>
<td>VAT &amp; MASTIC</td>
<td>10,000 SF</td>
<td>X</td>
</tr>
<tr>
<td>BASEMENT - BREAK ROOM</td>
<td>X</td>
<td>VAT &amp; MASTIC</td>
<td>525 SF</td>
<td>X</td>
</tr>
<tr>
<td>1ST FLOOR MER ROOM 3-1</td>
<td>X</td>
<td>PIPE FITTINGS</td>
<td>4 LF</td>
<td>X</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**
DJM TRANSPORT, LLC

**Hauler ID No.**
26881

**Cubic Yards of Waste**
80

**Name of Registered Landfill**
GROWS LANDFILL

**City, State**
KEARNER, NEW JERSEY

**Disposal Date**
1\slash16-5\slash30\slash2015

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

**Signature**

**Date**
1\slash29\slash15
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60-7 and 12:120-7)

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

Name of Building Owner/Operator (2): ERICSSON TECHNOLOGIES INC.

Street Address: 530 SOUTH AVENUE EAST
City, State, Zip Code: CRANFORD, NEW JERSEY 07016

Name of Contact: RICHARD SMITH
Telephone Number: 

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

Street Address: 1 ERICSSON DRIVE
City, State, Zip Code: MIDDLESEX, NEW JERSEY 07747

County Code (7): MIDDLESEX

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

Square Feet: 70,000
# of Floors: 2
Bldg Age: 44

Current Use (Prior if being demolished):
COMMERCIAL OFFICE

Name of Abatement Contractor (9):
PAR ENVIRONMENTAL CORPORATION

Street Address: 313 SPOOK ROCK ROAD
City, State, Zip Code: SUFFERN, NEW YORK 10901

Telephone Number: 845-369-7500
License Number: 460

Name of OSHA Monitor:
QUALITY ENVIRONMENTAL

Street Address: 1376 ROUTE 9 W
City, State, Zip Code: WAPPINGERS FALLS, NY 12590

Scope of Work (Check all that apply):
- Demolition
- Renovation
- Full Containment with Negative Pressure

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

<table>
<thead>
<tr>
<th>2ND FLOOR - NORTH EAST AREA</th>
<th>X</th>
<th>VAT &amp; MASTIC</th>
<th>10,000 SF</th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td>BASEMENT - BREAK ROOM</td>
<td>X</td>
<td>VAT &amp; MASTIC</td>
<td>525 SF</td>
<td>X</td>
</tr>
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<td></td>
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<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Amount (Specify SF or LF): 10,000 SF
Abatement Type: X

Name of Registered Waste Hauler: DJM TRANSPORT, LLC

Cubic Yards of Waste: 80

Name of Registered Landfill: GROWS LANDFILL

City, State: KEARNEY, NEW JERSEY

Disposal Date: 1/16/2015

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

Signature: 17/15
### 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 27, 2015</th>
</tr>
</thead>
</table>

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

**Notification Type**
- X Initial Notification
- □ Amended Certification
- □ Emergency (including justification)
- □ Cancelled

**Name of Building Owner/Operator (2)**
- New Jersey Turnpike Authority

**Street Address**
- Administrative Building, 581 Main Street

**City, State, Zip Code**
- Woodbridge, NJ

**Name of Contact**
- C/O Mr. Chris Chrys, PKF Mark III, Inc.

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**
- NJTPK Interchange # 10 – Exterior Trench

**Street Address**
- Interchange # 10

**City (5)**
- Edison

**County (6)**
- Middlesex

**County Code (7)**
- (State User Only)

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

**Sq. Feet:**
- Unknown

**# of Floors:**
- Exterior Trench

**Bidg. Age:**
- Exterior Trench

**Current Use (prior if being demolished):**

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

**Street Address**
- 30 Knightsbridge Road, Suite 520

**City, State, Zip Code**
- Piscataway, NJ 08854

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

**ASCM No.**
- ASCM No.

**Project Manager for Monitoring Firm**
- As shown

**Telephone Number**
- 973-492-0477

**License Number**
- 00840

**Occupancy Status During Abatement (Check only one):**
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours – Describe: 7am-7pm

**Other – Describe:**
- 9am-3pm

**Scheduled Start Date (10)**
- August 10, 2015

**Scheduled Completion Date (11)**
- August 30, 2015

**Source of Work (Check all that apply):**
- □ ≥ 3 sf or ≥ 3 if
- □ ≥ 160 sf or ≥ 200

**Renovation**
- Demolition

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

**Is Location Normally Used Solely by Maint./Custodial Staff? (12):**
- YES

**NO**
- NA

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

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

**Exterior Trench**
- Asbestos Transite Conduit
- 1,000 LF

**Name of Hauler**
- Greenwood Abatement Consultants, Inc.
- 1056 Stelton Road Piscataway, NJ 08854

**Name of Registered Landfill**
- GROWS-North Landfill Falls Twp.
- Bucks Cty. Morrisville PA

**Disposal Date**
- August 30, 2015

**City, State**
- Falls TWP, Bucks Cty, PA

**Complied by (Print or Type)**
- GAC # 2015-507

**Title**
- SENIOR PROJECT MANAGER

**Signature**
- Marin Graure

**Date**
- July 27, 2015
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 7/29/15

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

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

Name of Building Owner/Operator (2) City of New Brunswick

Street Address
78 Bayard St
City, State, Zip Code
New Brunswick, NJ 08901

Name of Contact Chris
Telephone Number

FACILITY INFORMATION

Facility Where Abatement is Taking Place (3)
D&R Canal

Street Address
1050 George Street
City (5)
New Brunswick

County (6)
Middlesex

State/Code (7) (STATE USE ONLY) Middlesex

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

Square Feet
2000

# of Floors
1

Bldg. Age
50+

Current Use (Prior to being demolished)
pump station

Name of Monitoring Firm Hired by Building Owner (8)

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

ASCM No.

Street Address
95 Montrose Road
City, State, Zip Code
Colts Neck, N.J. 07722

Telephone No.
732-294-1757
License No.
00029

Project Manager for Monitoring Firm
Telephone No.

Start Date (10)
8/7/15
Scheduled Completion Date (11)
8/12/15

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

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

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

<table>
<thead>
<tr>
<th>Furniture</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
</table>

roof | x | | |

<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 SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>flashing on chimney</td>
<td>25 sf</td>
<td>x</td>
<td></td>
</tr>
</tbody>
</table>

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

NJDEP Waste Hauler ID No.
12385

Cubic Yards of Waste
1

Name of Registered Landfill
Chirns

City, State
Colts Neck, New Jersey

Disposal Date
8/12/15

City, State
Easton, PA

Completed by
Bree McGuire

Title
Secretary Treasurer

Signature

Date
7/29/15

* 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)
7/29/15

Name of Building Owner/Operator (2)
City of New Brunswick

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

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

Street Address
78 Bayard St
City, State, Zip Code
New Brunswick, NJ 08901
Name of Contact
Chris

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Weston's Mill

City (9)
New Brunswick

County (6)
Middlesex

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

# of Floors
1

Built Age
50+

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

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

Street Address
95 Montrose Road
City, State, Zip Code
Colts Neck, N.J., 07722

Project Manager for Monitoring Firm

Telephone No.
Telephone No.
732-294-1757

License No.
00029

Name of OSHA Monitor

Start Date (10)
8/7/15

Scheduled Completion Date (11)
8/12/15

Occupancy Status During Abatement (Check Only One)

Other – Describe: 7:00 am – 7 pm

Scope of Work (Check All That Apply)

- [ ] ≥30 sf or ≥3 lf
- [ ] ≥160 sf or ≥260 lf
- [x] Renovation
- [x] Demolition

Location of Asbestos-Containing Material (ACM)

To Be Abated

In Facility

Is Location Normally Used Solely by Maintenance/Custodial Staff?

Yes
No
N/A
Description of Asbestos Containing Material (ACM)
(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)

Amount
(Specify SF or LF)
Abatement Type
Removal

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

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

NJDEP Waste Hauler ID No.
12086

Cubic Yards of Waste
2

Name of Registered Landfill
Chrin's

City, State
Colts Neck, New Jersey

Disposal Date
8/12/15

City, State
Easton., PA

Completed by
Bree McGuire
Title
Secretary Treasurer
Signature

Date
7/29/15

* Do not use this form for asbestos licensure exempted activities.
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:130)

Data of Notification (1)  07/25/15

Agency Notified  Type Notification

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

Name of Building Owner/Operator (2)  ANDREWS JANSONS

Street Address  73 GLENWOOD AVE
City, State, Zip Code  LEONAIA, NJ, 07605

Name of Facility Where Abatement is Taking Place (3)  ANDREWS ESTATE

Street Address  73 GLENWOOD AVE
City (5)  LEONAIA
County (6)  BERGEN

Name of Monitoring Firm Hired by Building Owner (9)  ASCM No.

Name of Abatement Contractor (8)  INDIAN ARROW INDUSTRIES CO

Type of Facility (4)

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

Square Feet  1990
# of Floors  2
Bldg. Age  1910

Current Use (Prior if being demolished)  RESIDENCE

Project Manager for Monitoring Firm  Telephone No.

