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

**Date of Notification (1)**
- 05 / 21 / 15

**Name of Building Owner/Operator (2)**
- Parsippany-Troy Hills Board of Education

**Agencies Notified**
- EPA
- DOH
- DCA

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

**Street Address**
- 292 Parsippany Road

**City, State, Zip Code**
- Parsippany, NJ 07054

**Name of Contact**
- Tom Gaveglia

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**
- Parsippany High School

**Street Address**
- 309 Baldwin Road

**City (5)**
- Parsippany

**County (6)**
- Morris

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

**Current Use (If School, Commercial Buildings, Demolished, etc.)**
- School (K-12)
- Commercial buildings, Others (i.e., private homes, at least 5)

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

**ASCN No.**
- 0110

**Name of Abatement Contractor (9)**
- Pow/R/Save Inc

**Street Address**
- 7 Pleasant Hill Road

**City, State, Zip Code**
- Cranbury, NJ 08512

**Project Manager for Monitoring Firm**
- Kevin Lovely

**Telephone No.**
- (732) 844-5416

**Telephone No.**
- (973) 880-0088

**License No.**
- [ ]

**Start Date (10)**
- 07 / 05 / 15

**Scheduled Completion Date (11)**
- 07 / 09 / 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 - Describe

**Time of Abatement:**
- AM

**Scope of Work (Check all that apply)**
- ≥ 3回想 or ≥ 3 sf
- ≥ 160 sf or ≥ 260 sf
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Ion-Frid Procedure

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

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

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

**Name of Registered Waste Hauler**
- Pro Green Management LLC

**NJDEP Waste Hauler ID No.**
- 22051

**Cubic Yards of Waste**
- [ ]

**Name of Registered Waste Disposal Site**
- Tullytown

**City, State**
- Tullytown, PA

**Disposal Date**
- 1/21/14

**Name of Registered Waste Disposal Site**
- Tullytown

**City, State**
- Tullytown, PA

**Completed By (Print or Type)**
- Sharon Hendee

**Title**
- Sec/Treas

**Signature**
- [ ]

**Date**
- 5/21/15

*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)

Date of Notification (1) 05 / 21 / 15

Name of Building Owner/Operator (2)
Parsippany-Troy Hills Board of Education

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

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

Street Address
282 Parsippany Road

City, State, Zip Code
Parsippany, NJ 07054

Name of Contact
Tom Gavaglio

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Rockaway Meadow School

County Code (7)/(STATE USE ONLY)

Square Feet
1

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

City (5)
Parsippany

County (6)
Morris

Name of Monitoring Firm HIred by Building Owner (8)
Whitman

ASCM No.
0110

Name of Abatement Contractor (9)
Pow/R/Save Inc

Street Address
7 Pleasant Hill Road

City, State, Zip Code
Cranbury, NJ 08512

Telephone No.
(732) 644-5418

License No.
3

Start Date (10) 06 / 27 / 15

Scheduled Completion Date (11) 07 / 03 / 15

Name of OSHA Monitor

Occcupancy Status During Abatement
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM- PM- PM- AM

Scope of Work (Check all that apply)
- >3 sf or ≥3 if
- ≥180 sf or ≥260 if
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Frial 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)

Abatement Type
- 4 sf
- 8 sf

Name of Registered Waste Hauler
Pro Green Management LLC

Waste Hauler ID No.
22051

Cubic Yards of Waste

Name of Registered
Central

Endfill

City, State
East Brunswick, NJ

Disposal Date

City, State
Pen Argyl, PA

Tullytown, PA

Completed By (Print or Type)
Sharon Hendee

Title
Sec/Treas

Signature

Date 5/21/15

* 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>
</tr>
</thead>
<tbody>
<tr>
<td>05 / 22 / 15</td>
<td>DCH Investments of NJ</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
</tr>
<tr>
<td>DOIWD</td>
<td>Amended Amendment #</td>
</tr>
<tr>
<td>DHSS</td>
<td>Emergency (including justification)</td>
</tr>
<tr>
<td>DCA</td>
<td>Cancellation</td>
</tr>
</tbody>
</table>

| Street Address: 995 Route 9N |
| City, State, Zip Code: South Amboy, NJ 08879 |
| Name of Contact: Frank Gieo |

FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Type of Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paramus Honda</td>
<td>School (K-12)</td>
</tr>
<tr>
<td></td>
<td>Subchapter 8 (Other i.e., private and commercial buildings, homes, etc)</td>
</tr>
<tr>
<td></td>
<td>Other (i.e., private and commercial buildings, homes, etc)</td>
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<table>
<thead>
<tr>
<th>City (5)</th>
<th>Square Feet</th>
<th># of Stories</th>
<th>Bidg. Age</th>
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<tbody>
<tr>
<td>Paramus</td>
<td>2700</td>
<td>2</td>
<td>50+</td>
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<table>
<thead>
<tr>
<th>County (6)</th>
<th>County Code (7) (STATE USE ONLY)</th>
<th>Current Use (8)</th>
<th>License No.</th>
</tr>
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<tbody>
<tr>
<td>Bergen</td>
<td></td>
<td>Commerical</td>
<td></td>
</tr>
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<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>ASCM No.</th>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td></td>
<td>Superior Abatement Inc</td>
</tr>
</tbody>
</table>

| Street Address: 2 Henderson Drive |
| City, State, Zip Code: West Caldwell, NJ 07006 |

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
<th>Name of OSHA Monitor</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Superior Abatement Inc</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
<th>Name of OSHA Monitor</th>
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</thead>
<tbody>
<tr>
<td>06 / 04 / 15</td>
<td>06 / 10 / 15</td>
<td>Superior Abatement Inc</td>
</tr>
</tbody>
</table>

<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>
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<tr>
<td>Abatement Performed Outside of Normal Facility Hours - Describe</td>
</tr>
<tr>
<td>Time of Abatement: AM-PM/PM-AM</td>
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</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>≥23 sf or ≥3 if</td>
</tr>
<tr>
<td>≥160 sf or ≥260 sf</td>
</tr>
<tr>
<td>Demolition</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Roofing and Flashing Materials</td>
<td>Yes</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Main Building Roof 1 &amp; 3</th>
<th>Full Containment with Negative Pressure</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mini-Enclosure</td>
</tr>
<tr>
<td></td>
<td>Glovebag Procedure</td>
</tr>
<tr>
<td></td>
<td>Non-Exempted (1) and Non-Friable</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>Cubs Yard of Waste 40</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler Service Transport Group, Inc</th>
<th>NJ/DEP Waste Hauler ID No.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>SW2117</td>
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<table>
<thead>
<tr>
<th>City, State</th>
<th>Disposal Date</th>
<th>City, State</th>
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<tbody>
<tr>
<td>New Castle, DE</td>
<td>6/10/2015</td>
<td>Waynest urgh, C</td>
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</table>

Completed By (Print or Type) | Title | Signature |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Nick Petrovski</td>
<td>President</td>
<td>[Signature]</td>
</tr>
</tbody>
</table>
**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>5  /  22  /  15</th>
</tr>
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<tbody>
<tr>
<td>Agencies Notified</td>
<td></td>
</tr>
<tr>
<td>□ EPA</td>
<td></td>
</tr>
<tr>
<td>□ DOLWD</td>
<td></td>
</tr>
<tr>
<td>□ DOH</td>
<td></td>
</tr>
<tr>
<td>☑ DCA</td>
<td></td>
</tr>
<tr>
<td>(NJAC 5:23-8)</td>
<td></td>
</tr>
<tr>
<td>Type Notification</td>
<td></td>
</tr>
<tr>
<td>□ Initial</td>
<td></td>
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<td>□ Amended</td>
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</tr>
<tr>
<td>□ Amendment #</td>
<td></td>
</tr>
<tr>
<td>□ Emergency (including justification)</td>
<td></td>
</tr>
<tr>
<td>□ Cancellation</td>
<td></td>
</tr>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Lionel Davis</td>
</tr>
<tr>
<td>Street Address</td>
<td></td>
</tr>
<tr>
<td>8 Edgebrook Road</td>
<td></td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td></td>
</tr>
<tr>
<td>New Brunswick, NJ 08901</td>
<td></td>
</tr>
<tr>
<td>Name of Contact</td>
<td></td>
</tr>
<tr>
<td>Mike Zagar</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>Residential House</td>
</tr>
<tr>
<td>Street Address</td>
<td></td>
</tr>
<tr>
<td>8 Edgebrook Road</td>
<td></td>
</tr>
<tr>
<td>City (5)</td>
<td>New Brunswick, NJ 08901</td>
</tr>
<tr>
<td>County (6)</td>
<td>Middlesex</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>Bio Terra Solutions</td>
</tr>
<tr>
<td>Street Address</td>
<td>P.O. Box 1224</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Union, NJ</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>Rick Eustaquio</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>973-494-3762</td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>6 / 15 / 15</td>
</tr>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>06 / 30 / 15</td>
</tr>
<tr>
<td>Occuancy 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 - Describe Time of Abatement: AM-PM / PM-AM</td>
<td></td>
</tr>
<tr>
<td>Scope of Work (Check all that apply)</td>
<td></td>
</tr>
<tr>
<td>☑ ≥3 sf or ≥3 if</td>
<td></td>
</tr>
<tr>
<td>☑ ≥160 sf or ≥260 sf</td>
<td></td>
</tr>
<tr>
<td>□ Renovation</td>
<td></td>
</tr>
<tr>
<td>□ Demolition</td>
<td></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 Ion-Frat 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>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Basement</td>
<td>☑ Pipe Insulation</td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
<td>All Pro Management LLC</td>
</tr>
<tr>
<td>NJDEP Waste Hauler ID No.</td>
<td>0034860</td>
</tr>
<tr>
<td>Cubic Yards of Waste As Needed</td>
<td></td>
</tr>
<tr>
<td>Name of Registered Laborer (12)</td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td>5-22-15</td>
</tr>
</tbody>
</table>

