State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:50 and 12:123)

Date of Notification (1)
6/5/14

Name of Building Owner/Operator (2)
Borough of Roselle

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

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

Street Address
210 Chestnut Street
City, State, Zip Code
Roselle, NJ 07023

Name of Contact:
Carl P. O'Brien

Telephone Number

FACILITY INFORMATION

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

Square Feet
4,500

# of Floors
3

Bldg. Age
50+

County Code (7)

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

ASCM No.

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

Street Address
152 Route 206 South
City, State, Zip Code
Hillsborough, NJ 08844

Project Manager for Monitoring Firm

Telephone No.
908-218-0880
License No.
01228

Start Date (10)
6/16/14
Scheduled Completion Date (11)
6/24/14

Name of OSHA Monitor
Yannuzzi Environmental Services, Inc.

Street Address
152 Route 206 South
City, State, Zip Code
Hillsborough, NJ 08844

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

Scope of Work (Check All That Apply)

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

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st &amp; 2nd floor</td>
<td>X</td>
<td>Floor tile w/mastic</td>
<td>540 SF</td>
<td>X</td>
</tr>
<tr>
<td>1st &amp; 2nd floor</td>
<td>X</td>
<td>Linoleum w/mastic</td>
<td>90 SF</td>
<td>X</td>
</tr>
<tr>
<td>1st &amp; 2nd floor</td>
<td>X</td>
<td>Tar paper under floor tile</td>
<td>140 SF</td>
<td>X</td>
</tr>
<tr>
<td>1st floor</td>
<td>X</td>
<td>Mastic associated w/molding</td>
<td>240 LF</td>
<td></td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
Yannuzzi & Sons, Inc.

NJDEP Waste Hauler ID No.
17467

Cubic Yards of Waste
200 cu. yds.

Name of Registered Landfill
Grand Central Sanitary Landfill

City, State
Hillsborough, NJ

Completed by
Anna Bastos
Title
Administrative Assistant
Signature
Anna Bastos
Date
6/5/14

* Do not use this form for asbestos licensure exempted activities.
<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility</th>
<th>Is Location Type 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>1st &amp; 2nd floor</td>
<td>Yes</td>
<td>x</td>
<td>Mastic associated w/floor tile</td>
<td>200 SF</td>
</tr>
<tr>
<td>1st floor</td>
<td>No</td>
<td>x</td>
<td>Linoleum under floor tile</td>
<td>200 SF</td>
</tr>
<tr>
<td>1st floor</td>
<td>No</td>
<td>x</td>
<td>Pressed board &amp; paper backing</td>
<td>200 SF</td>
</tr>
<tr>
<td>Roof</td>
<td>No</td>
<td>x</td>
<td>Residual Roofing Material</td>
<td>220 SF</td>
</tr>
<tr>
<td>1st &amp; 2nd floor</td>
<td>No</td>
<td>x</td>
<td>Plaster walls &amp; ceiling base coat</td>
<td>4,200 SF</td>
</tr>
</tbody>
</table>
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) 06 / 04 / 14
Name of Building Owner/Operator (2)
Cherry Hill Board of Education / Job # 1405-1882-1 Chk. #3592

Agencies Notified
☐ EPA
☐ DOLWD
☐ DHSS
☐ OCA (NJAC 5:23-8)
Type Notification
☐ Initial
☐ Amended
☐ Amendment #______
☐ Emergency (including justification)
☐ Cancellation
Street Address
45 Ranoldo Terrace
City, State, Zip Code
Cherry Hill, NJ 08034
Name of Contact
Tom Carter
Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Clara Barton Elementary School
Street Address
223 Rhode Island Avenue
City (5)
Cherry Hill
County (6)
Camden
County Code (7)(STATE USE ONLY) 00
Current Use (Prior if being demolished) Elementary School
Type of Facility (4)
☐ School (K-12)
☐ Subchapter 8 (Other than K-12)
☐ Other (i.e., private and commercial buildings, homes, etc.)
Square Feet
50,043
# of Floors
1
Bldg. Age
1965

