**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 8:60 and 5:16)

<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>3 / 21 / 17</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of Building Owner/Operator</th>
<th>City of Pleasantville</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jim Hemingway - Garden State GC</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
</tr>
<tr>
<td>DOLWD</td>
<td>Amended Amendment #</td>
</tr>
<tr>
<td>DOH</td>
<td>Emergency (including justification)</td>
</tr>
<tr>
<td>DCA (NJAC 5:23-8)</td>
<td>Cancellation</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>18 N. First Street</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State, Zip Code</td>
<td>Pleasantville, NJ 08232</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place</th>
<th>Type of Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vacant Residence</td>
<td>School (K-12)</td>
</tr>
<tr>
<td></td>
<td>Other (i.e., private and commercial buildings, homes, etc.)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>28 West Adams Avenue</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>City (6)</th>
<th>Pleasantville</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>County (6)</th>
<th>County Code (7)/STATE USE ONLY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Atlantic</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner</th>
<th>ASCM No.</th>
<th>Name of Abatement Contractor</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td></td>
<td>Shade Environmental, LLC</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>623 Cutler Avenue</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>Maple Shade, NJ 08052</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>856-755-0099</td>
<td>00842</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>04 / 03 / 17</td>
<td>04 / 07 / 17</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of OSHA Monitor</th>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>EMSL Analytical, Inc.</td>
<td>200 Route 130 North</td>
<td>Cinnaminson, NJ 08077</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement</th>
<th>Scope of Work</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility Closed/Vacated</td>
<td>Check all that apply</td>
</tr>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours</td>
<td></td>
</tr>
<tr>
<td>Time of Abatement: AM - PM - PM - AM</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN FACILITY</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>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>Exterior</td>
<td>No</td>
<td></td>
<td>2,368 SF</td>
<td>Demolition</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>NJDEP Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Garden State Dredging and Excavating</td>
<td>34498</td>
<td>20</td>
<td>Atlantic County Utilities Authority</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>Clermont, NJ</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Completed By</th>
<th>Print or Type</th>
<th>Title</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Christina Lynch</td>
<td>Vice President of Operations</td>
<td></td>
<td></td>
<td>3/22/17</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)

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<tr>
<th>Date of Notification (1)</th>
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<tbody>
<tr>
<td>Agencies Notified</td>
<td>EPA, DOLWD, DOH</td>
</tr>
<tr>
<td>Name of Building Owner/Operator (2)</td>
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</tr>
<tr>
<td>Street Address</td>
<td>18 N. First Street</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Pleasantville, NJ 08232</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Jim Hemingway - Garden State GC</td>
</tr>
</tbody>
</table>

## FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement Is Taking Place (3)</th>
<th>Vacant Residence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>811 Church Street</td>
</tr>
<tr>
<td>City (5)</td>
<td>Pleasantville</td>
</tr>
<tr>
<td>County (6)</td>
<td>Atlantic</td>
</tr>
<tr>
<td>County Code (7)/STATE USE ONLY</td>
<td></td>
</tr>
<tr>
<td>Current Use (Prior to being demolished)</td>
<td>Vacant Residence</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>N/A</th>
</tr>
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<tbody>
<tr>
<td>Street Address</td>
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<td></td>
<td>856-755-0099</td>
</tr>
<tr>
<td>License No.</td>
<td>00842</td>
</tr>
</tbody>
</table>

| Start Date (10)          | 04 / 03 / 17 |
| Scheduled Completion Date (11) | 04 / 07 / 17 |

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check only one)</th>
<th>Facility Closed/Vacated During Entire Period of Abatement</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM-PM-AM-PM</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
<th>Full Containment with Negative Pressure</th>
</tr>
</thead>
<tbody>
<tr>
<td></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>
</tr>
</thead>
<tbody>
<tr>
<td>Exterior</td>
<td>Yes</td>
<td></td>
<td>300 SF</td>
<td>X</td>
</tr>
<tr>
<td>Siding</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler: Garden State Dredging and Excavating</th>
<th>N/J/DEP Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>34498</td>
<td>1</td>
<td>Atlantic County Utilities Authority</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>Clerkmont, NJ</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disposal Date</td>
<td>4/7/2017</td>
</tr>
<tr>
<td>City, State</td>
<td>Egg Harbor Township, NJ</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed By (Print or Type)</th>
<th>Christina Lynch</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
<td>Vice President of Operations</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>[Signature]</td>
<td>3/21/17</td>
</tr>
</tbody>
</table>

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

**State of New Jersey**

**Notification of Asbestos Abatement**

(Pursuant to NJAC 8:60 and 5:16)

### Date of Notification
- 17/21/17

### Name of Building Owner/Operator
- City of Pleasantville
- Street Address: 18 N. First Street
- City, State, Zip Code: Pleasantville, NJ 08232
- Name of Contact: Jim Hemingway - Garden State GC

### Facility Information

- **Name of Facility Where Abatement is Taking Place**
  - Vacant Residence
  - Street Address: 219 E. Greenfield Avenue
  - City: Pleasantville
  - County: Atlantic

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

- **ASCM No.**

- **Name of Abatement Contractor**
  - Shade Environmental, LLC

- **Street Address**
  - 623 Cutler Avenue
  - City, State, Zip Code: Maple Shade, NJ 08052

- **Telephone No.**
  - 856-755-0099

- **License No.**
  - 00842

- **Name of OSHA Monitor**
  - EMSL Analytical, Inc.

- **Street Address**
  - 200 Route 130 North
  - City, State, Zip Code: Cinnaminson, NJ 08077

- **Scope of Work**
  - Check all that apply:
    - ≥ 3 sf or ≥ 3 if
    - ≥ 160 sf or ≥ 260 sf
    - Demolition
    - Renovation
    - Non-Exempted (1) and Non-Fireable Procedure

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

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

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

- **Amount (Specify SF or LF)**
  - 300 SF

- **Abatement Type**
  - ☑️ Full Containment with Negative Pressure
  - ☑️ Demolition

- **Name of Registered Waste Hauler**
  - Garden State Dredging and Excavating

- **Waste Hauler ID No.**
  - 34498

- **Cubic Yards of Waste**
  - 1

- **Name of Registered Landfill**
  - Atlantic County Utilities Authority

- **Disposal Date**
  - 47/2017

- **City, State**
  - Egg Harbor Township, NJ

- **Compiled By** (Print or Type)
  - Christina Lynch

- **Title**
  - Vice President of Operations

- **Signature**
  - [Signature]

- **Date**
  - 3/2/17

---

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

Date of Notification (1) 3/22/17
Name of Building Owner/Operator (2) Ted Nicolescu

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

Street Address
City, State, Zip Code Rutherford NJ 07070
Name of Contact Ted
Telephone Number

FACILITY INFORMATION

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

Street Address
City (5) Rutherford
County (6) Bergen
County Code (7) (STATE USE ONLY)
Square Feet 2100
# of Floors 2
Bldg. Age 67
Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8) ASCM No.
Name of Abatement Contractor (9) ABS Environmental Services, LLC
Street Address PO Box 483, 4 E Gate Drive
City, State, Zip Code Glenwood, NJ 07418
Project Manager for Monitoring Firm Telephone No.
Telephone No. 973-764-2278
License No. 703
Name of OSHA Monitor

