NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 6:16)

State of New Jersey

Date of Notification (1) 5/19/16

Name of Building Owner/Operator (2) Boos-Woodbine, LLC

Name of Contact: Ben Elbe

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Family Dollar Woodbine

Street Address 410 Park Place

City, State, Zip Code Clearwater, FL 33759

Square Feet 2000

Bldg. Age 100+

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

Current Use (Prior if being demolished) Residential

Type of Asbestos (5)
- Chrysotile
- amphiboles

County Code (7) [STATE USE ONLY] NJ

County Code Cape May

Name of Accredited Environmental Technologies ASCM No. NA

Name of Abatement Contractor Alliance Environmental Systems

Street Address 28 N. Pennell Rd.

City, State, Zip Code Media, PA 19063

Telephone No. 610-891-0114

License No. 00508

Start Date (10) 6/6/16

Scheduled Completion Date (11) 6/17/16

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: ZAM - 7:00PM-3:30PM - AM

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

<table>
<thead>
<tr>
<th>Location</th>
<th>ACM 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></td>
<td>Yes</td>
<td>Linoleum</td>
<td>500 SF</td>
<td></td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>Linoleum</td>
<td>100 SF</td>
<td></td>
</tr>
<tr>
<td></td>
<td>N/A</td>
<td>Roof Mastic</td>
<td>5000 SF</td>
<td></td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler Hauler ID No. 19955

Western Berks Community Landfill

Disposal Date TBD

City, State Berksboro, PA

Completed By (Print or Type) Mark Griffin

Title Estimator

Signature Date 5/19/16

* Do not use this form for asbestos licensure exempted activities.
<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>4/18/19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>PSEG</td>
</tr>
<tr>
<td>Agencies Notified</td>
<td>EPA, DEP, DOL, DOH, DOA</td>
</tr>
<tr>
<td>Type of Notification</td>
<td>Initial</td>
</tr>
<tr>
<td>Street Address</td>
<td>4000 Hadley Road</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>South Plainfield, NJ 07080</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Dawn Novillo</td>
</tr>
<tr>
<td>FACILITY INFORMATION</td>
<td></td>
</tr>
<tr>
<td>Name of Facility Where Abatement Is Taking Place (3)</td>
<td>Bayway Switching Station</td>
</tr>
<tr>
<td>Street Address</td>
<td>602 Trenton Ave</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Elizabeth, NJ 07202</td>
</tr>
<tr>
<td>County Code (6)</td>
<td>n/a</td>
</tr>
<tr>
<td>County (6)</td>
<td>Union</td>
</tr>
<tr>
<td>State Use Only</td>
<td>n/a</td>
</tr>
<tr>
<td>Current Use (Prior to being demolished)</td>
<td>Electric Switching Yard</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>n/a</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>n/a</td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>WRS Environmental Services Inc.</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>631 924 8111</td>
</tr>
<tr>
<td>License No.</td>
<td>01136</td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>5/1/16</td>
</tr>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>12/31/16</td>
</tr>
<tr>
<td>Occupancy Status During Abatement (Check Only One)</td>
<td></td>
</tr>
<tr>
<td>Facility Closed/Abated During Entire Period of Abatement</td>
<td>n/a</td>
</tr>
<tr>
<td>Other — Describe: Work performed during ongoing construction</td>
<td>n/a</td>
</tr>
<tr>
<td>Scope of Work (Check All That Apply)</td>
<td></td>
</tr>
<tr>
<td>23 sf or &lt; 23 sf</td>
<td>Renovation</td>
</tr>
<tr>
<td>23 sf or &lt; 23 sf</td>
<td>Demolition</td>
</tr>
<tr>
<td>Description of Abatement Material (ACM) TO BE ABATED In Facility (13)</td>
<td></td>
</tr>
<tr>
<td>Is Location Normally Used Solely by Maintenance/Custodial Staff? (15)</td>
<td>Yes</td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
<td>Transite pipe (encased conduit) 2000 LF</td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM)</td>
<td>29KV Switching Yard</td>
</tr>
<tr>
<td>Abatement Type</td>
<td>Full Containment with Negative Pressure</td>
</tr>
<tr>
<td>Gloves Bag Procedure</td>
<td>Non-Exempted (I) and Non-Fireable Procedure</td>
</tr>
<tr>
<td>Amount</td>
<td>2000 LF</td>
</tr>
<tr>
<td>Cut-off Yards of Waste</td>
<td>200</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>GROWS Landfill North</td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
<td>NJDEP Waste Handler ID No. 17273</td>
</tr>
<tr>
<td>City, State</td>
<td>Newark, NJ 07114</td>
</tr>
<tr>
<td>Disposal Date</td>
<td>TBD</td>
</tr>
<tr>
<td>Completed by</td>
<td>Michael J DiMaria</td>
</tr>
<tr>
<td>Title</td>
<td>Proj Mgr/Site Supervisor</td>
</tr>
<tr>
<td>Signature</td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td>4/18/19</td>
</tr>
</tbody>
</table>

