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

Date of Notification (1)
April 30, 2012

Agencies Notified

☑ EPA
☑ DEP
☑ DOH
☑ DOL
☑ DCA

Type Notification
☑ Initial
☑ Amended
☑ Amendment #7
☑ Emergency (including justification)
☑ Cancellation

Name of Building Owner/Operator (2)
Ortho Diagnostic / Johnson & Johnson

Street Address
1000 / 1001 Route 202, PO Box 300
Raritan, NJ 08869

Name of Contact

Project Manager

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Ortho Diagnostic / Johnson & Johnson

Street Address
1000 / 1001 Route 202
City (5)
Raritan, NJ
County (6)
Somerset

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

# of Floors

Bldg. Age

Current Use (Prior if being demolished)
Facility

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

Street Address
12 Kilmer Drive
City, State, Zip Code
Hillsborough, NJ 08844-3830

Project Manager for Monitoring Firm
Edward J. Bulava

Telephone No.
908-874-6207

Start Date (10)
2/2/12

Scheduled Completion Date (11)
12/31/12

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

Scope of Work (Check All That Apply)
☑ ≥3 sf or ≥3 ft
☑ ≥160 sf or ≥260 ft
☑ Renovation
☑ Demolition

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

In Facility (13)

OCD Boiler Room

F Building Basement

Tenant House

Yes
No
N/A

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)

Location of Asbestos-Containing Material (ACM)

Pipe

45 lf

Tank

350 sf

Fittings

51

Vat/Mastic

150 sf

Abatement Type

Removal

Encapsulate

Repair

Enclose

Name of Registered Waste Hauler

Freehold Cartage

Written Date

BFI Imperial Landfill

Disposal Date

12/31/12

Name of Registered Landfill

NJ DEP Waste Hauler ID No.

22253

Cubic Yards of Waste

6

City, State

Freehold, NJ

Completed by

Michael Cooper

Title

President

Signature

Date

ASB-41 (R-06-06)

* Do not use this form for asbestos licensure exempted activities.
<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>
</tr>
</thead>
<tbody>
<tr>
<td>Tenant House</td>
<td>X</td>
<td>pipe insulation</td>
<td>33 lf</td>
</tr>
<tr>
<td>OCD Boiler Control Room</td>
<td>X</td>
<td>VAT/Mastic</td>
<td>250 s/f</td>
</tr>
<tr>
<td>OMP B 242 - fume hoods</td>
<td>X</td>
<td>transite</td>
<td>600 s/f</td>
</tr>
<tr>
<td>OCD BR</td>
<td>X</td>
<td>pipe insulation</td>
<td>7 s/f</td>
</tr>
<tr>
<td>OCD GAMA Corridor</td>
<td>X</td>
<td>ACM insulation</td>
<td>1100 s/f</td>
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<tr>
<td>OCD G Basement</td>
<td></td>
<td>fittings</td>
<td>38</td>
</tr>
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</table>
**State of New Jersey**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60 and 12:120)

**Date of Notification (1)**
April 18, 2012

**Name of Building Owner/Operator (2)**
Ortho Diagnostic / Johnson & Johnson

**Street Address**
1000 / 1001 Route 202, PO Box 300

**City, State, Zip Code**
Raritan, NJ 08869

**Name of Contact**

**Telephone Number**

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**
Ortho Diagnostic / Johnson & Johnson

**Street Address**
1000 / 1001 Route 202

**City (5)**
Raritan, NJ

**County (6)**
Somerset

**County Code (7)**

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

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

**ASCM No.**

**Name of Abatement Contractor (9)**
The MACK Group, LLC.

**Street Address**
1500 Kings HWY N, STE 209

**City, State, Zip Code**
Cherry Hill, NJ 08034

**Project Manager for Monitoring Firm**
Edward J. Bulava
908-874-6207

**Telephone No.**
(973) 759 - 5000

**License No.**
00781

**Name of OSHA Monitor**
The MACK Group, LLC.

**Street Address**
1500 Kings HWY N, STE 209

**City, State, Zip Code**
Cherry Hill, NJ 08034

**Start Date (10)**
2/2/12

**Scheduled Completion Date (11)**
12/31/12

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

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

- ≥ 100 ft or ≥ 300 sf
- ≥ 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**

<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>OCD Boiler Room</td>
<td>Yes</td>
<td>pipe</td>
<td>45 l/f</td>
<td>Removal</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Tank</td>
<td>350 s/f</td>
<td>Easement</td>
</tr>
<tr>
<td></td>
<td></td>
<td>fittings</td>
<td>51</td>
<td>Endure</td>
</tr>
<tr>
<td>F Building Basement</td>
<td></td>
<td>Vat/Mastic</td>
<td>150 s/f</td>
<td></td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**

<table>
<thead>
<tr>
<th>NJ DEP Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>22253</td>
<td>6</td>
<td>BFI Imperial Landfill</td>
</tr>
</tbody>
</table>

**Freehold Cartage**

<table>
<thead>
<tr>
<th>City, State</th>
<th>Disposal Date</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Freehold, NJ</td>
<td>12/31/12</td>
<td>4/18/12</td>
</tr>
</tbody>
</table>

