State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:50 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>6/27/17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agencies Notified</td>
<td>PSE&amp;G</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Dwight Thomas</td>
</tr>
<tr>
<td>Address</td>
<td></td>
</tr>
<tr>
<td>City (5)</td>
<td></td>
</tr>
<tr>
<td>State</td>
<td></td>
</tr>
<tr>
<td>Zip Code</td>
<td></td>
</tr>
<tr>
<td>County (6)</td>
<td></td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>ENVIRONMENTAL TACTICS</td>
</tr>
<tr>
<td>ASCM No.</td>
<td>0045</td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>UNIQUE SYSTEMS OF AMERICA</td>
</tr>
<tr>
<td>Street Address</td>
<td>150 CIRCLE AVE.</td>
</tr>
<tr>
<td>Telephone No.</td>
<td></td>
</tr>
<tr>
<td>License No.</td>
<td></td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>7/1/17</td>
</tr>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>7/3/17</td>
</tr>
<tr>
<td>Occupancy Status During Abatement (Check Only One)</td>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
</tr>
<tr>
<td>Scope of Work (Check All That Apply)</td>
<td>Renovation</td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED</td>
<td>1ST FLOOR, MAIN OFFICE</td>
</tr>
<tr>
<td>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</td>
<td>N/A</td>
</tr>
<tr>
<td>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td>N/A</td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
<td>450 SF</td>
</tr>
<tr>
<td>WASTE MANAGEMENT</td>
<td></td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
<td></td>
</tr>
<tr>
<td>Disposal Date</td>
<td>TBD</td>
</tr>
<tr>
<td>City, State</td>
<td></td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td></td>
</tr>
<tr>
<td>Title</td>
<td>OFFICE MGR.</td>
</tr>
<tr>
<td>Signature</td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td>6/27/17</td>
</tr>
</tbody>
</table>

* 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>6 / 26 / 17</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Verizon Communications</td>
</tr>
</tbody>
</table>

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

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

** Street Address **
71 Madison Ave

** City, State, Zip Code **
Jersey City, NJ 07034

** Name of Contact **
Alex Baylor

** FACILITY INFORMATION **

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Verizon Bergen Central Office</td>
</tr>
</tbody>
</table>

** Street Address **
71 Madison Ave

** City (5) **
Jersey City

** County (6) **
Hudson

** Square Feet **
113,347

** # of Floors **
7

** Bldg. Age **
+60

** Name of Monitoring Firm Hired by Building Owner (8) **
USA Environmental Management Inc.

** ASCM No. **

** Name of Abatement Contractor (6) **
BRISTOL ENVIRONMENTAL, INC.

** Street Address **
1123 BEAVER STREET

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

** Telephone No. **
215-365-5810

** License No. **
00509

** Project Manager for Monitoring Firm **
Mark Jenkins

** Start Date (10) **
7 / 12 / 17

** Scheduled Completion Date (11) **
7 / 21 / 17

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

** Street Address **
1123 BEAVER STREET

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

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

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED</th>
<th>Is Location Normally Used Solely by Maintenance/ Custodial Staff?</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 Janitors Closet</td>
<td>☐</td>
<td>9x9 Brown VAT/Mastic</td>
<td>20 SF</td>
<td>☒ ☒ ☒ ☒ ☒ ☒</td>
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<tr>
<td>1st Floor Janitors Closet</td>
<td>☐</td>
<td>Pipe Insulation</td>
<td>50 LF</td>
<td>☒ ☒ ☒ ☒ ☒ ☒</td>
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<tr>
<td>Basement-Sprinkler Room</td>
<td>☐</td>
<td>9x9 Brown VAT/Mastic</td>
<td>190 SF</td>
<td>☒ ☒ ☒ ☒ ☒ ☒</td>
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<tr>
<td>Basement-Sprinkler Room</td>
<td>☐</td>
<td>Drywall Ceiling</td>
<td>6 SF</td>
<td>☒ ☒ ☒ ☒ ☒ ☒</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 **
3

** Name of Registered Landfill **
MINERVA LANDFILL

** City, State **
NEW CASTLE, DE

** Disposal Date **
TBD

** Name of Registered Landfill **
MINERVA LANDFILL

** City, State **
WAYNESBURG, OH

** Completed By (Print or Type) **
Dilian DeCaro

** Title **
Estimator

** Signature **

** Date **
6-26-17

* 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 / 17

Name of Building Owner/Operator (2)
Verizon Communications

Agencies Notified
☒ EPA
☒ DOLWD
☒ DOH
☐ DCA
☐ NJAC 5:23-8

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

Street Address
71 Madison Ave

City, State, Zip Code
Jersey City, NJ 07304

Name of Contact
Alex Baylor

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Verizon Bergen Central Office

Street Address
71 Madison Ave

City (6)
Jersey City

County (6)
Hudson

County Code (7) (STATE USE ONLY)

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

ASCM No.

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

Street Address
8346 Enterprise Ave

City, State, Zip Code
Philadelphia, PA 19153

Project Manager for Monitoring Firm
Mark Jenkins

Telephone No.
215-385-5810

Start Date (10)
7 / 12 / 17

Scheduled Completion Date (11)
7 / 21 / 17

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: 5:00PM-2:30AM

Name of OSHA Monitor
BRISTOL ENVIRONMENTAL, INC.

Street Address
1123 BEAVER STREET

City, State, Zip Code
BRISTOL, PA 19007

Scope of Work (Check all that apply)

☐ ≥3 sf or ≥25
☒ ≥150 sf or ≥260 sf
☐ Renovation
☒ Demolition
☒ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

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

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

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

Amount (Specify SF or LF)

Abatement Type
Removal ☒ Repair ☒ Encapsulate ☒ Endure ☐

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
WAYNEBURG, OH

Disposal Date
TBD

Completed By (Print or Type)
Dillian DeCaro

Title
Estimator

Signature
Dillian DeCaro / D

Date
6-26-17

* 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)
6/27/17

### Name of Building Owner/Operator (2)
Marrero

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Residential</th>
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<tbody>
<tr>
<td>[X] EPA</td>
<td>Initial</td>
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<td>[ ] DOL</td>
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<td>[X] DOH</td>
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<td>[ ] DCA</td>
<td>Emergency (including justification)</td>
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<tr>
<td>[ ] Cancellation</td>
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</table>

### Street Address

<table>
<thead>
<tr>
<th>City (5)</th>
<th>County (6)</th>
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</thead>
<tbody>
<tr>
<td>Roselle, NJ</td>
<td>Union</td>
</tr>
</tbody>
</table>

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

### Name of Monitor Firm Hired by Building Owner (8)
MECS

### ASCM No.

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

### Street Address

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>Telephone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>PO Box 341, Crosswicks, NJ 08515</td>
<td>(609) 298-4070</td>
</tr>
</tbody>
</table>

### Project Manager for Monitoring Firm
Bill Weisgarber

### Telephone No.

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>PO Box 322, Allentown, NJ 08501</td>
</tr>
</tbody>
</table>

### Start Date (10) 7/6/17

### Scheduled Completion Date (11) 7/10/17

### Occupancy Status During Abatement (Check only one)
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other - Describe: 8 am - 4 pm

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

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

<table>
<thead>
<tr>
<th>Location</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>X</td>
<td>Thermal Pipe Insulation</td>
<td>5 If</td>
<td></td>
</tr>
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</table>