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

Date of Notification (1):
10/15/2016

Name of Building Owner/Operator (2):
Marilyn Garber

Street Address:

City, State, Zip Code:
Saddle River, NJ 07458

Name of Contact:
Marilyn Garber

FACILITY INFORMATION

Name of facility where abatement is taking place (3):
Marilyn Garber

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

ASCM No.:
n/a

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

Street Address:
105 Ryerson Road

City, State, Zip Code:
Lincoln Park, NJ 07035

License Number:
00378

Scheduled Start Date (10):
05/02/2016

Sched. Completion Date (11):
06/03/2016

Facility closed/vacated during entire period of abatement:
X

Abatement performed outside of normal facility hours:

Describe:

Scope of Work (check all that apply):
X Renovation

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

Description of asbestos-containing material (ACM):
pipe (wrap & cut)

Amount (Specify SF or LF): 7 lf

Location of asbestos-containing material to be abated by maintenance/custodial staff (12):

Yes No N/A

Full Containment wet/dry negative pressure

Glovebag procedure

Mini-enclosure

Non-friable procedure

Reg. Waste Hauler:
B & G Restoration, Inc.

NJDEP Hauler ID:
19563

Cubic Yards of Waste:
1/2

Name of Registered Landfill:
Tullytown Resource & Recovery Center

City, State:
Lincoln Park, NJ

Disposal Date:
05/04/2016

Completed by (Print or Type):
Gordana Luna

Title:
Secretary/Treasurer

Signature:

Date:
05/20/2016
State of New Jersey

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

Date of Notification (1)
5/20/16

Name of Building Owner/Operator (2)
Robert Wood Johnson Hospital

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

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

Street Address
1 RWJ Place

City, State, Zip Code
New Brunswick, NJ 08901

Name of Contact
Andrew Mastin

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
same as above

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

Square Feet
250,000

# of Floors
12

Bldg. Age
50

County (5)
Middlesex

County Code (7)
State Use Only

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

Name of Abatement Contractor (9)
PowRSave

Street Address
280 Huyler Street

City, State, Zip Code
South Hackensack, NJ 07606

Street Address
27 West Street

City, State, Zip Code
Bloomfield, NJ 07003

Project Manager for Monitoring Firm
Eddy Montoya

Telephone No.
201-489-8700

Telephone No.
973-680-0088

License No.
357

Start Date (10)
4/18/16

Scheduled Completion Date (11)
6/10/16

Name of OSHA Monitor same

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

Other – Describe: Hospital to remain open but work area completely sealed of

Scope of Work (Check All That Apply)
[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 of Asbestos-Containing Material (ACM)</th>
<th>Is There 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>Walls and ceiling</td>
<td>Yes</td>
<td>plaster</td>
<td>2000sf</td>
<td>x</td>
</tr>
<tr>
<td>ceiling</td>
<td>X</td>
<td>pipe insulation</td>
<td>100lf</td>
<td>x</td>
</tr>
<tr>
<td>floor</td>
<td>X</td>
<td>linoleum</td>
<td>1700sf</td>
<td>x</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
ProGreen

City, State
East Brunswick, NJ

Completed by
Kevin Stack

Title
VP

Name of Registered Landfill

Disposal Date

City, State

* Do not use this form for asbestos licensure exempted activities.
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:20)