**Completed by**

Michael Cooper
President

**Signature**

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<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)</th>
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<td>pipe insulation</td>
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<td></td>
</tr>
<tr>
<td>OCD Boiler Control Room</td>
<td></td>
<td>VAT/Mastic</td>
<td>250 s/f</td>
<td></td>
</tr>
<tr>
<td>OMP B 242 - fume hoods</td>
<td></td>
<td>transite</td>
<td>600 s/f</td>
<td></td>
</tr>
<tr>
<td>OCD BR</td>
<td></td>
<td>pipe insulation</td>
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NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

State of New Jersey

Date of Notification (1)
March 30, 2012

Name of Building Owner/Operator (2)
Ortho Diagnostic / Johnson & Johnson

Street Address
1000 / 1001 Route 202, PO Box 300
Raritan, NJ 08869

Type of Facility (4)

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

Name of Abatement Contractor (9)
The MACK Group, LLC.

Street Address
1500 Kings HWY N, STE 209
Cherry Hill, NJ 08034

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

Square Feet
3

Current Use (Prior to being demolished)

# of Floors
3

Bldg. Age

Name of Project Manager

Edward J. Bulava

Start Date (10)
2/2/12

Scheduled Completion Date (11)
12/31/12

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

ASCM No.

Name of ASCM No.

County Code (7)

Name of County Code

(State USE ONLY)

Status During Abatement (Check Only One)

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

□ 3,000 sf or >3,000 sf
□ 1,000 sf or >2,000 sf

□ Renovation
□ Demolition

□ 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

(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
□ Enclose

□ Name of Registered Waste Hauler
Freehold Cartage

22253

Cubic Yards of Waste
6

Name of Registered Landfill
BFI Imperial Landfill

City, State
Imperial, PA 15126

Disposal Date
12/31/12

Name of Contact
Michael Cooper

Title
President

Signature
3/30/12

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<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? (Yes/No/N/A)</th>
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<td>Remove</td>
</tr>
<tr>
<td>OMP B 242 - fume hoods</td>
<td>Yes</td>
<td>transite</td>
<td>600 s/f</td>
<td>Repair</td>
</tr>
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) March 28, 2012
Name of Building Owner/Operator (2) Ortho Diagnostic / Johnson & Johnson

Agencies Notified Type Notification Street Address
- EPA Initial 1000 / 1001 Route 202, PO Box 300
- DEP Amended Raritan, NJ 08869
- DOL Amendment #4 City, State, Zip Code
- DOH Emergency (including justification) Name of Contact
- DCA Cancellation Telephone Number

Name of Facility Where Abatement is Taking Place (3)
Ortho Diagnostic / Johnson & Johnson
Street Address
1000 / 1001 Route 202
City (5)
Raritan, NJ

County (6) County Code (7) Current Use (Prior if being demolished)
Somerset (STATE USE ONLY) 3

Name of Monitoring Firm Hired by Building Owner (8) ASCM No.
Bulava Environmental, Inc.
Street Address
12 Kilmer Drive
City, State, Zip Code
Hillsborough, NJ 08844-3830

Name of Abatement Contractor (9) Name of OSHA Monitor
The MACK Group, LLC.
Street Address
1500 Kings HWY N, STE 209
City, State, Zip Code
Cherry Hill, NJ 08034

Project Manager for Monitoring Firm Telephone No.
Edward J. Bulava 908-874-6207

Start Date (10) Scheduled Completion Date (11)
2/2/12 12/31/12

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

Scope of Work (Check All That Apply)
	>3 sf or >3 ft
	>160 sf or >200 ft
	Renovation
	Demolition

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos Containing Material (ACM)</th>
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<td>pipe</td>
<td>45 lf</td>
<td>Enclosure</td>
</tr>
<tr>
<td>Tenant House</td>
<td>Yes</td>
<td>Tank</td>
<td>350 s/f</td>
<td>Repair</td>
</tr>
<tr>
<td>F Building Basement</td>
<td>No</td>
<td>fittings</td>
<td>51</td>
<td>Remove</td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
<td>NJ DEP Waste Hauler ID No.</td>
<td>Cubic Yards of Waste</td>
<td>Name of Registered Landfill</td>
<td></td>
</tr>
<tr>
<td>Freehold Cartage</td>
<td>22253</td>
<td>6</td>
<td>BFI Imperial Landfill</td>
<td></td>
</tr>
<tr>
<td>City, State</td>
<td>Freehold, NJ</td>
<td>Disposal Date</td>
<td>City, State</td>
<td></td>
</tr>
<tr>
<td>Completed by</td>
<td>Michael Cooper</td>
<td>Signature</td>
<td>Imperial, PA 15126</td>
<td></td>
</tr>
<tr>
<td>Title</td>
<td>President</td>
<td>Date</td>
<td>3/28/12</td>
<td></td>
</tr>
</tbody>
</table>

