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

Date of Notification (1) 6/21/16

Name of Building Owner/Operator (2) Homes + Yard

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

Street Address
214 Washington St.

City, State, Zip Code
Toms River, NJ 08754

Name of Contact
Eric Plackis

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Street Address
214 Washington St.

City (5)
Toms River

County (6)
Ocean

County Code (7)
STATE USE ONLY

Asbestos Control & Abating

Square Feet
2000

# of Floors
2

Bldg. Age
60

Current Use (Prior if being demolished)
Residential Office

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.

Name of Abatement Contractor (9)
Brick Industries Inc.

Street Address
P.O. Box 915

City, State, Zip Code
Brick, New Jersey 08723

Project Manager for Monitoring Firm

Telephone No.
(732)999-7499

License No.
01196

Start Date (10)
6/21/16

Scheduled Completion Date (11)
6/29/16

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

Scope of Work (Check All That Apply)
☐ ≥3 sf or ≥3 ft
☐ ≥160 sf or ≥250 ft
☐ Renovation
☐ Demolition
☐ Full Containment with Negative Pressure
☐ Min-Enclosure
☐ Glovesbag 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)

Asbestos insulation 85LF
Asbestos floor tile 225SF

Name of Registered Waste Hauler
Brick Industries Inc.

NJDEP Waste Hauler ID No. 21602

Cubic Yards of Waste
4

Name of Registered Landfill
GROWS Inc.

City, State
Brick, New Jersey

Completed by
Eric Plackis

Title
President

Signature

Disposal Date
6/30/16

City, State
PA

Date 6/21/16

ASB-41 (R-06-08)
* 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)

Date of Notification (1) 6-19-16

Name of Building Owner/Operator (2) HOPE CONTRACTING

Address P.O. BOX 59

City, State, Zip Code DENNISVILLE N.J. 08214

Name of Contact CHRIS

Type of Facility (4)
- Other (i.e., private & commercial buildings, homes, etc.)

Facility Information

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

Street Address WILDWOOD

City (5) MAPLE SHADE N.J.

County (6) 08052

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No. N/A

Name of Abatement Contractor (9) KLEMCO INC

Street Address 369 S. SPRUCE AVE

City, State, Zip Code MAPLE SHADE N.J. 08052

Telephone No. 856-779-0472

License No. 00444

Start Date (10) 6-29-16

Scheduled Completion Date (11) 7-7-16

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
- 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, V.T., or other miscellaneous)

Amount (Specify SF or LF)

Abatement Type

Name of Registered Waste Hauler KLEMCO INC

N.J. DEP Waste Hauler ID No. 19904

Cubic Yards of Waste 3 YD.

Name of Registered Landfill C.M.C. W.V. N.A

City, State Maple Shade N.J.

Disposal Date 6-19-16

Completed By MICHAEL KLEMM

Title S.U.P.

Signature

Date 6-19-16

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

Date of Notification (1)  3 / 11 / 16

Name of Building Owner/Operator (2)
Mount Holly Twp. Board Of Education

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

Type Notification
☐ Initial
☐ Amended
☐ Amendment #10-6/20/16
☐ Emergency (including justification)
☐ Cancellation

Street Address
331 Levis Dr

City, State, Zip Code
Mt. Holly, NJ 08060

Name of Contact
Bill Buffa

Telephone Number

FACILITY INFORMATION

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

Street Address
331 Levis Dr

City (5)
Mt. Holly

County (6)
Burlington

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

ASCN No. 425-584-133

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
William Weisgarber

Telephone No.
609-209-4070

License No.
215-788-6040

Name of OSHA Monitor
BRISTOL ENVIRONMENTAL, INC.

Street Address
1123 BEAVER STREET

City, State, Zip Code
BRISTOL, PA 19007

Start Date (10)  6 / 20 / 16

Scheduled Completion Date (11)  6 / 20 / 16

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

Time of Abatement: __AM-__PM / __PM-__AM

Scope of Work (Check all that apply)
☐ ≥ 3 sf or ≥ 3 ft
☐ ≥ 150 sf or ≥ 250 ft
☐ Renovation
☐ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Säurebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM)

TO BE ABATED
IN Facility

(13)

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

Yes ☐ No ☒ N/A ☒

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

Amount (Specify SF or LF)

Abatement Type

Removal ☐
Repair ☐
Encapsulation ☐
Enclosure ☐

Throughout ☒

Exterior ☒

Gym, Gym storage, Stage ☒

Room 210 & 211 ☒

Name of Registered Waste Hauler
SERVICE TRANSPORT GROUP, INC.