### Name of Registered Waste Hauler
Stevens Environmental Services, Inc.

### NJDEP Waste Hauler ID No.
18292

### Cubic Yards of Waste

### Name of Registered Landfill
Fairless Landfill

### City, State

- Allentown, NJ
- Morristown, PA

### Disposal Date

<table>
<thead>
<tr>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>7/10/17</td>
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### Completed By

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mahlon E. Stevens</td>
<td>Project Manager</td>
<td>6/27/17</td>
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</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 8:80 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>06/17/2017</th>
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</thead>
</table>

**Name of Building Owner/Operator:**
River Dell BOE

**Name of Facility Where Abatement is Taking Place:**
River Dell Middle School

**Street Address:**
230 Woodland Avenue

**City, State, Zip Code:**
River Edge, NJ 07661

**Name of Contact:**
Thomas Bonfiglio

---

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Type of Facility</th>
<th>4)</th>
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</thead>
<tbody>
<tr>
<td>School (K-12)</td>
<td>☒</td>
</tr>
<tr>
<td>Subchapter 8 (Other than K-12)</td>
<td></td>
</tr>
<tr>
<td>Other (i.e., private &amp; commercial buildings, homes, etc.)</td>
<td></td>
</tr>
</tbody>
</table>

**Square Feet:**

**# of Floors:**

**Bldg. Age:**

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

**School:**

---

**Name of Monitoring Firm Hired by Building Owner:**
Ahera Consultants Inc

**Street Address:**
PO Box 385
Oceanville, NJ 08231

**Phone Number:**
609-652-1833

**License No.:**
973-253-8828

**Name of Abatement Contractor:**
VMC Company Inc

**Street Address:**
208 Piaget Avenue
Clifton, NJ 07011

---

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

<table>
<thead>
<tr>
<th>Location</th>
<th># of ACM</th>
<th>N/A</th>
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</thead>
<tbody>
<tr>
<td>Crawlspace</td>
<td>☒</td>
<td></td>
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<tr>
<td>Pipe Insulation</td>
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<td></td>
</tr>
</tbody>
</table>

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

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

**Amount (Specify $F or LF):**

740 LF

**Completion Date:**

08/11/2017

---

**Permitting Authority:**

**Cubic Yards of Waste:**

05409

**Name of Registered Waste Hauler:**
Newark Carting Inc

**Name of Registered Landfill:**
GROWS

**Disposal Date:**

City, State
Newark, NJ

**Completed by:**
Vojtech Roszkowski
Title: President

---

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

Date of Notification (1): 08/17/2017

Agencies Notified (2)
- EPA
- DEP
- DOL
- DOH
- DCA

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

Name of Building Owner/Operator (3)
Scotch Plains/Fanwood BOE

Street Address
2280 Evergreen Avenue
City, State, Zip Code
Scotch Plains, NJ 07076

Name of Contact
Anthony Miranda

Facility Information

Name of Facility Where Abatement is Taking Place (3)
J. Ackerman Coles Elementary School

Street Address
16 Kevin Road
City (5)
Scotch Plains

County (6)
Union

County Code (7) (STATE USE ONLY)

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

Square Feet

# of Floors

Bldg Age

Current Use (Prior to being demolished)

School

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

ASCM No.
0079

Name of Abatement Contractor (9)
VMC Company Inc

Street Address
208 Piaget Avenue
City, State, Zip Code
Clifton, NJ 07011

Telephone No.
973-949-3525

License No.
00704

Project Manager for Monitoring Firm
Willy Morales

Telephone No.
973-253-8828

Start Date (10)
07.12.2017

Scheduled Completion Date (11)
07.31.2017

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

Scope of Work (Check All That Apply)
- >20 ft or >23 if
- >160 ft or >260 if
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebox Procedure
- Non-Exempted 1" and Non-Friable Procedure

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

In Facility

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
Endorse

Boiler Room
Pipe insulation
480 LF

Boiler Room
Breeching insulation
550 LF

Boiler Room
Interior insulation
18 SF

Boiler Room
Rope gasket
40 LF

Name of Registered Waste Hauler
Newark Carting Inc

Cubic Yards of Waste

05409

Name of Registered Landfill
GROWS

City, State
Newark, NJ

Completed by
Voytek Roszkowski
Title
President

Signature

Date
06/17/2017

City, State
Morrisville, PA

* Do not use this form for asbestos licensure exempted activities.
<table>
<thead>
<tr>
<th>Date of Notice (1)</th>
<th>June 22, 2017</th>
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</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Janet Dagirosa</td>
</tr>
<tr>
<td>Agencies Notified</td>
<td>X</td>
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<tr>
<td>Type Notification</td>
<td>Amended</td>
</tr>
<tr>
<td>Street Address</td>
<td>Haddon Heights, NJ 08035</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Haddon Heights, NJ 08035</td>
</tr>
<tr>
<td>Name of Contractor</td>
<td>Janet Dagirosa</td>
</tr>
<tr>
<td>Name of Abatement Contractor (8)</td>
<td>EPC Technologies Inc</td>
</tr>
<tr>
<td>ASCM No</td>
<td>N/A</td>
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<tr>
<td>Type of Facility (4)</td>
<td>Single Family Dwelling</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>New Egypt, NJ 08533</td>
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<tr>
<td>County (5)</td>
<td>Camden</td>
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<tr>
<td>County Code (7)</td>
<td>N/A</td>
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<tr>
<td>Name of Monitor Firm Hired by Building Owner (6)</td>
<td>EPC Technologies Inc</td>
</tr>
<tr>
<td>P.O. Box 337</td>
<td></td>
</tr>
<tr>
<td>Telephone No.</td>
<td>609-758-3365</td>
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<tr>
<td>License No.</td>
<td>00394</td>
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<tr>
<td>Name of Abatement Contractor (8)</td>
<td>EPC Technologies Inc</td>
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<tr>
<td>P.O. Box 337</td>
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<tr>
<td>Telephone No.</td>
<td>609-758-3365</td>
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<tr>
<td>Name of Abatement Contractor (8)</td>
<td>EPC Technologies Inc</td>
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<tr>
<td>P.O. Box 337</td>
<td></td>
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<td>Telephone No.</td>
<td>609-758-3365</td>
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<tr>
<td>Name of OSHA Monitor</td>
<td>N/A</td>
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<tr>
<td>License No.</td>
<td>00394</td>
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<td>Start Date (10)</td>
<td>6-26-17</td>
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<td>Scheduled Completion Date (11)</td>
<td>6-27-17</td>
</tr>
<tr>
<td>Occupancy Status During Abatement (Check Only One)</td>
<td>X</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:</td>
<td></td>
</tr>
<tr>
<td>Scope of Work (Check All That Apply)</td>
<td>X</td>
</tr>
<tr>
<td>23 sf or 23 sf</td>
<td></td>
</tr>
<tr>
<td>a 180 sf or 2200 sf</td>
<td></td>
</tr>
<tr>
<td>X</td>
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</tr>
<tr>
<td>Renovation</td>
<td></td>
</tr>
<tr>
<td>Demolition</td>
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<td>X</td>
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</tr>
<tr>
<td>Full Containment</td>
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<td>Negative Pressure</td>
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<td>Mini-Enclosure</td>
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<tr>
<td>Glovebag Procedures</td>
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<td>Non-Friable Procedures</td>
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</tr>
<tr>
<td>Description of Asbestos Containing Material (ACM)</td>
<td></td>
</tr>
<tr>
<td>(I.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td></td>
</tr>
<tr>
<td>Location Normally Used Only by Maintenance/ Custodial Staff? (12)</td>
<td>Yes</td>
</tr>
<tr>
<td>Location</td>
<td>Basement</td>
</tr>
<tr>
<td>X</td>
<td>Cardboard Insulation</td>
</tr>
<tr>
<td>SF</td>
<td>100</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
<td>EPC Technologies</td>
</tr>
<tr>
<td>NJDEP Waste Hauler ID No.</td>
<td>17000</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td>1</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>Waste Management of PA</td>
</tr>
<tr>
<td>City, State</td>
<td>New Egypt, NJ</td>
</tr>
<tr>
<td>City, State</td>
<td>New Egypt, NJ</td>
</tr>
<tr>
<td>Disposal Date</td>
<td>6-26-17</td>
</tr>
<tr>
<td>Signed by</td>
<td>N/A</td>
</tr>
<tr>
<td>President</td>
<td>N/A</td>
</tr>
<tr>
<td>Signed by</td>
<td>N/A</td>
</tr>
<tr>
<td>President</td>
<td>N/A</td>
</tr>
<tr>
<td>Date</td>
<td>6-22-17</td>
</tr>
<tr>
<td><strong>Do not use this form for asbestos licence exempted activities.</strong></td>
<td></td>
</tr>
</tbody>
</table>
# Notification of Asbestos Abatement

