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

Date of Notification (1) 6/5/2015

Name of Building Owner/Operator (2) Paterson County Buildings & Grounds

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

Street Address
317 Pennsylvania Avenue
City, State, Zip Code
Paterson, NJ 07503

Name of Contact
Mr. Jack Nigro

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Passaic County Courthouse

City (5)
Paterson, NJ 07503

Square Feet
25000

County Code (7) (STATE USE ONLY)

County (6)


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

Name of Monitoring Firm Hired by Building Owner (8)
Langan Engineering & Env. Services

ASCM No.
00099

Name of Abatement Contractor (9)
DIA General Construction, Inc.

Street Address
619, River Drive Center, 4th Floor

City, State, Zip Code
Elmwood Park, NJ 07407

Telephone No.
201-398-4544

Telephone No.
973-389-0089

Number of Floors
4

Name of OSHA Monitor
DIA General Construction, Inc.

Street Address
1360 Clifton Avenue, PMB

City, State, Zip Code
Clifton, NJ 07012

Inspection No.
0393

Scope of Work (Check All That Apply)

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

□ 2000 sq ft or less
☐ 1600 sq ft or less
☐ 4200 sq ft or less
☐ Renovation
☐ Demolition

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

Location Normally Used Solely by Maintenance/Custodial Staff? (12)
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 (Special SF or L)
Pipe/Elbow Insulation 2 L
Pipe/Elbow Insulation 7 L

Abatement Type
☐ Removal
☐ Encapsulate
☐ Repair
☐ Enclosure

Name of Registered Waste Hauler
Minerva Landfill

NJDEP Waste Hauler ID No.
20990

Cubic Yards of Waste
3

Completed by
Krutarth Jagad

Title
Project Manager

Signature

Disposal Date
02/12/2015

City, State
Waynesburg, PA

Date Completed

ASB-41 (R-06-08)

* Do not use this form for asbestos ensure exempted activities.
## State of NJ
### Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12:120-7)

**B & G proj. #:** 2015-104

### Date of Notification (1)
- 06/11/2015

### Name of Building Owner/Operator (2)
- Mary Anthes

### Street Address
- 2 Oak Lane

### City, State, Zip Code
- Cranford, NJ 07016

### Name of Contact
- Mary Anthes

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

### Type Notification
- **X** Initial
- **X** Amendment
- **X** Cancellation

### Name of facility where abatement is taking place (3)
- Mary Anthes

### Street Address
- 2 Oak Lane

### City (5)
- Cranford, NJ

### County Code (7) (State use only)
- Bergen

### Name of Monitoring Firm Hired by Bldg. Owner (8)
- n/a

### ASCM No.
- n/a

### Type of Facility (4)
- School (K - 12) (check one only)
- **X** Chapter 8 (Other than K-12)
- **X** Other (Private/Commercial
- **X** Bidg/Homes, etc.

### Square Feet
- n/a

### Current Use
- Residential

### Prior if being demolished
- 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
- 00378

### Name of OSHA Monitor
- B & G Restoration, Inc.

### Street Address
- 105 Ryerson Road

### City, State, Zip Code
- Lincoln Park, NJ 07035

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

### Phone Number
- n/a

### Scheduled Start Date (10)
- 06/18/2015

### Sched. Completion Date (11)
- 06/19/2015

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

### Scope of Work (check all that apply)
- **X** Renovation

### Location 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>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>boiler room</td>
<td></td>
<td></td>
<td><strong>X</strong></td>
</tr>
<tr>
<td>hallway</td>
<td><strong>X</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>work room</td>
<td></td>
<td></td>
<td><strong>X</strong></td>
</tr>
<tr>
<td>main room</td>
<td></td>
<td></td>
<td><strong>X</strong></td>
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</table>

### Description of asbestos-containing material (ACM) (12)

<table>
<thead>
<tr>
<th>Description of asbestos-containing material (ACM)</th>
<th>Amou\n(Spec LF)</th>
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</thead>
<tbody>
<tr>
<td>pipe insulation</td>
<td>24 if</td>
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<tr>
<td>pipe insulation</td>
<td>21 if</td>
</tr>
<tr>
<td>pipe insulation</td>
<td>18 if</td>
</tr>
<tr>
<td>pipe insulation</td>
<td>20 if</td>
</tr>
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</table>

