State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:1200)

Date of Notification (1)  June 18, 2015  
April-17, 2016  

Name of Building Owner / Operator (2)  Frank Sarno

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

Type Notification  
- Initial  
- Amended  
- Amendment # 3  
- Cancellation

Street Address  
305 North Cambridge Avenue

City, State & Zip Code  
Ventnor, NJ  08406

Name of Contact  

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  
Residence  
Street Address  
305 North Cambridge Avenue

City (5)  
Ventnor

County (6)  
Atlantic

County Code (7)  USE ONLY

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

ASCM No.  
Name of Abatement Contractor (9)  
Synatech, Inc.

Street Address  
829 Radio Road

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

Project Manager for Monitoring Firm  

Telephone Number  
609-296-6916

License Number  
00817

Scheduled Start Date (10)  
June 25, 2015

Scheduled Completion Date (11)  
July 15, 2015

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

Scope of Work (Check all that apply)  
- ≥3 sf or ≥ 50 lf
- ≥160 sf or ≥260 lf
- Renovation
- Demolition

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

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

Yes  No  N/A

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 SF or LF)  

Abatement Type

Second Floor  
X  
Drywall  
1,500 SF  X

Name of Registered Waste Hauler  
Synatech, Inc.

Cubic Yards of Waste  
20

Name of Registered Landfill  
Grows Landfill

City, State  
Little Egg Harbor, NJ

Disposal Date  
July 16, 2015

City, State  
Morrisville, PA

Completed By  
Diane Aloia  
Executive Administrator

Signature  
June 18, 2015

Date  
April-17, 2016

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

**Date of Notification (1)** May 15, 2015  
**Name of Building Owner / Operator (2)** Frank Sarno  
**Agencies Notified**  
- □ EPA  
- □ DEP  
- □ DOL  
- ☒ DOH  
- □ DCA  
**Type Notification**  
- □ Initial  
- □ Amended  
- □ Amendment # 2  
- □ Cancellation  
**Street Address** 305 North Cambridge Avenue  
**City, State & Zip Code** Ventnor, NJ 08406  
**Name of Contact**  
**Telephone Number**

### FACILITY INFORMATION

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

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

- Square Feet: 1,500  
- # of Floors: 2  
- Bldg. Age: 58 years  
**Current Use (Prior if being demolished)**

**Residence**

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

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

**IN Facility**

- □ Yes  
- □ No  
- □ N/A

**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, VAV or other miscellaneous)

**Amount (Specify SF or LF)**

- □ SF  
- □ LF

- □ 1,500 SF  
- □ 1,500 LF

**Abatement Type**

- □ Removal  
- □ Repair  
- □ Encapsulate  

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

**IN Facility**

**Completed By**

- Diane Aiola  
- Title: Executive Administrator  
- Signature: [Signature]

**Date** May 15, 2015  
**DisposalDate** June 19, 2015  
**City, State** Ventnor, NJ 08406  
**Name of Registered Waste Hauler**

- Synatech, Inc.  
- Hauler ID No.: 27429

**Name of Registered Landfill**

- Grows Landfill  
- City, State: Morrilton, AR

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

**Date of Notification (1)** May 7, 2015
**Name of Building Owner / Operator (2)** Frank Sarno

**Agencies Notified**
- [ ] EPA
- [ ] DEDP
- [x] DOH
- [ ] DCA

**Type Notification**
- [ ] Initial
- [x] Amended
- [ ] Amendment # 2
- [ ] Cancellation

**Street Address**
305 North Cambridge Avenue
**City, State & Zip Code**
Ventnor, NJ 08406

**Name of Contact**
[ ] Telephone Number

**FACILITY INFORMATION**

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

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

**Square Feet**
1,900
**# of Floors**
2
**Bldg. Age**
50 years

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

**Scheduled Start Date (10)** May 16, 2015
**Scheduled Completion Date (11)** June 18, 2015

**Occupy Status During Abatement**
- [x] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Hours
- [ ] Other - Describe:
- [ ] Facility Occupied During Abatement

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

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM)</th>
<th>Is Location Normally Used Solely by Maintenance or 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>Second Floor</td>
<td>X</td>
<td>Drywall</td>
<td>1,500 SF</td>
<td>X</td>
</tr>
</tbody>
</table>

**Name of Registered Waste hauler**
NJDSP Waste Hauler ID No. 27429
Synatech, Inc.

**Disposal Date**
June 19, 2015
**City, State**
Morrisville, PA

**Completed By**
Diane Abola
**Title**
Executive Administrator
**Signature**
[Signature]
**Date**
May 18, 2015
April 17, 2015

---

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

State of New Jersey

Date of Notification (1) April 27, 2015

Name of Building Owner / Operator (2)
Frank Sarno

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

Type Notification
[ ] Initial
[ ] Amended
[ ] Amendment # 1
[ ] Cancellation

Street Address
305 North Cambridge Avenue

City, State & Zip Code
Ventnor, NJ 08406

Name of Contact

Telephone Number

FACILITY INFORMATION

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

Street Address
305 North Cambridge Avenue

City (5)
Ventnor

Square Feet
1,900

# of Floors
2

Bldg. Age
58 years

County (6)
Atlantic

County Code (7)
USE ONLY

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

ASCM No.
Name of Abatement Contractor (9)
Synatech, Inc.

Street Address
829 Radio Road

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

Project Manager for Monitoring Firm

Telephone Number
609-296-6916

License Number
00817

Name of OSHA Monitor
Synatech, Inc.

Scheduled Start Date (10)
May 12, 2015

Scheduled Completion Date (11)
June 11, 2015

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

[ ] Facility Occupied During Abatement

Scope of Work (Check all that apply)

[ ] >3 sf or >50 sf
[ ] >150 sf or >250 sf

[ ] Renovation
[ ] Demolition

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

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

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

Second Floor

X

Drywall

1,500 SF

X

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

Amount (Specify SF or LF)

Abatement Type

Name of Registered Waste Hauler
Synatech, Inc.

Cubic Yards of Waste
20

Name of Registered Landfill
Grows Landfill

City, State

Disposal Date
June 12, 2015

Little Egg Harbor, NJ

Morrisville, PA

Completed By
Diane Alola

Title
Executive Administrator

Signature

Date
April 27, 2016

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

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

**Check # 9726**

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>April 17, 2015</th>
<th>Name of Building Owner / Operator (2)</th>
<th>Frank Sarno</th>
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<tbody>
<tr>
<td>Agencies Notified</td>
<td></td>
<td>Street Address</td>
<td>305 North Cambridge Avenue</td>
</tr>
<tr>
<td>□ EPA</td>
<td></td>
<td>City, State &amp; Zip Code</td>
<td>Ventnor, NJ 08406</td>
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<tr>
<td>□ DEP</td>
<td></td>
<td></td>
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<tr>
<td>□ DOL</td>
<td>□ Initial</td>
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<td>□ DOH</td>
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<td></td>
</tr>
<tr>
<td>□ Amendment #</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name of Contact</td>
<td></td>
<td>Telephone Number</td>
<td></td>
</tr>
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</table>

### FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Residence</th>
</tr>
</thead>
<tbody>
<tr>
<td>305 North Cambridge Avenue</td>
<td></td>
</tr>
<tr>
<td>City (5)</td>
<td></td>
</tr>
<tr>
<td>Ventnor</td>
<td></td>
</tr>
<tr>
<td>County (6)</td>
<td></td>
</tr>
<tr>
<td>Atlantis USE ONLY</td>
<td></td>
</tr>
<tr>
<td>County Code (7)</td>
<td></td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>ASCM No.</td>
</tr>
<tr>
<td>NIA</td>
<td>Synatech Inc.</td>
</tr>
<tr>
<td>Street Address</td>
<td></td>
</tr>
<tr>
<td>City, State &amp; Zip Code</td>
<td></td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td></td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
<tr>
<td>Name of OSHA Monitor</td>
<td></td>
</tr>
<tr>
<td>Synatech Inc.</td>
<td></td>
</tr>
<tr>
<td>Scheduled Start Date (10)</td>
<td>Scheduled Completion Date (11)</td>
</tr>
<tr>
<td>May 5, 2015</td>
<td>June 4, 2015</td>
</tr>
<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 Hours</td>
<td></td>
</tr>
<tr>
<td>□ Other – Describe</td>
<td></td>
</tr>
<tr>
<td>□ Facility Occupied During Abatement</td>
<td></td>
</tr>
</tbody>
</table>

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

| □ 3sf or ≥ 50 if                                      |           |
| □ ≥160sf or ≥260 if                                   |           |

<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 or 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>Second Floor</td>
<td>X</td>
<td>Drywall</td>
<td>1,500 SF</td>
<td>X</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler (14)</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Synatech, Inc.</td>
<td>20</td>
<td>Grows Landfill</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>Disposal Date</th>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Little Egg Harbor, NJ</td>
<td>June 5, 2015</td>
<td>Morrisville, PA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed By</th>
<th>Title</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diane Aloia</td>
<td>Executive Administrator</td>
<td></td>
<td>April 17, 2015</td>
</tr>
</tbody>
</table>

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

Date of Notification (1)  June 18, 2015  JUNE 10, 2015

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

Agencies Notified  Type Notification
☐ EPA  ☐ Initial
☐ DEP  ☐ Amended
☐ DOL  Amendment # 1
☐ DOH  ☐ Cancellation
☐ DCA

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

Street Address
4005 Highway 9 North @ Aldrich Road

City, State & Zip Code
Howell, NJ 07731

Name of Contact
Jim Kalafsky

Telephone Number

FACILITY INFORMATION

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

Street Address
4005 Highway 9 North @ Aldrich Road

City (5)
Howell

County (6)
Monmouth

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

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

Square Feet
1,500

Bidg. Age
60

Current Use (Prior if being demolished)
Bank

County Code (7)
USE ONLY

License Number
00817

ASCN No.

Name of Abatement Contractor (9)
Synatech, Inc.

Street Address
828 Radio Road

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

Project Manager for Monitoring Firm
Howard Zanobi

Telephone Number
856-462-1311

Name of OSHA Monitor
Synatech, Inc.

Telefon Number
609-286-6916

Name of Registered Waste Hauler
Synatech, Inc.

Cubic Yards of Waste
10

Name of Registered Landfill
Grow’s Landfill

City, State
Little Egg Harbor, NJ 08087

Disposal Date
August 3, 2015

Morrisville, PA

Completed By
Diane Aloia

Title
Executive Administrator

Signature

Date
June 18, 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) June 10, 2016

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

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

Street Address
4005 Highway 9 North @ Aldrich Road

City, State & Zip Code
Howell, NJ 07731

Name of Contact
Jim Kailafsky

Telephone Number

FACILITY INFORMATION

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

Street Address
4005 Highway 9 North @ Aldrich Road

City (5)
Howell

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

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

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

Square Feet
1,500

# of Floors
1

Bldg. Age
60

Current Use (Prior to being demolished)
Bank

Name of Abatement Contractor (9)
Synatech, Inc.