*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) 5 / 20 / 15
Name of Building Owner/Operator (2) Hackensack University Medical Center of Pascack Valley-Emergency Room

Agencies Notified
□ EPA
☑ DOLWD
☑ DHSS
□ DCA
(NJAC 5:23-8)
Type Notification
□ Initial
□ Amended
□ Emergency (including justification)
□ Cancellation
Street Address 250 Old Hook Road
City, State, Zip Code Westwood, NJ 07675
Name of Contact Barry Mousa
Telephone

FACILITY INFORMATION
Name of Facility Where Abatement is Taking Place (3)
Hackensack University Medical Center of Pascack Valley-Emergency Room
Street Address 250 Old Hook Road
City (5) Westwood
County (6) Bergen
County Code (7)(STATE USE ONLY) 423.240
Square Feet 6
# of Floors
Current Use Hospital

Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates Inc
ASCM No. 00102
Name of Abatement Contractor (11) Superior Abatement Inc
Street Address 515 Grove Street Suite 1B
City, State, Zip Code Haddon Heights, NJ 08035
Telephone No. (856) 547-0505

Project Manager for Monitoring Firm Alan Lynd
Street Address 2 Henderson Drive
City, State, Zip Code West Caldwell, NJ 07006
Telephone No. (973) 808-1616

Start Date (10) 04 / 15 / 15
Scheduled Completion Date (11) 06 / 02 / 15
Name of OSHA Monitor Superior Abatement Inc
Street Address 2 Henderson Drive
City, State, Zip Code West Caldwell, NJ 07006

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: 7:00 AM-3:00 PM/ 3:00 PM-5:00 AM
Scope of Work (Check all that apply)
□ >3 sf or >3 if
□ 160 sf or >200 sf
□ Demolition
□ Full Containment with Non-Egment Procedure
□ Renovation
□ Mini-Enclosure
□ Glovebag Procedure
□ Non-Exempted (*) and Non-Friable Procedure

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

Yes No N/A
1st Floor Emergency Area
Drywall/Joint Compound
38
2,000 SF

1st Floor Emergency Area
Black Mastic on Cinder Block
2
2,000 SF

1st Floor Emergency Area
Black Mastic - Block Above Window
2

Name of Registered Waste Hauler Service Transport Group, Inc
NJDEP Waste Hauler ID No. SW2117
Cubic Yards of Waste 300

Name of Registered Inspector Minerva Interpreters
City, State Newly urg. Ord
Committed By (Print or Type) Nick Petrovski
Title President

Signature

Date 5-20-15

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

(Pursuant to NJAC 8:68 and 6:16)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>5/12/15</th>
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<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Hackensack University Medical Center of Passaic Valley-Emergency Room</td>
</tr>
<tr>
<td>Street Address</td>
<td>250 Old Hook Road</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Westwood, NJ 07675</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Barry Mouse</td>
</tr>
<tr>
<td>Telepho Number</td>
<td></td>
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</table>

### FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement Is Taking Place (3)</th>
<th>Hackensack University Medical Centerof Passaic Valley-Emergency Room</th>
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</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>250 Old Hook Road</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Westwood, NJ 07675</td>
</tr>
<tr>
<td>Square Feet</td>
<td>423,240</td>
</tr>
<tr>
<td># of Floors</td>
<td>6</td>
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</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>Pennoni Associates Inc</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASCM No.</td>
<td>00102</td>
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<table>
<thead>
<tr>
<th>Name of Abatement Contractor (9)</th>
<th>Superior Abatement Inc</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>2 Henderson Drive</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>West Caldwell, NJ 07006</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>(858) 847-0505</td>
</tr>
<tr>
<td>License No.</td>
<td>004</td>
</tr>
</tbody>
</table>

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

- 280 sf or 500 lF
- 1600 sf or 2500 1F
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Flexible Procedure

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

- 1st Floor Emergency Area
- 4th Floor Emergency Area

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

- Cubic Yards of Waste: 300

### Name of Registered Waste Hauler

- Service Transport Group, Inc
- NJDEP Waste Hauler ID No: SW2117

### Disposal Date

- 5/22/15

### Date of Completion

- 5/22/15

### Signature

- 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 5:16)

Date of Notification (1): 05 / 20 / 15

Name of Building Owner/Operator (2): Parsippany-Troy Hills Board of Education

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

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

Street Address: 292 Parsippany Road
City, State, Zip Code: Parsippany, NJ 07054
Name of Contact: Tom Gaveglio

Name of Facility Where Abatement is Taking Place (3):
Parsippany High School
Street Address: 309 Baldwin Road
City (5): Parsippany
County (6): Morris
County Code (7)/STATE USE ONLY: 00
Current Use (P or if school): 1

Name of Monitoring Firm Hired by Building Owner (8):
Whitman
ASCM No.: 0110
Name of Abatement Contractor (9):
PowlR/Save Inc

Street Address: 27 West Street
City, State, Zip Code: Bloomfield, NJ 07003
Name of OSHA Monitor:

Licensure No.:

Start Date (10): 07 / 06 / 15
Scheduled Completion Date (11): 07 / 09 / 15

Occupy Status During Abatement (Check only one):
- X Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours - Describe

Time of Abatement: AM PM PM PM AM

Scope of Work (Check all that apply):
- ≥3 sf or ≥3 If
- ≥160 sf or ≥260 If
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and N non-Friable
- Encapsulation

Abatement Type:
- Removal
- Repair
- Encapsulation
- Envelope

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 LF):

Name of Registered Waste Hauler:
Pro Green Management LLC
NJDEP Waste Hauler ID No.: 22051
Cubic Yards of Waste:

Name of Registered Landfill:

City, State: East Brunswick, NJ
Disposal Date:

Name of Registered Landfill:

City, State: Pen Argyl, PA

Completed By (Print or Type):
Sharon Hendee
Title: Sec/Treas
Signature:

Date: 5/20/15

* 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>05 / 20 / 15</th>
</tr>
</thead>
</table>

**Name of Building Owner/Operator (2)**  
Parsippany-Troy Hills Board of Education

**Street Address**  
293 Parsippany Road

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>Parsippany, NJ 07054</th>
</tr>
</thead>
</table>

**Name of Contact**  
Tom Gaveglia

---

**FACILITY INFORMATION**

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

**Street Address**  
160 Edwards Road

**City**  
Parsippany

**County**  
Morris

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

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

**Square Feet**  
1

**# of Floors**  
1

**Bldg. Age**  
demolished

**Name of Monitoring Firm Hired by Building Owner (5)**  
Witman ASCM No. 0110

**Name of Abatement Contractor (6)**  
Pow/R/Save Inc

**Telephone Number**  
(732) 644-5418

**Telephone No.**  
(973) 680-0088

**License No.**  
312

**Start Date (10)**  
06 / 27 / 15

**Scheduled Completion Date (11)**  
07 / 03 / 15

**Name of OSHA Monitor**

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

- [X] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement. AM—PM—PM—AM

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

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

**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 Specify LR)**

**Abatement Type**

**Location**

- [ ] Removal
- [ ] Repair
- [ ] Encapsulate
- [ ] Enclosure

**Amount**

- [ ] Fill
- [ ] 4 sf

**Name of Registered Waste Hauler**  
Pro Green Management LLC

**NJDEP Waste Hauler ID No.**  
22051

**Cubic Yards of Waste**

**Name of Registered Landfill**

**Disposal Date**

**City, State**  
Pen Argyl, PA 18072, Frillytown

**Name of Registered Landfill**

**City, State**  
East Brunswick, NJ

**Completed By (Print or Type)**  
Sharon Hendee

**Title**  
Sec/Treas

**Signature**

**Date**  
5/20/15

---

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

Date of Notification (1)
05 / 20 / 15

Name of Building Owner/Operator (2)
Parsippany-Troy Hills Board of Education

Agencies Notified
☐ EPA
☐ DOLWD
☐ DOH
☐ DCA (NJAC 5:23-8)
Type Notification
☐ Initial
☐ Amended
☐ Amendment #________
☐ Emergency (including justification)
☐ Cancellation

Street Address
292 Parsippany Road

City, State, Zip Code
Parsippany, NJ 07054

Name of Contact
Tom Gavaglio

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Central Middle School

Street Address
Route 46 West

City (5)
Parsippany

County (6)
Morris

Square Feet
1

Current Use (P or if below
damaged)

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

# of Floors
1

Name of Monitoring Firm Hired by Building Owner (5)
Whitman

Current Use

ASCM No.
0110

Name of Abatement Contractor (6)
Pow/R/Save Inc

Telephone No.
(732) 644-5418

City, State, Zip Code
Cranbury, NJ 08512

Schedule Completion Date (11)
07 / 03 / 15

Name of OSHA Monitor

Start Date (10)
07 / 01 / 15

Telephone No.
(973) 680-0088

License No.
35

City, State, Zip Code
Bloomfield, NJ 07003

Occupancy Status During Abatement (Check only one)
☒ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours

Time of Abatement:
AM AM PM PM

Scope of Work (Check all that apply)
☐ ≥ 3 sf or ≥ 3 fl
☒ ≥ 160 sf or ≥ 260 fl
☐ Renovation
☐ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable

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

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)

Abatement Type

Amount

Removal
Repair
Encapsulation
Endosol

Endosol

Endosol

Name of Registered Waste Hauler
Pro Green Management LLC
NJDEP Waste Hauler ID No.
22051

Cubic Yards of
Waste

Name of Registered
Disposal Site
Grand Central 0.4

Date

Completed By (Print or Type)
Sharon Hendee

Title
Sec/Treas

Signature

* 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>5/22/15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Baus</td>
</tr>
<tr>
<td>Street Address</td>
<td>1 Carter Rd</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Princeton, NJ 08540</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Bob Baus</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

| Name of Facility Where Abatement is Taking Place (3) | Residential |
| Street Address | 1 Carter Rd |
| City, State, Zip Code | Princeton, NJ |
| County (6) | Mercer |
| County Code (7) | USE ONLY |
| Current Use | |
| Square Feet | 5500 |
| # of Stories | |
| Age | |