Start Date (10)  07-07-15
Scheduled Completion Date (11)  08-08-15

Occupancy Status During Abatement (Check Only One)

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

Scope of Work (Check All That Apply)

- ≤30 sf or ≤3 If
- ≥30 sf or ≥250 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>Normally Used Solely by Maintenance/Custodial Staff?</th>
</tr>
</thead>
<tbody>
<tr>
<td>BASEMENT</td>
<td>Yes</td>
</tr>
</tbody>
</table>

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

Amount (Specify SF or LF)

Abatement Type

Name of Registered Waste Hauler  ATLCARTING

NJDEP Waste Hauler ID No.  26085
City, State, Zip Code  WAYNE, NJ

Completed by  GOAR IGUS
Title  SECRETARY
Signature

Disposal Date  TBD
City, State  TULLY-TOWN, PA.

Date  07/25/15
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:80 and 12:120)

Date of Notification (1): 07/25/15

Name of Building Owner/Operator (2): ROBERTA HIRSCH

 Agencies Notified: [ ] EPA [ ] DEP [ ] DOL [ ] DOH [ ] DCA
Type Notification: [ ] Initial [ ] Amended

Street Address: 1384 HILFORD TER.

City, State, Zip Code: TEANECK, NJ, 07666

Name of Contact: MARC STOLL
Telephone Number:

Name of Facility Where Abatement is Taking Place (3): ROBERT'S HOME

Street Address: 1384 HILFORD TER

City (5): TEANECK
County (6): BERGEN

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

Current Use (Prior if being demolished): RESIDENCE

Square Feet: 1500
# of Floors: 2
Bldg. Age: 80

Name of Monitoring Firm Hired by Building Owner (8): ASCM No.: 2

Name of Abatement Contractor (9): INDIAN ARROW INDUSTRIES CO

Street Address: 144 MILL ST.
City, State, Zip Code: PATerson, NJ, 07501

License No.: 1257

Start Date (10): 07/10/15
Scheduled Completion Date (11): 08/08/15

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

Name of OSHA Monitor: GORAN IGEEV

Scope of Work (Check All That Apply):
[ ] ≥3 sf or ≥3 If
[ ] ≥150 sf or ≥260 If
[ ] Renovation
[ ] Demolition
[ ] Full Containment with Negative Pressure
[ ] Mini-Enclosure
[ ] Glovebag Procedure
[ ] Non-Exempted (*) and Non-Friable Procedure

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

Name of Registered Waste Hauler: ATLANTIC CARTING
NJDEP Waste Hauler ID No.: 26085

Cubic Yards of Waste: TBD

Name of Registered Landfill: G.R. QUL. U.S.

City, State: WAYNE, NJ
Disposal Date: TBD

Completed by: GORAN IGEEV Title: SECRETARY

Signature: [Signature]

Date: 07/25/15
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)  July 28, 2015

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

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

Name of Building Owner/Operator (2)
Segal & Segal

Street Address
465 South Street

City, State, Zip Code
Morristown, NJ 07962

Name of Contact
Fred Kimak

Telephone Number

Name of Facility Where Abatement is Taking Place (3)
Murray Hill Apartments 61-69

Street Address
48 South Gate Road

City
New Providence

County (6)
Union

County Code (7)
(STATE USE ONLY)

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

ASCM No.

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

Square feet
10,000 sf

# of Floors
2

Bldg. Age
60

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

Street Address
1889 Route 9, Unit 61

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

Telephone Number
732-349-9932

License Number
00624

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

Street Address
1056 Stelton Road

City, State, Zip Code
Piscataway, New Jersey 08854

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

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

Project Manager for Monitoring Firm
Nicholas Fernicola

Scheduled Start Date (10)
8/10/15

Scheduled Completion Date (11)
8/28/15

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]

Garage
X

Storage room
X

Laundry room
X

YES NO N/A

Asbestos pipe insulation
1125 lf

Asbestos pipe insulation
75 lf

Asbestos pipe insulation
75 lf

Amount (Specify SF or LF)

Abatement Type

REMOVAL

REPAIR

ENCAPSULE

ENCLOSURE

Cubic Yards of Waste

Name of Registered Landfill

T.R.R.F.

City, State

Toms River, New Jersey

Disposal Date

8/31/15

City, State

Tullytown, Pennsylvania

Completed by (Print or Type)
Nicholas Fernicola

Title
Project Manager

Signature

Date
7/28/2015

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

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

**Date of Notification (1):** July 28, 2015

**Name of Building Owner/Operator (2):** Segal & Segal

**Street Address:** 465 South Street

**City, State, Zip Code:** Morristown, NJ 07962

**Name of Contact:** Fred Kimak

**Telephone Number:**

<table>
<thead>
<tr>
<th>FACILITY INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3): Murray Hill Apartments 35-49</td>
</tr>
<tr>
<td>Street Address: 48 South Gate Road</td>
</tr>
<tr>
<td>City: New Providence</td>
</tr>
<tr>
<td>County (6): Union</td>
</tr>
<tr>
<td>County Code (7): (STATE USE ONLY) ASCM No.</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8): Guardian Contracting, Inc.</td>
</tr>
<tr>
<td>Street Address: 1889 Rte. 9, Unit 61</td>
</tr>
<tr>
<td>City, State, Zip Code: Toms River, NJ 08755</td>
</tr>
</tbody>
</table>

**Project Manager for Monitoring Firm:** Nicholas Fernicola

**Telephone Number:** 732-349-9932

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

**Scheduled Completion Date (11):** 8/28/15

**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

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

**Square feet:** 10,000 sf

**# of Floors:** 2

**Bldg. Age:** 60

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

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

**Street Address:** 1889 Route 9, Unit 61

**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

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

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

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

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

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

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>X</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Abatement Type:**

- [X] Removal
- [ ] Repair
- [ ] Encapsulate
- [ ] Enclosure

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

| 1875 lf |
| 75 lf |
| 75 lf |

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

**NJDEP Waste Hauler ID No.:** 20223

**Cubic Yards of Waste:**

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

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

**Disposal Date:** 8/31/15

**Completed by (Print or Type):**

<table>
<thead>
<tr>
<th>Nicholas Fernicola</th>
</tr>
</thead>
</table>

**Title:** Project Manager

**Signature:**

**Date:** 7/28/2015

*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): July 28, 2015

Name of Building Owner/Operator (2):
Segal & Segal

 Agencies Notified: Type of Notification
[x] EPA  [x] Initial Notification
[x] DEP  [x] Amended Notification
[x] DOL  [x] Emergency (including justification)
[x] DOH  [x] Cancellation

Street Address: 465 South Street
City, State, Zip Code: Morristown, NJ 07962

Name of Contact: Fred Kimak
Telephone Number: 27361

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3):
Murray Hill Apartments 70-76
Street Address: 48 South Gate Road

City: New Providence
County Code (7) (STATE USE ONLY): Union
New Jersey

Name of Monitoring Firm Hired by Building Owner (8):
Guardian Contracting, Inc.
ASCM No.

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

Street Address: 1889 Rte. 9, Unit 61
City, State, Zip Code: Toms River, NJ 08755

Project Manager for Monitoring Firm: Nicholas Fernicola
Telephone Number: 732-349-9932
Scheduled Start Date (10): 8/10/15
Scheduled Completion Date (11): 8/28/15

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

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

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally used Solely by Maintenance/Custodial Staff</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Garage</td>
<td>X</td>
<td>Asbestos pipe insulation</td>
<td>875 l f</td>
</tr>
<tr>
<td>Storage room</td>
<td>X</td>
<td>Asbestos pipe insulation</td>
<td>75 l f</td>
</tr>
<tr>
<td>Laundry room</td>
<td>X</td>
<td>Asbestos pipe insulation</td>
<td>75 l f</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler:
Guardian Contracting, Inc.
NJDEP Waste Hauler ID No.: 20223
Cubic Yards of Waste: 2
Name of Registered Landfill:
T.R.R.F.

City, State:
Toms River, New Jersey
Disposal Date: 7/28/15

Completed by (Print or Type):
Nicholas Fernicola
Title: Project Manager
Signature:

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

Date of Notification (1)
07/28/2015

Name of Building Owner/Operator (2)
Robert T Healey Sr.

Agencies Notified

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

Type Notification

- Cancellation

Street Address
573 Eayerstown Road

City, State, Zip Code
Lumberton, NJ 08048

Name of Contact
Aron Gevers

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
A Better Lumberton

Street Address
111-121 Municipal Drive

City (5)
Lumberton

County Code (7)
Burlington

County (6)

Square Feet
30,000

# of Floors
1

Bldg. Age
50+

Current Use (Prior if being demolished)
former private school

Name of Abatement Contractor (9)
ELCON Environmental, Inc

ASCM No.