### Registered Waste Hauler
- B & G Restoration, Inc.

### NJDEP Hauler ID# (16)
- 19563

### Cubic Yards of Waste
- 2

### Name of Registered Landfill
- Tullytown Resource

### Recovery Center
- n/a

### City, State
- Lincoln Park, NJ

### Disposal Date
- 06/19/2015

### City, State
- Tullytown, PA

### Completed by (Print or Type)
- Gordana Luna

### Title
- Secretary/Treasurer

### Signature
- Gordana Luna

**Date**
- 06/08/2015
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>6/5/15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner / Operator (2)</td>
<td>Haddon Twp School District</td>
</tr>
<tr>
<td>Address</td>
<td></td>
</tr>
<tr>
<td>Street Address</td>
<td>500 Rhoads Ave</td>
</tr>
<tr>
<td>City, State &amp; Zip Code</td>
<td>Westmont, NJ 08108</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>C/O Robert D'Inan</td>
</tr>
<tr>
<td>Telephone Number</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>FACILITY INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
</tr>
<tr>
<td>Street Address</td>
</tr>
<tr>
<td>City (5)</td>
</tr>
<tr>
<td>County (6)</td>
</tr>
<tr>
<td>County Code (7)</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
</tr>
<tr>
<td>Telephone Number</td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
</tr>
<tr>
<td>Street Address</td>
</tr>
<tr>
<td>City, State &amp; Zip Code</td>
</tr>
<tr>
<td>Name of OSHA Monitor</td>
</tr>
<tr>
<td>Telephone Number</td>
</tr>
<tr>
<td>License Number</td>
</tr>
<tr>
<td>Occupancy Status During Abatement (Check only one)</td>
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<tr>
<td>☑ Abatement Performed Outside of Normal Hours – 7am to 3pm</td>
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<tr>
<td>Describe:</td>
</tr>
<tr>
<td>☐ Facility Closed/Vacated During Entire Period of Abatement</td>
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<tr>
<td>☐ Facility Occupied During Abatement</td>
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<tr>
<td>Scope of Work (Check all that apply)</td>
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<tr>
<td>☑ ≥3 sf or ≥3 lf</td>
</tr>
<tr>
<td>☑ ≥160 sf ≥250 lf</td>
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<tr>
<td>☑ Renovation</td>
</tr>
<tr>
<td>☑ Demolition</td>
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<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)</td>
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<tr>
<td>Yes</td>
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<tr>
<td>Exterior Doorways</td>
</tr>
<tr>
<td>Door Caulk</td>
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<tr>
<td>Full Containment with Negative Pressure</td>
</tr>
<tr>
<td>☐ Mini-Enclosure</td>
</tr>
<tr>
<td>☐ Glove Bag Procedures</td>
</tr>
<tr>
<td>☐ Non-Extruded and Non-Friable Procedure</td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)</td>
</tr>
<tr>
<td>Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)</td>
</tr>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)</td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
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<tr>
<td>Abatement Type</td>
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<tr>
<td>Endorse</td>
</tr>
<tr>
<td>Removal</td>
</tr>
<tr>
<td>Repair</td>
</tr>
<tr>
<td>Encapsulation</td>
</tr>
<tr>
<td>Date</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler | NJDEP Waste Hauler ID No. 20990 |
| Cubic Yards of Waste | 1 Cu Yd |
| Name of Registered Landfill | Minerva Landfill |
| City, State | Waynesburg, OH |
| Completed By (Print or Type) | Gino Pizzigoni |
| Title | Project Manager |
| Signature | Gino Pizzigoni |
| Date | 6/5/15 |

GI 15068
State of New Jersey
NOTIFICATION OF ABESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1) 6/8/15

Name of Building Owner / Operator (2) North Caldwell BOE

Agencies Notified

☑ EPA  ☑ Initial
☐ DEP  ☐ Amended
☐ DOL  ☐ Emergency
☐ DOH  ☐ Cancellation
☐ DCA

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

Street Address
132 Gould Avenue

City (5) North Caldwell
County (6) Essex
County Code (7)

Name of Monitoring Firm Hired by Building Owner (8)

Environmental Connection

ASCM No.

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

Square Feet 70,000
# of Floors 1
Bldg. Age 50+

Name of Abatement Contractor (9)
Bristol Environmental, Inc.

Street Address
1123 Beaver Street
City, State & Zip Code
Bristol, PA 19007
License Number 06-309

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 ≥260 if
☐ Renovation
☐ Demolition
☐ Full Container 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)

Art Room
Art Storage Room
Art Storage Room

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)
Non Friable Glue Dots
Glue Dots
Ceiling Tiles

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

Abatement Type
Removal ☐ Repair ☐ Encapsulation ☑ Endcource ☐

Name of Registered Waste Hauler
Service Transport Inc.

Cubic Yards of Waste 3 Cu yd

Name of Registered Landfill
Minerva Landfill

City, State
Waynesburg, OH

Completed By (Print or Type)
Gino Pizzigoni
Title Project Manager

Signature

Date 6/8/15

GI 15129
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>08/05/15</th>
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<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>TRENTO HOUSING AUTHORITY</td>
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<tr>
<td>Agencies Notified</td>
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<tr>
<td>EPA</td>
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<tr>
<td>DEP</td>
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<tr>
<td>DOL</td>
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<tr>
<td>DOH</td>
<td></td>
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<tr>
<td>DCA</td>
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<td>Type Notification</td>
<td>Initial</td>
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<tr>
<td>Street Address</td>
<td>875 NEW WILLOW ST.</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>TRENTON, NJ. 08638</td>
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<tr>
<td>Name of Contact</td>
<td>HERB BROWN</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
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<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td>LOUIS JOSEPHSON APARTMENTS</td>
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<tr>
<td>Street Address</td>
<td>3 MILLION ST. UNIT 2&amp;3</td>
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<td>City (5)</td>
<td>TRENTON</td>
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<tr>
<td>County (6)</td>
<td>MERCER</td>
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<td>County Code (7)</td>
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<tr>
<td>Type of Facility (4)</td>
<td></td>
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<tr>
<td>School (K-12)</td>
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<tr>
<td>Subchapter 8 (Other Commercial K-12)</td>
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<tr>
<td>Other (i.e., private &amp; public, commercial buildings, homes, etc.)</td>
<td></td>
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<tr>
<td>Square Feet</td>
<td>1000</td>
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<tr>
<td># of Floors</td>
<td>1</td>
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<tr>
<td>Bldg. Age</td>
<td>50+</td>
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<tr>
<td>Current Use (Prior if being demolished)</td>
<td>RESIDENTIAL</td>
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<td>Name of Monitoring Firm HIred by Building Owner (8)</td>
<td>ASCM No.</td>
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<tr>
<td>Street Address</td>
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<tr>
<td>City, State, Zip Code</td>
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<tr>
<td>Project Manager for Monitoring Firm</td>
<td></td>
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<tr>
<td>Telephone No.</td>
<td></td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>06/18/15</td>
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<tr>
<td>Scheduled Completion Date (11)</td>
<td>07/19/15</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>
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<tr>
<td>Scope of Work (Check All That Apply)</td>
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<tr>
<td>203 sf or 23 if</td>
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<tr>
<td>2160 sf or 2260 if</td>
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<tr>
<td>Renovation</td>
<td></td>
</tr>
<tr>
<td>Demolition</td>
<td></td>
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<tr>
<td>Full Container I with Negative Pressure</td>
<td></td>
</tr>
<tr>
<td>Mini-Enclosure</td>
<td></td>
</tr>
<tr>
<td>Glovebag Procedure</td>
<td></td>
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<tr>
<td>Non-Exempted (*) and Non-Frangible Procedure</td>
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<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED</td>
<td></td>
</tr>
<tr>
<td>in Facility (13)</td>
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<tr>
<td>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</td>
<td>Yes</td>
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<td>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td>VAT</td>
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<td>Amount (Specify SF or LF)</td>
<td>627SF</td>
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<td>Name of Registered Waste Hauler</td>
<td>ATLANTIC CARTING</td>
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<tr>
<td>NJDEP Waste Hauler ID No</td>
<td>2B085</td>
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<tr>
<td>Cubic Yards of Waste</td>
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<tr>
<td>Name of Registered Landfill</td>
<td>G &amp; R LANDFILL</td>
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<tr>
<td>City, State</td>
<td>WAYNE, NJ</td>
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<td>Disposal Date</td>
<td>TBD</td>
</tr>
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<td>City, State</td>
<td>TOWN, PA</td>
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<tr>
<td>Completed by</td>
<td>GORAN IGGEN</td>
</tr>
<tr>
<td>Title</td>
<td>SECRETARY</td>
</tr>
<tr>
<td>Signature</td>
<td></td>
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<td>Date</td>
<td>08/05/15</td>
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</table>
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:80 and 12:120)