<table>
<thead>
<tr>
<th>Date of Notification (1): 5/18/16</th>
<th>Name of Building Owner/Operator (2): YMCA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agencies Notified:</td>
<td></td>
</tr>
<tr>
<td>( ) EPA</td>
<td></td>
</tr>
<tr>
<td>( ) DEP</td>
<td></td>
</tr>
<tr>
<td>(X) DOL</td>
<td></td>
</tr>
<tr>
<td>(X) DOH</td>
<td></td>
</tr>
<tr>
<td>( ) DCA</td>
<td></td>
</tr>
<tr>
<td>Type Notification:</td>
<td></td>
</tr>
<tr>
<td>(X) Initial</td>
<td></td>
</tr>
<tr>
<td>( ) Amendment</td>
<td></td>
</tr>
<tr>
<td>( ) Emergency</td>
<td></td>
</tr>
<tr>
<td>( ) Cancellation</td>
<td></td>
</tr>
<tr>
<td>Street Address: 50 COLVERT AVE EAST</td>
<td></td>
</tr>
<tr>
<td>City, State, Zip Code: EDISON, NJ 08820</td>
<td></td>
</tr>
<tr>
<td>Name of Contact: SAMANTHA CREANGO</td>
<td></td>
</tr>
<tr>
<td>Telephone Number:</td>
<td></td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3): YMCA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address: 50 COLVERT AVE EAST</td>
</tr>
<tr>
<td>City &amp; State (5): EDISON, NJ</td>
</tr>
<tr>
<td>County (6): MIDDLESEX</td>
</tr>
<tr>
<td>County Code (7)</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building:</td>
</tr>
<tr>
<td>ASCM No.: NA</td>
</tr>
<tr>
<td>Name of Abatement Contractor (9): S/M Enterprise of NJ, Inc.</td>
</tr>
<tr>
<td>Street Address: 339 N. 6TH STREET</td>
</tr>
<tr>
<td>City, State, Zip Code: Prospect Park, NJ 07058</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm:</td>
</tr>
<tr>
<td>Telephone No.:</td>
</tr>
<tr>
<td>License No.: 00641</td>
</tr>
<tr>
<td>Start Date (10): 5/27/16</td>
</tr>
<tr>
<td>Scheduled Completion Date (11): 5/29/16</td>
</tr>
<tr>
<td>Occupancy Status During Abatement (Check only one):</td>
</tr>
<tr>
<td>(X) Facility Closed/vacated During Entire Period of Abatement</td>
</tr>
<tr>
<td>( ) Abatement Performed Outside of Normal Facility Hours</td>
</tr>
<tr>
<td>( ) Other – Describe:</td>
</tr>
<tr>
<td>Scope of Work (Check all that apply):</td>
</tr>
<tr>
<td>( ) 30 ft or 300 ft</td>
</tr>
<tr>
<td>(X) ≥ 30 ft or ≥ 300 ft</td>
</tr>
<tr>
<td>(X) Demolition</td>
</tr>
<tr>
<td>(X) Renovation</td>
</tr>
<tr>
<td>( ) Full Encapsulation with Negative Pressure</td>
</tr>
<tr>
<td>(X) Non-Firable Procedure</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>BOILER ROOM</th>
<th>CEILING INSULATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>BOILER ROOM</td>
<td>FITTINGS</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous):</th>
</tr>
</thead>
<tbody>
<tr>
<td>400 SF</td>
</tr>
</tbody>
</table>

| Cubic Yards of Waste of Material: 2 |

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler: SERVICE TRANSPORT GROUP</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/DEP Waste Hauler ID No.: 20990</td>
</tr>
<tr>
<td>City, State, Disposal Date: NEW CASTLE, DE 5/31/16</td>
</tr>
<tr>
<td>Completed By: MIKE ALTADOUKA</td>
</tr>
<tr>
<td>Title: PRESIDENT</td>
</tr>
<tr>
<td>Signature:</td>
</tr>
<tr>
<td>Date: 5/18/16</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>State of New Jersey</th>
</tr>
</thead>
<tbody>
<tr>
<td>License No.: 00641</td>
</tr>
<tr>
<td>Current Use (Prior if being demolished): COMMUNITY CENTER</td>
</tr>
<tr>
<td>Bldg. Age: 50</td>
</tr>
<tr>
<td># of Floors: 1</td>
</tr>
<tr>
<td>Square Feet: 8,000</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of OSHA Monitor: S/M Enterprise of New Jersey, Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address: 339 N. 6TH STREET</td>
</tr>
<tr>
<td>City, State, Zip Code: PROSPECT PARK, NJ 07058</td>
</tr>
<tr>
<td>Name of Registered landfill: MINERVA</td>
</tr>
</tbody>
</table>
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:80 and 5:16)

**Date of Notification (1)**  
5/20/16

**Agency Notified**  
- [ ] EPA  
- [ ] DEP  
- [ ] DOL  
- [X] DOH  
- [ ] DCA  
  
**Type Notification**  
- [X] Initial  
- [ ] Amended  
- [ ] Amendment #  
- [ ] Emergency (including justification)  
- [ ] Cancellation