NJDEP Waste Hauler ID No. 20990

Cubic Yards of Waste

Name of Registered Landfill
MINERVA LANDFILL

City, State
WAYNESBURG, OH 44688

Completed By (Print or Type)
Brian Scafile

Title
Estimator

Signature

Date 6/20/16

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

ASB-41 May 11
BS/0C10

** * ON SITE 6/20/16 PROJECT ON HOLD 6/21/16
Date of Notification (1) 3 / 11 / 16

Name of Building Owner/Operator (2) Mount Holly Twp. Board of Education

Agencies Notified
- EPA
- DOLWD
- DHSS
- DCA (NJAC 5:23-8)
- Initial
- Amended Amendment #10-6/20/16
- Emergency (including justification)
- Cancellation

Street Address 331 Levis Dr
City, State, Zip Code Mt. Holly, NJ 08060
Name of Contact Bill Buffa
Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) FW Holbein Middle School
Street Address 331 Levis Dr
City (5) Mt. Holly
County (6) Burlington

Name of Monitoring Firm Hired by Building Owner (8) MECS, Inc
ASCN No.

Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.
Street Address 1123 BEAVER STREET
City, State, Zip Code BRISTOL, PA 19007
Telephone No. 215-788-6040
License No. 00509

Start Date (10) 6 / 20 / 16
Scheduled Completion Date (11) 6 / 20 / 16

Occupancy Status During Abatement (Check only one)
- Facility Closed/ Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours - Describe
  Time of Abatement: ___AM-___ PM
  3:00PM-12:00AM

Scope of Work (Check all that apply)
- ≥ 3,000 ft²
- ≥ 3,000 ft²
- ≥100 ft²
- ≥200 ft²
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Room No.</th>
<th>Transite Foom Hood</th>
<th>Description</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Room 210A</td>
<td>No</td>
<td>Transite Foom Hood</td>
<td>90 SF</td>
<td>Yes</td>
</tr>
<tr>
<td>Room 202-208</td>
<td>No</td>
<td>Roof Drain Insulation</td>
<td>9 LF</td>
<td>No</td>
</tr>
<tr>
<td>Room 202-208</td>
<td>No</td>
<td>Glue dots</td>
<td>1,750 SF</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
SERVICE TRANSPORT GROUP, INC.

NJ/DEP Waste Hauler ID No. 20990

Cubic Yards of Waste 40

Name of Registered Landfill
MINERVA LANDFILL

City, State NEW CASTLE, DE 19720

Disposal Date

Completed By (Print or Type) Brian Scafro
Title Estimator
Signature

Date 6/20/16

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

***ON SITE 6/20/16. PROJECT ON HOLD 6/21/16***
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>6 / 15 / 16</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Name of Building Owner/Operator (2)</th>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ EPA</td>
<td>□ Initial</td>
<td>Princeton University-Office of Design and Construction</td>
<td>200 Elm Dr.</td>
</tr>
<tr>
<td>□ DOLWD</td>
<td>□ Amended</td>
<td></td>
<td>Princeton, NJ 08544</td>
</tr>
<tr>
<td>□ DHSS</td>
<td>Amendment #1-8/17/16</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ OCA (NJAC 5:23-3)</td>
<td>Emergency (including justification)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Cancellation</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>Name of Contact</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Princeton, NJ 08544</td>
<td>Robert Ortogo</td>
<td></td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Type of Facility (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Princeton University- Pyne Hall</td>
<td>Library</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>County Code (7)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pyne Lane</td>
<td>MERCER</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>County Code (7)</th>
<th>Current Use (Prior if being demolished)</th>
</tr>
</thead>
<tbody>
<tr>
<td>MERCER</td>
<td>Library</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>ATC Group Services LLC</td>
<td>00098</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Abatement Contractor (9)</th>
<th>Name of OSHA Monitor</th>
</tr>
</thead>
<tbody>
<tr>
<td>BRISTOL ENVIRONMENTAL, INC.</td>
<td>BRISTOL ENVIRONMENTAL, INC.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Three Terri Center</td>
<td>609-386-8800</td>
<td>215-788-6040</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1123 BEAVER STREET</td>
<td>215-788-6040</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement</th>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Facility Closed/Vacated During Entire Period of Abatement</td>
<td>6 / 16 / 16</td>
<td>HOLD</td>
</tr>
<tr>
<td>□ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-5:30PM PM AM</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
<th>Endorsement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>No</td>
<td>Pipe insulation-Wrap &amp; Cut</td>
<td>25 LF</td>
<td></td>
<td></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>BRISTOL ENVIRONMENTAL, INC.</td>
<td>18706</td>
<td>G.R.O.W.S. NORTH 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>BRISTOL, PA 19007</td>
<td>18706</td>
<td>MOSSIVILLE, PA 19067</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed By (Print or Type)</th>
<th>Title</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brian Scaffiro</td>
<td>Estimator</td>
<td>Brian Scaffiro</td>
</tr>
</tbody>
</table>