**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 8:59 and 12:120)

**Date of Notification (1):** 6/22/17

**Name of Building Owner/Operator (2):** Horizon Properties

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

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

**Street Address:** 7 Glenwood Ave, Suite 412
**City, State, Zip Code:** East Orange, NJ 07017

**Name of Contact:** Henry
**Telephone Number:**

### FACILITY INFORMATION

- **Name of Facility Where Abatement is Taking Place (3):** [Redacted]
- **City:** Kearny
- **County:** Hudson

### Name of Monitoring Firm Hired by Building Owner (5):

**ASCM No.**
**Name of Abatement Contractor (9):** AAA LEAD PROFESSIONALS

**Street Address:** 6 White Dove Cour *
**City, State, Zip Code:** Lakewood, NJ 08701
**License No.:** 1200

### Start Date (10):** 6/26/17
**Scheduled Completion Date (11):** 6/26/17
**Telephone No.:** 732-688-9078

### 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):
- [X] ≤ 2,000 sf or ≤ 2,000 ft
- [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):**
  - [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):** 0 LF
**Abatement Type:**

### INTERIOR

**Location:** Piping

**Name of Registered Waste Hauler:** NEWARK CARTING
**NJDEP Waste Hauler ID No.:** 045009
**Cubic Yards of Waste:** 2
**Name of Registered Landfill:** IESI
**Disposal Date:** 6/26/17
**City, State:** Newark, NJ

**Completed by:** JOSEPH PERLSTEIN
**Signature:** OWNER
**Date:**

---

*Do not use this form for asbestos control & licensing 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>6-30-17</th>
</tr>
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<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Mark Franchi Demolition</td>
</tr>
<tr>
<td>Street Address</td>
<td>348 Hurffville-Centerton Road</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Sewell, NJ 08080</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Mark Franchi</td>
</tr>
<tr>
<td>FACILITY INFORMATION</td>
<td></td>
</tr>
<tr>
<td>Name of Facility Where Abatement Is Taking Place (3)</td>
<td>Single Family Dwelling</td>
</tr>
<tr>
<td>Street Address</td>
<td>Winslow Twp, NJ 08064</td>
</tr>
<tr>
<td>City (5)</td>
<td>Camden</td>
</tr>
<tr>
<td>County (5)</td>
<td>Camden</td>
</tr>
<tr>
<td>Square Feet</td>
<td>800</td>
</tr>
<tr>
<td># of Floors</td>
<td>2</td>
</tr>
<tr>
<td>Bldg. Age</td>
<td>80+</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>EPC Technologies Inc.</td>
</tr>
<tr>
<td>Street Address</td>
<td>P.O. Box 337</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>New Egypt, NJ 08533</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>Steve Schenke</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>609-758-3365</td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>July 6, 2017</td>
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<tr>
<td>Scheduled Completion Date (11)</td>
<td>July 7, 2017</td>
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<tr>
<td>Type of Facility (4)</td>
<td>Single Family Dwelling</td>
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<tr>
<td>Current Use (P)</td>
<td>Single Family Dwelling</td>
</tr>
<tr>
<td>Occupancy Status During Abatement (Check Only One)</td>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
</tr>
<tr>
<td>Scope of Work (Check All That Apply)</td>
<td>x Demolition</td>
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<tr>
<td>Location of Asbestos-Containing Material (ACM)</td>
<td>Exterior Walls</td>
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<td>Location Normally Used Solely by Maintenance/Custodial Staff? (12)</td>
<td>Yes</td>
</tr>
<tr>
<td>Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td>Siding, Shingles x 2000 SF x</td>
</tr>
<tr>
<td>Amount (Specify $ or LF)</td>
<td></td>
</tr>
<tr>
<td>Abatement Type</td>
<td></td>
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<tr>
<td>Name of Registered Waste Hauler</td>
<td>EPC Technologies</td>
</tr>
<tr>
<td>NJDEP Waste Hauler ID No.</td>
<td>17000</td>
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<tr>
<td>Cubic Yards of Waste</td>
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<tr>
<td>Name of Registered Landfill</td>
<td>Waste Management of PA</td>
</tr>
<tr>
<td>City, State</td>
<td>New Egypt, NJ</td>
</tr>
<tr>
<td>Disposal Date</td>
<td>July 7, 2017</td>
</tr>
<tr>
<td>City, State</td>
<td>Moosicville, PA</td>
</tr>
<tr>
<td>Completed by</td>
<td>EPC Technologies</td>
</tr>
<tr>
<td>Title</td>
<td>President</td>
</tr>
<tr>
<td>Signature</td>
<td>Steve Schenke</td>
</tr>
<tr>
<td>Date</td>
<td>6-26-17</td>
</tr>
</tbody>
</table>

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

Date of Notification (1)
JUNE 26, 2017

Name of Building Owner/Operator (2)
VIOLA BODZAS

Agencies Notified
- EPA
- DEP
- DOL
- DOH
- DGA

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

Street Address

City, State, Zip Code
EAST BRUNSWICK, NJ 08816

Name of Contact
GAIL BORSTELMANN

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
BODZAS PROPERTY

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

Square Feet
2076 SF

Floors
3

Bldg. Age (If Prior to being demolished)
1960

RESIDENCE

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

ASCM No.

Name of Abatement Contractor (9)
Finishing Touch Asbestos Abatement Corp., Inc.

Street Address
17 Thompson Street

City, State, Zip Code
West Long Branch, NJ 07764

Project Manager for Monitoring Firm

Telephone No.
732.222.8372

License No.
00040

Start Date (10)
JULY 7, 2017

Scheduled Completion Date (11)
JULY 8, 2017

Name of OSHA Monitor
N/A

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
- 2160 sf or ≥260 if
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Glovebox Procedure
- Non-Exempted (*) and Non-Friable Procedure

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>
</tr>
</thead>
<tbody>
<tr>
<td>BASEMENT</td>
<td>X</td>
<td>TSI DUCT ELBOW</td>
<td>3SF</td>
</tr>
<tr>
<td>BASEMENT</td>
<td>X</td>
<td>TRANSITE BOARD</td>
<td>3SF</td>
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</tbody>
</table>

Name of Registered Waste Hauler
Finishing Touch Asbestos Abatement Corp., Inc.