Type of Facility (4)

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

Name of OSHA Monitor
same

Street Address
150 Glenwood Drive

City, State, Zip Code
Washington Crossing, PA 18977

Project Manager for Monitoring Firm
Michael Menz

Telephone No.
856-628-6020

Scheduled Completion Date (11)
9/18/2015

Start Date (10)
8/11/15

Scope of Work (Check All That Apply)

- ≥3 sf or ≥3 ft
- 160 sf or ≥260 i
- 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
- Encapsulation
- Endorse

Name of Registered Waste Hauler
NJDEP Waste Hauler ID No.
SW 2117

Cubic Yards of Waste
TBD

Disposal Date
TBD

Name of Registered Landfill
Minerva Enterprises

City, State
Waynesburg, OH

Completed by
Elizabeth Gosek

Title
President

Signature
Date
07/28/2015

* Do not use this form for asbestos licensure exempted activities.
<table>
<thead>
<tr>
<th>SAMPLE NO.</th>
<th>LOCATION – SUSPECT MATERIAL</th>
<th>ESTIMATED QUANTITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>GYM – PIPE INSULATION ASSUMED</td>
<td>18 LF</td>
</tr>
<tr>
<td>N/A</td>
<td>GYM WALLS AND CEILINGS – TRANSITE</td>
<td>2,900 SF</td>
</tr>
<tr>
<td>N/A</td>
<td>GYM – 9” BY 9” FLOOR TILE WITH MASTIC</td>
<td>3,080 SF</td>
</tr>
<tr>
<td>N/A</td>
<td>GYM – EXTERIOR WINDOW CAULK</td>
<td>200 LF</td>
</tr>
<tr>
<td>N/A</td>
<td>SHOP – SCATTERED THROUGHOUT – 9” BY 9” FLOOR TILE</td>
<td>480 SF</td>
</tr>
<tr>
<td>N/A</td>
<td>SHOP – HALLWAY 12” BY 12” FLOOR TILE</td>
<td>1,200 SF</td>
</tr>
<tr>
<td>N/A</td>
<td>SHOP ROOM – TRANSITE</td>
<td>600 SF</td>
</tr>
<tr>
<td>N/A</td>
<td>SHOP THROUGHOUT MASTIC ASSOCIATED WITH 12” BY 12” FLOOR TILE AND 9” BY 9” FLOOR TILE</td>
<td>2,500 SF</td>
</tr>
</tbody>
</table>
### TABLE 2
ASBESTOS CONTAINING MATERIAL INVENTORY

111 MUNICIPAL DRIVE
LUMBERRTON, NEW JERSEY
RMG PROJECT # 090114

<table>
<thead>
<tr>
<th>SAMPLE NO.</th>
<th>LOCATION – SUSPECT MATERIAL</th>
<th>ESTIMATED QUANTITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>0819-49,50</td>
<td>ROOF – ROLLED ON/SILVER PAINT</td>
<td>8,848 SF</td>
</tr>
<tr>
<td>0820-58</td>
<td>9 BY 9 FLOOR TILE WITH MASTIC UNDER TILE AND CARPET</td>
<td>8,848 SF</td>
</tr>
<tr>
<td>0820-58</td>
<td>VARIOUS TILES AND CARPET ABOVE THE 9&quot; BY 9&quot; TILE</td>
<td>8,848 SF</td>
</tr>
<tr>
<td>0820-64</td>
<td>TRANSITE</td>
<td>2,208 SF</td>
</tr>
<tr>
<td>0820-71</td>
<td>DOOR – CAULK</td>
<td>ALL</td>
</tr>
<tr>
<td>0820-73,74</td>
<td>WINDOW CAULK</td>
<td>ALL</td>
</tr>
<tr>
<td>SAMPLE NO.</td>
<td>LOCATION – SUSPECT MATERIAL</td>
<td>ESTIMATED QUANTITY</td>
</tr>
<tr>
<td>------------</td>
<td>-----------------------------</td>
<td>--------------------</td>
</tr>
<tr>
<td>0819-33A</td>
<td>WINDOW CAULK</td>
<td>ALL</td>
</tr>
<tr>
<td>0819-35</td>
<td>DOOR CAULK</td>
<td>ALL</td>
</tr>
<tr>
<td>0819-38</td>
<td>BOILER ROOM – FLUE PACKING</td>
<td>ALL</td>
</tr>
<tr>
<td>0819-39</td>
<td>BOILER ROOM – CEILING – TRANSITE</td>
<td>100 SF</td>
</tr>
<tr>
<td>0819-40,44,45</td>
<td>CAFATERIA – 9 BY 9 WITH MASTIC BELOW OTHER TILE OF 1,770 SF</td>
<td>2,109 SF</td>
</tr>
<tr>
<td></td>
<td>CAFATERIA - 12” BY 12” ABOVE 9” BY 9”</td>
<td>1,770 SF</td>
</tr>
<tr>
<td>0819-46</td>
<td>KITCHEN CEILING – TRANSITE</td>
<td>810 SF</td>
</tr>
<tr>
<td>0819-47,48</td>
<td>CAFATERIA – CEILING - SR-JCMPD</td>
<td>1,348 SF</td>
</tr>
<tr>
<td>0819-49,50</td>
<td>ROOF – ROLLED ON/SILVER PAINT</td>
<td>2,109</td>
</tr>
<tr>
<td>SAMPLE NO.</td>
<td>LOCATION – SUSPECT MATERIAL</td>
<td>ESTIMATED QUANTITY</td>
</tr>
<tr>
<td>------------</td>
<td>----------------------------------------------</td>
<td>---------------------------</td>
</tr>
<tr>
<td>0819-04</td>
<td>WINDOW GLAZING</td>
<td>Metal Windows only</td>
</tr>
<tr>
<td>0819-06</td>
<td>DOOR CAULK</td>
<td>ALL</td>
</tr>
<tr>
<td>0819-09</td>
<td>CHIMNEY PACKING – TRANSITE</td>
<td>4 SF</td>
</tr>
<tr>
<td>0819-10,11,12</td>
<td>ROOF – FLAT ROLLED ON/FLASHING</td>
<td>5,092 SF</td>
</tr>
<tr>
<td>0819-20</td>
<td>9 BY 9 FLOOR TILE WITH MASTIC-UNDER OTHER</td>
<td>5,092 (2X)SF</td>
</tr>
<tr>
<td></td>
<td>TILE AND CARPET</td>
<td></td>
</tr>
<tr>
<td>0819-23</td>
<td>CEILING MATERIAL – /J-CMPD</td>
<td>225 SF</td>
</tr>
<tr>
<td>0819-30</td>
<td>TRANSITE</td>
<td>1,506 SF</td>
</tr>
<tr>
<td>SAMPLE NO.</td>
<td>LOCATION – SUSPECT MATERIAL</td>
<td>ESTIMATED QUANTITY</td>
</tr>
<tr>
<td>-----------</td>
<td>----------------------------------------------------------</td>
<td>--------------------</td>
</tr>
<tr>
<td>0804-05</td>
<td>BLDG #1 - WINDOW GLAZING</td>
<td>ALL WINDOWS</td>
</tr>
<tr>
<td>0804-08</td>
<td>BLDG #1 - ROOF – TRANSITE</td>
<td>135 SF</td>
</tr>
<tr>
<td>0804-13</td>
<td>BLDG #2 - REST ROOM – TILE MASTIC</td>
<td>40 SF</td>
</tr>
<tr>
<td>0804-14</td>
<td>BLDG #2 – 9 BY 9 GREEN FLOOR TILE</td>
<td>40 SF</td>
</tr>
<tr>
<td>0804-15</td>
<td>BLDG #2 BARN DOOR CAULK –WHITE/BLACK/PINK</td>
<td>20 LF</td>
</tr>
<tr>
<td>0804-20,21,22</td>
<td>BLDG #2 HVAC ROOM – DUCT INSULATION TROWELED ON</td>
<td>170 SF</td>
</tr>
<tr>
<td></td>
<td>ACPI BEHIND DUCT INSULATION</td>
<td>18 LF</td>
</tr>
<tr>
<td>0804-23</td>
<td>BLDG #2 HVAC ROOM – PIPE FITTING</td>
<td>ALL FITTINGS</td>
</tr>
<tr>
<td>0804-28</td>
<td>BLDG #3 CONCRETE FLOOR – MASTIC</td>
<td>160 SF</td>
</tr>
<tr>
<td>0804-35</td>
<td>BLDG #3 FOYER TILE – RED</td>
<td>8 SF</td>
</tr>
<tr>
<td>0804-36</td>
<td>BLDG #3 FOYER TILE – MASTIC</td>
<td>8 SF</td>
</tr>
<tr>
<td>0804-45</td>
<td>BLDG #3 JOINT COMPOUND</td>
<td>295 SF</td>
</tr>
<tr>
<td>Date of Notification (1)</td>
<td>7/28/15</td>
<td></td>
</tr>
<tr>
<td>-------------------------</td>
<td>---------</td>
<td></td>
</tr>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>High Mile North, LLC</td>
<td></td>
</tr>
<tr>
<td>Street Address</td>
<td>6 Anchorage Drive</td>
<td></td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Toms River, NJ 08753</td>
<td></td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Bill Cunningham</td>
<td></td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Residence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>4 Anchorage Drive</td>
</tr>
<tr>
<td>City</td>
<td>Toms River</td>
</tr>
<tr>
<td>County Code (7)</td>
<td>Ocean</td>
</tr>
<tr>
<td>County Code (7)</td>
<td>Ocean</td>
</tr>
<tr>
<td>Square Feet</td>
<td>1200 sf</td>
</tr>
<tr>
<td># of Floors</td>
<td>2</td>
</tr>
<tr>
<td>Bldg. Age</td>
<td>80</td>
</tr>
<tr>
<td>Current Use (Prior if being demolished)</td>
<td>Residence</td>
</tr>
</tbody>
</table>

| Name of Abatement Contractor (9) | Guardian Contracting, Inc. |
| Street Address | 1889 Route 9, Unit 61 |
| 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 |
| City, State, Zip Code | Piscataway, New Jersey 08854 |

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
<th>Full Containment with Negative Pressure</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] &gt;3 sf or &gt;3 ft</td>
<td>[ ] Mini-Enclosure</td>
</tr>
<tr>
<td>[X] ≥160 sf or ≥260 ft²</td>
<td>[X] Glovebag Procedure</td>
</tr>
<tr>
<td>[ ] Other - Describe</td>
<td>[ ] Non-Exempted (*) and Non-Friable Procedure</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) (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>Exterior</td>
<td>X</td>
<td>Asbestos siding</td>
<td>1200 sf</td>
<td>X</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>Guardian Contracting, Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>NIDEP Waste Hauler ID No.</td>
<td>20223</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td>3</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>T.R.R.F.</td>
</tr>
<tr>
<td>City, State</td>
<td>Toms River, New Jersey</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed by (Print or Type)</th>
<th>Nicholas Fennica</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
<td>Project Manager</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 28, 2015

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

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

Name of Building/Operator (2)
Bayside Marine Construction

Street Address
11 Birdsall Street
City, State, Zip Code
Waretown, NJ 08758

Name of Contact
Adam
Telephone Number

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

Street Address
239 Cedar Road
City
Bayville
County (6)
Ocean
County Code (7) (STATE USE ONLY)
ASCM No.

