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

Date of Notification (1)
June 8, 2012

Name of Building Owner/Operator (2)
Macerich

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

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

Street Address
401 Wiltshire Blvd.

City, State, Zip Code
Santa Monica, California 90401

Name of Contact
Aladdin Ghafari

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Deptford Mall

Street Address
Clements Bridge Road

City (5)
Deptford

County (6)
Gloucester

County Code (7)

Current Use (Prior if being demolished)
Retail

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

ASCN No.

Name of Abatement Contractor (9)
ecoservices, LLC

Street Address
407 W. Lincoln Highway

City, State, Zip Code
Exton, PA 19341

Project Manager for Monitoring Firm
John Lutz

Telephone No.
609-386-8800

License No.
01161

Start Date (10)
June 4, 2012

Scheduled Completion Date (11)
June 9, 2012

Occancy Status During Abatement (Check Only One)
☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☒ Tenant space unoccupied for duration of abatement

Scope of Work (Check All That Apply)
☐ 23 sf or <25 sf
☒ 160 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>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Space 2060

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

Description of Asbestos Containing Material (ACM)

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

Amount (Specify
SF or LF)

Abatement Type
Removal
Repair
Encapsulate
Endorse

Name of Registered Waste Hauler
Service Transport

NJDEP Waste Hauler ID No.
Cubic Yards of Waste
Name of Registered Landfill
Minervarwa Landfill

Disposal Date
TBD

City, State
Waynesburg, OH

Completed by
Jack Bally
Title
Sr. Project Manager
Signature

Date: 6/6/12

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

Date of Notification (1)
06/04/12

Name of Building Owner/Operator (2)
BR Beacon Urban Renewal Company, LLC

Agencies Notified

- EPA
- DEP
- DOL
- DOH
- DCA

Type Notification
- Initial
- Amended
- Amendment # 4
- Emergency (including justification)
- Cancellation

Street Address
100 Washington Blvd., Suite 200

City, State, Zip Code
Stamford, CT 06902

Name of Contact
John Dolan

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Beacon Powerhouse

Street Address
44 Beacon Place

City (5)
Jersey City

County (6)
Hudson

County Code (7) (STATE USE ONLY)

Square Feet
21,000

# of Floors
3

Bldg. Age
50+:

Current Use (Prior if being demolished)
vacant

Name of Monitoring Firm Hired by Building Owner (8)
Lis Consulting Services, LLC

ASCM No.

Name of Abatement Contractor (9)
Stanmark Contractors, LLC

Street Address
27 Edsall Drive

City, State, Zip Code
Sussex, NJ 07461

Project Manager for Monitoring Firm
Kris Lis

Telephone No.
732-940-6207

License No.
01137

Name of OSHA Monitor
AmeriSci

Start Date (10)
04/17/12

Scheduled Completion Date (11)
06/11/12

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 ≥3 If
- x ≥160 sf or ≥260 If

- Renovation
- Demolition

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

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

In Facility (13)

Is Location
Normally Used Safely 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
End of

Throughout Powerhouse
Pipe Insulation
4,050 L.F.

Throughout Powerhouse
Boiler & Breeching Insulation
16,000 S.F.

3rd Floor North Rooms
Floor Tiles
550 S.F.

Roof
Roofing & Flashing
3,000 S.F.

Name of Registered Waste Hauler
Pro-Tech LLC

NJ/DEP Waste
Hauler ID No.
190713

Cubic Yards of Waste
200

Name of Registered Landfill
Minerva Landfill

City, State
Waynesburg, OH

Name of Registered Landfill

Disposal Date on completion

Completed by
Marko Stankovic

Title
President

Signature

Date
06/04/12

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

Date of Notification (1)  6/5/12

Name of Building Owner / Operator (2)  Mary Campion, Executrix

Agencies Notified  EPA  
- Initial  
- Amended  
- Emergency  
- Cancellation

Address Information

Street Address  27 Birchwood Drive
City, State & Zip Code  North Arlington, NJ 07031
Name of Contact  Mr. Craig Fisher (Owner Rep.)

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Residential Property  27 Birchwood Drive

City (5)  North Arlington
County (6)  Bergen
County Code (7)  

Name of Monitoring Firm Hired by Building Owner (8)  Horizon Environmental
Street Address  PO Box 316
City, State & Zip Code  Thoroare, NJ 08086

Project Manager for Monitoring Firm  Dave or Steve Flanagan
Telephone Number  856-848-0800

Scheduled Start Date (10)  6/18/12
Scheduled Completion Date (11)  6/20/12

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

Scope of Work (Check all that apply)
- ≥3 sf or ≥3 if
- ≥160 sf ≥250 if
- Renovation
- Demolition
- Negative Pressure Enclosure
- Mini-Enclosure
- Glove Bag Procedures
- Non-Exempted and Non-Friable Procedure

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

Location of Asbestos-Containing Material (ACM)

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

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

Amount (Specify SF or LF)  

Abatement Type

<table>
<thead>
<tr>
<th>Basement</th>
<th>Sheet Goods, Floor tile &amp; Mastic</th>
<th>190 SF</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>Floor Tile &amp; Mastic</td>
<td>560 SF</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler  Horizon Disposal
City, State & Zip Code  Trenton, NJ

Disposal Date  6/21/12

Name of Registered Landfill  GROWS
City, State  Morrisville, PA

Completed By (Print or Type)  Kim Trumbetti  
Title  Admin.
Signature  
Date  6/5/12
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1)
4/18/12

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

Street Address
NJ7-216-01-01 50 Route 173
City, State & Zip Code
Clinton, NJ 08809

Name of Contact
Mr. Christopher P. D'Alleinne

Telephone Number

FACILITY INFORMATION

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

Street Address
600 East Union Avenue

City (5) County (6) County Code (7)
Bound Brook Somerset

Name of Monitoring Firm Hired by Building Owner (8)
Lead Consultants of America, Inc.

Asbestos No.

Type of Facility (4)

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

Square Feet # of Floors Bldg. Age
2416 1 42

Current Use (Prior if being demolished)

Vacant Property-Bank

Name of Abatement Contractor (9)
Asbestos and Mold Services, Corp.

Street Address
3859 Sylon Blvd.

City, State & Zip Code
Hainesport, NJ 08036

Name of OSHA Monitor
EMSL Analytical

Street Address
107 Haddon Ave.

City, State & Zip Code
Westmont, NJ 08108

Project Manager for Monitoring Firm
Stuart Levitch

Telephone Number
732-418-9006

Scheduled Start Date (10) Scheduled Completion Date (11)
5/23/12 5/31/12

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

Describe:
Isolated Area

Scope of Work (Check all that apply)

Renovation Demolition

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

Location of Asbestos-Containing Material (ACM)

TO BE ABATED in Facility (13)

Exterior

Yes No N/A Roofing and Slag 3,400 SF
Exterior Flashing 340 LF

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

Amount (Specify SF or LF)

Abatement Type

Name of Registered Waste Hauler
Horizon Disposal

NJDEP Waste Hauler ID No. 22612

Cubic Yards of Waste 10

Name of Registered Landfill
GROWS

City, State
Trenton, NJ

Disposal Date
5/31/12

City, State
Morrisville, PA

Completed By (Print or Type)
Kim Trumbetti

Title Signate
Admin.

Date
5/24/12

Job #: 1204-1636
Check #: NA
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1)
5/25/12

Agencies Notified | Type Notification
--- | ---
EPA | Initial
DEP | Amended
DOL | Emergency
DOH | Cancellation
DCA | 

Name of Building Owner / Operator (2)
Monmouth University
Street Address
400 Cedar Avenue
City, State & Zip Code
West Long Branch, NJ 07764

Name of Contact
Mr. Timothy Orr
Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Howard Hall/Pollack Theatre
Street Address
400 Cedar Avenue

City (5) | County (6) | County Code (7)
--- | --- | ---
West Long Branch | Monmouth | 

Name of Monitoring Firm Hired by Building Owner (8)
Birdsall Services Group, Inc.
Street Address
611 Industrial Way, Suite 2
City, State & Zip Code
Eatontown, NJ 07724

Project Manager for Monitoring Firm
Patrick Guilmette
Telephone Number
732-380-1700

Scheduled Start Date (10) | Scheduled Completion Date (11)
--- | ---
5/29/12 | 5/31/12

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

Scope of Work (Check all that apply)
- ±3 sf or ±3lf
- ±160 sf ±260 lf
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glove Bag Procedures
- Non-Exempted and Non-Friable Procedure

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

1st Floor – Old Data Center
- Floor Tile & Mastic 1,050 SF
- Double Layer Floor Tile & Mastic 40 SF

Name of Registered Waste Hauler
Horizon Disposal
City, State
Trenton, NJ

Cubic Yards of Waste
22612

Name of Registered Landfill
GROWS
City, State
Morrisville, PA

Completed By (Print or Type)
Kim Trumbetti
Title
Admin.
Signature
Date
5/25/12
# State of New Jersey

**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to N.J.A.C. 8:60 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>6/5/12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner / Operator (2)</td>
<td>Bob Novick Chevrolet, Inc.</td>
</tr>
<tr>
<td>Street Address</td>
<td>808 North Pearl Street</td>
</tr>
<tr>
<td>City, State &amp; Zip Code</td>
<td>Bridgeton, NJ 08302</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Mrs. Debby Novick</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
</tbody>
</table>

## FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Bob Novick Auto Mall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>808 North Pearl Street</td>
</tr>
<tr>
<td>City (5)</td>
<td>Bridgeton</td>
</tr>
<tr>
<td>County (6)</td>
<td>Cumberland</td>
</tr>
<tr>
<td>County Code (7)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Type of Facility (4)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>School (K-12)</td>
<td></td>
</tr>
<tr>
<td>Subchapter 8 (Other than K-12)</td>
<td></td>
</tr>
<tr>
<td>Other (i.e., private &amp; commercial buildings, homes, etc.)</td>
<td></td>
</tr>
<tr>
<td>Square Feet</td>
<td>21,728</td>
</tr>
<tr>
<td># of Floors</td>
<td>2</td>
</tr>
<tr>
<td>Bldg. Age</td>
<td>60+</td>
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</table>

<table>
<thead>
<tr>
<th>Current Use (Prior if being demolished)</th>
<th>Auto Dealership</th>
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</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>Horizon Environmental</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>PO Box 316</td>
</tr>
<tr>
<td>City, State &amp; Zip Code</td>
<td>Thorofare, NJ 08086</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone Number</th>
<th>License Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dave or Steve Flanigan</td>
<td>856-848-0800</td>
<td>00882</td>
</tr>
</tbody>
</table>

| Scheduled Start Date (10) | 6/14/12 |
| Scheduled Completion Date (11) | 6/29/12 |

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

| Scope of Work (Check all that apply) | |
| Renovation | x |
| Demolition | |
| Full Containment with Negative Pressure | |
| Mini-Enclosure | |
| Glove Bag Procedures | |
| Non-Exempted and Non-Friable Procedure | |

| Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13) | |
| Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous) | |
| Amount (Specify SF or LF) | 440 SF |
| Abatement Type | Roofing, Flashing & Decking |

| Roof | |
| Roof Deck | |
| Transite Panels | 4 each |

| Name of Registered Waste Hauler | Horizon Disposal |
| NJ/DEP Waste Hauler ID No. | 22612 |

| Disposal Date | 6/29/12 |
| City, State | Morrisville, PA |

| Completed By (Print or Type) | Kim Trumbetti |
| Title | Admin. |
| Signature | |
| Date | 6/5/12 |
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>06/04/2012</td>
<td>Ampal Group</td>
</tr>
</tbody>
</table>

Agencies Notified  | Type Notification  | Street Address  
------------------|-------------------|-----------------|
DOL                | Initial            | 239 US 22 East, Suite 3A |
                  | Amended            |                 |
                  | Amended Amendment |                 |
                  | Emergency (including |                 |
                  | Justification)     |                 |
                  | Cancellation       |                 |

City, State, Zip Code  
---------------------|-----------------|
                    | Green Brook, New Jersey 08812 |

Name of Contact  
-----------------|---------------------|
Ms. Erica Amon    | Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  
---------------------------------------------|
Former Sizzler Restaurant  
                                       |
Street Address  
-----------------|-------------------|
343 Mt. Pleasant/ Mt. Hope Ave.  
                               |
City (6)  
----------|-----------------|
Rockaway  
  |
County (6)  
---------|-----------------|
Morris  
     |
County Code (7) (STATE USE ONLY)  
-----------------|-----------------|
                  | 3,000 SF  
                  | 1  
                  | 70+  