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

| DB Environmental |
| Stevens Environmental |
| Stevens Environmental Services, Inc. |

**Project Manager for Monitoring Firm**

| Dave Bunocore |
| (732) 740-8408 |

**Start Date (10)**

| 6/1/15 |

**Scheduled Completion Date (11)**

| 6/12/15 |

**Occupancy Status During Abatement**

- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other - Describe: 8am - 4pm

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

| TO BE ABATED IN Facility (13) |
| Basement | X |
| Crawlspace | |
| Crawl Space | |

**Is Location Normally Used by Maintenance/Custodial Staff?**

| Yes | No |

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

- (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
  - Thermal Pipe insulation | 10 ft |
  - Thermal Pipe Insulation | 10 ft |

**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 | GROVE S Landfill |

**Completed By**

| Mahlon E. Stevens |
| Project Manager |

**Signature**

| 5/22/15 |

---

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

Date of Notification (1): 5/21/15  
Name of Building Owner/Operator (2): Vizam  

Agencies Notified:  
- EPA  
- DEP  
- COL  
- DOH  
- DCA  
Type Notification: Initial  
Amendment #:  
Emergency (Including Justification):  
Cancellation:  

Street Address: 104 Garden Terrace  
City, State, Zip Code: Edison, NJ 08817  
Name of Contact: Mohamed Vizam  
Telephone Number:  

FACILITY INFORMATION  
Name of Facility Where Abatement is Taking Place (3):  
Type of Facility: Residential  

Street Address: 104 Garden Terrace  
City, State, Zip Code: Edison, NJ  
County: Middlesex  
County Code: (STATE USE ONLY)  
Square Feet: 2200  
Current Use (For if building is demolished): 70+/-  

Name of Monitoring Firm Hired by Building Owner (4): DB Environmental  
Name of Abatement Contractor (5): Stevens Environmental Services, Inc.  
Name of OSHA Monitor:  

Street Address: 4 Berkeley Place  
City, State, Zip Code: Freehold, NJ 07728  
Telephone No.: (732) 740-8408  
License No.: 00493  

Start Date (10): 6/1/15  
Scheduled Completion Date (11): 6/12/15  
Name of Registered Waste Hauler: Stevens Environmental Services, Inc.  
NJOEP Waste Hauler ID No.: 138292  
Disposal Date: 6/12/15  
Name of Registered Landfill: GROVE Landfill  
City, State: Allentown, NJ 08501  

Project Manager for Monitoring Firm: Dave Bucore  
Telephone No.: (609) 259-9688  
Initials:  

Scope of Work (Check all that apply):  
- 29 sf or ≥3 if  
- ≥180 sf or ≥260 if  
- Renovation  
- Demolition  
- Full Containment with Negative Pressure  
- Mini-Enclosure  
- Glovebag Procedure  
- Non-Exempted (*) and N-friable (**)  
- Other - Describe:  

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

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount (Spots, SF or Lb)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thermal Pipe insulation</td>
<td>10</td>
<td>☒</td>
</tr>
<tr>
<td>Boiler Insulation</td>
<td>20</td>
<td>☒</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler: Stevens Environmental Services, Inc.  
NJOEP Waste Hauler ID No.: 138292  
Disposal Date: 6/12/15  
Name of Registered Landfill: GROVE Landfill  
City, State: Allentown, NJ 08501  

Completed By: Mahlon E. Stevens  
Title: Project Manager  
Signature:  

* 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)

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

Name of Building Owner/Operator (2)
Carter Road V LLC

Street Address
770 Township Line Rd.

City, State, Zip Code
Yardley, PA 19067

Name of Contact
Joseph Felice

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Former Lucent Training Center

Street Address
353 Carter Rd.

City (5)
Hopewell

County (6)
Mercer

Count Code (7)

County Code (7) (STATE USE ONLY)

Current Use (Prior to being designated as a training center)
Vacant

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

Square Feet
175,000

# of Floors
2

Bldg Age
500

Published: 18 years

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

AET

ASCM No.
00021

Name of Abatement Contractor (9)
Alliance Environment Systems, Inc.

Street Address
550 East Union St.

City, State, Zip Code
West Chester, PA 19382

Project Manager for Monitoring Firm
Eric Houseknecht

Telephone No.
908-296-1132

Telephone No.
610-701-9000

Start Date (10)
6/3/15

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)
- ☑ Minimum Demolition
- ☑ Full Containment with Neg. Glovebag Process
- ☑ Non-Exempted (Other than CEM for Renovation)

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

Location
Basement mechanical room
Basement center building
First Floor center building
Guest wings

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

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

Amount (Specify SF or L)
6 SF
5,500
2,200
1,600

Location of Registered Waste Hauler
Mercer Group

NJDEP Waste Hauler ID No.
10416

Cubic Yards of Waste
90

Name of Registered L.
Grows Landfill

City, State
Trenton, NJ

Disposal Date
ongoing

Completed by
Robert M. Casciato

Title
President

Signature

* Do not use this form for asbestos for non-exempted activities.
<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (SF LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Guest rooms</td>
<td>X</td>
<td>Mastic on condensate pans</td>
<td>1,800</td>
<td>F</td>
</tr>
<tr>
<td>Basement electric room</td>
<td>X</td>
<td>Transite Board</td>
<td>10 SF</td>
<td>X</td>
</tr>
<tr>
<td>Window panels guest rooms</td>
<td>X</td>
<td>Transite Board</td>
<td>7,000</td>
<td>X</td>
</tr>
<tr>
<td>Tennis Courts</td>
<td>X</td>
<td>1/8&quot; wear surface</td>
<td>37,000</td>
<td>X</td>
</tr>
</tbody>
</table>
**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 8:50 and 5:16)

**Date of Notification:** 5 / 21 / 15

**Name of Building Owner/Operator:** New Jersey Turnpike Authority

**Street Address:** 581 Main Street

**City, State, Zip Code:** Woodbridge, NJ 07095

**Name of Contact:** Ashraf Abdallah

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place:** NJSP - Troop D Barracks

**Street Address:** Garden State Parkway MB 153.0 NB

**City (5):** Bloomfield

**County (5):** Essex

**County Code:** 01

**Current Use:** Vacant

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

**Square Feet:** 3000

**# of Floors:** 2

**Bldg. Age:** 60

**Name of Abatement Contractor:** Asbestos and Mold Services, Corp.

**Street Address:** 3659 Sylon Boulevard

**City, State, Zip Code:** Hainesport, NJ 08036

**License No.:** 01-062

**Quantity: Enclosure**

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

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

**Location:**
- [ ] Renovation
- [ ] Demolition
- [ ] Exterior Caulk
- [ ] Floor Tile & Mastic

**Amount (Specify SF or LF):** 7 W

**Abatement Type:**

- [ ] Removal
- [ ] Repair
- [ ] Encapsulate
- [ ] Endfill

**Name of Registered Waste Hauler:** Freehold Cartage, Inc.

**NJDEP Waste Hauler ID No.:** 02265

**Cubic Yards of Waste:** 5

**Name of Registered Landfill:** GROWS Landfill

**City, State:** Morrisville, PA 19067

**Disposal Date:** 6/12/15

**Completed By:** Kimberly A. Trumbetti

**Title:** Office Coordinator

**Signature:**

*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)  4 / 29 / 15  
Name of Building Owner/Operator (2)  DPMC  
Job No.  1503-1972 Chk. NA

Agencies Notified  □ EPA  □ DOLWD  □ DHSS  □ DCA (NJAC 6:23-8)  
Type Notification  □ Initial  □ Amended  □ Amendment #1  
□ Emergency (including justification)  □ Cancellation

Name of Facility Where Abatement is Taking Place (3)  
CRRNJ Terminal Building, Liberty State Park

Street Address  20 West State Street, 3rd Floor  
City, State, Zip Code  Trenton, NJ 08625  
Name of Contact  Don Juechter

County Code (7) (STATE USE ONLY)  Current Use (8)  Vacant

FACILITY INFORMATION

Name of Monitoring Firm Hired by Building Owner (8)  USA Environmental Mgmt, Inc.  
ASCM No.  Name of Abatement Contractor (9)  Asbestos and Mold Services, Co.

Street Address  344 West State Street  
City, State, Zip Code  Trenton, NJ 08618

Project Manager for Monitoring Firm  John Duggan  
Telephone No.  609.656.8101

Start Date (10)  5 / 13 / 15  
Scheduled Completion Date (11)  6 / 1 / 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-_____ PM-_____ PM-_____ AM

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

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, LF)

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

Name of Registered Waste Hauler  Freehold Cartage, Inc.  
NJDEP Waste Hauler ID No.  02265

Cubic Yards of Waste  5  
Name of Registered Landfill  GROWS Landfill

City, State  Freehold, NJ  
Disposal Date  6/1/15  
City, State  Morrisville, PA 19067

Completed By (Print or Type)  Kimberly A. Trumbetti  
Title  Office Coordinator  
Signature  
Date  5-26-15

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

(Pursuant to NJAC 8:80 and 5:16)

**Name of Building Owner/Operator:**
Princeton University-Office of Design and Construction

**Street Address:**
200 Elm Dr
Princeton, NJ 08544

**Name of Contact:**
Robert Ortega

**Telephone Number:**

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place:**
Princeton University- Guyot Hall

**Street Address:**
Washington Rd
Princeton

**County:**
Mercer

**Name of Monitoring Firm Hired by Building Owner:**
ATC Associates Inc

**ASCN No.:**

**Name of Abatement Contractor:**
BRISTOL ENVIRONMENTAL, INC.

**Street Address:**
1123 Beaver Street
Bristol, PA 19007

**City, State, Zip Code:**
Bristol, PA 19007

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

**Square Feet:**

**# of Floors:**

**Building Age:**

**Current Use: (Present if building is demolished):**

**License No.:**
00540

**Start Date (10):**
6 / 3 / 15

**Scheduled Completion Date (11):**
6 / 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-PM 4:00-12:30 PM

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

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

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

<table>
<thead>
<tr>
<th>Room</th>
<th>Location</th>
<th>Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>105A</td>
<td></td>
<td>Yes</td>
<td>pipe fittings</td>
</tr>
</tbody>
</table>

