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

Date of Notification: February 09, 2015
Name of Building Owner/Operator: James J. Ferrelli - Executor
Street Address: 11 Ridgeway Street
City, State, Zip Code: Mt. Holly, New Jersey 08060
Name of Contact: James J. Ferrelli
Telephone Number:

FACILITY INFORMATION

Type of Facility:
- Residential Dwelling

Street Address: 11 Ridgeway Street
City: Mt. Holly
County: Burlington

Square Ft: 1880
# of Floors: 2
Age: 75
Current Use: Vacant - Selling House

Name of Abatement Contractor: Quality Environmental Concepts
Street Address: 1053 North Tuckahoe Road
City, State, Zip Code: Williamstown, New Jersey 08094
Telephone No.: 856-629-1166
License No.: 01086

Name of OSHA Monitor: Quality Environmental Concepts
Street Address: 1053 North Tuckahoe Road
City, State, Zip Code: Williamstown, New Jersey 08094

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

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

Name of Registered Waste Handler: NUDEP Waste Hauler ID No. 19710
Quality Environmental Concepts

Abatement Type:
- Removal
- Repair
- Encapsulation

Name of Registered Landfill: Resource Recovery Complex
City, State: 22000 Burlington-Columbus Rds
City, State: Mansfield, NJ 08022
Disposal Date: 06-21-15

Completed by: Edward Knorr
Title: Vice 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) 3/1/15

Name of Building Owner/Operator (2)

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

Street Address
P.O. Box 754

City, State, Zip Code
Mount Laurel, NJ 08057

Name of Contact
Eric Plackis

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
4501 Church Rd.

City (5)
Mount Laurel

County (6)
Burlington

County Code (7)
1352

Square Feet 1352

Bldg. Age
66

Current Use (Prior to being demolished) Office

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.

Name of Abatement Contractor (9)
Brick Industries Inc.

Street Address
P.O. Box 915

City, State, Zip Code
Brick, New Jersey 08723

Project Manager for Monitoring Firm

Telephone No.
Telephone No. (732)899-7499

License No.
01196

Start Date (10) 3/1/15

Scheduled Completion Date (11) 3/16/15

Occupancy Status During Abatement (Check Only One)

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

Scope of Work (Check All That Apply)

≥3 $ or ≥3 $ if
≥160 $ or ≥260 $ if
Renovation
Demolition

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

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

Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)
Asbestos floor tile 700.5 SF

Amount (Specify SF or LF)

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

Name of Registered Waste Hauler
Brick Industries Inc.

NJDEP Waste Hauler ID No. 21602

Cubic Yards of Waste 4

Name of Registered Landfill
GROWS

City, State
Brick, New Jersey PA

Disposal Date 3/19/15

Completed by
Eric Plackis

Title
President

Signature

Date 3/1/15

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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:90 and 12:120)

Date of Notification (1)
02/27/15

Name of Building Owner/Operator (2)
Estate Found LLC.

Street Address
380 Lexington Ave. Suite 4005
City, State, Zip Code
New York, NY 10168

Name of Contact
Albert Mazzucca

FACILITY INFORMATION

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

Agencies Notified

<table>
<thead>
<tr>
<th>Agency</th>
<th>Notification Type</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>Amendment #1</td>
</tr>
<tr>
<td>DOH</td>
<td>Emergency (including justification)</td>
</tr>
<tr>
<td>DCA</td>
<td>Cancellation</td>
</tr>
</tbody>
</table>

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

Square Feet
8000

# of Floors
2

Bldg. Age
95

Current Use (Prior if being demolished)
Retail Store

County Code (7) (STATE USE ONLY)

City, State, Zip Code

Vacant Building

Address
123 44th, St.

City
Union City

County

Hudson

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

Name of Abatement Contractor (9)
Lesco Services Inc.

Street Address
156 Maple Ave.

City, State, Zip Code
Wallingford, NJ 07057

Telephone No.
973-406-7341

License No.
01107

Name of OSHA Monitor
Leslaw Nalodka

Street Address
156 Maple Ave.

City, State, Zip Code
Wallingford, NJ 07057

Start Date (10)
02/11/15

Scheduled Completion Date (11)
03/07/15

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

Scope of Work (Check All That Apply)

<table>
<thead>
<tr>
<th>Scope of Work</th>
<th>Renovation Demolition</th>
<th>Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td>≤33 sf or ≤3 if</td>
<td></td>
<td></td>
</tr>
<tr>
<td>≥160 sf or ≥260 if</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

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>roof</td>
<td></td>
<td>*</td>
<td></td>
</tr>
<tr>
<td>1st. floor</td>
<td>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>boiler room</td>
<td>*</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Location of ACM</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>roof</td>
<td></td>
<td>*</td>
<td></td>
</tr>
<tr>
<td>1st. floor</td>
<td>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>boiler room</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>Location of ACM</th>
<th>Description</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>roof</td>
<td>roofing material</td>
<td>10,000sf</td>
<td>Removal</td>
</tr>
<tr>
<td>1st. floor</td>
<td>pipe insulation</td>
<td>220lf</td>
<td>Repair</td>
</tr>
<tr>
<td>boiler room</td>
<td>transite ceiling panels</td>
<td>80sf</td>
<td>Enclosure</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
Newark Carting Inc.

Waste Hauler ID No.
05409

Cubic Yards of Waste
100

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

Disposal Date
03/09/15

City, State
Morrisville, PA

Completed by
Leslaw Nalodka

Title
President

Signature

Date
02/27/15

* Do not use this form for asbestos licensure exempted activities.
NOTIFICATION OF NON-FRIABLE ASBESTOS WORK ACTIVITY

Must be submitted 10 days prior to the beginning of work. Please type or print legibly.

I. NOTIFICATION INFORMATION

<table>
<thead>
<tr>
<th>Date of Notification:</th>
<th>3 / 2 / 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of Work:</td>
<td>Renovation</td>
</tr>
</tbody>
</table>

II. BUILDING INFORMATION

<table>
<thead>
<tr>
<th>Name of Building Owner/Operator:</th>
<th>Cherry Hill Board of Education</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address:</td>
<td>45 Ranoldo Terrace</td>
</tr>
<tr>
<td>City: City:</td>
<td>Cherry Hill: NJ</td>
</tr>
<tr>
<td>Name of Contact:</td>
<td>Tom Carter</td>
</tr>
<tr>
<td>Telephone No.</td>
<td></td>
</tr>
</tbody>
</table>

III. FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Work Activity is to Take Place:</th>
<th>Joyce Kilmer Elementary School</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address:</td>
<td>2916 Chapel Avenue West</td>
</tr>
<tr>
<td>City: City:</td>
<td>Cherry Hill: NJ</td>
</tr>
<tr>
<td>County Name:</td>
<td>Camden</td>
</tr>
<tr>
<td>Scheduled Start Date:</td>
<td>3 / 11 / 2015</td>
</tr>
<tr>
<td>Scheduled Completion Date:</td>
<td>3 / 12 / 2015</td>
</tr>
<tr>
<td>Occupancy Status During Activity (check only one):</td>
<td></td>
</tr>
<tr>
<td>☑ Facility Closed/Vacated During Entire Activity</td>
<td></td>
</tr>
<tr>
<td>☐ Activity Performed Outside Normal Facility Hours—Describe:</td>
<td>2nd Shift</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (check all that apply):</th>
<th>Floor Tile: 700 SF</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ Mastic</td>
<td>700 SF</td>
</tr>
<tr>
<td>☐ Transite</td>
<td></td>
</tr>
<tr>
<td>☐ Roofing</td>
<td></td>
</tr>
<tr>
<td>☐ Siding</td>
<td></td>
</tr>
<tr>
<td>☐ Other:</td>
<td></td>
</tr>
<tr>
<td>Square Footage:</td>
<td>Percentage Asbestos: %</td>
</tr>
<tr>
<td>Percentage Asbestos:</td>
<td>%</td>
</tr>
</tbody>
</table>

IV. CONTRACTOR INFORMATION

<table>
<thead>
<tr>
<th>Company Name:</th>
<th>Shade Environmental, LLC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address:</td>
<td>623 Cutler Avenue</td>
</tr>
<tr>
<td>City: City:</td>
<td>Maple Shade: NJ</td>
</tr>
<tr>
<td>New Jersey Asbestos License Number (if applicable):</td>
<td>00842</td>
</tr>
<tr>
<td>Monitoring Firm (if applicable):</td>
<td>TTI Environmental, Inc.</td>
</tr>
<tr>
<td>Telephone No.:</td>
<td>856-755-0099</td>
</tr>
<tr>
<td>Telephone No.:</td>
<td>856-840-8800</td>
</tr>
</tbody>
</table>