Start Date (10) 4/12/17
Scheduled Completion Date (11) 5/3/17

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
☒ ≥ 180 sf or ≥ 280 ft
☐ Renovation
☒ Demolition

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

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

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>basement</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>pipe insulation</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Amount (Specify SF or LF) 50 LF

Abatement Type

Location of
Asbestos-Containing Material (ACM)

Freehold Cartage
NUDEP Waste Hauler ID No. 15939
Cubic Yards of Waste TBD
Name of Registered Landfill Western Berks Landfill

City, State Freehold, NJ
Disposal Date TBD
City, State Birdsboro PA

Completed by A. Scott Higgins Title President
Signature Date 3/22/17

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

Date of Notification (1):
3/22/17

Name of Building Owner/Operator (2):
Leon Vernovsky

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

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

Street Address:

City, State, Zip Code:
Nutley, NJ 07110

Name of Contact:
Leon

Telephone Number:

FACILITY INFORMATION

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

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

Square Feet:
2000

# of Floors:
2

Bldg, Age:
62

Current Use (Prior if being demolished):

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

ASCM No.:

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

Street Address:
PO Box 483, 4 E Gate Drive

City, State, Zip Code:
Glenwood, NJ 07418

Project Manager for Monitoring Firm:

Telephone No.:
973-764-2276

License No.:
703

Start Date (10):
4/1/17

Scheduled Completion Date (11):
4/30/17

Occupancy Status During Abatement (Check Only One):
- Facility Closed/ vacated during entire period of Abatement
- Abatement performed outside of normal facility hours
- Other - Describe: removal

Scope of Work (Check All That Apply):

- ≥3 sf or ≥3 if
- ≥160 sf or ≥260 if
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

Amount (Specify SF or LF):
30 LF

Abatement Type:

Name of Registered Waste Hauler:

Freehold Cartage

NJDEP Waste Hauler ID No.:
15939

Cubic Yards of Waste:
TBD

Name of Registered Landfill:
Western Berks Landfill

City, State:
Birdsboro, PA

Completed by:
A. Scott Higgins
Title:
President
Signature:

Date:
3/22/17

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

Date of Notification (1)  
3/22/17

Name of Building Owner/Operator (2)  
Mr. & Mrs. Latsko

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

Street Address
City, State, Zip Code  Plainfield, NJ 07060

Name of Contact  
Lori Latsko

Telephone Number

FACILITY INFORMATION

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

Street Address

City (5)  Plainfield

County (8)  Union

County Code (7)  (STATE USE ONLY)

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

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

Square Feet  2200  # of Floors  2  Bidg. Age  66

Current Use (Prior if being demolished)  

Name of Abatement Contractor (5)  
ABS Environmental Services, LLC

Street Address  
PO Box 483, 4 E Gate Drive

City, State, Zip Code  Glenwood, NJ 07418

Name of OSHA Monitor  

Project Manager for Monitoring Firm  
Telephone No.

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

Start Date (10)  
4/17/17

Scheduled Completion Date (11)  
5/17/17

Occupancy Status During Abatement (Check Only One)

Scope of Work (Check All That Apply)

☐ ≥3 sf or ≥3 ft  ☑ ≥160 sf or ≥260 ft  ☑ Renovation
☐ 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 insulation, surfacing, VAT, or other miscellaneous)

Amount (Specify SF or LF)  90 LF

Abatement Type

☐ Removal  ☑ Repair  ☑ Encapsulate  ☑ Enclosure

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

Location of Registered Waste Hauler  
Freehold Cartage

Freehold Cartage

15939  

Cubic Yards of Waste  TBD

Name of Registered Landfill  
Western Berks Landfill

City, State  Birdboro, PA

Completed by  
A. Scott Higgins  
Title  President  
Signature  
Date  3/22/17

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

**Date of Notification (1):** 03/22/17  
**Name of Building Owner/Operator (2):** Shallesh Mittal  
**Check No.:** 4810  
**Check Amount:** $200

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

**Street Address:**  
- City, State, Zip Code: Hamilton, New Jersey 08610  
- Name of Contact: Shallesh Mittal

**FACILITY INFORMATION**  
**Name of Facility Where Abatement is Taking Place (3):** Residence  
**Square Feet:** 1200  
**Bldg. Age:** 60  
**# of Floors:** 1

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

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

**Name of Monitoring Firm Hired by Building Owner (8):** ASCM  
**ASCM No.:**  
**Name of Abatement Contractor (9):** Lillich Corporation  
**Street Address:** 606 McBride Avenue  
**City, State, Zip Code:** Woodland Park, New Jersey 07424

**Project Manager for Monitoring Firm:**  
**Telephone No.:** 973-225-6400  
**License No.:** 01104

**Start Date (10):** 03/24/2017  
**Scheduled Completion Date (11):** 03/25/2017

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

**Scope of Work (Check All That Apply):**  
- [X] 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:**  
- Location Normally Used Solely by Maintenance/Custodial Staff? (12):  
- Yes, No, N/A
- Basement

**Is Location Normally Used Solely by Maintenance/Custodial Staff? (12):** No  
**Location:** TSI  
**Amount (Specify SF or LF):** 200 LF  
**Abatement Type:**

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

**Name of Registered Waste Hauler:** Lillich Corporation  
**NJDEP Waste Hauler ID No.:** 18724  
**Cubic Yards of Waste:** 2  
**Name of Registered Landfill:** GROWLS Landfill  
**Disposal Date:** 03/25/2017  
**City, State:** Morrisville, PA

**Completed by:** Adriana Olejarova  
**Title:** President  
**Signature:**  
**Date:** 03/22/17

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

## NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAG 8:20 and 12:120)

### Name of Building Owner/Operator
- **Shallesh Mittal**

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

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

### Street Address
- __________

### City, State, Zip Code
- **Hamilton, New Jersey 08610**

### Name of Contact
- **Shallesh Mittal**

### Telephone Number
- __________

### Name of Facility Where Abatement is Taking Place
- Residence

### Street Address
- **Hamilton, New Jersey 08610**

### County
- **Mercer**

### County Code (STATE USE ONLY)
- __________

### Name of Monitoring Firm Hired by Building Owner
- ASCM No.

### Name of Abatement Contractor
- **Lilich Corporation**

### Street Address
- 606 McBride Avenue

### City, State, Zip Code
- **Woodland Park, New Jersey 07424**

### Project Manager for Monitoring Firm
- __________

### Telephone No.
- **973-225-8400**

### License No.
- **01104**

### Name of OSHA Monitor
- **Iris Environmental Laboratories, LLC**

### Street Address
- 2333 Route 22 West

### City, State, Zip Code
- **Union, New Jersey 07083**

### Start Date
- **03/24/2017**

### Scheduled Completion Date
- **03/25/2017**

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

### Scope of Work
- X Renovation
- X Demolition

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

<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 (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>X</td>
<td>TSI</td>
<td>200 LF</td>
<td></td>
</tr>
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</table>

### Name of Registered Waste Hauler
- **Lilich Corporation**

### NJDEP Waste Hauler ID No.
- **18724**

### Cubic Yards of Waste
- **2**

### Name of Registered Landfill
- **GROWS Landfill**

### City, State
- **Woodland Park, New Jersey**

### Disposal Date
- **03/25/2017**

### Completed by
- Adriana Olejarova

### Title
- President

---

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

Date of Notification (1): 03-21-17

Name of Building Owner/Operator (2): IBN Construction Corp

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

Type Notification: [ ] Initial [ ] Amended

Amendment #: [ ] Emergency (including justification) [ ] Cancellation

Street Address: 49 Hermont St.