Date of Notification (1)
6/5/2015

Name of Building Owner/Operator (2)
One Exchange JC Urban Renewal LLC

Street Address
11410 Common Oaks Drive

City, State, Zip Code
Raleigh, NC 27614

Name of Contact
Tom Bauer

FACILITY INFORMATION

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

Street Address
1 Exchange Place

City (6)
Jersey City, NJ

County (6)
Hudson

County Code (7)
(STATE USE ONLY)

Square Feet
126,000

# of Floors
10

Current Use (Prior to Being Abandoned)
Commercial/Residential

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

License No.
330

Type of Abatement Contractor (9)
Inciusia Contracting, Inc.

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

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

ASCM No.

Street Address
P.O. Box 1224

City, State, Zip Code
Union, NJ 07083

Union, NJ 07083

Telephone No. (973) 494-3762

Telephone No. (973) 450-9500

Holden

Project Manager for Monitoring Firm
Rick Eustaquio

Name of OSHA Monitor
Inciusia Contracting, Inc.

Start Date (10)
ASAP 6/6/2015

Scheduled Completion Date (11)
6/7/2015

Abatement Type
Removal

Endoscopy

Endoscopy

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)
[ ] REDEMPTION (DEMO)
[ ] FULL CONTAINMENT WITH NEGATIVE PRESSURE MINI-ENCLOSURE
[ ] GLOVEBAG PROCEDURE
[ ] NON-EXEMPTED (I) AND NON-FLAMEABLE PROCEDURE

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

Yes No N/A

1st Floor Wall

Pipe Insulation

X

15 F x

2nd Floor Wall

Pipe Insulation

X

15 F x

3rd Floor Wall

Pipe Insulation

X

15 F x

4th Floor Wall

Pipe Insulation

X

15 F x

Cubic Yards of Waste

Name of Registered Waste Hauler
Atlantic Carting

Disposal Date
06/06/2015

City, State
Bethlehem, PA

Completed by
Milena Zoric
Title
Executive Director

Signature

Date
06/05/2015

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

**Date of Notice:** 5/28/15  
**Type of Notification:** Emergency Notification  
**Name of Building Owner / Operator:** Freeport McMoRan Inc.  
**Street Address:** 48-94 Bayway Avenue  
**City, State & Zip Code:** Elizabeth, NJ 07202  
**Name of Contact:** Byron Light  
**TelephoneNumber:**

#### FACILITY INFORMATION

**Name of Facility Where Abatement is Taking Place:** Warehouse  
**Address:** 48-94 Bayway Avenue  
**City:** Elizabeth  
**County:** Union  
**County Code:**

<table>
<thead>
<tr>
<th>Environmental Tactics, Inc</th>
<th>ASCM No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Global Abatement Services, LLC</td>
<td></td>
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</table>

**Street Address:** 64 Broad Street  
**City, State & Zip Code:** Matawan, NJ 07747  
**Project Manager:** Tom Geiger  
**Telephone Number:** 732-290-2217

**Scheduled Start Date:** 5/29/15  
**Occupancy Status During Abatement:** Facility Closed/Vacated  
**Describe:** Area isolated During Abatement

<table>
<thead>
<tr>
<th>Scope of Work</th>
<th>Demolition</th>
<th>X Renovation</th>
<th>Large Project</th>
<th>X Quantity is ≥ 3 SF or ≥ 3 LF ACM</th>
<th>Quantity is ≥ 160 SF or ≥ 260 LF ACM</th>
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</thead>
</table>

**Location of Asbestos-Containing Material (ACM) TO BE ABATED:**  
**Location:** Normalized Used Solely by Maintenance or Custodial Staff?  
**Is Location Normally Used Solely by Maintenance or Custodial Staff?** (12)  
**Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous):**  
**Amount:** (Specify Square Feet or Linear Feet)  
**Abatement Type:** (Specify: Removal, Repair, Encapsulation or Enclosure)

<table>
<thead>
<tr>
<th>Ware Haus Window</th>
<th>N/A</th>
<th>Glazing/Caulking</th>
<th>25 SF</th>
<th>Removal</th>
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</thead>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>Freehold Cartage</th>
<th>NJDEP Waste Hauler ID #</th>
<th>18693</th>
<th>Cu. Yds. of Waste</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State</td>
<td>Freehold, NJ</td>
<td>Disposal Date</td>
<td>5/29/15</td>
<td>Name of Registered Landfill</td>
<td>GROVES</td>
</tr>
<tr>
<td>Completed By</td>
<td>(Print or Type)</td>
<td>Title</td>
<td>Project Manager</td>
<td>Signature</td>
<td>Dominick Tringali</td>
</tr>
</tbody>
</table>

**ASB-41 JUN 95 G4667**
### NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

<table>
<thead>
<tr>
<th>Date of Notice</th>
<th>6/2/15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner / Operator</td>
<td>Schlumberger Technologies, Inc.</td>
</tr>
<tr>
<td>Street Address</td>
<td>20 Wallace Road</td>
</tr>
<tr>
<td>City, State &amp; Zip Code</td>
<td>Princeton Junction, NJ 08550</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Christopher Blade</td>
</tr>
</tbody>
</table>

#### FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place</th>
<th>Schlumberger Technologies</th>
</tr>
</thead>
<tbody>
<tr>
<td>City</td>
<td>Princeton Junction</td>
</tr>
<tr>
<td>County</td>
<td>Mercer</td>
</tr>
<tr>
<td>County Code</td>
<td>07747</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>Tom Gelger</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>732-290-2217</td>
</tr>
<tr>
<td>Scheduled Start Date</td>
<td>6/3/15</td>
</tr>
<tr>
<td>Scheduled Completion Date</td>
<td>6/4/15</td>
</tr>
<tr>
<td>Occupancy Status During Abatement</td>
<td>Area Isolated During Abatement</td>
</tr>
<tr>
<td>Scope of Work</td>
<td>Renovation</td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM)</td>
<td>TO BE ABATED in Facility</td>
</tr>
<tr>
<td>Description of Asbestos-Containing Material (ACM)</td>
<td>(i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)</td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material</td>
<td>Normally Used by Maintenance or Custodial Staff</td>
</tr>
<tr>
<td>Amount</td>
<td>10 SF</td>
</tr>
<tr>
<td>Abatement Type</td>
<td>Removal</td>
</tr>
</tbody>
</table>

| Name of Registered Waste Hauler | Freehold Cartage |
| Cu. Yds. of Waste | 2 |
| City, State | Freehold, NJ |
| Completed By | Dominick Tringali |
| Signature | Dominick Tringali |
| Date | 6/2/15 |

ASB-41 JUN 95 G4667
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 6/8/15

Agency(ies) Notified
K EPA
K DEP
K DOL
K DOH
K DCA

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

Name of Building Owner/Operator (2) West Deptford Board Of Education

Street Address 675 Grove Road Suite 804

City, State, Zip Code West Deptford NJ 08066

Name of Contact Myron Hall

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Red Bank Elm School

Street Address 192 Philadelphia Av.

City (5) Thorofare NJ 08086

County (6) Gloucester

Current Use (Prior if being demolished) 1000+ 2

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

Square Feet

Number of Floors 1000+

Number of Stories 2

Bldg. Age 35+

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

Name of Abatement Contractor (9) Pernaco Inc.

Street Address PO Box 329

City, State, Zip Code West Berlin NJ 08091

License No. 506-755-9800

Occupancy Status During Abatement (Check Only One)
K Facility Closed/Vacated During Entire Period of Abatement
K Abatement Performed Outside of Normal Facility Hours
K Other – Describe: After 3:30 p.m. Night Shift

Start Date (10) 6/23/15

Scheduled Completion Date (11) 7/2/15

Scope of Work (Check All That Apply)
K ≥23 sf or ≥250 sf
K ≥160 sf or ≥500 sf
K Renovation
K Demolition
K Full Container(s) with Negative Pressure
K Mini-Enclosure
K Glovebag Procedure
K Non-Exempted (*) and Non-Friable Procedure

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

Yes No N/A

In Facility

Room 4
Room 5
Room 8

Floor Tile & Mastic
Floor Tile & Mastic

Cubic Yards of Waste

Name of Registered Waste Hauler
United Containers

NJDEP Waste Hauler ID No. 22459

Cubic Yards of Waste

Disposal Date

7/2/15

City, State

Elm NJ

City, State, Zip Code

Morrisville PA 1067

Completed by Anthony T Perna

Title President

Signature Date 6/8/15

* Do not use this form for asbestos censure exempted activities.
<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>6/8/15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agencies Notified</td>
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</tr>
<tr>
<td>EPA</td>
<td>✓</td>
</tr>
<tr>
<td>DEP</td>
<td></td>
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<tr>
<td>DOL</td>
<td></td>
</tr>
<tr>
<td>DOH</td>
<td></td>
</tr>
<tr>
<td>DCA</td>
<td></td>
</tr>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>West Deptford Board Of Education</td>
</tr>
<tr>
<td>Street Address</td>
<td>675 Grove Road Suite 804</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>West Deptford NJ 08066</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Myron Hall</td>
</tr>
<tr>
<td>FACILITY INFORMATION</td>
<td></td>
</tr>
<tr>
<td>Name of Facility Where Abatement Is Taking Place (3)</td>
<td>Oakview Elm School</td>
</tr>
<tr>
<td>Street Address</td>
<td>350 Dubois Ave.</td>
</tr>
<tr>
<td>City (5)</td>
<td>Woodbury NJ 08096</td>
</tr>
<tr>
<td>County (6)</td>
<td>Gloucester</td>
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<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>N/A</td>
</tr>
<tr>
<td>ASCM No.</td>
<td></td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>Pernaco Inc.</td>
</tr>
<tr>
<td>Street Address</td>
<td>PO Box 329</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>West Berlin NJ 04091</td>
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<tr>
<td>Project Manager for Monitoring Firm</td>
<td></td>
</tr>
<tr>
<td>Telephone No.</td>
<td>856-753-9800</td>
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<td>Start Date (10)</td>
<td>6/23/15</td>
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<tr>
<td>Scheduled Completion Date (11)</td>
<td>7/2/15</td>
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<tr>
<td>Occupancy Status During Abatement (Check Only One)</td>
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</tr>
<tr>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
<td></td>
</tr>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours</td>
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<tr>
<td>Other – Describe: After 3:30 night shift</td>
<td></td>
</tr>
<tr>
<td>Scope of Work (Check All That Apply)</td>
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</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>Renewal or Demolition</td>
<td></td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)</td>
<td></td>
</tr>
<tr>
<td>Room 12</td>
<td></td>
</tr>
<tr>
<td>Room 2</td>
<td></td>
</tr>
<tr>
<td>Location Normal Used Solely by Maintenance Custodial Staff? (12)</td>
<td></td>
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<tr>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Floor Tile &amp; Mastic</td>
<td></td>
</tr>
<tr>
<td>Floor Tile &amp; Mastic</td>
<td></td>
</tr>
<tr>
<td>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
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<tr>
<td>Abatement Type</td>
<td></td>
</tr>
<tr>
<td>Amount Specified (SF or LF)</td>
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</tr>
<tr>
<td>Removal</td>
<td></td>
</tr>
<tr>
<td>Repair</td>
<td></td>
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<tr>
<td>Encapsulate</td>
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</tr>
<tr>
<td>Endorse</td>
<td></td>
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<tr>
<td>Name of Registered Waste Hauler (14)</td>
<td>United Containers</td>
</tr>
<tr>
<td>NJDEP Waste Hauler ID No.</td>
<td>22459</td>
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<tr>
<td>Cubic Yards of Waste</td>
<td>3</td>
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<tr>
<td>Name of Registered Landfill</td>
<td></td>
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<tr>
<td>City, State</td>
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</tr>
<tr>
<td>Elm NJ</td>
<td></td>
</tr>
<tr>
<td>Completed by</td>
<td></td>
</tr>
<tr>
<td>Anthony T Perna</td>
<td></td>
</tr>
<tr>
<td>Title</td>
<td></td>
</tr>
<tr>
<td>Signature</td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td>6/8/15</td>
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</tbody>
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* 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>Agencies Notified</th>
<th>Type Notification</th>
<th>Name of Building Owner/Operator</th>
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<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
<td>West Deptford Board Of Education</td>
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<td>DEP</td>
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<td>DOL</td>
<td>Amended</td>
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<tr>
<td>DOH</td>
<td>Amendment #1</td>
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<tr>
<td>DCA</td>
<td>Cancellation</td>
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</tbody>
</table>