V. SIGNATURE

<table>
<thead>
<tr>
<th>Completed By (type or print legibly):</th>
<th>Christina Lynch</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title: Operations Manager</td>
<td></td>
</tr>
<tr>
<td>Date: March 2, 2015</td>
<td></td>
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</tbody>
</table>
# 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>3/2/15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>J Carlo</td>
</tr>
<tr>
<td>Agencies Notified</td>
<td></td>
</tr>
<tr>
<td>EPA</td>
<td>√</td>
</tr>
<tr>
<td>DEP</td>
<td>√</td>
</tr>
<tr>
<td>DOL</td>
<td>√</td>
</tr>
<tr>
<td>DOH</td>
<td>√</td>
</tr>
<tr>
<td>DCA</td>
<td></td>
</tr>
<tr>
<td>Type Notification</td>
<td>Initial</td>
</tr>
<tr>
<td>Street Address</td>
<td>9863 Darby Creek Avenue NW</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Concord NC 28027</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Joe Carlo</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
<tr>
<td>FACILITY INFORMATION</td>
<td></td>
</tr>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td>house</td>
</tr>
<tr>
<td>Street Address</td>
<td>340 Hillside Avenue</td>
</tr>
<tr>
<td>City (6)</td>
<td>Nutley</td>
</tr>
<tr>
<td>County Code (7)</td>
<td>Essex</td>
</tr>
<tr>
<td>County Code (7)</td>
<td>(STATE USE ONLY)</td>
</tr>
<tr>
<td>Square Feet</td>
<td>2300</td>
</tr>
<tr>
<td># of Floors</td>
<td>2</td>
</tr>
<tr>
<td>Bldg. Age</td>
<td>55</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>ASCM No.</td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>ABS Environmental Services, LLC</td>
</tr>
<tr>
<td>Street Address</td>
<td>PO Box 483, 4 E Gate Drive</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Glenwood, NJ 07418</td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>3/11/15</td>
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<tr>
<td>Scheduled Completion Date (11)</td>
<td>3/30/15</td>
</tr>
<tr>
<td>Occupancy Status During Abatement (Check Only One)</td>
<td></td>
</tr>
<tr>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
<td>✔</td>
</tr>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours</td>
<td></td>
</tr>
<tr>
<td>Other – Describe:</td>
<td></td>
</tr>
<tr>
<td>Scope of Work (Check All That Apply)</td>
<td></td>
</tr>
<tr>
<td>✔ 23 sf or 23 ft</td>
<td>✔ 150 sf or 2200 sf</td>
</tr>
<tr>
<td>✔ Renovation</td>
<td>✔ Demolition</td>
</tr>
<tr>
<td>✔ Full Containment with Negative Pressure</td>
<td></td>
</tr>
<tr>
<td>✔ Mini-Enclosure</td>
<td></td>
</tr>
<tr>
<td>✔ Glovebag Procedure</td>
<td></td>
</tr>
<tr>
<td>✔ Non-Exempted (*) and Non-Friable Procedure</td>
<td></td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)</td>
<td></td>
</tr>
<tr>
<td>Storage &amp; furnace room</td>
<td>x</td>
</tr>
<tr>
<td>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td>pipe insulation</td>
</tr>
<tr>
<td>Amount (Specify SP or LF)</td>
<td>15 LF</td>
</tr>
<tr>
<td>Abatement Type</td>
<td></td>
</tr>
<tr>
<td>Name of Registered Waste Hauler Freehold Cartage</td>
<td></td>
</tr>
<tr>
<td>NJDEP Waste Hauler ID No.</td>
<td>15939</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td>10</td>
</tr>
<tr>
<td>Name of Registered Lendill Disposal Date</td>
<td>TBD</td>
</tr>
<tr>
<td>City, State</td>
<td></td>
</tr>
<tr>
<td>Freehold NJ</td>
<td></td>
</tr>
<tr>
<td>Completed by A. Scott Higgins</td>
<td>Title</td>
</tr>
<tr>
<td>Signature</td>
<td>Date</td>
</tr>
</tbody>
</table>

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### State of New Jersey
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60 and 5:16)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>2 / 6 / 15</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>E.I. duPont de Nemours</td>
</tr>
</tbody>
</table>

- **Agencies Notified**
  - [ ] EPA
  - [ ] DOLWD
  - [ ] DHSS
  - [ ] DCA (NJAC 5:23-8)
- **Type Notification**
  - [ ] Initial
  - [ ] Amended
  - [ ] Amendment #1-3/2/15
  - [ ] Emergency (including justification)
  - [ ] Cancellation

<table>
<thead>
<tr>
<th>Street Address</th>
<th>250 Cheesequake Road</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State, Zip Code</td>
<td>Parlin, NJ 08859</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Nichol Reinhold</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
</tbody>
</table>

### FACILITY INFORMATION

- **Name of Facility Where Abatement is Taking Place (3)**
  - DuPont Parlin Facility - Bldg. 425

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

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

- **County Code (7) | STATE USE ONLY**
  - Middlesex

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

<table>
<thead>
<tr>
<th>ASCM No.</th>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>BRISTOL ENVIRONMENTAL, INC.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>1123 BEAVER STREET</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State, Zip Code</td>
<td>BRISTOL, PA 19007</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>609-386-5800</td>
</tr>
<tr>
<td>License No.</td>
<td>215-788-6040</td>
</tr>
</tbody>
</table>

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

- **Start Date (10) | 3 / 2 / 15**
  - **Scheduled Completion Date (11) | 3 / 18 / 15**

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

### Scope of Work (Check all that apply)
- [ ] ≥3 sf or ≥3 ft
- [ ] ≥160 sq ft 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)

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

<table>
<thead>
<tr>
<th>Building 325 Various Areas</th>
<th>Pipe Insulation</th>
<th>400 LF</th>
</tr>
</thead>
</table>

| No | N/A |

#### Name of Registered Waste Hauler
BRISTOL ENVIRONMENTAL INC

<table>
<thead>
<tr>
<th>NJDEP Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
</tr>
</thead>
<tbody>
<tr>
<td>15706</td>
<td>10</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
<th>GROWS Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State</td>
<td>BRISTOL, PA</td>
</tr>
<tr>
<td>Disposal Date</td>
<td>3/10/15</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Morrisville, PA 19067</td>
</tr>
</tbody>
</table>

- **Completed By (Print or Type)**
  - Gino Pizzigoni
- **Title**
  - Estimator
- **Signature**
  - [Signature]
- **Date**
  - 3/2/15

---

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

Date of Notification (1)
March 3, 2015

Name of Building Owner/Operator (2)
Lenape Regional School District

Check #

Agencies Notified
X EPA
X DEP
X DOL
X DOH
X DCA

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

Street Address
93 Willow Grove Road

City, State, Zip Code
Shamong, NJ 08088

Name of Contact

Telephone Number

FACILITY INFORMATION

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

Street Address
235 Hartford Road

City (5)
Medford

County (6)
Burlington

Square Feet
21,000

Current Use (Prior if being demolished)
School

County Code (7) (STATE USE ONLY)

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

ASCM No.
00127

Name of Abatement Contractor (9)
Shade Environmental, LLC

Street Address
623 Cutler Avenue

City, State, Zip Code
Maple Shade, NJ 08052

License No.
00842

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

Name of OSHA Monitor
EMSL Analytical, Inc.

Street Address
200 Route 130 North

City, State, Zip Code
Cinnaminson, NJ 08077

Other – Describe:

Start Date (10)
April 2, 2015

Scheduled Completion Date (11)
April 11, 2015

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

# of Floors
2

Bldg. Age
70

Project Manager for Monitoring Firm
Matt Abraham

Telephone No.
610-431-7545

Scope of Work (Check All That Apply)
X Renovation

Telephone No.
856-755-0099

X Demolition

Name

License No.