|MAY 11 | 5/16/085 |

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

**Date of Notification (1) 6 / 26 / 15**

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
<td>Princeton University-Office of Design and Construction</td>
</tr>
<tr>
<td>DOLWD</td>
<td>Amended Amendment #13-6/17/16</td>
<td></td>
</tr>
<tr>
<td>DSHS</td>
<td>Emergency (including justification)</td>
<td></td>
</tr>
<tr>
<td>DCA (NJAC 5:23-6)</td>
<td>Cancellation</td>
<td></td>
</tr>
</tbody>
</table>

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

**Name of Contact**
Robert Ortega

<table>
<thead>
<tr>
<th>Telephone Number</th>
<th>FACILITY INFORMATION</th>
</tr>
</thead>
</table>

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

**Street Address**
Washington Rd

**City (5)**
Princeton

**County (6)**
MERCER

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

**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 BEACON STREET

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

**Project Manager for Monitoring Firm**
Michael Keehn

**Telephone No.**
609-386-8800

**Start Date (10) 6 / 20 / 16**

<table>
<thead>
<tr>
<th>Scheduled Completion Date (11)</th>
<th>7 / 1 / 16</th>
</tr>
</thead>
</table>

**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, 8:00AM-3:00PM

**Scope of Work (Check all that apply)**
- ≥3 sf or ≥3 lb
- ≥180 sf or ≥260 lb
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friabile Procedure

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

<table>
<thead>
<tr>
<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>
</tr>
</thead>
<tbody>
<tr>
<td>Yes? No? N/A?</td>
<td>Amount (Specify SF or LF)</td>
</tr>
</tbody>
</table>

**Throughout Levels C, B and A**

- ☒ Floor tile and mastic
- ☐ Windows
- ☐ Waterproofing

**Level C North Atrium**

- ☐ Windows

**Level A offices**

- ☒ Windows

**Ext. Trustees Reading Room**

- ☐ Windows

**Name of Registered Waste Hauler**
SERVICE TRANSPORT GROUP INC

**NJDEP Waste Hauler ID No. 20980**

**Cubic Yards of Waste**

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

**City, State**
NEW CASTLE, DE

**Disposal Date**

**City, State**
MORRISVILLE, PA 19067

**Completed By (Print or Type)**
Brian Scafro

**Title**
Estimator

**Signature**

**Date** 6/17/16

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>6 / 26 / 15</th>
</tr>
</thead>
</table>

**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 Ortego

---

**FACILITY INFORMATION**

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

**Street Address**  
Washington Rd

**City (5)**  
Princeton

**County (6)**  
MERCER

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

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

**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

**Telephone No.**

**License No.**  
215-786-6040 00509

**Start Date (10)**  
6 / 20 / 16

**Scheduled Completion Date (11)**  
7 / 1 / 16

**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-6AM

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

- ≥3 sf or ≥3 lf
- >180 sf or >260 lf
- Renovation
- Demolition

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>B LEVEL SECURITY OFFICE</td>
<td>✗</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C LEVEL</td>
<td>✗</td>
<td></td>
<td></td>
</tr>
<tr>
<td>GREEN ROOF STAIR #8</td>
<td>✗</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></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>Description</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>PIPE INSULATION (WRAP &amp; CUT)</td>
<td>20 LF</td>
</tr>
<tr>
<td>FLOOR TILE &amp; MASTIC</td>
<td>900 SF</td>
</tr>
<tr>
<td>WATERPROOFING</td>
<td>135 SF</td>
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</tbody>
</table>