Name of Monitoring Firm Hired by Building Owner (8)
TTI Environmental
ASCM No. 0003
Name of Abatement Contractor (9)
Asbestos and Mold Services, Corp.
Street Address
1253 North Church Street
City, State, Zip Code
Moorestown, NJ 08057
Name of OSHA Monitor
EMSL Analytical, Inc.
Street Address
3859 Sylon Boulevard
City, State, Zip Code
Hainesport, NJ 08036
Name of Project Manager for Monitoring Firm
Jim Guillard
Telephone No.
856-840-8800
Telephone No.
609-702-0400
License No.
00862

Start Date (10) 06 / 23 / 14
Scheduled Completion Date (11) 07 / 03 / 14
Occupancy Status During Abatement (Check only one)
☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-____PM/____PM-____AM
Scope of Work (Check all that apply)
☐ ≥3 sf or ≥3 If
☐ ≥160 sf or ≥260 If
☐ Renovation
☐ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

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

Location
Boiler Room
Boiler Room
Boiler Room

Normal Use Solely by
☐ Yes
☐ No
☐ N/A

Maintenance/Custodial Staff?
(12)

Is Location
☐ Boiler Breech
☐ Pipe Fitting Insulation
☐ Ceiling Plaster

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

Amount (Specify SF or LF)
35 SF
10 sq
800 SF

Abatement Type
☐ Removal
☐ Repair
☐ Encapsulation
☐ Enclosure

Name of Registered Waste Hauler:
Freehold Cartage, Inc.
NJDEP Waste Hauler ID No. 02265
Cubic Yards of Waste
10
Name of Registered Landfill
GROWS Landfill
City, State
Freehold, NJ
Disposal Date
7/3/14
City, State
Morrisville, PA 19067
Completed By (Print or Type)
Kimberly A. Trumbetti
Title Office Coordinator
Signature
Date 6-4-2014

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

Date of Notification (1): June 6, 2014

Name of Building Owner / Operator (2):
VERIZON COMMUNICATIONS

Agencies Notified:

- EPA
- DEP
- DOL
- DOH
- DCA

Type Notification:
- Initial
- Amended
- Emergency
- Cancellation

Name of Facility Where Abatement is Taking Place (3):
LAKEWOOD CENTRAL OFFICE

Street Address:
216 LEXINGTON AVE

City (5):
LAKEWOOD

County (6):
OCEAN

County Code (7):

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

ASCM No.:

Name of Abatement Contractor (9):
BRISTOL ENVIRONMENTAL INC

Street Address:
8435 ENTERPRISE AVE

City, State & Zip Code:
PHILADELPHIA PA 19153

Project Manager for Monitoring Firm:
MARK JENKINS

Telephone Number:
215-365-5810

Scheduled Start Date (10):
6/23/14

Scheduled Completion Date (11):
7/11/14

Occupy Status During Abatement (Check only one):
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Hours - 7am to 3pm
  Describe:
  5:00 PM - 1:30 AM
- Facility Occupied During Abatement

Scope of Work (Check all that apply):
- 3 or 3 sf
- 160 sf or 250 sf

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

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

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

Amount (Specify SF or LF):

Abatement Type:
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glove Bag Procedures
- Non-Exempted and Non-Friable Procedure
- Demolition
- Renovation
- Boiler
- Duct/Valve Insulation
- Non-Exempted and Non-Friable Procedure

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

Basement - Entrance Hatch

Basement Boiler Room

Basement Oil Storage, Diesel Engine, & Boiler Rooms

Basement Diesel Engine Room

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

NJDEP Waste Hauler ID No.:
20990

Cubic Yards of Waste:

Name of Registered Landfill:
MINERVA LANDFILL

City, State:
NEW CASTLE, DE 19720

Disposal Date:
TBD

City, State:
WAYNESBURG, OH 44688

Completed By (Print or Type):
PATRICK T. DeCARO

Title:
Estimator

Signature:
Patrick T. DeCaro

Date:
6/6/14
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)
6 / 6 / 14

Name of Building Owner/Operator (2)
Willingboro Township

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

Street Address
1 Rev. Dr. Martin Luther King Drive
City, State, Zip Code
Willingboro, NJ 08046

Name of Contact
Kerry Ogren
Telephone Number

FACILITY INFORMATION

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

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 (?) (STATE USE ONLY)

Current Use (Prior if being demolished)

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

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

ASCM No.

License No.
215-788-6040
00509

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

Project Manager for Monitoring Firm
Ryan Broadwater
Telephone No.
609-392-4200

Telephone No.

License No.

Name of OSHA Monitor
BRISTOL ENVIRONMENTAL, INC.

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

Start Date (10)
6 / 19 / 14
Scheduled Completion Date (11)
6 / 27 / 14

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

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

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

Location of Asbestos-Containing Material (ACM)

TO BE ABATED
IN Facility

(13)

Is Location Normally Used Solely by Maintenance/Custodial Staff?

(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

Remove
Repair
Encapsulate
Endose

Kitchen, Service Hallway, Restrooms
☐ ☒ ☐ Floor tile and mastic
472 SF
☒ ☐ ☐

Office/Reception area
☐ ☒ ☐ Floor tile and mastic
4500 SF
☒ ☐ ☐

Exterior and Courtyard
☐ ☒ ☐ Door/Window caulking
3100 LF
☒ ☐ ☐

Name of Registered Waste Hauler
SERVICE TRANSPORT GROUP, INC.

NJDEP Waste Hauler ID No.
20990

Cubic Yards of Waste

Name of Registered Landfill
MINERVYA LANDFILL

City, State
NEW CASTLE, DE 19720

Disposal Date

City, State
WAYNESBURG, OH 44688

Completed By (Print or Type)
Brian Scafiro

Title
Estimator

Signature

Date
6/6/14

* 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)

**NON Sub 8**

**Check # 6572**

---

**Date of Notification (1)**: 06/14/2014

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

Rochelle Park Board of Education

**Street Address**

300 Rochelle Avenue

**City, State, Zip Code**

Rochelle Park, NJ 07662

**Name of Contact**

Christina Werner (201) 843-3120 x 113

**Telephone Number**

---

**FACILITY INFORMATION**

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

Midland School #1

**Street Address**

300 Rochelle Avenue

**City (5)**

Rochelle Park, NJ 07662

**County (6)**

Bergen

**County Code (7)**

(State use only)

A10

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

Karl & Associates

**ASCM No.**

---

**Type of Facility (4)**

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

**Square Feet**

---

**# of Floors**

---

**Bldg. Age**

---

**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)**

- [ ] Demolition
- [x] Renovation
- [ ] >3 sf or >3 lf
- [ ] ≥160 sf or ≥260 lf
- [ ] Full Containment w/negative pressure
- [ ] Glovebag procedure
- [ ] Mini-enclosure
- [ ] Non-friable procedure

---

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

**Lower level (rooms 101, 103, 105 & stairwell)**

- [x] wall plaster (4 locations @ 1sf ea.)
  - 4 sf

**Registered Waste Hauler**

B & G Restoration, Inc.