Name of Monitoring Firm Hired by Building Owner (8)
N/A
Name of Abatement Contractor (9)
Guardian Contracting, Inc.

Street Address
1889 Route 9, Unit 61
City, State, Zip Code
Toms River, New Jersey 08755-1271

License Number
732-349-9932
00624

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

Street Address
1056 Stelton Road
City, State, Zip Code
Piscataway, New Jersey 08854

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

Square feet
1000 sf
# of Floors
1
Bldg. Age
60

Current Use (Prior if being demolished)
Residence

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

Scheduled Start Date (10)
7/28/15
Scheduled Completion Date (11)
7/30/15

Scope of Work (Check all that apply)
- [ ] >3 sf or 23 ft
- [x] ≥160 sf or ≥260 ft
- [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

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

Amount (Specify SF or LF)
1000 sf

Abatement Type
- R
- E
- M
- O
- F
- EX
- CAPS
- S

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
7/31/15
Completed by (Print or Type)
Nicholas Fernicola
Title
Project Manager

Signature

[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)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>07/27/15</td>
<td>Ramapo College of New Jersey</td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>505 Ramapo Valley Road</td>
<td>Mahwah, NJ 07430</td>
</tr>
</tbody>
</table>

**Name of Contact**  
Mr. Daniel Connelly  
**Telephone Number**

**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>RCNJ - Academic Building</td>
<td>[x] Other (i.e. private &amp; commercial buildings, homes, etc.)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>505 Ramapo Valley Road</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City (5)</th>
<th>County Code (7)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mahwah</td>
<td>Borough</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>County (6)</th>
<th>(STATE USE ONLY)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bergen</td>
<td></td>
</tr>
</tbody>
</table>

**Current Use (Prior if being demolished)**  
- [ ] 2 +  
- [ ] 50 +  
- [ ] 2 +  
- [ ] 50 +

**Name of Managing Firm**  
USA Environmental Management, Inc.

**Name of Abatement Contractor (9)**  
J.R. Contracting & Environmental Consulting, Inc.

**Street Address**  
344 West State Street  
**City, State, Zip Code**  
Trenton, NJ 08618

**Telephone No.**  
609-656-8101  
**License No.**  
973-628-9200  
**Telephone No.**  
00408

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mr. William Weisgarber</td>
<td>20-21 Wagaw Road, Bldg. #34A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduling Completion Date (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>08/06/15</td>
<td>09/10/15</td>
</tr>
</tbody>
</table>

**Name of OSHA Monitor**  
Enviro Vision Consultants, Inc.

<table>
<thead>
<tr>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>20-21 Wagaw Road, Bldg. #34A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fair Lawn, NJ 07410</td>
</tr>
</tbody>
</table>

**Scope of Work (Check All That Apply)**
- [x] ≥230 sf or ≥280 if
- [x] Renovation
- [x] Demolition
- [x] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [x] Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>G Wing - Penthouse</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Is Location Normally Used Solely by Maintenance/ Custodial Staff?</th>
</tr>
</thead>
<tbody>
<tr>
<td>(12)</td>
</tr>
<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>15 SF</td>
</tr>
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</table>

**Abatement Type**

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

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

**NJDEP Waste Hauler ID No.**  
17619

**Cubic Yards of Waste**  
1

**Name of Registered Landfill**  
Grand Central Landfill

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pen Arghyl, Pennsylvania</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed by</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jerry Bijelonic</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project Manager</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>07/27/15</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 6:60 and 12:120)

**Date of Notification (1)**  
July 24, 2015

**Name of Building Owner/Operator (2)**  
DCH Auto Group

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

**Type Notification**  
- Initial
- Amended
- Amendment # 1
- Emergency (including justification)
- Cancellation

**Street Address**  
955 Route 9 North
City, State, Zip Code  
South Amboy NJ 08879

**Name of Contact**  
Chris O'Hare
**Telephone Number**

**FACILITY INFORMATION**

**Name of Facility Where Abatement Is Taking Place (3)**  
DCH Brunswick Toyota

**Street Address**  
1504 US Highway 1
North Brunswick

**County Code (7)**  
Middlesex

**County Code (6)** (STATE USE ONLY)

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

**Name of Monitoring Firm Hired by Building Owner (8)**  
Sky Environmental Services Inc.

**Name of Abatement Contractor (9)**  
Be Construction Corporation

**License No.**  
01231

**Street Address**  
235 Watchung Avenue
City, State, Zip Code  
West Orange, NJ 07052

**Telephone No.**  
973-659-2900

**Name of OSHA Monitor**  
Schneider Laboratories Global Inc.

**Street Address**  
2512 W Cary Street
City, State, Zip Code  
Richmond, VA, 23220

**Start Date (10)**  
July 20, 2015

**Scheduled Completion Date (11)**  
August 21, 2015

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

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

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Roofing</td>
<td>X</td>
<td>roofing tar</td>
<td>1000SF</td>
<td>X</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**  
Be Construction Corporation

**Disposal Date**  
11/01/2015

**Name of Registered Landfill**  
Tulytown Facility

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

**Completed by**  
Barbara Reed
**Title**  
President
**Signature**

**Date**  
07/24/2015

* 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)
7-28-15

Name of Building Owner/Operator (2)
Ben Wasserman

Street Address
44 Whittingham Terrace

City, State, Zip Code
Millburn, NJ, 07041

Name of Contact
Ben Wasserman

FACILITY INFORMATION

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

Square Feet # of Floors Bldg. Age
1900 2 89

Current Use (Prior if being demolished)

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

City (5) County (6) Essex

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

ASCN No.

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

Project Manager for Monitoring Firm
N/A

Telephone Number

Scheduled Start Date (10) Sched. Completion Date (11)
8-6-15 8-7-15

Month Day Year Month Day Year

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

Hours - Describe: N/A

[ ] Other - Describe: N/A

Scope of Work (Check all that apply)

[X] 3 sf or >3 if
[ ] >160 sf or >260 if

[X] Renovation

[X] Demolition

Location of Asbestos-Containing Material (ACM)

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

[X] Pull Containment with Negative Pressure

[X] Mini-Enclosure

[X] Glovebag Procedure

[X] Non-Friable Procedure

Furnace room, work area and closet in basement

Pipe insulation 21 lf X

Name of Registered Waste Hauler
AZTECH MANAGEMENT, INC.

NJDEP Waste Hauler ID No.
17040

Cubic Yards of Waste
1.5

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

City, State
Morrisville, PA 19067

Disposal Date
8-10-15

Completed By (Print or Type)
Constantine Vivian

Title
President

Signature

Date
7-28-15
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)
7/28/15

Name of Building Owner/Operator (2)
Consolidated Environmental, Inc.

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

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

Street Address
26 Law Drive, Suite B
Fairfield, NJ 07004

City, State, Zip Code
Fairfield, NJ 07004

Name of Contact
Ira Flinger

Telephone Number

FACILITY INFORMATION

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

Street Address
2252 Evans Street

City (5)
Rahway

County Code (7)

County (6)
Union

Square Feet
2500

# of Floors
2

Bldg. Age
67

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.

Name of Abatement Contractor (9)
ABS Environmental Services, LLC

Street Address
PO Box 483, 4 E Gate Drive
Glenwood, NJ 07418

City, State, Zip Code
Fairfield, NJ 07004

Project Manager for Monitoring Firm

Telephone No.
973-764-2276

License No.
703

Start Date (10)
7/31/15

Scheduled Completion Date (11)
8/30/15

Name of OSHA Monitor

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

Scope of Work (Check All That Apply)
- [ ] ≥3 sf or ≥3 if
- [ ] ≥160 sf or ≥260 if

Renovation
Demolition

Full Containment with Negative Pressure
Gluebag 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

dining room

first floor bathroom

first floor bedroom

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

Yes
No
N/A

dining room

first floor bathroom

first floor bedroom

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

- ceiling plaster

- ceiling plaster

- ceiling plaster

Amount (Specify SF or LF)
144 SF
64 SF
144 SF

Abatement Type

Removal
Repair
Excapevisual
Endorse

Name of Registered Waste Hauler

Freehold Cartage

NJ/DEP Waste Hauler ID No. 15939

Cubic Yards of Waste
TBD

Name of Registered Landfill
Western Berks Landfill

City, State
Birdsboro, PA

Disposal Date
TBD

Completed by
A. Scott Higgins
Title
President

Signature

Date
7/28/15

- Do not use this form for asbestos licensure exempted activities.
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:65-7 and 12:120-7)

**Name of Building Owner/Operator (2)**
**Jeffrey Kuschner Law**

**Street Address**
**180 Glen Ridge Ave.**

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

**Name of Contact**
**George Hom**

**Telephone Number**

### FACILITY INFORMATION

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

**Street Address**

**City**

**County**

**State Code**

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

**AZTECH MANAGEMENT, Inc.**

**Telephone Number**

**License Number**

### Name of Abatement Contractor (9)

**Name of OSHA Monitor**

**Telephone Number**

**License Number**

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

**[X] 20 sf or > 20 sf**

**[X] Renovation**

**[ ] Demolition**

**[ ] Non-Friable Procedure**

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

**Location**

**Used**

**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**

**ENCLOSURE**

**ENCLOSURE**

### Name of Registered Waste Hauler

**AZTECH MANAGEMENT, INC.**

**NJDLEP Waste Hauler ID No.**

**17040**

**Cubic Yards of Waste**

**1.5**

**Name of Registered Landfill**

**G.R.O.W.S.**

**City, State**

**Montclair, NJ 07042**

**Disposal Date**

**8-12-15**

**City, State**

**Morrisville, PA 19067**

### Completed By (Print or Type)

**Constantine Vivian**

**President**

**Signature**

**Date**

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

State of New Jersey

Date of Notification (1)
7-27-15

Name of Building Owner/Operator (2)
Pauline Howard

Agencies Notified
[X] EPA
[X] DOL
[X] DCA

Type Notification
[X] Initial Notification
[X] Amended Notification

FACILITY INFORMATION

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

Street Address
466 Leslie Street

City, State, Zip Code
Newark, NJ 07112

Name of Owner (8)
N/A

Name of Monitoring Firm hired by Building Owner (9)
N/A

ASCM No.