NJDEP Waste Hauler ID No. 12058

Cubic Yards of Waste
1 cy

Name of Registered Landfill
FAIRLESS LANDFILL

City, State
WEST LONG BRANCH, NJ

Disposal Date
7/10/17

City, State
MORRISVILLE, PA

Date
6/26/17

Completed by
JOSEPH P. MILLER
Title
PRESIDENT

Signature

* Do not use this form for asbestos as licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 5:88 and 12:120)

Date of Notification (1)
6/24/17

Name of Building Owner/Operator (2)
Intersate Commercial Real Estate

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

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

Street Address
14000 Horizon Way

City, State, Zip Code
Mt Laurel, New Jersey 08054

Name of Contact
Deb

Telephone Number

FACILITY INFORMATION
Name of Facility Where Abatement is Taking Place (3)
Intersate property

Street Address
597 RT 38

City (5)
Maple Shade

County (6)
Burlington

County Code (7) (STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.

Name of Abatement Contractor (9)
Ace Insulation Co., Inc.

Street Address
95 Montrose Rd

City, State, Zip Code
Colts Neck, New Jersey 07722

Start Date (10)
7/3/17

Scheduled Completion Date (11)
7/19/17

Occupancy Status During Abatement (Check Only One)
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other – Describe: 7am-7pm

Scope of Work (Check All That Apply)
- ≥3 sf or ≥3 if
- ≥160 sf or ≥250 if

Removal
- Demolition

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)

gas station rooftop
tar on duct work
roof fashing

Amount (Specify SF or LF)
100 if
400 if

Abatement Type
Endoscope
Endo

Name of Registered Waste Hauler
Ace Insulation Co., Inc

NJDH Waste Hauler ID No.
12036

Cubic Yards of Waste
10

Name of Registered Landfill
Chirns

City, State
Colt Neck, New Jersey

Completed by
Bree McGuire
Title
Secretary Treasurer
Signature

Disposal Date
City, State
Easton, PA

Date
6/24/17

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:68 and 12:129)

Date of Notification (1) 6/15/17

Name of Building Owner/Operator (2) PSE&G

Agencies Notified Type Notification

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

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

Street Address
150 CIRCLE AVE.

City, State, Zip Code
CLIFTON, NJ 07011

Name of Contact
Dwight Thomas

Telephone Number

Name of Facility Where Abatement is Taking Place (3)
PSE&G

Street Address
150 CIRCLE AVE.

City (5)
CLIFTON

County (6)
PASSAIC

County Code (7) (STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8)
ENVIRONMENTAL TACTICS

AESC No. 0045

Name of Abatement Contractor (9)
UNIQUE SYSTEMS OF AMERICA

Street Address
396 WHITEHEAD AVE.

City, State, Zip Code
SOUTH RIVER, NJ 08882

Project Manager for Monitoring Firm
TOM GEIGER

Telephone No. 732-290-2217

Start Date (10)
6/19/17

Scheduled Completion Date (11) 7/5/17

Occupancy Status During Abatement (Check Only One)

- [ ] Facility Closed/Vacated During Entire Period of Abatement
- [X] Abatement Performed Outside of Normal Facility Hours
- [ ] Other – Describe: NECESSARY OPERATORS ONLY + 8 HRS

Scope of Work (Check All That Apply)

- [ ] ≥ 3 sf or ≥ 3 l f
- [ ] ≥ 150 sf or ≥ 260 l f
- [X] Renovation
- [X] Demolition

Full Containment with Negative Pressure
Mini-Enclosures
Glovebag Procedure
Non-Exempt (*) 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
- [X] No
- [ ] N/A

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

- [ ] VAT + MASTIC

Amount (Specify SF or LF)
3800 SF

Abatement Type

- [ ] Removal
- [ ] Repair
- [ ] Encapsulation
- [ ] Endorse

Name of Registered Waste Hauler

WASTE MANAGEMENT

NUDEP Waste Hauler ID No. 1125

Cubic Yards of Waste APPX 45

Disposal Date 7/18/17

City, State
ELIZABETH, NJ

Completed by
CAROL RAIMO
Title
OFFICE MGR.

Signature

Name of Registered Landfill
GROVE'S NORTH

City, State
MORRISVILLE, PA

Date 6/15/17

ASB-41 (R-06-09)

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

**Date of Notification (1):** 06/20/17

**Name of Building Owner / Operator (2):** RUSSO DEVELOPMENT INC.

**Street Address:** 570 COMMERCE BLVD

**City, State, Zip Code:** CARLSTADT, NJ 07072

**Name of Contact:** DOMINICK TUCCI

**Telephone Number:**

---

### FACILITY INFORMATION

**Name of Facility Where Abatement is Taking Place (3):** FORMER MERCK UNION

**Street Address:** 1011 MORRIS AVE

**City (5):** UNION

**County (6):** UNION

**County Code (7):**

**Square Feet:** 12,500

**# Of Floors:**

**Building Age:** 40 +

**Current Use (Prior if being demolished):** OFFICE / PRODUCTION

**Name of Monitoring Firm Hired by Bldg. Owner (9):** ASCM NOS

**Street Address:**

**City, State, Zip Code:**

**Telephone Number:** 973-884-6652

**License Number:** 00860

---

### Occupancy Status During Abatement (Check Only 1)

- [ ] Facility Closed/Vacated During Entire Period of Abatement
- [X] Abatement Performed Outside of Normal Facility Hours - Describe: 7:00 AM-3:30 PM
- [ ] Other - Describe:

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

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

---

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

<table>
<thead>
<tr>
<th>Material</th>
<th>Location</th>
<th>Description</th>
<th>Amount</th>
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</thead>
<tbody>
<tr>
<td>VAT</td>
<td>U8</td>
<td>Mastic</td>
<td>370 SF</td>
</tr>
<tr>
<td>VAT</td>
<td>U6</td>
<td></td>
<td>2,100 SF</td>
</tr>
<tr>
<td>CAULK</td>
<td>U6</td>
<td></td>
<td>415 LF</td>
</tr>
<tr>
<td>LAB TOP</td>
<td>U6</td>
<td></td>
<td>40 SF</td>
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**Name of Registered Waste Hauler:** NEWARK CARTING

**Cubic Yards of Waste:** 4509

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

**City, State:** NEWARK, NJ

**Disposal:**

**Name of Registered Landfill:**

**City, State:** BETHLEHEM, PA 18105

**Completed by (Print or Type):**

**Title:** Project Manager

**Signature:**

**Date:** 06/20/17
<table>
<thead>
<tr>
<th>Location of Asbestos Containing 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>Abatement Type</th>
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<tbody>
<tr>
<td>YES</td>
<td>NO NIA</td>
<td>YES NIA</td>
<td>REMOVAL</td>
</tr>
<tr>
<td>U6</td>
<td>YES NIA</td>
<td>ROOF FLASHING</td>
<td>REMOVAL</td>
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<td></td>
<td></td>
<td>510 SF</td>
<td>REPAIR</td>
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<td></td>
<td>ENCAPSUL</td>
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**Note:** The table continues with similar entries for other locations and descriptions.
### Notification of Asbestos Abatement