**Name of Building Owner/Operator (2)**  
St. Paul's School

**Street Address**  
218 Nassau Street

**City, State, Zip Code**  
Princeton, NJ 08542

**Name of Contact**  
Lee Brennan

**Telephone Number**

<table>
<thead>
<tr>
<th>FACILITY INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Name of Facility Where Abatement is Taking Place (3)</strong></td>
</tr>
<tr>
<td>St. Paul's School</td>
</tr>
<tr>
<td><strong>Street Address</strong></td>
</tr>
<tr>
<td>218 Nassau Street</td>
</tr>
<tr>
<td><strong>City (5)</strong></td>
</tr>
<tr>
<td>Princeton, NJ</td>
</tr>
<tr>
<td><strong>County (6)</strong></td>
</tr>
<tr>
<td>Mercer</td>
</tr>
<tr>
<td><strong>County Code (7) (STATE USE ONLY)</strong></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td><strong>Name of Monitoring Firm Hired by Building Owner (8)</strong></td>
</tr>
<tr>
<td>MECS</td>
</tr>
<tr>
<td><strong>ASCM No.</strong></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td><strong>Name of Abatement Contractor (9)</strong></td>
</tr>
<tr>
<td>Stevens Environmental Services, Inc.</td>
</tr>
<tr>
<td><strong>Street Address</strong></td>
</tr>
<tr>
<td>PO Box 341</td>
</tr>
<tr>
<td><strong>City, State, Zip Code</strong></td>
</tr>
<tr>
<td>Allentown, NJ 08501</td>
</tr>
<tr>
<td><strong>Telephone No.</strong></td>
</tr>
<tr>
<td>(609) 259-9688</td>
</tr>
<tr>
<td><strong>License No.</strong></td>
</tr>
<tr>
<td>00493</td>
</tr>
<tr>
<td><strong>Name of OSHA Monitor</strong></td>
</tr>
<tr>
<td>MECS</td>
</tr>
<tr>
<td><strong>Street Address</strong></td>
</tr>
<tr>
<td>PO Box 341</td>
</tr>
<tr>
<td><strong>City, State, Zip Code</strong></td>
</tr>
<tr>
<td>Crosswicks, NJ 08515</td>
</tr>
<tr>
<td><strong>Square Feet</strong></td>
</tr>
<tr>
<td>15000</td>
</tr>
<tr>
<td><strong># of Floors</strong></td>
</tr>
<tr>
<td>3</td>
</tr>
<tr>
<td><strong>Bldg. Age</strong></td>
</tr>
<tr>
<td>80+/-</td>
</tr>
<tr>
<td><strong>Current Use (Prior if being demolished)</strong></td>
</tr>
<tr>
<td>Residential</td>
</tr>
</tbody>
</table>

**Project Manager for Monitoring Firm**  
Bill Weisgarber

**Telephone No.**  
(609) 298-4070

**Start Date (10)**  
6/20/15

**Scheduled Completion Date (11)**  
6/22/16

**Occupancy Status During Abatement (Check one only)**  
- [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] ≥3 sf or ≥3 if
- [X] ≥160 sf or ≥260 ft²
- [X] Renovation
- [ ] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [X] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Fireable Procedure

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

<table>
<thead>
<tr>
<th><strong>Location</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Boiler Room</td>
<td>[X]</td>
</tr>
<tr>
<td>Lower Level Classroom</td>
<td>[X]</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boiler Room</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lower Level Classroom</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><strong>Description</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Thermal Pipe Insulation</td>
<td>50 if</td>
</tr>
<tr>
<td>Thermal Pipe Insulation</td>
<td>60 if</td>
</tr>
<tr>
<td>(All Wrap and Cut)</td>
<td></td>
</tr>
</tbody>
</table>

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

**NJDEP Waste Hauler ID No.**  
18292

**Cubic Yards of Waste**  
2 CU

**Name of Registered Landfill**  
GROWS Landfill

**City, State**  
Allentown, NJ

**Disposal Date**  
6/22/16

**Completed By**  
Mahlon E. Stevens  
Title: Project Manager  
Signature:  
Date: 5/20/16

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

State of NJ

Date of Notification (1)

[ ] 0
[ ] 1
[ ] 5
[ ] 1
[ ] 6
[ ] 1
[ ] 6

Name of Building Owner/Operator (2)

bill golden

Street Address

City, State, Zip Code

WESTFIELD, NJ 07090

Name of Contact

bill golden

FACILITY INFORMATION

Name of facility where abatement is taking place (3)

bill golden

City (5)

WESTFIELD

County (6)

UNION

County Code (7) (State use only)

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

ASCM No.

Type of Facility (4)

[ ] School (K - 12)
[ ] Subchapter 8 (Other than K-12)
[ ] Other (Private/Commercial Blgds./Homes, etc.)