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

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

Plaster

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

Amount (Specify SF or LF)
38 SF

Abatement Type

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

Stairwells 17 and 19

XXX

Name of Registered Waste Hauler
Freehold Cartage

NJ DEP Waste Hauler ID No.
02265

Cubic Yards of Waste
5

Name of Registered Landfill
Cumberland County Landfill

City, State
Freehold, NJ

Disposal Date
4/11/2015

City, State
Newburg, PA

Completed by
Christina Lynch

Title
Operations Manager

Signature

Date
3/3/2015

* 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)

<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>Name of Building Owner / Operator</th>
</tr>
</thead>
<tbody>
<tr>
<td>03-03-2015</td>
<td>Kennedy University Hospital</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
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<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
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<td>Amended</td>
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<tr>
<td></td>
<td>Emergency</td>
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<tr>
<td>DCA</td>
<td>Cancellation</td>
</tr>
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<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State &amp; Zip Code</th>
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</thead>
<tbody>
<tr>
<td>18 E. Laurel Road</td>
<td>Stratford, NJ 08084</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>County (6)</th>
<th>County Code (7)</th>
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<tbody>
<tr>
<td>Camden</td>
<td></td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner</th>
<th>ASCM No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Criterion Laboratories</td>
<td></td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Name of Abatement Contractor</th>
<th>Resource Management Group, LLC</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mr. Mike Panepresso</td>
<td>215-244-1300</td>
</tr>
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<table>
<thead>
<tr>
<th>Scheduled Start Date</th>
<th>Scheduled Completion Date</th>
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<tbody>
<tr>
<td>3-16-2015</td>
<td>04-03-2015</td>
</tr>
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<table>
<thead>
<tr>
<th>Occupancy Status During Abatement</th>
<th>Describe:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility Closed/Vacated</td>
<td>4:00PM to 1:00AM</td>
</tr>
<tr>
<td>Abatement Performed During 2nd Shift</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work</th>
<th>Renovation</th>
<th>Demolition</th>
</tr>
</thead>
<tbody>
<tr>
<td>±3 sf or ±3 ft</td>
<td></td>
<td></td>
</tr>
<tr>
<td>±160 sf ±260 ft</td>
<td></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 or 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>1st Floor Cast Room</td>
<td></td>
<td>Pipe Insulation</td>
<td>75 LF</td>
<td>Full Containment with Negative Pressure</td>
</tr>
<tr>
<td>1st Floor Cast Room-ceiling deck above suspended ceiling</td>
<td></td>
<td>Spray applied Fire Proofing</td>
<td>300 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>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>TBD</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
<th>Disposal Date</th>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grows Landfill</td>
<td>TBD</td>
<td>Morristown, PA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed By</th>
<th>Title</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mr. Brian J. Haney</td>
<td>President</td>
<td>[Signature]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date</th>
<th>03/03/2015</th>
</tr>
</thead>
</table>
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)
3/3/15

Name of Building Owner/Operator (3)
413 Washington Ave., LLC

Agencies Notified

☐ EPA
☐ DEP
☐ DOL
☐ DOH
☐ DCA

Type Notification

☐ Initial
☐ Revised
☐ Amended
☐ Amendment #
☐ Emergency (Including Justification)
☐ Cancellation

Street Address
413 Washington Ave

City, State, Zip Code
Spring Lake, New Jersey

Name of Contact
Mike

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (4)
413 Washington Ave, LLC property

Square Feet
2200

# of Floors
2

Bldg. Age
60+

Current Use (Prior if being demolished)
Residence

Type of Facility (4)

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

County Code (7) (STATE USE ONLY)

County Name
Monmouth

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

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

Street Address
95 Montrose Road

City, State, Zip Code
Colts Neck, N.J. 07722

License No.
00029

License No.

Telephone No.
732-294-1757

Telephone No.

Project Manager for Monitoring Firm

Telephone No.

Start Date (10)
3/12/15

Scheduled Completion Date (11)
3/18/15

Name of OSHA Monitor

Occupancy Status During Abatement (Check Only One)

☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☐ Other - Describe: 24/7

□ X

Scope of Work (Check All That Apply)

□ √ Renovation
☐ Demolition

☐ Full Containment with Negative Pressure
☐ Glovebag Procedure
☐ Non-Exempted (1) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM)

Location of
Asbestos-Containing Material (ACM)

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)

Abatement Type

☐ Removal
☐ Repair
☐ Encapsulate
☐ Endure

Name of Registered Waste Hauler

Ace Insulation Co., Inc.

Waste Hauler ID No.
12086

Cubic Yards
3

Name of Registered Landfill
Chirns

Disposal Date
3/18/15

City, State
Easton, PA

Completed by
Bree McGuire

Title
Secretary Treasurer

Signature

Date
3/3/15

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

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>3/13/15</th>
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<tbody>
<tr>
<td>Agency Notified</td>
<td>n/a</td>
</tr>
<tr>
<td>Type Notification</td>
<td>n/a</td>
</tr>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Marjorie Furlong</td>
</tr>
<tr>
<td>Street Address</td>
<td>120 Lakes Ave</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Manasquan, New Jersey 08736</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>n/a</td>
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<tr>
<td>Telephone Number</td>
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**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Furlong Residence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>77 Channel Drive</td>
</tr>
<tr>
<td>City (6)</td>
<td>Brick</td>
</tr>
<tr>
<td>County (8)</td>
<td>Ocean</td>
</tr>
<tr>
<td>County Code (7)</td>
<td>2300</td>
</tr>
<tr>
<td>Current Use (Prior to being demolished)</td>
<td>Residence</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>n/a</td>
</tr>
<tr>
<td>ASCM No.</td>
<td>n/a</td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>Ace Insulation Co., Inc.</td>
</tr>
<tr>
<td>Street Address</td>
<td>95 Montrose Road</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Colts Neck, N.J. 07722</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>n/a</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>732-294-1757</td>
</tr>
<tr>
<td>License No.</td>
<td>00029</td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>3-4-2015</td>
</tr>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>3-10-15</td>
</tr>
<tr>
<td>scope of Work (Check All That Apply)</td>
<td>x</td>
</tr>
<tr>
<td>≥3 sf or ≥3 ft</td>
<td>x</td>
</tr>
<tr>
<td>≥160 sf or ≥260 if</td>
<td>x</td>
</tr>
<tr>
<td>Renovation</td>
<td>x</td>
</tr>
<tr>
<td>Demolition</td>
<td>x</td>
</tr>
<tr>
<td>Full Containment with Negative Pressure</td>
<td>n/a</td>
</tr>
<tr>
<td>Mini-Enclosure</td>
<td>n/a</td>
</tr>
<tr>
<td>Glovebag Procedure</td>
<td>n/a</td>
</tr>
<tr>
<td>Non-Exempted (*) and Non-Firable Procedure</td>
<td>n/a</td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM)</td>
<td>n/a</td>
</tr>
<tr>
<td>TO BE ABATED</td>
<td>n/a</td>
</tr>
<tr>
<td>in Facility (13)</td>
<td>n/a</td>
</tr>
<tr>
<td>Is Location Normally Used Solely by Maintenance/</td>
<td>x</td>
</tr>
<tr>
<td>Custodial Staff? (12)</td>
<td>No</td>
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<tr>
<td>Description of Asbestos Containing Material (ACM)</td>
<td>x</td>
</tr>
<tr>
<td>(i.e., thermal insulation, surfacing, VAT, or</td>
<td>siding</td>
</tr>
<tr>
<td>other miscellaneous)</td>
<td>2000 sf</td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
<td>x</td>
</tr>
<tr>
<td>Abatement Type</td>
<td>Removal</td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
<td>Ace Insulation Co., Inc.</td>
</tr>
<tr>
<td>NJ/DEP Waste Hauler ID No.</td>
<td>120586</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td>4</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>Chrin</td>
</tr>
<tr>
<td>City, State</td>
<td>Colts Neck, New Jersey</td>
</tr>
<tr>
<td>Disposal Date</td>
<td>3-10-15</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>Date</td>
</tr>
<tr>
<td>Completed by</td>
<td>Bree McGuire</td>
</tr>
<tr>
<td>Title</td>
<td>Secretary Treasurer</td>
</tr>
</tbody>
</table>

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

Date of Notification (1)
3/3/15

Name of Building Owner/Operator (2)
Scott Sheedy Private Home

Agencies Notified

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

Street Address
10 Lakeside Drive

City, State, Zip Code
Medford NJ 08055

Name of Contact
Scott

Telephone Number

FACILITY INFORMATION

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

Street Address
10 Lakeside Drive

City (5)
Medford NJ 08055

County (6)
Burlington

County Code (7) (STATE USE ONLY)

Current Use (Prior if being demolished)
Home

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

ASCM No.

Name of Abatement Contractor (9)
Pemaco Inc.

Street Address
PO Box 329

City, State, Zip Code
West Berlin NJ 08091

Project Manager for Monitoring Firm

Telephone No.
856-753-9800

License No.
00727

Start Date (10)
3/16/15

Scheduled Completion Date (11)
3/20/15

Occupy Status During Abatement (Check Only One)
X Facility Closed/Vacated During Entire Period of Abatement
X Abatement Performed Outside of Normal Facility Hours

Other – Describe:

Scope of Work (Check All That Apply)

- 23 sf or 23 ft
- 160 sf or 160ft
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted C and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM)

TO BE ABATED

In Facility

Exterior Siding

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

Yes
No
x

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

Location of Asbestos-Containing Material (ACM)

Cubic Yards of Waste

Name of Registered Landfill

G.R.O.W.S.

Name of Registered Waste Hauler

United Container

NJDEP Waste Hauler ID No.
22459

Disposal Date
3/20/15

City, State
Morrisville PA 19067

Completed by
Anthony T Perna
Title
President
Signature

Date
3/3/15

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

Date of Notification (1)
3/3/15

Name of Building Owner/Operator (2)
Zackaria Alvia Private Home

A agencies Notified
[ ] EPA
[ ] DEP
[ ] DOL
[ ] DOH
[ ] DCA

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

Street Address
116 N texas Ave

City, State, Zip Code
Atlantic City NJ

Name of Contact
Zackaria

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement Is Taking Place (3)
Zackaria Alvia Private Home

Street Address
116 N texas Ave

City (5)
Atlantic City NJ

County (6)
Atlantic

County Code (7) (STATE USE ONLY)

Current Use (Prior if being demolished)
Home

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

Square Feet
1000+

# of Floors
2

Bldg. Age
35+

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

ASCM No.