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

Scheduled Start Date (10)
8-12-15

Month Day Year

Scheduled Completion Date (11)
8-13-15

Month Day Year

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

Other - Describe:<Other Occupancy Descript>

Scope of Work (Check all that apply)

[X] >3 sf or >3 lf

[X] Renovation

[X] Demolition

[J] Non-Friable Procedure

Basement

Location of Asbestos-Containing Material (ACM) To Be Abated

[X] In Facility

Location Normally Used Solely By Maintenance/Custodial Staff (13)

[ ] Yes

[X] No

Amount (Specify SF or LF)

Description of Asbestos-Containing Material (ACM)

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

Abatement Type

Removal

Repair

Encapsulation

Enclosure

Name of Registered Waste Hauler
AZTECH MANAGEMENT, INC.

NjDEP Waste Hauler ID No.
17040

Cubic Yards of Waste
1.5

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

City, State
Montclair, NJ 07042

Disposal Date
8-14-15

City, State
Morrisville, PA 19067

Completed By (Print or Type)
Constantine Vivian

Title
President

Signature
Vivian

Date
7-27-15
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)
July 23, 2015  

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

Type Notification

Name of Building Owner/Operator (2)
The Village School, Inc.

Street Address
100 Prospect Street

City, State, Zip Code
Waldwick NJ 07463

Name of Contact
Marilyn Larkin

Telephone Number


FACILITY INFORMATION

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

Street Address
100 Prospect Street

City (5)
Waldwick

County (6)
Bergen

County Code (7)

Name of Monitoring Firm Hired by Building Owner (8)
ASCN No.
Sky Environmental Services Inc. 0035767

Name of Abatement Contractor (9)
Be Construction Corporation

Street Address
140 Boulevard

City, State, Zip Code
Mountain Lakes, NJ 07046

Project Manager for Monitoring Firm
Leonid Shereshevsky

Telephone No.
973-588-4281

License No.
01231

Start Date (10)
July 29, 2015

Completion Date (11)
July 31, 2015

Name of OSHA Monitor

Schneider Laboratories Global Inc.

Street Address
235 Watchung Avenue

City, State, Zip Code
West Orange, NJ 07052

Occupancy Status During Abatement (Check Only One)

Facility Closed/Vacated During Entire Period of Abatement

Abatement Performed Outside of Normal Facility Hours

Other - Describe: Occupied

Scope of Work (Check All That Apply)

≥3 sq ft or ≥3 if

≥160 sq ft or ≥260 if

X  Renovation

Demolition

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

In Facility

(13)

Location Normally Used Solely by Maintenance/Custodial Staff?

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)

Abatement Type

Removal  Repair  Encapsulate  Enclosure

Material

Location

X  Mechanical Room

Pipe Insulation  50LF

Name of Registered Waste Hauler

Be Construction Corporation

NJDEP Waste Hauler ID No.

Cubic Yards of Waste

Name of Registered Landfill

Tullytown Facility

City, State

West Orange, NJ 07052

Disposal Date

City, State

Tullytown, PA

Completed by
Barbara Reed
Title
President

Signature

Date
07/23/2015

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

ASB-41 (R-06-06)
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)
7/29/15

Name of Building Owner/Operator (2)
Camden Shipyard and Maritime Museum

Agencies Notified

<table>
<thead>
<tr>
<th>Agency</th>
<th>Notification Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA, DEP, DOL, DOH, DCA</td>
<td>Initial</td>
</tr>
</tbody>
</table>

Street Address
1910-1912 Broadway
City, State, Zip Code
Camden, NJ 08104
Name of Contact
Ms. Leslie Watson
Telephone Number

Name of Facility Where Abatement Is Taking Place (3)
Camden Shipyard and Maritime Museum

FACILITY INFORMATION

Street Address
1910-1912 Broadway
City
Camden
County
Camden
Square Feet
12,000
# of Floors
2
Bldg. Age
60+
Current Use (Prior to being demolished)
Museum

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

Name of Abatement Contractor (9)
ecoservices, LLC
Street Address
407 W Lincoln Highway, Suite 500
City, State, Zip Code
Exton, PA 19341
Telephone No.
610-891-0114
License No.
01161

Project Manager for Monitoring Firm
Eric Sutherland
Telephone No.
484-872-8884
Name of OSHA Monitor
EMSL

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

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

Scope of Work (Check All That Apply)

<table>
<thead>
<tr>
<th>Renovation</th>
<th>Demolition</th>
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<tbody>
<tr>
<td>☒</td>
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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>Chapel</td>
<td>☒</td>
<td>Floor tile and mastic</td>
<td>1,320 SF</td>
<td>Removal</td>
</tr>
<tr>
<td>Alter Storage</td>
<td>☒</td>
<td>Floor tile</td>
<td>45 SF</td>
<td>Repair</td>
</tr>
<tr>
<td>Basement</td>
<td>☒</td>
<td>TSI (pipe insulation)</td>
<td>12 LF</td>
<td>Encapsulation</td>
</tr>
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</table>

Name of Registered Waste Hauler
ecoservices, LLC

City, State
Exton, PA

Completed by
Jack Bally
Title
Sr. Project Manager
Signature
Jack Bally
Date
7/29/15

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

Date of Notification (1):
- 7 / 27 / 15

Name of Building Owner/Operator (2):
Division of Property Management & Construction

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

Type Notification:
- Initial
- Amended
- Amendment #1
- Emergency (including justification)
- Cancellation

Street Address:
20 W. State Street, 3rd Flr.
Trenton, NJ 08608

Name of Contact:
Rick Ferrera

Telephone Number:

FACILITY INFORMATION

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

Street Address:
128 Crampton Ave
Woodbridge, NJ 07095

City (5):
Woodbridge, NJ 07095

County (6):
Middlesex

County Code (7)/STATE USE ONLY:

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

ASCM No.:

Name of Abatement Contractor (9):
ALL PRO MANAGEMENT LLC

Street Address:
27 Outwater Lane
Garfield, NJ 07026

City, State, Zip Code:
Garfield, NJ 07026

License No.:
1188

Project Manager for Monitoring Firm:
Rick Eustaquio
973-494-3762

Telephone No.:

Start Date (10):
7 / 21 / 15

Scheduled Completion Date (11):
9 / 23 / 15

Name of OSHA Monitor:
ALL PRO MANAGEMENT LLC

Street Address:
27 Outwater Lane
Garfield, NJ 07026

City, State, Zip Code:
Garfield, NJ 07026

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

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 - Describe
  Time of Abatement: AM PM AM AM

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

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

<table>
<thead>
<tr>
<th>Location</th>
<th>ACM</th>
<th>Description</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lower Foyer</td>
<td></td>
<td>Mastic assoc. w/p, pebble linoleum</td>
<td>40 SF</td>
</tr>
<tr>
<td>Lower Hall Closet &amp; Bedroom 3</td>
<td></td>
<td>Floor Tiles</td>
<td>130 SF</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler:
Newark Carting

NJDEP Waste Hauler ID No.:
045909

Cubic Yards of Waste As Needed:

Disposal Date:
TBD

Name of Registered Landfill:
IESI Landfill

City, State:
Newark, NJ

Completed By (Print or Type):
Raymond Blum
Title:
Project Manager

Signature:

Date:
7/27/13

* 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 / 27 / 15

Name of Building Owner/Operator (2)  Division of Property Management & Construction 1

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

Type Notification
- Initial
- Amended
- Amendment #1
- Emergency (including justification)
- Cancellation

Street Address
20 W. State Street, 3rd Flr.
Trenton, NJ 08608

City, State, Zip Code

Name of Contact
Rick Ferrera

Telephone Number

FACILITY INFORMATION

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

Street Address
561 Watson Ave

City (5)
Woodbridge, NJ 07095

County (6)
Middlesex

County Code (7) [STATE USE ONLY]

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

Square Feet

# of Floors

Bldg. Age

Name of Monitoring Firm Hired by Building Owner (8)
Bio Terra Solutions

ASCM No.