Street Address
829 Radio Road

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

Project Manager for Monitoring Firm
Howard Zenobi

Telephone Number
856-821-2311

License Number
00817

Scheduled Completion Date (11)
July 31, 2016

Name of OSHA Monitor
Synatech, Inc.

Occupancy Status During Abatement (Check only one)
☒ Abatement Performed Outside of Normal Hours
☐ Other – Describe:
☐ Facility Occupied During Abatement

Scope of Work (Check all that apply)
☒ >3 sf or ≥ 50 if
☐ >150 sf or ≥250 if

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

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

Extirior Window Assemblies
☒ ACM Caulk

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

Cubic Yards of Waste
10

Name of Registered Landfill
Grows Landfill

City, State
Little Egg Harbor, NJ 08087

Disposal Date
August 3, 2015

Completed By
Diane Aloia

Signature

Title
Executive Administrator

Date
June 10, 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)
06-15-15

Name of Building Owner/Operator (2)
Ashland School

Agencies Notified
Type Notification
☑ EPA
☑ DEP
☑ DOL
☑ DOH
☑ DCA
☐ Initial
☑ Amended
☐ Amendment # 1
☐ Emergency (including justification)
☐ Cancellation

Street Address
60 Park Place

City, State, Zip Code
Newark, NJ 07102

Name of Contact
Amy Blake

Telephone Number

FACILITY INFORMATION

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

Street Address
418-422 South Orange Avenue

City (5)
Newark

County (6)
Essex

County Code (7)

Name of Monitoring Firm Hired by Building Owner (8)
WCD Group LLC

ASCM No.

Name of Abatement Contractor (9)
Pinnacle Environmental Corp.

Street Address
200 Broad Street

City, State, Zip Code
Carisbad, NJ 07072

Project Manager for Monitoring Firm
Mike Garambone

Telephone No.
(212) 631-8065

Telephone No.
201-939-6565

License No.
00765

Name of OSHA Monitor
Even-Air Inc.

Street Address
10-59 Jackson Avenue

City, State, Zip Code
Long Island City, NY 11101

Start Date (10)
06-15-15

Scheduled Completion Date (11)
07-15-15

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

Scope of Work (Check All That Apply)
☒ ≥200 sf or ≥200 sf
☒ Renovation Demolition
☒ Controlled Demolition
☐ Full Containment with Negative Pressure
☐ Non-Exempted (*) and Non-Friable Procedure

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

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

Location
Yes No N/A
Roof
x
Membrane
4,500SF
Demolition x
Roof
x
Flashing
600SF
Repair x
Throughout Hallways
x
Flooring
1,200SF
x
Basement
x
Flue Packing
25SF
x

Name of Registered Waste Hauler
Freehold Cartage

NJDEP Waste Hauler ID No.
18893

Cubic Yards of Waste
100

Name of Registered Landfill
TRRF

City, State
Freehold, NJ

Disposal Date
TBD

City, State
Tullytown, PA

Completed by
Niamh Fleming

Title
Office Manager

Signature

Date
06-15-15

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

State of New Jersey

(Pursuant to NJAC 8:50 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>6/16/15</td>
<td>Mrs. Lamphier</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
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<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
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<tr>
<td>DEP</td>
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<td>DOL</td>
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<td>DOH</td>
<td>Emergency (including justification)</td>
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<tr>
<td>DCA</td>
<td>Cancellation</td>
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<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
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<tbody>
<tr>
<td>5 Goodwin Terrace</td>
<td>Westwood, NJ</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Name of Contact</th>
<th>Telephone Number</th>
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<tbody>
<tr>
<td>Mrs. Lamphier</td>
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**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>House</td>
<td>9. School (K-12)</td>
</tr>
<tr>
<td></td>
<td>10. Subchapter 8 (Other than K-12)</td>
</tr>
<tr>
<td></td>
<td>11. Other (i.e. private &amp; commercial buildings, homes, etc.)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Square Feet</th>
<th># of Floors</th>
<th>Bldg. Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000</td>
<td>2</td>
<td>56</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name of Abatement Contractor (9)</th>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABS Environmental Services, LLC</td>
<td>PO Box 483, 4 E Gate Drive</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Glenwood, NJ 07418</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>6/23/15</td>
<td>7/23/15</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Scope of Work (Check All That Apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>23 sf or &gt;23 ft</td>
</tr>
<tr>
<td>160 sf or &gt;280 ft</td>
</tr>
<tr>
<td>Demolition</td>
</tr>
<tr>
<td>Renovation</td>
</tr>
<tr>
<td>Full Containment with Negative Pressure</td>
</tr>
<tr>
<td>Mini-Enclosure</td>
</tr>
<tr>
<td>Glovebag Procedure</td>
</tr>
<tr>
<td>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>
</tr>
</thead>
<tbody>
<tr>
<td>basement</td>
<td>Yes</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>
</tr>
</thead>
<tbody>
<tr>
<td>pipe insulation</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>100 LF</td>
<td>x</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
</tr>
</thead>
<tbody>
<tr>
<td>Freehold Cartage</td>
</tr>
<tr>
<td>N/J DEP Waste Hauler ID No. 15959</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cubic Yards of Waste</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>Completed by</th>
<th>Title</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Scott Higgins</td>
<td>President</td>
<td></td>
<td>6/16/15</td>
</tr>
</tbody>
</table>

*Do not use this form for asbestos license 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>06-16-15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Township of Livingston</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Joseph Graco</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>732-746-2551</td>
</tr>
</tbody>
</table>

FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>81 Naylor Avenue</th>
</tr>
</thead>
<tbody>
<tr>
<td>City (5)</td>
<td>Livingston</td>
</tr>
<tr>
<td>County (6)</td>
<td>Essex</td>
</tr>
<tr>
<td>County Code (7)</td>
<td></td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>H2M Associates</td>
</tr>
<tr>
<td>ASCM No.</td>
<td></td>
</tr>
</tbody>
</table>
| Name of Abatement Contractor (9) | Pinnacle Environmental Corp.
| Street Address | 200 Broad Street |
| City, State, Zip Code | Carlsbad, NJ 07072 |
| Project Manager for Monitoring Firm | Steven Hearn |
| Telephone No. | (973) 963-3650 |
| Start Date (10) | 06-29-15 |
| Scheduled Completion Date (11) | 12-31-15 |
| Occupancy Status During Abatement (Check Only One) | Facility Closed/Vacated During Entire Period of Abatement |
| Scope of Work (Check All That Apply) | | |
| ≥3 sf or ≥3 ft | Renovation |
| ≥160 sf or ≥260 ft | Demolition |
| Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | |
| Amount (Specify SF or LF) | 2LF |
| Name of Registered Waste Hauler | ATC, Inc. / JBT (50071) |
| NJDEP Waste Hauler ID No. | 24310 |
| Cubic Yards of Waste | TBD |
| Name of Registered Landfill | Minerva Enterprises |
| City, State | Waynesburg, OH 44868 |
| Completed by | Joseph Patrick |
| Title | Project Manager |
| Signature | [Signature] |
| Date | 06-16-15 |

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

**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 8:60 and 12:130)

**Date of Notification (1)**
6/14/15

**Name of Building Owner/Operator (2)**
ARD Hamilton LLC

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

**Type Notification**
- [ ] Initial
- [ ] Amended
- [ ] Amendment 1
- [ ] Emergency (Including justification)
- [ ] Cancellation

**Street Address**
1538 Warren Avenue

**City, State, Zip Code**
Meadowbrook, PA 19046

**Name of Contact**
Peter Abrams

**Telephone Number**

---

**FACILITY INFORMATION**

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

1700 Nottingham Way

**City (5)**
Hamilton

**County Code (7)**
Mercer

**Square Feet**
195,000

**# of Floors**
1

**Bidg. Age**
40

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

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

**Street Address**
617 Stokes Rd.

**City, State, Zip Code**
Medford NJ 08055

**Project Manager for Monitoring Firm**
Mark Rubritz

**Telephone No.**
888-715-2211

**Start Date (10)**
3/23/15

**Scheduled Completion Date (11)**
7/15/15

**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 ft
- [ ] 2160 sf or 2280 ft
- [ ] Renovation
- [ ] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Frangible Procedure

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

<table>
<thead>
<tr>
<th>Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT or other miscellaneous)</th>
<th>Amount</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Roof (13)</td>
<td>[ ] Yes, No, N/A</td>
<td>Built up roofing</td>
<td>195,000 SF</td>
<td>X</td>
</tr>
</tbody>
</table>

---

**Name of Registered Waste Hauler**
NJDEP Waste Hauler ID No. 17273

**Cubic Yards of Waste**
1000

**Name of Registered Landfill**
Grows Landfill

**City, State, Zip Code**
Camden, NJ 08100

**Disposal Date**
Various

**City, State, Township**
Falls Township, PA

**Completed by**
Robert M. Casciato

**Title**
President

**Signature**

**Date**
6/13/15

---

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

Date of Notification (1) 6/18/15

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

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

Name of Building Owner/Operator (2) Mr. Whitman

Street Address 32 Eugene Rd. Asbestonolting

City, State, Zip Code Hopatcong NJ 07849

Name of Contact John L

FACILITY INFORMATION

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

Street Address 32 Eugene Rd. Asbestonolting

City Hopatcong

County Morris

Current Use (Prior to being demolished) Res.

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

A. MAC Contracting Inc.

Name of Abatement Contractor (9)

ASCM No.

Telephone No.

License No.

Name of OSHA Monitor

Telephone Address

License No.

Name of OSHA Monitor Omega Environmental Services Inc.

Telephone No.

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

Start Date (10) 6/29/15

Scheduled Completion Date (11) 7/13/15

Schedules of Work (Check All That Apply)
- 3 or more 9 or 5 ft
- 3 or more 160 ft or 260 ft

Renovation

Demolition

Full Containment with Negative Pressure

Mini-Enclosure

Glovebag Procedure

Non-Exempted (*) and Non-Friable Procedure

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

In Facility (13)

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

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

Embalm

Joint compound

4900 sq ft

Name of Registered Waste Hauler

Newark Carting, Inc.

Cubic Yards of Waste

04509

Disposal Date 6/29/15

City, State, Zip Code

Newark NJ 07105

Name of Registered Landfill

IESI PA Bethlehem Landfill Corp.