Name of Abatement Contractor (9)
Parnaco Inc.

Street Address
PO Box 329

City, State, Zip Code
West Berlin NJ 08091

Project Manager for Monitoring Firm

Telephone No.
856-753-9800

License No.
00727

Start Date (10)
3/16/15

Scheduled Completion Date (11)
3/20/15

Occancy 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 lf
[ ] ≥100 sf or ≥250 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)

Abatement Type

Endorse

Endorse

Endorse

Name of Registered Waste Hauler
United Containers

NJDEP Waste Hauler ID No.
22459

Cubic Yards of Waste
TBD

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

City, State
Elm NJ

Disposal Date
3/20/15

City, State
Morrisville PA 19067

Completed by
Anthony T Perna
Title
President

Signature

Date
3/3/15

* Do not use this form for asbestos licensure exempted activities. 
**State of New Jersey**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:50 and 12:120)

**Date of Notification (1)**
3/2/14

**Name of Building Owner/Operator (2)**
David Ledger Private Home

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

**Type of Notification**
- Initial
- Emergency (Including justifications)

**Street Address**
19 Kansas

**City, State, Zip Code**
Little Egg Harbor NJ 08070

**Name of Contact**
David

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**
David Ledger Private Home

**Street Address**
19 Kansas

**City (5)**
Little Egg Harbor NJ 08070

**County (6)**
N/A

**County Code (7)**
N/A

**Ocean**
N/A

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

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

**ASCM No.**
N/A

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

**Street Address**
PO Box 329

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

**Project Manager for Monitoring Firm**

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

**License No.**
00727

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

**Scheduled Completion Date (11)**
3/6/15

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

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

<table>
<thead>
<tr>
<th>Material</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exterior Siding</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>kitchen</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>through-out</td>
<td>x</td>
<td></td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>Material</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exterior Siding</td>
<td>1400 SF</td>
<td>x</td>
</tr>
<tr>
<td>Floor Tile</td>
<td>100 SF</td>
<td>x</td>
</tr>
<tr>
<td>drywall</td>
<td>1500 SF</td>
<td>x</td>
</tr>
</tbody>
</table>

**Amount of Waste (Specify Cubic Yards of Waste)**
- [ ] 0
- [ ] 1
- [ ] 2
- [ ] 3
- [ ] 4

**Name of Registered Waste Hauler**
United Containers

**NJ/DEP Waste Hauler ID No.**
22459

**Cubic Yards of Waste**
4

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

**City, State**
Elm NJ

**Disposal Date**
N/A

**Completed by**
Anthony T Perna

**Title**
President

**Signature**

**Date**
3/2/15

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

**Date of Notification:** 3/4/15  
**Name of Building Owner/Operator:** David Sellers

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Name of Contact</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPD</td>
<td>Initial</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DOL</td>
<td>Amended</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DOH</td>
<td>Amendment #</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DCA</td>
<td>Cancellation</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Address:** 807 Lorillard Avenue  
**City, State, Zip Code:** Union Beach NJ 07735

**Name of Facility Where Abatement is Taking Place:** David Sellers private Home

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Item</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>807 Lorillard Avenue</td>
</tr>
<tr>
<td>City (5)</td>
<td>Union Beach NJ</td>
</tr>
<tr>
<td>County (6)</td>
<td>Monmouth</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>N/A</td>
</tr>
<tr>
<td>ASCM No.</td>
<td></td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>Pernaco Inc.</td>
</tr>
<tr>
<td>PO Box 329</td>
<td></td>
</tr>
<tr>
<td>West Berlin NJ 08091</td>
<td></td>
</tr>
<tr>
<td>Telephone No.</td>
<td>856-753-9800</td>
</tr>
<tr>
<td>License No.</td>
<td>00727</td>
</tr>
</tbody>
</table>

**Start Date (10):** 3/5/15  
**Scheduled Completion Date (11):** 3/7/15

**Occupancy Status During Abatement:**
- Facility Closed/Vacated During Entire Period of Abatement

**Scope of Work (Check All That Apply):**
- ≥ 32 ft or ≥ 32 if
- ≥ 160 sf or ≥ 260 if
- Demolition

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

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

**Amount (Specify SF or LF):** 70 SF

**Abatement Type:** Full Containment with Negative Pressure

**name of Registered Wast Hauler:** United Containers  
**Disposal Date:** 3/9/15  
**Name of Registered Landfill:** G.R.O.W.S.

**Completed by:** Anthony T Perna  
**Title:** President

---

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>3-2-15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Brian Danner</td>
</tr>
<tr>
<td>Agencies Notified</td>
<td>[ ] EPA</td>
</tr>
<tr>
<td></td>
<td>[ ] IDEP</td>
</tr>
<tr>
<td></td>
<td>[x] DOH</td>
</tr>
<tr>
<td></td>
<td>[ ] DOH</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

| Name of Facility Where Abatement is Taking Place (3) | Same as above |
| Street Address | 315 Salem Road |
| City, State, Zip Code | Union, NJ, 07083 |
| Name of Contact | Brian Danner |

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

| Square Feet | 1300 SF |
| # of Floors | 2 |
| Bldg. Age | 80 |
| Current Use (Prior if being demolished) | |

| Name of Monitoring Firm hired by Building Owner (8) | N/A |
| Street Address | |
| City, State, Zip Code | |

| Telephone Number | N/A |
| License Number | |

| Telephone Number | (973) 744-8800 |
| License Number | 00371 |

| Name of Abatement Contractor (9) | AZTECH MANAGEMENT, Inc. |
| Street Address | 86 Christopher St. |
| City, State, Zip Code | Montclair, NJ 07042 |

| Project Manager for Monitoring Firm | |
| Telephone Number | |
| License Number | |

| Name of OSHA Monitor | N/A |
| Street Address | |
| City, State, Zip Code | |

| Scope of Work (Check all that apply) | |
| Location of Asbestos-Containing Material (ACM) | |
| TO BE ABATED | |
| In Facility (13) | |

| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | YES / NO | X | Pipe Insulation | 130 lf |

| Name of Registered Waste Hauler | AZTECH MANAGEMENT, INC. |
| NJDEP Waste Hauler ID No. | 17040 |
| City, State | Montclair, NJ 07042 |

| Cubic Yards of Waste | 1.5 |
| Name of Registered Landfill | G.R.O.W.S. |
| City, State | Morrisville, PA 19067 |

| Completed By (Print or Type) | Constantine Vivian |
| Title | President |
| Signature | |
| Date | 3-2-15 |
# State of NJ Notification of Asbestos Abatement
(Pursuant to NJAC 8:50-7 and 12:120-7)

### EXTRA FOOTAGES ###

<table>
<thead>
<tr>
<th>B &amp; G proj. #:</th>
<th>2014-227</th>
</tr>
</thead>
</table>

### Date of Notification (1) ###

| 0 | 1 | 2 | 1 | 1 | 5 |

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

- Clara Maass Medical Center

### Street Address ###

- 1 Clara Maass Drive

### City, State, Zip Code ###

- Belleville, NJ 07109

### Name of Contact ###

- Luis Caceres

### FACILITY INFORMATION ###

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

- Main Hospital, Entrance (NON SUB 8)

### Street Address ###

- 1 Clara Maass Drive

### City (5) ###

- Belleville

### County (6) ###

- Essex

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

### Type of Facility (4) ###

- \[ X \] Other (Private/Commercial Bldgs./Homes, etc.)

### Square Feets ###

### # of Floors ###

### Bldg. Age ###

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

- Hospital NON SUB 8

### 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)696-6969

### License Number ###

- 00378

### Name of OSHA Monitor ###

- B & G Restoration, Inc.

### Street Address ###

- 105 Ryerson Road

### City, State, Zip Code ###

- Lincoln Park, NJ 07035

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

- [x] Demolition
- [x] Renovation
- [x] >3 sf or >3 If
- [x] >60 sf or >260 If
- [ ] Full Containment w/negative pressure
- [x] Glovebag procedure
- [x] Mini-enclosure
- [x] Non-flammable procedure

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

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
</table>

#### Ground fl lobby & adj to lobby ####

- [x] pipe fittings / pipe fittings

#### Ground fl foyer ####

- [x] pipe fittings

#### Ground floor next to sprinkler room ####

- [x] pipe insulation & pipe fittings

#### Ground fl adj to stairs ####

- [x] pipe insulation

#### Ground fl former office ####

- pipe insulation

### Registered Waste Hauler ###

- B & G Restoration, Inc.