Type of Facility (4)  
---------------------|-----------------|
School (K-12)  
        |
Subchapter 8 (Other than K-1 2)  
        |
Other (i.e., private & commercial buildings, homes, etc.)  
        |
Vacant Commercial Space

Name of Monitoring Firm Hired by Building Owner (8)  
-----------------|-----------------|
ASCN No.  
---------|-----------------|
N/A  
     |
Name of Abatement Contractor (9)  
--------------------------------|
Valiant Associates, LLC  
                              |
Street Address  
-----------------|-----------------|
145 Mill Street  
                     |
City, State, Zip Code  
-------------------|-----------------|
Paterson, NJ 07501  
                   |
License No.  
-------------|-----------------|
01108  
      |

Start Date (10)  
-----------------|-----------------|
06/14/2012  
           |
Scheduled Completion Date (11)  
-----------------|-----------------|
06/17/2012  
           |
Occupancy Status During Abatement (Check only one)  
---------------------------------------------|-----------------|
Facility Closed/Vacated During Entire Period of Abatement  
              |
Abatement Performed Outside of Normal Facility Hours  
              |
Other - Describe:

Scope of Work (Check all that apply)  
---------------------------------------------|-----------------|
>3 sf or >3 if  
        |
2100 sf or >260 if  
        |
Renovation  
        |
Demolition  
        |
Full Containment with Negative Pressure  
        |
Mini-Endorse  
        |
Govebag 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? (12)  
-----------------|-----------------|
Yes  
     |
No  
      |
N/A  
       |
Description of Asbestos-Containing Material (ACM)  
(i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)  
-----------------|-----------------|
Perimeter roof flashing  
                      |
Amount (Specify SF or LF)  
-----------------|-----------------|
180 LF  
      |

Abatement Type  
-----------------|-----------------|
Repair  
        |
Demolition  
        |
Endorse  
        |
Endorse  
        |

Name of Registered Waste Hauler  
--------------------------------|
Service Transport Group  
                          |
Name of Registered Landfill  
-----------------|-----------------|
Minerva Landfill  
                   |
City, State  
-----------------|-----------------|
Waynesburg, OH 44688  
                   |
Completed By  
-----------------|-----------------|
Miodrag Stamenovic  
                   |
Title  
-----------------|-----------------|
President  
        |
Date  
-----------------|-----------------|
06/04/2012  
           |

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

**Notification of Asbestos Abatement**

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

**D&S Proj. #: MS 12-210**

**Date of Notification (1)**

06/14/12

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

JOAN MAGEE

**Agencies Notified**

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

**Type Notification**

- [x] Initial
- [ ] Amended
- [x] Emergency
- [ ] Amendment #: 1
- [ ] (Including justification)
- [ ] Cancellation

**Address Information**

**Street Address**
30 SPRINGBROOK ROAD

**City, State, Zip Code**
SPRINGFIELD, NJ 07081

**Name of Contact**
JOAN MAGEE

**Telephone Number**

**FACILITY INFORMATION**

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

JOAN MAGEE

**Street Address**
30 SPRINGBROOK ROAD

**City**
SPRINGFIELD

**County**
UNION

**County Code**

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

**ASCM No.**

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

**Street Address**
20 California Ave.

**City, State, Zip Code**
PATerson, NJ 07503

**Telephone Number**
973-345-8020

**License Number**
01169

**Name of OSHA Monitor**
D & S Restoration, Inc.

**Street Address**
20 California Avenue

**City, State, Zip Code**
PATerson, NJ 07503

**Start Date (10)**
06/14/12

**Sched. Completion Date (11)**
06/26/12

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

- [x] Normal Hours
- [ ] Facility closed/Vacated during entire period of abatement.
- [ ] Abatement performed outside of normal facility hours-
  Describe:

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

- [x] Renovation
- [x] Demolition
- [ ] Full Containment w/negative pressure
- [ ] Mini-enclosure
- [ ] Glovebag procedure
- [x] Non-Exempted (*) and Non-Friable procedure

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

<table>
<thead>
<tr>
<th>Basement</th>
<th>Duct Insulation</th>
<th>24 SQ FT</th>
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</thead>
<tbody>
<tr>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>N/A</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Registered Waste Hauler**
D & S RESTORATION, INC.

**NJDEP Hauler ID#**
13506

**Cubic Yards of Waste**
1 YD

**Name of Registered Landfill**
TULLYTOWN, RESOURCE RECOVERY

**City, State**
PATerson, NJ 07503

**Disposal Date**
06/15/12

**Completed by (Print or Type)**
BOGDAN JOLDZIC

**Title**
PRESIDENT

**Signature**

**Date**
06/04/12

---

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

Date of Notification (1)
10/16/11

Name of Building Owner/Operator (2)
TOM DUFFY

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

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

Street Address
8 WINDING WAY

City, State, Zip Code
WEST ORANGE, NJ 07052

Name of Contact
TOM DUFFY

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
TOM DUFFY

Street Address
8-WINDING WAY

City (5) County (6) County Code (7)
WEST ORANGE ESSEX

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

Type of Facility (4)
☐ School (K - 12)
☐ Subchapter 8 (Other than K-12)
☐ Other (Private/Commercial Bldg./Homes, etc.)

Square Feet # of Floors Bldg. Age

Current Use (Prior if being demolished)

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

Street Address
20 California Ave.

City, State, Zip Code
PATERSON, NJ 07503

Telephone Number License Number
973-345-8020 01169

Name of OSHA Monitor
D & S Restoration, Inc.

Street Address
20 California Avenue

City, State, Zip Code
PATERSON, NJ 07503

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

Start Date (10) Sched. Completion Date (11)
06/14/12 06/28/12

Scope of Work (check all that apply)
☐ ≥ 2 sf or ≥ 3 lf
☐ Renovation
☐ ≥ 200 sf or ≥ 260 lf
☐ Demolition

Material (ACM) Amount (Specify SF or LF)
PIPE INSULATION 173 L FT
PIPE INSULATION 26 L FT
PIPE INSULATION 30 L FT

Registered Waste Hauler
D & S RESTORATION, INC.
NJDEP Hauler ID# 13506 Cubic Yards of Waste 2 YDS

Name of Registered Landfill
TULLYTOWN, RESOURCE RECOVERY

City, State
PATERSON, NJ 07503

Disposal Date
06/15/12

Completed by (Print or Type)
BOGDAN JOLDZIC
Title PRESIDENT

Signature Date
06/04/12
**Notification of Asbestos Abatement**

**State of NJ**

**Notification of Asbestos Abatement**

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

---

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

PAUL MACNAMARA

**Street Address**

201 LINDEN AVENUE

City, State, Zip Code

WESTFIELD, NJ 07090

**Name of Contact**

PAUL MACNAMARA

---

**FACILITY INFORMATION**

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

PAUL MACNAMARA

**Street Address**

201 LINDEN AVENUE

City (5)  
Union

County (6)  
County Code (7)  
(State use only)

---

**Type of Facility (4)**

☐ School (K - 12)

☐ Subchapter 8 (Other than K-12)

☒ Other (Private/Commercial Bldgs./Homes, etc.)

---

**Square Feet**  

**# of Floors**  

**Bldg. Age**  

---

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

---

**Name of Abatement Contractor (9)**

D & S RESTORATION, INC.

**Street Address**

20 California Ave.

City, State, Zip Code

Paterson, NJ 07503

**Telephone Number**

973-345-8020

**License Number**

01169

---

**Name of OSHA Monitor**

D & S Restoration, Inc.

**Street Address**

20 California Avenue

City, State, Zip Code

Paterson, NJ 07503

---

**Occupy Status During Abatement**

☐ Facility closed/vacated during entire period of abatement.

☐ Abatement performed outside of normal facility hours-

Describe:

☒ Other-Describe: NORMAL HOURS

---

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

☒ >3 sf or >3 lf  

☒ >160 sf or >260 lf  

☐ Demolition

---

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>BASEMENT</td>
<td></td>
<td>☒</td>
<td></td>
</tr>
<tr>
<td>BASEMENT ABOVE CEILING</td>
<td></td>
<td>☒</td>
<td></td>
</tr>
</tbody>
</table>

**Description of asbestos-containing material (ACM)**

<table>
<thead>
<tr>
<th>Location</th>
<th>Description</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>BASEMENT</td>
<td>PIPE INSULATION</td>
<td>150 LF</td>
</tr>
<tr>
<td>BASEMENT ABOVE CEILING</td>
<td>PIPE INSULATION</td>
<td>50 LF</td>
</tr>
</tbody>
</table>

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**Registered Waste Hauler**

D & S RESTORATION, INC.

NJDEP Hauler ID#  
13506

Cubic Yards of Waste  
2 YDS

Name of Registered Landfill

TULLYTOWN, RESOURCE RECOVERY

---

**Completed by (Print or Type)**

BOGDAN JOLDZIC  
Title  
President

**Signature**

**Date**

06/04/12

---

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

Notification of Asbestos Abatement

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

**Date of Notification (1)**

<table>
<thead>
<tr>
<th>Date</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>10/15/2012</td>
<td></td>
</tr>
</tbody>
</table>

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

Chris Bogash

**Street Address**

153 Kenmore Road

**City, State, Zip Code**

Boonton, NJ 07005

**Name of Contact**

Chris Bogash

**Telephone Number**


**FACILITY INFORMATION**

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

Chris Bogash

**Street Address**

153 Kenmore Road

**City**

Boonton, NJ 07005

**County (6)**

Essex

**County Code (7)**

(State use only)

**Type of Facility (4)**

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

**Square Feet**

n/a

**# of Floors**

n/a

**Bldg. Age**

n/a

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

- [ ] Residential

**Name of Abatement Contractor (9)**

B & G Restoration, Inc.

**Street Address**

105 Ryerson Road

**City, State, Zip Code**

Lincoln Park, NJ 07035

**Telephone Number**

973-696-6869

**License Number**

0378

**Name of OSHA Monitor**

B & G Restoration, Inc.

**Street Address**

105 Ryerson Road

**City, State, Zip Code**

Lincoln Park, NJ 07035

**Scheduled Start Date (10)**

6/15/2012

**Sched. Completion Date (11)**

6/15/2012

**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: 

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

<table>
<thead>
<tr>
<th>Location of asbestos-containing material 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>
</tr>
</thead>
<tbody>
<tr>
<td>boiler room/laundry room</td>
<td>X</td>
<td>pipe insulation</td>
<td>62 LF</td>
</tr>
<tr>
<td>storage room</td>
<td>X</td>
<td>pipe insulation</td>
<td>50 LF</td>
</tr>
<tr>
<td>main room</td>
<td>X</td>
<td>pipe insulation</td>
<td>4 LF</td>
</tr>
</tbody>
</table>

**Registered Waste Hauler**

B & G Restoration, Inc.