**Name of Registered Waste Hauler**  
SERVICE TRANSPORT GROUP INC

**NJDEP Waste Hauler ID No.**  
20990

**Cubic Yards of Waste**

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

**City, State**  
NEW CASTLE, DE

**Disposal Date**

**City, State**  
MORRISVILLE, PA 19067

**Completed By (Print or Type)**  
Brian Scafiro

**Title**  
Estimator

**Signature**  
Brian Scafiro

**Date**  
6/17/16

---

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

**Date of Notification (1):** 6/20/16  
**Name of Building Owner/Operator (2):** HOLLY FAMILY PARISH  
**Date:** JUN 23 2016  
**Name:** RAT TOMASSO

**Agency Notified:**  
- [ ] EPA  
- [ ] DEP  
- [ ] DODL  
- [ ] DOH  
- [ ] DCA

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

**Street Address:**  
812 REBECCA PLACE  
**City, State, Zip Code:** ELETHST, N.J. 07207

**Name of Facility Where Abatement is Taking Place (3):**  
HOLLY FAMILY PARISH

**Number of Floors:** 2

**Square Feet:** 2500

**Type of Facility (4):**  
- [ ] School (K-12)  
- [ ] Subchapter 6 (Other than K-12)  
- [ ] Other (i.e. private & commercial buildings, homes, etc.)

**Name of Abatement Contractor (9):** Best Removal Inc

**ASCM No.:**  
Best Removal Inc

**Name of Abatement Contractor (9):**  
Best Removal Inc  
**Street Address:**  
450 South River St  
**City, State, Zip Code:** Hackensack, N.J. 07601

**Name of OSHA Monitor:** Omega Environmental

**Street Address:**  
280 Huysler St  
**City, State, Zip Code:** Hackensack, N.J. 07606

**Abatement Type:**  
- [ ] Full Containment with Negative Pressure  
- [ ] Mini-Enclosure  
- [ ] Glovebag Procedure  
- [ ] Non-Exempted (*) and Non-Flash Procedure

**Location of Asbestos-Containing Material (ACM) TO BE ABATED IN FACILITY (13):**  
- [ ] BASEMENT  
- [ ] THERMAL INSULATION  
- [ ] THERMAL SUSTANCING

**Cubic Yards of Waste:**  
307

**Name of Registered Waste Handler:** Minervia Enterprises, LLC

**Disposal Date:** 7/16/16  
**City, State:** Waynesburg, Oh. 44688

**Completed by:** J. Maiorano  
**Title:** Estimator  
**Signature:** J. Maiorano  
**Date:** 6/20/16

ASB-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)**: 6/20/16

**Name of Building Owner/Operator (2)**: J. M. S. CHERIAN, 07083

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

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

**Street Address**:

**City, State, Zip Code (3)**: UNION, NJ 07083

**Name of Facility Where Abatement is Taking Place (3)**: J. M. S. CHERIAN

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

**Square Feet**: 2000.0

**# of Floors**: 2

**Bldg. Age**: 1915

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

**County/Code (7) (STATE USE ONLY)**: UNION

**Name of Monitoring Firm Hired by Building Owner (8)**: Best Removal Inc

**Name of Abatement Contractor (9)**: Best Removal Inc

**Street Address**:
- **450 South River St**
- **Hackensack, N.J. 07601**

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

**License No.**: 00388

**Name of OSHA Monitor**:
- **Omega Environmental**

**Street Address**:
- **280 Huyler St**
- **Hackensack, N.J. 07606**

**Start Date (10)**: 7/6/16

**Scheduled Completion Date (11)**: 7/8/16

**Occupy Status During Abatement (Check only one)**:
- [ ] Yes
- [ ] No

**Facility Closed/Vacated During Entire Period of Abatement**
- [ ] Yes
- [ ] No

**Abatement Performed Outside of Normal Facility Hours**
- [ ] Yes
- [ ] No

**Other – Describe**: 8:00 AM TO 5:00 PM

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

**Abatement Location**

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

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

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Amount (Specify SF or LFT)</th>
</tr>
</thead>
<tbody>
<tr>
<td>BASEMENT</td>
<td>600 SF X VAT</td>
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</table>

**Name of Registered Waste Hauler**

**Best Removal Inc**

**ID No.**: 17109

**Cubic Yards of Waste**

**Disposal Date**: 7/6/16

**Name of Registered Landfill**

**Minerva Enterprises, LLC**

**City, State**

**Hackensack, N.J. 07601**

**Signature**

**Completed by**

**J. Maiorano**

**Title**

**Estimator**

**Date**

**6/20/16**

*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):
6/20/16

Name of Building Owner/Operator (2):
MR. MARK WATLESL
JUN 23 2016

Agency Notified:
☐ EPA
☐ DEP
☐ NJ DOH
☐ DOL
☐ DOH
☐ DCA

Type Notification:
☐ Critical
☐ Standard
☐ Amended
☐ Emergency (including Justification)
☐ Cancellation