### NJDEP Hauler ID# ###

- 19563

### Cubic Yards of Waste ###

- 5 yards

### Name of Registered Landfill ###

- Tullytown Resource & Recovery Center

### City, State ###

- Tullytown, PA

### Completed by (Print or type) ###

- Gordana Luna

### Title ###

- Secretary/Treasurer

### Signature ###

- Gordana Luna

### Date ###

- 02/20/2015
Re: One page attachment to 10-day initial notification dated 12/15/2014 for asbestos removal at: Clara Maass Medical Center, 1 Clara Maass Drive, Belleville, NJ 07109

Original project start date: 12/22/2014

The following materials shall be abated:

<table>
<thead>
<tr>
<th>Location of asbestos-containing material to be abated in facility</th>
<th>Is location normally used solely by maintenance / custodial staff</th>
<th>Description of ACM</th>
<th>Amount (LF or SF)</th>
<th>Remove</th>
<th>Repair</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st fl. men’s room in chase</td>
<td>NO</td>
<td>Pipe insulation</td>
<td>10 lf</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>1st fl. hallway</td>
<td>NO</td>
<td>Pipe fittings</td>
<td>25 fittings</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>1st fl. vault</td>
<td>NO</td>
<td>Floor tile &amp; mastic</td>
<td>40 sf</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Roof Perimeter &amp; partitions</td>
<td>NO</td>
<td>Roof flashing</td>
<td>500 lf</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>East &amp; West roofs</td>
<td>NO</td>
<td>Black asphaltic tar layering</td>
<td>100 sf</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Ground floor Ceiling plenum</td>
<td>NO</td>
<td>Pipe insulation</td>
<td>75 lf</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Ground floor cafeteria</td>
<td>NO</td>
<td>Pipe insulation</td>
<td>15 lf</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

ADDITIONAL NEW quantities are highlighted in YELLOW
State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12:120-7)
*** RESUME & EXTRA FOOTAGES ***

Check # 7054

Date of Notification (1)
01/11/2015

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

Name of Building Owner/Operator (2)
Clara Maass Medical Center

Street Address
1 Clara Maass Drive

City, State, Zip Code
Belleville, NJ 07109

Name of Contact
Luis Caceres

FACILITY INFORMATION

Main Hospital, Entrance (NON SUB 8)

Street Address
1 Clara Maass Drive

City (5)
Belleville

County (6)
Essex

County Code (7)
(State use only)

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

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)
Hospital NON SUB 8

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) 696-6669

License Number
00378

Name of OSHA Monitor
B & G Restoration, Inc.

Street Address
105 Ryerson Road

City, State, Zip Code
Lincoln Park, NJ 07035

Scope of Work (check all that apply)

- Demolition
- Renovation
- >1 sf or >=3 if
- >160 sf or 280 if

Full Containment w/negative pressure
Glovebag procedure
Mini-enclosure
Non-friable procedure

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

Ground fl lobby & adj to lobby
Ground fl foyer
Ground floor n.x.t to sprinkler room
Ground fl adj to stairs
Ground fl former office

Registered Waste Hauler
B & G Restoration, Inc.
NJ/DEP Hauler ID# 19563

Cubic Yards of Waste
5 yards

Name of Registered Landfill
Tullytown Resource & Recovery Center

City, State
Lincoln Park, NJ

Disposal Date
03/02/2015

Completed by (Print or Type)
Gordana Luna

Title
Secretary/Treasurer

Signature

Date
01/30/2015
# State of New Jersey
## NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 6:16)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 / 11 / 15</td>
<td>Verizon</td>
</tr>
</tbody>
</table>

### Agencies Notified
- [ ] EPA
- [ ] DOLWD
- [ ] DHSS
- [ ] DCA (NJAC 5:23-8)

<table>
<thead>
<tr>
<th>Type Notification</th>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Initial</td>
<td>15 East Montgomery Place, Lower Level</td>
</tr>
<tr>
<td>[ ] Amended</td>
<td></td>
</tr>
<tr>
<td>[ ] Amendment #2-3/2/15</td>
<td></td>
</tr>
<tr>
<td>[ ] Emergency (including justification)</td>
<td></td>
</tr>
<tr>
<td>[ ] Cancellation</td>
<td></td>
</tr>
</tbody>
</table>

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

### Name of Contact
- Anthony Porta

### Telephone Number
- [ ]

### FACILITY INFORMATION

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

### Street Address
- 95 Williams St.

### City (5)
- Newark

### County (6)
- Essex

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

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

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

### Square Feet
- [ ]

### # of Floors
- [ ]

### Bldg. Age
- [ ]

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

### ASCM No.
- [ ]

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

### Street Address
- 8436 Enterprise Ave

### City, State, Zip Code
- Philadelphia, PA 19153

### Project Manager for Monitoring Firm
- Mark Jenkins

### Telephone No.
- 215-365-5910

### Start Date (10) and Scheduled Completion Date (11)
- 3 / 15
- 3 / 5 / 15

### Occupancy Status During Abatement (Check only one)
- [ ] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility Hours - Describe
- Time of Abatement: AM 9:00PM-1:30AM

### Scope of Work (Check all that apply)
- [ ] ≥25 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
- 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
- Enclose

### Throughout 10th Floor
- [ ]

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

### NJ/DEP Waste Hauler ID No.
- 20990

### Cubic Yards of Waste
- [ ]

### Name of Registered Landfill
- MINERVA LANDFILL

### City, State
- WAYNESBURG, OH 44688

### Disposal Date
- [ ]

### Completed By (Print or Type)
- Brian Scafro

### Title
- Estimator

### Signature
- [ ]

### Article
- [ ]

### Date
- 5/2/15

---

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

<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>11/15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator</td>
<td>Verizon</td>
</tr>
<tr>
<td>Street Address</td>
<td>15 East Montgomery Place, Lower Level</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Pittsburgh, PA 15212</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Anthony Ports</td>
</tr>
</tbody>
</table>

### FACILITY INFORMATION

| Name of Facility Where Abatement is Taking Place | Verizon Market CO |
| Street Address | 95 Williams St. |
| City (5) | Newark |
| County (6) | Essex |
| Name of Monitoring Firm Hired by Building Owner | USA Environmental Management |
| ASCM No. | |
| Name of Abatement Contractor | BRISTOL ENVIRONMENTAL, INC. |
| Street Address | 1123 BEAVER STREET |
| City, State, Zip Code | BRISTOL, PA 19007 |
| Name of OSHA Monitor | |
| Project Manager for Monitoring Firm | Mark Jenkins |
| Telephone No. | 215-365-5810 |
| License No. | 00509 |
| Start Date (10) | HOLD |
| Scheduled Completion Date (11) | |

### Occupancy Status During Abatement

- [ ] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 8:00 AM - 5:00 PM

### Scope of Work

- [X] 3 or more sf or ≥ 3,000 sf
- [ ] 160 or ≥ 1600 sf
- [X] Renovation
- [X] Demolition
- [X] Full Containment with Negative Pressure
- [X] Mini-Enclosure
- [X] Glovebag Procedure
- [X] Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Throughout 10th Floor</th>
</tr>
</thead>
<tbody>
<tr>
<td>IN Facility</td>
<td>□ □ □</td>
</tr>
<tr>
<td>Used Solely by Maintenance/Custodial Staff?</td>
<td>Yes [□] No [□] N/A</td>
</tr>
<tr>
<td>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, other miscellaneous)</td>
<td>Floor tile and mastic 75 SF</td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
<td>75 SF</td>
</tr>
<tr>
<td>Abatement Type</td>
<td>■</td>
</tr>
<tr>
<td>Endoscope</td>
<td>□</td>
</tr>
<tr>
<td>Encapsulation</td>
<td>□</td>
</tr>
<tr>
<td>Repair</td>
<td>□</td>
</tr>
<tr>
<td>Remove</td>
<td>□</td>
</tr>
</tbody>
</table>