**NJDEP Hauler ID#**

19563

**Cubic Yards of Waste**

1 yard

**Name of Registered Landfill**

Tullytown Resource & Recovery Center

**City, State**

Lincoln Park, NJ 07035

**Disposal Date**

6/16/2012

**Completed by (Print or Type)**

Gordana Luna

**Title**

Treasurer

**Signature**

Gordana Luna

**Date**

6/5/2012
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>05 / 30 / 12</th>
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</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>New Jersey Schools Development Authority</td>
</tr>
<tr>
<td>Agencies Notified</td>
<td>Type Notification</td>
</tr>
<tr>
<td>EPA</td>
<td>Initial</td>
</tr>
<tr>
<td>DOLWD</td>
<td>Amended</td>
</tr>
<tr>
<td>DHSS</td>
<td>Amendment #</td>
</tr>
<tr>
<td>DCA</td>
<td>Emergency (including justification)</td>
</tr>
<tr>
<td>(NJAC 5:23-8)</td>
<td>Cancellation</td>
</tr>
<tr>
<td>Street Address</td>
<td>1 W. State Street</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Trenton, NJ 08625</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Robert Zeiders</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
</tbody>
</table>

FACILITY INFORMATION

| Name of Facility Where Abatement is Taking Place (3) | Former Morgan Village Middle School |
| Street Address | 1000 Morgan Drive |
| City (5) | Camden |
| County (6) | Camden |
| County Code (7)(STATE USE ONLY) | |
| Current Use (Prior if being demolished) | Vacant |
| Type of Facility (4) | School (K-12) |
| | Subchapter 8 (Other than K-12) |
| | Other (i.e., private and commercial buildings, homes, etc.) |
| Square Feet | 72000 |
| # of Floors | 2 |
| Bldg. Age | +/- 50 |

| Name of Monitoring Firm Hired by Building Owner (8) | Langan Engineering |
| ASCM No. | Name of Abatement Contractor (9) | USA Environmental Management, Inc. |
| Street Address | 30 S. 17th Street, Suite 1300 |
| City, State, Zip Code | Philadelphia, PA 19103 |
| Project Manager for Monitoring Firm | Matt Connors |
| Telephone No. | 215-884-0640 |
| Start Date (10) | 06 / 13 / 12 |
| | | Scheduling Completion Date (11) | 08 / 15 / 12 |
| Name of OSHA Monitor | USA Environmental Management, Inc. |
| Street Address | 8436 Enterprise Avenue |
| City, State, Zip Code | Philadelphia, PA 19153 |
| Occupancy Status During Abatement (Check only one) | |
| Facility Closed/Vacated During Entire Period of Abatement | X |
| Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00 AM - 3:30 PM / PM - AM |
| Scope of Work (Check all that apply) | |
| X >3 sf or ≥ 3 If | X Renovation |
| X ≥160 sf or ≥260 lf | ☐ Demolition |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | |
| Is Location Normally Used Solely by Maintenance/or Custodial Staff? (12) | Yes | No | N/A |
| Location of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | |
| Description of Asbestos-Containing Material (ACM) | Amount (Specify SF or LF) |
| Full Containment with Negative Pressure | X |
| Mini-Enclosure | X |
| Glovebag Procedure | X |
| Non-Exempted (*) and Non-Friable Procedure | X |
| Auditorium Walls | Transite | 2,300 SF | X | X | X | X | X | X |
| Chimney | Flashing | 50 SF | X | X | X | X | X | X |
| Exterior | Roofing | 76,786 SF | X | X | X | X | X | X |
| Name of Registered Waste Hauler Service Transport Group | njdep Waste Hauler ID No. | Cubic Yards of Waste | Name of Registered Landfill |
| Auditorium Walls | Transite | 2,300 SF | X | X | X | X | X | X |
| Chimney | Flashing | 50 SF | X | X | X | X | X | X |
| Exterior | Roofing | 76,786 SF | X | X | X | X | X | X |
| Name of Registered Waste Hauler Service Transport Group | Njdep Waste Hauler ID No. | Cubic Yards of Waste | Name of Registered Landfill |
| City, State | New Castle, DE | Disposal Date | 8/5/2012 | City, State | Lisbon, OH |
| Completed By (Print or Type) | Dilip Kumar | Title | Program Manager | Signature | Date | 9/30/2012 |

* 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>05 / 30 / 12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>New Jersey Schools Development Authority</td>
</tr>
<tr>
<td>Agencies Notified</td>
<td>Type Notification</td>
</tr>
<tr>
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<td>Initial</td>
</tr>
<tr>
<td>DOLWD</td>
<td>Amended</td>
</tr>
<tr>
<td>DHSS</td>
<td>Amendment #</td>
</tr>
<tr>
<td>DCA (NJAC 5:23-8)</td>
<td>Emergency (including justification)</td>
</tr>
<tr>
<td></td>
<td>Cancellation</td>
</tr>
<tr>
<td>Street Address</td>
<td>1 W. State Street</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Trenton, NJ 08625</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Robert Zoldors</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3)
Former Morgan Village Middle School

Street Address
1000 Morgan Drive

City (5)
Camden

Square Feet
72000

County Code (7)(STATE USE ONLY)
Camden

Current Use (Prior if being demolished)
Vacant

Name of Monitoring Firm Hired by Building Owner (8)
Langan Engineering

ASCM No.

Name of Abatement Contractor (9)
USA Environmental Management, Inc.

Street Address
30 S. 17th Street, Suite 1300

City, State, Zip Code
Philadelphia, PA 19103

Telephone No.
215-864-0640

License No.
001158

Name of OSHA Monitor
USA Environmental Management, Inc.

Street Address
8436 Enterprise Avenue

City, State, Zip Code
Philadelphia, PA 19153

Start Date (10)
06 / 13 / 12

Scheduled Completion Date (11)
08 / 15 / 12

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

Abatement Performed Outside of Normal Facility Hours - Describe
Time of Abatement: 7:00 AM - 3:30 PM / 3:30 PM - 7:00 AM

Scope of Work (Check all that apply)

<table>
<thead>
<tr>
<th>≥3 sf or ≥3 if</th>
<th>Renovation</th>
</tr>
</thead>
<tbody>
<tr>
<td>≥160 sf or ≥260 if</td>
<td>Demolition</td>
</tr>
<tr>
<td>Full Containment with Negative Pressure</td>
<td></td>
</tr>
<tr>
<td>Mini-Enclosure</td>
<td></td>
</tr>
<tr>
<td>Glovebag Procedure</td>
<td></td>
</tr>
<tr>
<td>Non-Exempted (*) and Non-Friable Procedure</td>
<td></td>
</tr>
</tbody>
</table>

Location of Asbestos-Containing Material (ACM)

TO BE ABATED IN Facility

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

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

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

Amount (Specify SF or LF)

Abatement Type

Thoroughly Building

<table>
<thead>
<tr>
<th>Floor Tile and Mastic</th>
</tr>
</thead>
<tbody>
<tr>
<td>66,520 SF</td>
</tr>
</tbody>
</table>

Window Sills

<table>
<thead>
<tr>
<th>Transite</th>
</tr>
</thead>
<tbody>
<tr>
<td>446 SF</td>
</tr>
</tbody>
</table>

Blackboards

<table>
<thead>
<tr>
<th>Transite</th>
</tr>
</thead>
<tbody>
<tr>
<td>6,940 SF</td>
</tr>
</tbody>
</table>

Lockers

<table>
<thead>
<tr>
<th>Transite</th>
</tr>
</thead>
<tbody>
<tr>
<td>3,800 SF</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler

Service Transport Group

NJDEP Waste Hauler ID No.

Cubic Yards of Waste

300

Name of Registered Landfill

Minerva Landfill

City, State
New Castle, DE

Disposal Date
8/5/2012

City, State
Lisbon, OH

Completed By (Print or Type)
Dilip Kumar

Title
Program Manager

Signature

Date
5/3/2012

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

**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:50 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>5/31/12</td>
<td>The College of New Jersey</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Name of Contact</th>
<th>Telephone Number</th>
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<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
<td></td>
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</tr>
<tr>
<td>DEP</td>
<td>Amended</td>
<td>David Jurkin</td>
<td></td>
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<tr>
<td>DOL</td>
<td>Amendment #001</td>
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<td>DOH</td>
<td>Emergency (including justification)</td>
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<td>DCA</td>
<td>Cancellation</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000 Pennington Road</td>
<td>Ewing, NJ 08628</td>
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<table>
<thead>
<tr>
<th>FACILITY INFORMATION</th>
<th>Type of Facility (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td>School (K-12)</td>
</tr>
<tr>
<td>The College of New Jersey - Cromwell Hall</td>
<td>Subchapter 8 (Other than K-12)</td>
</tr>
<tr>
<td>Street Address</td>
<td>Other (i.e. private &amp; commercial buildings, homes, etc.)</td>
</tr>
<tr>
<td>2000 Pennington Road</td>
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</tr>
<tr>
<td>City (5)</td>
<td></td>
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<tr>
<td>Ewing</td>
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<tr>
<td>County Code (7)</td>
<td></td>
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<tr>
<td>Mercer</td>
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<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>USA Environmental Management, Inc.</td>
<td>Mattiolo Services, LLC</td>
</tr>
<tr>
<td>ASCM No.</td>
<td></td>
</tr>
<tr>
<td>0112</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>344 West State Street</td>
<td>Trenton, NJ 08618</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td></td>
</tr>
<tr>
<td>Trenton, NJ 08618</td>
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<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>William Wesigarber, Jr.</td>
<td>609.656.8101</td>
</tr>
<tr>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
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</thead>
<tbody>
<tr>
<td>6/1/12</td>
<td>7/6/12</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Occupation Status During Abatement (Check Only One)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
</tr>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check All That Apply)</th>
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</thead>
<tbody>
<tr>
<td>≥3 s.f. or ≥3 l.f.</td>
</tr>
<tr>
<td>≥160 s.f. or ≥260 l.f.</td>
</tr>
<tr>
<td>Renovation</td>
</tr>
<tr>
<td>Demolition</td>
</tr>
<tr>
<td>☑ Full Containment with Negative Pressure</td>
</tr>
<tr>
<td>☑ Non-Exempted (*) and Non-Friable Procedure</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM)</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>TO BE ABATED In Facility (13)</td>
<td>Yes</td>
<td>(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Basement, Floors 1 thru 6</td>
<td>X</td>
<td>Vinyl asbestos tile &amp; mastic</td>
<td>46850 SF</td>
<td>X</td>
</tr>
<tr>
<td>Basement, Floors 1 thru 6</td>
<td>X</td>
<td>Fittings &amp; joint insulation</td>
<td>974 LF</td>
<td>X</td>
</tr>
<tr>
<td>1st Floor Kitchen</td>
<td>X</td>
<td>Roof drain insulation</td>
<td>12 LF</td>
<td>X</td>
</tr>
<tr>
<td>1st Floor Main Lounge &amp; Lobby</td>
<td>X</td>
<td>ACM coated sink</td>
<td>1 EA</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>NJDEP Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Waste Management, Inc.</td>
<td>17273</td>
<td></td>
<td>Waste Management</td>
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<table>
<thead>
<tr>
<th>City, State</th>
<th>Disposal Date</th>
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</thead>
<tbody>
<tr>
<td>Keyport, NJ</td>
<td>City, State, Tullytown, PA</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed by</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caroline M. Harper</td>
<td>Project Manager</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>5/31/12</td>
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</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): May 23, 2012
Name of Building Owner/Operator (2): James McAdams

Agencies Notified: [ ] EPA [ ] DEP [ ] DOL [ ] DCH [ ] DCA
Type Notification: [ ] Initial [ ] Amended [ ] Amendment # ______
[ ] Emergency (including justification)
[ ] Cancellation

Street Address: 5 Bartons Mill Drive
City: State: Zip Code: Washington Crossing

Name of Contact: Stan Hierer
Telephone Number: ______

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3):
Residence
Street Address: 28 Obyme Drive
City: Twp: Egg Harbor Twp
County: Atlantic
County Code: (STATE USE ONLY) ______

Name of Monitoring Firm Hired by Building Owner (8):
Environmental Management International, Inc.
ASCM No. ______

Name of Abatement Contractor (9):
Graham-Tech Environmental Services LLC.
Street Address: 14 Read Drive
City: State: Zip Code: Sicklerville, N.J. 08081
Telephone No. (856) 229-5369
License No. 01158

Start Date (10): June 02, 2012
Scheduled Completion Date (11): June 05, 2012

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

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

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM)</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>Outside walls</td>
<td>[ ]</td>
<td>Exterior Asbestos Shingles 800 sq. ft.</td>
<td>x</td>
<td></td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler:
American Disposal System

NJDEP Waste Hauler ID No.: SW2069

Cubic Yards of Waste: ______

Name of Registered Landfill:
JP Mascaro-Pioneer Crossing

Disposal Date: 727 Red Lane Road, Birdsboro, P.A.
City: State: ______

Completed by: Willis Graham
Title: Owner
Signature: ______
Date: 5/23/12

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:56 and 12:120)

Date of Notification (1): 6/15/12
Name of Building Owner/Operator (2): MR. WILLIAM CHATLOS

Agency Notified: ERDA
Type Notification: Initial
Street Address: 165 GRANDVIEW AVE
City, State, Zip Code: NORTH CALDWELL, NJ 07006
Name of Contact: Mr. Menitti
Telephone Number:

Name of Facility Where Abatement is Taking Place (3): MR. CHATLOS
Street Address: 165 GRANDVIEW AVE
City: NORTH CALDWELL
County Code (7): ESSEX

Type of Facility (4): School (K-12)
# of Floors: 2
Built Age: 1940

Project Manager for Monitoring Firm: 
Telephone No.: 
License No.: 

Start Date (10): 6/18/12
Scheduled Completion Date (11): 6/20/12

Occupancy Status During Abatement (Check only one): School

Scope of Work (Check all that apply)
- Demolition
- Renovation

Description of Asbestos-Containing Material (ACM) (i.e., thermal insulation, surfacing, VAM, or other miscellaneous):
- Thermal Insulation: 195 LF
- Thermal Surfacing: 60 SF
- Siding/shing panels: 450 SF

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM)</th>
<th>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>Basement</td>
<td>Yes</td>
<td>Thermal Insulation</td>
<td>195 LF</td>
<td>Repair</td>
</tr>
<tr>
<td>Basement</td>
<td>Yes</td>
<td>Thermal Surfacing</td>
<td>60 SF</td>
<td>Endurable</td>
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<tr>
<td>Basement</td>
<td>Yes</td>
<td>Siding/shing panels</td>
<td>450 SF</td>
<td>Non-Exempted</td>
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</tbody>
</table>

Name of Registered Waste Hauler:
Best Removal Inc
ID No.: 17109

Cubic Yards of Waste: 0
Name of Registered Landfill:
CUMBERLAND COUNTY/LANDFILL
City, State:
Hackensack, N.J.