**State of New Jersey**
**Notification of Asbestos Abatement**
(Pursuant to NJAC 8:60-7 and 12:120-7)

**Date of Notification:** 06/20/17

**Name of Building Owner / Operator:** RUSSO DEVELOPMENT INC.

**Address:** 570 COMMERCE BLVD
**City, State, Zip Code:** CARLSTADT, NJ 07072

**Name of Contact:** DOMINICK TUCCI
**Telephone Number:**

### Facility Information

**Name of Facility Where Abatement is Taking Place:** FORMER MERCK UNION

**Street Address:** 1011 MORRIS AVE
**City:** UNION
**County:** UNION
**County Code:**

**Square Feet:** 6,500
**# Of Floors:** 1
**Building Age:** 40 +
**Current Use (Prior if being demolished)**: OFFICE / PRODUCTION

**Name of Monitoring Firm Hired by Bldg. Owner:** ASCM NOV.
**Address:**

**Street Address:** 855 WEST SHORE TRAIL
**City:** SPARTA, NJ 07871
**Name of OSHA Monitor:** NORTHSTAR CONTRACTING GRO UP, INC.
**Telephone Number:** 973-720-5249
**City, State, Zip Code:** EAST HANOVER, NJ 07936
**License Number:** 00660

**Occupancy Status During Abatement:**
- Facility Closed / Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility
- Other: _7:00 AM - 3:30 PM_

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

### Location of Asbestos Containing TO BE ABATED in Facility (13)

<table>
<thead>
<tr>
<th>Location</th>
<th>Description of Asbestos - Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>U7</td>
<td>VAT MASTIC</td>
<td>90 SF</td>
</tr>
<tr>
<td>U7</td>
<td>LAB TOP</td>
<td>12 SF</td>
</tr>
<tr>
<td>U7</td>
<td>ROOFING</td>
<td>1,460 SF</td>
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**Name of Registered Waste Hauler:** NJDEP WASTE Hauler ID No. 4609

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

**Disposal City, State:** BETHLEHEM, PA 18105
**Disposal Date:**

**Completed by (Print or Type):**

**Title:** Project Manager
**Signature:**

**Date:** 06/20/17
STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT
(PURSUANT TO NJAC 8:60-7 AND 12:120-7)

Name of Building Owner / Operator (2)
RUSSO DEVELOPMENT INC.

Agency Notified
☐ EPA  ☐ Initial
☐ DEP  ☐ Amended
☐ DOH  ☐ Amendment #
☐ DOL  ☐ Emergency w/ justification
☐ Cancellation

Name of Facility Where Abatement is Taking Place (3)
FORMER MERCK UNION

City (5) UNION
County (6) UNION
County Code (7) 07

Square Feet 11,000
# of Floors 3
Building Age 40 +

Name of Monitoring Firm Hired by Bldg. Owner (8)
ASCN NOT

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

Current Use (Prior if being demolished)
OFFICE / PRODUCTION

Name of GSA Monitor
NORTHSTAR CONTRACTING GROUP INC.

Street Address
655 WEST SHORE TRAIL

City, State, Zip Code
SPARTA, NJ 07871

Projected Start Date (9)
07/05/17

Scheduled Completion Date (11)
12/30/17

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

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

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

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

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

Amount (Specify
SF or LF)

Abatement Type
R E N C A E N C L O S E R

Name of Registered Waste Hauler
NEWARK CARTING

Disposal Date
City, State
BETHLEHEM, PA 18105

Committed by (Print or Type)
Title
Signature
Date
ASB-41
STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT
(PURSUANT TO NJAC 8:60-7 AND 12:120-7)

Date of Notification (1) 06/20/17

Name of Building Owner / Operator (2) RUSSO DEVELOPMENT INC.

Street Address 570 COMMERCIAL BLVD

City, State, Zip Code CARLSTADT, NJ 07072

Name of Contact DOMINICK TUCCI

Agencies Notified
[ ] EPA [ ] DOH

Type of Notification
[ ] Initial [ ] Emergency with/without Justification Cancellation

Amendment #

Name of Family Where Abatement is Taking Place (3) FORMER MERCK UNION

Street Address 1011 MORRIS AVE

City (5) UNION

County (6) UNION

County Code (7)

Square Feet 22,000

# Of Floors 1

Building Age 40 +

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

EHII

Street Address 655 WEST SHORE TRAIL

City, State, Zip Code SPARTA, NJ 07877

Project Mgr. For Monitoring Firm WILLIAM KIEFBL

Telephone Number 973-729-5649

Scheduled Start Date (10) 06/07/17

Sched. Completion Date (11) 06/30/17

Occupancy Status During Abatement (Check Only 1)
[ ] Facility Closed/Vacated During Entire Period of Abatement
[ ] Abatement Performed Outside of Normal Facility Hours

[ ] Other - Describe: 7:00 AM-3:30 PM

Scope of Work (Check All That Apply)
[ ] Demolition [ ] Renovation [ ] Full Containment with Negative Pressure

[ ] >300 sf or >300 sf [ ] Glovebag Procedure

[ ] >160 sf or >280 sf [ ] Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos Containing

TO BE ABATED in Facility (13)

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

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

Amount (Specify SF or LF)

Removal Type

Abatement Type

REMOVAL

REPAIR

ENCAPSULATION

ENCLOSURE

YES NO N/A

U90 SA CAULK 10 LF

U90 SA ROOF TAR 10 SF

U90 SA ROOF FLASHING 1,500 SF

Name of Registered Waste Hauler NEWARK CARTING

NJDEP Waste Custodian

Cubic Yards of Waste 4509

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

Committed by (Print or Type) Steve Stiles

Title Project Manager

Signature 

Date 06/20/17

ASB-41
Date of Notification (1) 06/20/17

Name of Building Owner / Operator (2) RUSSO DEVELOPMENT INC.

Street Address 570 COMMERCE BLVD

City, State, Zip Code CARLSTADT, NJ 07072

Name of Contact DOMINICK TUCCI

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) FORMER MERCK UNION

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

Square Feet 13,200

# Of Floors 2

Building Age 40+

Current Use (Prior to if being demolished) OFFICE / PRODUCTION

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

EHI

NORTHSTAR CONTRACTING GROUP, INC.

Street Address 655 WEST SHORE TRAIL

City, State, Zip Code SPARTA, NJ 07871

Telephone Number 973-726-5649

Occupancy Status During Abatement (Check Only 1)
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility

Scheduled Start Date (10) 07/05/17

Sched. Completion Date (11) 12/30/17

Telephone Number 973-884-8682

License Number 00860

Name of OSHA Monitor NORTHSTAR CONTRACTING GROUP, INC.

Street Address 32 Williams Parkway

City, State, Zip Code EAST HANOVER, NJ 07936

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

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

Location of Asbestos Containing

<table>
<thead>
<tr>
<th>Description of Asbestos - Containing Material (ACM) (I.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>LAB TOP</td>
<td>60 SF</td>
</tr>
<tr>
<td>CAULK</td>
<td>1,850 LF</td>
</tr>
<tr>
<td>ROOF TAR</td>
<td>5 SF</td>
</tr>
<tr>
<td>ROOF FLASH</td>
<td>6,385 SF</td>
</tr>
</tbody>
</table>

Name of Registered Waste Handler NEWARK CARTING

Cubic Yardage Name of Registered Landfill 4509 NAMELESS I.E.S.I.

Disposal Yard 509 NAMELESS I.E.S.I.

City, State, Zip Code BETHLEHEM, PA 18105

Completed by (Print or Type) STEVE STILES

Title Project Manager

Date 06/20/17

Signature
STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT
(PURSUANT TO NJAC 8:60-7 AND 12:120-7)

Date of Notification (1)
06/20/17

Name of Building Owner / Operator (2)
RUSSO DEVELOPMENT INC.