Name of Abatement Contractor (9)
ALL PRO MANAGEMENT LLC

Street Address
27 Outwater Lane

City, State, Zip Code
Garfield, NJ 07026

Telephone No.
973-494-3762

License No.
1188

Name of OSHA Monitor
ALL PRO MANAGEMENT LLC

Street Address
27 Outwater Lane

City, State, Zip Code
Garfield, NJ 07026

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

Start Date (10)
7 / 21 / 15

Scheduled Completion Date (11)
9 / 23 / 15

Scope of Work (Check all that apply)
- ≥3 sf or ≥3 if
- ≥160 sf or ≥250 if
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

Exterior of House
- Transite Siding
- Pebble Floor Tile

Upper Level Kitchen
- White Floor Tile

Lower Level Utility Room & Closet

Name of Registered Waste Hauler
Newark Carting

NJDEP Waste Hauler ID No.
04509

Cubic Yards of Waste
As Needed

Name of Registered Landfill
IESI Landfill

City, State
Newark, NJ

Completed By (Print or Type)
Raymond Blum

Title
Project Manager

Signature

Disposal Date
TBD

City, State
Bethlehem, PA

Date
7/27/17

* Do not use this form for asbestos licensure exempted activities.
# State of New Jersey
## Notification of Asbestos Abatement
### (Pursuant to NJAC 8:80 and 8:81)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>7/7/16</th>
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</table>

- **Agency Notified**: EPA, DOSW, DOH, DCA
- **Type Notification**: Initial
- **Amended Amendment**: No
- **Emergency (Including Justification)**: No
- **Cancellation**: No

<table>
<thead>
<tr>
<th>Name of Building Owner/Operator (2)</th>
<th>Division of Property Management &amp; Construction</th>
</tr>
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<tbody>
<tr>
<td>Street Address</td>
<td>20 W. State Street, 3rd Fl.</td>
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<tr>
<td>City, State, Zip Code</td>
<td>Trenton, NJ 08608</td>
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</table>

<table>
<thead>
<tr>
<th>Name of Contact</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rick Fantasia</td>
<td></td>
</tr>
</tbody>
</table>

### FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement Is Taking Place (3)</th>
<th>Residential House</th>
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</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>29 E. Green Street</th>
</tr>
</thead>
<tbody>
<tr>
<td>City</td>
<td>Woodbridge, NJ 07096</td>
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<tr>
<td>County</td>
<td>Middlesex</td>
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</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (6)</th>
<th>Arcata Solutions</th>
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</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>P.O. Box 1224</th>
</tr>
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<tbody>
<tr>
<td>City, State, Zip Code</td>
<td>Union, NJ</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Rick Fantasia</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>7/7/16</th>
</tr>
</thead>
</table>

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

- 33 or 35 ft
- 180 or 280 ft
- Demolition

### Abatement Type

- Full Containment with Negative Pressure
- Mini-Enclosure
- Enclosure Procedure
- Non-Exempted (✓) and Non-Removable (☐)

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

<table>
<thead>
<tr>
<th>Location of ACM in Facility (12)</th>
<th>Basement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of ACM</td>
<td>Floor Tiles, Pipe Insulation, Floor Patch</td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
<td>30 SF, 100 SF, 3 SF</td>
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</table>

### Disposal

- Name of Registered Hauler: Jack Cartwright
- Cubic Yards of Waste: As Needed
- Disposal Date: TBD
- City, State: Bethlehem, PA

### Signature

- Name: Raymond Blum
- Title: Project Manager
- Date: 7-16-15

---

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

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

### Date of Notification
- 7
- 17
- 15

### Name of Building Owner/Operator
- Division of Property Management & Construction

### Street Address
- 20 W. State Street, 3rd Flr.

### City, State, Zip Code
- Trenton, NJ 08608

### Name of Contact
- Rick Farrara

### Name of Facility Where Abatement is Taking Place
- Residential House

### Street Address
- 880 Lewis Street

### City
- Woodbridge, NJ 07095

### County Code
- Middlesack

### Name of Monitoring Firm Hired by Building Owner
- Big Terr Solutions

### ASCM No.
- 1234

### Name of Asbestos Contractor
- ALL PRO MANAGEMENT LLC

### Street Address
- 27 Outwater Lane

### City, State, Zip Code
- Garfield, NJ 07026

### Telephone Number
- 973-902-3200

### Name of OSHA Monitor
- ALL PRO MANAGEMENT LLC

### Start Date
- 7
- 21
- 15

### Scheduled Completion Date
- 9
- 23
- 15

### Occupancy Status During Abatement
- Facility Closed/Unoccupied During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours - Describes Time of Abatement:____ AM,____ PM,____ AM

### Scope of Work
- 23 sf or 23 ft
- 280 sf or 280 ft

### Location of Asbestos-Containing Material (ACM) to Be Abated
- Parlor
- Window Glassing
- Transite Siding
- Name of Registered Waste Handler
- Newack Carting

### Name of Registered Hauler
- NUCES Waste Hauler ID No. 04500

### Quota Yards
- 20 Yards

### Name of Registered Landfill
- NIES Landfill

### City, State
- Garfield, NJ

### Compliance By
- Raymond Blum

### Project Manager
- Signature

---

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

Date of Notification: 20 W. State Street, 3rd Flr. 
Name of Building Owner/Operator: 
Division of Property Management & Construction

Name of Facility Where Abatement is Taking Place: 
Residential House

Street Address: 126 Crampont Ave
City: Woodbridge, NJ 07096
County: Middlesex

Name of Monitoring Firm Hired by Building Owner: Bio Terra Solutions

Name of Abatement Contractor: ALL PRO MANAGEMENT LLC

Start Date: 7/21/15  
Scheduled Completion Date: 9/23/15

Facility 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:

Scope of Work (Check all that apply):
- 25 sf or less
- 250 sf or less
- Renovation
- Demolition

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

<table>
<thead>
<tr>
<th>Location of ACM</th>
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</thead>
<tbody>
<tr>
<td>Location Normally Used Solely by Maintenance/Custodial Staff (13)</td>
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<tr>
<td>Description of Asbestos Containing Material (ACM)</td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
</tr>
<tr>
<td>Abatement Type</td>
</tr>
</tbody>
</table>

- Interior - Throughout
- Lower Hall Closet & Bedroom 3
- Lower Foyer

Name of Registered Waste Hauler: Newark Garling

Disposal Date: TBD

Name of Registered Landfill: 

Approved by (Print or Type): Raymond Blum
Title: Project Manager

* Do not use this form for asbestos abatement attempted activities.
**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 8:60 and 8:616)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>7 / 17 / 15</th>
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<tbody>
<tr>
<td>Agencies Notified</td>
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<tr>
<td>☒ EPA</td>
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<td>☒ OOLWD</td>
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<tr>
<td>☒ DOH</td>
<td></td>
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<td>☒ DCA (NJAC 5:25-5)</td>
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<td>Type Notification</td>
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<td>☒ Amendment #8</td>
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<td>☒ Emergency (including justification)</td>
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<tr>
<td>☒ Cancellation</td>
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<table>
<thead>
<tr>
<th>Name of Building Owner/Operator (2)</th>
<th>Division of Property Management &amp; Construction</th>
<th>Street Address</th>
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<tr>
<td></td>
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<td>26 W. State St 3rd Fl</td>
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<tr>
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<td>City, State, Zip Code, Trenton, NJ 08608</td>
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<table>
<thead>
<tr>
<th>Name of Contact</th>
<th>Telephone Number</th>
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<tbody>
<tr>
<td>Nick Ferrara</td>
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**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Residential House</th>
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<tbody>
<tr>
<td>Street Address</td>
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<tr>
<th>County (6)</th>
<th>Middlesex</th>
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<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>ASM No.</th>
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<tbody>
<tr>
<td>Mobi Terra Solutions</td>
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<table>
<thead>
<tr>
<th>Name of Abatement Contractor (9)</th>
<th>ALL PRO MANAGEMENT LLC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>27 Outwater Lane</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Oakfield, NJ 07070</td>
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<table>
<thead>
<tr>
<th>License No.</th>
<th>1188</th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Name of OSHA Monitor</th>
<th>ALL PRO MANAGEMENT LLC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>27 Outwater Lane</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Oakfield, NJ 07070</td>
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</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
<th>Renovation Demolition</th>
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<td>☒ 234 sf or 250 sf</td>
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<tr>
<td>☒ 250 sf or 250 sf</td>
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<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (10)</th>
<th>Location Normally Used Solely by Maintenance Custodial Staff (12)</th>
<th>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify Total SF of LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>2nd Fl - Bathroom</td>
<td>Pebble Floor Tile</td>
<td>80 SF</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exterior of House</td>
<td>Pebble Floor Tile</td>
<td>1,400 SF</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>NJDEP Waste Hauler ID No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Newark Carting</td>
<td>04509</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Disposal Date</th>
<th>TRD</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State, Zip Code</td>
<td>Bethlehem, PA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed By (Print or Type)</th>
<th>Raymond Blum</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
<td>Project Manager</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>7-16-15</td>
</tr>
</tbody>
</table>