Disposal Date 6/29/15

Cubic Yards of Waste

10

City, State, Zip Code

Bethlehem PA 18015

Completed by R. McDonald

Title President

Signature

Date 6/18/15

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:56 and 12:1:229)  

Date of Notification: 6/18/15  
Name of Building Owner/Operator: Goldberg Realty  

Agencies Notified:  
- EPA  
- DEP  
- DOL  
- DOM  
- DOA  
- Other:  

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

Street Address: 33 Clinton Rd  
City, State, Zip Code: West Caldwell NJ 07006  
Name of Contact: Kelly Scott  
Telephone Number:  

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

Square Feet: 7000  
# of Floors: 3  
Bldg. Age: 62  
Current Use (Prior to being demolished): Apartments  

Name of Facility Where Abatement is Taking Place: Goldberg Gardens  
Street Address: 1 Hamilton Court  
City, State, Zip Code: Bayonne NJ 07002  
County Code: Hudson  

Name of Monitoring Firm Hired by Building Owner: ASCM No.  
Street Address:  
City, State, Zip Code:  
Project Manager for Monitoring Firm:  
Telephone No.:  

Start Date: 6/18/15  
Scheduled Completion Date: 6/30/15  
Name of Abatement Contractor: AMAC Contracting Inc  
Street Address: 165 Vreeland Ave.  
City, State, Zip Code: Midland Park, NJ 07432  
Telephone No.: 201-262-5841  
Licensed No.: D00156  
Name of OSHA Monitor: Omega Environmental Services Inc.  
Street Address: 290 Market Street  
City, State, Zip Code: Hackensack, NJ 07606  

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

Scope of Work:  
- Demolition  
- Renovation  

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
<th>Amount</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crawl Space Left</td>
<td>☑</td>
<td>Pipe</td>
<td>120 ft²</td>
<td>Removal</td>
</tr>
<tr>
<td>Crawl Space Right</td>
<td>☑</td>
<td>Pipe</td>
<td>120 ft²</td>
<td>Removal</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler: NJDEP Waste Hauler ID No. 04506  
Cubic Yards of Waste:  
Name of Registered Landfill: IESI PA Bethlehem Landfill Corp.  
City, State, Zip Code: Bethlehem, PA 18015  
Disposal Date: 6/19/15  
Completed by: R. McDonald  
Title: President  
Signature:  
Date: 6/18/15  

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

Date of Notification (1) 06/19/2015
Name of Building Owner/Operator (2) Monroe Township Schools

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

Street Address
423 Buckelew Avenue
City, State, Zip Code
Monroe Township, NJ 08831

Name of Contact
Jerry Tague

FACILITY INFORMATION

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

Street Address
1629 Perrineville Road
City (5) Monroe Township
County (6) Middlesex County

County Code (7) (STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8)
McCabe Environmental Services, LLC

ASCM No. 00118

Name of Abatement Contractor (9)
Bako Construction & Restoration, Inc

Street Address
265A Route 46 Suite 3D
City, State, Zip Code Totowa, NJ 07512

Telephone No.
201-438-4839

License No. 0666

Start Date (10) 06/27/2015
Scheduled Completion Date (11) 06/28/2015

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

Scope of Work (Check All That Apply)
☒ ≥ 3 sf or ≥ 3 ft
☒ ≥ 180 sf or ≥ 280 ft
☐ Renovation
☐ Demolition

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

<table>
<thead>
<tr>
<th>In Facility (13)</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Room 100</td>
<td>X</td>
<td>Pipe Elbows</td>
<td>8 LF</td>
<td>x</td>
</tr>
<tr>
<td>Exterior</td>
<td>X</td>
<td>3 Fascia Panels</td>
<td>27 SF</td>
<td>x</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
Bako Construction & Restoration, Inc

NJDEP Waste Hauler ID No. 20869

Cubic Yards of Waste 5

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

City, State Totowa, NJ

Disposal Date 06/29/2015

City, State Morrisville, PA

Completed by Damir Valjevac

Title Project Manager

Signature

Date 06/16/2015

* Do not use this form for asbestos licensure exempted activities.
Date of Notification (1) | June 17, 2015
---|---
Name of Building Owner/Operator (2) | Jennifer Renna

Agencies Notified | Type Notification | Street Address | Name of Contact | Telephone Number
---|---|---|---|---
EPA | Initial | 36 Salem Lane | | |
DEP | Amended | | Jennifer Renna | |
DOL | | | | |
DOH | Emergency (including justification) | | | |
DCA | | | | |

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Residence
Street Address | 36 Salem Lane
City | Little Silver, NJ 07739
County | Monmouth
County Code | (STATE USE ONLY) __________

Name of Monitoring Firm Hired by Building Owner (8)
Management & Enviro. Consulting Services
ASCM No. | Shade Environmental, LLC

Start Date (10) | July 7, 2015
Scheduled Completion Date (11) | July 11, 2015

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

Scope of Work (Check All That Apply)
- Renovation
- Demolition

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

Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | Yes | No | N/A
---|---|---|---
2nd Floor | XXX | | |

Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT or other miscellaneous)
Insulation | 465 SF

Abatement Type
- Removal
- Repair
- Encapsulate
- Endorse

Name of Registered Waste Hauler
Freehold Cartage, Inc.
NJDEP Waste Hauler ID No. | 02265

City, State
Freehold, NJ

Completed by
Christina Lynch
Title | Operations Manager

Ass-41 (R-05-08) * 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)

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

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

**Name of Building Owner/Operator**
ESTATE OF MARCEL BORGES C/O ALBERTO RODRIGUEZ

**Street Address**
4501 DELL AVENUE

**City, State, Zip Code**
NORTH BERGEN, NJ 07047

**Name of Contact**
ALBERTO RODRIGUEZ

**Telephone Number**

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place**

**RESIDENCE**

**Street Address**
200 59TH STREET

**City**
WEST NEW YORK

**County**
HUDSON

**Name of Monitoring Firm Hired by Building Owner**
N/A

**Ascmc No.**

**Name of Abatement Contractor**
TWO BROTHERS CONTRACTING, INC.

**Street Address**
11 VREEELAND AVENUE

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

**Project Manager for Monitoring Firm**

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

**License No.**
00494

**Start Date**
6/27/2015

**Scheduled Completion Date**
7/1/2016

**Occupancy Status During Abatement**
- [X] Facility Closed/Vacated During Entire Period of Abatement
- [X] Abatement Performed Outside of Normal Facility Hours
- [ ] Other – Describe:

**Scope of Work**
- [X] ≥3 sf or ≥3 ft
- [X] >100 sf or >260 ft
- [ ] Renovation
- [ ] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [X] Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Location</th>
<th>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>BASEMENT</td>
<td>[X]</td>
<td>PIPE INSULATION</td>
<td>150 SF</td>
<td>[X]</td>
</tr>
</tbody>
</table>

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

**NJDEP Waste Hauler ID No.**
18743

**Cubic Yards of Waste**
4

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

**City, State**
TOTOWA, NJ

**Disposal Date**
7/1/2015

**City, State**
MORRISVILLE, PA

**Completed by**
VIVEKA RAMOS

**Title**
PROJECT COORDINATOR

**Signature**
Viveka Ramos

**Date**
6/16/2015

*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)
6/18/2015

Name of Building Owner/Operator (2)
CLIFTON PUBLIC SCHOOLS

Agency Notified
EPA  
DEP  
DOL  
DOH  
DCA  

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

Street Address
745 CLIFTON AVENUE

City, State, Zip Code
CLIFTON, NJ 07013

Name of Contact
KAREN L. PERKINS

Facility Information

Name of Facility Where Abatement is Taking Place (3)
SCHOOL #5

City (5)
CLIFTON

County (6)
PASSAIC

Name of Monitoring Firm Hired by Building Owner (8)
AHERA CONSULTANTS, INC.

Name of Abatement Contractor (9)
TWO BROTHERS CONTRACTING, INC.

Scope of Work (Check All That Apply)

Renovation
Demolition

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

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

Yes
No
N/A

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

Amount (Specify SF or LF)

Abatement Type

Removal
Encapsulate
Enclose

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

In Facility

BRICK

Name of Registered Waste Hauler
TWO BROTHERS CONTRACTING

City, State
TOTOWA, NJ

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

City, State
MORRISVILLE, PA

Completed by
VIVECA RAMOS

Title
PROJECT COORDINATOR

Signature

Date
6/18/2015

ASB-41 (R-06-08)

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

Date of Notification (1)
6/18/15

Name of Building Owner/Operator (2)
Woodbury Heights Board of Ed

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

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

Street Address
100 Academy Ave.

City, State, Zip Code
Woodbury Heights NJ 08097

Name of Contact
Lance

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Woodbury Heights Elm School

City (5)
Woodbury Heights NJ 08097

Square Feet
1000+

County Code (7)
STATE USE ONLY

Current Use (Prior to if being demolished)

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

ASCM No.

Name of Abatement Contractor (9)
Pernaco Inc.

Street Address
PO Box 329

City, State, Zip Code
West Berlin NJ 08091

License No.
00727

Project Manager for Monitoring Firm

Telephone No.
856-753-9800

Name of OSHA Monitor
same

Start Date (10)
7/1/15

Scheduled Completion Date (11)
7/8/15

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)

- ≥ 36 sf or ≥ 36 sf
- ≥ 160 sf or ≥ 260 sf
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (7) and Non-Friable Procedure

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

Room 103

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

Yes
No
N/A

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

floor Tile / mastick

Amount (Specify SF or LF)
900 sf

Abatement Type

Removal
Repair
Encapsulate
Enclosure

Name of Registered Waste Hauler
United Containers

NJ/DEP Waste Hauler ID No.
22459

Cubic Yards of Waste
3

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

City, State
Morrilsville NJ 19067

Disposal Date
7/3/15

Completed by
Anthony T Perna
Title
President

Signature

Date
6/18/15

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:66 and 12:120)

Date of Notification (1) 6/19/15
Name of Building Owner/Operator (2) Amanda Jenkins Private Home
Agencies Notified Type Notification
☐ EPA Initial
☐ DEP Amended
☐ DOL Amendment #
☐ DOH Emergency (including justification)
☐ DCA Cancellation
Street Address 379 Cleveland Ave
City, State, Zip Code West Berlin NJ 08091
Name of Contact Amanda

FACILITY INFORMATION
Name of Facility Where Abatement is Taking Place (3) Amanda Jenkins Private Home
Street Address 379 Cleveland Ave
City (5) West Berlin NJ 08091
County (6) Camden
County Code (7) (STATE USE ONLY) __________

Name of Monitoring Firm Hired by Building Owner (8) N/A
ASCM No. ASCM No.
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 Telephone No. 856-753-9800
License No. 00727
Start Date (10) 6/19/15 Scheduled Completion Date (11) 6/20/15

Occupancy Status During Abatement (Check Only One)
☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☐ Other — Describe: Home owner will be home

Scope of Work (Check All That Apply)
☐ ≥3 sf or ≥3 if
☐ ≥100 sf or ≥250 if
☐ Renovation
☐ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)</th>
<th>Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)</th>
<th>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>basement</td>
<td>No</td>
<td>floor Tile / mastic</td>
<td>300 sf</td>
<td>x</td>
</tr>
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</table>

Name of Registered Waste Hauler
United Containers

NJDEP Waste Hauler ID No. 22459
Cubic Yards of Waste 2
Name of Registered Landfill G.R.O.W.S.