ASB-41 (R-06-08) * Do not use this form for asbestos licensure exempted activities.
<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (15)</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (Yes/No/N/A)</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>
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<tbody>
<tr>
<td>Tenant House</td>
<td>X</td>
<td>pipe insulation</td>
<td>.33 If</td>
<td>Removal</td>
</tr>
<tr>
<td>OCD Boiler Control Room</td>
<td>X</td>
<td>VAT/Mastic</td>
<td>250 s/f</td>
<td>Encapsulate</td>
</tr>
</tbody>
</table>


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

State of New Jersey

Date of Notification (1):
March 12, 2012

Name of Building Owner/Operator (2):
Ortho Diagnostic / Johnson & Johnson

Street Address:
1000 / 1001 Route 202, PO Box 300

City, State, Zip Code:
Raritan, NJ 08869

Name of Contact:

Project Manager:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3):
Ortho Diagnostic / Johnson & Johnson
Street Address:
1000 / 1001 Route 202

City (5):
Raritan, NJ

County (6):
Somerset

County Code (7):

Square Feet:

# of Floors:

Bldg. Age:

Current Use (Prior to if being demolished):

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

ASCM No.:

Facility Name of Monitoring Firm Hired by Building Owner (8):
Bulava Environmental, Inc.

Street Address:
12 Kilmer Drive

City, State, Zip Code:
Hillsborough, NJ 08844-3830

Telephone No.:
908-874-6207

Date:
2/2/12

Start Date (10):

Scheduled Completion Date (11):
12/31/12

Occuancy 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):
≥360 sf or ≥30 if
≥160 sf or ≥250 if
Removal
Demolition

Location of Asbestos-Containing Material (ACM)

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<th>Location of Asbestos-Containing Material (ACM)</th>
<th>Is Location Normally Used Solely by Maintenance/ Custodial Staff?</th>
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<td>45 lf</td>
<td>Removal</td>
</tr>
<tr>
<td>F Building Basement</td>
<td>No</td>
<td>Tank</td>
<td>350 sf</td>
<td>Encapsulation</td>
</tr>
<tr>
<td>Tenant House</td>
<td>N/A</td>
<td>fittings</td>
<td>51</td>
<td>Encapsulation</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Vat/Mastic</td>
<td>150 sf</td>
<td>Encapsulation</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler:
NJ DEP Waste Hauler ID No.:
Freehold Cartage 22253

Cubic Yards of Waste:
6

Name of Registered Landfill:
BFI Imperial Landfill
City, State:
Imperial, PA 15126

Disposal Date:
12/31/12

Date:
3/12/12

Complete by:
Michael Cooper
Title:
President

Signed:

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<table>
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<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)</th>
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<tr>
<td>Tenant House</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
<td>pipe insulation</td>
</tr>
</tbody>
</table>
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:50 and 12:120)

**Date of Notification (1)**  
February 21, 2012

**Name of Building Owner/Operator (2)**  
Ortho Diagnostic / Johnson & Johnson

**Street Address**  
1000 / 1001 Route 202, PO Box 300

**City, State, Zip Code**  
Raritan, NJ 08869

**Name of Contact**  
[Provided but not legible]

**Telephone Number**  
[Provided but not legible]

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**  
Ortho Diagnostic / Johnson & Johnson

**Street Address**  
1000 / 1001 Route 202

**City (5)**  
Raritan, NJ

**County (6)**  
Somerset

**County Code (7)**  
[Provided but not legible]

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

**Street Address**  
12 Kilmer Drive

**City, State, Zip Code**  
Hillsborough, NJ 08844-3830

**Project Manager for Monitoring Firm**  
Edward J. Bulava

**Start Date (10)**  
2/2/12

**Scheduled Completion Date (11)**  
12/31/12

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

Subchapter 8 (Other than K-12)

Other (i.e., private & commercial buildings, homes, etc.)

**Square Feet**  
[Provided but not legible]

**No. of Floors**  
3

**Bldg. Age**  
[Provided but not legible]

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

**Facility**  
[Provided but not legible]

**Name of Abatement Contractor (9)**  
The MACK Group, LLC.

**Street Address**  
1500 Kings HWY N, STE 209

**City, State, Zip Code**  
Cherry Hill, NJ 08034

**Telephone No.**  
(973) 759 - 5000

**License No.**  
00781

**Name of OSHA Monitor**  
The MACK Group, LLC.

**Street Address**  
1500 Kings HWY N, STE 209

**City, State, Zip Code**  
Cherry Hill, NJ 08034

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

- >3 sf or >3 ft
- >100 sf or >260 ft
- Renovation
- Demolition

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
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<tbody>
<tr>
<td>OCD Boiler Room pipe</td>
<td>Full Containment with Negative Pressure</td>
<td>45 l/f</td>
<td>Removal</td>
</tr>
<tr>
<td>F Building Basement Tank</td>
<td>Mini-Enclosure</td>
<td>360 s/f</td>
<td>Repair</td>
</tr>
<tr>
<td></td>
<td>Glovebag Procedure</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Non-Exempted (*) and Non-Friable Procedure</td>
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**Location of Asbestos-Containing Material (ACM) TO BE ABATED**