Disposal Date: 6/20/12
City, State:
NEWARK, PA. 1724Z

Completed by: J. MAIORANO
Title: Estimator
Signature:
Date: 6/15/12

* 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) 6/4/12

Name of Building Owner/Operator (2) Earl Mohr

Street Address 139 Summit Avenue

Name of Contact Earl Mohr

Type of Facility (4)

Square Feet 4000

# of Floors 3

Bldg. Age 80

Current Use (Prior if being demolished) Residence

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

City, State, Zip Code Montclair, NJ 07043

Type of Abatement (5)

Scheduled Start Date (10) 6/14/12

Occupancy Status During Abatement (Check only one)

Name of OSHA Monitor N/A

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

Telephone Number (973) 744-8800

Scheduler Completion Date (11) 6/15/12

License Number 00371

Occupancy Status: [X]Other Occupancy Description

City, State, Zip Code Montclair, NJ 07042

Occupancy Status: [ ]Full Containment with Negative Pressure

City, State, Zip Code

Occupancy Status: [X]Mini-Enclosure

City, State, Zip Code

Occupancy Status: [X]Glovebox Procedure

City, State, Zip Code

Occupancy Status: [ ]Non-Friable Procedure

City, State, Zip Code

Scope of Work (Check all that apply)

[ ]Non-Friable Procedure

[X]Renovation

[X]Demolition

[X]Pipe Insulation 125 lf

[X]No

[X]Yes

[X]N/A

[ ]Full Containment with Negative Pressure

[ ]Non-Friable Procedure

[ ]Demolition

[ ]Renovation

Basement

Location of Asbestos-Containing Material (ACM)

TO BE ABATED

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

Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.

City, State, Zip Montclair, NJ 07042

Completed By (Print or Type) Constantine Vivian

Title President

Signature

Date 6/4/12

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

City, State, Zip Morrisville, PA 19067

Disposal Date 6/18/12

Cubic Yards of Waste 1.5

NJDEP Waste Hauler ID No. 17040
**NOTIFICATION OF ASBESTOS ABATEMENT**

**State of New Jersey**

**Date of Notification (1)**: 6-5-2012

**Agency Notified**: EPA

**Type Notification**: Initial

**Street Address**: 529 LINCOLN AVENUE

**City, State, Zip Code**: Maywood, N.J. 07607

**Name of Building Owner/Operator (2)**: L. SULLIVAN

**Name of Contractor (3)**: Best Removal Inc

**Name of Abatement Contractor (3)**: Omega Environmental Services

**Name of Abatement Contractor (3)**: Minerva Enterprises Inc

**City**: Maywood

**County**: Bergen

**Square Foot**: 2100

**# of Stories**: 2

**Bldg. Age**: 75 yrs

**Name of Monitoring Firm Hired by Building Owner (4)**: Best Monitoring Inc

**ASCM No.**: XXXXXX

**License No.**: 00388

**Name of OSDA Monitor**: Omega Environmental Services

**Street Address**: 450 South River St

**City, State, Zip Code**: Hackensack, N.J. 07601

**Project Manager for Monitoring Firm**: Joe Sulliv

**Telephone No.**: 201-329-7444

**Name of OSDA Monitor**: Minerva Enterprises Inc

**Start Date**: 6-25-12

**Scheduled Completion Date**: 6-26-12

**Occupancy Status During Abatement**: All Occupied

**Facility Closed/Maintained During Entire Period of Abatement**: No

**Abatement Performed Outside of Normal Facility Hours**: No

**Other**: Yes

**Renovation**: Yes

**Demolition**: No

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

**Location Normally Used Solely by Maintenance/ Custodial Staff (14)**

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

<table>
<thead>
<tr>
<th>Type</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thermal Insulation</td>
<td>35 SF</td>
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</tbody>
</table>

**Name of Registered Waste Handler**: Best Removal Inc

**N.J. DEP Waste Handler ID No.**: 17109

**Cubic Yards of Waste**: 1640

**Name of Registered Lien Holder**: Minerva Enterprises Inc

**City, State**: Hackensack, N.J.

**Disposal Date**: 6-26-12

**City, State**: Waynesburg, PA

**Commissioner**: R. Veldran

**Title**: Estimator

**Signature**: R. Veldran

**Date**: 6-5-12

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

**GAC Project # 060-12**  
**Client Project #**

**Date of Notification (1)**  
May 8, 2012

**Agencies Notified**  
- [ ] EPA  
- [ ] DCA  
- [ ] DOH  
- [ ] DEP- No Longer REQUIRED  
- [ ] DOH

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

**Name of Building Owner/Operator (2)**  
RUTGERS, THE STATE UNIVERSITY OF NJ

**Street Address**  
ENVIRONMENTAL HEALTH & SAFETY DEPT.  
27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS

**City, State, Zip Code**  
PISCATAWAY, NJ 08854

**Name of Contact**  
MICHAEL SMITH, ENV.  
HEALTH & SAFETY

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**  
SILVERS APTS., BLDG# 3812

**Street Address**  
BUSCH CAMPUS

**City (5)**  
PISCATAWAY

**County (6)**  
MIDDLESEX

**County Code (7)**  
(State Use Only)

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

**Sq. Feet:** N/A  
**# of Floors:** 4  
**Bldg. Age:** 60+ years

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

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

**Telephone Number**  
609-386-8800

**Project Manager for Monitoring Firm**  
BRIAN KEARNY

**Scheduled Start Date (10)**  
06/22/12  
**Completion Date (11)**  
06/03/12

**Occupancy Status During Abatement:** (Check only one)  
- [ ] Facility Closed/Vacated During Entire Period of Abatement  
- [ ] Abatement Performed Outside of Normal Facility Hours - Describe: Shift Hours: 8:00 AM - 8:00 PM (24 Hour Access as necessary)

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

- [ ] ≥ 3 sf or ≥ 3 if
- [ ] ≥ 160 sf or ≥ 260
- [ ] Renovation
- [ ] Demolition

**Location of Asbestos-Containing Material (ACM) in Facility (13)**  
- [x] Yes  
- [ ] No  
- [ ] NA

**Is Location Normally Used Solely by Maint./Custodial Staff? (15)**  
- [ ] Yes  
- [ ] No  
- [ ] NA

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

**Amount (Specify SF or LFT)**  
3648 SF  

**Abatement Type**

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

**Remove, Repair, Enclose, Encase**

**Location of Reg. Waste Hauler**

**Name of Reg. Waste Hauler**

See Hauler Below #1 & 2  
See Below

- [ ] NJDEP Waste Hauler ID #  
- [x] See Below

**Hauler #1:** Greenwood Abatement Consultants, Inc. - Butler, NJ 07405  
NJ DEP # 12563  
**Hauler #2:** Newark Carling, Inc., Newark, NJ 07109  
NJ DEP # 4509

**Cubic Yards of Waste:** 15 CY  
**Name of Registered Landfill**  
G.R.O.W.S. North Landfill

**City, State, Zip Code**  
Holmdel, NJ 07733

**Expiration Date**  
06/03/2012

**Complied by (Print of Type)**  
RAYMOND C. PEDALINO  
SENIOR PROJECT MANAGER

**Signature**

**Date**  
May 8, 2012

Copies To: Rutgers, REHS, Attn: Mike Smith  
and ATC, Attn: Brian Kearney
# State of New Jersey - Notification of Asbestos Abatement

(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

**GAC Project # 060-12**

**Client Project #**

**Date of Notification (1)**

- **June 03, 2012**

**Agencies Notified**

- [x] EPA
- [ ] IDCA
- [ ] DOL
- [ ] DEP - No Longer REQUIRED
- [ ] DOH

**Notification Type**

- [ ] Initial Notification
- [x] Amended Notification # 1
  - new completion date
- [x] Emergency (including justification)
- [ ] Cancelled

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

- RUTGERS, THE STATE UNIVERSITY OF NJ

**Street Address**

- ENVIRONMENTAL HEALTH & SAFETY DEPT.
- 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS

**City, State, Zip Code**

- PISCATAWAY, NJ 08854

**Name of Contact**

- MICHAEL SMITH, ENV.
- HEALTH & SAFETY

**Telephone Number**

**Facility Information**

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

- SILVERS APARTS., BLDG# 3812

**Street Address**

- BUSCH CAMPUS

**City (5)**

- PISCATAWAY

**County (6)**

- MIDDLESEX

**County Code (7)**

- 0098

**Type of Facility (4)**

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

**Sq. Feet**

- N/A

**# of Floors**

- 4

**Bldg. Age**

- 60+ years

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

- ACADEMIC

**Name of Contractor (6)**

- GREENWOOD ABATEMENT CONSULTANTS, INC.

**Street Address**

- 268 MAIN STREET

**City State Zip Code**

- BUTLER, NJ 07405

**Telephone Number**

- 973-492-0477

**License Number**

- 00840

**Name of OSHA Monitor**

- ENVIROVISION, INC.

**Street Address**

- 20-21 WARGARAW ROAD

**City State Zip Code**

- FAIRLAWN, NJ

**Project Manager for Monitoring Firm**

- BRIAN KEARNY

**Telephone Number**

- 609-386-8800

**Scheduled Start Date (10)**

- 05/22/12

**Scheduled Completion Date (11)**

- 06/08/12

**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: Shift Hours: 8:00 AM – 8:00 PM (24 Hour Access as necessary)

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

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

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

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

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

- VAT & Linoleum

**Amount (Specify SF or LF)**

- 3648 SF

**Abatement Type**

- [x] Removal, Repair Encap. Enclousure

**Name of Reg. Waste Hauler**

- See Hauler Below #1 & 2

**NJDEP Waste Hauler ID #**

- See Below

**Cubic Yards of Waste**

- 15 CY

**Name of Registered Landfill**

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

**Disposal Date**

- 06/08/2012

**City, State**

- 106 New Ford Mill Rd, Morrisville, PA 19067

**Signature**

- June 03, 2012

**Copies To:** Rutgers, REHS, Attn: Mike Smith and ATC, Attn: Brian Kearney
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:68 and 12:120)

<table>
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<tr>
<th>Date of Notification (1)</th>
<th>June 4, 2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Check #4758</td>
</tr>
<tr>
<td>Name of Contlad</td>
<td>Donna Weinstein</td>
</tr>
<tr>
<td>Type of Facility (4)</td>
<td></td>
</tr>
<tr>
<td>Street Address</td>
<td>141 Pleasant Valley Road</td>
</tr>
<tr>
<td>Square Feet</td>
<td>2800</td>
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<tr>
<td># of Floors</td>
<td>2</td>
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<tr>
<td>Bldg. Age</td>
<td>75</td>
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<tr>
<td>Current Use (Prior if being demolished)</td>
<td>Residence</td>
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<td>County Code (7)</td>
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<tr>
<td>(STATE USE ONLY)</td>
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<td>County Code (6)</td>
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<tr>
<td>Burlington</td>
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<tr>
<td>Name of Monitoring Firm Hired by Building Owner (6)</td>
<td>ASCM No.</td>
</tr>
<tr>
<td>MECS</td>
<td>Shade Environmental, LLC</td>
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<tr>
<td>Street Address</td>
<td>PO Box 341</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Chesterfield, NJ 08515</td>
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<tr>
<td>City, State, Zip Code</td>
<td>City, State, Zip Code</td>
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<tr>
<td>Street Address</td>
<td>47 S. Lippincott Ave</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>08052</td>
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<tr>
<td>Telephone No.</td>
<td>856-756-0099</td>
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<tr>
<td>License No.</td>
<td>00842</td>
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<tr>
<td>Start Date (10)</td>
<td>June 16, 2012</td>
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<td>Scheduled Completion Date (11)</td>
<td>June 25, 2012</td>
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<tr>
<td>Occupancy Status During Abatement (Check Only One)</td>
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<tr>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
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<tr>
<td>Abatement Performed Outside of Normal Facility Hours</td>
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<tr>
<td>Other – Describe:</td>
<td></td>
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<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED (13)</td>
<td></td>
</tr>
<tr>
<td>Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)</td>
<td>Yes</td>
</tr>
<tr>
<td>Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td></td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
<td></td>
</tr>
<tr>
<td>Abatement Type</td>
<td></td>
</tr>
<tr>
<td>Full Containment with Negative Pressure</td>
<td></td>
</tr>
<tr>
<td>Mini-Enclosure</td>
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<tr>
<td>Glovebag Procedure</td>
<td></td>
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<tr>
<td>Non-Exempted (*) and Non-Friable Procedure</td>
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<tr>
<td>Name of Registered Waste Hauler</td>
<td>Eastern Waste</td>
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<tr>
<td>Cubic Yards of Waste</td>
<td>22253</td>
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<tr>
<td>Name of Registered Landfill</td>
<td>Grows Landfill</td>
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<tr>
<td>City, State</td>
<td>Mount Holly, New Jersey 08060</td>
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<tr>
<td>Disposal Date</td>
<td>107 Haddon Ave</td>
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<tr>
<td>City, State</td>
<td>City, State</td>
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<tr>
<td>Tullytown, PA.</td>
<td></td>
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<tr>
<td>Completed by</td>
<td>William Lynch</td>
</tr>
<tr>
<td>Title</td>
<td>Owner</td>
</tr>
<tr>
<td>Signature</td>
<td>June 4, 2012</td>
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</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) June 5, 2012
Name of Building Owner / Operator (2)
Bank of America
Agencies Notified Type Notification
☐ EPA
☐ DEP
☒ DOL
☒ DOH
☐ DCA
☐ Initial
☐ Amended
☐ Amendment #_
☐ Cancellation
Street Address
161 Maplewood Avenue
City, State & Zip Code
Maplewood, NJ 07040
Name of Contact
Dino Nappi
Telephone Number