### Name of Registered Waste Hauler

SERVICE TRANSPORT GROUP, INC.  
N.J. DEP Waste Hauler ID No. 2006 |
Cubic Yards of Waste | Name of Registered Landfill |
Disposal Date | City, State |
Completed By (Print or Type) | Brian Scafiro |
Title | Estimator |
Signature | Brian Scafiro |
Date | 11/15 |
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60 and 8:16)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 / 11 / 15</td>
<td>Verizon</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ EPA</td>
<td>□ Initial</td>
<td>15 East Montgomery Place, Lower Level</td>
</tr>
<tr>
<td>□ DOLWD 7986</td>
<td>□ Amended Amendment</td>
<td>City, State, Zip Code</td>
</tr>
<tr>
<td>□ DHSS 5265</td>
<td>□ Emergency (including justification)</td>
<td>Pittsburgh, PA 15212</td>
</tr>
<tr>
<td>□ DCA (NJAC 5:23-8)</td>
<td>□ Cancellation</td>
<td>Name of Contact</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Type of Facility (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Verizon Market CO</td>
<td>□ School (K-12)</td>
</tr>
<tr>
<td></td>
<td>□ Subchapter 6 (Other than 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>FACILITY INFORMATION</th>
<th>County Code (7)</th>
<th>Current Use (Prior if being demolished)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Essex</td>
<td></td>
<td>Office</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (6)</th>
<th>ASCM No.</th>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>USA Environmental Management</td>
<td></td>
<td>BRISTOL ENVIRONMENTAL, INC.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>8436 Enterprise Ave</td>
<td>215-365-5810</td>
<td>00509</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mark Jenkins</td>
<td>2 / 23 / 15</td>
<td>2 / 25 / 15</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement</th>
<th>Scope of Work (Check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Facility Closed/Vacated During Entire Period of Abatement</td>
<td>□ ≥ 30 sf or ≥ 30 ft</td>
</tr>
<tr>
<td>□ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM-PM:00PM-1:30AM</td>
<td>□ Renovation</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM)</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Description of Asbestos Containing Material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>TO BE ABATED IN Facility (13)</td>
<td>Yes</td>
<td>(i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Throughout 10th Floor</th>
<th>Floor tile and mastic</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>□</td>
<td>Yes</td>
<td>75 SF</td>
<td>□ Removal</td>
</tr>
<tr>
<td>□</td>
<td>□</td>
<td></td>
<td>□ Repair</td>
</tr>
<tr>
<td>□</td>
<td>□</td>
<td></td>
<td>□ Encapsulate</td>
</tr>
<tr>
<td>□</td>
<td>□</td>
<td></td>
<td>□ Enclosure</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>SERVICE TRANSPORT GROUP, INC.</td>
<td>20990</td>
<td></td>
<td>MINERVA LANDFILL</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>Disposal Date</th>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>NEW CASTLE, DE 19720</td>
<td></td>
<td>WAYNESBURG, OH 44688</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>Brian Seafin</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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>March 2, 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Wayne Township Public Schools</td>
</tr>
<tr>
<td>Agencies Notified</td>
<td>Type Notification</td>
</tr>
<tr>
<td>EPA</td>
<td>X Initial</td>
</tr>
<tr>
<td>DEP</td>
<td>X Amended</td>
</tr>
<tr>
<td>DOL</td>
<td>X Amendment #</td>
</tr>
<tr>
<td>DOH</td>
<td>X Emergency (including justification)</td>
</tr>
<tr>
<td>DCA</td>
<td>Cancellation</td>
</tr>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td>Preakness School</td>
</tr>
<tr>
<td>Street Address</td>
<td>1006 Hamburg Turnpike</td>
</tr>
<tr>
<td>City (8)</td>
<td>Wayne</td>
</tr>
<tr>
<td>County (8)</td>
<td>Passaic</td>
</tr>
<tr>
<td>County Code (7)</td>
<td>60000</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>Ramm Environmental</td>
</tr>
<tr>
<td>ASCM No.</td>
<td>**********</td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>Academy Construction, Inc</td>
</tr>
<tr>
<td>Street Address</td>
<td>77 Nottingham Road</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Fair Lawn, NJ</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>Roger Headrick</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>201-475-9880</td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>3/13/15</td>
</tr>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>3/18/15</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, Demolition</td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)</td>
<td>Room 1: VAT &amp; Mastic 1020 x, Corridor/hallway &amp; two stairwells: VAT &amp; Mastic 1200 x</td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
<td>Academy Construction, Inc</td>
</tr>
<tr>
<td>NJ/DEP Waste Hauler ID No.</td>
<td>0034422</td>
</tr>
<tr>
<td>Name of Registered Landfill Waste Management (GROWS)</td>
<td>7</td>
</tr>
<tr>
<td>City, State</td>
<td>Totowa, NJ</td>
</tr>
<tr>
<td>Disposal Date</td>
<td>3/18/15</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>John Maso</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>973-832-4244</td>
</tr>
<tr>
<td>License No.</td>
<td>01155</td>
</tr>
<tr>
<td>Name of OSHA Monitor</td>
<td>Academy Construction</td>
</tr>
<tr>
<td>Street Address</td>
<td>205 Rt 46W, Suite 14</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Totowa, NJ 07512</td>
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<tr>
<td>Completion Date</td>
<td>3/2/15</td>
</tr>
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</table>

ASB-41 (R-06-08)

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 5:18)  

**Date of Notification (1)**  
3/2/15

**Name of Building Owner/Operator (2)**  
Mr. Barry Ridings

**Ridings**  

**Type of Facility (4)**  
Residential

**Square Feet**  
4500

**# of Floors**  
2

**Bldg. Age**  
70+/-

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

**City (5)**  
Princeton, NJ 08543

**County (6)**  
Mercer

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

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

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

**Street Address (10)**  
PO Box 341

**City, State, Zip Code**  
Crosswicks, NJ 08515

**Street Address (11)**  
PO Box 322

**City, State, Zip Code**  
Allentown, NJ 08501

**Project Manager for Monitoring Firm**  
Bill Weisgarber  
(609) 298-4070

**Telephone No.**  
(609) 259-9688

**License No.**  
00493

**Name of OSHA Monitor**  
MECS

**Street Address (12)**  
PO Box 341

**City, State, Zip Code**  
Crosswicks, NJ 08515

**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] ≥ 50 sf or ≥ 250 sf
- [X] ≥ 200 sf or ≥ 200 sf
- [X] Renovation Removal

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

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

- [X] Yes
- [ ] No
- [ ] N/A

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

**Amount (Specify SF or LF)**

**Abatement Type**

**Encapsulate**

**Crawl Space**  

- [X] Yes
- [ ] No
- [ ] N/A

**Thermal Pipe Insulation**  

- [X] 50 lf
- [ ] 50 LF

**Name of Registered Waste Hauler**

Stevens Environmental Services, Inc.

**NJ DEP Waste Hauler ID No.**

18292

**Cubic Yards of Waste**

1 CU

**Name of Registered Landfill**

GROWS Landfill

**City, State**

Allentown, NJ

**Disposal Date**

3/16/15

**City, State**

Morrisville, PA

**Date**

3/2/15

**Name of Contact**

Mr. Barry Ridings

**Telephone Number**

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

---

**Date of Notification (1)**

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

**Ridings**

**Type of Facility (4)**

**Square Feet**

**# of Floors**

**Bldg. Age**

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

**Street Address**

**City (5)**

**County (6)**

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

**Name of Abatement Contractor (9)**

**Street Address (10)**

**City, State, Zip Code**

**Project Manager for Monitoring Firm**

**Telephone No.**

**License No.**

**Name of OSHA Monitor**

**Street Address (12)**

**City, State, Zip Code**

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

**Amount (Specify SF or LF)**

**Abatement Type**

**Encapsulate**

**Crawl Space**

- [X] Yes
- [ ] No
- [ ] N/A

**Thermal Pipe Insulation**

- [X] 50 lf
- [ ] 50 LF

**Name of Registered Waste Hauler**

Stevens Environmental Services, Inc.

**NJ DEP Waste Hauler ID No.**

18292

**Cubic Yards of Waste**

1 CU

**Name of Registered Landfill**

GROWS Landfill

**City, State**

Allentown, NJ

**Disposal Date**

3/16/15

**City, State**

Morrisville, PA

**Date**

3/2/15

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
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<tbody>
<tr>
<td>3 / 5 / 15</td>
<td>PNC Bank</td>
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<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Street Address</th>
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<tbody>
<tr>
<td>□ EPA</td>
<td>□ Initial</td>
<td>320 Main Street</td>
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<tr>
<td>□ DOLWD</td>
<td>□ Amended</td>
<td></td>
</tr>
<tr>
<td>□ DSS</td>
<td>□ Amendment # 1</td>
<td></td>
</tr>
<tr>
<td>□ DCA (NJAC 5:23-8)</td>
<td>□ Emergency (including justification)</td>
<td></td>
</tr>
<tr>
<td>□ Cancellation</td>
<td>□ Cancellation</td>
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</tr>
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</table>