Disposal Date 6/22/15
City, State Morrisville NJ 19067

Completed by Anthony T Perna Title President
Signature Date 6/18/15

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

**Date of Notification (1)**
6-17-15

**Name of Building Owner/Operator (2)**
Janie Wright & John Ranson

**Street Address**
438 Chapman Street

**City, State, Zip Code**
Irvinton, NJ, 07111

**Name of Contact**
Janie Wright & John Ranson

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Same as above</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>City (5)</strong></td>
<td>County (6) Essex</td>
</tr>
<tr>
<td><strong>County Code (7)</strong></td>
<td>(STATE USE ONLY)</td>
</tr>
<tr>
<td><strong>Type of Facility (4)</strong></td>
<td>[ ] School (K-12)</td>
</tr>
<tr>
<td></td>
<td>[ ] Subchapter 8 (Other than K-12)</td>
</tr>
<tr>
<td></td>
<td>[X] Other (i.e., private &amp; commercial buildings, homes, etc.)</td>
</tr>
<tr>
<td><strong>Square Feet</strong></td>
<td><strong># of Floors</strong></td>
</tr>
<tr>
<td><strong>Bldg. Age</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Current Use (Prior if being demolished)</strong></td>
<td></td>
</tr>
</tbody>
</table>

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

**Street Address**
N/A

**City, State, Zip Code**

**Project Manager for Monitoring Firm**
N/A

**Telephone Number**
N/A

**Scheduled Start Date (10)**
6-26-15

**Sched. Completion Date (11)**
6-29-15

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

**Scope of Work**
[X] Removal
[X] Demolition

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

<table>
<thead>
<tr>
<th>Location Normally Used</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Yes</td>
<td>(i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
</tr>
<tr>
<td>[ ] No</td>
<td></td>
</tr>
<tr>
<td>[ ] R/A</td>
<td></td>
</tr>
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</table>

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

<table>
<thead>
<tr>
<th>Location Normally Used</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Yes</td>
<td>(i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
</tr>
<tr>
<td>[ ] No</td>
<td></td>
</tr>
<tr>
<td>[ ] R/A</td>
<td></td>
</tr>
</tbody>
</table>

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

**Street Address**
86 Christopher St.

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

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

**License Number**
00371

**Name of OSHA Monitor**
N/A

**Street Address**
N/A

**City, State, Zip Code**

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

**Waste Hauler ID No.**
17040

**Cubic Yards of Waste**
1.5

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

**City, State**
Morrisville, PA 19067

**Disposal Date**
6-30-15

**Signature**
Constantine Vivian

**Title**
President

**Date**
6-17-15
**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>06/18/2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>New Providence Board of Education</td>
</tr>
<tr>
<td>Street Address</td>
<td>356 Elkwood Ave</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>New Providence, NJ 07974</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>James Trench</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
</tbody>
</table>

### FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Middle/High School</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>35 Pioner Drive</td>
</tr>
<tr>
<td>City (5)</td>
<td>New Providence</td>
</tr>
<tr>
<td>County (6)</td>
<td></td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (6)</td>
<td>Garden State Environmental</td>
</tr>
<tr>
<td>ASCM No.</td>
<td></td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>Lilich Corporation</td>
</tr>
<tr>
<td>Street Address</td>
<td>606 McBride Ave</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Woodland Park, NJ 07424</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>201-652-1119</td>
</tr>
<tr>
<td>License No.</td>
<td>01104</td>
</tr>
<tr>
<td>Name of OSHA Monitor</td>
<td>J&amp;S Environmental Laboratories</td>
</tr>
<tr>
<td>Street Address</td>
<td>2333 route 22 west</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td></td>
</tr>
<tr>
<td>Union</td>
<td>07083</td>
</tr>
</tbody>
</table>

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

| ≥23 sf or ≥23 ft² | Renovation |
| ≥160 sf or ≥260 ft² | Demolition |

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

| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | front & rear attic |
| Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | pipe elbows (wrap) |
| Amount (Specify SF or LF) | 8sf |

### Encapsulation

<table>
<thead>
<tr>
<th>Type</th>
<th></th>
</tr>
</thead>
</table>

**Name of Registered Waste Hauler**

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>Lilich Corporation</th>
</tr>
</thead>
<tbody>
<tr>
<td>NJDEP Waste Hauler ID No.</td>
<td>18724</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td></td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>G.R.O.W.S. Landfill</td>
</tr>
<tr>
<td>City, State</td>
<td>Woodland Park, NJ</td>
</tr>
<tr>
<td>Disposal Date</td>
<td>n/a</td>
</tr>
<tr>
<td>City, State</td>
<td>Morrisville, PA</td>
</tr>
</tbody>
</table>

**Completed by**

<table>
<thead>
<tr>
<th>Name</th>
<th>Momo Jlavekovic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
<td>vice president</td>
</tr>
<tr>
<td>Signature</td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td>06/18/2015</td>
</tr>
</tbody>
</table>

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

Date of Notification (1)  
06/17/2015  
Name of Building Owner/Operator (2)  
Delran Twp. Board of Education

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

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

Street Address  
52 Hartford Road  
City, State, Zip Code  
Delran, NJ 08075

Name of Contact  
Christopher Russo  
Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  
Delran Middle school

City (5)  
Delran

County (6)  
Burlington  
County Code (7)  
STATE USE ONLY

Square Feet  
# of Floors  
Bldg. Age

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

Current Use (Prior to being demolished)  
school

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

ASCM No.  
00127

Name of Abatement Contractor (9)  
Lilich Corporation

Street Address  
307 N. Walnut Street  
City, State, Zip Code  
West Chester, PA 19380

Telephone No.  
610-431-7545

License No.  
973-225-8400

Name of OSHA Monitor  
J&S Environmental Laboratories

Project Manager for Monitoring Firm  
Paul McCaa

Start Date (10)  
06-29-2015  
Scheduled Completion Date (11)  
07-12-2015

Street Address  
606 McBride Ave  
City, State, Zip Code  
Woodland Park, NJ 07424

Occupancy Status During Abatement (Check Only One)  
☐ Facility Closed/Vacated During Entire Period of Abatement  ☑ Abatement Performed Outside of Normal Facility Hours

Other – Describe:  

Scope of Work (Check All That Apply)  
☐ ≥3 sf or ≥40 if  ☑ ≥160 sf or ≥280 if  ☑ Renovation  ☑ Demolition  ☑ Full Containment with Negative Pressure

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

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

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st floor</td>
<td>x</td>
<td>roof drain</td>
<td>18 LF</td>
<td>x</td>
</tr>
<tr>
<td>1st floor</td>
<td>x</td>
<td>roof drain</td>
<td>6 LF glovebag</td>
<td>x</td>
</tr>
</tbody>
</table>

Disposal Date  
n/a

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

Name of Registered Waste Hauler  
Lilich Corporation  
NJ/DEP Waste Hauler ID No.  
18724

Cubic Yards of Waste  
n/a

Compilied by  
Momo Glavatovic  
Title  
vice president  
Signature  
Date  
06/17/2015

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

Date of Notification (1): 06/15/2015
Name of Building Owner/Operator (2): Englewood Public School

Agencies Notified:
- OSHA
- DEP
- BOOHL
- DCA

Type Notification:
- Initial
- Amended
- Emergency
- Cancellation

Street Address: 12 Tenafly Road
City, State, Zip Code: Englewood, NJ 07631
Name of Contact: Michael Hunkcn
Telephone Number:

FACILITY INFORMATION

Name of Facility: Englewood High School
276 Knickerbocker Road
City/ (5): Englewood
County (6): Bergen
County Code (7): 07631
Type of Facility (4):
- School (K-12)
- Subchapter 8 (Other than K-12)
- Other (i.e., private & commercial buildings, homes, etc.)
Square Feet: # of Floors:
Bldg. Age:
Current Use: School
Name of Monitoring Firm Hired by Building Owner:
Westchester Environmental
ASCM No.: 00127
Name of Abatement Contractor (9):
Apex Development, Inc.

Street Address:
307 North Walnut Street
City, State, Zip Code: West Chester, PA 19380

Name of OSHA Monitor:
Metro Analytical Laboratories

Project Manager for Monitoring Firm:
Matthew Abraham
Telephone No.:
610-431-7545

City, State, Zip Code: Paramus, NJ 07652

License No.: 01215

Start Date (10):
06/20/15
Scheduled Completion Date (11): 07/31/15

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):
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure
- Other
- Describe:

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial/Staff?</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>CRAWL SPACE</td>
<td>X</td>
<td>ELBOW &amp; FITTING INSULATION</td>
<td>200 LF</td>
<td>*</td>
</tr>
<tr>
<td>MECHANICAL ROOM</td>
<td>X</td>
<td>ELBOW &amp; FITTING INSULATION</td>
<td>40 LF</td>
<td>*</td>
</tr>
<tr>
<td>TUNNEL CRAWL SPACE</td>
<td>X</td>
<td>PIPE INSULATION</td>
<td>40 LF</td>
<td>*</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler:
TRI-STATE TRANSFER ASSOC., INC.
NIDEP Waste Hauler ID No.:
Cubic Yards of Waste: 30
Name of Registered Landfill:
MINERVA ASSOC., INC.

City, State: Bronx, NY 10474
Disposal Date:
City, State: Waynesburg, OH 44688

Completed By: Sylvester Ortega-Bunam
Title: President
Signature: [Signature]
Date: 06/15/2015
**NOTIFICATION OF ASBESTOS ABATEMENT**

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

<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>Name of Building Owner/Operator</th>
</tr>
</thead>
<tbody>
<tr>
<td>06/16/2015</td>
<td>BRIAN SHANNON</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>DOH</td>
<td>Amendment #</td>
<td>110 3RD AVE.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>Name of Contact</th>
<th>Telephone Number</th>
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</thead>
<tbody>
<tr>
<td>HADDON HEIGHTS NJ 08035</td>
<td>BRIAN</td>
<td>7</td>
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**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>RESIDENTIAL</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>County Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>110 3RD AVE.</td>
<td>CAMDEN</td>
</tr>
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</table>

<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>CONNELL-GREENE</td>
<td></td>
<td>ASSURED ENVIRONMENTAL SERVICES INC.</td>
</tr>
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<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
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</thead>
<tbody>
<tr>
<td>904 KINGS ARM DRIVE</td>
<td>DOWNTOWN PA 19335</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>RICK PELLISSE</td>
<td>484-432-9363</td>
<td>01145</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date</th>
<th>Scheduled Completion Date</th>
</tr>
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<tbody>
<tr>
<td>06/18/2015</td>
<td>06/18/2015</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement</th>
<th>Street Address</th>
<th>City, State, Zip Code</th>
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<tbody>
<tr>
<td>Facility Closed/Vacated</td>
<td>570 CLEMS RUN</td>
<td>MULlica HILL NJ 08062</td>
</tr>
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<table>
<thead>
<tr>
<th>Scope of Work</th>
<th>Location of Asbestos-Containing Material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Renovation</td>
<td><strong>BASEMENT</strong></td>
</tr>
<tr>
<td>Demolition</td>
<td>FLOOR TILE</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td>396 SF</td>
</tr>
<tr>
<td>No</td>
<td></td>
<td>x</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASSURED ENVIRONMENTAL SERVICES</td>
<td>5</td>
<td>MINERVA LANDFILL</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>Disposal Date</th>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>MULLICA HILL NJ</td>
<td>06/19/2015</td>
<td>WAYNESBURG, OH</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed by</th>
<th>Title</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>RON SWANSON</td>
<td>GM</td>
<td></td>
<td>06/16/2015</td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>June 17, 2015</th>
</tr>
</thead>
</table>

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

Jerry Kozlowski

**Street Address**

202 Bay Blvd.

**City, State, Zip Code**

Lavallette, NJ 08735

**Name of Contact**

Frank Disantis

**Telephone Number**

**FACILITY INFORMATION**

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

Residence

**Street Address**

121 Guyer Avenue

**City**

Lavallette

**County (6)**

Ocean

**County Code (7)**

STATE USE ONLY

**Type of Facility (4)**

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

**Square feet**

1500 sf

**# of Floors**

1

**Bldg. Age**

60

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

Residence

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

N/A

**ASCM No.**

**Name of Abatement Contractor (9)**

Guardian Contracting, Inc.