FACILITY INFORMATION
Name of Facility Where Abatement is Taking Place (3)
Bank of America
Street Address
161 Maplewood Avenue
City (5)
Maplewood
County (6) County Code (7) USE ONLY
Essex
Name of Monitoring Firm Hired by Building Owner (8)
Environmental Testing Consultants, LLC
ASCM No.
Name of Abatement Contractor (9)
Synatech, Inc.
Street Address
829 Radio Road
City, State & Zip Code
Little Egg Harbor, NJ 08087
Project Manager for Monitoring Firm
Howard Zenobi
Telephone Number
855-482-1311
License Number
00817
Scheduled Start Date (10) Scheduled Completion Date (11)
June 15, 2012 June 24, 2012
Occupancy Status During Abatement (Check only one)
☐ Facility Closed/Vacated During Entire Period of Abatement
☒ Abatement Performed Outside of Normal Hours (on 2 consecutive weekends – June 16 & 17 and June 23 & 24)
☐ Other – Describe:
☐ Facility Occupied During Abatement
Scope of Work (Check all that apply)
☐ ≥3 sf or ≥50 If
☐ ≥160 sf or ≥260 If
☐ Renovation
☐ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☒ Non-Exempted(1) and Non-Friable Procedure
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)
Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)
☐ Yes
☐ No
☐ N/A
Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)
Amount (Specify SF or LF)
Abatement Type
Customer Area
Wall Plaster Veneer (under wallcovering) 4,000 SF
X
Name of Registered Waste Hauler
Synatech, Inc.
City, State
Little Egg Harbor, NJ 08087
Disposal Date
June 25, 2012
Name of Registered Landfill
Grows Landfill
City, State
Morrisville, PA
Completed By
Diane Aloia
Title
Executive Administrator
Signature
Date
June 5, 2012

Additional Information:

1. Non-Exempted and Non-Friable Procedure indicates that the asbestos is not considered friable and cannot be expected to be disturbed during the course of the abatement.

2. The location where the abatement is taking place is the Bank of America in Maplewood, New Jersey.

3. The abatement contractor is Synatech, Inc., located at 829 Radio Road, Little Egg Harbor, NJ 08087.

4. The scheduled start date is June 15, 2012, and the scheduled completion date is June 24, 2012.

5. The abatement will be performed outside of normal hours on June 16 & 17 and June 23 & 24.

6. The scope of work includes Wall Plaster Veneer (under wallcovering).

7. The registered waste hauler is Synatech, Inc., located at 829 Radio Road, Little Egg Harbor, NJ 08087.

8. The registered landfill is Grows Landfill, located in Morrisville, PA.

9. The completed by section is signed by Diane Aloia, Executive Administrator, dated June 5, 2012.
**NOTIFICATION OF ASBESTOS ABATEMENT**

**Date of Notification:** 5-31-12

**Name of Building Owner/Occupant:** P. Bonfiglio

**Street Address:**

- **334 Crescent Avenue**
- **Leonia, NJ, 07605**

**Name of Contact:** P. Bonfiglio

**Facility Information**

- **Type of Facility:**
  - School (K-12)
  - Subchapter 3 (Other than K-12)
  - Other (i.e., private & commercial buildings, homes, etc.)

- **Number of Floors:** 2
- **Age:** 83 yrs

- **Location:** Residence

- **Construction Activities:**
  - Full Containment with Negative Press.
  - Mini-Enclosure
  - Ongoing Process
  - Non-Excluded (1) and Non-Viable Processes

- **Scope of Work:**
  - 16 of 24 hr
  - 160 of 240 hr
  - 8 AM - 5 PM

- **Name of Monitoring Firm:** Best Removal Inc
- **ASCM No.:**
- **Name of Abatement Contractor:** Best Removal Inc
- **Street Address:** 450 South River St
- **City:** Hackensack, NJ, 07601
- **Telephone No.:** 201-329-7444
- **License No.:** 003388

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

- **Location:**
  - Basement/Crawl Space
  - Basement

- **Type:** Thermal Insulation

- **Amount:** 35 LF

**Name of Registered Waste Handler:** Best Removal Inc.

**Cubic Yards of Waste:** 17109

**Name of Registered Landfill:** Minerva Enterprises Inc.

**Disposal Date:** 6-16-12

**City, State:** Waynesburg, OH.

**Commissioner:** P. Veldran

**Title:** Estimator

**Date:** 5-31-12

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>6/3/12</th>
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</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>E. K. LINDQUIST</td>
</tr>
<tr>
<td>Agency Notified</td>
<td>Type Notification</td>
</tr>
<tr>
<td>EPA</td>
<td>Initial</td>
</tr>
<tr>
<td>DEP</td>
<td>Amended</td>
</tr>
<tr>
<td>DOL</td>
<td>Amendment #</td>
</tr>
<tr>
<td>DOH</td>
<td>Emergency (including justification)</td>
</tr>
<tr>
<td>DCA</td>
<td>Cancellation</td>
</tr>
<tr>
<td>Street Address</td>
<td>12 WOODLAND AVE</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>SUMMIT, N.J. 07901</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>E. K. LINDQUIST</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
</tbody>
</table>

FACILITY INFORMATION

| Name of Facility Where Abatement is Taking Place (3) | E. K. LINDQUIST |
| Street Address | 12 WOODLAND AVE |
| City (5) | SUMMIT |
| County (6) | UNION |
| Current Use (Prior if being demolished) | |
| Square Feet | 2200 |
| # of Floors | 2 |
| Bldg. Age | 1940 |
| Name of Monitoring Firm Hired by Building Owner (8) | |
| ASCM No. | |
| Name of Abatement Contractor (9) | Best Removal Inc |
| Street Address | 450 South River St |
| City, State, Zip Code | HACKENSACK, N.J. 07601 |
| Telephone No. | 201-329-7444 |
| License No. | 00388 |

Project Manager for Monitoring Firm

Name of OSHA Monitor

Omega Environmental Services
| Street Address | 280 HUYLER ST |
| City, State, Zip Code | HACKENSACK, N.J. 07606 |

Start Date (10) | 6/13/12 |
| Scheduled Completion Date (11) | 6/14/12 |

Occuancy Status During Abatement (Check only one)

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

Scope of Work (Check all that apply)

- Renovation
- Demolition

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Descriptive Elevation</th>
<th>Amount</th>
</tr>
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<tbody>
<tr>
<td>BASEMENT</td>
<td>8.5 SF</td>
<td></td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler

Best Removal Inc
| NJDEP Waste Hauler ID No. | 17109 |
| City, State | HACKENSACK, N.J. |
| Disposal Date | 6/14/12 |

Name of Registered Landfill

Minerva Enterprises Inc
| City, State | WAYNESBURG, OH |
| Completed by | J. MAIORANO |
| Title | ESTIMATOR |
| Signature | |
| Date | 6/13/12 |

*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)**

| 0 | 5 | 1 | 2 | 3 | 1 | 2 |

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

Ringwood Board of Education

**Street Address**

121 Carletondale Road

**City, State, Zip Code**

Ringwood, NJ 07456

**Name of Contact**

Warren C. Mitchell

**Telephone Number**

---

**FACILITY INFORMATION**

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

Eleanor G. Hewitt Intermediate School

**Street Address**

266 Sloatsburg Road

**City, State, Zip Code**

Ringwood, NJ 07456

**County Code (7)**

Passaic

**Owner (8)**

Omega Environmental Services

**ASCN No.**

00120

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

Geiser Fajardo, SPW

**Street Address**

280 Huyler Street

**City, State, Zip Code**

South Hackensack, NJ 07606

**Telephone Number**

201-482-8700

**License Number**

00807

**Name of Abatement Contractor (9)**

Four Strong Builders, Inc.

**Street Address**

180 Sargeant Avenue

**City, State, Zip Code**

Clifton, NJ 07013-1935

**License Number**

00807

**Name of OSHA Monitor**

Four Strong Builders, Inc.

**Street Address**

180 Sargeant Avenue

**City, State, Zip Code**

Clifton, NJ 07013

**License Number**

00807

**Name of Registered Waste Hauler**

Four Strong Builders, Inc.

**Hauler ID No.**

12609

**Cubic Yards of Waste**

Name of Registered Landfill

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

**Disposal Date**

Tullytown, PA

**Completed By (Print or Type)**

Bilyana Kulakovska

**Title**

Office Administrator

**Signature**

5/23/12

---

<table>
<thead>
<tr>
<th>Location Normally Used by Maintenance Staff (12)</th>
</tr>
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<tbody>
<tr>
<td>Yes</td>
</tr>
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<table>
<thead>
<tr>
<th>Description of Asbestos-Containing Material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>VAT and mastic</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Abatement Type</th>
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<tbody>
<tr>
<td>Non-Friable</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Demolition</td>
</tr>
<tr>
<td>[ ] Renovation</td>
</tr>
<tr>
<td>[ ] Full Containment with Negative Pressure</td>
</tr>
<tr>
<td>[ ] Mini-Enclosure</td>
</tr>
<tr>
<td>[ ] Glovebag Procedure</td>
</tr>
<tr>
<td>[x] Non-Friable Procedure</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) To Be Abated in Facility (13)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st Floor</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
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<tbody>
<tr>
<td>3,317 SF</td>
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<table>
<thead>
<tr>
<th>1st Floor - Heating Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>VAT and mastic</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Mastic on Heating Units</th>
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</thead>
<tbody>
<tr>
<td>180 SF</td>
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**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:80-7 and 12:120-7)

**Initial Notification - Friable**
Check #: 4735

<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>05/23/12</td>
<td>Ringwood Board of Education</td>
</tr>
</tbody>
</table>

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

**Type Notification**
- [x] Initial Notification

**Street Address**
121 Carleontonale Road
Ringwood, NJ 07456

**City, State, Zip Code**
Ringwood, NJ 07456

**Name of Contact**
Warren C. Mitchell

**Telephone Number**

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**
Eleanor G. Hewitt Intermediate School
266 Sloatsburg Road
Ringwood, NJ 07456
Passaic

**Name of Monitoring Firm Hired by Building Owner (8)**
Omega Environmental Services
280 Huyler Street
South Hackensack, NJ 07606

**Scheduled Start Date (10)**
06/18/12

**Scheduled Completion Date (11)**
06/30/12

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

**Scope of Work (Check all that apply)**
- [x] Renovation
- [ ] Demolition
- [ ] 33 sf or 33 lf
- [ ] 100 sf of 260 1f

**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>Basement &amp; Crawl Space</td>
<td>Pipe Insulation</td>
<td>750 LF</td>
<td>x</td>
</tr>
</tbody>
</table>

**Location Normally Used Solely by Maintenance/Custodial Staff (14)**

**Name of Registered Waste Hauler**
NJDEP Waste Hauler ID No. 12609

**Name of Registered Landfill**
G.R.O.W.S., Inc.
Clifton, NJ

**Disposal Date**
Tullytown, PA

**Completed By (Print or Type) Title**
Bilyana Kulakowska Office Administrator

**Signature**

**Date**
5/23/12
# NOTIFICATION OF ASBESTOS ABATEMENT

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

## STATEMENT OF FACTS

**Name of Building Owner/Operator:** SIMON GROUP PROPERTY  
**Address:** 225 WEST WASHINGTON STREET, INDIANAPOLIS, INDIANA 46204  
**Name of Contact:** MATTHEW ELICKER - OWNERS REP.