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>PNC Bank</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>City (5)</th>
<th>County Code (7)/STATE USE ONLY</th>
<th>Telephone Number</th>
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<tbody>
<tr>
<td>Avon by the Sea, NJ 07717</td>
<td>5000</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Mike Smith</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FACILITY INFORMATION</th>
<th>Type of Facility (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>□ School (K-12)</td>
</tr>
<tr>
<td></td>
<td>□ Subchapter B (Other than 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>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ECS Mid-Atlantic, LLC</td>
<td>Prism Response, Inc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>56 Grumbacher Road, Suite D</td>
<td>01121</td>
</tr>
<tr>
<td>York, PA 17406</td>
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</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mike Smith</td>
<td>717-767-4788</td>
</tr>
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<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
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<tr>
<td>3 / 13 / 15</td>
<td>3 / 13 / 15</td>
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<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check only one)</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Facility Closed/Vacated During Entire Period of Abatement</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Time of Abatement: AM-__PM PM-__PM AM-__PM</th>
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</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ ≥ 31 ft or ≥ 3 if</td>
</tr>
<tr>
<td>□ ≥ 160 sf or ≥ 290 if</td>
</tr>
<tr>
<td>□ Renovation</td>
</tr>
<tr>
<td>□ Demolition</td>
</tr>
<tr>
<td>□ Full Containment with Negative Pressure</td>
</tr>
<tr>
<td>□ Mini-Enclosure</td>
</tr>
<tr>
<td>□ Glovebag Procedure</td>
</tr>
<tr>
<td>□ Non-Exempted (*) and Non-Friable Procedure</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Throughout</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>NDEP Waste Hauler ID No. SW1724</td>
<td>Grows North Landfill</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>Disposal Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Morrisville, PA</td>
<td>3/13/15</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed By (Print or Type)</th>
<th>Title</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jessica Wolfe</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| * Do not use this form for asbestos licensure exempted activities. |
STATE OF NEW JERSEY
NOTIFICATION OF ASPEROS ABATEMENT
(PURSUANT TO NJAC 8:60-7 AND 12:120-7)

Date of Notification (1)
03 / 05 / 15

Name of Building Owner / Operator (2)
MERCK SHARP & DOHME CORP.

Street Address
2000 GALLOPING HILL ROAD

City, State, Zip Code
KENILWORTH, NJ 07033

Name of Contact
RON NAMETKO

TELEPHONE NUMBER

FACILITY INFORMATION

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

Type of Facility (4)

Street Address
2000 GALLOPING HILL ROAD

City (5) KENILWORTH

County (6) UNION

County Code (7)

Square Feet
800,000

# Of Floors
2

Building Age
50+

Current Use (Prior if being demolished)
WAREHOUSE/OFFICE

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

ASCM NO.

Name of Abatement Contractor (9)
Northstar Contracting Group, Inc.

Street Address
32 Williams Parkway

City, State, Zip Code
East Hanover, NJ 07936

Project Mgr. For Monitoring Firm
DENNIS BLUMER

Telephone Number
732-223-2225

Street Address
1805 ATLANTIC AVE

City, State, Zip Code
MANASQUAN, NJ 08736

Sched. Start Date (10)
03 / 23 / 15

Sched. Completion Date (11)
08 / 31 / 15

Telephone Number
973-772-3660

License Number
00890

Occupancy Status During Abatement (Check Only 1)

Facility Closed/Vacated During Entire Period of
Abatement

Abatement Performed Outside of Normal Facility

Other - Describe: MON-FRI

Hours - Describe: 7:00AM-3:30 PM

Scope of Work (Check All That Apply)

Demolition

Renovation

Full Containment with Negative Pressure

Glovebag Procedure

Non-Exempted (*) and Non-Friable Procedure

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

Description of Asbestos - Containing
Material (ACM)

Amount

(Specify
SF or LF)

Abatement Type

Location

is

Location

Normally

Used

Solely

by

Maintenance/

Custodial

Staff (12)

R E

E R

M E

O V

A L

P A

N E

C L

S U

R

YES

NO

N/A

SEE ATTACHED

NJDEP Waste

Volume

Cubic

Yards

Name of Registered Waste Hauler
FREEHOLD CARTAGE

Name of Registered Landfill
LYCOMING COUNTY

City, State
FREEHOLD, NJ 07728

Disposal
Date

MONTGOMERY, PA 17752

Completed by (Print or Type)
STEVEN STILES

Title
PROJECT MANAGER

Signature

Date
03/05/15

ASB-41
<table>
<thead>
<tr>
<th>Item Description</th>
<th>Material/Operation</th>
<th>Quantity</th>
<th>Notes</th>
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</thead>
<tbody>
<tr>
<td>K-10 2ND FLOOR</td>
<td>VAT/MASTIC</td>
<td>75 SF</td>
<td></td>
</tr>
<tr>
<td>K-10 2ND FLOOR</td>
<td>MASTIC GLUE</td>
<td>40 LF</td>
<td></td>
</tr>
<tr>
<td>K-10 2ND FLOOR - MER</td>
<td>CAULK</td>
<td>100 LF</td>
<td></td>
</tr>
<tr>
<td>K-10 1ST FLOOR</td>
<td>MIRROR/GUARD MASTIC</td>
<td>4650 SF</td>
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<tr>
<td>K-10 COURTYARD</td>
<td>VIBRATION COLLAR</td>
<td>10 SF</td>
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<tr>
<td>K-2 SOUTH</td>
<td>PIPE &amp; FITTING</td>
<td>632 LF</td>
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<td>K-2 SOUTH</td>
<td>GASKET</td>
<td>12 SF</td>
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<td>K-2 SOUTH</td>
<td>VAT</td>
<td>1750 SF</td>
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<td>K-2 SOUTH</td>
<td>VAT/MASTIC</td>
<td>8450 SF</td>
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<td>CAULK</td>
<td>24 LF</td>
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<td>K-2 SOUTH</td>
<td>TRANSIT</td>
<td>120 SF</td>
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<td>K-2 SOUTH</td>
<td>FIRE STOP</td>
<td>6 SF</td>
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<td>K-2 SOUTH</td>
<td>TAR</td>
<td>8 SF</td>
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<tr>
<td>K-2 SOUTH</td>
<td>TAR</td>
<td>20 LF</td>
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<tr>
<td>K-2 NORTH</td>
<td>PIPE &amp; FITTING</td>
<td>3325 LF</td>
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<tr>
<td>K-2 NORTH</td>
<td>VAT/MASTIC</td>
<td>33770 SF</td>
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<tr>
<td>K-2 NORTH</td>
<td>SLAB/DUCT MASTIC</td>
<td>82000 SF</td>
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<tr>
<td>K-2 NORTH</td>
<td>DUCT SEALANT</td>
<td>950 LF</td>
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<td>K-2 NORTH</td>
<td>GLAZING</td>
<td>112 LF</td>
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<td>K-2 NORTH</td>
<td>GASKET</td>
<td>110 SF</td>
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<td>K-2 NORTH</td>
<td>CAULK</td>
<td>1076 LF</td>
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<td>TRANSIT</td>
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<tr>
<td>K-2 NORTH</td>
<td>WATERPROOFING</td>
<td>2530 SF</td>
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<tr>
<td>K-2 NORTH</td>
<td>MASTIC</td>
<td>680 SF</td>
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<tr>
<td>K-2 NORTH</td>
<td>WINDOW SILL</td>
<td>80 SF</td>
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</tr>
<tr>
<td>K-2 NORTH</td>
<td>FIRE STOP</td>
<td>11 SF</td>
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<tr>
<td>K-2 NORTH</td>
<td>MIRROR/GUARD MASTIC</td>
<td>425 SF</td>
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<td>MAINTENANCE-K-2</td>
<td>VAT/MASTIC</td>
<td>3150 SF</td>
<td></td>
</tr>
<tr>
<td>MAINTENANCE-K-2</td>
<td>CAULK</td>
<td>32 LF</td>
<td></td>
</tr>
<tr>
<td>MAINTENANCE-K-2</td>
<td>GLAZING</td>
<td>90 LF</td>
<td></td>
</tr>
<tr>
<td>ROOF</td>
<td>FLASHING</td>
<td>7295 SF</td>
<td></td>
</tr>
<tr>
<td>ROOF</td>
<td>GASKET</td>
<td>15 LF</td>
<td></td>
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<tr>
<td>ROOF</td>
<td>CAULK</td>
<td>5348 LF</td>
<td></td>
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<tr>
<td>ROOF</td>
<td>GLAZING</td>
<td>384 LF</td>
<td></td>
</tr>
<tr>
<td>ROOF</td>
<td>TAR</td>
<td>102 LF</td>
<td></td>
</tr>
</tbody>
</table>
**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 8:90 and 8:16)

**State of New Jersey**

### Date of Notification (1)

- 3
- 3
- 15

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

First Hartford Realty Corp.