Square Feet

# of Floors

Bldg. Age

Current Use (Prior if being demolished)

Start Date (10)

06/07/16

Sched. Completion Date (11)

06/27/16

Occupancy Status During Abatement (Check only one)

[ ] Facility closed/vacated during entire period of abatement.
[ ] Abatement performed outside of normal facility hours.
[ ] Other/Describe: NORMAL HOURS

Scope of Work (check all that apply)

[ ] ≥3 sf or ≥3 If
[ ] ≥160 sf or ≥280 If
[ ] Renovation
[ ] Demolition
[ ] Full Containment w/negative pressure
[ ] Mini-enclosure
[ ] Glovebag procedure
[ ] Non-Exempted (*) and Non-triable procedure

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

Yes

No

N/A

duct INSULATION

15 sq ft

Description of asbestos-containing material (ACM)

Amount (Specify SF or LF)

Removal

Repair

Encapsulation

BASEMENT (8 locations)

Registered Waste Hauler

D & S RESTORATION, INC.

NJDEP Hauler ID# 13506

Cubic Yards of Waste 1 yd.

Name of Registered Landfill

TULLYTOWN, RESOURCE RECOVERY

City, State

PATERNSON, NJ 07503

Disposal Date

06/07/16

City, State

TULLYTOWN, PA

Completed by (Print or Type)

BOGDAN JOLDZIC

Title

PRESIDENT

Signature

Date

05/16/2016

* Do not use this form for asbestos licensure exempted activities.
Date of Notification (10) 05/27/16

Name of Building Owner/Operator (2) pat laudicina

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

Type of Notification
- Initial
- Amended
- Emergency (including justification)
- Cancellation

Street Address [redacted]

City, State, Zip Code Fair Lawn, NJ 07410

Name of Contact pat laudicina

Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (5)
pat laudicina

Street Address [redacted]

City (5) [redacted]

County (6) HUDSON

County Code (7) (State use only) [redacted]

UNION CITY

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

ASCM No.

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

Street Address 20 California Ave.

City, State, Zip Code Paterson, NJ 07503

Telephone Number 973-345-8020

License Number 01169

Name of OSHA Monitor D & S Restoration, Inc.

Street Address 20 California Avenue

City, State, Zip Code Paterson, NJ 07503

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

Start Date (10) 05/27/16

Sched. Completion Date (11) 06/10/16

Scope of Work (check all that apply)
- x3 sf or ≥3 If
- ≥160 sf or ≥280 sf
- Demolition
- Renovation

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

<table>
<thead>
<tr>
<th>Location of asbestos-containing material (acm) to be abated in facility (13)</th>
<th>Description of asbestos-containing material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>PIPE INSULATION 2301 ft</td>
</tr>
<tr>
<td>No</td>
<td></td>
</tr>
<tr>
<td>N/A</td>
<td></td>
</tr>
</tbody>
</table>

Registered Waste Hauler D & S RESTORATION, INC.

NJDEP Hauler ID# 13506

Cubic Yards of Waste 3 yd³

Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY

City, State PATTERSON, NJ 07503

Disposal Date 05/31/16

City, State TULLYTOWN, PA

Complained by (Print or Type) BOGDAN JOLDZIC

Title PRESIDENT

Signature

Date 05/16/2016
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:129)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>5/12/2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>JC REALTY MANAGEMENT</td>
</tr>
<tr>
<td>Address</td>
<td>963 MOWRAL DR.</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Elwood Park, N.J. 07407</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>VINCENT CIURCA</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>609-934-3818</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Type of Facility (4)</th>
<th>Residential</th>
</tr>
</thead>
</table>

| County Code (7) | PASSAIC |

| Name of Abatement Contractor (5) | AMAC Contracting Inc. |
| Street Address | 185 Vreeland Ave. |
| City, State, Zip Code | City, State, Zip Code | Midland Park, NJ |
| Telephone No. | (201)262-2841 |
| License No. | 00186 |

| Start Date (10) | 5/12/16 |
| Scheduled Completion Date (11) | 6/15/16 |
| Name of OSHA Monitor | Omega Environmental Services |
| Street Address | 280 Huyler St. |
| City, State, Zip Code | HACKENSACK, NJ 07606 |