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

**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 8:90 and 8:18)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>7/17/16</td>
<td>Division of Property Management &amp; Construction</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agency Notified</th>
<th>Type Notification</th>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>ASCM No.</th>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
<td>Big Terra Solutions</td>
<td>1095-488</td>
<td>ALL PRO MANAGEMENT LLC</td>
</tr>
<tr>
<td>DOLWD</td>
<td>Amended Amendment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DOH</td>
<td>Emergency (including Justification)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DCA (NJAC 5:22-6)</td>
<td>Cancellation</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
<th>County Code (7)</th>
<th>Current Use (Prior if being demolished)</th>
<th>Square Feet</th>
<th># of Floors</th>
<th>Roof Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>20 W. State Street, 3rd Flr.</td>
<td>Trenton, NJ 08628</td>
<td>Middlesex</td>
<td>Residential House</td>
<td>0933</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Company</th>
<th>Telephone No.</th>
<th>License No.</th>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>732-494-3722</td>
<td>1112</td>
<td>27 Outwater Lane</td>
<td>Garfield, NJ 07026</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
<th>Name of OSHA Monitor</th>
</tr>
</thead>
<tbody>
<tr>
<td>7/21/16</td>
<td>6/23/16</td>
<td>ALL PRO MANAGEMENT LLC</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scopes of Work (Check all that apply)</th>
<th>Description of Asbestos Containing Material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Location Normally Used Solely by Maintenance/Custodial Staff? (12)</td>
</tr>
<tr>
<td></td>
<td>Description of Asbestos Containing Material (ACM) (I.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
</tr>
<tr>
<td></td>
<td>Amount (Specify SF or LF) Abatement Type</td>
</tr>
<tr>
<td></td>
<td>Removed</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) To Be Abated</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
<th>Speckling, acoust. w/ Drywall</th>
<th>5,830 SF</th>
</tr>
</thead>
<tbody>
<tr>
<td>IS Location Usage Normally Used Solely by Maintenance/Custodial Staff? (12)</td>
<td></td>
<td></td>
<td></td>
<td>Pebble Floor Tile</td>
<td>140 SF</td>
</tr>
<tr>
<td>Description of Asbestos Containing Material (ACM) (I.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td></td>
<td></td>
<td></td>
<td>White Floor Tile</td>
<td>80 SF</td>
</tr>
<tr>
<td>Amount (Specify SF or LF) Abatement Type</td>
<td></td>
<td></td>
<td></td>
<td>Removed</td>
<td>Repaired</td>
</tr>
<tr>
<td>4,000 SF</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered asbestos Hauler</th>
<th>NJDEP Waste Hauler ID No.</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Newark Garling</td>
<td>04600</td>
<td>IESI Landfill</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>Disposal Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Newark, NJ</td>
<td>TBD</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Disposal Date</th>
<th>City, State</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>TBD</td>
<td>Bethelham, PA</td>
<td>IESI Landfill</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed By</th>
<th>Project Manager</th>
</tr>
</thead>
<tbody>
<tr>
<td>Raymond Blum</td>
<td>Project Manager</td>
</tr>
</tbody>
</table>

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

**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 8:80 and 8:18)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>7 / 17 / 15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td></td>
</tr>
<tr>
<td>Division of Property Management &amp; Construction</td>
<td></td>
</tr>
<tr>
<td>Street Address</td>
<td>20 W. State Street, 3rd Flr.</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Trenton, NJ 08618</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Rick Ferrara</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

| Name of Facility Where Abatement is Taking Place (3) |
| Residential House |
| Street Address | 36 Sawaren Ave |
| City (4) | Woodbridge, NJ 07096 |
| County (5) | Middlesex |
| Name of Monitoring Firm Hired by Building Owner (6) | ASB Solutions |
| Bldg. No. | |
| Name of Abatement Contractor (9) | ALL PRO MANAGEMENT LLC |
| Street Address | 27 Outwater Lane |
| City, State, Zip Code | Garfield, NJ 07026 |
| Telephone No. | 973-494-5766 |
| License No. | 1188 |
| Name of OSHA Monitor | |
| Street Address | |
| City, State, Zip Code | |
| Telephone No. | |

| Start Date (10) | 7 / 21 / 15 |
| Scheduled Completion Date (11) | 9 / 23 / 15 |

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

| Scope of Work (Check all that apply) |
| 2.3 sf or 321 sq ft | |
| 1,600 sf or 2,800 sq ft | |

| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) |
| Lower Bedroom 3 & Hallway |
| Floor Tlia |

| Name of Registered Waste Hauler |
| Newark Carling |
| NJDEP Waste Hauler ID No. | 04599 |
| Cubic Yards of Waste As Needed | |
| Name of Registered Landfill | IESI Landfill |
| Disposal Date YMD | |
| City, State, Zip Code | Bethlehem, PA |
| Completed By (Print or Type) | Raymond Blum |
| Title | Project Manager |

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

Date of Notification (1) 7 / 27 / 15

Name of Building Owner/Operator (2)
Division of Property Management & Construction

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

Type Notification
- Initial
- Amended
- Amendment #1
- Emergency (including justification)
- Cancellation

Street Address
20 W. State Street, 3rd Flr.
City, State, Zip Code
Trenton, NJ 08608

Name of Contact
Rick Ferrara
Telephone Number

FACILITY INFORMATION

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

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

Square Feet

# of Floors

Bldg. Age

County Code (7)/(STATE USE ONLY)

Current Use (Prior to being demolished)

Name of Monitoring Firm Hired by Building Owner (8)
Bio Terra Solutions

Name of Abatement Contractor (9)
ALL PRO MANAGEMENT LLC

ASCM No.

Street Address
27 Outwater Lane

City, State, Zip Code
Garfield, NJ 07026

Telephone No.
973-928-4888

License No.
1188

Start Date (10)
7 / 21 / 15

Scheduled Completion Date (11)
9 / 23 / 15

Name of OSHA Monitor
ALL PRO MANAGEMENT LLC

Street Address
27 Outwater Lane

City, State, Zip Code
Garfield, NJ 07026

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)

Yes No N/A

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
Encapsulation
Enclosure

1st Fl - Kitchen & Bedroom Closet
□ □ ☒ Asbestos Flooring & Mastic

240 SF

Exterior & Basement
□ □ ☒ Window Glazing/ Caulking

300 SF

Interior - Throughout
□ □ ☒ Textured Ceiling Material

2,850 SF

Name of Registered Waste Hauler
Newark Carting
NJDEP Waste Hauler ID No. 04509

Cubic Yards of Waste As Needed

Name of Registered Landfill
IESI Landfill

Disposal Date
TBD

City, State
Newark, NJ

Bethlehem, PA

Completed By (Print or Type)
Raymond Blum
Title
Project Manager
Signature

Date 7/27/18

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

**Date of Notification (1):** 7 / 27 / 15  
**Name of Building Owner/Operator (2):** Division of Property Management & Construction

<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>Rick Ferrera</td>
<td></td>
</tr>
<tr>
<td>□ DOLWD</td>
<td>□ Amended</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ DOH</td>
<td>□ Amendment #1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ DCA (NJAC 5:23-8)</td>
<td>□ Emergency (including justification)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Cancellation</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Type of Facility (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residential House</td>
<td>□ School (K-12)</td>
</tr>
<tr>
<td></td>
<td>□ Subchapter B (Other than K-12)</td>
</tr>
<tr>
<td></td>
<td>□ Other (i.e., private and commercial buildings, homes, etc.)</td>
</tr>
</tbody>
</table>

**Street Address:** 20 W. State Street, 3rd Flr.  
**City, State, Zip Code:** Trenton, NJ 08608  
**Name of Contact:** Rick Ferrera  
**Telephone Number:**

<table>
<thead>
<tr>
<th>FACILITY INFORMATION</th>
<th>Count Code (7)</th>
<th>County Code (7)</th>
<th>State Use Only</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residential House</td>
<td>South Jersey</td>
<td>Middlesex</td>
<td>Middlesex</td>
</tr>
</tbody>
</table>

**County (6):** Middlesex  
**County Code (7):** Middlesex  
**State Use Only:** Middlesex

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>ASCM No.</th>
<th>Name of Abatement Contractor (9)</th>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bio Terra Solutions</td>
<td>ASCM No.</td>
<td>ALL PRO MANAGEMENT LLC</td>
<td>Street Address</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>27 Outwater Lane</td>
</tr>
</tbody>
</table>

**Street Address:** P.O. Box 1224  
**City, State, Zip Code:** Union, NJ

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

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 / 21 / 15</td>
<td>9 / 23 / 15</td>
</tr>
</tbody>
</table>

**Name of OSHA Monitor:** ALL PRO MANAGEMENT LLC  
**Street Address:** 27 Outwater Lane  
**City, State, Zip Code:** Garfield, NJ 07026

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

**Time of Abatement:** AM PM AM PM AM

**Scope of Work (Check all that apply):**  
☑ 3+ sf or 3+ ft  
☑ 160 sf or 200 ft

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (12)</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>2nd Fl - Throughout</td>
<td>Yes</td>
<td>Floor Tile</td>
<td>500 SF</td>
<td>☑ ☑ ☑ ☑</td>
</tr>
<tr>
<td>Basement</td>
<td>No</td>
<td>Flue Packing</td>
<td>5 SF</td>
<td>☑ ☑ ☑ ☑</td>
</tr>
<tr>
<td>Interior - Throughout</td>
<td>No</td>
<td>Pipe Insulation</td>
<td>154 LF</td>
<td>☑ ☑ ☑ ☑</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler:** Newkard Carting  
**NJDDEP Waste Hauler ID No.:** 04508  
**Cubic Yards of Waste As Needed:**

**Completed By:** Raymond Blum  
**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 8:80 and 5:16)

Date of Notification (1) 7 / 27 / 15

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

Name of Building Owner/Operator (2)
Division of Property Management & Construction

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

Street Address
20 W. State Street, 3rd Flr.