**Facility Information:**

**Name of Facility Where Abatement is Taking Place:** QUAKERBRIDGE MALL - OLD NAVY  
**Street Address:** 150 QUAKER BRIDGE MALL  
**City:** LAWRENCEVILLE, NJ  
**County:** MERCER  
**Name of Monitoring Firm Hired by Building Owner:** VERTEX  
**Street Address:** 1102 BALTIMORE PIKE, GLEN MILLS, PA 19342  
**Project Manager for Monitoring Firm:** DON HEIM  
**Start Date:** 5/12/12  
**Scheduled Completion Date:** 5/15/12

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

**Scope of Work (Check all that apply):**  
- [X] ≥ 3 sf or ≥ 3 ft²  
- [X] ≥ 160 sf or ≥ 1600 ft²  
- [X] Renovation  
- [X] Demolition  
- [X] Full Containment with Negative Pressure  
- [X] Mini-Enclosure  
- [X] Glovebox Procedure  
- [X] Non-Exempted (*) and Non-Friable Procedure

## DESCRIPTION OF MATERIALS TO BE ABATED

**Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility:**  
**IN Facility:** (13)  
**Is Location Normally Used Solely by Maintenance/Custodial Staff:** (12)  
**Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous):**

<table>
<thead>
<tr>
<th>Location</th>
<th>ACM Type</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SPACE 2102 - REAR STORAGE</td>
<td>RESIDUAL MASTIC</td>
<td>450 SF</td>
</tr>
<tr>
<td>SPACE 2101 - CENTER STORAGE</td>
<td>Residual Mastic below Ceramic Tile</td>
<td>1200 SF</td>
</tr>
<tr>
<td>SPACE 2105 - REAR STORAGE</td>
<td>FLOOR TILE</td>
<td>500 SF</td>
</tr>
<tr>
<td>SPACE 2114 - MISC.</td>
<td>RESIDUAL MASTIC</td>
<td>1600 SF</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler:** BRISTOL ENVIRONMENTAL INC  
**City:** BRISTOL, PA  
**Disposal Date:**  
**Name of Registered Landfill:** GROWS LANDFILL  
**City:** MORRISVILLE, PA  
**Completed By:** PATRICK T. DeCARO  
**Title:** Estimator  
**Signature:**

---

**Note:** The document contains detailed information about asbestos abatement, including dates, locations, and descriptions of the work to be performed. It also includes a section for the name of the registered waste hauler and the disposal date, and a signature line for verification.
# NOTIFICATION OF ASBESTOS ABATEMENT

**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 / 14 / 12</td>
<td>SIMON GROUP PROPERTY</td>
</tr>
</tbody>
</table>

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

- **Type Notification**
  - Initial
  - Amended
  - Amendment #1-5/23/12
  - Emergency (including justification)
  - Cancellation

- **Street Address**
  - 225 WEST WASHINGTON STREET

- **City, State, Zip Code**
  - INDIANAPOLIS, INDIANA 46204

- **Name of Contact**
  - MATTHEW ELICKER - OWNERS REP.

- **Telephone Number**
  - [ ]

## FACILITY INFORMATION

- **Name of Facility Where Abatement is Taking Place (3)**
  - QUAKERBRIDGE MALL - OLD NAVY

- **Street Address**
  - 150 QUAKER BRIDGE MALL

- **City (5)**
  - LAWRENCEVILLE, NJ

- **County (6)**
  - MERCER

- **County Code (7) [STATE USE ONLY]**
  - [ ]

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

- **Square Feet**
  - [ ]

- **# of Floors**
  - [ ]

- **Bldg. Age**
  - [ ]

- **Current Use (Prior to being demolished)**
  - [ ]

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

- **ASCM No.**
  - [ ]

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

- **Street Address**
  - 1123 BEAVER STREET

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

- **Telephone No.**
  - 215-788-6040

- **License No.**
  - 00509

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

- **Street Address**
  - 1123 BEAVER STREET

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

- **Start Date (10)**
  - 5 / 14 / 12

- **Scheduled Completion Date (11)**
  - 5 / 29 / 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: 9:00PM-5:30AM

- **Scope of Work (Check all that apply)**
  - [ ] >300 sf or >3000 ft
  - [ ] ≥1600 sf or ≥2500 ft
  - [ ] Renovation
  - [ ] Demolition
  - [ ] Full Containment with Negative Pressure
  - [ ] Mini-Enclosure
  - [ ] Glovebag Procedure
  - [ ] Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>SPACE 2102 - REAR STORAGE</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>SPACE 2101 - CENTER STORAGE</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>SPACE 2105 - REAR STORAGE</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>SPACE 2114 - MISC.</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

- **Name of Registered Waste Hauler**
  - BRISTOL ENVIRONMENTAL INC

- **NJDEP Waste Hauler ID No.**
  - 18706

- **Cubic Yards of Waste**
  - 450 SF

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

- **City, State**
  - BRISTOL, PA

- **Completed By (Print or Type)**
  - PATRICK T. DECARO

- **Title**
  - Estimator

- **Signature**
  - [ ]

- **Disposal Date**
  - [ ]

- **City, State**
  - MORRISVILLE, PA

- **Date**
  - 5/23/12

---

ASB-41
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 8:18)

<table>
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<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
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<tbody>
<tr>
<td>5 / 14 / 12</td>
<td>SIMON GROUP PROPERTY</td>
</tr>
</tbody>
</table>

Agencies Notified
- [ ] EPA
- [X] DOLE
- [X] DHSS
- [ ] DCA (NJAC 5:14-8)

Type Notification
- [ ] Initial
- [ ] Amended Amendment #2-5/25/12
- [ ] Emergency (including justification)
- [ ] Cancellation

Street Address
225 WEST WASHINGTON STREET
City, State, Zip Code
INDIANPOLIS, INDIANA 46204

Name of Contact
MATTHEW ELICKER - OWNERS REP.
Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
QUAKERBRIDGE MALL - OLD NAVY
Street Address
150 QUAKER BRIDGE MALL
City (5)
LAWRENCEVILLE, NJ
County (6)
MERCE
County Code (7)(STATE USE ONLY)
Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8)
VERT
Name of Abatement Contractor (9)
BRISTOL ENVIRONMENTAL, INC.
Street Address
1123 BEAVER STREET
City, State, Zip Code
BRISTOL, PA 19007

Project Manager for Monitoring Firm
DON HEIM
Telephone No.

License No.
215-788-5040 00509

Name of OSHA Monitor
BRISTOL ENVIRONMENTAL, INC.
Street Address
1123 BEAVER STREET
City, State, Zip Code
BRISTOL, PA 19007

Start Date (10)
5 / 24 / 12
Scheduled Completion Date (11)
6 / 1 / 12

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 9:00AM-5:30PM
OFF SITE UNTIL TUES 5/29/12

Scope of Work (Check all that apply)
- [ ] 3sf or 3sf
- [X] 160sf or 260sf
- [ ] Renovation
- [ ] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebox Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>NJDEP Waste Hauler ID No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>BRISTOL ENVIRONMENTAL INC</td>
<td>18706</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td>Name of Registered Landfill</td>
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<tr>
<td></td>
<td>GROWS LANDFILL</td>
</tr>
</tbody>
</table>

City, State
BRISTOL, PA

Complied By (Print or Type)
PATRICK T. DECARO
Signature

Title
Estimator

Date
5/29/12

ABATEMENT TYPE

<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>
<tr>
<td>Amount (Specify SF or LF)</td>
</tr>
<tr>
<td>Abatement Type</td>
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<tr>
<td>Removal</td>
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<td>Repair</td>
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<tr>
<td>Encapsulate</td>
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<td>Enclosure</td>
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<tr>
<th>Location of Asbestos-Containing Material (ACM)</th>
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<tr>
<td>TO BE ABATED</td>
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<tr>
<td>IN Facility</td>
</tr>
<tr>
<td>(13)</td>
</tr>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>------------------------------</td>
</tr>
<tr>
<td>SPACE 2102 - REAR STORAGE</td>
</tr>
<tr>
<td>SPACE 2101 - CENTER STORAGE</td>
</tr>
<tr>
<td>SPACE 2105 - REAR STORAGE</td>
</tr>
<tr>
<td>SPACE 2114 - MISC.</td>
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Disposal Date
City, State
MORRISVILLE, PA
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60 and 6:16)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>5 / 14 / 12</th>
</tr>
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<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>SIMON GROUP PROPERTY</td>
</tr>
<tr>
<td>Street Address</td>
<td>225 WEST WASHINGTON STREET</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>INDIANAPOLIS, INDIANA 46204</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>MATTHEW ELICKER - OWNERS REP.</td>
</tr>
<tr>
<td><strong>FACILITY INFORMATION</strong></td>
<td></td>
</tr>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td>QUAKERBRIDGE MALL - OLD NAVY</td>
</tr>
<tr>
<td>Street Address</td>
<td>150 QUAKER BRIDGE MALL</td>
</tr>
<tr>
<td>City (5)</td>
<td>LAWRENCEVILLE, NJ</td>
</tr>
<tr>
<td>County (6)</td>
<td>MERCER</td>
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<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>ASCM No.</td>
</tr>
<tr>
<td>VERTEX</td>
<td></td>
</tr>
<tr>
<td>Street Address</td>
<td>1102 BALTIMORE PIKE</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>GLEN MILLS, PA 19342</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>DON HEIM</td>
</tr>
<tr>
<td>Telephone No.</td>
<td></td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>5 / 24 / 12</td>
</tr>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>6 / 5 / 12</td>
</tr>
<tr>
<td>Occupancy Status During Abatement (Check only one)</td>
<td></td>
</tr>
<tr>
<td>☐ Facility Closed/Vacated During Entire Period of Abatement</td>
<td></td>
</tr>
<tr>
<td>☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM-PM</td>
<td></td>
</tr>
<tr>
<td>Scope of Work (Check all that apply)</td>
<td></td>
</tr>
<tr>
<td>☐ ≥3 sf or ≥3 if</td>
<td></td>
</tr>
<tr>
<td>☒ ≥160 sf or ≥260 if</td>
<td></td>
</tr>
<tr>
<td>☒ Renovation</td>
<td></td>
</tr>
<tr>
<td>☐ Demolition</td>
<td></td>
</tr>
<tr>
<td>☐ Full Containment with Negative Pressure</td>
<td></td>
</tr>
<tr>
<td>☐ Mini-Enclosure</td>
<td></td>
</tr>
<tr>
<td>☒ Glovebag Procedure</td>
<td></td>
</tr>
<tr>
<td>☐ Non-Exempted (*) and Non-Friable Procedure</td>
<td></td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED</td>
<td>IN Facility</td>
</tr>
<tr>
<td>Space (13)</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>SPACE 2102 - REAR STORAGE</td>
<td>☐</td>
</tr>
<tr>
<td>SPACE 2101 - CENTER STORAGE</td>
<td>☒</td>
</tr>
<tr>
<td>SPACE 2105 - REAR STORAGE</td>
<td>☐</td>
</tr>
<tr>
<td>SPACE 2114 - MISC.</td>
<td>☒</td>
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<tr>
<td>Name of Registered Waste Hauler</td>
<td>BRISTOL ENVIRONMENTAL INC</td>
</tr>
<tr>
<td>NJ/DEP Waste Hauler ID No.</td>
<td>18706</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td></td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>GROWS LANDFILL</td>
</tr>
<tr>
<td>City, State</td>
<td>BRISTOL, PA</td>
</tr>
<tr>
<td>Disposal Date</td>
<td></td>
</tr>
<tr>
<td>Completed By (Print or Type)</td>
<td>PATRICK T. DeCARO</td>
</tr>
<tr>
<td>Title</td>
<td>Estimator</td>
</tr>
<tr>
<td>Signature</td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td>6/1/2</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 8:16)

Date of Notification (1)
05 / 25 / 12

Name of Building Owner/Operator (2)
Virtua Memorial Hospital of Burlington County

Agencies Notified
☐ EPA
☐ DOLWD 562
☐ DHSS 541
☐ DCA (NJAC 5:23-8)
☐ Initial
☐ Amended
☐ Amendment #
☐ Emergency (including justification)
☐ Cancellation

Name of Contact
Diana Arney

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Virtua Memorial Hospital of Burlington County

Street Address
175 Madison Ave.