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<td>F Building Basement</td>
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<td></td>
<td></td>
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</table>

**Name of Registered Waste Hauler**  
Freehold Cartage

**City, State**  
Freehold, NJ

**NJ DEP Waste Hauler ID No.**  
22253

**Cubic Yards of Waste**  
4.5

**Name of Registered Landfill**  
BFI Imperial Landfill

**City, State**  
Imperial, PA 15126

**Disposal Date**  
12/31/12

**Completed by**  
Michael Cooper

**Title**  
President

**Signature**  
[Provided but not legible]

**Date**  
2/21/12

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

Date of Notification (1) February 10, 2012

Name of Building Owner/Operator (2)
Ortho Diagnostic / Johnson & Johnson

Street Address
1000 / 1001 Route 202, PO Box 300
Raritan, NJ 08869

Name of Contact
Project Manager

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Ortho Diagnostic / Johnson & Johnson
Street Address
1000 / 1001 Route 202
Raritan, NJ

County Code (7)
Somerset

Name of Monitoring Firm Hired by Building Owner (8)
Bulava Environmental, Inc.
Street Address
12 Kilmer Drive
Hillsborough, NJ 08844-3830

Telephone No.
908-874-6207

Name of Abatement Contractor (9)
The MACK Group, LLC.
Street Address
1500 Kings HWY N, STE 209
Cherry Hill, NJ 08034

License No.
00781

Facility

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

Scope of Work (Check All That Apply)

Renovation
Demolition

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

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)
45 l/f
350 s/f

Abatement Type

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

Name of Registered Waste Hauler
Freehold Cartage
City, State
Freehold, NJ

Name of Registered Landfill
BFI Imperial Landfill
City, State
Imperial, PA 15126

Disposal Date
12/31/12

Signature

Title
President

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>February 01, 2012</th>
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</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Ortho Diagnostic / Johnson &amp; Johnson</td>
</tr>
<tr>
<td>Street Address</td>
<td>1000 / 1001 Route 202, PO Box 300</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Raritan, NJ 08869</td>
</tr>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td>Ortho Diagnostic / Johnson &amp; Johnson</td>
</tr>
<tr>
<td>Street Address</td>
<td>1000 / 1001 Route 202</td>
</tr>
<tr>
<td>County (6)</td>
<td>Somerset</td>
</tr>
<tr>
<td>County Code (7)</td>
<td>07923</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>Bulava Environmental, Inc.</td>
</tr>
<tr>
<td>Street Address</td>
<td>12 Kilmer Drive</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Hillsborough, NJ 08844-3830</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>Edward J. Bulava</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>908-874-6207</td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>2/2/12</td>
</tr>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>2/10/12</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>Abatement Performed Outside of Normal Facility Hours</td>
<td>No</td>
</tr>
<tr>
<td>Other - Describe:</td>
<td></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</td>
<td>OCD Boiler Room</td>
</tr>
<tr>
<td>In Facility (13)</td>
<td>Yes</td>
</tr>
<tr>
<td>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</td>
<td>No</td>
</tr>
<tr>
<td>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td>pipe 45 l/f</td>
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<tr>
<td>Tank 350 s/f</td>
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</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
<td>Freehold Cartage</td>
</tr>
<tr>
<td>NJ DEP Waste Hauler ID No.</td>
<td>22253</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>BFI Imperial Landfill</td>
</tr>
<tr>
<td>City, State</td>
<td>Freehold, NJ City, State</td>
</tr>
<tr>
<td>Disposal Date</td>
<td>2/10/12</td>
</tr>
<tr>
<td>Title</td>
<td>Michael Cooper</td>
</tr>
<tr>
<td>President</td>
<td>2/1/12</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>May 22, 2012</th>
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<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Ortho Diagnostic / Johnson &amp; Johnson</td>
</tr>
<tr>
<td>Address: Street Address</td>
<td>1000 / 1001 Route 202, PO Box 300</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Raritan, NJ 08869</td>
</tr>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td>Ortho Diagnostic / Johnson &amp; Johnson</td>
</tr>
<tr>
<td>Street Address</td>
<td>1000 / 1001 Route 202</td>
</tr>
<tr>
<td>City</td>
<td>Raritan, NJ</td>
</tr>
<tr>
<td>County</td>
<td>Somerset</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>Bulava Environmental, Inc.</td>
</tr>
<tr>
<td>Street Address</td>
<td>12 Kilmer Drive</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Hillsborough, NJ 08844-3630</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>Edward J. Bulava</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>908-874-6207</td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>2/2/12</td>
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<tr>
<td>Scheduled Completion Date (11)</td>
<td>12/31/12</td>
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<tr>
<td>Occupancy Status During Abatement (Check Only One)</td>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
</tr>
<tr>
<td> Abatement Performed Outside of Normal Facility Hours</td>
<td>Other - Describe:</td>
</tr>
<tr>
<td>Scope of Work (Check All That Apply)</td>
<td> Renovation</td>
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<tr>
<td>Demolition</td>
<td> Full Containment with Negative Pressure</td>
</tr>
<tr>
<td>Mini-Enclosure</td>
<td>Glovebag Procedure</td>
</tr>
<tr>
<td>Non-Exempted (*) and Non-Flexible Procedure</td>
<td></td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED</td>
<td>In Facility (13)</td>
</tr>
<tr>
<td>OCD Boiler Room</td>
<td></td>
</tr>
<tr>
<td>F Building Basement</td>
<td></td>
</tr>
<tr>
<td>Tenant House</td>
<td></td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
<td></td>
</tr>
<tr>
<td>NJ DEP Waste Hauler ID No.</td>
<td>22253</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td>6</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>BFI Imperial Landfill</td>
</tr>
<tr>
<td>City, State</td>
<td>Imperial, PA 15126</td>
</tr>
<tr>
<td>Disposal Date</td>
<td>12/31/12</td>
</tr>
<tr>
<td>Title</td>
<td>President</td>
</tr>
<tr>
<td>Completed by</td>
<td>Michael Cooper</td>
</tr>
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</table>
| *Do not use this form for asbestos licensure exempted activities.*
<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (15)</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>
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<tbody>
<tr>
<td>Tenant House</td>
<td>No</td>
<td>pipe insulation</td>
<td>33 lf</td>
<td>Embolize</td>
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<tr>
<td>OCD Boiler Control Room</td>
<td>No</td>
<td>VAT/Mastic</td>
<td>250 s/f</td>
<td>Abate</td>
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<tr>
<td>OMP B 242 - fume hoods</td>
<td>No</td>
<td>transite</td>
<td>600 s/f</td>
<td>Repair</td>
</tr>
<tr>
<td>OCD BR</td>
<td>No</td>
<td>pipe insulation</td>
<td>7 s/f</td>
<td>Repair</td>
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<tr>
<td>OCD CAMA Corridor</td>
<td>No</td>
<td>ACM insulation</td>
<td>1100 s/f</td>
<td>Repair</td>
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<tr>
<td>OCD G Basement</td>
<td>No</td>
<td>fittings</td>
<td>38</td>
<td>Abate</td>
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<tr>
<td>OCD Mens Locker Room</td>
<td>No</td>
<td>Fittings</td>
<td>67</td>
<td>Abate</td>
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# NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