City, State, Zip Code: Newark, NJ 07105

Name of Contact: Nelson Espinosa

FACILITY INFORMATION

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

Street Address: [Redacted]

City (5): Roselle

County (6): Union

County Code (7): [State Use Only]

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

ASCM No.: [ ]

Name of Abatement Contractor (5): Delfa Contracting LLC

Street Address: 522 7th St.

City, State, Zip Code: Union City NJ 07087

Project Manager for Monitoring Firm: [Redacted]

Telephone No.: 201 216-9603

License No.: 01206

Start Date (10): 03-31-17

Scheduled Completion Date (11): 04-04-17

Name of OSHA Monitor: Delfa Contracting LLC

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):

[ ] 2,3 sf or ≥3 lf
[ ] 2,160 sf or ≥2,600 lf
[ ] Renovation
[ ] Demolition
[ ] Full Containment with Negative Pressure
[ ] Mini-Enclosure
[ ] Glovebag Procedure
[ ] Non-Exempted (*) and Non-Friable Procedure

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

In Facility (13):

Yes No N/A

Roof X

2nd Floor X

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

Yes No N/A

Roof

Joint Compound

Cubed Yards of Waste: 15

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

Amount (Specify SF or LF): 2,250 SF

Abatement Type:

Removal

Repair

Encapsulate

Endoscope

Name of Registered Waste Hauler: Delfa Contracting LLC

NJDEP Waste Hauler ID No.: 35240

Cubic Yards of Waste: 15

Name of Registered Landfill: Tullytown Resource Recovery Facility

City, State: Tullytown, PA

Disposal Date: 04-07-17

Completed by: Jaime Delgado

Title: Proj. Manager.

Signature: [Redacted]

Date: 03-21-17

* 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>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 / 24 / 17</td>
<td>Seton Hall University / Job #1703-5129 Check #9083</td>
</tr>
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</table>

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

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

**Street Address**  
400 South Orange Ave.

**City, State, Zip Code**  
South Orange, NJ

**Name of Contact**  
Leon Vandemeulebroeke  
Telephone Number 973-761-9454

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**  
Seton Hall- Reagan Recreation Center

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

**Square Feet**  
# of Floors

**Bed. Age**

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

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

**Name of Abatement Contractor (6)**  
AbateTech, Inc.

**Street Address**  
280 Huyler Street  
South Hackensack, NJ 07606

**City, State, Zip Code**  
Lumberton, NJ 08048

**Project Manager for Monitoring Firm**  
Gelser Fajardo  
Telephone No. 201-489-8700

**Telephone No.**  
609-265-2107

**License No.**  
00529

**Name of OSHA Monitor**  
EMSL Analytical

**Street Address**  
200 Route 130 North  
Cinnaminson, NJ 08077

**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**  
IN Facility (13)

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

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

**Amount (Specify SF or L.F.)**  
Full Containment with Negative Pressure  
Mini-Enclosure  
Glovebag Procedure  
Non-Exempted (*) and Non-Friable Procedure

**Main Floor Recreation Center**

- Pipe Insulation 75 LF

**Name of Registered Waste Hauler**  
AbateTech, Inc.

**NJDEP Waste Hauler ID No.**  
18750

**Cubic Yards of Waste**  
12

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

**City, State**  
Lumberton, NJ  
Tullytown, PA

**Disposal Date**  
4/14/17

**Completed By (Print or Type)**  
Gwendolyn Trumbetti  
Operations Coordinator

**Signature**

**Date**  
3/24/17

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

Date of Notification (1)
03/22/2017

Name of Building Owner/Operator (2)
Bound Brook BOE

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

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

Street Address
111 West Union Avenue

City, State, Zip Code
Bound Brook, NJ 08805

Name of Contact
Mr. Ernie Turner

Telephone Number
732-356-2500

FACILITY INFORMATION

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

Street Address
162 Cherry Street

City (5)
Bound Brook

County (6)
Somerset

County Code (7) (STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8)
RK Occupational Inc

ASCM No. (9)
0080

Name of Abatement Contractor (9)
VMC Company Inc

Street Address
401 St. James Avenue

City, State, Zip Code
Phillipsburg, NJ 08865

Project Manager for Monitoring Firm
Jonathon Gilbert

Telephone No.
908-454-6316

Start Date (10)
04/10/2017

Scheduled Completion Date (11)
04/13/2017

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

Scope of Work (Check All That Apply)
☒ ±23 sf or ±23 sq ft
☒ ±160 sf or ±260 sq ft
☐ Renovation
☒ Demolition

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

Is Location Normally Used Solely by Maintenance/ Custodial Staff? (16)
Yes  ☑ No  ☑ N/A

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

Amount (Specify SF or LF)
80 LF

Abatement Type
☒ Removal
☒ Encapsulation
☒ Encourage

Name of Registered Waste Hauler
Newark Carting Inc

NJ/DEP Waste Hauler ID No.
05409

Cubic Yards of Waste

Disposal Date

Name of Registered Landfill
Grand Central Sanitary Landfill

City, State
Pan Argyll, PA

Completed by
Voytek Roszkowski

Title
President

Signature

Date
03/22/2017

* 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)  
03/22/2017

Name of Building Owner/Operator (2)  
Academy of the Holy Angels

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

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

Street Address  
315 Hillside Avenue

City, State, Zip Code  
Demarest, NJ 07627

Name of Contact  
George Ballane

Telephone Number  
201-768-7822

Name of Facility Where Abatement is Taking Place (3)  
Academy of the Holy Angels

City (5)  
Demarest

County (6)  
Bergen

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

ASCN No.  
00148

Name of Abatement Contractor (9)  
VMC Company Inc

Street Address  
208 Plaget Avenue

City, State, Zip Code  
Clifton NJ 07011

Project Manager for Monitoring Firm  
Mike Garambone

Telephone No.  
609-730-0007

Start Date (10)  
04/03/2017

Scheduled Completion Date (11)  
04/28/2017

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

Other - Describe:  
occupied

Scope of Work (Check All That Apply)  
☐ ≥ 30 sf or ≥ 3 if  
☒ ≥ 160 sf or ≥ 260 if

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

Description of Abasbestos-Containing Material (ACM) (I.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  
Pipe fittings- "wrap & cut"  
150 LF

Window glazing  
126 windows

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

Basement, 1st & 2nd fl  
☒  

Exterior  
☐  

1st fl  
☒  

Wall mastic  
75 SF

Amount (Specify SF or LF)  

Abatement Type  
☐ Removal  
☐ Encapsulate  
☐ Enclosure  
☐ Full Containment with Negative Pressure  
☐ Mini-Enclosure

Gloves Bag Procedure  
Non-Exempted (*) and Non-Friable Procedure

Name of Registered Waste Hauler  
Newark Carting Inc

NJDEP Waste Hauler ID No.  
05409

Cubic Yards of Waste  

Name of Registered Landfill  
Grand Central Landfill

City, State  
Newark NJ

Disposal Date  

Completed By  
Voytek Roszkowski  
Title  
President

Signature  
[Signature]