**Amount (Spf or Lb/F):**

| 105  | 4               |
| 104  | 3               |

**Name of Registered Waste Hauler:**
BRISTOL ENVIRONMENTAL, INC.

**NJDEP Waste Hauler ID No.:**
18706

**Cubic Yards of Waste:**

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

**City, State:**
BRISTOL, PA 19007

**Disposal Date:**

**City:**
MORRISVILLE, PA

**Waste Hauler ID No.:**
18706

**Date Completed:**
3/20/15

**Signature:**
Brian Scafiro

---

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

---

**Completion:**

- ASB-41
- MAY 11
- BS15042

---

[Signature]

---

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

**Title:**
Estimator
State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)  
01/11/15

Package Information  

Name of Building Owner/Operator (2)  
DAVID RAHILL

Street Address  
215 BEECHWOOD ROAD

City, State, Zip Code  
RIDGEWOOD, NJ 07450

Name of Contact  
DAVID RAHILL

Telephene Number

Facility Information

Name of facility where abatement is taking place (3)  
DAVID RAHILL

Street Address  
215 BEECHWOOD ROAD

City  BERGEN

County  

County Code (7) (State use only)

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

Date of Abatement Contract (13)  
06/01/15

Occupancy Status During Abatement (Check only one)  
Facility closed/evacuated during entire period of abatement.
Abatement performed outside of normal facility hours.

Other-Describe:  
NATIONAL HOURS

Scope of Work (check all that apply)  
≥2 sf or ≥2 If  
≥360 sf or ≥260 If  
Demolition

Location of asbestos-containing material (acm) to be abated in facility (13)  
ATTIC CRAWL SPACE  
BASEMENT

Is location normally used solely by maintenance/custodial staff (12)  
Yes  
No

Description of asbestos-containing material (ACM)  
DUCT INSULATION

Amount (Specify LF)  
1 LFT

Registered Waste Hauler  
D & S RESTORATION, INC.

Disposal Date  
06/02/15

Comapiled by  
BOGDAN JOLDZIC

Title  
PRESIDENT

Signature

# of Floors  
Bldg. Age

License Number  
01169

Other (check all that apply)  
Full Container  
Mini-containment  
Glovet et procedures  
Non-Evaporative

Date  
05/19/15

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

**Date of Notification (1)**

| Date       | 01/15/19 |

**Name of Building Owner/Operator (3)**

<table>
<thead>
<tr>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jasmine Siegel</td>
</tr>
</tbody>
</table>

**Street Address**

<table>
<thead>
<tr>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>47 Sheridan Ave.</td>
</tr>
</tbody>
</table>

**City, State, Zip Code**

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td>West Orange</td>
<td>NJ</td>
<td>07052</td>
</tr>
</tbody>
</table>

**Name of Contact**

<table>
<thead>
<tr>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jasmine Siegel</td>
</tr>
</tbody>
</table>

**Facility Information**

<table>
<thead>
<tr>
<th>Facility where abatement is taking place (3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jasmine Siegel</td>
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</tbody>
</table>

**Type of Facility (4)**

<table>
<thead>
<tr>
<th>Type</th>
</tr>
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<tbody>
<tr>
<td>School (K-12)</td>
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</tbody>
</table>

**Square Feet**

<table>
<thead>
<tr>
<th>Number of Floors</th>
<th>Building Age</th>
</tr>
</thead>
</table>

**Start Date (10)**

<table>
<thead>
<tr>
<th>Start Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>06/08/15</td>
</tr>
</tbody>
</table>

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

- Facility closed/vacated during entire period of abatement.
- Abatement performed outside of normal facility hours.
- Other: Normal Hours

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

- >300 sq ft or >300 ft
- Demolition
- Recycling
- Other: Vermination

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Is location normally used solely by maintenance/custodial staff (12)</th>
<th>Description of asbestos-containing material (ACM)</th>
<th>Location normally used solely by maintenance/custodial staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attic and attic closet</td>
<td>Yes</td>
<td>Vermiculite attic insulation</td>
<td>10 sq ft</td>
</tr>
<tr>
<td>2nd floor closet, bathroom</td>
<td>No</td>
<td>Vermiculite attic insulation</td>
<td></td>
</tr>
</tbody>
</table>

**Registered Waste Hauler**

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
</tr>
</thead>
<tbody>
<tr>
<td>D &amp; S Restoration, Inc.</td>
</tr>
</tbody>
</table>

**Disposal Date**

<table>
<thead>
<tr>
<th>Date</th>
</tr>
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<tbody>
<tr>
<td>06/10/15</td>
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**City, State**

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

**Completed by (Print or Type)**

<table>
<thead>
<tr>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bogdan Joldzic</td>
</tr>
</tbody>
</table>

**Signature**

<table>
<thead>
<tr>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

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*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)

---

**B & G proj. #:** 2015-96  
**Date of Notification (1):** 01/15/2015

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
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</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
</tr>
<tr>
<td>DOL</td>
<td>Amendment</td>
</tr>
<tr>
<td>DOH</td>
<td>Cancellation</td>
</tr>
</tbody>
</table>

**Name of Building Owner/Operator (2):** Carol Petrucelli  
**Street Address:** 272 North Livingston Avenue  
**City, State, Zip Code:** Livingston, NJ 07039

**Name of Contact:** Carol Petrucelli

---

**FACILITY INFORMATION**

**Name of facility where abatement is taking place (3):**  
Carol Petrucelli  
**Street Address:** 272 North Livingston Avenue  
**City, County:** Livingston, NJ  
**County Code:** Essex

**Name of Monitoring Firm Hired by Bldg. Owner (8):** n/a  
**ASCM No.:**

---

**Type of Facility:**  
- School (K - 12)  
- Non-school  
- Other (Private/Commercial, Etc.)

**Square Feet of Building:**  
**# of Floors:** 1  
**Bldg. Age:**

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

---

**Name of Abatement Contractor (6):**  
**Street Address:** 105 Ryerson Road  
**City, State, Zip Code:** Lincoln Park, NJ 07035

**Telephone Number:** (973) 696-6869  
**License Number:** 00378

**Name of OSHA Monitor:** B & G Restoration Inc.  
**Street Address:** 105 Ryerson Road  
**City, State, Zip Code:**

---

**Scheduled Start Date (10):** 06/01/2015  
**Sched. Completion Date (11):** 06/02/2015

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

---

**Scope of Work (check all that apply):**  
- Demolition  
- Renovation  
- Full Containment (wet and/or dry)  
- Mini-enclosure  
- Glovebag procedure  
- Non-friable procedure

**Location of asbestos-containing material to be abated in facility (13):**  
**Is location normally used solely by maintenance/custodial staff(12):** Yes/No/N/A  
**Description of asbestos-containing material (ACM):** thin duct insulation  
**Amount (Spr. LF):** 50 s

---

**Registered Waste Hauler:** B & G Restoration, Inc.  
**NJDEP Hauler ID#:** 19563  
**Cubic Yards of Waste:** 1½

**Name of Registered Landfill:** Tullytown Resource Recovery Center  
**City, State:** Tullytown, PA  
**Disposal Date:** 05/03/2015  
**Date:** 05/21/2015

**Completed by (Print or Type):** Gordana Luna  
**Title:** Secretary/Treasurer  
**Signature:**

---
Date of Notification (1)

10/15/2015

Name of Building Owner/Operator (2)
Gar Moy

Street Address
133 Washington Avenue

City, State, Zip Code
Morristown, NJ 07960

Name of Contact
Gar Moy

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
Gar Moy

Street Address
133 Washington Avenue

City (5)
Morristown

County (6)
Morris

County Code (7) (State use only)

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

ASCM No.

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) 696-6869

License Number
00378

Project Manager for Monitoring Firm

Phone Number

Scheduled Start Date (10)
06/01/2015

Sched. Completion Date (11)
06/02/2015

Facility Status During Abatement (Check only one)

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

Scope of Work (check all that apply)

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

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

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
<th>Description of asbestos-containing material (ACM)</th>
<th>Amount (SF or Lb)</th>
</tr>
</thead>
<tbody>
<tr>
<td>main room</td>
<td></td>
<td></td>
<td>X</td>
<td>pipe insulation</td>
<td>51 SF</td>
</tr>
<tr>
<td>laundry room</td>
<td></td>
<td></td>
<td></td>
<td>pipe insulation</td>
<td>9 LF</td>
</tr>
<tr>
<td>hallway</td>
<td></td>
<td></td>
<td></td>
<td>pipe insulation</td>
<td>5 LF</td>
</tr>
<tr>
<td>closet area</td>
<td></td>
<td></td>
<td></td>
<td>pipe insulation</td>
<td>3 LF</td>
</tr>
</tbody>
</table>

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

Cubic Yards of Waste
1 1/2

Name of Registered Landfill
Tullytown Resource Recovery Center

City, State
Lincoln Park, NJ

Disposal Date
06/03/2015

Completed by (Print or Type)
Gordana Luna
Title
Secretary/Treasurer

Signature
Gordana Luna
Date
05/21/2015
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification: 5 / 20 / 15
Name of Building Owner/Operator: Petroleum Marketing Group

Agencies Notified:
- EPA
- DOLWD
- DHSS
- DCA (NJAC 5:23-3)

Type of Notification:
- Initial
- Amended
- Amendment #0
- Emergency (including justification)
- Cancellation

Street Address:
2359 Research Court
City, State, Zip Code:
Woodbridge, VA 22192

Name of Contact:
Ted Baek
Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place:
3503 Route 48
City:
Parsippany, NJ 07054
County:
Morris

County Code:

Name of Monitoring Firm Hired by Building Owner:
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
Street Address:
550 East Union St.
City, State, Zip Code:
West Chester, PA 19382