**Street Address**

1889 Route 9, Unit 61

**City, State, Zip Code**

Toms River, New Jersey 08755-1271

**Telephone Number**

732-349-9932

**License Number**

00624

**Name of OSHA Monitor**

E.M.S.L. Analytical

**Street Address**

1056 Stelton Road

**City, State, Zip Code**

Piscataway, New Jersey 08854

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

[ ] Facility Closed/Vacated During Entire Period of Abatement

[ ] Abatement Performed Outside of Normal Facility Hours

[ ] Other - Describe

**Scheduled Start Date (10)**

6/18/15

**Scheduled Completion Date (11)**

6/22/15

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

[ ] >3 sf or ≥3 lf

[ ] ≥160 sf or ≥260 lf

[ ] [X] Renovation

[ ] [X] Demolition

[ ] [ ] Full Containment with Negative Pressure

[ ] [ ] Mini-Enclosure

[ ] [ ] Glovebag Procedure

[ ] [X] Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Exterior-front house</th>
<th>X</th>
<th>Asbestos siding</th>
<th>1400 sf</th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exterior back house</td>
<td>X</td>
<td>Asbestos siding</td>
<td>1000 sf</td>
<td>X</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**

Guardian Contracting, Inc.

**NJDEP Waste Hauler ID No.**

20223

**Cubic Yards of Waste**

4

**Name of Registered Landfill**

T.R.R.F.

**Disposal Date**

6/23/14

**City, State**

Toms River, New Jersey

**Completed by (Print or Type)**

Nicholas Fernicola

**Title**

Project Manager

**Signature**

**Date**

6/17/2015

*Do not use this form for asbestos licensure exempted activities.*
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:1:20)

Date of Notification (1)
June 12, 2015

Agencies Notified
EPA
DEP
DOL
DDH
DCA
Type Notification
Initial
Amended Amendment # Emergency (Including justification)
Cancellation

Name of Building Owner/Operator (2)
Paterson Habitat for Humanity
Street Address
PO Box 2685
City, State, Zip Code
Paterson, NJ 07509

Name of Facility Where Abatement is Taking Place (3)
Paterson Habitat for Humanity
Street Address
113 N. 3rd St.
City (4)
Paterson, NJ
County (5)

Name of Monitoring Firm Hired by Building Owner (6)
AET
ASCM No. 0021

Name of Abatement Contractor (7)
The MACK Group, LLC.
Street Address
1500 Kings HWY N. STE 209
City, State, Zip Code
Cherry Hill, NJ 08034

Telephone No.
908-296-1132
License No.
(777) 759 - MACK 00781

Occupancy Status During Abatement (Check Only One)
Facility Closed/Vacated During Entire Period of Abatement
Facility Permanently Vacated or Gated During Entire Period of Abatement
Facility Held Vacated During Entire Period of Abatement Performed Outside of Normal Facility Hours
Facility Not Vacated

Scope of Work (Check All That Apply)
23 sf or 2.5 ft
2160 sf or ≥60 ft
Renovation
Demolition

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

In Facility

Location Normally Used Solely by Maintenance/Custodial Staff?

Yes
No
N/A

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

Amount (Specify SF or LF)

Removal
Repair
Encapsulate
Endure

Name of Registered Waste Hauler
Newark / Freehold Carting

City, State
Newark / Freehold, NJ

Disposal Date
7/31/15

Name of Registered Landfill
Cumberland Co. / BFI / GROW / TRRF

City, State
Newburg / Imperial / Morrisville, PA

Completed by
Mike Cooper
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 12:120)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>6-18-15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Rick Marino</td>
</tr>
<tr>
<td>Street Address</td>
<td>103 Juniper Street</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Burlington, NJ, 08016</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Single Family Dwelling</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>103 Juniper Street</td>
</tr>
<tr>
<td>City (5)</td>
<td>Burlington</td>
</tr>
<tr>
<td>County (6)</td>
<td>Burlington</td>
</tr>
<tr>
<td>Type of Facility (4)</td>
<td>Single Unit Dwelling</td>
</tr>
<tr>
<td>Square Feet</td>
<td>2</td>
</tr>
<tr>
<td># of Floors</td>
<td>2</td>
</tr>
<tr>
<td>Building Age</td>
<td>04</td>
</tr>
<tr>
<td>Current Use (Prior if being demolished)</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>EPC Technologies</th>
</tr>
</thead>
<tbody>
<tr>
<td>P.O. Box 337</td>
</tr>
<tr>
<td>New Egypt, NJ, 08533</td>
</tr>
</tbody>
</table>

**Project Manager for Monitoring Firm**

<table>
<thead>
<tr>
<th>Steve Schenker</th>
</tr>
</thead>
</table>

**Start Date (10)**

| June 29, 2015 |

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

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

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

| O: Renovation |
| O: Demolition |

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

| Basement |
| X: TSI Paper |
| 130 LF X |

**Name of Registered Waste Hauler**

<table>
<thead>
<tr>
<th>EPC Technologies</th>
</tr>
</thead>
<tbody>
<tr>
<td>NJDEP Waste Hauler ID No.</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
</tr>
<tr>
<td>City, State</td>
</tr>
<tr>
<td>Disposal Date</td>
</tr>
</tbody>
</table>

**Completed by**

<table>
<thead>
<tr>
<th>Steve Schenker</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title: President</td>
</tr>
<tr>
<td>Signature:</td>
</tr>
<tr>
<td>Date: 6-18-15</td>
</tr>
</tbody>
</table>

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

**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:126)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>6-18-15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Matt Connelly</td>
</tr>
<tr>
<td>Street Address</td>
<td>1793 West 4th Street</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Piscataway, NJ 08854</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Matt Connelly</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
</tbody>
</table>

**Facility Information**

| Name of Facility Where Abatement is Taking Place (3) | Single Family Dwelling |
| Street Address | 1793 West 4th Street |
| City (5) | Piscataway |
| County (6) | Middlesex |
| Current Use (Prior if being demolished) |  |

| Name of Monitoring Firm Hired by Building Owner (8) | EPC Technologies |
| Street Address | P.O. Box 337 |
| City, State, Zip Code | New Egypt, NJ 08533 |
| Project Manager for Monitoring Firm | Steve Schenke |
| Telephone No. | 609-758-3365 |

| Start Date (10) | 6-30-15 |
| Scheduled Completion Date (11) | 6-30-15 |

<table>
<thead>
<tr>
<th>Scope of Work (Check All That Apply)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>≥ 100 sq ft or ≥ 250 sf</td>
<td>Yes</td>
</tr>
<tr>
<td>Demolition</td>
<td>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crawl Space</td>
</tr>
<tr>
<td>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</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>
</tr>
</thead>
<tbody>
<tr>
<td>Pipe Insulation 100 LF</td>
</tr>
</tbody>
</table>

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

**Abatement Type**

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

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

- Crawl Space
- Pipe Insulation

**Name of Registered Waste Hauler**

<table>
<thead>
<tr>
<th>EPC Technologies</th>
</tr>
</thead>
<tbody>
<tr>
<td>NJDEP Waste Hauler ID No.</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
</tr>
<tr>
<td>City, State</td>
</tr>
<tr>
<td>Disposal Date</td>
</tr>
<tr>
<td>City, State</td>
</tr>
</tbody>
</table>

**Completed by**

<table>
<thead>
<tr>
<th>Steve Schenke</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
</tr>
<tr>
<td>Signature</td>
</tr>
<tr>
<td>Date</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>6-18-15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Frank Sousa</td>
</tr>
<tr>
<td>Street Address</td>
<td>1 Wickett Ave</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Green Brook, NJ 08812</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Frank Sousa</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>719-257-7117</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

| Name of Facility Where Abatement is Taking Place (3) | Single Family Dwelling |
| Street Address | 1 Wickett Ave |
| City (5) | Green Brook NJ 08812 |
| County (6) | Somerset |
| Name of Monitoring Firm Hired by Building Owner (8) | EPC Technologies Inc. |
| Street Address | P.O. Box 337 |
| City, State, Zip Code | New Egypt, NJ 08533 |
| Name of Abatement Contractor (9) | EPC Technologies Inc. |
| Street Address | P.O. Box 337 |
| City, State, Zip Code | New Egypt, NJ 08533 |
| ASCM No. | N/A |
| Telephone No. | 609-758-3365 |
| License No. | 00394 |
| Name of OSHA Monitor | EPC Technologies Inc. |
| Street Address | P.O. Box 337 |
| City, State, Zip Code | New Egypt, NJ 08533 |

**Start Date (10)** | July 1, 2015 |
**Scheduled Completion Date (11)** | July 1, 2015 |

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

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

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

- x35 sf or 23 if
- 160 sf or 260 if

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Renovation</th>
<th>Demolition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Finance &amp; Utility RM</td>
<td>x</td>
<td></td>
</tr>
</tbody>
</table>

**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)

<table>
<thead>
<tr>
<th>Material</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pipe Insulation</td>
<td>100 LF</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**

- EPC Technologies
- NJDEP Waste Hauler ID No. 170000
- Cubic Yards of Waste 2

**Waste Management of P&A**

- Disposal Date 7-3-15
- City, State Moonachie, NJ

**Completed by**

- Name of Registered Landfill EPC Technologies
- City, State New Egypt, NJ
- Title President
- Signature

**Date** 6-18-15

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

**Date of Notification (1)**  
6/17/15

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

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

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

**Street Address**  
230 Mendham Road

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

**Name of Contact**  
M. Rimpel

**Telephone Number**

---

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**  
Room 333

**Street Address**  
230 Mendham Road

**City (6)**  
Morristown

**County Code (7)**  
Morris

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

<table>
<thead>
<tr>
<th>Square Feet</th>
<th># of Floors</th>
<th>Bldg. Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>1000</td>
<td>2</td>
<td>66</td>
</tr>
</tbody>
</table>