Date  
03/22/2017

* Do not use this form for asbestos license exempted activities.
Date of Notification (1) 3/24/17

Name of Building Owner/Operator (2) Kathleen Fitzpatrick

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

Type Notification
- Initial

Street Address [redacted]

City, State, Zip Code Old Tappan, NJ 07675

Name of Contact Kathleen Fitzpatrick

Telephone Number 201-259-9663

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

Square Feet 4000

# of Floors 3

Bldg. Age 60+/-

Residential Home

Name of Facility Where Abatement is Taking Place (3)

Residential Home

County Code (7) [STATE USE ONLY] Bergen

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

Project Manager

Name of Abatement Contractor (9)

All Stages Abatement

Start Date (10) 4/3/17

Scheduled Completion Date (11) 4/4/17

Occupancy Status During Abatement (Check Only One)
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other – Describe: 9 A.M. to 4 P.M

Street Address 280 N. Midland Ave.

City, State, Zip Code Saddle Brook, NJ 07663

Telephone No. 201-600-3184

License No. 01305

Name of OSHA Monitor

Project Manager for Monitoring Firm

Telephone No.

Street Address

City, State, Zip Code

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

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

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) 325 SF

Abatement Type

Location of Registered Waste Hauler NJDEP Waste Hauler ID No. 04509

Cubic Yards of Waste 3 CU

Name of Registered Landfill IESI Landfill

Disposal Date TBD

City, State Bethlehem, PA

Completed by Richard Cristofol Title President

Signature

Date 3/24/17

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

Date of Notification (1) 11/17

Name of Building Owner/Operator (2) Jim Cromeberger

EPA
DEP
DOL
DOH
DCA

Type Notification
Initial
Amendment
Cancellation

Street Address

City, State, Zip Code
Berkeley Heights, NJ 07922

Name of Contact Edward Delia

Telephone Number 908-723-1613

FACILITY INFORMATION

Name of facility where abatement is taking place (3)

Jim Cromeberger

Street Address

City (5)
Berkeley Heights

County (6)
Union

County Code (7) (State use only)

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

ASCM No. n/a

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

Street Address
105 Ryerson Road

City, State, Zip Code
Lincoln Park, NJ 07035

Telephone Number (973)696-8869
License Number 00378

Type of Facility (4)

School (K - 12)
Subchapter B (Other than K-12)
Other (Private/Commercial Bldgs./Homes, etc.)

Square Feet # of Floors Bldg. Age

Current Use (Prior if being demolished)
residential

Scheduled Start Date (10) 04/03/2017

Sched. Completion Date (11) 04/04/2017

Occupancy Status During Abatement (Check only one)

Facility closed/vacated during entire period of abatement.
Abatement performed outside of normal facility hours.

Describe:

Other-Describe:

Scope of Work (check all that apply)

Demolition
Renovation

>3 sf or >3 lf

≥160 sf or ≥260 lf

Full Containment w/negative pressure
Glovebag procedure

Mini-enclosure
Non-friable procedure

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

Is location normally used solely by maintenance/custodial staff (12)

Yes No N/A

Description of asbestos-containing material (ACM)

Amount (Specify SF or LF)

Removal
Repair
Encap

Name of Registered Landfill
Tullytown Resource & Recovery Center

City, State
Lincoln Park, NJ

Disposal Date 04/04/2017

Cubic Yards of Waste
2

Registered Waste Hauler
B & G Restoration, Inc.
NJDEP Hauler ID # 19563

Completed by (Print or Type)
Gordana Luna

Title Secretary/Treasurer

Signature Gordana Luna

Date 03/24/2017
State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)
10/12/2017

Name of Building Owner/Operator (2)
janet mcnelly

Agencies Notified

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

Address Information

Street Address
[Redacted]

City, State, Zip Code
scotch plains, nj 07076

Name of Contact
janet mcnelly

Telephone Number
908-451-5381

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
janet mcnelly

Street Address
[Redacted]

City (5) County (6) County Code (7)
scotch plains UNION

Name of Monitoring Firm Hired by Bldg. Owner (8)
D & S RESTORATION, INC.

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

Square Feet # of Floors Bldg. Age

Current Use (Prior if being demolished)

Name of Abatement Contractor (9)
D & S RESTORATION, INC.

Start Date (10) Sched. Completion Date (11)
04/03/17 04/24/17

Occupancy Status During Abatement (Check only one)
FACILITY CLOSED/VACATED DURING ENTIRE PERIOD OF ABATEMENT.
ABATEMENT PERFORMED OUTSIDE OF NORMAL FACILITY HOURS.
OTHER: NORMAL HOURS

Scope of Work (check all that apply)
≥3 sf or ≥3 ft
≥160 sf or ≥260 ft
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>
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<tbody>
<tr>
<td>BASEMENT</td>
<td></td>
<td>X</td>
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<tr>
<td>BASEMENT CRAWL SPACE</td>
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<td>X</td>
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Description of asbestos-containing material (ACM)

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<thead>
<tr>
<th>Material</th>
<th>Amount (Specify SF or LF)</th>
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<tbody>
<tr>
<td>PIPE INSULATION</td>
<td>1621 ft</td>
</tr>
<tr>
<td>PIPE INSULATION</td>
<td>181 ft</td>
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</table>

Registered Waste Hauler
NJDEP Hauler ID# 13506

City, State
PATerson, NJ 07503

Disposal Date
04/04/17

Name of Registered Landfill
TULLYTOWN, RESOURCE RECOVERY

City, State
TULLYTOWN, PA

Completed by (Print or Type)
BOGDAN JOLDZIC
Title
PRESIDENT
Signature
Date
03/20/2017

ASB-41

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
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<tbody>
<tr>
<td>11/17</td>
<td>murat aktar</td>
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<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Name of Contact</th>
<th>Telephone Number</th>
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<td>murat aktar</td>
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**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of facility where abatement is taking place (3)</th>
<th>Street Address</th>
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<tbody>
<tr>
<td>murat aktar</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>City (6)</th>
<th>County (6)</th>
<th>County Code (7)</th>
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<tbody>
<tr>
<td>edgewater</td>
<td>BERGEN</td>
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<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Bldg. Owner (8)</th>
<th>ASCM No.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Name of Abatement Contractor (9)</th>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>D &amp; S RESTORATION, INC.</td>
<td>20 California Ave.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>License Number</th>
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</thead>
<tbody>
<tr>
<td>Paterson, NJ 07503</td>
<td>01169</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Telephone Number</th>
<th>License Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>973-345-8020</td>
<td>01169</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of OSHA Monitor</th>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>D &amp; S Restoration, Inc.</td>
<td>20 California Avenue</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Paterson, NJ 07503</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check only one)</th>
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</thead>
<tbody>
<tr>
<td>Facility closed/vacated during entire period of abatement.</td>
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<tr>
<td>Abatement performed outside of normal facility hours-Describe:</td>
</tr>
<tr>
<td>OTHER-DESCRIBE: NORMAL HOURS</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>&gt;3 sf or &gt;3 ft</td>
</tr>
<tr>
<td>180 sf or &gt;260 ft</td>
</tr>
<tr>
<td>Demolition</td>
</tr>
<tr>
<td>Renovation</td>
</tr>
<tr>
<td>Full Containment with negative pressure</td>
</tr>
<tr>
<td>Mini-enclosure</td>
</tr>
<tr>
<td>Gloves bag procedure</td>
</tr>
<tr>
<td>Non-Exempted (*) and Non-friable procedure</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of asbestos-containing material (acm) to be abated in facility (13)</th>
</tr>
</thead>
<tbody>
<tr>
<td>BASEMENT</td>
</tr>
<tr>
<td>Location normally used solely by maintenance/custodial staff (12)</td>
</tr>
<tr>
<td>Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description of asbestos-containing material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>PIPE INSULATION</td>
<td>$70</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>$70</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Registered Waste Hauler</th>
<th>NJDEP Hauler ID#</th>
</tr>
</thead>
<tbody>
<tr>
<td>D &amp; S RESTORATION, INC.</td>
<td>13506</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>8 yds</td>
<td>TULLYTOWN, RESOURCE RECOVERY</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>Disposal Date</th>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>PATerson, NJ 07503</td>
<td>03/23/17</td>
<td>TULLYTOWN, PA</td>
</tr>
</tbody>
</table>