Project Manager for Monitoring Firm:
Dave Turcotte
Telephone No.:
610-891-0114

License No.:
005

Start Date:
5 / 26 / 15
Scheduled Completion Date:
5 / 29 / 15
Name of OSHA Monitor:
AET

Occupancy Status During Abatement (Check only one):
- Vacant
- Gas Station
- Vacant

Facility Closed/Vacated During Entire Period of Abatement:
- No

Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement:

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

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

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

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

Amount (Square Feet):

Abatement Type:
- Removal
- Repair
- Encapsulation
- Enclosure

Name of Registered Waste Hauler:
David Gappert Recycling
NJDEP Waste Hauler ID No.:
Cubic Yards of Waste:
30
Name of Registered Landfill:
Western Marble Community Landfill
City, State:
Hatfield, PA
City, State:
Birdsboro, PA

Completed By (Print or Type):
Mark Griffin
Title:
Estimator
Signature:

Date:
5 - 20 - 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)
05/20/2015

### Name of Building Owner/Operator (2)
The Queen City Academy Charter School

### Agencies Notified
- [X] EPA
- [ ] DEP
- [X] DOL
- [X] DOH
- [ ] DCA

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

### Street Address
815 West 7th Street

### City, State, Zip Code
Plainfield NJ 07063

### Name of Contact
Charlene F. Jones

### FACILITY INFORMATION

#### Name of Facility Where Abatement is Taking Place (3)
The Queen City Academy Charter School

#### Square Feet
60,000

#### Current Use (Primary if being Public School)
molished

#### County Code (7)

#### City (9)
Plainfield

#### County Union

#### County Code (7)

#### State Use ONLY

#### Address
815 West 7th Street

#### Name of Monitoring Firm Hired by Building Owner (8)
Westchester Environmental Inc

#### ASCM No.
00127

#### Name of Abatement Contractor (9)
Savic Construction Corp

#### Telephone No.
(810) 431-7545

#### Street Address
307 N Walnut St

#### City, State, Zip Code
West Chester, PA 19380

#### Project Manager for Monitoring Firm
Philip Condeh

#### Telephone No.
973-339-9735

#### Street Address
205 Route 48 Suite 15

#### City, State, Zip Code
Totowa, NJ 07512

### Start Date (10)
05/29/2015

### Scheduled Completion Date (11)
05/31/2015

### 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: start 3pm

### Scope of Work (Check All That Apply)
- [ ] Renovation
- [X] Demolition
- [X] Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebox Procedure
- Non-Exempted (*) and N friable Procedure

### 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)

#### Amo (Spf or N)

#### Abatement Type

### Auditorium / under stage

#### TSI Fittings

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

### Name of Registered Waste hauler
Savic Construction Corp

### NJDEP Waste Hauler ID No.
32253

### Cubic Yards of Waste

### Disposal Date
06/01/2015

### City, State
Totowa NJ

### Completed by
Milos Savic

### Title
Project Manager

### Date
05/20/2015

---

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

Date of Notification (1)

Agencies Notified
EPA       Initial
DEP       Amended
DOL       Emergency (Including justification)
DOH       Cancellation
DCA

Name of Building Owner/Operator (2)
BOB SMIGELSKY

Street Address
85 SAND SPRING ROAD

City, State, Zip Code
HARDING TWP., NJ

Name of Contact
BOB SMIGELSKY

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
BOB SMIGELSKY

Street Address
85 SAND SPRING ROAD

City, State, Zip Code
HARDING TWP., MORRIS

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

ASCM No.

Name of Abatement Contractor (6)
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

Start Date (10)
06/02/15

Sched. Completion Date (11)
06/19/15

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: NORMAL HOURS

Scope of Work (check all that apply)

>500 sf or >21 ft 2  
Renovation

>1,600 sf or >260 ft 2  
Demolition

Location of asbestos-containing material (acm) to be abated in facility (19)

Yes  No  N/A  WALL & CEILING PLASTER

Description of asbestos-containing material (ACM)

Amo (Spe LF)

Location normally used solely by maintenance/custodial staff(12)

3RD FLR, HLLWY, 3 RMS, BATHRMS

Full containment w/negative pressure

Mini-inclusion

Glov bag procedure

Non Exempted 1 and Non-trivial procedure

Registered Waste Hauler

D & S RESTORATION, INC.

NJDEP Hauler ID# 13506

Cubic Yards of Waste

20 YDS

Name of Registered Landfill

TULLYTOWN, RESOURCE RECOVERY

City, State

PATERNSON, NJ 07503

Disposal Date

06/05/15

City, State

TULLYTOWN, PA

Date

05/18/2015

Completed by (Print or Type)

BOGDAN JOLDZIC

Title

PRESIDENT

Signature

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

Date of Notification (1)  
10/15/11 18 11/15

Agencies Notified  
EPA  DEP  DOL  DOH  DCA

Type Notification  
Initial  Amended  Emergency (including justification)  Cancellation

Name of Building Owner/Operator (2)  
GLENN DIETRICH  
Street Address  
1607 VOORHEES AVENUE  
City, State, Zip Code  
WALL TWP., NJ 07719  
Name of Contact  
GLENN DIETRICH  
Phone Number  

FACILITY INFORMATION

Name of facility where abatement is taking place (3)  
GLENN DIETRICH  
Street Address  
1607 VOORHEES AVENUE  
City (5)  
WALL TWP., NJ 07719  
County (6)  
MONMOUTH  
County Code (7)  
(State use only)

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.

Project Manager for Monitoring Firm  
Phone Number  

Start Date (10)  
05/21/15  
Scheduled Completion Date (11)  
05/29/15  
Occupy Status During Abatement (Check only one)  
[ ] Facility closed/vacated during entire period of abatement.  
[ ] Other-Describe:  
[ ] Abatement performed outside of normal facility hours-  
Describe:  
[ ] Normal Hours

Scope of Work (check all that apply)  
[ ] >2 sf or >3 if  
[ ] Renovation  
[ ] Demolition

Location of asbestos-containing material (acm) to be abated in facility (13)  
Yes  No  N/A  
BASEMENT  
DUCT INSULATION  
0 SQ FT

Registered Waste Hauler  
D & S RESTORATION, INC.  
NJDEP Hauler ID# 13506  
Cubic Yards of Waste  
1 yd.

Name of Registered Landfill  
TULLYTOWN RESOURCE RECOVERY

Completed by (Print or Type)  
BOGDAN JOLDZIC  
Title  
PRESIDENT  
Signature  
Date  
05/18/2015

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>05/15/18</td>
<td>ROY MANGOLD</td>
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<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Name of Contact</th>
</tr>
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<tbody>
<tr>
<td>□ EPA</td>
<td>Initial</td>
<td>ROY MANGOLD</td>
</tr>
<tr>
<td>□ DEP</td>
<td>Amended</td>
<td></td>
</tr>
<tr>
<td>□ DOL</td>
<td>Emergency (including justification)</td>
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<tr>
<td>□ DOH</td>
<td></td>
<td></td>
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<tr>
<td>□ DCA</td>
<td></td>
<td></td>
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</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of facility where abatement is taking place (3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ROY MANGOLD</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>County Code (7) (State use only)</th>
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<tbody>
<tr>
<td>1211 KENYON AVENUE</td>
<td>PLAINFIELD UNION</td>
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<table>
<thead>
<tr>
<th>Type of Facility</th>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ School (K-12)</td>
<td>D &amp; S RESTORATION, INC.</td>
</tr>
<tr>
<td>□ Chapter 8 (Other than K-12)</td>
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<tr>
<td>□ Other (Private/Commercial)</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Phone Number</th>
<th>License Number</th>
</tr>
</thead>
<tbody>
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<td>01169</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Sched. Completion Date (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>05/28/15</td>
<td>06/15/15</td>
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</table>

**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)**

- □ >300 sq ft or >3 if
- □ >1,600 sq ft or >280 if
- □ Demolition
- □ Renovation

<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 5 L FT</td>
</tr>
<tr>
<td>No</td>
<td></td>
</tr>
<tr>
<td>N/A</td>
<td></td>
</tr>
</tbody>
</table>

**Registered Waste Hauler**

<table>
<thead>
<tr>
<th>D &amp; S RESTORATION, INC.</th>
<th>NJDEP Hauler ID#</th>
<th>Cubic Yards of Waste</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>13506</td>
<td>1 yd.</td>
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</tbody>
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**name of registered landfill**

<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
<th>RECOVERY</th>
</tr>
</thead>
<tbody>
<tr>
<td>TULLY TOWN, RESOURCES</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>Disposal Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>PATERNSON, NJ</td>
<td>05/29/15</td>
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<table>
<thead>
<tr>
<th>Completed by</th>
<th>Title</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>BOGDAN JOLTDZIC</td>
<td>PRESIDENT</td>
<td></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)
10/15/2015

Name of Building Owner/Operator (2)
Marion Schraub

Street Address
15 Emerson Road

City, State, Zip Code
Glen Rock, NJ 07452

Name of Contact
Marion Schraub

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
Marion Schraub

Street Address
15 Emerson Road

City (5)
Glen Rock, NJ

County (6)
Bergen

County Code (7) (State use only)

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

AsCM No.

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

Street Address
106 Ryerson Road

City, State, Zip Code
Lincoln Park, NJ 07035

Telephone Number
(973) 996-9969

License Number
00378

Glovebag procedure

Non-friable procedure

Scope of Work (check all that apply)
Demolition
Renovation

>3 sf or >3ft

≥180 sf or ≥260 sf

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

<table>
<thead>
<tr>
<th>Basement</th>
<th>Boiler Room</th>
<th>Basement Closet</th>
<th>Basement Main Room Finished</th>
<th>Is location normally used solely by maintenance/custodial staff (12)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
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</table>

Description of asbestos-containing material (ACM)

<table>
<thead>
<tr>
<th>Basement</th>
<th>Boiler Room</th>
<th>Basement Closet</th>
<th>Basement Main Room Finished</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>VAT &amp; mastic</td>
<td>pipe insulation</td>
<td>pipe insulation</td>
<td>pipe insulation</td>
<td>60</td>
</tr>
<tr>
<td>3 ft</td>
<td>3 ft</td>
<td>3 ft</td>
<td>10</td>
<td></td>
</tr>
</tbody>
</table>

Amount (SF LF)

Registered Waste Hauler
B & G Restoration, Inc.