City, State, Zip Code
Trenton, NJ 08608

Name of Contact
Rick Ferrera
Telephone Number

FACILITY INFORMATION

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

Street Address
87 Claire Avenue

City (5)
Woodbridge, NJ 07095

County (6)
Middlesex

County Code (7) (STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8)
Bio Terra Solutions

ASCM No.

Name of Abatement Contractor (9)
ALL PRO MANAGEMENT LLC

Street Address
27 Outwater Lane

City, State, Zip Code
Garfield, NJ 07026

License No.
1188

Project Manager for Monitoring Firm
Rick Eustaquio

Telephone No.
973-494-3762

Start Date (10) 7 / 21 / 15

Scheduled Completion Date (11) 9 / 23 / 15

Name of OSHA Monitor
ALL PRO MANAGEMENT LLC

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

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

<table>
<thead>
<tr>
<th>Location</th>
<th>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>Roof</td>
<td>☒ Yes ☐ No ☐ N/A</td>
<td>☒ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☒ Non-Exempted (*) and Non-Friable Procedure</td>
<td>25 SF</td>
<td>☒ ☐ ☐</td>
</tr>
<tr>
<td>1st Fl - Kitchen</td>
<td>☒ Yes ☐ No ☐ N/A</td>
<td>☐ Renovation ☒ Demolition</td>
<td>25 SF</td>
<td>☐ ☒ ☐</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
Newark Carting
NJDEP Waste Hauler ID No. 04509

Cubic Yards of Waste As Needed
Disposal Date TBD

Name of Registered Landfill
IESI Landfill
City, State
Bethlehem, PA

Completed By (Print or Type)
Raymond Blum
Title
Project Manager
Signature

Date 7/27/19

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

**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 8:50 and 5:16)

<table>
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<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
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<tbody>
<tr>
<td>7 / 27 / 15</td>
<td>Division of Property Management &amp; Construction</td>
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<th>Street Address</th>
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<td>EPA</td>
<td>Initial</td>
<td>20 W. State Street, 3rd Flr.</td>
</tr>
<tr>
<td>DOOLWD</td>
<td>Amended</td>
<td></td>
</tr>
<tr>
<td>DOH</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>

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3)

Residential House

Street Address:

102 Crampton Avenue

City (5)

Woodbridge, NJ 07095

County (6)

Middlesex

County Code (7) (STATE USE ONLY)

Current Use (Prior if being demolished)

<table>
<thead>
<tr>
<th>County Code</th>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>ASCM No.</th>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Bio Terra Solutions</td>
<td></td>
<td>ALL PRO MANAGEMENT LLC</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>P.O. Box 1224</td>
<td>973-494-3762</td>
<td>1188</td>
</tr>
</tbody>
</table>

Project Manager for Monitoring Firm:

Rick Eustaquio

Start Date (10) 7 / 21 / 15

Scheduled Completion Date (11) 9 / 23 / 15

<table>
<thead>
<tr>
<th>Occupancy 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>3 sf or 3 if</td>
</tr>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM PM AM</td>
<td></td>
</tr>
</tbody>
</table>

Name of OSHA Monitor:

ALL PRO MANAGEMENT LLC

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>973-828-4888</td>
<td>1188</td>
</tr>
</tbody>
</table>

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)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st Fl. - Throughout</td>
<td>Yes</td>
<td>Asbestos Flooring &amp; Mastic</td>
<td>100 SF</td>
<td>X X X X</td>
</tr>
<tr>
<td>Roof</td>
<td>No</td>
<td>Flashing Tar</td>
<td>25 SF</td>
<td>X X X X</td>
</tr>
<tr>
<td>Exterior - Sidewall</td>
<td>No</td>
<td>Transite Siding</td>
<td>1,500 SF</td>
<td>X X X X</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler:

Newark Carting

NJDEP Waste Hauler ID No. 04509

Cubic Yards of Waste As Needed

Disposal Date TBD

Name of Registered Landfill:

IESI Landfill

City, State:

Newark, NJ

Completed By (Print or Type): Raymond Blum

Title: Project Manager

Signature: [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)
7 / 27 / 15

Name of Building Owner/Operator (2)
Division of Property Management & Construction

Agencies Notified
☐ EPA
☐ DOLWD
☐ DOH
☐ DCA
(NJAC 5:23-8)
Type Notification
☐ Initial
☐ Amended
☐ Amendment #1
☐ Emergency (including justification)
☐ Cancellation

Street Address
20 W. State Street, 3rd Flr.

City, State, Zip Code
Trenton, NJ 08608

Name of Contact
Rick Ferrera

FACILITY INFORMATION

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

Street Address
572 Bamford Ave

City (5)
Woodbridge, NJ 07095

County (6)
Middlesex

County Code (7)/(STATE USE ONLY)

Name of Monitoring Firm HIred by Building Owner (8)
Bio Terra Solutions

ASCM No.

Name of Abatement Contractor (9)
ALL PRO MANAGEMENT LLC

Street Address
227 Outwater Lane

City, State, Zip Code
Garfield, NJ 07026

Project Manager for Monitoring Firm
Rick Eustaquio

Telephone No.
973-494-3762

License No.
1188

Name of OSHA Monitor
ALL PRO MANAGEMENT LLC

Street Address
27 Outwater Lane

City, State, Zip Code
Garfield, NJ 07026

Start Date (10)
7 / 21 / 15

Scheduled Completion Date (11)
9 / 23 / 15

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

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

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

Is Location Normally Used Solely by Maintenance/ 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 ☒ Enclosure ☒

Interior - Throughout
☒ ☐ ☒ Asbestos Flooring & Mastic
1,850 SF

2nd FL-Interior Walls
☒ ☐ ☒ Mastic
1,000 SF

2nd FL-Bathroom
☐ ☐ ☒ Wallpaper Adhesive
25 SF

Name of Registered Waste Hauler
Newark Carting

Disposal Date
TBD

Name of Registered Landfill
IESI Landfill

City, State
Newark, NJ

Completed By (Print or Type)
Raymond Blum

Title
Project Manager

Signature

Date 7/27/17

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>7 / 27 / 15</th>
</tr>
</thead>
</table>

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

**Type Notification**  
- [ ] Initial  
- [ ] Amended  
- [ ] Amended #1  
- [ ] Emergency (including justification)  
- [ ] Cancellation

**Name of Building Owner/Operator (2)**  
Division of Property Management & Construction

**Street Address**  
20 W. State Street, 3rd Flr.

**City, State, Zip Code**  
Trenton, NJ 08608

**Name of Contact**  
Rick Ferrera

**Telephone Number**

**FACILITY INFORMATION**

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

<table>
<thead>
<tr>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>605 Bamford Ave</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City (5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Woodbridge, NJ 07095</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>County (6)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Middlesex</td>
</tr>
</tbody>
</table>

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

**Name of Monitoring Firm Hired by Building Owner (8)**  
Bio Terra Solutions

<table>
<thead>
<tr>
<th>ASCM No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Abatement Contractor (9)</td>
</tr>
<tr>
<td>ALL PRO MANAGEMENT LLC</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>27 Outwater Lane</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Garfield, NJ 07026</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rick Eustaquio</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Telephone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>973-494-3762</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1188</td>
</tr>
</tbody>
</table>

**Start Date (10)**  
7 / 21 / 15

<table>
<thead>
<tr>
<th>Scheduled Completion Date (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>9 / 23 / 16</td>
</tr>
</tbody>
</table>

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

- [ ] 3 s or ≥ 3 if  
- [ ] 160 s or ≥ 260 if

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

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

<table>
<thead>
<tr>
<th>1st FL - Bedroom 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mastic assoc. w/ Wood Panelling</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>1st FL - Bathroom</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pipe Wrap</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Interior - Throughout</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asbestos Flooring &amp; Mastic</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
</tr>
</thead>
<tbody>
<tr>
<td>Newark Carting</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NJDEP Waste Hauler ID No.</th>
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</thead>
<tbody>
<tr>
<td>04508</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Cubic Yards of Waste As Needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disposal Date TDB</td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>Completed By (Print or Type)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Raymond Blum</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project Manager</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>[Signature]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>7/27/11</td>
</tr>
</tbody>
</table>

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

Date of Notification (1) 7 / 27 / 15

Name of Building Owner/Operator (2)
Division of Property Management & Construction
Street Address 20 W. State Street, 3rd Flr.
City, State, Zip Code Trenton, NJ 08608
Name of Contact Rick Ferrera
Telephone Number

FACILITY INFORMATION
Name of Facility Where Abatement is Taking Place (3)
Residential House
Street Address 634 Bamford Ave
City (5)
Woodbridge, NJ 07095
County (6)
Middlesex
County Code (7) (STATE USE ONLY)

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

Name of Abatement Contractor (9)
ALL PRO MANAGEMENT LLC
Street Address 27 Outwater Lane
City, State, Zip Code Garfield, NJ 07026
Telephone No. 973-928-4888
License No. 1188

Project Manager for Monitoring Firm Rick Eustaquio
Telephone No. 973-494-3752

Start Date (10) 7 / 21 / 15
Scheduled Completion Date (11) 9 / 23 / 15

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

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

Interior - Throughout
0 0 X Asbestos Flooring & Mastic 205 SF

1st Fl - Hallway
0 0 X Wallpaper Adhesive 200 SF

1st Fl - Bathroom
0 0 X Wall Tile Adhesive 125 SF

Name of Registered Waste Hauler Newark Carting
NJDEP Waste Hauler ID No. 04509
Cubic Yards of Waste As Needed
Disposal Date TBD
City, State Bethlehem, PA

Completed By (Print or Type) Raymond Blum
Title Project Manager
Signature
Date 7/27/12

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