| Street Address    | 675 Grove Road Suite 804 |
| City, State, Zip Code | West Deptford NJ 08066 |
| Name of Contact   | Myron Hall |
| Tel. No.           | 123-456-7890 |

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place</th>
<th>Type of Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>West Deptford High School</td>
<td>School (K-12)</td>
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<td>Subchapter 8 (Other K-12)</td>
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<td>Other (i.e. private &amp; commercial buildings, homes, etc.)</td>
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<table>
<thead>
<tr>
<th>Square Feet</th>
<th># of Floors</th>
<th>Bldg. Age</th>
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<tbody>
<tr>
<td>1000+</td>
<td>2</td>
<td>35+</td>
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<thead>
<tr>
<th>County Code (7)</th>
<th>Current Use (Prior to being demolished)</th>
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<tbody>
<tr>
<td>(STATE USE ONLY)</td>
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<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner</th>
<th>ASCM No.</th>
<th>Name of Abatement Contractor</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td></td>
<td>Pernaco Inc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>PO Box 329</td>
<td>856-753-9000</td>
<td>727</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Start Date</th>
<th>Scheduled Completion Date</th>
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<tbody>
<tr>
<td>6/3/15</td>
<td>7/21/15</td>
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</table>

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement</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>
<tr>
<td>Other — Describe: After 3:30 night shift</td>
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</table>

<table>
<thead>
<tr>
<th>Scope of Work</th>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Is Location Normally Used Solely by Maintenance/Custodial Staff?</td>
</tr>
<tr>
<td></td>
<td>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
</tr>
<tr>
<td></td>
<td>Amount (Specify SF)</td>
</tr>
<tr>
<td></td>
<td>Abatement Type</td>
</tr>
<tr>
<td></td>
<td>Removal</td>
</tr>
<tr>
<td></td>
<td>Repair</td>
</tr>
<tr>
<td></td>
<td>Encapsulation</td>
</tr>
<tr>
<td></td>
<td>Endorsement</td>
</tr>
</tbody>
</table>

| Room 211 | Floor Tile & Mastic | 750 SF | x |
| Room 210 | Floor Tile & Mastic | 750 SF | x |

Name of Registered Waste Hauler:
United Containers
NJDEP Waste Hauler ID No. 22459
Disposal Date: 7/2/15
Name of Registered Contractor:
G.R.O.W.S.
Landfill
City, State: Morrisville, PA 1067
Completed by: Anthony T Perna
Title: President
Signature: [Signature]
Date: 6/8/15

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

Date of Notification (1)  
6/8/15

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

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

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

Street Address  
25 North Broad Street

City, State, Zip Code  
Woodbury NJ 08096

Name of Contact  
Chuck Alter

Name of Facility Where Abatement is Taking Place (3)  
Evergreen Avenue Elm School

Street Address  
160 North Evergreen Ave.

City (5)  
Woodbury NJ 08096

County (6)  
Gloucester

County Code (7)  
[State Use Only]

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

ASCM No.  

Name of Abatement Contractor  
Pernaco Inc.

Street Address  
PO Box 329

City, State, Zip Code  
West Berlin NJ 08091

Project Manager for Monitoring Firm

Telephone No.  
856-753-9800

License No.  
00727

Start Date (10)  
6/23/15

Scheduled Completion Date (11)  
6/30/15

Name of OSHA Monitor  
Same

Occupy Status During Abatement (Check Only One)  

- Facility Closed/Vacated During Entire Period of Abatement

- Abatement Performed Outside of Normal Facility Hours

Other – Describe:

Scope of Work (Check All That Apply)  

- Renovation
- Demolition

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

Room C

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)  

Floor tile mastic

Chalkboard Glue dots

Door Caulk

Name of Registered Waste hauler  
United Containers

NJDEP Waste Hauler ID No.  
22459

Cubic Yards of Waste  
3

Name of Registered Container  
G.R O.W.

End of Project  

- 300 SF
- 240 SF
- 1 Doors

End of Project Type  

- Landfill

Name of Registered Waste Disposal Site  
PA 19067

End of Project  

End of Project Date  
6/30/15

End of Project City  
City of Morristown

End of Project State  
New Jersey

Signature  
Anthony T Perna

Title  
President

* 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) 06 / 08 / 15

Name of Building Owner/Operator (2) Turon Whitfield

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

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

FACILITY INFORMATION

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

Street Address
28 Telford Street

City (5)
East Orange, NJ 07018

County (5)
 Essex

County Code (7) (STATE USE ONLY)

Type of Facility (4)
☐ School (K-12)
☒ Subchapter 6 (Other i.e., private and commercial buildings, homes, etc.)
☐ Other (i.e., private and commercial buildings, homes, etc.)