Street Address:

City, State, Zip Code:
TEANECK, N.J. 07666

Name of Contact:
MR. WATLESL

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3):
MR. WATLESL

Street Address: [Redacted]

City (5):
TEANECK

County Code (6):
BERGEN

County Code (7) (STATE USE ONLY):

Current Use (Prior if being demolished):
12 CAS, OCN

Type of Facility (4):
☐ School (K-12)
☐ Subchapter 5 (Other than K-12)
☐ Other (i.e., private & commercial buildings, homes, etc.)

Square Feet:
1900

# of Floors:
2

Bldg. Age:
1910

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

ASCN No.:

Name of Abatement Contractor (9):
Best Removal Inc

Street Address:
450 South River St

HACKENSACK, N.J. 07601

City, State, Zip Code:

Telephone No.:
201-329-7444

License No.:
00388

Project Manager for Monitoring Firm:

Telephone No.:

License No.:

Name of OSHA Monitor:
Omega Environmental

Street Address:
280 Huyler St

City, State, Zip Code:

S. HACKENSACK, N.J. 07606

Scope of Work (Check all that apply):

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

Abatement Type:

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

IN Facility (13):

Yes

No

N/A

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

Amount (Specify SF or LF):

TOTAL SYSTEM INSULATION: 45 SF

Name of Registered Waste Hauler:
Best Removal Inc

NJDEP Waste Hauler ID No.:
17109

Cubic Yards of Waste:
2.267

Name of Registered Landfill:
Minerva Enterprises, LLC

City, State:
HACKENSACK, N.J. 07601

Disposal Date:
7/12/16

WAYNESBURG, OH. 44688

Completed by:
J. MAIORANO

Title:
Estimator

Signature:

Date:
6/20/16

ASB-41

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

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

Date of Notification (1)
06/16/2016

Name of Building Owner/Operator (2)
Bay Head BOE

Agencies Notified

<table>
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<tr>
<th>EPA</th>
<th>DEP</th>
<th>DOL</th>
<th>DOH</th>
<th>DCA</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Type Notification
Initial

Street Address
145 Grove St

City, State, Zip Code
Bay Head, NJ 08742

Name of Contact
John Revalis

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Bay Head Elementary School

Street Address
145 Grove St

City (5)
Bay Head, NJ

County (8)
Ocean County

County Code (9) (STATE USE ONLY) 

Current Use (Prior if being demolished)

Type of Facility (4)

<table>
<thead>
<tr>
<th>School (K-12)</th>
<th>Subchapter 8 (Other than K-12)</th>
<th>Other (i.e., private &amp; commercial buildings, homes, etc.)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Square Feet

# of Floors

Bldg. Age

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

ASCM No.

Name of Abatement Contractor (9)
Nick Restoration LLC

Street Address
120 North Warren St

City, State, Zip Code
Trenton, NJ 08608

Street Address
72 Brookside Rd

City, State, Zip Code
Randolph NJ 07869

Project Manager for Monitoring Firm
Dominick Dercole

Telephone No.
(609)392-4200

Telephone No.
973-933-2550

License No.
01133

Name of OSHA Monitor
J&S Environmental

Start Date (10)
06/30/2016

Scheduled Completion Date (11)
07/02/2016

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

Abatement Performed Outside of Normal Facility Hours

Other – Describe:

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

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

<table>
<thead>
<tr>
<th>In Facility</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>BOE Office</th>
<th>Yes</th>
<th>TSI Elbows/ Wrap &amp; Cut</th>
<th>15 Pcs</th>
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<tr>
<td>Basement Hallway</td>
<td>Yes</td>
<td>TSI Elbows / Wrap &amp; Cut</td>
<td>25 Pcs</td>
</tr>
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</table>