City (5)
Mount Holly

County (6)
Burlington

Current Use (Prior to being demolished)
Hospital

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

ASCM No.

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

Street Address
28 N. Penell Road

City, State, Zip Code
Media, PA 19063

Telephone No.
610-891-0114

License No.
215-788-6040

00509

Name of OSHA Monitor
BRISTOL ENVIRONMENTAL, INC.

Street Address
1123 BEAVER STREET

City, State, Zip Code
BRISTOL, PA 19007

Scope of Work (Check all that apply)

☐ ≥ 3 sf or ≥ 3 if
☐ ≥ 160 sf or ≥ 260 If
☐ Renovation
☐ Demolition

Location of Asbestos-Containing Material (ACM)

TO BE ABATED
IN Facility

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

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

Labor & Delivery - Bathroom Shower
☐ ☐ ☐

Floor tile and mastic
10 SF

Name of Registered Waste Hauler
SERVICE TRANSPORT GROUP, INC.

NJDEP Waste Hauler ID No.
20990

Cubic Yards of Waste
1

Disposal Date
06/04/12

Name of Registered Landfill
Minerva Landfill

City, State
Waynesburg, OH

Completed By (Print or Type)
Gino Pizzigoni

Title
Estimator

Signature
Gino Pizzigoni

Date
5/25/12

* 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: 05/25/12

Name of Building Owner/Operator:
Virtua Memorial Hospital of Burlington County

Agencies Notified:
- DOLWD
- DHSS
- NJAC 5:23-8

Type Notification:
- Initial
- Amended
- #1-5/31/12

Street Address:
175 Madison Ave.

City, State, Zip Code:
Mount Holly, NJ 08060

Name of Contact:
Diana Arney

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place:
Virtua Memorial Hospital of Burlington County

Street Address:
175 Madison Ave.

City:
Mount Holly

County:
Burlington

Name of Monitoring Firm Hired by Building Owner:
AET, Inc.

Type of Facility:
School (K-12)

Name of Abatement Contractor:
BRISTOL ENVIRONMENTAL, INC.

Street Address:
1123 BEAVER STREET

City, State, Zip Code:
Media, PA 19063

License No.:
00509

Project Manager for Monitoring Firm:
Dave Turton

Telephone No.:
610-581-0114

Name of OSHA Monitor:
BRISTOL ENVIRONMENTAL, INC.

Start Date:
06/04/12

Scheduled Completion Date:
05/05/12

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

Scope of Work:
Renovation

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

Location Normally Used Solely by Maintenance/Custodial Staff:
Yes

Description of Asbestos Containing Material (ACM):
Floor tile and mastic

Amount (Specify SF or LF):
10 SF

Abatement Type:
Full Containment with Negative Pressure

Labor & Delivery - Bathroom Shower:
No

Name of Registered Waste Hauler:
SERVICE TRANSPORT GROUP, INC.

City, State:
NEW CASTLE, DE 19720

Completed By (Print or Type):
Gino Pizzigoni

Name of Registered Landfill:
Minerva Landfill

Disposal Date:
06/05/12

Cubic Yards of Waste:
3

City, State:
Waynesburg, OH

Signature:
5/31/12

* 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)  5/17/12

Name of Building Owner/Operator (2)
Princeton University-Office of Design and Construction

Street Address
200 Elm Dr.
City, State, Zip Code
Princeton, NJ 08544
Name of Contact
Robert Ortega

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Princeton University-Firestone Library

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 if being demolished)
Library

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

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

Name of OSHA Monitor
BRISTOL ENVIRONMENTAL, INC.

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

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

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

IN Facility (13)

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

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

Amount
(Specify SF or LF)

Abatement Type
☐ Removal
☐ Repair
☐ Encapsulate
☐ Endorse

Name of Registered Waste Hauler
BRISTOL ENVIRONMENTAL, INC.

NJDEP Waste Hauler ID No.
18706
Cubic Yards of Waste

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

City, State
BRISTOL, PA 19007

Disposal Date

City, State
MORRISVILLE, PA 19067

Completed By (Print or Type)
Brian Scafiro
Title
Estimator
Signature
Brian Scafiro
Date
5/19/12
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 5:18)  

CH #2297

Date of Notification (1)  5 / 17 / 12  
Name of Building Owner/Operator (2)  
Princeton University-Office of Design and Construction

Agencies Notified  
- EPA  
- DOLWD  
- DHSS  
- DCA  
(NJAC 5:23-8)
Type Notification  
- Initial  
- Amended  
- Amendment #1-5/31/12  
- Emergency (including justification)  
- Cancellation

Street Address  
200 Elm Dr.
City, State, Zip Code  
Princeton, NJ 08544

Name of Contact  
Robert Ortega  
Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  
Princeton University-Firestone Library

Street Address  
Washington Rd
City (5)  
Princeton
County (6)  
MERCE
County Code (7) (STATE USE ONLY)  

Name of Monitoring Firm Hired by Building Owner (8)  
ATC Associates Inc.
Name of Abatement Contractor (9)  
BRISTOL ENVIRONMENTAL, INC.

Street Address  
Three Terri Center
City, State, Zip Code  
Burlington, NJ 08016
Project Manager for Monitoring Firm  
Michael Keehn  
Telephone No.  
609-385-8800
License No.  
00509

Start Date (10)  6 / 8 / 12  
Scheduled Completion Date (11)  6 / 26 / 12

Occupancy Status During Abatement (Check only one)  
- Facility Closed/Vacated During Entire Period of Abatement  
- Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-____PM/____PM-12:00AM

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

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)</th>
<th>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>West Fan Room</td>
<td>Yes</td>
<td>Pipe Insulation and fittings</td>
<td>575 LF</td>
<td>[X] Removal</td>
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<td>West Fan Room</td>
<td>No</td>
<td>Valve Packing</td>
<td>60 SF</td>
<td>[X] Encapsulate</td>
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<td>West Fan Room</td>
<td>No</td>
<td>Pipe Saddles</td>
<td>30 Ea</td>
<td>[X] Encapsulate</td>
</tr>
<tr>
<td>West Corridor A level</td>
<td>No</td>
<td>Floor tile and mastic</td>
<td>160 SF</td>
<td>[X] Encapsulate</td>
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</table>

Name of Registered Waste Hauler  
BRISTOL ENVIRONMENTAL, INC.
Name of Registered Landfill  
G.R.O.W.S. NORTH LANDFILL

City, State  
BRISTOL, PA 19007

Disposal Date  
MAY 11

Completed By (Print or Type)  
Brian Scafaro  
Title  
Estimator  
Signature  
Date  5/31/12

* Do not use this form for asbestos licensure exempted activities.
Date of Notification (1) | May 30, 2012
---|---
Name of Building Owner/Operator (2) | Man developemnt

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

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

**Street Address**
400 Interpace Parkway

**City, State, Zip Code**
Parsippany, NJ 07054

**Name of Contact**
Howard L. Cohen

**Telephone Number**

---

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

**Building**

**Street Address**
113 Essex St

**City (5)**

**County (6)**

**Bergen (7)**

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

**ASCM No.**
0021

**Name of Abatement Contractor (9)**
The MACK Group, LLC

**Street Address**
907 Doolittle Drive

**City, State, Zip Code**

**Bridgewater, NJ 08807**

**Project Manager for Monitoring Firm**
Eric Houseknecht

**Telephone No.**
(908) 218-1108

**License No.**
(973) 759 - 5000

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

---

**School (K-12)**

**Subchapter 8 (Other than K-12)**

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

**Square Feet**

**# of Floors**

**Bldg. Age**

---

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

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

---

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

**In Facility (13)**
- Yes
- No
- N/A

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

**Amount (Specify SF or LF)**

**Abatement Type**
- Removal
- Repair
- Encapsulate
- Erect Life

---

**Name of Registered Waste Hauler**
Newark Carting / Rovic

**City, State**
Newark, NJ

**NJ DEP Waste Hauler ID No.**
4509

**Cubic Yards of Waste**
87.8

**Name of Registered Landfill**
Cumberland County Landfill

**City, State**
Newburg, PA

**Disposal Date**
7/10/2012

---

**Completed by**
Mike Cooper

**Title**
President

**Date**
5/30/12

---

* Do not use this form for asbestos licensure exempted activities.
<table>
<thead>
<tr>
<th><strong>State of New Jersey</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NOTIFICATION OF ASBESTOS ABATEMENT</strong></td>
</tr>
<tr>
<td><strong>(Permit to NJAC 8:59 and 12:129)</strong></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Date of Notification (1)</strong></th>
<th>5-31-12</th>
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</thead>
<tbody>
<tr>
<td><strong>Name of Building Owner/Operator (2)</strong></td>
<td>L. SADIV</td>
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<tr>
<td><strong>Agency Notified</strong></td>
<td>□ EPA □ DEP □ DOL □ DOH □ DCA</td>
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<tr>
<td><strong>Type Notification</strong></td>
<td>□ Initial □ Amended □ Amendment 2 □ Emergency (including mobilization) □ Cancellation</td>
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<tr>
<td><strong>Street Address</strong></td>
<td>233 Richards Road</td>
</tr>
<tr>
<td><strong>City, State, Zip Code</strong></td>
<td>Ridgefield, NJ 07650</td>
</tr>
<tr>
<td><strong>Name of Contact</strong></td>
<td>L. SADIV</td>
</tr>
<tr>
<td><strong>Telephone Number</strong></td>
<td></td>
</tr>
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</table>

<table>
<thead>
<tr>
<th><strong>FACILITY INFORMATION</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Name of Facility Where Abatement is Taking Place (3)</strong></td>
</tr>
<tr>
<td><strong>Street Address</strong></td>
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<td><strong>City (5)</strong></td>
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<tr>
<td><strong>County (6)</strong></td>
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<tr>
<td><strong>County Code (7)</strong></td>
</tr>
<tr>
<td><strong>Name of Monitoring Firm Hired by Building Owner (8)</strong></td>
</tr>
<tr>
<td><strong>ASCNL No.</strong></td>
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<tr>
<td><strong>Name of Abatement Contractor (9)</strong></td>
</tr>
<tr>
<td><strong>Street Address</strong></td>
</tr>
<tr>
<td><strong>City, State, Zip Code</strong></td>
</tr>
<tr>
<td><strong>Telephone Number</strong></td>
</tr>
<tr>
<td><strong>License No.</strong></td>
</tr>
<tr>
<td><strong>Name of OSHA Auditor</strong></td>
</tr>
<tr>
<td><strong>Street Address</strong></td>
</tr>
<tr>
<td><strong>City, State, Zip Code</strong></td>
</tr>
<tr>
<td><strong>Scope of Work (Check All That Apply)</strong></td>
</tr>
<tr>
<td>□ 1,000 sf or &lt;2,500 sf □ 2,500 sf or &lt;5,000 sf □ 5,000 sf or &lt;10,000 sf □ 10,000 sf or &lt;20,000 sf □ 20,000 sf or &lt;30,000 sf □ 30,000 sf or &gt;30,000 sf</td>
</tr>
<tr>
<td>□ Renovation □ Demolition</td>
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<table>
<thead>
<tr>
<th><strong>Location of Asbestos-Containing Material (ACM) TO BE SEPARATED</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>In Facility (13)</strong></td>
</tr>
<tr>
<td><strong>Location Normally Used Solely By Maintenance/Custodial Staff? (12)</strong></td>
</tr>
<tr>
<td><strong>Yes</strong> □ No □ N/A</td>
</tr>
<tr>
<td><strong>Description of Asbestos-Containing Material (ACM)</strong></td>
</tr>
<tr>
<td>□ Asbestos Containing Material (ACM) (i.e., thermal insulation, surfacing, WAT, or other miscellaneous)</td>
</tr>
<tr>
<td><strong>Location</strong></td>
</tr>
<tr>
<td><strong>Amount (Specify SF or LF)</strong></td>
</tr>
</tbody>
</table>

| **Name of Registered Waste Hauler** | Best Removal Inc |
| **NJ DEP Waste Hauler ID No.** | 17109 |
| **Cubic Yards of Waste** | 0.0 YD |
| **Name of Registered Landfill** | Minerva Enterprises Inc |
| **City, State** | Hackensack, NJ |
| **Disposal Date** | 5-14-12 |
| **Signatures** | Estimator: R. Veldran |
| **Date** | 5-31-12 |