Specs of Work (Check All That Apply):
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosures
- Bagged 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>Description of Asbestos-Containing Material (ACM) (14)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>REMOVE WATER FROM INFRONT 100.0 SF</td>
</tr>
</tbody>
</table>

| Name of Registered Waste Hauler | Newark Carting, Inc. |
| NJDEP Waste Hauler ID No. | 04509 |
| City, State | City, State | NAME OF REGISTERED LANDFILL |
| Newark, NJ | Bethlehem, PA | IESI PA Bethlehem Landfill Corp. |
| Disposal Date | Disposal Date | 5/12/16 |
| Signature | Signature | D. Votano |
| Date | Date | 5/12/16 |

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

**NON SUB 8**

**B & G proj. #: 2016-84**

**Date of Notification (1):** 05/15/16

**Name of Building Owner/Operator (2):** Somerset Anchor, LLC

**Street Address:** 101 Crawfords Corner Road

**City, State, Zip Code:** Holmdel, NJ 07733

**Name of Contact:** Peter Tisdale

**Type of Facility (4):**
- [x] Other (Public/Commercial Bldgs/Tablets, etc.)
- [ ] Subchapter 8 (Other than K-12)
- [ ] School (K-12)

**Square Feet:** n/a

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

**Name of Monitoring Firm Hired by Bldg. Owner (5):**

**Street Address:** 145 Cliffwood Avenue

**City, State, Zip Code:** Cliffwood, NJ 07721

**County (8):** Monmouth

**County Code:** n/a

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

**Street Address:** 105 Ryerson Road

**City, State, Zip Code:** Lincoln Park, NJ 07035

**Telephone Number:** (973) 666-6869

**License Number:** 00378

**Name of OSHA Monitor:**

**Street Address:** 105 Ryerson Road

**City, State, Zip Code:** Lincoln Park, NJ 07035

**Telephone Number:** n/a

**License Number:** n/a

**Occupancy Status During Abatement (Check only one):**
- [x] Facility closed, vacated during entire period of abatement.
- [ ] Abatement performed outside of normal facility hours:
  - Describe:

**Scheduled Start Date (10):** 05/31/2016

**Sched. Completion Date (11):** 06/30/2016

**Scope of Work (check all that apply):**
- [x] Controlled Demolition

**Location of asbestos-containing material to be abated in facility (13):**
- [x] Furnace Insulation

**Amount (Specify SF or LF):** 4,250 sf

**Date:** 05/15/16

**Disposal Date:** 05/31/16 - 06/30/16

**Name of Registered Landfill:** Tullytown Resource & Recovery Center

**Cubic Yards of Waste:** 160

**Registered Waste Hauler:**
- [ ] 19563

**Title:** Secretary/Treasurer

**Signature:** Gordana Luna

**Date:** 05/16/2016
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)
3 / 11 / 16
Name of Building Owner/Operator (2)
Mount Holly Twp. Board Of Education

Agencies Notified

- EPA
- DOLWD
- DHSS
- DCA
  (NJAC 5:23-8)
Type Notification
- Initial
- Amended
- Amendment #8-5/20/16
- Emergency (including justification)
- Cancellation

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

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
FW Holbein Middle School
Street Address
331 Levis Dr
City (5)
Mt. Holly
County (6)
Burlington
County Code (7)/STATE USE ONLY

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

Name of OSHA Monitor
BRISTOL ENVIRONMENTAL, INC.

Start Date (10)
4 / 18 / 18
Scheduled Completion Date (11)
5 / 21 / 16
Name of Monitor for Monitoring Firm
William Weisgarber
Telephone No.
609-298-4070
License No.
00509

Scope of Work (Check all that apply)
- 30 sf or less
- 160 sf or less
- 250 sf or less
- 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

Throughout
Exterior
Gym, Gym storage, Stage
Room 210 & 211
Yes
No
N/A
Pipe Fittings-Wrap and Cut
Louver caulking
Duct Vibration Cloth
Lab Table tops

Amount (Specify SF or LF)
1,575 LF
516 LF
108 SF
144 SF

Abatement Type
Removal
Repair
Encapsulate
Endorse

Name of Registered Waste Hauler
SERVICE TRANSPORT GROUP, INC.
Waste Hauler ID No.
20990
Disposal Date

Name of Registered Landfill
MINERVA LANDFILL
City, State
WAYNESBURG, OH 44688

City, State
NEW CASTLE, DE 19720
Completed By (Print or Type)
Brian Scafuro
Title
Estimator
Signature
Date
5/20/16

*Do not use this form for asbestos licensure exempted activities.
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 6:16)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>3 / 11 / 16</th>
</tr>
</thead>
</table>
| Name of Building Owner/Operator (2) | Mount Holly Twp. Board Of Education  
2016 MAY 23 PM 9:11 |