**NJDEP Hauler ID#**

19563

**Cubic Yards of Waste**

½

**Name of Registered Landfill**

Tulloctown Resource & Recovery Center

**City, State**

Lincoln Park, NJ

**Disposal Date**

06/23/2014

**Completed by (Print or Type)**

Gordana Luna

**Title**

Secretary/Treasurer

**Signature**

Gordana Luna

**Date**

06/06/2014
State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1)
06/14/2011

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

Type Notification
☐ Initial  ☑ Amendment  ☐ Cancellation

Name of Building Owner/Operator (2)
Liina Broms

Street Address
12 Cambridge Road

City, State, Zip Code
Glen Ridge, NJ 07024

Name of Contact
Liina Broms

Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
Liina Broms

Street Address
12 Cambridge Road

City (5)
Glen Ridge, NJ 07024

County (6)
Essex

County Code (7)  
(State use only)

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

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

Street Address
105 Ryerson Road

City, State, Zip Code
Lincoln Park, NJ 07035

Telephone Number
973-696-6869

License Number
0378

Name of OSHA Monitor
B & G Restoration, Inc.

Street Address
105 Ryerson Road

City, State, Zip Code
Lincoln Park, NJ 07035

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

Scheduled Start Date (10)
06/17/2014

Scheduled Completion Date (11)
06/19/2014

Scope of Work (check all that apply)
☐ Demolition  ☑ Renovation  ☐ Full Containment w/negative pressure
☒ R & C  ☑ Glovebag procedure  ☐ Non-friable procedure

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Is location normally used solely by maintenance/custodial staff (12)</th>
<th>Description of asbestos-containing material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>basement</td>
<td>☑</td>
<td>X pipe insulation</td>
</tr>
</tbody>
</table>

Amount (Specify SF or LF)

165 ft

Registered Waste Hauler  
B & G Restoration, Inc.

NJDEP Hauler ID#  
19563

Cubic Yards of Waste

2 yards

Name of Registered Landfill
Tullytown Resource & Recovery Center

City, State
Lincoln Park, NJ 07035

Disposal Date
06/18/2014

Date
06/06/2014

Completed by (Print or Type)  
Gordana Luna

Title  
Secretary/Treasurer

Signature

Date
06/06/2014
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) 06 / 06 / 2014

Name of Building Owner/Operator (2) Emergency Care

Agencies Notified
- EPA
- DOLWD
- DOH
- DCA

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

Street Address
440 Hamburg Turnpike

City, State Zip Code
Wayne, NJ

Name of Contact
Robert M. Neider

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Emergency Care

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

Square Feet
65,000

# of Floors
2

Blog Age
250

Current Use (Prior if being demolished)
Nursing home

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

Name of Abatement Contractor (9)
DR Services, LLC

Street Address
28 N Pennell Rd

City, State Zip Code
Media, PA 19063

Start Date (10)
06 / 10 / 14

Scheduled Completion Date (11)
06 / 12 / 14

Project Manager for Monitoring Firm
Eric Houser, Ph.D.

Telephone No.
484-299-1192

License No.
011W

Name of OSHA Monitor
EMSL

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

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

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

Location of Asbestos-Containing Material (ACM)

TO BE ABATED
IN Facility
(13)

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

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

Amount (Specify SF or LF)

Abatement Type
- Removal
- Repair
- Encapsulate
- Enclosure

Name of Registered Waste Hauler
Waste Management

City, State

Disposal Date

Name of Registered Landfill
Grows

City, State

Completed By (Print of Type)
Linda P. Delhaes

Title
Manager

Signature

Date
6 / 16 / 14

ASB-41
JAN 13

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:69 and 12:120)

Date of Notification (1): May 08, 2014

Name of Building Owner/Operator (2): Ortho Diagnostic / Johnson & Johnson

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

Type Notification: Initial

Name of Facility Where Abatement is Taking Place (3): Ortho Diagnostic / Johnson & Johnson

FACILITY INFORMATION

Street Address: 920 / 1001 Route 202, PO Box 300

City, State, Zip Code: Raritan, NJ 08869

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

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

Telephone Number: 201-576-1015

Current Use (Prior if being demolished): Facility

County Code (7): Somerset

Square Feet: 3

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

# of Floors: 3

Street Address: 12 Kilmer Drive

Bldg Age: 

City, State, Zip Code: Hillsborough, NJ 08844-3830

Name of OSHA Monitor: The MACK Group, LLC.