<table>
<thead>
<tr>
<th>Companies Notified</th>
<th>Type Notification</th>
<th>Name of Building Owner/Operator</th>
<th>Date of Notification</th>
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<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
<td>Phillip Bowers</td>
<td>5/21/12</td>
</tr>
<tr>
<td>DEP</td>
<td>Amended</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DOL</td>
<td>Emergency (including justification)</td>
<td></td>
<td></td>
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<tr>
<td>DOH</td>
<td>Cancellation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DCA</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- **Name of Building Owner/Operator:** Phillip Bowers
- **Street Address:** 180 Williams Street
- **City, State, Zip Code:** Red Bank, NJ 07701
- **Name of Contact:** Samantha Bowers

## FACILITY INFORMATION
- **Name of Facility Where Abatement is Taking Place:** Residence
- **Street Address:** 180 William Street
- **City:** Red Bank
- **County:** Monmouth
- **County Code:** USE ONLY
- **Name of Monitoring Firm Hired by Building Owner:** MECS
- **Street Address:** P.O. Box 341
- **City, State, Zip Code:** Crosswick, NJ 08515

- **Project Manager for Monitoring Firm:** William Weisgarber Jr.
- **Telephone No.:** (609) 298-4070
- **Start Date:** 5/30/12
- **Scheduled Completion Date:** 5/31/12
- **Occupancy Status During Abatement:** Facility Closed/Vacated During Entire Period of Abatement
- **Abatement Performed Outside of Normal Facility Hours:** No
- **Other - Describe:** 8AM - 4:30PM

## Scope of Work
- **Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility:**
  - basement/boiler room
  - pipe insulation
- **Location Normally Used Solely by Maintenance/Custodial Staff?:** No

## Abatement Type
- **Amount (Specify SF or LF):** 140 LF

## Disposal
- **Name of Registered Wastewater Hauler:** Stevens Environmental Services Inc
- **City, State:** Allentown, NJ
- **Disposal Date:** 5/31/12
- **Name of Registered Landfill:** T.R.R.F., Inc.
- **City, State:** Tullytown, PA

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

Date of Notification (1) 5/21/2012
Name of Building Owner/Operator (2) P.S.E. & G

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

Street Address
150 Circle Ave.
Clifton, NJ 07011

Name of Contact Craig O'Connell
Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) P.S.E. & G
Street Address 687 MAIN STREET
City (5) Belleville
County (6) Essex
County Code (7) [STATE USE ONLY]

Current Use (Prior if being demolished)
APR 1700
# of Floors 1
Bldg. Age 4/9/85

Switch Station

Name of Monitoring Firm Hired by Building Owner (8)
Environmental Tactics
ASCN No. 0045

Name of Abatement Contractor (9)
Unique Systems of America
Street Address 396 Whitehead Ave.
City, State, Zip Code South River, NJ 08882