NJDEP Hauler ID# 19563

Cubic Yards of Waste
8

Name of Registered Landfill & Recovery Center
Tullytown Resource Recovery Center

City, State
Lincoln Park, NJ

Disposal Date
06/04/2015

Completed by (Print or Type)
Gordana Luna

Title
Secretary/Treasurer

Signature

Date
05/22/2015
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)
5/19/15

Name of Building Owner/Operator (2)
The City of Orange Township

Agencies Notified

EPA
DEP
DOL
DOH
DCA

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

Street Address
29 No. Day Street

City, State, Zip Code
Orange, NJ 08844

Name of Contact
Marty Mayes

FACILITY INFORMATION

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

Type of Facility (4)

School (K-12)
Subchapter 9 (Other)
Other (i.e. private & etc.)

Square Feet
2500

County Code (7)
Essex

Current Use (P or if being demolished)
Abandoned

Name of Abatement Contractor
Yannuzzi Environmental Services, Inc.

ASCM No.

Name of OSHA Monitor
Yannuzzi Environmental Services, Inc.

Street Address
135 Kinnelon Rd, Suite 02

City, State, Zip Code
Kinnelon, NJ 07405

Telephone No.
908-218-0880

Start Date (10)
5/26/15

Scheduled Completion Date (11)
5/30/15

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 sf or ≥3 if
• ≥160 sf or ≥280 sf
• Renovation
• Demolition
• Full Containment with Negative Pressure
• Mini-Enclosure
• Glovebag Procedure
• Non-Exempted (i.e. thermal systems, insulation, surfacing, VAT, or other miscellaneous)

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

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

Abatement Type

Removal

Endobure

Incineration

Landfill

Name of Registered Waste Hauler
Yannuzzi Group, Inc.

NJDEP Waste Hauler ID No.
17487

Cubic Yards of Waste
600

Name of Registered WM - 3 rows

Disposal Date
5/30/15

City, State
Kinnelon, NJ

Completed by
Anna Bastos

Title
Administrative Assistant

Signature

Date
5/19/15

* Do not use this form for asbestos licensure exempted activities.
Date of Notification (1) 5/19/15
Name of Building Owner/Operator (2) The City of Orange Township
Agency Notified Type Notification
☑ EPA
☑ DEP
☑ DOL
☑ DOH
☑ DCA
☐ Initial
☐ Amended
☑ Amendment #
☐ Emergency (including justification)
☐ Cancellation
Street Address 29 No. Day Street
City, State, Zip Code Orange, NJ 08844
Name of Contact Marty Mayes
FACILITY INFORMATION
Name of Facility Where Abatement is Taking Place (3)
Fire Damaged Property
Street Address 278 Snyder Street
City (5) Orange
County (6) Essex
County Code (7) (STATE USE ONLY) ______
Current Use (P or if building is demolished)
Abandoned
Name of Monitoring Firm Hired by Building Owner (8)
ASCM No.
Name of Abatement Contractor Yannuzzi Environmental Services, Inc.
Street Address 135 Kinnelon Rd 1, Suite 02
City, State, Zip Code Kinnelon, NJ 07405
Project Manager for Monitoring Firm
Telephone No. 908-218-0880
Start Date (10) 5/26/15
Scheduled Completion Date (11) 5/30/15
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)
☐ 23 sf or 23 If
☒ 160 sf or 280 If
☐ Demolition
☒ Renovation
☐ Full Containment with Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and/or Non-Combustible Material
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, surface, VAT, or other miscellaneous)
Amount (Specify Unit of Measure) 600
Location of Asbestos
Abatement Type
Removal ☒ Repair ☐ Encapsulation ☐ Endoscopy ☐
Endobronchial ☐
Endobronchial North ☐
Name of Registered Waste Hauler Yannuzzi Group, Inc.
NJDEP Waste Hauler ID No. 17467
Cubic Yards of Waste 600
Name of Registered
Disposal Date 5/30/15
City, State Kinnelon, NJ 07405
Completed by Anna Bastos
Title Administrative Assistant
Signature

* Do not use this form for asbestos licensure exempted activities.
Date of Notification (1) 5/19/15  
Name of Building Owner/Operator (2) The City of Orange Township  

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

Street Address  
29 No. Day Street  
City, State, Zip Code  
Orange, NJ 08844  

Name of Contact  
Marty Mayes  

FACILITY INFORMATION  

Name of Facility Where Abatement is Taking Place (3) Fire Damaged Property  
Street Address  
280 Snyder Street  
City (5) Orange  
County (6) Essex  
County Code (7) (STATE USE ONLY)  
Square Feet 2500  
# of Floors 1  
Bidg. Age 50+  
Current Use (P or if demolished) Abandoned  

Name of Monitoring Firm Hired by Building Owner (8)  
ASCM No.  
Name of Abatement Contractor  
Yannuzzi Environmental Services, Inc.  
Street Address  
135 Kinnelon Roa I, Suite 02  
City, State, Zip Code  
Kinnelon, NJ 07405  

Project Manager for Monitoring Firm  
Telephone No.  
Telephone No. 908-218-0880  
License No. 1228  

Start Date (10) 5/26/15  
Scheduled Completion Date (11) 5/30/15  
Name of OSHA Monitor  
Yannuzzi Environmental Services, Inc.  
Street Address  
135 Kinnelon Roa I, Suite 02  
City, State, Zip Code  
Kinnelon, NJ 07405  

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

Scope of Work (Check All That Apply)  
☐ ≥23 sf or ≥3 if  
☐ ≥160 sf or ≥260 if  
☐ Renovation  
☐ Demolition  
☐ Full Container 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  

Building Being Demolished AS ASBESTOS  

Name of Registered Waste Hauler  
Yannuzzi Group, Inc.  
NJDEP Waste Hauler ID No. 17467  
Cubic Yards of Waste 600  
Name of Registered WMI - 3 Rows Landfill  
Disposal Date 5/30/15  
City, State Kinnelon, NJ 07405  
Name of Registered WMI - 3 Rows Landfill North  
City, State Morris ille, PA  
Disposal Date 5/30/15  

Completed by  
Anna Bastos  
Title Administrative Assistant  
Signature  

Date 5/19/15  

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

Date of Notification (L) 3/11/15

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

Agency(s) Notified Type Notification
[X] EPA
[X] DEP [X] Initial Notification
[X] DOH [ ] Amended Notification
[X] DCA [ ] Cancellation

Name of Contact
Mr. Aiman Mahmoud, Bus Admin./Board Secretary

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

Street Address
156 South Triangle Road
Hillsborough, NJ 08844

County (6)
Somerset

Scheduled Start Date (10)
03/06/15

Occupancy Status During Abatement (Check only one)
[X] Abatement Performed Outside of Normal Facility Hours - Describe:

Scope of Work (Check all that apply)
[X] Renovation

Location of Asbestos-Containing Material (ACM) TO BE ABATED
Boiler Room No. 1
- Boiler Rib Packing
- Corrugated Pipe Insulation
- Pipe Joint Insulation

Name of Registered Waste Hauler
Four Strong Builders, Inc.

Cubic Yards of Waste
10 SL

GROWS. North, PA

Disposal Date
Tullytown, PA

3/11/15

Bilyana Kulakoska
Office Administrator

Rev. 05-02-07
**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 8:60-7 and 12:120-7)

**Initial Notification**

Check #: 62

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<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
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<tbody>
<tr>
<td>03/11/15</td>
<td>Hillsborough Township Board of Education</td>
</tr>
</tbody>
</table>

**Agencies Notified**

- [X] EPA
- [X] Initial Notification
- [X] DOL
- [ ] Amended Notification
- [ ] Cancellation

**Street Address**

- 379 South Branch Road
- Hillsborough, NJ 08884

**Name of Contact**

- Mr. Alam Mahmoud, Bus. Admin./Board Secretary

**FACILITY INFORMATION**

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

- Triangle Elementary School
- 166 South Triangle Road
- Hillsborough, NJ 08844

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

- McCabe Environmental Services, LLC
- 464 Valley Brook Avenue
- Clifton, NJ 07013

**Name of Abatement Contractor (9)**

- Four Strong Builders, Inc.
- 180 Sargeant Avenue
- Clifton, NJ 07013

**Scheduled Start Date (10)**

- 08/26/11

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

- [X] Abatement Performed Outside of Normal Facility Hours

**Projected Completion Date (11)**

- 07/03/15

**Square Feet # of Stories Blg. Age**

- 32,000
- 1
- 50+

**Current Use (Enter Being Demolished)**

- School

**Type of Facility (4)**

- [X] K-12
- [ ] Other (i.e., private and commercial, homes, etc.)