**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.**  
973-764-2276

**License No.**  
703

**Start Date (10)**  
6/17/15

**Scheduled Completion Date (11)**  
8/31/15

**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)**

<table>
<thead>
<tr>
<th>23 sf or 23 if</th>
</tr>
</thead>
<tbody>
<tr>
<td>1150 sf or 2230 if</td>
</tr>
</tbody>
</table>

**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)**

- Ceiling plaster

**Amount (Specify SF or LF)**

| 531 SF |

**Abatement Type**

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

| Room 333 |

**Name of Registered Waste Hauler**

| Freehold Cartage |

**Cubic Yards of Waste**

| 10 |

**Name of Registered Landfill**

| Western Berks Landfill |

**Disposal Date**

| TBD |

**City, State**

| Birdsboro, PA |

**Completed by**

| A. Scott Higgins |

**Title**

| President |

**Signature**

|  |

**Date**

| 6/17/15 |

---

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>06-10-15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agencies Notified</td>
<td></td>
</tr>
<tr>
<td>□ EPA</td>
<td>□ Initial</td>
</tr>
<tr>
<td>□ DEP</td>
<td>□ Amended</td>
</tr>
<tr>
<td>□ DOL</td>
<td>□ Amendment #</td>
</tr>
<tr>
<td>□ DOH</td>
<td>□ Emergency (including justification)</td>
</tr>
<tr>
<td>□ DCA</td>
<td>□ Cancellation</td>
</tr>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Walt F. Mueller</td>
</tr>
<tr>
<td>Street Address</td>
<td>235 Moore St.</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Hackensack NJ 07601</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Walt F. Mueller</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>9</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Commercial Building</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>180 Brighton Rd.</td>
</tr>
<tr>
<td>City (5)</td>
<td>Clifton</td>
</tr>
<tr>
<td>County (6)</td>
<td>Passaic</td>
</tr>
<tr>
<td>County Code (7) (STATE USE ONLY)</td>
<td></td>
</tr>
<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>Delfa Contracting LLC</td>
</tr>
<tr>
<td>Street Address</td>
<td>522 7th St.</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Union City NJ 07087</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td></td>
</tr>
<tr>
<td>Telephone No.</td>
<td></td>
</tr>
<tr>
<td>Telephone No.</td>
<td>201 216-9603</td>
</tr>
<tr>
<td>License No.</td>
<td>01206</td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>06-12-15</td>
</tr>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>06-16-15</td>
</tr>
<tr>
<td>Occupancy Status During Abatement (Check Only One)</td>
<td></td>
</tr>
<tr>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
<td></td>
</tr>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours</td>
<td></td>
</tr>
<tr>
<td>Other – Describe: 7:00 AM-5:00 PM</td>
<td></td>
</tr>
</tbody>
</table>

| Scope of Work (Check All That Apply)                 |                     |
| □ a3 sf or a3 if                                    |                     |
| □ ≥160 sf or ≥260 if                                |                     |
| □ Renovation                                        |                     |
| □ Demolition                                        |                     |

| Location of Asbestos-Containing Material (ACM)        | TO BE ABATED        |
| In Facility (13)                                      |                     |
| Is Location Normally Used Solely by Maintenance/     |                     |
| Custodial Staff? (12)                                 | N/A                 |
| Yes | No | N/A |
| 1st floor | Pipe Insulation | 400 LF |
| 1st floor | Pipe Insulation (Wrap-cut) | 350 LF |

<table>
<thead>
<tr>
<th>Description of Asbestos Containing Material (ACM)</th>
<th>(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Full Containment with Negative Pressure</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

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

| Name of Registered Waste Hauler                      | Delfa Contracting LLC |
|------------------------------------------------------|                      |
| NJDEP Waste Hauler ID No.                            | 36240                |
| Cubic Yards of Waste                                 | 12                   |
| Name of Registered Landfill                          | Tullytown Resource Recovery Facility |
| City, State                                          | Union City NJ        |
| Disposal Date                                        | 06-17-15             |
| City, State                                          | Tullytown, PA        |

<table>
<thead>
<tr>
<th>Completed by</th>
<th>Jaime Delgado</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
<td>Proj. Manager.</td>
</tr>
<tr>
<td>Signature</td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td>06-10-15</td>
</tr>
</tbody>
</table>

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

**Project #**

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

High Point regional School District

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

High Point Regional School

299 Pigeon Rd

Sussex, NJ 07461

**Name of Contact**

Michael Parigi

**Telephone Number**


**FACILITY INFORMATION**

**Street Address**

299 Pigeon Hill Rd

**City (5)**

Sussex, NJ

**County Code (7)**

(SATE USE ONLY)

**County (6)**

Sussex

**Type of Facility (4)**

School (K-12)

**Name of Abatement Contractor (9)**

Nick Restoration LLC

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

Aero Environmental

**ASCM No.**

**Street Address**

275 Rt 10 East

**City, State, Zip Code**

Sussex, NJ 07876

**Project Manager for Monitoring Firm**

Michael Berta

973-920-9061

72 Brookside Rd

**City, State, Zip Code**

Randolph, NJ 07869

**License No.**

973933-2550 01133

**Start Date (10)**

06/27/2015

**Scheduled Completion Date (11)**

07/03/2015

**Name of OSHA Monitor**

J & S Environmental

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

Facility Closed/Vacated During Entire Period of Abatement

**Facility Address**

2333 Rt 22 West

**City, State, Zip Code**

Union, NJ 07083

**Type of Abatement (Check All That Apply)**

- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebox Procedure
- Non-Exempted (*)
- Non-Removable Procedure

**Amount (Specify SF or LF)**

23 SF

**Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (12)**

Room 315: Transite materials

**Name of Registered Waste Hauler**

Nick Restoration LLC

NJDEP Waste Hauler ID No. 0033782

G.R.O.W.S

**Cubic Yards of Waste**

TBD

**Name of Registered Landfill**

**Disposal Date**

TBD

**City, State**

Randolph, NJ

Tullytown, Pa

**Completed by**

Elvira Mndi

**Title**

President

**Signature**

Elvira Mndi

06/15/2015
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1) 2/9/15

Name of Building Owner / Operator (2) Willingboro Twp Public Schools

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

Type Notification
☒ Initial
☐ Amended R#3-6/18/15
☐ Emergency
☐ Cancellation

Street Address
440 Beverly Rancocas Rd

City, State & Zip Code
Willingboro, NJ 08046

Name of Contact
Kelvin Smith

Telephone Number

FACILITY INFORMATION

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

Street Address
50 Rev. Dr. MLK Jr. Drive

City (5)
Willingboro

County (6)
Burlington

County Code (7)

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

Square Feet
150,000

# of Floors
1

Bldg. Age
40+

Current Use (Prior if being demolished)
School

Name of Monitoring Firm Hired by Building Owner (8)
AHERA Consultants Inc

ASCM No.

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

Street Address
1123 Beaver Street

City, State & Zip Code
Bristol, PA 19007

Telephone Number
(215)788-6040

License Number
00509

Name of OSHA Monitor
Bristol Environmental Inc.

Street Address
1123 Beaver Street

City, State & Zip Code
Bristol, PA 19007

Scheduled Start Date (10) 6/22/15
Scheduled Completion Date (11) 6/26/15

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

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

Location of Asbestos-Containing Material (ACM)

TO BE ABATED

in Facility

(13)

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

Yes ☒ No ☐ N/A ☐

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

Amount (Specify SF or LF)

Abatement Type

LOCATION

Window Caulk

7000 LF

Boiler Room

Boiler Doors (Wrap & Cut)

150 SF

Classroom

Pipe Insulation (Wrap & Cut)

30 LF

Name of Registered Waste Hauler
NJDEP Waste Hauler ID No. 20990

Cubic Yards of Waste
8 Cu Yd

Name of Registered Landfill
Minerva Landfill

Disposal Date
3/27/15

City, State
Morrisville, PA

Completed By (Print or Type)
Gino Pizzigoni

Title
Project Manager

Signature

Date
6/18/15

GI 15004
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1)  
6/5/15

Name of Building Owner / Operator (2)  
Haddon Twp School District

Agencies Notified (3)  
☐ EPA  
☐ DEP  
☒ DOL  
☐ DOH  
☐ DCA  
☐ Initial  
☐ Amended R#1-6/18/15  
☐ Emergency  
☐ Cancellation

Address (4)  
500 Rhoads Ave

Street Address  
500 Rhoads Ave

City, State & Zip Code  
Westmont, NJ 08108

Name of Contact  
C/O Robert Dinan

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  
Van Sciver ES

Street Address  
625 Rhoads Avenue

City (5)  
Haddonfield

County (6)  
Camden

County Code (7)  

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

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

Street Address  
1123 Beaver Street

City, State & Zip Code  
Bristol, PA 19007

Project Manager for Monitoring Firm  
James Eberts

Telephone Number  
856-205-1077

Name of OSHA Monitor  
Bristol Environmental Inc.

Street Address  
1123 Beaver Street

City, State & Zip Code  
Bristol, PA 19007

Scheduled Start Date (10)  
6/25/15

Scheduled Completion Date (11)  
6/25/15

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

☒ Abatement Performed Outside of Normal Hours – 7am to 3pm

Describe:  
7:00 AM – 3:30 PM

☐ Facility Occupied During Abatement

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

☐ Glove Bag Procedures

☐ Non-Exempted and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) 
TO BE ABATED in Facility (12)

Is Location Normally Used Solely by Maintenance or 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)  
144 LF

Abatement Type  
☐ Removal  
☐ Repair  
☐ Encapsulate  
☐ Envelope

Exterior Doorways  
☑ ☐ ☐

Door Caulk  
144 LF

Full Detail  

Name of Registered Waste Hauler  
Service Transport Inc.