Square Feet # of Doors Bldg. Age

Current Use (Prior if demolished)

Name of Abatement Contractor (9)
Gr. Tech LLC

Name of OSHA Monitor
Envirovision Consultants, Inc

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

Street Address
376 Valley Rd #283

City, State, Zip Code
Wayne, NJ 07470

Telephone No.
973-638-1777

License No.
0112

Start Date (10)
06 / 17 / 15

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

Endovision Consultants

Scheduled Completion Date (11)
06 / 18 / 15

Scope of Work (Check all that apply)
☐ Renovation
☒ Demolition

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 (SFL or LF)

Yes No N/A

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

Pipe insulation 7 LF

Name of Registered Waste Hauler
Gr. Tech LLC

Cubic Yards of Waste
TBD

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

Disposal Date
TBD

Completed By (Print or Type)

Title
Owner

N.Jevtic

Signature

Date
06/08/2015

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

Date of Notification (1)
6/6/15

Name of Building Owner/Operator (2)
Pingry School

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

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

Street Address
131 Martinsville Road

City, State, Zip Code
Basking Ridge, NJ 07920

Name of Contact
Mike Virzi

Telephone Number

FACILITY INFORMATION

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

Street Address
131 Martinsville Road

City (5)
Basking Ridge

County (6)
Somerset

County Code (7)

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

Square Feet
5000

Current Use (Prior to being demolished)

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.

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

Street Address
PO Box 483, 4 E Gate Drive

City, State, Zip Code
Glenwood, NJ 07418

Project Manager for Monitoring Firm

Telephone No.
973-784-2276

License No.
70

Start Date (10)
6/17/15

Scheduled Completion Date (11)
7/17/15

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

Scope of Work (Check All That Apply)
☐ 23 sf or 23 if
☐ 2100 sf or 2250 sf
☒ 2250 sf or 2280 sf

☐ Renovation of Demolition

☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and No Fiable 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)

Amount (Specified in SF or #)

Abatement Type
☐ Removal
☐ Repair
☐ Encapsulation
☒ Enclosure

Name of Registered Waste Hauler
Freehold Cartage

NJDEP Waste Hauler ID No.
15939

Cubic Yards of Waste
TBD

Name of Registered Waste Disposal Site
Western Banks Landfill

City, State
Freehold, NJ

Disposal Date
TBD

City, State
Birdsboro, PA

Completed by
A. Scott Higgins

Title
President

Signature

Date
6/6/15

* Do not use this form for asbestos lien insurance exempted activities.
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:80 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>5/8/15</th>
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<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Pingry School</td>
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### FACILITY INFORMATION

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<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Pingry School</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>50 Country Day Drive</td>
</tr>
<tr>
<td>City (4)</td>
<td>Short Hills</td>
</tr>
<tr>
<td>County Code (7)</td>
<td>Essex</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>ASCM No.</td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>ABS Environmental Services, LLC</td>
</tr>
<tr>
<td>Telephone No.</td>
<td></td>
</tr>
<tr>
<td>Street Address</td>
<td>PO Box 483, 4 E Ga e Drive</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Glenwood, NJ 07413</td>
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</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>6/17/15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>7/17/15</td>
</tr>
</tbody>
</table>

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

- [x] 200 sf or less
- [ ] 100 sf or more

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

- exterior: transept soffit 32 ft

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

- In Facility (13)

### Abatement Type

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

### Name of Registered Waste Hauler:

- Freehold Cartage
- NJDEP Waste Hauler ID No. 15939
- Cubic Yards of Waste: TBD
- Name of Registered Hauler: Western Berks
- Landfill: Birdsburk, PA

### Completed by:

- A. Scott Higgins
- Title: President

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

Date of Notification (1) 6/5/15

Agencies Notified Type Notification
☑ EPA □ Initial
☑ DEP □ Amended
☑ DOL □ Emergency (including justification)
☑ DOH □ Cancellation

Name of Building Owner/Operator (2)
ROMAN CATHOLIC Diocese of AUGUSTA

Street Address 2 EAST SPRINGTOWN ROAD

City, State, Zip Code L�E VALLEY, NJ 07853

Name of Contact MIKE C.

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
OUR LADY OF THE MOUNTAIN CHURCH

Street Address 2 EAST SPRINGTOWN ROAD

City (5) L�E VALLEY

County (6) MORRIS

County Code (7) STATE USE ONLY

Square Feet 800

# of Floors 1

Bldg. Age 60

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.

Name of Abatement Contractor (9)
A. MAC Contracting Inc

Street Address 185 Vreeland Ave.

City, State, Zip Code Midland Park, NJ 07432

Project Manager for Monitoring Firm

Telephone No. 201-252-5841

License No. 00156

Start Date (10) 6/6/15

Scheduled Completion Date (11) 6/9/15

Name of OSHA Monitor Omega Environmental Services Inc.

Occupancy Status During Abatement (Check Only One)
☐ No OSHA Monitor
☐ 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 Containerization with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (5) 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

VAT

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

Amount (Specify SF or LF):

Abatement Type

Calcrete

End Result

Removal

Paint

Encapsulation

Bedlinear

Name of Registered Waste Hauler

Newark Carting, Inc

NJDEP Waste Hauler ID No. 04509

Cubic Yards of Waste 1

Name of Registered Landfill

IESI F A Bethlehem Landfill Corp.