Project Manager for Monitoring Firm Tom Geiger
Telephone No. 732-290-2217

Start Date (10) 6/2/12
Scheduled Completion Date (11) 6/2/12

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

Scope of Work (Check All That Apply)
- x 23 sf or ±31 sf
- x 160 sf or ±260 sf
- x Renovation
- x 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>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of 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>Men's Bathroom</td>
<td>x</td>
<td>Thermal systems insulation</td>
<td>50 LF</td>
<td>x</td>
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</tbody>
</table>

Name of Registered Waste Hauler
Waste Management
NJDEP Waste Hauler ID No. 1125

Cubic Yards of Waste 5

Name of Registered Landfill Grows
City, State Elizabeth, NJ Morrisville, PA

Disposal Date 6/4/12
Completed by Carol Raimo
Title Office Mgr.
Signature
Date
**State of New Jersey**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:50 and 12:129)

**Date of Notification (1)**
May 21, 2012

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

**Street Address**
401 Wilsheir Blvd

**City, State, Zip Code**
Santa Monica, California 90401

**Name of Contact**
Aladdin Ghaafari

**Telephone Number**

### FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Type of Facility (4)</th>
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</thead>
<tbody>
<tr>
<td>Deptford Mall</td>
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</tbody>
</table>

**Street Address**
Clements Bridge Road

**City (5)**
Deptford

**County (6)**
Gloucester

<table>
<thead>
<tr>
<th>Square Feet</th>
<th># of Floors</th>
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<tbody>
<tr>
<td>+/- 1,000,000</td>
<td>2</td>
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**Bldg. Age**
40

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

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

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

**Street Address**
3 Terri Lane

**City, State, Zip Code**
Burlington, NJ

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

**License No.**
484 872-8884

**Name of OSHA Monitor**
EMSL

**Street Address**
200 Route 130 North

**City, State, Zip Code**
Cinnaminson, NJ

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

- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other – Describe: Tenant space unoccupied for duration of abatement

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

- ≥ 3 KSF or ≥ 3 EF
- ≥ 160 square feet or ≥ 300 SF
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-NFPA Procedure

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

- Vinyl Asbestos Tile and Mastic
- 831 SF

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

**Space 2060**

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

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

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

**Service Transport**

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>Cubic Yards of Waste</th>
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</thead>
<tbody>
<tr>
<td>NJDEP Waste Hauler ID No.</td>
<td>3</td>
</tr>
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</table>

**Name of Registered Landfill**
Minerva Landfill

**Disposal Date**
TBD

**City, State**
Waynesburg

**Completed by**
Linda DeNenno

**Title**
Manager

**Signature**

**Date**
5/21/12

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

Date of Notification (1)
May 21, 2012

Name of Building Owner/Operator (2)
Macerich

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

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

Street Address
401 Wilshire Blvd

City, State, Zip Code
Santa Monica, California 90401

Name of Contact
Aladdin Ghafari

FACILITY INFORMATION

Name of Facility Where Abatement Is Taking Place (3)
Deptford Mall

Street Address
Clements Bridge Road

City (5)
Deptford

County (6)
Gloucester

County Code (7)

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

ASCM No.

Name of Abatement Contractor (9)
ecoservices, LLC

Street Address
401 W. Lincoln Highway

City, State, Zip Code
Exton, PA 19341

Telephone No.
(609) 386-8800

License No.
484 872-9984

License No.
01161

Name of OSHA Monitor
EMSL

Start Date (10)
June 4, 2012

Scheduled Completion Date (11)
June 7, 2012

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

Other – Describe: Tenant space unoccupied for duration of abatement

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

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)

Location
Space 2060

Amount (Specify SF or LF)

Abatement Type

Name of Registered Waste Hauler

Service Transport

NJDEP Waste Hauler ID No.

Cubic Yards of Waste

Name of Registered Landfill

Minerva Landfill

Disposal Date
TBD

City, State
Waynesburg

Completed by
Linda DeNennon

Title
Manager

Signature

Date
5/21/12

* 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)  
5/21/12  

Name of Building Owner/Operator (2)  
Lucio Import Car Service  

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

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

Street Address  
6215 Park Avenue  

City, State, Zip Code  
West New York, NJ  

Name of Contact  
Lucio  

Telephone Number  

FACILITY INFORMATION  

Name of Facility Where Abatement is Taking Place (3)  
auto repair shop  

Square Feet  
1000  

# of Floors  
1  

Bldg. Age  
50  

Current Use (Prior if being demolished)  

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)  
ASCN No.  