Street Address
570 COMMERCE BLVD

Name of Contact
DOMINICK TUCCI

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
FORMER MERCK UNION

Type of Facility (4)

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

Street Address
1011 MORRIS AVE

City (5) UNION

County (6) UNION

County Code (7)

Square Feet
10,600

# Of Floors
3

Building Age
40 +

Current Use (Prior if being demolished)
OFFICE / PRODUCTION

Name of Monitoring Firm HIred by Bldg. Owner (8)
EHI

ASCM NO:

NORTHSTAR CONTRACTING GROUP, INC.

Street Address
655 WEST SHORE TRAIL

City, State, Zip Code
SPARTA, NJ 07871

Project Mgr. For Monitoring Firm
WILLIAM KIERBIL

Telephone Number
973-729-9549

Name of OSHA Monitor
NORTHSTAR CONTRACTING GROUP, INC.

Street Address
32 Williams Parkway

City, State, Zip Code
East Hanover, NJ 07936

Occupancy Status During Abatement (Check Only 1)
☐ Facility Closed/Vacated During Entire Period of
  Abatement
☐ Abatement Performed Outside of Normal Facility
  Hours - Describe: 7:00 AM-3:30 PM
  07/05/17
  12/30/17

Scoping Work (Check All That Apply)

☐ Demolition
☐ 2SF or <3SF
☐ ≥160 SF or ≥260 SF
☐ Renovation

Location of
Abatement

TO BE ABATED
in Facility

Location
Location

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

Amount

Abatement Type

R E M O V A L

RENCLOSURE

Name of Registered Waste Hauler
NEWARK CARTING

Cubic Yards of Waste

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

City, State
NEWARK, NJ

Disposal Date

Completed by (Print or Type)
Steve Stiles

Title
Project Manager

Signature

Date
06/20/17
<table>
<thead>
<tr>
<th>Location of Asbestos Containing Material</th>
<th>Description of Asbestos Containing Material (A/C)</th>
<th>Amount in Facility (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>TO BE ABATED</td>
<td>Insulation, surfacing, VRT, or other miscellaneous</td>
<td>1,100 SF</td>
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<tr>
<td>Used by Maintenance or Custodial Staff</td>
<td>(13)</td>
<td></td>
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<tr>
<td>in Facility</td>
<td></td>
<td></td>
</tr>
</tbody>
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Note: The table is partially visible in the image provided.
STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT
(PURSUANT TO NJAC 8:60-7 AND 12:120-7)

Date of Notification (1) 06/20/17
Name of Building Owner / Operator (2) RUSSO DEVELOPMENT INC.
Street Address 570 COMMERCE BLVD
City, State, Zip Code CARLSTADT, NJ 07072
Name of Contact DOMINICK TUCCI
Telephone Number

AGENCIES NOTIFIED
- EPA
- DEP
- DOH
- DOL

TYPE OF NOTIFICATION
- Initial
- Amended
- Amendment #
- Emergency w/ justification
- Cancellation

FACILITY INFORMATION
Name of Facility Where Abatement is Taking Place (3) FORMER MERCK UNION
Category (4)
- School (K-12)
- Subchapter 8 (Other than K-12)
- Other (i.e., private & commercial bldgs., homes, etc.)

Street Address 1011 MORRIS AVE
City (5) UNION
County (6) UNION
County Code (7) S
Square Feet 1,400
# Of Floors 1
Building Age 40+
Current Use (Prior to if being demolished) OFFICE / PRODUCTION

Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM NO18
EHI
Street Address 655 WEST SHORE TRAIL
City, State, Zip Code SPARTA, NJ 07871
Project Mgr. For Monitoring Firm WILLIAM KIERBIL
Telephone Number 973-728-5649
Scheduled Start Date (10) 07/05/17
Scheduled Completion Date (11) 12/30/17

Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM NO18
EHI
Street Address 655 WEST SHORE TRAIL
City, State, Zip Code SPARTA, NJ 07871
Project Mgr. For Monitoring Firm WILLIAM KIERBIL
Telephone Number 973-728-5649
Scheduled Start Date (10) 07/05/17
Scheduled Completion Date (11) 12/30/17

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

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

Location of Asbestos Containing

<table>
<thead>
<tr>
<th>LOCATION OF ASBESTOS CONTAINING</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>ENCLOSURE</th>
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</thead>
<tbody>
<tr>
<td>TO BE ABATED IN FACILITY</td>
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<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>U15</td>
<td></td>
<td>ROOFING</td>
<td>400 SF</td>
<td>R</td>
<td>R</td>
</tr>
<tr>
<td>U16</td>
<td></td>
<td>ROOF FLASHING</td>
<td>157 SF</td>
<td>R</td>
<td>R</td>
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<tr>
<td>U17</td>
<td></td>
<td></td>
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<tr>
<td>U18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler NEWARK CARTING
NJDEP Waste Hauler ID No. 4509
Cubic Yards of Waste 4509
Name of Registered Landfill I.E.S.I.
Disposal Date City, State BETHLEHEM, PA 18015
Completed by (Print or Type) Steve Stiles
Title Project Manager
Signature
ASB-41
STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT
(PURSUANT TO NJAC 8:60-7 AND 12:120-7)

Date of Notification (1) 06/20/17

Name of Building Owner / Operator (2) RUSSO DEVELOPMENT INC.

Street Address 570 COMMERCE BLVD

City, State, Zip Code CARLSTADT, NJ 07072

Name of Contact DOMINICK TUCCI

TelephoneNumber

AGENCIES NOTIFIED

[ ] EPA
[ ] DEP
[ ] DOH
[ ] DOL

TYPE OF NOTIFICATION

[ ] Initial
[ ] Amended
[ ] Amendment #
[ ] Emergency w/ justification
[ ] Cancellation

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) FORMER MERCK UNION

Street Address 1011 MORRIS AVE

City (5) UNION

County (6) UNION

County Code (7) ASCM

Type of Facility (4)

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

Square Feet 9,500

# Of Floors 3

Building Age 40+

Current Use (Prior if being demolished) OFFICE / PRODUCTION

Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM N/A

Street Address 855 WEST SHORE TRAIL

City, State, Zip Code SPARTA, NJ 07871

Project Mgr. For Monitoring Firm WILLIAM KIERBIL

Telephone Number 973-729-5649

SCHEDULED START DATE (10)

07/05/17

SCHEDULED COMPLETION DATE (11)

12/30/17

Occupancy Status During Abatement (Check Only 1)

[ ] Facility Closed/Vacated During Entire Period of Abatement

[ ] Abatement Performed Outside of Normal Facility

[ ] Other - Describe: 7:00AM-3:30PM

Scope of Work (Check All That Apply)

[ ] Demolition

[ ] Renovation

[ ] Full Containment with Negative Pressure

[ ] Mini - Enclosure

[ ] Glovebag Procedure

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

LOCATION OF ASBESTOS CONTAINING

TO BE ABATED

IN FACILITY

(13)

IS LOCATION NORMALLY USED SOLELY BY MAINTENANCE/CUSTODIAL STAFF (12)