**Abatement Type**

- [X] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Friable Procedure

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

- Boiler Room No. 1
- Boiler Room No. 1
- Boiler Room No. 1

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

- Yes

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

- Boiler Rib Packing
- Corrugated Pipe Insulation
- Pipe Joint Insulation

**Amount of Waste**

- 10 SF
- 8 LF
- 16 LF

**Name of Registered Waste Hauler**

- Four Strong Builders, Inc.
- 180 Sargeant Avenue
- Clifton, NJ

**Disposal Date**

- 3/11/15

**Signature**

- Bilyana Kulakowska, Office Administrator

**G4667**
**State of New Jersey**

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

**Initial Notification**
Check #: 6214

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<td>Hillsborough Township Board of Education</td>
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| Agencies Notified | [ ] DEP | [ ] EPA | [ ] DOL | [ ] DOH | [ ] DCA |

| Type Notification | [ ] Initial Notification | [ ] Amended Notification | [ ] Cancellation |

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<tr>
<th>Name of Contact</th>
<th>Number</th>
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<tbody>
<tr>
<td>Mr. Aman Mahmoud, Bus. Admin./Board Secretary</td>
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**FACILITY INFORMATION**

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<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>City (4)</th>
<th>County (6)</th>
<th>County Code (7) (STATE USE ONLY)</th>
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</thead>
<tbody>
<tr>
<td>Wood fern Elementary School</td>
<td>Hillsborough, NJ</td>
<td>Somerset</td>
<td>00118</td>
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<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>License Number</th>
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<tbody>
<tr>
<td>McCabe Environmental Services, LLC</td>
<td>0807</td>
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<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone Number</th>
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</thead>
<tbody>
<tr>
<td>Ralph Coppola</td>
<td>201-438-4839</td>
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<tr>
<th>Scheduled Start Date (10)</th>
<th>Sched. Completion Date (11)</th>
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<td>06/1/15</td>
<td>06/25/15</td>
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<thead>
<tr>
<th>Occupancy Status During Abatement (Check only one)</th>
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<tbody>
<tr>
<td>[ ] Facility Closed/Vacated During Entire Period of Abatement</td>
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</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Demolition</td>
</tr>
<tr>
<td>[ ] 3 sf or 3 if</td>
</tr>
<tr>
<td>[ ] 2160 sf or 2600 if</td>
</tr>
<tr>
<td>[ ] Renovation</td>
</tr>
<tr>
<td>[ ] Full Containment with Negative Pressure</td>
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<tr>
<td>[ ] Mini-Enclosure</td>
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<tr>
<td>[ ] Glovebag Procedure</td>
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<tr>
<td>[ ] Non-Friable Procedure</td>
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<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) to Be Abated in Facility (13)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boiler Room No. 1</td>
</tr>
<tr>
<td>Boiler Room No. 2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location Normally Used Solely by Maintenance/Custodial Staff (12)</th>
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</thead>
<tbody>
<tr>
<td>Boiler Insulation</td>
</tr>
<tr>
<td>Breeching Insulation</td>
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<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>Cubic Yards of Waste</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
</tr>
</thead>
<tbody>
<tr>
<td>Four Strong Builders, Inc.</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler ID No.</th>
<th>Disposal Date</th>
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</thead>
<tbody>
<tr>
<td>12609</td>
<td>Tullytown, PA</td>
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</tbody>
</table>

| Bilyana Kulakova |
| Office Administrator |

| ASS-11 |
| JUN 95 |

**G4667**
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60-7 and 52:120-7)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
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<tr>
<td>03/11/15</td>
<td>Hillsborough Township Board of Education</td>
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<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Type of Facility (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>[X] EPA</td>
<td>[X] Initial Notification</td>
<td>Woodfern Elementary School</td>
<td>School (K-12 only)</td>
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<tr>
<td>[X] DEP</td>
<td>[X] Initial Notification</td>
<td>425 Woodfern Road</td>
<td>Other (i.e., private &amp; commercial buildings, homes, etc.)</td>
</tr>
<tr>
<td>[X] DOL</td>
<td>[X] Initial Notification</td>
<td>Hillsborough, NJ 08844</td>
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<tr>
<td>[X] DOH</td>
<td>[X] Initial Notification</td>
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<tr>
<td>[X] DCA</td>
<td>[X] Initial Notification</td>
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<table>
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<tr>
<th>FACILITY INFORMATION</th>
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<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
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<td>City (9)</td>
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<td>County (6)</td>
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<tr>
<td>County Code (7)</td>
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<tr>
<td>Square Feet (8)</td>
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<tr>
<td>Current Use (Prior to being demolished)</td>
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<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
</tr>
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<tbody>
<tr>
<td>McCabe Environmental Services, LLC 00118</td>
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<td>Ralph Coppola</td>
<td>201-438-4839</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement</th>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abatement Performed Outside of Normal Facility</td>
<td></td>
</tr>
<tr>
<td>Hours - Describe:</td>
<td>Four Strong Builders, Inc.</td>
</tr>
<tr>
<td>[X] Renovation (Check all that apply)</td>
<td>180 Sargeant Avenue</td>
</tr>
<tr>
<td>[X] Full Containment with Negative Pressure</td>
<td></td>
</tr>
<tr>
<td>[X] Demolition 23-25 ft or 24-25 ft</td>
<td></td>
</tr>
<tr>
<td>[X] Breathing Insulation 75 SF</td>
<td></td>
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</tbody>
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<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boiler Room No. 1</td>
</tr>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
</tr>
</thead>
<tbody>
<tr>
<td>Four Strong Builders, Inc. 12609</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Disposal Date</th>
</tr>
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<tbody>
<tr>
<td>G.R.O.W.S. Nc th, Inc</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Completed By (Print or Type) Title Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bilyana Kulakowska Office Administrator</td>
</tr>
</tbody>
</table>
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1) 05-20-2015

Name of Building Owner / Operator (2) Rider University

Agencies Notified Type Notification

- EPA Initial
- DEP Amended
- DOL Emergency
- DOH Cancellation

Street Address
2083 Lawrenceville Road

City, State & Zip Code
Lawrenceville, NJ 08648

Name of Contact
Mr. Steve Arkuszewski

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Alumni Gymnasium – Ground Floor

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

Square Feet
29,480

# of Floors
1

Bldg. Age
57

Current Use (Prior if being demolished)
Campus Building

Name of Monitoring Firm Hired by Building Owner (8)
Pennoni Associates, Inc.

ASCM No. 00102

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

Street Address
515 Grove Street, #1B

City, State & Zip Code
Haddon Heights, NJ 08035

Project Manager for Monitoring Firm
Mr. Tom Adams

Telephone Number
856-547-0506

Name of Environmental Laboratories, Inc.

Scheduled Start Date (10) 06-08-2015

Occupancy Status During Abatement (Check only one)
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed During 1st Shift
  Describe: 8:00am to 5:00pm
- Facility Occupied During Abatement

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

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

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

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

Amount (Specify SF or LF) 30 LF

Abatement Type
Encapsulate

Name of Registered Waste Hauler
Resource Management Group, LLC
NJDEP Waste Hauler ID No. 0035218

Cubic Yards of Waste TBD

Name of Registered Landfill
Grows Landfill

Disposal Date TBD

City, State
Trenton, NJ Morrisville, PA

Completed By (Print or Type)
Mr. Brian J. Haney
Title President
Signature

Date 05-20-2015
**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 8:60-7 and 12:120-7)

**Check #: 63**

---

**Date of Notification:**
- Day: 15
- Month: 2
- Year: 81

**Name of Building Owner/Operator:** Harrington Park Board of Education

**Street Address:** 191 Harriot Avenue

**City, State, Zip Code:** Harrington Park, NJ 07640

**Name of Contact:** Bryan Jurica, Business Administrator

**Name of Facility Where Abatement is Taking Place:** Harrington Park Elementary School

**Street Address:** 191 Harriot Avenue

**City:** Harrington Park, NJ 07640

**County:** Bergen

**Name of Monitoring Firm Hired by Building Owner:** Westchester Environmental, LLC

**Telephone Number:** 610-431-7545

**Name of Abatement Contractor:** Four Strong Builders, Inc.

**Street Address:** 180 Sargeant Avenue

**City, State, Zip Code:** Clifton, NJ 07013-1935

**License Number:** 0807

**Square Feet # of Rooms:** 50,000

**Occupancy Status During Abatement:**
- [X] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility Hours - Describe:
- [ ] Other - Describe:

**Scope of Work:**
- [X] Demolition
- [X] 200 sf of 260 sf
- [X] 300 sf of 300 sf
- [X] Renovation

**Location of Abatement (ACM):**

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM)</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boiler Room</td>
<td>Rib Roping</td>
</tr>
<tr>
<td>Compressor Room</td>
<td>Pipe Insulation</td>
</tr>
<tr>
<td>Compressor Room</td>
<td>Pipe Fitting Insulation</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler:**

Four Strong Builders, Inc.

**Disposal Date:**

- Facility ID: 12609
- Wastes: Landfill

**Completed by:**

Bilyana Kulakovska, Office Administrator

---

**G4667**

G4667
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 6:60-7 and 12:120-7)

Initial Friable Notification
Check #: 610

Date of Notification (1)
05/21/15

Name of Building Owner/Operator (2)
Harrington Park Board of Education

Name of Contact
Bryan Jursca, Business Administrator

FACILITY INFORMATION

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

Street Address
191 Harriot Avenue

City (5)
Harrington Park, NJ 07640

County (6)
Bergen

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

Street Address
307 North Walnut Street

City. State. Zip Code
Clifton, NJ 07013-1935

Name of Abatement Contract # (9)
Four Strong Builders, Inc.

Street Address
180 Sargeant Avenue

City. State. Zip Code
Clifton, NJ 07013

License Number
9807

Type of Facility (4)
School (K-12) Subc apter 102

Type of Material (10)
Asbestos Material

Square Feet of School Bldg. Age
50,000

Currently Prior
being demolished

Occupancy Status During Abatement (Check only one)
[ ]Abatement Performed Outside of Normal Facility Hours - Describe:

[ ]Demolition

[ ]Removal

[ ]Renovation

[ ]Full Containment with Negative Pressure

[ ]Mini-Enclosure

[ ]Covey Bag Procedure

[ ]Non-Friable Procedure

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

Boiler Room

Compressor Room

Compressor Room

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

Yes

No

N/A

Run

Pipe Insulation

Pipe Fitting Insulation

Name of Registered Waste Hauler
Four Strong Builders, Inc.

Hauler ID No.
12609

Cubic Yards of Waste

Name of Registered Contractor
Four Strong Builders, Inc.

City. State
Clifton, NJ

Disposal Date
G.R.O.W.S., Inc.