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

Street Address  
4 E Gate Drive, PO Box 483  

City, State, Zip Code  
Glenwood, NJ 07418  

License No.  
703  

Telephone No.  
973-764-2276  

Name of OSHA Monitor  

Project Manager for Monitoring Firm  
Street Address  

City, State, Zip Code  

Start Date (10)  
6/4/12  

Scheduled Completion Date (11)  
6/18/12  

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  
[ ] ≥100 sf or ≥200 if  
[ ] 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  
In Facility  

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

Yes  
No  
N/A  

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

Amount (Specify SF or LF)  

Abatement Type  

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED</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>garage</td>
<td>x</td>
<td>window caulking</td>
<td>60 LF</td>
<td></td>
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Name of Registered Waste Hauler  
Freehold Cartage  

NJDEP Waste Hauler ID No.  
15939  

Cubic Yards of Waste  

Name of Registered Landfill  
GROWS N Landfill  

City, State  
Freehold NJ  

Disposal Date  
TBD  

City, State  
Morristown PA  

Completed by  
Andrew Scott Higgins  
Title  
President  
Signature  

Date  
5/21/12  

* 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)
5/21/12

Name of Building Owner/Operator (3)
K & J Niemczyk

Agencies Notified

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

Street Address
107 E Curtis Street

City, State, Zip Code
Linden NJ 07036

Name of Contact
Mr. Niemczyk

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.)

Street Address
101 West Elm Street

Square Feet
2200

# of Floors
2

Bldg. Age
50

County Code (7) (STATE USE ONLY)

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
4 E Gate Drive, PO Box 483

City, State, Zip Code
Glenwood, NJ 07418

Project Manager for Monitoring Firm

Telephone No.

License No.
973-764-2276
703

Start Date (10)
5/31/12

Scheduled Completion Date (11)
6/21/12

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:

Scope of Work (Check All That Apply)

☒ ≥ 3,000 sf or ≥ 3 fl
☐ ≥ 1000 sf or ≥ 200 sf
☐ Renovation
☐ Demolition
☒ Full Containment with Negative Pressure
☐ Mini-Enclosure
☒ Glovebag Procedure
☐ Non-Exempted (*) and Non-Permissible 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 LF)

Abatement Type

Removal
Repair
Encapsulate
Endure

basement boiler room

exterior boiler insulation

120 SF

Name of Registered Waste Hauler

Newark Carting

NJ DEP Waste Hauler ID No.

4509

disposal Date

TBD

City, State

Newark NJ

Name of Registered Landfill

ISEI

City, State

Bethlehem PA

Completed by
Andrew Scott Higgins

Title
President

Signature

Date
5/21/12

* 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)
5/21/12

Name of Building Owner/Operator (2)
Nancy Campi

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

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

Street Address
55 West Road

City, State, Zip Code
Short Hills NJ

Name of Contact
Nancy Campi

Facility Information

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

Street Address
55 West Road

City (5)
Short Hills

County (6)
Essex

County Code (7)
(State Use Only)

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

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

Street Address
4 E Gate Drive, PO Box 483

City, State, Zip Code
Glenwood NJ 07418

Project Manager for Monitoring Firm

Telephone No.

License No.
973-764-2276
703

Start Date (10)
5/30/12

Scheduled Completion Date (11)
6/7/12

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

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

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM)</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>☒</td>
<td>duct insulation</td>
<td>130 SF</td>
<td>x</td>
</tr>
<tr>
<td>basement crawl space</td>
<td></td>
<td>duct insulation</td>
<td>25 SF</td>
<td>x</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
Freehold Cartage

NJDEP Waste Hauler ID No.
15939

Cubic Yards of Waste
10

Name of Registered Landfill
GROWS N Landfill

City, State
Freehold NJ

Disposal Date
TBD

City, State
Morrisville PA

Completed by
Andrew Scott Higgins
Title
President
Signature

Date
5/21/12

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

Date of Notification (1) 5/18/12
Name of Building Owner/Operator (2) NJ DOE / Katzenbach School for the Deaf
Agencies Notified

<table>
<thead>
<tr>
<th>Agency</th>
<th>Type of Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] EPA</td>
<td>x Initial Notification</td>
</tr>
<tr>
<td>[ ] DEP</td>
<td>[] Emergency Notification</td>
</tr>
<tr>
<td>[X] DOL</td>
<td>[] Amended Notification</td>
</tr>
<tr>
<td>[X] DOH</td>
<td>[] Cancellation</td>
</tr>
</tbody>
</table>

Street Address
320 Sullivan Way
City, State, Zip Code
West Trenton, NJ 08628
Name of Contact
Joseph Vitieli

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Building 1 (Elms), Katzenbach School for the Deaf
Street Address
320 Sullivan Way

City (5) West Trenton
County (6) Mercer
County Code (7) ASCM No. 00110

Name of Monitoring Firm Hired by Building Owner
Whitman Companies, Inc.