* Do not use this form for asbestos abatement completed 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>06 / 06 / 12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Montclair Board of Education</td>
</tr>
<tr>
<td>Check #</td>
<td>2103 $200</td>
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</tbody>
</table>

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

| Street Address     | 22 Valley Road   |
| City, State, Zip Code | Montclair, New Jersey 07042 |
| Name of Contact    | Leonard Saponara |

FACILITY INFORMATION

| Name of Facility Where Abatement is Taking Place (3) | Watching School |
| Street Address                                    | 14 Garden Street |
| City (5)                                          | Montclair, New Jersey 07042 |
| County (6)                                        | Essex |
| Name of Monitoring Firm Hired by Building Owner (6) | Detail Associates Inc. |
| ASCM No.                                          |             |
| Name of Abatement Contractor (9)                  | Lillich Corporation |
| Street Address                                    | 606 McBride Avenue |
| City, State, Zip Code                            | Woodland Park, New Jersey 07042 |
| Name of OSHA Monitor                             | J & S Environmental Laboratories, LLC |
| Street Address                                    | 2333 Route 22 West |
| Name of Registered Waste Hauler                   | Lillich Corporation |
| NJDEP Waste Hauler Id No.                         | 18724 |
| Name of Registered Landfill                       | G.R.O.W.S. Landfill |
| City, State                                       | Woodland Park, New Jersey |
| Completed By (Print or Type)                      | Tatiana Kalenikova |
| Title                                             | Vice President |
| Signature                                         | Takina Kalenikova |
| Date                                              | 6/5/12 |

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

**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to N.J.A.C 8:30 and 12:120)

---

**Date of Notification (1)**
6/4/2012

**Name of Building Owner/Operator (2)**
GREENTREE SQUARE AFFILIATES, LLC.

**Street Address**
1880 ROUTE 23 NORTH, SUITE 330
WAYNE, NJ 07470

**Name of Contractor**
RICHARD MAINARDI, JR.

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**
GREENTREE SQUARE SHOPPING CENTER - FORMER RITE AID

**Street Address**
928 ROUTE 73 NORTH
MARLTON, NJ 08053

**City (5)**
MARLTON, NJ

**County (6)**
BURLINGTON

**Name of Monitoring Firm Hired by Building Owner (3)**
WHITMAN COMPANIES

**Street Address**
7 PLEASANT HILL ROAD
CRANBURY, NJ 08512

**City, State, Zip Code**
CRANBURY, NJ 08512

**Name of Abatement Contractor (9)**
TWO BROTHERS CONTRACTING

**Street Address**
260 RUTHERFORD BLVD.
CLIFTON, NJ 07014

**City, State, Zip Code**
CLIFTON, NJ 07014

**Project Manager for Monitoring Firm**
KEVIN LOVELY

**Telephone No.**
732-390-8858

**Telephone No.**
973-856-8700

**License No.**
00494

**Start Date (10)**
6/8/2012

**Scheduled Completion Date (11)**
6/13/2012

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

**Other - Describe:**

---

**Scope of Work (Check All That Apply)**
- 3000 sq. ft. or less
- 1000 sq. ft. or 2500 sq. ft.

**Renovation**

**Demolition**

**Full Containment with Negative Pressure**

**Mini-Enclosure**

**Glazing Procedure**

**Non-Exempted (1) and Non-Friable Procedure**

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

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

---

**Abatement Type**

---

**Amount (Square Feet or LF)**

---

**Abatement Type**

---

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

**NJDEP Waste Handler ID No.**
18743

**Cubic Yards of Waste**

---

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

---

**City, State**
CLIFTON, NJ

**City, State**
MORRISVILLE, PA

---

**Compiled by**
VIVECA RAMES

**Title**
SECRETARY

---

**Date**
6/4/2012

---

**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>6/4/2012</td>
<td>GREENTREE SQUARE AFFILIATES, L.L.C.</td>
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</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
<td>1680 ROUTE 23 NORTH, SUITE 330</td>
</tr>
<tr>
<td>DEP</td>
<td>Amended</td>
<td>WAYNE, NJ 07470</td>
</tr>
<tr>
<td>DOL</td>
<td>Emergency #</td>
<td></td>
</tr>
<tr>
<td>DOH</td>
<td>Justification</td>
<td></td>
</tr>
<tr>
<td>DCA</td>
<td>Cancellation</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>City (5)</th>
<th>Name of Contact</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>MARLTON, NJ 08053</td>
<td>RICHARD MAINARDI, JR.</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>GREENTREE SQUARE SHOPPING CENTER - FORMER RITE AID</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Square Feet</th>
<th># of Floors</th>
<th>Bldg. Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>926 ROUTE 73 NORTH</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
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</table>

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

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>ASCM No.</th>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>WHITMAN COMPANIES</td>
<td></td>
<td>TWO BROTHERS CONTRACTING</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 PLEASANT HILL ROAD</td>
<td>732-390-5868</td>
<td>973-956-8700</td>
</tr>
<tr>
<td></td>
<td></td>
<td>00484</td>
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</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>Telephone No.</th>
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</thead>
<tbody>
<tr>
<td>CRANBURY, NJ 08512</td>
<td>732-390-5868</td>
</tr>
<tr>
<td>CLIFTON, NJ 07014</td>
<td>973-956-8700</td>
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</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
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</thead>
<tbody>
<tr>
<td>6/6/2012</td>
<td>6/13/2012</td>
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</table>

Occupy Status During Abatement (Check Only One)

<table>
<thead>
<tr>
<th>Facility Closed/Vacated During Entire Period of Abatement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours</td>
</tr>
<tr>
<td>Other - Describe:</td>
</tr>
</tbody>
</table>

Scope of Work (Check All That Apply)

<table>
<thead>
<tr>
<th>≥30 sf or ≥3 if</th>
<th>≥100 sf or ≥260 if</th>
<th>Renovation</th>
<th>Demolition</th>
<th>Full Containment with Negative Pressure</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Mini-Enclosure</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Glovesbag Procedure</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Non-Exempted (1) 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>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>THROUGHOUT FACILITY X</td>
<td>MASTIC</td>
<td>7,000 SF</td>
<td></td>
<td>X</td>
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</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>Name of Registered Landfill</th>
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<tbody>
<tr>
<td>TWO BROTHERS CONTRACTING</td>
<td>WASTE MANAGEMENT G.R.O.W.S.</td>
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<table>
<thead>
<tr>
<th>City, State</th>
<th>Disposal Date</th>
<th>Date</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
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</table>

Completed by

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>VIVECA RAMOS</td>
<td>SECRETARY</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 8:49 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>6-4-2012</td>
<td>City of Belleville</td>
</tr>
</tbody>
</table>

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

#### Type Notification
- Initial
- Amended
- Amendment #
- Emergency (Including justifications)
- Cancellation

#### City Address
110 S. Illinois Street
Belleville, NJ

#### City, State, Zip Code
Belleville, NJ

#### Name of Contact
Joe

#### FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (9)</th>
<th>House for Demo</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>74 Harrison Street</td>
</tr>
<tr>
<td>City (6)</td>
<td>Belleville</td>
</tr>
<tr>
<td>County (6)</td>
<td>Essex</td>
</tr>
</tbody>
</table>

#### Project Manager for Monitoring Firm
n/a

#### Telephone No.
973-706-7950

#### License No.
01088

#### PLEASE SEE ATTACHED WORK PROCEDURE

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

#### Description of Asbestos-Containing Material (ACM)
- Non thrall systems insulations, surfacing, VAT, or otherwise miscellaneous

#### Abatement Type
- Removal
- Repair
- Encapsulation

#### Name of Registered Waste Hauler
Yannuzzi & Sons Demolition
NJDPS Waste Hauler ID No.
17497

#### Name of Registered Landfill
IESI

#### Disposal Date
TBD

#### City, State
Bethlehem, PA

#### Completed by
Lillie Lazarovich
Title
Secretary

#### Signature
6-2-2012

* 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)

June 5, 2012

Name of Building Owner / Operator (2)

Church of Saint Gregory the Great

Agencies Notified

☐ EPA
☐ DEP
☐ DOL
☐ DOH
☐ DCA

Type Notification

☐ Initial
☐ Amended
☐ Amendment # ______
☐ Cancellation

Street Address

4620 Nottingham Way

City, State & Zip Code

Hamilton Square, NJ 08690

Name of Contact

Tom Raynor

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

St. Gregory School

Type of Facility (4)

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

Square Feet

10,000

# of Floors

2

Bldg. Age

50

Current Use (Prior if being demolished)

School

Name of Monitoring Firm Hired by Building Owner (8)

PARS Environmental Inc.

ASCM No.

Name of Abatement Contractor (9)

Synatech, Inc.

Street Address

500 Horizon Drive, Ste. 540
Robbinsville, NJ 08691

City, State & Zip Code

829 Radio Road
Little Egg Harbor, NJ 08087

Project Manager for Monitoring Firm

Firoz Jan

Telephone Number

215-435-3674

Telephone Number

609-296-6916

License Number

008317

Name of OSHA Monitor

Synatech, Inc.

Scheduled Start Date (10)  Scheduled Completion Date (11)

June 16, 2012       June 16, 2012

Occupancy Status During Abatement (Check only one)

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

Scope of Work (Check all that apply)

☐ ≥10 LF or ≥25 sf
☐ ≥160 sf or ≥260 lf
☐ Renovation
☐ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted(*) and Non-Friable Procedure

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

IN Facility

(13)

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

Yes  No  N/A

Description of Asbestos-Containing Material (ACM)

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

Amount (Specify SF or LF)

Abatement Type

K-C and K-B

Yes  No  N/A

Ebonite Window Silks  36 SF

☐ Removal
☐ Repair
☐ Encapsulation
☐ Endorsement

Name of Registered Waste Hauler

Synatech, Inc.

NJ/DEP Waste Hauler ID No.

27429

Cubic Yards of Waste

.5

Name of Registered Landfill

Grows Landfill

City, State

Morrisville, PA

Little Egg Harbor, NJ 08087

Completed By

Diane Alola

Title

Executive Administrator

Signature

Date

June 5, 2012

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

Date of Notification (1) 06/01/12  Ckt # 2094  $200

<table>
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<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
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<td>Amendment #</td>
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<td>Emergency (including justification)</td>
</tr>
<tr>
<td>DCA</td>
<td>Cancellation</td>
</tr>
</tbody>
</table>

Name of Building Owner/Operator (2) Fairleigh Dickinson University

Address Information

Street Address
1000 River Road

City, State, Zip Code
Teaneck, New Jersey 07666

Name of Contact
Craig Gorszyca

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Fairleigh Dickinson University, Madison Campus, Library

Street Address
285 Madison Avenue

City (5)
Madison, New Jersey 07940

County (6)
Morris

County Code (7) __________

Current Use (Prior if being demolished)
Library

Name of Abatement Contractor (9)
Lilich Corporation

Address Information

Street Address
606 McBride Avenue

City, State, Zip Code
Woodland Park, New Jersey 07424

Name of Monitoring Firm Hired by Building Owner (8)
Environmental Design Inc.

ASCM No.

Name of OSHA Monitor
J&S Environmental Labs, LLC

Telephone No.
973-225-8400

License No.
01104

Project Manager for Monitoring Firm
Torn Pruno

Telephone No.
856-616-9516

Scheduled Completion Date (11)
06/12/12

Start Date (10)
06/11/12

Occupancy Status During Abatement (Check Only One)

Facility Closed/Vacated During Entire Period of Abatement

Abatement Performed Outside of Normal Facility Hours

Other - Describer: 5PM Start

Scope of Work (Check All That Apply)

23 sf or 23 if

>160 sf or 2260 sf

Renovation

Demolition

Full Containment with Negative Pressure

Mini-Enclosure

Gluebag Procedure

Non-Exempted (*) and Non-Friable Procedure

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

In Facility (13)

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED</th>
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</thead>
<tbody>
<tr>
<td>Old Boiler Room X</td>
</tr>
</tbody>
</table>

Duct Insulation piping

Amount (Specify SF or LF) 100 SF

Abatement Type X

Name of Registered Waste Hauler
Lilich Corporation

NJDEP Waste Hauler ID No. 18724

Cubic Yards of Waste
3

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

Disposal Date
06/14/12

City, State
Morrisville, Pennsylvania

Completed by
Tatiana Kalenikova

Title
Vice President

Signature

Date 06/01/12

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