Completed by (Print or Type) | Title | Signature | Date |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>ROGAR HOLZIG</td>
<td>PRESIDENT</td>
<td></td>
<td>03/23/17</td>
</tr>
</tbody>
</table>

RECEIVED MAR 27 2017
ASBESTOS CONTROL & LICENSING
**State of NJ Notification of Asbestos Abatement**  
(Pursuant to NJAC 8:80 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2/12/17</td>
<td>murat altar</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification Initial</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Amended</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>edgewater, nj 07020</td>
<td>201-923-3979</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of facility where abatement is taking place (3)</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>murat altar</td>
<td>201-923-3979</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Bldg. Owner (4)</th>
<th>ASCM No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>D &amp; S Restoration, INC</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>D &amp; S Restoration, INC</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>20 California Ave.</td>
<td>Paterson, NJ 07503</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Abatement Contractor (9)</th>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>D &amp; S Restoration, INC</td>
<td>20 California Ave.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Abatement Contractor (9)</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>D &amp; S Restoration, INC</td>
<td>Paterson, NJ 07503</td>
</tr>
</tbody>
</table>

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

- Facility closed/evacuated during entire period of abatement.
- Abatement performed outside of normal facility hours.

<table>
<thead>
<tr>
<th>Other-Describe:</th>
<th>Normal Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full containment w/positive pressure</td>
<td>Renovation</td>
</tr>
<tr>
<td>Mini-enclosure</td>
<td>Demolition</td>
</tr>
<tr>
<td>Glovebag procedure</td>
<td></td>
</tr>
<tr>
<td>Non-Exempted (*) and Non-Trimable procedure</td>
<td></td>
</tr>
</tbody>
</table>

**Location of asbestos-containing material (ACM)**

<table>
<thead>
<tr>
<th>Location normally used only by maintenance/custodial staff</th>
<th>Description of asbestos-containing material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>Pipe insulation</td>
</tr>
</tbody>
</table>

**Disposal**

<table>
<thead>
<tr>
<th>Registered Waste Hauler</th>
<th>Load Size</th>
<th>Disposal Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>D &amp; S Restoration, INC</td>
<td>13 tons</td>
<td>03/23/17</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paterson, NJ</td>
<td>03/23/17</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Registered Waste Hauler</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>D &amp; S Restoration, INC</td>
<td>TULLY TOWN, RESOURCE RECOVERY</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paterson, NJ</td>
<td>03/17/2017</td>
</tr>
</tbody>
</table>
State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)

Name of Building Owner/Operator (2)
jim weigl

Agencies Notified
☐ EPA  ☑ Initial
☐ DEP  ☑ Amended
☐ DOL  ☑ Emergency (including justification)
☐ DOH  ☑ Cancellation

Street Address

City, State, Zip Code
new milford, nj 07646

Name of Contact
jim weigl

Telephone Number
757-286-0024

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
jim weigl

Street Address

City (5)  County (8)  County Code (7)
new milford  PASSAIC

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

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

Square Feet  # of Floors  Bldg. Age

Current Use (Prior if being demolished)

Name of Abatement Contractor (9)
D & S RESTORATION, INC.

Street Address
20 California Ave.

City, State, Zip Code
Paterson, NJ 07503

Telephone Number  License Number
973-345-8020  01169

Name of OSHA Monitor
D & S Restoration, Inc.

Project Manager for Monitoring Firm

Phone Number

Start Date (10)  Sched. Completion Date (11)
03/31/17  04/14/17

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

Scope of Work (check all that apply)
☒ >3 sf or >3 if
☒ Renovation
☐ Demolition

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

Is location normally used solely by maintenance/custodial staff(12)

Description of asbestos-containing material (ACM)

Amount (Specify SF or LF)
Removal  Repair  Encapsulation

BASEMENT

Yes  No  N/A

PIPE INSULATION  160 LF

Registered Waste Hauler
D & S RESTORATION, INC.

NJDEP Hauler ID#  Cubic Yards of Waste
13506  2 yds.

Name of Registered Landfill
TULLYTOWN, RESOURCE RECOVERY

City, State
Paterson, NJ 07503

Disposal Date  Name of Registered Landfill
04/03/17  TULLYTOWN, PA

Completed by (Print or Type)  Title  Signature  Date
BOGDAN JOLDZIC  PRESIDENT

03/21/17

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

Date of Notification (1): 3/24/17

Name of Building Owner/Operator (2): Colgate Palmolive

ASBESTOS CONTROL & LICENSING

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

Type Notification:
- Initial

Street Address:
909 River Road

City, State, Zip Code:
Piscataway, NJ

Name of Contact:
Bruce Russell
Telephone Number:
732-878-7941

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3):
Colgate Palmolive R&D

Street Address:
909 River Road

City (5):
Piscataway

County (6):
Middlesex

County Code (7): (STATE USE ONLY) _________

Current Use (Prior if being demolished)
Commercial

Square Footage:
500,000

# of Floors:
3

Bldg. Age:
50

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

Name of Monitoring Firm Hired by Building Owner (8):
Accredited Environmental Technology
ASCN No:

Name of Abatement Contractor (9):
ecoservices, LLC

Street Address:
26 Pennell Road

City, State, Zip Code:
Media, PA

License No:
01161

Telephone No:
484-872-8884

Name of OSHA Monitor:
EMSL

Project Manager for Monitoring Firm:
Eric Houseknecht

Telephone No:
610-881-0114

Start Date (10):
3/23/17

End Date (11):
3/24/17

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

Scope of Work (Check All That Apply):
- 250 sf or 250 sf
- 250 sf or 250 sf
- Renovation Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Frangible Procedure

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

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

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

<table>
<thead>
<tr>
<th>Location of ACM</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of ACM</th>
<th>Amount (Specify SF or L)</th>
<th>Abatement Type</th>
<th>Disposal Date</th>
<th>Completion Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>EGO3</td>
<td>X</td>
<td>Floor tile and mastic</td>
<td>144 SF</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>EGO2</td>
<td>X</td>
<td>Floor tile and mastic</td>
<td>244 SF</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Closer adjacent to nurses office</td>
<td>X</td>
<td>Floor tile and mastic</td>
<td>50 SF</td>
<td>X</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler:
Freshhold Cartage, Inc.