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ EPA</td>
<td>Initial</td>
</tr>
<tr>
<td>□ DOLWD</td>
<td>Amended</td>
</tr>
<tr>
<td>□ DHSS</td>
<td>Amendment #8-5/20/16</td>
</tr>
<tr>
<td>□ DCA (NJAC 5:23-8)</td>
<td>Emergency (including justification)</td>
</tr>
<tr>
<td>□ Cancellation</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>331 Levis Dr</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State, Zip Code</td>
<td>Mt. Holly, NJ 08060</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Bill Buffa</td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>Square Feet</th>
<th># of Floors</th>
<th>Bldg. Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current Use (Prior if being demolished)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>MECS, Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>AECM No.</td>
<td>Name of Abatement Contractor (9)</td>
</tr>
<tr>
<td>Street Address</td>
<td>PO Box 341</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Chesterfield, NJ 08515</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>609-298-4070</td>
</tr>
<tr>
<td>License No.</td>
<td>00509</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>4 / 16 / 16</th>
<th>Scheduled Completion Date (11)</th>
<th>5 / 21 / 16</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ ≥3 sf or ≥3 lf</td>
</tr>
<tr>
<td>☑ ≥180 sf or ≥260 lf</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>☑ Room 210A</td>
</tr>
<tr>
<td>☑ Transite Foam Hood</td>
</tr>
<tr>
<td>☑ Roof Drain Insulation</td>
</tr>
<tr>
<td>☑ Glue dots</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ Room 202-208</td>
</tr>
<tr>
<td>☑ Glue dots</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>90 SF</td>
<td>☑ Removal</td>
</tr>
<tr>
<td>9 LF</td>
<td>☑ Repair</td>
</tr>
<tr>
<td>1,760 SF</td>
<td>☑ Encapsulate</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>SERVICE TRANSPORT GROUP, INC.</th>
</tr>
</thead>
<tbody>
<tr>
<td>NUDEP Waste Hauler ID No.</td>
<td>20990</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td></td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>MINERVA LANDFILL</td>
</tr>
<tr>
<td>City, State</td>
<td>NEW CASTLE, DE 19720</td>
</tr>
<tr>
<td>Disposal Date</td>
<td>City, State</td>
</tr>
<tr>
<td>Signature</td>
<td>Date</td>
</tr>
</tbody>
</table>

Complied By (Print or Type)  
Brian Scarfio  
Title | Estimator  
Brian Scarfio  
Signature  
Date | 5/3/16

ASB-41  
MAY 11

** PROJECT ON HOLD 5/23/16** **Do not use this form for asbestos licensure exempted activities.**
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:130)  

Date of Notification (1)  
5/13/16  

Name of Building Owner/Operator (2)  
DPMC  

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

Street Address  
326 BAY AVE  

City, State, Zip Code  
HIGHLANDS BOROUGH, NJ 07732  

Name of Contact  
William Bystedt  

Telephone Number  
732-786-7000  

FACILITY INFORMATION  

Name of Facility Where Abatement is Taking Place (3)  
326 BAY AVE  

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

Square Feet  

# of Floors  

Bldg. Age  
25+  

County (6)  
MONMOUTH  

County Code (7)  
(State Use Only)  

Current Use (Prior to being demolished)  
n/a  

Name of Monitoring Firm Hired by Building Owner (8)  
Health and Safety Services  

ASCM No.  

Name of Abatement Contractor (9)  
Site Enterprises, Inc.  

Street Address  
PO Box 365  

City, State, Zip Code  
Berlin, NJ 08009  

Telephone No. 
856-452-1311  

City, State, Zip Code  
Linwood, NJ 08221  

License No. 
609-567-1250  

Name of OSHA Monitor  
Health & Safety Services, Inc.  

Start Date (10)  
5/13  

Scheduled Completion Date (11)  
5/23  

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

Scope of Work (Check All That Apply)  
☐ 23 sf or <25 if  
☐ 250 sf or <280 sf  
☐ Renovation  
☐ Demolition  
☐ Full Containment with Negative Pressure  
☐ Mini-Enclosure  
☐ Glovebag Procedure  
☐ Non-Exempted (*) and Non-Friable Procedure  

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

In Facility (13)  

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

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

Amount (Specify SF or LF)  

Abatement Type  

Removal  
Repair  
Encapsulate  
Endoscope  

TOURTHROUGH  

FLOOR TILE  
375 SF  
X  

2ND FLOOR BATH/ CLOSET  

FLOOR TILE  
150 SF  

Name of Registered Waste Hauler  
Site Enterprises, Inc.  