### Agencies Notified

- [x] EPA
- [ ] DOLWD
- [x] D-CS
- [ ] DCA
- (NJAC 8:20-8)

**Type Notification**

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

**Street Address**

149 Colonial Rd.

**City, State, Zip Code**

Manchester, CT 06045

**Name of Owner**

Tony Gallinar

**Telephone Number**

### FACILITY INFORMATION

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

Former Pizza Hut

**Street Address**

408 Springfield Ave.

**City (5)**

Berkeley Heights, NJ 07922

**County (6)**

Union

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

NA

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

Restraint

**Type of Facility (4)**

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

**Square Feet**

5000

**# of Floors**

1

**Bldg. Age**

35+

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

J&S Environmental Laboratories, LLC

**ASCM No.**

NA

**Name of Abatement Contractor (9)**

Alliance Environmental Systems

**Street Address**

550 East Union St.

**City, State, Zip Code**

West Chester, PA 19382

**Project Manager for Monitoring Firm**

Sherrill Gelsomino

**Telephone No.**

802-205-0073

**Telephone No.**

610-701-9000

**License No.**

00508

**Name of OSHA Monitor**

AET

**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:** 7AM-PM/3:30PM-__AM

**Start Date (10)**

3 / 4 / 15

**Scheduled Completion Date (11)**

3 / 10 / 15

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

- [ ] >3 sf or >3 if
- [ ] >160 sf or >290 if
- [ ] Renovation
- [x] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [x] 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>Yes</th>
<th>No</th>
<th>N/A</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>(12)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Roof</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Roof</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exterior</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

- [ ] 1265 SF
- [ ] 484 SF
- [ ] 272 LF

**Amount (Specify SF or LF)**

- [ ] 1265 SF
- [ ] 484 SF
- [ ] 272 LF

**Abatement Type**

- [ ] Removal
- [ ] Repair
- [ ] Encapsulate
- [ ] Endoscope

**Name of Registered Waste Hauler**

David Geppert Recycling

**NJDEP Waste Hauler ID No.**

30

**Cubic Yards of Waste**

30

**Name of Registered Landfill**

Western Berks Community Landfill

**City, State**

Hatfield, PA

**Disposal Date**

TBD

**City**

Birdsboro, PA

**Date**

3/3/15

**Completed By (Print or Type)**

Mark Griffin

**Title**

Estimator

**Signature**


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

Date of Notification (1)  
1 / 29 / 15

Name of Building Owner/Operator (2)  
Joseph Evangelista

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

Type Notification  
☐ Initial  ☐ Amended  ☐ Amendment #1  ☐ Emergency (including justification)  ☐ Cancellation

Street Address  
306 West Bayview Avenue

City, State, Zip Code  
Lavallette, NJ 08735

Name of Contact  
Randy Worrell

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  
Residential Property

Street Address  
306 West Bayview Ave.

City (5)  
Lavallette

County (6)  
Ocean

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

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

ASCM No.  

Name of Abatement Contractor (9)  
Asbestos and Mold Services, Corp.

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

Square Feet  
833 SF

# of Floors  
1

Bidg. Age  
1970s

Street Address  
3659 Sylon Boulevard

City, State, Zip Code  
Hainesport, NJ 08036

Project Manager for Monitoring Firm  

Telephone No.  
609-702-0400

License No.  
00862

Start Date (10)  
2 / 9 / 15

Scheduled Completion Date (11)  
2 / 12 / 15

Name of OSHA Monitor  
EMSL Analytical, Inc.

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

Street Address  
200 U.S. Route 130 North

City, State, Zip Code  
Cinnaminson, NJ 08077

Scope of Work (Check all that apply)  

☐ ≥3 sf or ≥3 if  ☒ ≥100 sf or ≥250 sf  ☐ ≥100 sf or ≥250 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  

Roof  
☐ ☐ ☒ Roofing Shingles & Felt  880 SF

Exterior  
☐ ☐ ☐ Transite Shingles  294 SF

Name of Registered Waste Hauler  
Freehold Cartage, Inc.

Freehold Waste Hauler ID No.  
02285

Cubic Yards of Waste  
5

Name of Registered Landfill  
GROWS Landfill

City, State  
Morrisville, PA 19067

Disposal Date  
2/13/15

Completed By (Print or Type)  
Kimberly A. Trumbetti

Title  
Office Coordinator

Signature  

Date  
2-11-15

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:50 and 12:120)

Date of Notification (1)
3/2/15

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

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

Name of Building Owner/Operator (2)
PSEG

Street Address
4000 Hadley Rd

City, State, Zip Code
South Plainfield NJ 07080

Name of Contact
Bernadette Lafond

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
40th St. Substation

Street Address
526 East 41st St.

City (5)
Paterson NJ 07504

County (6)
Passaic

Passaic

County Code (7)
(STATE USE ONLY)

Type of Facility (4)
☐ School (K-12)
☒ Subchapter 3 (Other than K-12)
☐ Other (i.e. private & commercial buildings, homes, etc.)

Square Feet
n/a

# of Floors
n/a

Bldg. Age
n/a

Current Use (Prior if being demolished)
Substation

Name of Monitoring Firm Hired by Building Owner (6)
n/a

ASCM No.
n/a

Name of Abatement Contractor (9)
WRS Environmental Services Inc.

Street Address
17 Old Dock Rd.

City, State, Zip Code
Yaphank NY 11980

Project Manager for Monitoring Firm
n/a

Telephone No.
n/a

Telephone No.
631-924-811

License No.
01136

Start Date (10)
3/12/15

Scheduled Completion Date (11)
3/13/15

Name of OSHA Monitor
Michael J DiMaria

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
☒ ≥180 sf or ≥2260 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

Yes
No
N/A

Exterior Trenching

X

Transite Encased Duct Bank

180 LF

X

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

Amount (Specify $F or LF)

Abatement Type

Removal
Repair
Encapsulate
Endorse

Name of Registered Waste Hauler
NJDEP Waste Hauler ID No.
S7107

Cubic Yards of Waste
20

Name of Registered Landfill
Conestoga Landfill

City, State
Morgantown, PA

Completed by
Michael J DiMaria

Title
Proj Mgr/Site Supervisor

Signature

Date
3/2/15

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

Date of Notification (1)  
3/2/15

Name of Building Owner/Operator (2)  
PSEG

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

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

Street Address  
440 Eagle Rock Rd

City, State, Zip Code  
Roseland, NJ 07068

Name of Contact  
Dawn Neville

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3)  
Saddle Brook Substation

Street Address  
392 Jefferson Street

City (5)  
Bergen, NJ

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

Name of Monitoring Firm Hired by Building Owner (8)  
n/a

ASCM No.  
n/a

Name of Abatement Contractor (9)  
WRS Environmental Services Inc.

Street Address  
17 Old Dock Rd.

City, State, Zip Code  
Yaphank NY 11980

Project Manager for Monitoring Firm  
n/a

Telephone No.  
n/a

Telephone No.  
631-924-8111

License No.  
01136

Start Date (10)  
2/26/15

Scheduled Completion Date (11)  
2/26/15

Name of OSHA Monitor  
same as above

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 lf  
- [x] ≥ 160 sf or ≥ 260 lf  
- [ ] Renovation  
- [ ] Demolition

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

In Facility (13)

Yes  
No  
N/A

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

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

Yes  
No  
N/A

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

Amount (Specify SF or LF)  

Abatement Type  
Removal  
Repair  
Encapsulate  
Endoscope

Name of Registered Waste Hauler  
Vecilia ES Technical Solutions

NJDLP Waste Hauler ID No.  
20071

Cubic Yards of Waste  
1/4

Name of Registered Landfill  
Wayne Disposal

Disposal Date  
TBD

City, State  
Belleville, MI

Completed by  
Michael J DiMaria

Title  
Proj Mgr/Site Supervisor

Signature  
Michael J DiMaria

Date  
3/2/15

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

**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**

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

**Date of Notification (1)**
3/3/15

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

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

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

**Street Address**
3 Chadwick Avenue

**City, State, Zip Code**
Marlton, NJ 08053

**Name of Contact**
Meredith Neilland

**Telephone Number**

### FACILITY INFORMATION

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

- **Street Address**
  - 3 Chadwick Avenue

- **City (5)**
  - Marlton

- **County (6)**
  - Burlington

- **Name of Monitoring Firm Hired by Building Owner (8)**
  - RT Environmental Services

- **Name of Abatement Contractor (9)**
  - ecoservices, LLC

- **Street Address**
  - 215 West Church Road

- **City, State, Zip Code**
  - King of Prussia, PA 19406

- **Project Manager for Monitoring Firm**
  - Tony Alessandri

- **Telephone No.**
  - 610-265-1510

- **License No.**
  - 01161

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

- **Square Feet**
  - 1,867

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

- [x] 23 sf or ≥23 sf
- [ ] ≥160 sf or ≥260 sf

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

<table>
<thead>
<tr>
<th>Location of ACM</th>
<th>Is Location Normally Used Solely by</th>
<th>Description of ACM</th>
<th>Amount</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Living Space</td>
<td>[x] Maintenance/Custodial Staff</td>
<td>Floor tile</td>
<td>880 SF</td>
<td>[x]</td>
</tr>
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</table>

### Name of Registered Waste Hauler

ecoservices, LLC

**City, State**
Exton, PA

**Completed by**
Jack Bally

**Title**
Sr. Project Manager

**Signature**

**Date**
3/3/15

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Do not use this form for asbestos licensure exempted activities.