NJ/DEP Waste Hauler ID No.  
20990

Cubic Yards of Waste  
1 Cu Yd

Name of Registered Landfill  
Minerva Landfill

Disposal Date  

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 NJ**  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:60 and 12:120)

### Date of Notification (1)
- **[0 6 1 2 1 1 5]**

### Name of Building Owner/Operator (2)
- **ARNOLD SERETTE**

### Agencies Notified
- **EPA** (Initial)
- **DOL** (Emergency)
- **DOH** (Amendment: including justification)
- **DCA** (Cancellation)

### Name of Facility Where Abatement is Taking Place (3)
- **ARNOLD SERETTE**

### Street Address
- **52 MONTCLAIR AVENUE, MONTCLAIR, NJ 07042**

### Name of Contact
- **ARNOLD SERETTE**

**FACILITY INFORMATION**

### Name of Facility
- **ARNOLD SERETTE**

### Street Address
- **52 MONTCLAIR AVENUE**

### City (5)  County (6)  County Code (7)
- **MONTCLAIR**  **ESSEX**

### Name of Monitoring Firm Hired by Bldg. Owner (8)  ASCM No.
- **D & S RESTORATION, INC.**  **01169**

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

### Square Feet  # of Floors  Bldg. Age

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

### Start Date (10)  Sched. Completion Date (11)
- **06/24/15  07/08/15**

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

### Scope of Work (check all that apply)
- **≥30 sf or ≥2 If**
- **≥160 sf or ≥260 if**
- **Demolition**
- **Renovation**

### Location of Asbestos-Containing Material (ACM) to be Abated in Facility (13)

<table>
<thead>
<tr>
<th>Description of Asbestos-Containing Material (ACM)</th>
<th>Amount (Square Foot or Linear Feet)</th>
</tr>
</thead>
<tbody>
<tr>
<td>PIPE INSULATION</td>
<td>40 L FT</td>
</tr>
<tr>
<td>PIPE INSULATION</td>
<td>27 L FT</td>
</tr>
<tr>
<td>PIPE INSULATION</td>
<td>3 L FT</td>
</tr>
<tr>
<td>PIPE INSULATION</td>
<td>6 L FT</td>
</tr>
<tr>
<td>PIPE INSULATION</td>
<td>91 L FT</td>
</tr>
</tbody>
</table>

### Registered Waste Hauler
- **D & S RESTORATION, INC.**  **13506**

### City, State
- **PATERSON, NJ 07503**

### Disposal Date
- **06/25/15**

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

**ASR-41**

*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):** 6/17/2015

**Name of Building Owner/Operator (2):** Daniel Garcia

**2015 JUN 22 AM 3:24**

---

### 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>Residence</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Square Feet</th>
<th># of Floors</th>
<th>Bldg. Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>42 Rutgers Avenue</td>
<td>2000</td>
<td>3</td>
<td>80+</td>
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</table>

<table>
<thead>
<tr>
<th>City (5)</th>
<th>County Code (7) (STATE USE ONLY)</th>
<th>Current Use (Prior to being demolished)</th>
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</thead>
<tbody>
<tr>
<td>Jersey City</td>
<td>Hudson</td>
<td>Residence</td>
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</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>N/A</td>
<td></td>
<td>DIA General Construction, Inc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>1360 Clifton Avenue, PMB Suite 218</td>
<td>Clifton, NJ 07012</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1360 Clifton Avenue, PMB Suite 218</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
<th>Name of OSHA Monitor</th>
</tr>
</thead>
<tbody>
<tr>
<td>06/27/2015</td>
<td>06/28/2015</td>
<td>DIA General Construction, Inc.</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>1360 Clifton Avenue, PMB Suite 218</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check All That Apply)</th>
<th>Full Containment with Negative Pressure</th>
<th>Glovebag Procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td>≥3 ft² or ≥3 ft²</td>
<td></td>
<td></td>
</tr>
<tr>
<td>≥160 ft² or ≥280 ft²</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Renovation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Demolition</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>50 LF</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Description</th>
<th>N/A</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>Pipe/Elbow Insulation</td>
<td>X</td>
<td>50 LF</td>
<td></td>
</tr>
</tbody>
</table>

---

**Name of Registered Waste Hauler:**

**Service Transport Group:** NJDEP Waste Hauler ID No. 20990

**Cubic Yards of Waste (14):** 4

**Name of Registered Landfill:** Minerva Landfill

<table>
<thead>
<tr>
<th>City, State</th>
<th>Disposal Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Waynesburg, OH</td>
<td>06/28/2015</td>
</tr>
</tbody>
</table>

**Completed by:**

**Kutarth Jagad**

**Title:** President

**Signature:**

**Date:** 06/17/2015

---

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

Date of Notification (1)
01/15/15

Name of Building Owner/Operator (2)
LEYTON MURRAY

Type Notification
- Initial

Street Address
420 ST. MARKS AVENUE

City, State, Zip Code
WESTFIELD, NJ 07090

Name of Contact
LEYTON MURRAY

Agencies Notified
- DOL
- DOH

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
LEYTON MURRAY

Address
420 ST. MARKS AVENUE

City (5)
WESTFIELD

County Code (7)
UNION

Square Feet

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

# of Floors

Current Use (Prior if being demolished)

Bldg. Age

Name of Abatement Contractor (8)
D & S RESTORATION, INC.

Street Address
20 California Ave.

City, State, Zip Code
Paterson, NJ 07503

Phone Number

License Number
973-345-8020 01169

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

Scope of Work (check all that apply)
- ≥ 3,000 sf or ≥ 3 if
- ≥ 100 sf or ≥ 250 sf
- Demolition

Location of asbestos-containing material (acm) to be abated in facility (13)
- Yes
- No
- N/A

Description of asbestos-containing material (ACM)
PIPE INSULATION
131 L FT

Amount (Specify SF or LF)

Re-Remove

Repair

Encap

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

BASEMENT BOILER & RECRMS

Registered Waste Hauler
D & S RESTORATION, INC.
NJ DEP Hauler ID# 13506
Cubic Yards of Waste
2 yds.

Name of Registered Landfill
TULLYTOWN, RESOURCE RECOVERY

City, State
PATerson, NJ 07503

Disposal Date
06/25/15

Completed by (Print or Type)
BOGDAN JOLDZIC

Title
PRESIDENT

Signature

Date
06/15/2015

* 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)
6/17/2015

Name of Building Owner/Operator (2)
Tom Lardner

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

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

Street Address
23 Fairmont Avenue
City, State, Zip Code
Sommerville, NJ

Name of Contact
Tom Lardner
Telephone Number
406-251

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Residence
Street Address
23 Fairmont Avenue
City (5)
Sommerville
County Code (7)
Somerset

County (6)
(SATE USE ONLY)

Current Use (Prior if being demolished)
Residence
Square Feet
2000
# of Floors
3
Bldg. Age
80+

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

AsCM No.
Name of Abatement Contractor (9)
DIA General Construction, Inc.
Street Address
1360 Clifton Avenue, PMB Suite 218
City, State, Zip Code
Clifton, NJ 07012

Project Manager for Monitoring Firm

Telephone No.
973-389-0089

License No.
00693
Name of OSHA Monitor
DIA General Construction, Inc.
Street Address
1360 Clifton Avenue, PMB Suite 218
City, State, Zip Code
Clifton, NJ 07012

Start Date (10)
06/27/2015

Scheduled Completion Date (11)
05/28/2015

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

Scope of Work (Check All That Apply)
- [x] ≥23 sf or ≥3 if
- [ ] ≥160 sf or ≥260 if
- [x] Renovation
- [x] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

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

Yes
No
N/A

Pipe/elbow Insulation
90 LF

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

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

Yes
No
N/A

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

Amount (Specify SF or LF)

Abatement Type

Name of Registered Waste Hauler

Service Transport Group
NJDEP Waste Hauler ID No. 20990
Cubic Yards of Waste 6

Name of Registered Landfill
Minerva Landfill

City, State
Waynesburg, OH

Completed by
Kutarth Jagad
Title
President
Signature

Disposal Date
06/28/2015
City, State

Date
06/17/2015

* 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)
06/17/2015

Name of Building Owner/Operator (2)
South Orange/Maplewood Board of Education

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

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

Street Address
525 Academy Street

City, State, Zip Code
Maplewood, NJ 07040

Name of Contact
Cheryl Schneider

Telephone Number

FACILITY INFORMATION

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

Street Address
525 Academy Street

City (5)
Maplewood

County (6)
Essex

County Code (7)
(State Use Only)

Square Feet
120,000

# of Floors
3

Bldg. Age
50 years

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

Public High School

Name of Monitoring Firm Hired by Building Owner (8)
AHERA Consultants

ASCM No.
0057

Name of Abatement Contractor (9)
Savic Construction Corp

Street Address
PO Box 385

City, State, Zip Code
Oceanville, NJ, 08231-0385

Project Manager for Monitoring Firm
Domenic D'Errico

Telephone No.
609-652-1833

Telephone No.
973-339-9735

License No.
01034

Name of OSHA Monitor
Savic Construction Corp

Start Date (10)
06/29/2015

Scheduled Completion Date (11)
07/31/2015

Occupancy Status During Abatement (Check Only One)
☒ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☒ Other – Describe: Occupied building from 6am to 2:30pm

Scope of Work (Check All That Apply)
☐ ≤30 sf or ≤33 ft
☒ ≥60 sf or ≥260 ft
☐ Renovation
☒ Demolition
☒ Full Containment with Negative Pressure
☒ Mini-Enclosure
☒ Glovebag Procedure
☒ Non-Exempted (*) and Non-Friable Procedure

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

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>See Attached 2 sheets</td>
<td>161 SF</td>
<td>☑ Repair</td>
</tr>
<tr>
<td>See Attached 2 sheets</td>
<td>382.5 LF</td>
<td>☑ Endoscope</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
Newark Carting