Street Address
116 Tices Lane, Unit B-1
City, State, Zip Code
East Brunswick, NJ 08816

Project Manager for Monitoring Firm
Kevin Lovely
Telephone Number 732-380-5858
Scheduled Start Date (10) 5/29/12
Scheduled Completion Date (11) 6/6/12

Occupancy Status During Abatement (Check only one)
[X] 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)

| [X] Renovation |
| [ ] Demolition |
| [X] >3 sf or >3 ft |
| [ ] >160 sf or >260 ft |

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Description of Asbestos – Containing Material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>basement</td>
<td>x Pipe insulation</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>9 LF</td>
</tr>
</tbody>
</table>

Location of Asbestos – Containing Material (ACM)

Name of Registered Waste Hauler
Jupiter Environmental Services

Hauler ID No. NJDEP Waste 04782

Cubic Yards Of Waste 1

Name of Registered Landfill
Minerva Landfill

City, State Lincoln Park, NJ

Completed By (Print or Type)
Pane Repic

Title General Manager

Date 5/18/12

Signature
Not: 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>5/21/12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Ben Vella</td>
</tr>
<tr>
<td>Agencies Notified</td>
<td>EPA [X]</td>
</tr>
<tr>
<td>Type Notification</td>
<td>Initial [X]</td>
</tr>
<tr>
<td>Street Address</td>
<td>132 East Central Av</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Moorestown NJ 08057</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Ben</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
</tbody>
</table>

### FACILITY INFORMATION

| Name of Facility Where Abatement is Taking Place (3) | Ben Vella |
| Street Address | 132 East Central Av |
| City (5) | Moorestown NJ 08057 |
| County (6) | Burlington |
| County Code (7) | [STATE USE ONLY] |
| Type of Facility (8) | |
| Square Feet | 1000 + |
| # of Floors | 2 |
| Bldg. Age | 35+ |
| Current Use (Prior if being demolished) | |

### Monitoring and Abatement Contractor Information

| Name of Monitoring Firm Hired by Building Owner (8) | N/A |
| Street Address | |
| City, State, Zip Code | |
| Name of Abatement Contractor (9) | Pernaco Inc. |
| Street Address | PO Box 329 |
| City, State, Zip Code | West Berlin NJ 08091 |
| Telephone No. | 856-753-9800 |
| License No. | 00727 |

### Project Information

| Project Manager for Monitoring Firm | |
| Start Date (10) | 6/1/12 |
| Scheduled Completion Date (11) | 6/4/12 |
| Name of OSHA Monitor | Pernaco Inc. |
| Street Address | PO Box 329 |
| City, State, Zip Code | West Berlin NJ 08091 |

### Occupancy Status During Abatement

| Facility Closed/Vacated During Entire Period of Abatement | [X] |
| Abatement Performed Outside of Normal Facility Hours | [X] |
| Other - Describe: also weekend | |

### Scope of Work

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

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

| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | |
| Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | Yes [X] |
| Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Vermiculite insulation |
| Amount (Specify SF or LF) | 130 SF |

### Abatement Type

| Abatement Type | |
| Removal | |
| Repair | |
| Encapsulate | |
| Enclosure | |

### Waste Disposal Information

| Name of Registered Waste Hauler | United Containers |
| NJDEP Waste Hauler ID No. | 22459 |
| City, State | Elm NJ |
| Name of Registered Landfill | G.R.O.W.S. |
| Cubic Yards of Waste | 2 |
| Disposal Date | 6/5/12 |
| City, State | Morrisville PA 19067 |

### Completed by

| Completed by | Anthony T Perna |
| Title | President |
| Signature | |
| Date | 5/21/12 |

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

Date of Notification (1)
May 7, 2012

Agencies Notified
(WFPA
(DOD)
(DOL)
(DCA)
( ) Initial Notification
( ) Amended Certification
( ) Canceled

Name of Building Owner/Operator (2)
Sparta Township Board of Education

Street Address
18 Mohawk AVE.

City, State, Zip Code
Sparta, NJ 07871

Name of Contact
Keith Courcy

Tel Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Mohawk Ave, School

Street Address
18 Mohawk Ave

City (5)
Sparta

County (6)
Sussex

County Code (7)

ASCM No.

Name of Monitoring Firm Hired by Bldg. Owner (8)
K&A Environmental

Street Address
23 Lauck Road

City, State, Zip Code
Mohnton, PA 19540

Project Manager for Monitoring Firm
Mike Kari

Telephone Number
610-856-7760

Scheduled Start Date (10)
5-22-12

Scheduled Completion Date (11)
5-25-12

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

Source of Work (Check all that apply)
( ) Demolition
( ) Renovation
( ) Large Proj.(>160 SF or >250 LF ACM) ( ) SM Proj.(>25<160 SF or >10<250 LF ACM)
( ) Minor Proj.(<25 SF or <10 LF ACM)
( ) Full Containment with Negative Pressure
( ) Mini-Enclosure
( ) Glovebag Procedure

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

MAIN OFFICE

Is Location Normally Used Solely by Maint./Custodial Staff? (12)
YES

NO

NA

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

Amount (Specify SF or LF)

Abatement Type


Name of Reg. Waste Hauler
K&A Environmental

NJDEP Waste Hauler ID#
008157

Cubic Yards of Waste
5

Name of Reg. Landfill
Imperial Landfill

City, State

Completed by (Print or Type)
Anthony Santelli

Title
Operations

Signature

Date
5-9-12

Mail to: NJDEP-DSHM-BRTP
401 E. State St., PO 414
Trenton, NJ 08625-0414
Telephone 609-984-6620

C:\WORD\MYDOCS\ASBESTOS
9/18/00