Disposal Date:
TBD

City, State:
Freskhold, NJ

Name of Registered Landfill:
Veolia ES Greentree Landfill

City, State:
Kersey, PA

Completed by:
Jack Bally
Title: Sr. Project Manager

Signature:
[Signature]

Date:
3/24/17

Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:90 and 12:120)

Date of Notification (1) 03/23/2017
Name of Property/Operator (2) Hugo Neu Realty Management LLC

Agencies Notified: EPA DOD
DEP DOL DOH DCA
Type Notification: Initial

Street Address: 78 John Miller Way
City, State, Zip Code: Kearny, NJ 07032

Name of Property/Operator: Marko Stankovic, Project Manager
Telephone Number: 973-570-2645

FACILITY INFORMATION

Name of Facility Where Abatement Is Taking Place (3)
Kearny Point Industrial Park

Street Address: 78 John Miller Way, Building 1
City (6) Kearny
County (6) Hudson

Square Feet: 72,000
No of Floors: 1
Bldg. Age: 60
Current Use (Prior if being demolished): Unoccupied

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

Name of Abatement Contractor (9):
Checkmark Industrial

Start Date (10): 03/28/2017
Scheduled Completion Date (11): 5/22/2017

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

Scope of Work (Check All That Apply):
☐ 3 sf or 2 sf
☐ 100 sf or 200 sf
☐ Renovation
☐ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebox 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>east half - west mezzanine</td>
<td>X</td>
<td>1' X 1' Floor tiles</td>
<td>800 SF</td>
<td>x</td>
</tr>
<tr>
<td>roof &amp; south loading dock OH</td>
<td>X</td>
<td>roof flashing</td>
<td>5,000 SF</td>
<td>x</td>
</tr>
<tr>
<td>upper roof &amp; loading dock OH</td>
<td>X</td>
<td>built-up roofing</td>
<td>72,000 SF</td>
<td>x</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler: Weigle Trucking Co.
NJDEP Waste Hauler ID No.: Cubic Yards of Waste: 1,500

Name of Registered Landfill: Minerva Landfill
City, State: Minerva, OH
Disposal Date:

Completed by: Marko Stankovic
Title: Project Manager
Signature:
Date: 3/23/2017

* Do not use this form for asbestos licensure 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)  
3-20-17  

Name of Building Owner / Operator (2)  
Toll Brothers, Inc.

Agencies Notified  

<table>
<thead>
<tr>
<th>Agency</th>
<th>Type Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
</tr>
<tr>
<td>DEP</td>
<td>Amended</td>
</tr>
<tr>
<td>DOL</td>
<td>Emergency</td>
</tr>
<tr>
<td>DOH</td>
<td>Cancellation</td>
</tr>
<tr>
<td>DCA</td>
<td></td>
</tr>
</tbody>
</table>

Street Address  
100 Willow Brook Road, Suite 200  
Freehold, New Jersey 07728

Name of Contact  
David Fultz

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  
Former Apple Ridge Golf Course

Street Address  
269 East Crescent Avenue

City (5)  
Mahwah  
County (6)  
Bergen  
County Code (7)

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

Street Address

City, State & Zip Code

Project Manager for Monitoring Firm

Telephone Number

Scheduled Start Date (10)  
3-23-17  
Scheduled Completion Date (11)  
6-15-17

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

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

Describe:  
Facility Occupied During Abatement

Scope of Work (Check all that apply)  

X  ≥3 sf or ≥3 If
X  ≥160 sf ≥260 If

Renovation
Demolition

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

<table>
<thead>
<tr>
<th>Building</th>
<th>Description</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bldg #1 Club Hse Main Roof</td>
<td>Roof Shingles</td>
<td>8000 Sq. Ft.</td>
<td>x</td>
</tr>
<tr>
<td>Bldg #2 1 Bay Garage Roof</td>
<td>TSI Pipe Joint Insulation</td>
<td>65 Ln. Ft.</td>
<td>x</td>
</tr>
<tr>
<td>Bldg #3 Guard Shack Interior</td>
<td>Roofing &amp; Felt Flashing</td>
<td>500 Sq. Ft.</td>
<td>x</td>
</tr>
<tr>
<td>Bldg #4 Pool House Roof</td>
<td>12&quot; Floor Tiles</td>
<td>140 Sq. Ft.</td>
<td>x</td>
</tr>
<tr>
<td>Bldg #4 Pool House Tennis Court</td>
<td>Edge Flashing</td>
<td>200 Sq Ft.</td>
<td>x</td>
</tr>
<tr>
<td></td>
<td>Floor Coating</td>
<td>8600 sq ft</td>
<td>x</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler  
NJ DEP Waste Hauler ID No. 21435

Bull Waste & Recycling, Inc.

City, State  
Berlin, NJ

Completed By (Print or Type)  
Theodore S. Budzynski

Title  
Vice President

Date  
3-20-17

Name of Registered Landfill  
Salem County Landfill

Disposal Date  
6-29-17

Alloway Township, NJ
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1) 3-20-17

Name of Building Owner / Operator (2) Toll Brothers, Inc.

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

Type Notification
- Initial
- Amended
- Emergency
- Cancellation

Street Address 100 Willow Brook Road, Suite 200
City, State & Zip Code Freehold, New Jersey 07728

Name of Contact David Fultz
Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Former Apple Ridge Golf Course

Street Address 269 East Crescent Avenue
City (5) Mahwah
County (6) Bergen
County Code (7)

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

Project Manager for Monitoring Firm Telephone Number

Scheduled Start Date (10) Scheduled Completion Date (11)
3-23-17 6-15-17

Occupy Status During Abatement (Check only one)
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Hours – 7am to 3pm
Describe:

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)
- Bldg #5 Hse by Club Hse Bedroom
- Bldg #5 Hse by Club Hse Basement
- Bldg #8 White House Kitchen
- Bldg #12 Green House Garage Roof

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

Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)
- Green Linoleum 160 Sq. Ft.
- Black Pipe Wrap 8 Ln. Ft.
- Yellow Linoleum (Under Tile) 176 Sq. Ft.
- Edge Flashing 150 Sq. Ft.

Amount (Specify SF or LF)

Abatement Type
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glove Bag Procedures
- Non-Exempted and Non-Friable Procedure

Name of Registered Waste Hauler NJDEP Waste Hauler ID No. 21435
Bull Waste & Recycling, Inc.