NJDEP Waste Hauler ID No.
04509

Cubic Yards of Waste

Name of Registered Landfill
GROWS

City, State
Newark NJ

Disposal Date
07/31/2015

City, State
Morrisville, PA

Completed by
Milos Savic

Title
Project Manager

Signature

Date
06/17/2015

* Do not use this form for asbestos licensure exempted activities.
<table>
<thead>
<tr>
<th>Area</th>
<th>Item</th>
<th>Amount</th>
<th>AMOUNT % TYPE</th>
<th>Type of Abatement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Main Office Suite - Copy Room A103C</td>
<td>Wall plaster</td>
<td>2 SF</td>
<td>2% Chrysotile</td>
<td>Full Containment</td>
</tr>
<tr>
<td>Main Office Suite - Book Keeper Room A103D</td>
<td>Wall plaster/TSI</td>
<td>2 SF / 24 LF</td>
<td>2-14% Chrysotile</td>
<td>Full Containment</td>
</tr>
<tr>
<td>Main Office Suite - Asst. Principal's Office A103E</td>
<td>Wall plaster</td>
<td>2 SF</td>
<td>2% Chrysotile</td>
<td>Full Containment</td>
</tr>
<tr>
<td>Main Office Suite A103</td>
<td>Wall plaster</td>
<td>2 SF</td>
<td>2% Chrysotile</td>
<td>Full Containment</td>
</tr>
<tr>
<td>Main Office Suite - Asst. Principal's Office A103F</td>
<td>Wall plaster/TSI</td>
<td>2 SF / 12 LF</td>
<td>2-14% Chrysotile</td>
<td>Full Containment</td>
</tr>
<tr>
<td>Main Office Suite - Secretary's Office A103G</td>
<td>Wall plaster</td>
<td>2 SF</td>
<td>2% Chrysotile</td>
<td>Full Containment</td>
</tr>
<tr>
<td>Main Office Suite - Principal's Office A105</td>
<td>Wall plaster</td>
<td>2 SF</td>
<td>2% Chrysotile</td>
<td>Full Containment</td>
</tr>
<tr>
<td>Main Office Suite - Principal's Office A105 Toilet</td>
<td>Wall plaster</td>
<td>1 SF</td>
<td>2% Chrysotile</td>
<td>Full Containment</td>
</tr>
<tr>
<td>Office A102A</td>
<td>Wall plaster/TSI</td>
<td>1 SF / 10 LF</td>
<td>2-14% Chrysotile</td>
<td>Full Containment</td>
</tr>
<tr>
<td>Art Gallery A104</td>
<td>Wall Plaster</td>
<td>2 SF</td>
<td>2% Chrysotile</td>
<td>Full Containment</td>
</tr>
<tr>
<td>Switch Board Office A106</td>
<td>Wall Plaster</td>
<td>1 SF</td>
<td>2% Chrysotile</td>
<td>Full Containment</td>
</tr>
<tr>
<td>Office A1108</td>
<td>Wall Plaster</td>
<td>1 SF</td>
<td>2% Chrysotile</td>
<td>Full Containment</td>
</tr>
<tr>
<td>Nurse Suite Toilet A112E</td>
<td>Wall Plaster</td>
<td>2 SF</td>
<td>2% Chrysotile</td>
<td>Full Containment</td>
</tr>
<tr>
<td>Nurse Suite Resting Room A112D</td>
<td>Wall Plaster</td>
<td>2 SF / 50 LF</td>
<td>2-14% Chrysotile</td>
<td>Full Containment</td>
</tr>
<tr>
<td>Nurse Suite Resting Room A112C</td>
<td>Wall Plaster</td>
<td>2 SF / 15</td>
<td>2-14% Chrysotile</td>
<td>Full Containment</td>
</tr>
<tr>
<td>Nurse Suite Toilet A112B</td>
<td>Wall Plaster</td>
<td>2 SF / 15</td>
<td>2-14% Chrysotile</td>
<td>Full Containment</td>
</tr>
<tr>
<td>Nurse Suite Office A112F</td>
<td>Wall Plaster</td>
<td>2 SF / 15</td>
<td>2-14% Chrysotile</td>
<td>Full Containment</td>
</tr>
<tr>
<td>Stage Dressing Room A114B</td>
<td>Wall Plaster</td>
<td>2 SF / 15</td>
<td>2-14% Chrysotile</td>
<td>Full Containment</td>
</tr>
<tr>
<td>Old Stage Toilet A114A</td>
<td>Wall Plaster</td>
<td>1 SF</td>
<td>2% Chrysotile</td>
<td>Full Containment</td>
</tr>
<tr>
<td>Classroom A203</td>
<td>Wall plaster/TSI</td>
<td>1 SF / 48 LF</td>
<td>2-14% Chrysotile</td>
<td>Full Containment</td>
</tr>
<tr>
<td>Classroom A205</td>
<td>Wall Plaster</td>
<td>2 SF</td>
<td>2% Chrysotile</td>
<td>Full Containment</td>
</tr>
<tr>
<td>Classroom A207</td>
<td>Wall plaster/TSI</td>
<td>1 SF / 25 LF</td>
<td>2-14% Chrysotile</td>
<td>Full Containment</td>
</tr>
<tr>
<td>Classroom A209</td>
<td>TSI</td>
<td>24 LF</td>
<td>14% Chrysotile</td>
<td>Limited Containment Glove Bag</td>
</tr>
<tr>
<td>Classroom A204</td>
<td>Wall plaster/TSI</td>
<td>1 SF / 12 LF</td>
<td>2-14% Chrysotile</td>
<td>Full Containment</td>
</tr>
<tr>
<td>Classroom A206</td>
<td>Wall plaster/TSI</td>
<td>2 SF / 12 LF</td>
<td>2-14% Chrysotile</td>
<td>Full Containment</td>
</tr>
<tr>
<td>Classroom A208</td>
<td>Wall plaster/TSI</td>
<td>1 SF / 6 LF</td>
<td>2-14% Chrysotile</td>
<td>Full Containment</td>
</tr>
<tr>
<td>Office B203</td>
<td>TSI</td>
<td>10 LF</td>
<td>14% Chrysotile</td>
<td>Limited Containment Glove Bag</td>
</tr>
<tr>
<td>Classroom A216</td>
<td>Wall plaster/TSI</td>
<td>1 SF / 12 LF</td>
<td>2-14% Chrysotile</td>
<td>Full Containment</td>
</tr>
<tr>
<td>Classroom A218</td>
<td>Wall plaster/TSI</td>
<td>1 SF / 30 LF</td>
<td>2-14% Chrysotile</td>
<td>Full Containment</td>
</tr>
<tr>
<td>Classroom A220 / A222</td>
<td>Wall plaster/TSI</td>
<td>1 SF / 36 LF</td>
<td>2-14% Chrysotile</td>
<td>Full Containment</td>
</tr>
<tr>
<td>AREA</td>
<td>ITEM</td>
<td>Amount</td>
<td>AMOUNT/% TYPE</td>
<td>TYPE OF ABATEMENT</td>
</tr>
<tr>
<td>------</td>
<td>------</td>
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<td>---------------</td>
<td>------------------</td>
</tr>
<tr>
<td>Classroom 221 (Match penetration elevation of A219)</td>
<td>Wall plaster</td>
<td>1 SF</td>
<td>2% Chrysotile</td>
<td>Full Containment</td>
</tr>
<tr>
<td>Book Storage Room A215 – A219</td>
<td>TSI</td>
<td>70.5 LF</td>
<td>14% Chrysotile</td>
<td>Full Containment</td>
</tr>
<tr>
<td>Classroom A303 (2 ea. wall penetrations 36&quot; from door opening at ceiling height)</td>
<td>Ceiling/Wall plaster</td>
<td>6 SF / 2 SF</td>
<td>2% Chrysotile</td>
<td>Full Containment</td>
</tr>
<tr>
<td>Classroom A303 (Wall penetrations at ceiling height)</td>
<td>Ceiling/Wall plaster</td>
<td>6 SF / 2 SF</td>
<td>2% Chrysotile</td>
<td>Full Containment</td>
</tr>
<tr>
<td>Office A305 (1 ea. wall penetration at ceiling height &amp; 1 ea. at floor elevation)</td>
<td>Wall plaster</td>
<td>2 SF</td>
<td>2% Chrysotile</td>
<td>Full Containment</td>
</tr>
<tr>
<td>Dept. Office A307</td>
<td>Wall plaster</td>
<td>1 SF</td>
<td>2% Chrysotile</td>
<td>Full Containment</td>
</tr>
<tr>
<td>Classroom Science Lab A300/ Prep Room A302</td>
<td>Ceiling/Wall plaster</td>
<td>6 SF / 2 SF</td>
<td>2% Chrysotile</td>
<td>Full Containment</td>
</tr>
<tr>
<td>Classroom Science Lab A306/ Prep Room A304</td>
<td>Ceiling/Wall plaster</td>
<td>6 SF / 1 SF</td>
<td>2% Chrysotile</td>
<td>Full Containment</td>
</tr>
<tr>
<td>Classroom B340</td>
<td>Wall plaster</td>
<td>1 SF</td>
<td>2% Chrysotile</td>
<td>Full Containment</td>
</tr>
<tr>
<td>Classroom B338</td>
<td>Wall plaster</td>
<td>2 SF</td>
<td>2% Chrysotile</td>
<td>Full Containment</td>
</tr>
<tr>
<td>Classroom B336</td>
<td>Wall plaster</td>
<td>1 SF</td>
<td>2% Chrysotile</td>
<td>Full Containment</td>
</tr>
<tr>
<td>Classroom A312</td>
<td>Wall plaster</td>
<td>1 SF</td>
<td>2% Chrysotile</td>
<td>Full Containment</td>
</tr>
<tr>
<td>Classroom A314</td>
<td>Wall plaster</td>
<td>2 SF</td>
<td>2% Chrysotile</td>
<td>Full Containment</td>
</tr>
<tr>
<td>Classroom A316</td>
<td>Wall plaster</td>
<td>2 SF</td>
<td>2% Chrysotile</td>
<td>Full Containment</td>
</tr>
<tr>
<td>Classroom A318</td>
<td>Wall plaster</td>
<td>3 SF</td>
<td>2% Chrysotile</td>
<td>Full Containment</td>
</tr>
<tr>
<td>Classroom A317</td>
<td>Wall plaster</td>
<td>1 SF</td>
<td>2% Chrysotile</td>
<td>Full Containment</td>
</tr>
<tr>
<td>Classroom A318</td>
<td>Wall plaster</td>
<td>2 SF</td>
<td>2% Chrysotile</td>
<td>Full Containment</td>
</tr>
<tr>
<td>Classroom A313</td>
<td>Wall plaster</td>
<td>2 SF</td>
<td>2% Chrysotile</td>
<td>Full Containment</td>
</tr>
<tr>
<td>Classroom A311</td>
<td>Wall plaster</td>
<td>2 SF</td>
<td>2% Chrysotile</td>
<td>Full Containment</td>
</tr>
<tr>
<td>Hallway B300D Junction between A311/A335A</td>
<td>Wall plaster</td>
<td>2 SF</td>
<td>2% Chrysotile</td>
<td>Full Containment</td>
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<tr>
<td>Dept. Office A335A</td>
<td>Wall plaster</td>
<td>1 SF</td>
<td>2% Chrysotile</td>
<td>Full Containment</td>
</tr>
</tbody>
</table>
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)
6 / 17 / 15

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

Street Address
200 Elm Dr

City, State, Zip Code
Princeton, NJ 08544

Name of Contact
Robert Ortega

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Princeton University- Fine Hall

Street Address
Washington Rd

City (5)
Princeton

County (6)
MERCER

County Code (7)(STATE USE ONLY)

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

Square Feet

# of Floors

Bldg. Age

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

ASCM No.

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

Street Address
1123 BEAVER STREET

City, State, Zip Code
BRISTOL, PA 19007

Project Manager for Monitoring Firm
Michael Keehn

Telephone No.
609-386-8800

License No.
00509

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-

Scope of Work (Check all that apply)
□ ≥3 sf or ≥31 If
□ ≥160 sf or ≥260 If
□ Renovation
□ Demolition
□ Full Containment with Negative Pressure
□ Mini-Enclosure
□ Glovebag Procedure
□ Non-Exempted (*) and Non-Friable Procedure

Room 602
Floor tile
30 SF

Room 1208
Floor tile
30 SF

Location of Asbestos-Containing Material (ACM)

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

Withdraw

Amount (Specify SF or LF)

Abatement Type

Enclosure

Name of Registered Waste Hauler
BRISTOL ENVIRONMENTAL, INC.

NJDEP Waste Hauler ID No.
18706

Cubic Yards of Waste

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

City, State
BRISTOL, PA 19007

Disposal Date

City, State
MORRISVILLE, PA 19067

Completed By (Print or Type)
Brian Scafiro

Title
Estimator

Signature
Brian Scafiro

Date
6/17/15

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