YES NO/N/A

LAB TOPS

455 SF

CAULK

849 LF

ROOF FLASHING

4,740 SF

ROOFING

8,000 SF

Name of Registered Waste Hauler NEWARK CARTING
NJDEP Waste Hauler ID No. 4509

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

Disposal Date

City, State NEWARK, NJ

Completed by (Print or Type) STEVE STILES

Title Project Manager

Signature

Date 06/20/17

ASB-41
# Notification of Asbestos Abatement

**Date of Notification (1):** 06/20/17

**Name of Building Owner / Operator (2):** RUSSO DEVELOPMENT INC.

**Address:** 570 COMMERCE BLVD

**City, State, Zip Code:** CARLSTADT, NJ 07072

**Name of Contact:** DOMINICK TUCCI

**Telephone Number:**

## Facility Information

**Name of Facility Where Abatement Is Taking Place (3):** FORMER MERCK UNION

**Street Address:** 1011 MORRIS AVE

**City, County, County Code (4):** UNION

**Square Feet:** 200

**Type of Facility:**

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

**Occupancy Status During Abatement (Check Only 1):**

- [ ] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility Hours - Describe: Other - Describe: 7:00 AM-3:30 PM

**Scheduled Start Date (10):** 07/05/17

**Scheduled Completion Date (11):** 07/30/17

**Type of Work (Check All That Apply):**

- [ ] Demolition
- [ ] Renovation
- [ ] Full Containment with Negative Pressure
- [ ] Mini - enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Frial Le Procedure

**Location of Asbestos Containing Material (ACM) (13):**

<table>
<thead>
<tr>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>TO BE ABATED In Facility</td>
</tr>
</tbody>
</table>

**Is Location Normally Used Solely by Maintenance Custodial Staff (12):** YES NO N/A

**76 TANK SHED:**

<table>
<thead>
<tr>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>ROOFING</td>
</tr>
</tbody>
</table>

**Cubic Yards of Waste:** 200 SF

**Name of Registered Waste Hauler:** NJDEP Waste Hauler ID No. 4508

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

**City, State:** BETHLEHEM, PA 18105

**Completed by (Print or Type):**

<table>
<thead>
<tr>
<th>Completion Date</th>
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<tbody>
<tr>
<td>07/10</td>
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**Signature:**
STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT
(PURSUANT TO NJAC 8:60-7 AND 12:120-7)

Date of Notification (1)
06 / 20 / 17

Name of Building Owner / Operator (2)
RUSSO DEVELOPMENT INC.

Agencies Notified
☑ EPA
☑ DEP
☐ DOH
☐ DOL

Type of Notification
☑ Initial
☐ Amended
☐ Amendment #
☐ Emergency w/ justification
☐ Cancellation

Street Address
570 COMMERCE BLVD

City, State, Zip Code
CARLSTADT, NJ 07072

Name of Contact
DOMINICK Tucci

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
FORMER MERRICK UNION

City (5)
UNION

County (6)
UNION

County Code (7)

Square Feet
77,000

No. of Floors
3

Building Age
40+

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

Street Address
1011 MORRIS AVE

City, State, Zip Code
SPARTA, NJ 07871

Project Mgr. For Monitoring Firm
WILLIAM KIEBIL

Telephone Number
973-729-5646

Name of OSHA Monitor
NORTHSTAR CONTRACTING GROUP, INC.

Street Address
955 WEST SHORE TRAIL

City, State, Zip Code
SPLAT, NJ 07871

Telephone Number
973-884-8682

License Number
00860

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

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

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

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

Is
Location

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

Name of Registered Waste Hauler
NEWARK CARTING

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

City, State
NEWARK, NJ

Disposal Date

Name of Registered Waste Hauler
Hauler ID No.
4508

Cubic Yards of Waste
810 LF

Completed by (Print or Type)

Title

Date

[Signature]
STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT
(PURSUANT TO NJAC 8:69-7 AND 12:120-7)

Date of Notification (1): 06/20/17

Name of Building Owner / Operator (2): RUSSO DEVELOPMENT INC.
Street Address: 570 COMMERCE BLVD
City, State, Zip Code: CARLSTADT, NJ 07072

Agencies Notified: EPA
Type of Notification: Initial
Amendment #: Emergency w/ justification
Cancellation:

Name of Contact: DOMINICK TUCCI
Telephone Number: 

FACILITY INFORMATION

Name of Facility Where Abatement Is Taking Place (3): FORMER MERCK UNION
Street Address: 1011 MORRIS AVE
City (5) UNION County (6) UNION County Code (7): 
Square Feet: 54,000 # Of Floors: 
Building Age: 40 +
Current Use (Prior if being demolished): OFFICE / PRODUCTION

Name of Monitoring Firm Hired by Bldg. Owner (8): EHI
Street Address: 655 WEST SHORE TRAIL
City, State, Zip Code: SPARTA, NJ 07877
Project Mgr. For Monitoring Firm: WILLIAM KIERBIL
Telephone Number: 973-729-5549

Scheduled Start Date (10): 07/05/17 Sched. Completion Date (11): 07/30/17

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

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

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Description of Asbestos - Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>U2</td>
<td>VAPO R BARRIER PAPER</td>
<td>3,000 SF</td>
</tr>
<tr>
<td>U2</td>
<td>CEILING PLASTER</td>
<td>1,080 SF</td>
</tr>
<tr>
<td>U2</td>
<td>ROOFING FLASHING</td>
<td>14,000 SF</td>
</tr>
<tr>
<td>U2</td>
<td>CAULK</td>
<td>60 LF</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler: NEWARK CARTING
NJDEP Waste Hauler ID No.: 4509

Disposal Date: 

Name of Registered Landfill: I.E.S.I.
City, State: BETHLEHEM, PA 18105

Completed by (Print or Type): 
Title: 
Signature: 
Date: 06/20/17
**STATE OF NEW JERSEY**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(PURSUANT TO NJAC 8:60-7 AND 12:120-7)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>06 / 20 / 17</th>
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<tbody>
<tr>
<td>Name of Building Owner / Operator (2)</td>
<td>RUSSO DEVELOPMENT INC.</td>
</tr>
<tr>
<td>Street Address</td>
<td>570 COMMERCE BLVD</td>
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<tr>
<td>City, State, Zip Code</td>
<td>CARLSTADT, NJ 07072</td>
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<tr>
<td>Name of Contact</td>
<td>DOMINICK Tucci</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>973-729-5059</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

| Name of Facility Where Abatement is Taking Place (3) | FORMER MERCK UNION |
| Street Address | 1011 MORRIS AVE |
| City, State, Zip Code | SPARTA, NJ 07871 |
| Project Mngr. For Monitoring Firm | WILLIAM KIERDIL |
| Sched. Start Date (10) | 07 / 05 / 17 |
| Sched. Completion Date (11) | 12 / 30 / 17 |
| Occupancy Status During Abatement (Check Only 1) | Facility Closed/Vacated During Entire Period of Abatement |
| | Abatement Performed Outside of Normal Facility Hours - Describe: 7:00 AM - 3:30 PM |
| Type of Work (Check All That Apply) | Demolition |
| | Renovation |
| Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Location of Asbestos Containing Material to be Abated in Facility (13) |
| Name of Registered Waste Hauler | NEWARK CARTING |
| City, State | NEWARK, NJ |

<table>
<thead>
<tr>
<th>Location</th>
<th>Linoleum and Mastic</th>
<th>Caulk</th>
<th>Waterproofing</th>
<th>Roof Flashing</th>
<th>U3</th>
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<tbody>
<tr>
<td>Location</td>
<td>800 SF</td>
<td>1,050 SF</td>
<td>3,200 SF</td>
<td>3,120 SF</td>
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<tr>
<td>Normal Use</td>
<td>by Maintenance/Custodial Staff</td>
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<td>Description of</td>
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</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asbestos-Containing Material (ACM)</td>
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<tr>
<td>Location of Asbestos Containing Material to be Abated in Facility (13)</td>
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<tr>
<td>Name of Registered Waste Hauler</td>
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<tr>
<td>City, State</td>
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<tr>
<td>Signature</td>
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</table>

**License Number** 09860  
**Status of Abatement** | Full Containment with Negative Pressure  
| | Mini-Enclosure  
| | Glovebag Procedure  
| | Non-Exempted (*) and Non-Friable Procedure  

**Cubic Yards of Waste**  
**Name of Registered Landfill**  
**Disposal Date**  
**City, State**  
**Signature**  
**Date**  

**Please Sign**
STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 AND 12:120-7)

Date of Notification (1) 06/20/17

Name of Building Owner / Operator (2) RUSSO DEVELOPMENT INC.