Disposal Date 6/6/15

City, State, Zip Code Bethlehem, PA 18015

Completed by

R. McDonald

Title President

Signature

Date 6/5/15

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

(Pursuant to NJAC 8:68 and 12:122)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
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<tbody>
<tr>
<td>6/5/15</td>
<td>AMIT SITAH</td>
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<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Street Address</th>
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<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
<td>45 MULKEY AVE</td>
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<table>
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<td>07020</td>
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<table>
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<tr>
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<tr>
<td>Edgewater</td>
<td>BERGEN</td>
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<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (5)</th>
<th>ACM No.</th>
<th>Name of Abatement Contractor (9)</th>
</tr>
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<tbody>
<tr>
<td>A. MAC Contracting Inc</td>
<td></td>
<td>A. MAC Contracting Inc</td>
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<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
<th>Telephone No.</th>
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<tr>
<td></td>
<td>201-232-6541</td>
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<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
<th>Name of OSHA Monitor</th>
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<table>
<thead>
<tr>
<th>Tenon (12)</th>
<th>Location of Asbestos-Containing Material (ACM) (13)</th>
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<tbody>
<tr>
<td>0:00:00</td>
<td>Outside</td>
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<table>
<thead>
<tr>
<th>Description of Asbestos-Containing Material (ACM) (14)</th>
<th>Ammt (15)</th>
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<tbody>
<tr>
<td>(i.e., thermal insulation, surfacing, VAT, or other miscellaneous)</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Abatement Type</th>
</tr>
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<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Newark Carting, Inc</td>
<td>04559</td>
<td>3</td>
<td>IESI PA &amp; Ethlete</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>Disposal State</th>
<th>Name of Registered Landfill</th>
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<tbody>
<tr>
<td>Newark, NJ 07105</td>
<td>6/5/15</td>
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<thead>
<tr>
<th>Completed by</th>
<th>Title</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>R. McDonald</td>
<td>President</td>
<td></td>
<td>6/5/15</td>
</tr>
</tbody>
</table>

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

**Date of Notification (1)**  
6/8/15

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

**Street Address**  
25 North Broad Street

**Name of Contact**  
Chuck Alter

**City, State, Zip Code**  
Woodbury NJ 08096

**Type Notification**  
X Initial

**Agency Notified**  
X EPA

**Facility Information**

- **Name of Facility Where Abatement is Taking Place (3)**  
Evergreen Avenue Elm School

- **Street Address**  
160 North Evergreen Av.

- **City**  
Woodbury NJ 08096

- **County**  
Gloucester

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

- **Square Feet**  
1000+

- **# of Floors**  
1

- **Bldg. Age**  
35+

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

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

**ASCN No.**  
00073

**Name of Abatement Contractor (9)**  
Pernaco Inc.

**Street Address**  
PO Box 329

**City, State, Zip Code**  
West Berlin NJ 08091

**Project Manager for Monitoring Firm**  
Steve Flanagan

**Telephone No.**  
856-753-9800

**License No.**  
227

**Night and Day Work**

**Facility Closed/Vacated During Entire Period of Abatement**

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

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

- X Renovation
- X Demolition
- X Full Containment with Negative Pressure
- X Mini-Enclosure
- X Glovebag Procedure

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

<table>
<thead>
<tr>
<th>Room</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>ACM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No N/A</td>
<td>Pipe Insulation</td>
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</tbody>
</table>

**Cubic Yards of Waste**

- 3

**Name of Registered Waste Hauler**  
United Containers

**Waste Hauler ID No.**  
22459

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

**City, State, Elm NJ**

**Disposal Date**  
6/30/15

**City, State, Morrisville PA 19067**

**Completed by**  
Anthony T Perna  
President  
Signature

**Date**  
6/8/15

---

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

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

**Date of Notification (1)** 06/05/15

**Name of Building Owner/Operator (2)** TRENTON HOUSING AUTHORITY

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

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

**Street Address** 875 NEW WILLOW STREET, UNIT 213

**City, State, Zip Code** TRENTON, NJ. 08638

**Name of Contact** HERB BROWN

**FACILITY INFORMATION**

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

**Street Address** 237 OAKLAND ST.

**City** TRENTON

**County** MERCER

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

**Square Feet** 1000

**Floors** 10

**Bldg. Age** 60

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

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

**Name of Abatement Contractor (9)** INDIAN ARROW INDUSTRIES CORP.

**Street Address** 144 MILL ST.

**City, State, Zip Code** PATerson, NJ. 07501

**Telephone No.** 973-533-9801

**License No.** 1257

**Project Manager for Monitoring Firm**

**Start Date (10)** 06/19/15

**Scheduled Completion Date (11)** 07/19/15

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

**Scope of Work (Check All That Apply)**
- [ ] ±3 sf or ±3 if
- [x] ±160 sf or ±260 if
- [x] Renovation
- [ ] Demolition
- [ ] Full Containment
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (N.E.)
- [ ] Non-Friable Procedure

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

**Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)**
- [x] Yes
- [ ] No
- [N/A]

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

**Amount (Specify Size or LF)** 10

**Abatement Type**
- [ ] Removal
- [ ] Repair
- [ ] Encapsulation
- [ ] Enclosure

**Name of Registered Waste Hauler** ATLANTIC CARTING

**NJDEP Waste Hauler ID No.** TBD

**Cubic Yards of Waste** TBD

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

**City, State** WAYNE, NJ

**Disposal Date** TBD

**Completed by** GORAN IGEV

**Title** SECRETARY

**Signature**

**Date**
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>June 8, 2015</th>
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<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>DnA Demolition</td>
</tr>
<tr>
<td>Street Address</td>
<td>2156 Camplain Road</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Hillsborough, NJ 08844</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Antonio Dimuzio</td>
</tr>
</tbody>
</table>

FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Residence</th>
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<tbody>
<tr>
<td>Street Address</td>
<td>275 North Wyoming Avenue</td>
</tr>
<tr>
<td>City</td>
<td>South Orange</td>
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<tr>
<td>County</td>
<td>Essex</td>
</tr>
<tr>
<td>County Code (7) (STATE USE ONLY)</td>
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<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>Guardian Contracting, Inc.</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>732-349-9932</td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>Guardian Contracting, Inc.</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>732-349-9932</td>
</tr>
<tr>
<td>Name of OSHA Monitor</td>
<td>E.M.S L. Antyctal</td>
</tr>
<tr>
<td>Street Address</td>
<td>1889 Route 9, Unit 61</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Toms River, New Jersey 08755-1271</td>
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<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Nicholas Fernicola</th>
</tr>
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<tbody>
<tr>
<td>Scheduled Start Date (10)</td>
<td>6/8/15</td>
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<tr>
<td>Scheduled Completion Date (11)</td>
<td>6/9/15</td>
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<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check only one)</th>
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<tbody>
<tr>
<td>Facility Closed/Vacated During Entire Period of Abatement (X)</td>
</tr>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours</td>
</tr>
<tr>
<td>Other – Describe</td>
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</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☒ Full Containment with Negative Pressure</td>
</tr>
<tr>
<td>☒ Mini-Enclosure</td>
</tr>
<tr>
<td>☒ Glovebag Procedure (X)</td>
</tr>
<tr>
<td>☒ Non-Exempted (°) and Non-Priable Procedure</td>
</tr>
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</table>