Project Manager for Monitoring Firm: Edward J. Bulava

License No.: 00781

Telephone No.: 908-874-6207

Name of Registered Landfill: BFI Imperial Landfill

Scheduled Completion Date (11): 5/17/15

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

Telephone No.: (973) 759 - 5000

Other - Describe: Abatement Performed Outside of Normal Facility Hours

License No.: 00781

Scope of Work (Check All That Apply): Renovation

Full Containment with Negative Pressure

Demolition

Glovebag Procedure

Non-Exempted (T) and Non-Friable Procedure

Number of Asbestos-Containing Material (ACM) TO BE ABATED: Bld 1003 Mechanical Room

IS LOCATION NORMALLY USED SOLELY BY MAINTENANCE/ CUSTODIAL STAFF?: No

Location: Bld 1003 Mechanical Room

Description of Asbestos-Containing Material (ACM): fittings & asbestos pipe

Amount (Specify SF or LF): 35 lf

Abatement Type: Remove

Location: Bld 1003 1st Fl. Bathroom

Description of Asbestos-Containing Material (ACM): fittings

Amount (Specify SF or LF): 26

Abatement Type: Encapsulate

Location: OCD Tunnel #1

Description of Asbestos-Containing Material (ACM): fittings & asbestos pipe

Amount (Specify SF or LF): 773 lf

Abatement Type: Encapsulate

Name of Registered Waste Hauler: Freehold Cartage

State: NJ

Cubic Yards of Waste: 8.3

Name: 22253

Disposal Date: 5/17/15

City: Freehold, NJ

Name of Registered Landfill: BFI Imperial Landfill

State: PA

Name: 15126

Completed by: Michael Cooper

Title: President

Date: 5/8/14

* Do not use this form for asbestos licensure exempted activities.
STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT
(PURSUANT TO NJAC 8:60-7 AND 12:120-7)
ANNUAL NOTIFICATION

Date of Notification (1)
06 / 06 / 14

Name of Building Owner / Operator (2)
MARS SNACK FOODS

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

Type of Notification
☐ Initial
☐ Amended
☐ Amendment #____
☐ Emergency w/ Justification
☐ Cancellation

Street Address
700 HIGH STREET

City, State, Zip Code
HACKETTSTOWN, NJ 07840

Name of Contact
JON VANDERWAL

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
MARS CHOCOLATE

Street Address
700 HIGH STREET

City (5) County (6) County Code (7)
HACKETTSTOWN WARREN

Square Feet
800.000

# Of Floors
3

Building Age
40+

Current Use (Prior to being demolished)
MANUFACTURING

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

Name of Abatement Contractor (9)
LVI Demolition Services Inc.

Street Address
907 DOOLITTLE DRIVE

City, State, Zip Code
BRIDGEWATER, NJ 08807

Project Mgr. For Monitoring Firm
ERIC HOUSEKNECHT

Telephone Number
908-219-1168

Scheduled Start Date (10)
06 / 18 / 14

Scheduled Completion Date (11)
06 / 23 / 14

Telephone Number
973-772-3560

License Number
00860

Occupancy Status During Abatement (Check Only 1)
☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility
☐ Other - Describe: ___ 7:00AM - 3:30PM

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

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

Abatement Type

Location
TANK FARM
TANK FARM

Is Location
[ ] [ ]

[ ] [ ]

Name of Registered Waste Hauler
NEWARK CARTING

NJ/DEP Waste Hauler ID No.
4599

Cubic Yards of Waste

Name of Registered Landfill
I.E.S.I.