Street Address 570 COMMERCE BLVD

City, State, Zip Code CARLSTADT, NJ 07072

Name of Contact DOMINICK TUCCI

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) FORMER MERCK UNION

Street Address 1011 MORRIS AVE

City, County, Zip Code UNION UNION 07072

Square Feet 20,000 # Of Floors 1 Building Age 40 +

Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM NOT

EHl

Street Address 855 WEST SHORE TRAIL

City, State, Zip Code SPARTA, NJ 07871

Telephone Number 973-729-5594

Name of OSHA Monitor NORTHSTAR CONTRACTING GROUP, INC.

Street Address 32 Williams Parkway

City, State, Zip Code EAST HANOVER, NJ 07936

Scope of Work (Check All That Apply)

Demolition  Renovation  Full Containment with Negative Pressure

> 3sf or ≥ 3sf  4sf or ≥ 260 sf  Mini - Enclosure

Location of Asbestos Containing

TO BE ABATED in Facility (13)

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)

Asbestos Abatement Type

REMOVABLE

REMOVABLE

Determining of Asbestos - Containing Material

Name of Registered Waste Hauler NEWARK CARTING

Name of Registered Landfill

Name of Registered Waste Hauler ID No. 4509

Cubic Yards of Waste

Disposal Date

City, State BETHLEHEM, PA 18015

Completed by (Print or Type) Title

Signature

06/20/17
<table>
<thead>
<tr>
<th>Location of Asbestos Containing 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>Retention</th>
<th>Repair</th>
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<tr>
<td>U4</td>
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<td>GLUE DABBS</td>
<td>200 EA</td>
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<tr>
<td>U4</td>
<td></td>
<td>CAULK</td>
<td>80 FL</td>
<td></td>
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<tr>
<td>U4</td>
<td></td>
<td>ROOF FLASHING</td>
<td>3,500 SF</td>
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**RECEIVED**

JUN 28 2017

ASBESTOS CONTROL LICENSING
STATE OF NEW JERSEY  
NOTIFICATION OF ASBESTOS ABATEMENT  
(PURSUANT TO NJAC 8:60-7 AND 12:120-7)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner / Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>06 / 20 / 17</td>
<td>RUSSO DEVELOPMENT INC.</td>
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<tr>
<th>Agencies Notified</th>
<th>Type of Notification</th>
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<tbody>
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<td>EPA</td>
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<tr>
<td>DEP</td>
<td>Amended</td>
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<tr>
<td>DOH</td>
<td>Amendment #</td>
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<tr>
<td>DOL</td>
<td>Emergency w/ justification</td>
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<td></td>
<td>Cancellation</td>
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<table>
<thead>
<tr>
<th>Street Address</th>
<th>Name of Contact</th>
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</thead>
<tbody>
<tr>
<td>570 COMMERCE BLVD</td>
<td>DOMINICK TUCCI</td>
</tr>
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<table>
<thead>
<tr>
<th>FACILITY INFORMATION</th>
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<tbody>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
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<tr>
<td>FORMER MERCK UNION</td>
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<th>County (6)</th>
<th>County Code (7)</th>
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<td>1011 MORRIS AVE</td>
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<table>
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<tr>
<th>Square Feet</th>
<th># Of Floors</th>
<th>Building Age</th>
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<tbody>
<tr>
<td>19,000</td>
<td>40+</td>
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| Name of Monitoring Firm Hired by Bldg. Owner (8) |
| ASCM NO. NORTHERN CONTRACTING GROUP, INC. |

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>555 WEST SHORE TRAIL</td>
<td>973-729-5649</td>
</tr>
</tbody>
</table>

| Project Mgr. For Monitoring Firm | Telephone Number |
| WILLIAM KIERBL | 973-584-8682 |

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

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

| Location of Asbestos Containing |
| TO BE ABATED in Facility (13) |
| Location Normally Used Solely by Maintenance/Custodial Staff (12) |
| YES | NO | NA |

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

<table>
<thead>
<tr>
<th>Location of Waste</th>
<th>Cubic Yards of Waste</th>
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</thead>
<tbody>
<tr>
<td>NAME OF DEP WASTE HAULER</td>
<td>4509</td>
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</table>

| Name of Registered Waste Hauler |
| NEWARK CARTING |

<table>
<thead>
<tr>
<th>City, State</th>
<th>Disposal Date</th>
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</thead>
<tbody>
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<td>NEWARK, NJ</td>
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</table>

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

| Name of Registered Landfill |
| BETHLEHEM, PA 18105 |

<table>
<thead>
<tr>
<th>Completed by (Print or Type)</th>
<th>Title</th>
<th>Signature</th>
<th>Date</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Project Manager</td>
<td>Steven Liu</td>
<td>06/20/17</td>
</tr>
</tbody>
</table>
**NOTIFICATION OF ASBESTOS ABATEMENT**

**STATE OF NEW JERSEY**

**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60-7 and 12:120-7)

**Date of Notification (1)**
06/06/2017

**Name of Building Owner / Operator (2)**
ST. DEMETRIOS GREEK ORTHODOX CHURCH

**Street Address**
41-47 WISTERIA STREET

**City, State, Zip Code**
PERTH AMBOY, NJ 08861

**Name of Contact**
VINCENT ALBANESE

---

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**
ST. DEMETRIOS GREEK ORTHODOX CHURCH/AUDITORIUM

**Street Address**
41 WISTERIA STREET

**City**
PERTH AMBOY

**County**
MIDDLESEX

**County Code**
11

**Square Feet**
10,000

**# Of Floors**
1

**Building Age**
40+

**Type of Facility (4)**

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

**Current Use (Prior if being demolished)**
CHURCH/AUDITORIUM

**Name of Monitoring Firm Hired by Bldg. Owner (8)**
ASCM NO 11906

**Street Address**
28 NORTH PENNELL ROAD

**City, State, Zip Code**
MEDINA, PA 15063

**Telephone Number**
808-218-1108

**License Number**
973-884-8632

**Occupancy Status During Abatement (Check Only 1)**

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

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

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

**Location of Asbestos Containing TO BE ABATED in Facility (13)**

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

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

- Insulation, surfacing, VAT, or other miscellaneous

**Amount (Specify SF or LF)**

- 7,350 SF
- 10 SF

**Abatement Type**

- R
- R
- E
- ENCLOSED

**Name of Registered Waste Hauler**
NORTHSTAR CONTRACTING GROUP, INC.

**Cubic Yards of Waste**
GROWS

**Name of Registered Landfill**
TULLY TOWN, PA

**Complated by (Print or Type)**
Steven Stiles

**Title**
Project Manager

**Signature**

**Date**
06/27/17