Location of Asbestos-Containing Material (ACM)

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)</th>
<th>Basement</th>
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<tbody>
<tr>
<td>Is Location Normally used Solely by Maintenance/Custodial Staff (12)</td>
<td>X</td>
</tr>
<tr>
<td>Description of Asbestos-Containing Material (ACM)</td>
<td>Asbestos pipe insulation 30</td>
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Name of Registered Waste Hauler
Guardian Contracting, Inc. |

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>Guardian Contracting, Inc.</th>
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</thead>
<tbody>
<tr>
<td>NJDEP Waste Hauler ID No.</td>
<td>20223</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td>3</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>T.R.R.F.</td>
</tr>
<tr>
<td>City, State</td>
<td>Toms River, New Jersey</td>
</tr>
<tr>
<td>Disposal Date</td>
<td>6/10/15</td>
</tr>
<tr>
<td>Completed by (Print or Type)</td>
<td>Nicholas Fernicola</td>
</tr>
<tr>
<td>Title</td>
<td>Project Manager</td>
</tr>
<tr>
<td>Signature</td>
<td>[Signature]</td>
</tr>
<tr>
<td>Date</td>
<td>6/8/2015</td>
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*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>6/4/15</th>
<th>Name of Building Owner/Operator (2)</th>
<th>2015-06-01 AM 7:41</th>
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- **Agencies Notified**
  - EPA
  - DEP
  - DOL
  - DOH
  - DCA
- **Type Notification**
  - Initial
  - Amended
  - Amendment #
  - Emergency (including justification)
  - Cancellation

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<tr>
<th>Street Address</th>
<th>321 West Farms Rd</th>
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<td>City, State, Zip Code</td>
<td>Farmingdale, New Jersey</td>
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<table>
<thead>
<tr>
<th>Name of Contact</th>
<th>Frank</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
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</table>

**FACILITY INFORMATION**

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

- **Street Address**
  - 215 Broad Street

- **City (5) Easttown**

- **County (6) Monmouth**

- **Square Feet**
  - 10000

- **# of Floors**
  - 2

- **Bldg. Age**
  - 75+

- **Current Use (Prior if being demolished)**
  - Former school

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>ASCM No.</th>
<th>Name of Abatement Contractor (9)</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td>Ace Insulation Co., Inc.</td>
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<table>
<thead>
<tr>
<th>Street Address</th>
<th>95 Montrose Road</th>
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<tbody>
<tr>
<td>City, State, Zip Code</td>
<td>Colts Neck, N.J. 07722</td>
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<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
<th>Telephone No.</th>
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<tr>
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<td>732-294-1757</td>
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<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check Only One)</th>
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<tbody>
<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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<td>Other - Describe</td>
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<tr>
<th>Scope of Work (Check All That Apply)</th>
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<tr>
<td>≥3 sf or ≥3 if</td>
</tr>
<tr>
<td>≥160 sf or ≥200 if</td>
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<tr>
<td>Renovation</td>
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<tr>
<td>Demolition</td>
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<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)</th>
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<tbody>
<tr>
<td>pipe insulation</td>
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<tr>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
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<tbody>
<tr>
<td>Yes</td>
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<tr>
<th>Name of Registered Waste Hauler</th>
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</thead>
<tbody>
<tr>
<td>Ace Insulation Co., Inc.</td>
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<table>
<thead>
<tr>
<th>NJDEP Waste Hauler ID No.</th>
<th>12088</th>
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| Cubic Yards of Waste | 1 |

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

<table>
<thead>
<tr>
<th>Disposal Date</th>
<th>6/8/15</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State</td>
<td>Easton, PA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed by</th>
<th>Bree McGuire</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
<td>Secretary Treasurer</td>
</tr>
<tr>
<td>Signature</td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td>6/4/15</td>
</tr>
</tbody>
</table>

**NOTICE:**

- 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)**
6/8/2015

**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**
CHRISTINE M. WERNER

**FACILITY INFORMATION**

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

**Street Address**
300 ROCHELLE AVENUE

**City (6)**
ROCHELLE PARK, NJ 07662

**County (8)**
BERGEN

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

**Current Use (Provide if being demolished)**
SCHOOL

**Type of Facility (Check Only One)**
- [x] School (K-12)
- [ ] Subchapter 3 (Other than K-12)
- [ ] Other (i.e., private & commercial buildings, homes, etc.)

**Square Feet**

**# of floors**

**Bldg. Age**

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

**ASCM No.**
117

**Name of Abatement Contractor (9)**
TWO BROTHERS CONTRACT ACTING, INC.

**Street Address**
11 VREELAND AVENUE

**City, State, Zip Code**
TOTOWA, NJ 07512

**License No.**
10494

**Project Manager for Monitoring Firm**
JIM PROCTOR

**Telephone No.**
856-452-1311

**Start Date (10)**
6/19/2015

**Scheduled Completion Date (11)**
6/29/2015

**Telephone No.**
973-956-8700

**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] ≥ 3 ft or ≥ 3 ft if
- [ ] ≥ 190 ft or ≥ 260 ft if
- [x] 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**

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>BOILER</td>
<td>BOILER ROPE</td>
<td>20 SF</td>
</tr>
</tbody>
</table>

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

**NUDEP Waste Hauler ID No.**
18743

**Cubic Yards of Waste**
2

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

**City, State**
TOTOWA, NJ

**Disposal Date**
6/29/2015

**City, State**
MORRISVILLE, PA

**Completed by**
VIVECA RAMOS

**Title**
PROJECT COORDINATOR

**Signature**

**Date**
6/8/2015

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