City, State
NEWARK, NJ

Disposal Date

City, State
BETHLEHEM, PA

Completed by (Print or Type)
STEVE STILES

Title
PROJECT MANAGER

Signature
Date
06/06/14
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>6/26/14</td>
<td>151 Partners, LLC</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
<td>Warehouse</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DEP</td>
<td></td>
<td>151 Benigno Blvd.</td>
</tr>
<tr>
<td>DOL</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DOH</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DCA</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>2621 Freddy Lane</td>
<td>Vineland, NJ 08360</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City (5)</th>
<th>County Code (7)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bellmawr</td>
<td>(STATE USE ONLY)</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Environmental Management Inc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ASCM No.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ecoservices, LLC</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>407 W. Lincoln Highway, Suite 500</td>
<td>Exton, PA 19341</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Telephone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>610-277-0405</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Telephone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>484-872-8884</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>01161</td>
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</table>

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

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
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</thead>
<tbody>
<tr>
<td>200 Route 130 North</td>
<td>Cinnaminson, NJ 08077</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
</tr>
</thead>
<tbody>
<tr>
<td>6/23/14</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scheduled Completion Date (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>7/5/14</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check All That Apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>x Renovation</td>
</tr>
<tr>
<td>x Demolition</td>
</tr>
<tr>
<td>x Full Containment with Negative Pressure</td>
</tr>
<tr>
<td>x Mini-Enclosure</td>
</tr>
<tr>
<td>x Glovebag Procedure</td>
</tr>
<tr>
<td>x Non-Exempted (*) and Non-Friable Procedure</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)</th>
<th>Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)</th>
<th>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office space in warehouse</td>
<td>x</td>
<td>floor tile</td>
<td>7000 SF</td>
</tr>
<tr>
<td>Office space in warehouse</td>
<td>x</td>
<td>Mastic</td>
<td>7000 SF</td>
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</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
</tr>
</thead>
<tbody>
<tr>
<td>Waste Management of NJ</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NJ/DEP Waste Hauler ID No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>GROWS Landfill</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cubic Yards of Waste 21</th>
</tr>
</thead>
<tbody>
<tr>
<td>21</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Disposal Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>TBD</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Completed by</th>
</tr>
</thead>
<tbody>
<tr>
<td>Linda DeNenno</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>President</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>6/26/14</td>
</tr>
</tbody>
</table>

* Do not use this form for asbestos licensure exempted activities.
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8.60 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>6/6/14</td>
<td>Stel-Oris LC</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Type Notification</th>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial</td>
<td>600 Kings Highway N</td>
</tr>
</tbody>
</table>

**City, State, Zip Code**  
Cherry Hill, NJ 08034

<table>
<thead>
<tr>
<th>Name of Contact</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colleen Feltyberger</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>CVS Pharmacy</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Square Feet</th>
<th># of Floors</th>
<th>Bldg. Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>75,000</td>
<td>1</td>
<td>50+</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City (5)</th>
<th>County Code (7) (STATE USE ONLY)</th>
<th>Current Use (Prior if being demolished)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cherry Hill</td>
<td></td>
<td>Retail</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>RT Environmental</td>
<td></td>
<td>ecoservices, LLC</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>510 Heron Road</td>
<td>856-467-2276</td>
<td>01161</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
<th>Name of OSHA Monitor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tony Alessandrini</td>
<td>484-872-8884</td>
<td>EMSL</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>6/21/14</td>
<td>7/31/14</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check Only One)</th>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
<td>407 W. Lincoln Highway, Suite 500</td>
</tr>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours</td>
<td>Exton, PA 19341</td>
</tr>
<tr>
<td>Other – Describe:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check All That Apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] ≥ 3 sf or ≥ 3 ft</td>
</tr>
<tr>
<td>[ ] ≥ 150 sf or ≥ 260 sf</td>
</tr>
<tr>
<td>[ ] Full Containment with Negative Pressure</td>
</tr>
<tr>
<td>[ ] Mini-Enclosure</td>
</tr>
<tr>
<td>[ ] Glovebag Procedure</td>
</tr>
<tr>
<td>[ ] Non-Exempted (*) and Non-Friable Procedure</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stock Room</td>
<td>225 sf</td>
<td>X</td>
</tr>
<tr>
<td>Mens Room</td>
<td>96 sf</td>
<td>X</td>
</tr>
<tr>
<td>Womans Room</td>
<td>120 sf</td>
<td>X</td>
</tr>
<tr>
<td>Hallway</td>
<td>106 sf</td>
<td>X</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler ecoServices, LLC</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>NJDEP Waste Hauler ID No.</td>
<td>6 cy</td>
<td>GROWS Landfill</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Disposal Date</th>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>TBD</td>
<td>Morrisville, PA</td>
</tr>
</tbody>
</table>