City, State Berlin, NJ

Completed By (Print or Type) Theodore S. Budzynski
Title Vice President

Name of Registered Landfill Salem County Landfill
Disposal Date 6-29-17
City, State Alloway Township, NJ

Date 3-20-17
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 03/17/17 Name of Building Owner/Operator (2) Brownmill, LLC

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

Street Address
1985 Cedar Bridge Avenue - Suite 1
City, State, Zip Code
Lakewood, NJ 08701

Name of Contact
Kevin Seise
Tel. Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Browartown Shopping Center

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

Street Address
2895 County Road 516
City (5)
Old Bridge Township
County (6)
Middlesex County
County Code (7) (STATE USE ONLY)

Square Feet # of Floors Bldg. Age

Current Use (Prior if being demolished)

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

ASCM No. Name of Contractor (9)

CID CONSTRUCTION SERVICES, LLC

Street Address
100 Misty Lane
City, State, Zip Code
Parsippany, NJ 07054

Project Manager for Monitoring Firm
Kevin Seise

Telephone Number
(201) 923-7155

Scheduled Start Date (10) 03/31/2017
Scheduled Completion Date (11) 04/30/2017

Name of OSHA Monitor
Testor Tech

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:

Source of Work (Check all that apply)
( ) ≥ 3 sf or ≥ 3 If
(X) Renovation
( ) ≥ 160 sf or ≥ 260 If
( ) Demolition

Full Containment with Negative Pressure
( ) Mirl-Enclosure
( ) Glove bag Procedure
(X) 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

Enclosure

Rear-Room #2

VAT & Mastic 200 SF x

Name of Reg. Waste Hauler
Cid Construction Services, LLC

NJDEP Waste Hauler ID # 32505

Cubic Yards of Waste TBD

Name of Reg. Landfill
110 Sand Landfill

City, State
Garfield, NJ

Disposal Date TBD

City, State
Melville, NY

Completed by
Roque G Schipilliti
Title Project Manager

Signature
Date 03/17/17
# State of New Jersey
## NOTIFICATION OF ASBESTOS ABATEMENT

**Date of Notification (1)**
2 / 22 / 17

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

**Street Address**
15 East Montgomery Place, Lower Level

**City, State, Zip Code**
Pittsburgh, PA 15212

**Name of Contact**
Anthony Porta

### FACILITY INFORMATION

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

**Street Address**
5 Focer St.

**City (5)**
Glassboro

**County (6)**
Gloucester

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

**Type of Facility (4)**

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

**Square Feet**

- # of Floors
- Bldg. Age

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

<table>
<thead>
<tr>
<th>Name of Abatement Contractor (9)</th>
<th>BRISTOL ENVIRONMENTAL, INC.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>1123 BEAVER STREET</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>BRISTOL, PA 19007</td>
</tr>
<tr>
<td>Street Address</td>
<td>8436 Enterprise Ave</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Philadelphia, PA 19153</td>
</tr>
</tbody>
</table>

**Project Manager for Monitoring Firm**
Mark Jenkins  215-365-5810

**Start Date (10)**
3 / 13 / 17

**Scheduled Completion Date (11)**
3 / 22 / 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:00PM-1:30AM

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

- ≥ 3 sf or ≥ 3 ft
- ≥ 160 sf or ≥ 260 sf
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

**To Be Abated in Facility**

- Boiler room
- Basement Office
- Basement Battery Area

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM)</th>
<th>TO BE ABATED IN Facility (13)</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boiler room</td>
<td>☐ ☐ ☑</td>
<td>No</td>
<td>Floor tile and mastic</td>
<td>50 SF</td>
<td>☒ ☐ ☐ ☐</td>
</tr>
<tr>
<td>Basement Office</td>
<td>☑ ☐ ☐</td>
<td>Yes</td>
<td>Floor tile and mastic</td>
<td>320 SF</td>
<td>☒ ☐ ☐ ☐</td>
</tr>
<tr>
<td>Basement Battery Area</td>
<td>☐ ☑ ☐</td>
<td>No</td>
<td>Floor Tile and Mastic</td>
<td>100 SF</td>
<td>☒ ☐ ☐ ☐</td>
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</table>

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

**NJDEP Waste Hauler ID No.**
20950

**Cubic Yards of Waste**

**Name of Registered Landfill**
MINERVA LANDFILL

**City, State**
NEW CASTLE, DE 19720

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

**Title**
Estimator

**Signature**

**Date**
5/20/17

---

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

Date of Notification (1)  2 / 22 / 17

Name of Building Owner/Operator (2) Verizon

Street Address 15 East Montgomery Place, Lower Level
City, State, Zip Code Pittsburgh, PA 15212

Name of Contact Anthony Porta
Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Verizon Glassboro CO

Street Address 5 Focer St.
City (5) Glassboro
County (6) Gloucester

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

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

Square Feet # of Floors Bldg. Age

County Code (7) [STATE USE ONLY] Current Use (Prior if being demolished)

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

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

Telephone No. 215-365-5810
License No. 215-788-6040 00509

Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.

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

Start Date (10) 3 / 13 / 17  Scheduled Completion Date (11) 3 / 20 / 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-1:30AM

Scope of Work (Check all that apply)
- ≥ 3 sf or ≥ 3 if
- ≥ 150 sf or ≥ 260 if
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

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

Boiler room 50 SF
Basement Office 320 SF

Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.

NJDEP Waste Hauler ID No. 20990

Cubic Yards of Waste

Name of Registered Landfill MINERVA LANDFILL

City, State NEW CASTLE, DE 19720

Disposal Date

City, State WAYNESSBURG, OH 44688

Completed By (Print or Type) Brian Scafaro

Title Estimator

Signature Brian Scafaro

Date 3/17/17

*Do not use this form for scheduled removals excepted at 5:16*
# State of New Jersey

## NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

### Date of Notification (1)
2 / 22 / 17

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

### Name of Facility Where Abatement is Taking Place (3)
Verizon Glassboro CO

### Street Address
15 East Montgomery Place, Lower Level

### City, State, Zip Code
Pittsburgh, PA 15212

### Name of Contact
Anthony Porta

### Telephone Number
[Redacted]

## FACILITY INFORMATION

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

### Square Feet
[Redacted]

### # of Floors
[Redacted]

### Building Age
[Redacted]

### Current Use (Prior if being demolished)
[Redacted]

### County Code (7) [STATE USE ONLY]
[Redacted]

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

### ASCM No.
[Redacted]

### 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
Mark Jenkins

### Telephone No.
215-365-5810

### License No.
00509

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

### Street Address
1123 BEAVER STREET

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

### Start Date (10)
3 / 13 / 17

### Scheduled Completion Date (11)
3 / 17 / 17

### Occupancy Status During Abatement (Check only one)
- [ ] Facility Closed/Vacated During Entire Period of Abatement
- [X] Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM/PM 6:00PM-1:30AM

### Scope of Work (Check all that apply)
- [ ] >3 sf or ≥3 if
- [ ] ≥160 sf or ≥260 sf if
- [X] Renovation
- [ ] Demolition
- [X] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Location of ACM</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boiler room</td>
<td>☐</td>
<td>☐</td>
<td>☒</td>
</tr>
<tr>
<td>Basement Office</td>
<td>☐</td>
<td>☐</td>
<td>☒</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Description of ACM</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Floor tile and mastic</td>
<td>50 SF</td>
<td>☒</td>
</tr>
<tr>
<td>Floor tile and mastic</td>
<td>320 SF</td>
<td>☒</td>
</tr>
</tbody>
</table>

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

### NJDEP Waste Hauler ID No.
20990

### Cubic Yards of Waste
[Redacted]

### Name of Registered Landfill
MINERVA LANDFILL

### City, State
WAYNESBURG, OH 44688

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

### Title
Estimator

### Signature
[Redacted]

### Date
2/23/17
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:50 and 12:120)

Name of Building Owner / Operator (2)
New Jersey Institute of Technology

Street Address
University Heights-323 Dr. Martin Luther King Jr. Blvd
City, State & Zip Code
Newark, NJ 07102-1982

Name of Contact
Joseph F. Tartaglia

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
New Jersey Institute of Technology-Faculty Hall Building

Street Address
University Heights

City (5)
Newark, NJ 07102

County (6)
Essex

County Code (7)


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

Square Feet
30,000

# of Floors
4 plus basement

Bldg. Age
55

Current Use (Prior if being demolished)
Institute of Technology

Name of Abatement Contractor (9)
Resource Management Group, LLC

Street Address
2115 Hamilton Ave., Suite 202
City, State & Zip Code
Trenton, NJ 08619

Telephone Number
609-914-4279
License Number
01185

Name of OSHA Monitor
J&S Environmental Laboratories, Inc.