NJDEP Waste Hauler ID No.  
0035220  

Cubic Yards of Waste  
20 cy  

Name of Registered Landfill  
Tullytown Landfill  

Disposal Date  
5/23/16  

City, State  
Bristol, PA  

Completed by  
Eric Keys  

Title  
OM  

Signature  
[Signature]  

Date  
5/13/16  

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

Date of Notification (1)
5/13/16

Name of Building Owner/Operator (2)
DPMC

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

Street Address
2 MOUNTAIN VIEW WAY

City, State, Zip Code
SEA BRIGHT BOROUGH, NJ 07760

Name of Contact
William Oyster

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
2 MOUNTAIN VIEW WAY

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

Street Address
2 MOUNTAIN VIEW WAY

City (5)
SEA BRIGHT

Square Feet
#

County (6)
MONMOUTH

Bidg. Age

County Code (7) (STATE USE ONLY)

Current Use (Prior if being demolished)
n/a

Name of Monitoring Firm Hired by Building Owner (8)
Health & Safety Services, Inc.

ASCM No.

Name of Abatement Contractor (9)
Site Enterprises, Inc.

Street Address
PO Box 365

City, State, Zip Code
Berlin, NJ 08009

Project Manager for Monitoring Firm
James Proctor

Telephone No.
856-452-1311

Telephone No.
609-567-1250

License No.
01172

Start Date (10)
5/13

Scheduled Completion Date (11)
5/23

Name of OSHA Monitor
Health & Safety Services, Inc.

Street Address
PO Box 365

City, State, Zip Code
Berlin, NJ 08009

Occupancy Status During Abatement (Check Only One)

Facility Closed/Vacated During Entire Period of Abatement

Abatement Performed Outside of Normal Facility Hours

Other – Describe: Vacant

Scope of Work (Check All That Apply)

Renovation

Demolition

Full Containment with Negative Pressure

Glovebag Procedure

Non-Exempted (*) and Non-Friable Procedure

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

In Facility

Yes No N/A

IN

CHIMNEY

X

TRANSIT PIPE

10 LF

X

BASEMENT

X

PIPE INSULATION

150 LF

X

LAUNDRY ROOM

X

VINYL FLOORING/MASTIC

75 SF

X

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

Name of Registered Waste Hauler
Site Enterprises Inc.

NJDEP Waste Hauler ID No.
0055220

Cubic Yards of Waste
20 cy

Name of Registered Landfill
Tullytown Landfill

City, State
211 East Essex Ave, Linwood, NJ 08221

Disposal Date
5/23

City, State
Bristol, PA

Completed by
Eric Keys

Title
OM

Signature

Date
5/13/16

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

Date of Notification (1)  
5/13/16

Name of Building Owner/Operator (2)  
DPMC

Agencies Notified  
EPA  
DEP  
DOL  
DOH  
DCA

Type Notification  
Initial  
Amended  
Amendment #  
Emergency (including justification)

Street Address  
40 SEA DRIFT AVE  
HIGHLANDSBOROUGH, NJ 07732

City, State, Zip Code  
HIGHLANDS  
07732

Name of Contact  
William Bystyer  
Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement Is Taking Place (3)  
40 SEA DRIFT AVE

Street Address  
40 SEA DRIFT AVE

City (5)  
HIGHLANDS

County (6)  
MONMOUTH

County Code (7)  
STATE CODE ONLY

Name of Monitoring Firm Hired by Building Owner (8)  
Health & Safety Services, Inc.

ASCM No.  

Name of Abatement Contractor (9)  
Site Enterprises, Inc.

Street Address  
PO Box 365

City, State, Zip Code  
Berlin, NJ 08009

Name of Project Manager for Monitoring Firm  
James Proctor

Telephone No.  
856-452-1311

License No.  
01172

Street Address  
211 East Essex Ave

City, State, Zip Code  
Linwood, NJ 08221

Name of OSHA Monitor  
Health & Safety Services, Inc.

Start Date (10)  
5/13

Scheduled Completion Date (11)  
5/23

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

Scope of Work (Check All That Apply)  
≥ 3,000 sf or ≥ 3,000 if

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

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

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

Amount (Specify SF or LF)  
1,200 SF

Abatement Type  
Removal

Name of Registered Waste Hauler  
Site Enterprises Inc.

NJDEP Waste Hauler ID No.  
00335220

Cubic Yards of Waste  
20 cy

Disposal Date  
5/23

Name of Registered Landfill  
Tullytown Landfill

City, State  
Linwood, NJ 08221  
Bristol, PA

Completed by  
Eric Keys  
Signature

Title  
OM  
Date  
5/13/16

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