Name of Registered Waste Hauler
Nick Restoration LLC

NUDEP Waste Hauler ID No.
33782

Cubic Yards of Waste
TBD

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

City, State
Randolph, NJ 07869

Disposal Date
TBD

Completed by
Elvira Mrda

Title
President

Signature

Date
06/18/2016
## State of New Jersey

**NOTIFICATION OF ASBESTOS ABATEMENT**

**Name of Building Owner/Operator:**
The Hudson Tea Buildings Condominium Association, Inc.

**Name of Contact:** Vito X. Lanotte, Manager

### FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Hudson Tea Buildings</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Street Address</strong></td>
<td>1500 Washington Street</td>
</tr>
<tr>
<td><strong>City</strong></td>
<td>Hoboken, NJ 07030</td>
</tr>
<tr>
<td><strong>County</strong></td>
<td>Hudson County</td>
</tr>
</tbody>
</table>

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

- **The Oak Group**

### Type of Facility (4)

- School (K-12)
- Subchapter 6 (Other than K-12)
- Other (i.e. private & commercial buildings, homes, etc.)

### 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-Outdoor project-Abatement on Exterior Columns

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

- Renovation or Demolition

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

- Exterior Columns: X

### Abatement Type

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

### Name of Registered Waste Hauler

- SMAC Corp.

### Name of Registered Landfill

- GROWS Landfill

### Signature

- Boris Gjoroski

---

*Do not use this form for asbestos licensure exempted activities.*
### State of New Jersey
### NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:30 and 12:120)

#### Name of Building Owner/Operator
The Hudson Tea Buildings Condominium Association, Inc.

#### Street Address
1500 Washington Street, Management Office
Hoboken, NJ 07030

#### Name of Contact
Vito X. Lanotte, Manager

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

#### Initial Notification

<table>
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<tr>
<th>Facility Information</th>
</tr>
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<tbody>
<tr>
<td>Name of Facility Where Abatement is Taking Place</td>
</tr>
<tr>
<td>Street Address</td>
</tr>
<tr>
<td>City (5)</td>
</tr>
<tr>
<td>County (6)</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner</td>
</tr>
<tr>
<td>Street Address</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
</tr>
<tr>
<td>Telephone No.</td>
</tr>
</tbody>
</table>

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

#### Current Use (Prior if being demolished)
- Apartments

#### Start Date
06/06/2016

#### Scheduled Completion Date
09/30/2016

#### Scope of Work (Check All That Apply)
- Remediation
- Demolition
- Asbestos-Containing Material (ACM) TO BE ABATED

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

#### Amount (Specify SF or LF)
- 46,000 SF

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

<table>
<thead>
<tr>
<th>FOR EXTERIOR</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
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</thead>
<tbody>
<tr>
<td>Exterior Columns</td>
<td>X</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Name of Registered Waste Hauler
SMAC Corp.

#### Name of Registered Landfill
GROWS Landfill

#### Disposal Date
09/30/2016

#### City, State
Morrisville, PA

#### Completed by
Borja Gojuroska

#### Title
President

#### Signature

---

* 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):** 06/15/16

**Name of Building Owner/Operator (2):** ANTHONY & LARA DEVITA

**Name of Contact:** ANTHONY DEVITA

**Facility Information**

- **Name of Facility Where Abatement is Taking Place (3):** ANTHONY & LARA'S HOME
- **Street Address:** P.O. BOX 365
- **City:** WESTFIELD
- **State:** NJ
- **Zip Code:** 07090
- **County:** UNION

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

**Square Feet:** 1200
**# of Floors:** 1
**Bldg. Age:** 1950
**Current Use (Prior to being demolished):** HOME

**Name of Monitoring Firm Hired by Building Owner (5):** A.S.S.

**Name of Abatement Contractor (6):** ASBESTOS ROBOTICS, INC. OF INDIAN ARROW

- **Street Address:** 144 MILL ST.
- **City:** PATERSON
- **State:** NJ
- **Zip Code:** 07501

**License No.:** 125-7

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

**Scope of Work (Check All That Apply):**
- 2000 sf or 2500 sf
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini Enclosure
- Glovebox Procedure
- Non-Exempted (*) and Non-Biodegradable Procedure

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

- **Location Normally Used Solely by Maintenance/Custodial Staff? (12):** Yes

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

- **Amount (Specify SF or LF):** 220 LF

**Name of Registered Waste Hauler:** INDIAN ARROW

- **NJDEP Waste Hauler ID No.:** 36031
- **Cubic Yards of Waste:** TBD

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

- **City:** HARRISVILLE
- **State:** PA

**Disposal Date:** TBD

**Completed by:** GORAN IGEV
**Title:** SECRETARY
**Signature:**

**Date:** 06/15/16

*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):
06/20/16

Name of Building Owner/Operator (2):
YEHUDA SCHONFELD

Agencies Notified:
- [X] EPA
- [X] DEP
- [X] DOH
- [X] DOL

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

Street Address:

City, State, Zip Code:
LAKewood, NJ 08701

Name of Contact:
YEHUda SCHONFELD

Telephone Number:

FACILITY INFORMATION

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

Street Address:

City (5):
LAKewood

County (6):
OCEAN COUNTY

County Code (7):

Current Use (Prior to being demolished):
HOME

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

Square Feet:
1900

# of Floors:
2

Bldg. Age:

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

ASCM No.:

Name of Abatement Contractor (9):
AAA LEAD PROFESSIONALS

Street Address:
6 WHITE DOVE COURT

City, State, Zip Code:
LAKewood, NJ 08701

Project Manager for Monitoring Firm:

Telephone No.:
732-669-9078

License No.:
1200

Start Date (10):
07/01/16

Scheduled Completion Date (11):
07/05/16

Name of OSHA Monitor:
AAA LEAD PROFESSIONALS

Street Address:
6 WHITE DOVE COURT

City, State, Zip Code:
LAKewood, NJ 08701

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

Scope of Work (Check All That Apply):
- [X] 33 sf or ≥33 F
- [X] ≥150 sf or ≥2250 ft
- [X] 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):
- [X] 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):
2000 SF

Abatement Type:

Interior:
ACM POPCORN CEILING

Name of Registered Waste Hauler:
NEWARK CARTING

N.J. DEP Waste Hauler ID No.:
04509

Cubic Yards of Waste:
15 YARDS

Name of Registered Landfill:
IESI

City, State:
NEWARK, NJ

Disposal Date:
07/05/16

City, State:
BETHLEHEM PA

Completed by:
JOSEPH PERLSTEIN
Title:
OWNER

Signature:

Date:
06/20/16

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

**State of New Jersey**

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

**Date of Notification (1)**
6/20/16

**Name of Building Owner/Operator (2)**
Anthony Lukowiak Private Home

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

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

**Street Address**
[Redacted]

**City, State, Zip Code**
Manahawkin NJ 08050

**Name of Contact**
Anthony

**Telephone Number**
2

---

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**
Anthony Lukowiak Private Home

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

**Square Feet**
1000

**# of Floors**
1

**Bldg. Age**
35+

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

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

**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

**Project Manager for Monitoring Firm**

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

**License No.**
00727

**Start Date (10)**
7/1/16

**Scheduled Completion Date (11)**
7/8/16

**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)**
- [ ] 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)

| Location of Asbestos-Containing Material (ACM) TO BE ABATED | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | Removal | Encapsulate | Endorse
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<th></th>
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<tr>
<td>Exterior Siding</td>
<td>[x]</td>
<td>Exterior Siding</td>
<td>900 SF</td>
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**Name of Registered Waste Hauler**
United Containers

**NJDEP Waste Hauler ID No.**
22459

**Cubic Yards of Waste**
3

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

**City, State**
Morrisville PA 19067

**Disposal Date**
7/8/16

**Completed by**
Anthony T Perna

**Title**
President

**Signature**

**Date**
6/20/16

---

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>5 / 24 / 16</th>
</tr>
</thead>
</table>

**Name of Building Owner/Operator (2)**
Woodstown-Priesgrove Regional School District

**Street Address**
135 East Avenue

**City, State, Zip Code**
Woodstown, NJ 08098

**Name of Contact**
BOE Office

**Telephone Number**

<table>
<thead>
<tr>
<th>FACILITY INFORMATION</th>
</tr>
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</table>

**Name of Facility Where Abatement is Taking Place (3)**
Woodstown High School/Middle School

**Street Address**
140 East Avenue

**City (5)**
Woodstown

**County (6)**
Salem

**Square Feet**
100000

**# of Floors**
3

**Bldg. Age**
101

<table>
<thead>
<tr>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>BRISTOL ENVIRONMENTAL, INC.</td>
</tr>
</tbody>
</table>

**Street Address**
1123 BEAVER STREET

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

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

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

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

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

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

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

**Throughout**
- [x] Pipe Insulation: 20 LF
- [x] Plaster: 11,840 SF
- [ ] Mineral Wool
- [ ] Wet Processed Asbestos (WPA)
- [ ] Dry Processed Asbestos (DPA)
- [ ] Heavy Duty Floor Covering