Street Address
2338 Route 22 West
City, State & Zip Code
Union, NJ 07083

Occupancy Status During Abatement (Check only one)
☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed during Normal Hours:
  Describe: 9:00am - 6:00pm
☐ Facility Occupied During Abatement

Scope of Work (Check all that apply)
☐ ±3 sf or ±3 lf
☐ ±150 sf ±280 lf

☐ Renovation
☐ Demolition

☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glove Box Procedures (Cut & Wrap Method)
☐ Non-Exempted and Non-Friable Procedure

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

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

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

Amount (Specify SF or LF)
360 LF

Abatement Type
☐ Removal
☐ Repair
☐ Encapsulation
☐ Endorse

Name of Registered Waste Hauler
NJDEP Waste Hauler ID No.
0035218

Cubic Yards of Waste
TBD

Name of Registered Landfill
Grows Landfill

Disposal Date
TBD

City, State
Morrisville, PA

Completed By (Print or Type)
Mr. Brian Haney

Title
President

Signature

Date
03-21-2017

RECEIVED
MARCH 27, 2017
ASBESTOS CONTROL & LICENSING
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to N.J.A.C. 8:50 and 12:12S)

### FACILITY INFORMATION

**Name of Facility Where Abatement is Taking Place (3):**  
New Jersey Institute of Technology-Faculty Hall Building

**Street Address:**  
University Heights
323 Dr. Martin Luther King Jr. Blvd

**City (4):**  
Newark, NJ 07102

**County (5):**  
Essex

**Name of Agency Hired by Building Owner (6):**  
ASCM No.

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

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

**Square Feet:**  
30,000

**Number of Floors:**  
4 (4th basement)

**Eds. Age:**  
65

**Name of Abatement Contractor (9):**  
Resource Management Group, LLC

**Street Address:**  
2115 Hamilton Ave., Suite 202

**City, State & Zip Code:**  
Trenton, NJ 08619

**Name of OSHA Monitor:**  
J&J Environmental Laboratories, Inc.

**Street Address:**  
2333 Route 22 West

**City, State & Zip Code:**  
Union, NJ 07083

**Occupancy Status During Abatement (Check only one):**
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed during Normal Hours:
  - 4:00am - 6:00pm
- Facility Occupied During Abatement

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

- 25 sf or 25 ft
- 160 sf or 160 ft
- Renovation
- Demolition

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

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

### Amount (Specify SF or LF)

- 350 LF
- 380 SF

### Name of Registered Waste Hauler

- Resource Management Group, LLC

- INDEP Waste Hauler ID No. 0036218

- Cubic Yards of Waste TBD

- Name of Registered Landfill

- Gravel Landfill

- Disposal Date TBD

- City, State Montville, PA

- Completed By (Print or Type): Mr. Brian Haney

- Title: President

- Signature:

- Date: 03-21-2017
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:68 and 12:120)

**Name of Building Owner/Operator (2):** Chris Derrickson Private Home

**Street Address:**

**City, State, Zip Code:** Ocean City NJ 08226

**Name of Building Owner/Operator (2):** Chris Derrickson Private Home

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

**Square Feet:** 1000+

**# of Floors:** 1

**Bldg. Age:** 35+

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

**Name of Facility Where Abatement is Taking Place (3):** Chris Derrickson Private 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 Data (10):** 3/30/17

**Scheduled Completion Date (11):** 4/5/17

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

**Scope of Work (Check All That Apply):**
- [x] ≥300 sf or ≥30 ft
- [x] ≥160 sf or ≥220 cf
- [ ] Renovation
- [ ] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [x] Non-Exempted (*) and Non-Exhauster Procedure

**Location of Asbestos-Containing Material (ACM) TO BE ABATED (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, surfacing, VAT, or other miscellaneous):**

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

**Abatement Type:**
- [ ] Removal
- [ ] Repair
- [ ] Encapsulate
- [ ] Endorse

**Name of Registered Waste hauler:**

**United Roll Off**

**NJDEP Waste Hauler ID No.:** 22459

**Cubic Yards of Waste:** 4

**Disposal Date:** 4/5/17

**Name of Registered Landfill:**

**G.R.O.W.S.**

**City, State:**

**Elm NJ**

**Completed by:**

**Anthony T Perna**

**Title:** President

**Signature:**

**Date:** 3/21/17

---

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>3/21/17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>John DiRezze</td>
</tr>
</tbody>
</table>

**AGENCIES NOTIFIED**

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

**Street Address**

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

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>House</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Street Address</strong></td>
<td>Caldwell</td>
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<tr>
<td><strong>City</strong></td>
<td>Essex</td>
</tr>
<tr>
<td><strong>County</strong></td>
<td>Essex</td>
</tr>
</tbody>
</table>

**Facility Information**

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>ASCM No.</th>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Street Address</strong></td>
<td></td>
<td>ABS Environmental Services, LLC</td>
</tr>
<tr>
<td><strong>City, State, Zip Code</strong></td>
<td></td>
<td>PO Box 483, 4 E Gate Drive</td>
</tr>
<tr>
<td><strong>County Code</strong></td>
<td></td>
<td>Glenwood, NJ 07418</td>
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</tbody>
</table>

**Project Manager for Monitoring Firm**

<table>
<thead>
<tr>
<th>Telephone No.</th>
<th>License No.</th>
<th>Name of OSHA Monitor</th>
</tr>
</thead>
<tbody>
<tr>
<td>973-764-2276</td>
<td>703</td>
<td></td>
</tr>
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</table>

**Start Date (10)**

- 3/30/17

**Scheduled Completion Date (11)**

- 4/30/17

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

- [x] Facility Closed/Vacated During Entire Period of Abatement

**Occupancy Status During Abatement**

- [x] Facility Closed/Vacated During Entire Period of Abatement

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

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

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Description of Asbestos Containing Material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>boiler room</td>
<td>pipe insulation</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location</th>
<th>Description of Asbestos Containing Material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>boiler room</td>
<td>pipe insulation</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>Freehold Cartage</th>
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</thead>
<tbody>
<tr>
<td><strong>NJDEP Waste Hauler ID No.</strong></td>
<td>15939</td>
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<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
<th>Western Berks Landfill</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>Freehold, NJ</th>
</tr>
</thead>
</table>

**Completed by**

- A. Scott Higgins  
- President

**Signature**

- [Signature]

**Date**

- 3/21/17

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