**Completed by**  
Jack Bally  
Title: Sr. Project Manager  
Signature: [Signature]

<table>
<thead>
<tr>
<th>ASB-41 (R-06-08)</th>
</tr>
</thead>
<tbody>
<tr>
<td>* Do not use this form for asbestos licensure exempted activities.</td>
</tr>
</tbody>
</table>

Date: 6/6/14
<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility</th>
<th>Is Location Normally Used Solely by Maintenance/ Custodial Staff</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coat Closet / Vestibule</td>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Floor tile and mastic</td>
<td>136 sf</td>
<td>X</td>
</tr>
</tbody>
</table>
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:50 and 12:120)

Date of Notification (1)  
June 06, 2014

Name of Building Owner/Operator (2) 
Ortho Diagnostic / Johnson & Johnson

Agencies Notified  

<table>
<thead>
<tr>
<th>Agency</th>
<th>Type Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
</tr>
<tr>
<td>DEP</td>
<td>Amended</td>
</tr>
<tr>
<td>DOL</td>
<td>Amendment #1</td>
</tr>
<tr>
<td>DOH</td>
<td>Emergency (including justification)</td>
</tr>
<tr>
<td>DCA</td>
<td>Cancellation</td>
</tr>
</tbody>
</table>

Street Address  
920 / 1001 Route 202, PO Box 300

City, State, Zip Code  
Raritan, NJ 08869

Name of Contact  

Project Manager

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) 
Ortho Diagnostic / Johnson & Johnson

Street Address  
920 / 1001 Route 202

City (5)  
Raritan, NJ

County (6)  
Somerset

County Code (7)  
(STATE USE ONLY)

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

Street Address  
12 Kilmer Drive

City, State, Zip Code  
Hillsborough, NJ 08844-3830

Project Manager for Monitoring Firm  
Edward J. Bulava

Telephone No.  
908-874-6207

Start Date (10)  
5/17/14

Completion Date (11)  
5/17/15

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

Other - Describe:  

Scope of Work (Check All That Apply)  
≥3 sf or ≥3 if

≥160 sf or ≥260 if

Renovation Demolition

Scope of Work (Check All That Apply)  

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Amount (Specify SF or LF)</th>
<th>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bld 1003 Mechanical Room</td>
<td></td>
<td></td>
<td>fittings &amp; asbestos pipe</td>
<td>35 if</td>
</tr>
<tr>
<td>Bld 1003 1st Fl. Bathroom</td>
<td></td>
<td></td>
<td>fittings</td>
<td>26</td>
</tr>
<tr>
<td>OCD Tunnel #1</td>
<td></td>
<td></td>
<td>fittings &amp; asbestos pipe</td>
<td>773 if</td>
</tr>
<tr>
<td>OCD Basement A Building</td>
<td></td>
<td></td>
<td>asbestos pipe</td>
<td>200 if</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler  
Freehold Cartage

City, State  
Freehold, NJ

Waste Hauler ID No.  
22253

Cubic Yards of Waste  
10.3

Name of Registered Landfill  
BFI Imperial Landfill

City, State  
Imperial, PA 15126

Disposal Date  
5/17/15

Signature  
Michael Cooper

Title  
President

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