**Name of Registered Waste Hauler**
Service Transport Group Inc

**NJDEP Waste Hauler ID No.**
20990

**Cubic Yards of Waste**
100

**Name of Registered Landfill**
Minerva Landfill

**City, State**
BRISTOL, PA 19007

**Disposal Date**
7/1/16

**City, State**
Waynesburg, OH

**Completed By (Print or Type)**
Gino Pizzigoni

**Title**
Estimator

**Signature**

**Date**
6/17/16

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

Date of Notification (1) 6/17/2016

Name of Building Owner/Operator (2)
Matawan-Aberdeen Board of Education

Street Address
One Crest Way
Aberdeen, NJ 07747

Name of Contact
Mr. Adam Nasr

FACILITY INFORMATION

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

Street Address
422 Cliffwood Elementary School

City (9)
Cliffwood

County (8)
Monmouth

Name of Monitoring Firm Hired by Bligg. Owner (8)
Environmental Connection

ASCM No.
0030

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

Name of Contractor (5)
MTM Metro Corporation

Street Address
135-137 McBride Ave

City, State, Zip Code
Paterson, NJ 07501

Name of OSHA Monitor
MTM Metro Corporation

Street Address
135-137 McBride Avenue

City, State, Zip Code
Paterson, NJ 07501

Project Manager for Monitoring Firm
Roland Jones

Telephone Number
609 0322 4200

License Number
00309

Name of Reg. Waste Hauler
MTM Metro Corporation

Disp. Date
7/11/2016

City, State
135-137 McBride Ave
Tullytown, PA

Completed by (Print or Type)
Mike Damevski

Title
Project manager

Signature
Mike Damevski

Date
6/17/2016

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

Date of Notification (1) 6/17/2016
Name of Building Owner/Operator (2)
Verona Board of Education

Agencies Notified Notification Type

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

Street Address
121 Fairview Ave
City, State, Zip Code
Verona, NJ 07044

FACILITY INFORMATION

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

Street Address
121 Fairview Ave
City, State, Zip Code
Verona, NJ 07044

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

ASCM No. 00110

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

Name of Contractor (9)
MTM Metro Corporation

Street Address
135-137 McBride Ave
City, State, Zip Code
Paterson, NJ 07501

Project Manager for Monitoring Firm Telephone Number
Kevin T. Lovely 732-390-5858

Scheduled Start Date (10) 6/21/2016
Scheduled Completion Date (11) 6/24/2016

Occupy Status During Abatement (Check only one)
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Occupied by other trades

Source of Work (Check all that apply)
- > 3 sf or > 3 lsf
- > 160 sf or > 260 lsf
- Demolition

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

Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO N/A

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

Amount (Specify SF or LP) 290 LF

Abatement Type

Wrap, Cut Method

Name of Reg. Waste Hauler
MTM Metro Corporation

NJDEP Waste Hauler ID # 26552

Cubic Yards of Waste 10

Name of Reg. Landfill Tulitown

Completed by (Print or Type) Mike Damevski

Title Project Manager

Signature Mike Damevski

Date 6/17/2016

ASB-41

* Do not use this form for asbestos licensure exempted activities.
**STATE OF NEW JERSEY**

**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to N.J.A.C. 580 AND 12:120)

**Date of Notification:** 6/17/2016

**Name of Building Owner/Operator:** Verona Board of Education

**Street Address:** 121 Fairview Ave

**City, State ZIP Code:** Verona, NJ 07044

**Name of Contractor:** MTM Metro Corporation

**Street Address:** 135-137 McBride Ave

**City, State ZIP Code:** Paterson, NJ 07501

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**Facility Information**

- **Name of Facility Where Abatement is Taking Place:** Verona High School
- **Street Address:** 121 Fairview Ave
- **City, State ZIP Code:** Verona, NJ 07044
- **Name of Contractor:** MTM Metro Corporation
- **Street Address:** 135-137 McBride Ave
- **City, State ZIP Code:** Paterson, NJ 07501

**Additional Details**

- **Name of Mitigation Firm/Manager:** Whitman
- **Address:** 7 Pleasant Hill Rd
- **City, State ZIP Code:** Cranbury, NJ 08512

**Signatures**

- **Name:** Mike Damesklo
- **Title:** Project Manager
- **Date:** 6/17/2016

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- **Note:** Do not use this form for asbestos treatment exempted activities.