City. State
Tullytown, PA

Completed By (Print or Type)
Bilyana Kulakovska

Title
Office Administrator

Signature

Date
5/21/15
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:66 and 12:120)

Date of Notification (1)
05-18-15

Agencies Notified
EPA
DEP
DOL
DOH
DCA

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

Name of Building Owner/Operator (2)
Ashland School

Street Address
60 Park Place
City, State, Zip Code
Newark, NJ 07102

Name of Contact
Amy Blake

Telephone Number

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

Street Address
418-422 South Orange Avenue
City (5)
Newark
County (6)
Essex

County Code (7) (STATE USE ONLY)

Current Use (Prior if being abandoned)
Residential

Type of Facility (4)
School (K-12)
Subchapter E (Other than K-12)

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

Square Feet
18,000

# of Floors
4

License No.
00006

License Expiration Date

Name of Abatement Contractor (9)
Pinnacle Environmental Cont.

ASCM No.

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

Name of OSHA Monitor
Even-Air Inc.

Street Address
64 Broad Street
City, State, Zip Code
Matawan, NJ 07747

Street Address
200 Broad Street
City, State, Zip Code
Carlstadt, NJ 07072

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

Telephone No.
201-939-6865

Start Date (10)
06-15-15
Scheduled Completion Date (11)
07-15-15

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

Other – Describe: Areas isolated during abatement

Scope of Work (Check All That Apply)
≥3 sf or ≥1 if
≥160 sf or ≥260 sf
Renovation
Demolition

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

Amount (Special SF or Lbs)

Abatement Type
Removal
Repair
Encapsulation
Demolition

Controlled Demolition
Full Container with Negative Pressure
Glovebag Process
Non-Exempted (1) and Non-Fire 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

Roof

Membrane
4,500

Flashing
600

Flooring
1,200

Flue Packing
25

Name of Registered Waste Hauler
Freehold Cartage

NJ/DEP Waste Hauler ID No.
18693

Cubic Yards of Waste
100

Name of Registered TRRF

City, State
Freehold, NJ

Disposal Date
TBD

City, State
Tullytown PA

Completed by
Niamh Fleming

Title
Office Manager

Signature

Date
05-18-15

* Do not use this form for asbestos licensure exempted activities.
Date of Notification (1) 05-19-15

Name of Building Owner/Operator (2)
The Prudential Insurance Company of America

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

Street Address
751 Broad Street

City, State, Zip Code
Newark, NJ 07102

Name of Contact
William Barrett

Television Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Street Address
751 Broad Street

City (5)
Newark

County (6)
Essex

Square Feet
647,506

# of Floors
29

Bldg. Age
57 yrs.

Current Use (Prior to being demolished)
Commercial

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

ASCM No.

Name of Abatement Contractor (9)
Pinnacle Environmental Corp.

Start Date (10)
05-21-15

Scheduled Completion Date (11)
05-22-15

Telephone No.

License No.

Name of OSHA Monitor
Even-Air Inc.

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

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

In Facility

Yes

No

N/A

Location of Asbestos-Containing Material (ACM)
3rd Basement Mech. Rm. Pipe Insulation 13 LF

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 (Special SF or LB)

Type of Asbestos Abatement

OSHA Class I

Removal ( )

Repair ( )

Encapsulate ( )

End Stage ( )

Name of Registered Waste Hauler
ATC, Inc. / JBT (50071)

NJ DEP Waste Hauler ID No.
24310

Cubic Yards of Waste
TBD

Name of Registered Waste Disposal Site
Minerva Interlands

Disposal Date
TBD

City, State
Waynest Jrg, OH

Completed by
Kevin Moriarty

Title
Project Manager

Signature

Date
05-19-15

ASB-41 (R-06-08)

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

Date of Notification (1) May 20, 2015
Name of Building Owner/Operator (2) Norma Giannetti

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

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

Street Address
3138 Beachview Drive
City, State, Zip Code
Toms River, NJ 08753

Name of Contact
Norma Giannetti

FACILITY INFORMATION

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

Street Address
3138 Beachview Drive

City (5)
Toms River

County (6)

County Code (7) (STATE USE ONLY)

Current Use (If being demolished)

Name of Monitoring Firm HIred by Building Owner (8)
PARS Environmental, Inc.

ASCM No.

Name of Abatement Contractor (9)
Shade Environmental, LLC

Street Address
500 Horizon Drive, Suite 540
Robbinsville, NJ 08691

City, State, Zip Code

City, State, Zip Code
Maple Shade, NJ 08052

Project Manager for Monitoring Firm
Firoz Jan
Telephone No.
609-990-7277

Telephone No.
856-755-0099

Start Date (10)
June 5, 2015

Scheduled Completion Date (11)
June 9, 2015

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
- Other – Describe:

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

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

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 (Spray or SF of F).

Abatement Type

Removal
Repair
Encapsulate
Endorse

Disposal Date
6/9/2015
City, State

Name of Registered Waste Hauler
Freehold Cartage
NJ DEP Waste Hauler ID No.
02265
Cubic Yards of Waste
5

Name of Legislature Bill or Joint Resolution
Westberk, Community Landfill

Completed by
Christina Lynch
Title
Operations Manager
Signature
Date 5/20/2015

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

Date of Notification (1)  

<table>
<thead>
<tr>
<th>5</th>
<th>19</th>
<th>15</th>
</tr>
</thead>
</table>

Name of Building Owner/Operator (2)  
ERICSSON TECHNOLOGIES INC.  

Street Address  
590 SOUTH AVENUE EAST  

City, State, Zip Code  
CRANFORD, NEW JERSEY 07018  

Name of Contact  
RICHARD SMITH  

FACILITY INFORMATION  

Name of Facility Where Abatement is Taking Place (3)  
ERICSSON LABS  

Street Address  
1 ERICSSON DRIVE  

City (5)  
MIDDLESEX  

County (6)  
MIDDLESEX  

County Code (7)  
COMMERICAL OFFICE  

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

ASCM No.  
17  

Name of Abatement Contractor (9)  
PAR ENVIRONMENTAL CORPORATION  

Street Address  
313 SPOOK ROCK ROAD  

City, State, Zip Code  
SUFFERN, NEW YORK 10901  

Telephone Number  
845-369-7500  

License Number  
460  

Expected : Start Date (10)  
5 / 20 / 15  

Month Day Year  

Sched. Completion Date (11)  
9 / 30 / 15  

Month Day Year  

Occupancy Status During Abatement (Check only one)  
X Other - Describe Monday-Saturday 5pm-1am/Saturday & Sunday 7am-3:30pm  

Scops of Work (Check all that apply)  
X Renovation  

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Material (ACM)</th>
<th>Is Location normally used solely by Maint/Custodial Staff (12)</th>
<th>Description of Asbestos-containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or L)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>2ND FLOOR-NORTH EAST AREA</td>
<td>X</td>
<td>VAT &amp; MASTIC</td>
<td>0.000 SF</td>
<td>X</td>
<td>REPAIR</td>
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<tr>
<td>BASEMENT- BREAK ROOM</td>
<td>X</td>
<td>VAT &amp; MASTIC</td>
<td>25 SF</td>
<td>X</td>
<td>ENCLOSURE</td>
</tr>
<tr>
<td>2ND FLOOR NORTHEAST AREA</td>
<td>X</td>
<td>PIPE FITTINGS</td>
<td>0 LF</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>1ST FLOOR MER ROOM 3-1</td>
<td>X</td>
<td>PIPE FITTINGS</td>
<td>1 LF</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>1ST FLOOR MER</td>
<td>X</td>
<td>PIPE FITTINGS</td>
<td>4 LF</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>ADDITION TO SCOPE:</td>
<td>X</td>
<td>PIPE FITTINGS</td>
<td>0 LF</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler  
DJS TRANSPORT, LLC  

NJDEP Waste Hauler ID No.  
29981  

Cubic Yards of Waste  
60  

Name of Registered Landfill  
GROWS LANDFILL  

City, State  
KEARN, NEW JERSEY  

Disposal Date  
1/5/2015  

Completed by (Print or Type)  
BENJAMIN SANCHEZ  

Title  
DIRECTOR OF OPERATIONS  

Signature  

Date  
1/5/2015
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:69 and 7:2:130)

Date of Notification (1): 2-19-15

Agency Notifying:
- EPA
- DCP
- DOL
- DOH
- DCA

Type of Notification:
- Final
- Amended
- Amendment
- Emergency (Reducing Exposure)
- Elimination

Street Address: Central Ave
City, State, Zip Codes: Ocean City, NJ 08226

Facility Information

Name of Building Owner/Operator (City): IA

Name of Facility Where Abatement is Taking Place (3):
- Resident
- School (K-12)
- Other (e.g., shopping centers, retail stores, etc.)
- Other

Street Address: 4619 Central Ave
City: Ocean City

County (9):

Name of Monitoring Firm/Agency (10):

ABC Name: [Blank]

Name of Abatement Contractor (8):

Hunt Pest Control

Street Address: 1712 Burlington Ave
City: Burlington

Abatement Status During Abatement (Check only one):
- Abatement Performed Outside of Normal Facility Hours

Start Date (40): 5-25-15
End Date (40): 6-10-15

Occupancy Status during Abatement (Check all that apply):
- Full Containment with Negative Pressure
- Work Scheduling Procedure
- Non-Encapsulated (*) and Non-Permeable Process

Scopes of Work (Check all that apply):
- 6,000 sf or less
- 6,001 sf to 20,000 sf

Location of Asbestos-Containing Material (ACM) TO BE ABLATED:
- Inside Building (15)

Its Location Normally Used by Maintenance/Controlled Staff (12):
- Yes

Description of Asbestos-Containing Material (ACM):
- Exposed exterior material

Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, roofing, WMP, or other micrometers):
- ACM

Amount at (
S.v. or

Name of Registered Waste Handler:

Army Corp of Engineer

Name of Licensed Lead Handler:

Army Corp of Engineer

Name of Registered Landfill:

Army Corp of Engineer

Disposal Date: 5-29-15
City, State: Burlington, NJ

Names of Regulated Waste Handler:

Completed By:

Signature:

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

Date of Notification (1)
5/20/15

Name of Building Owner/Operator (2)
Tom Dgullo Private Home

Agency Notified Type Notification
EPA Initial
DEP Amended
DOL Amendment #
DOH Emergency (Including Justification)
DCA Cancellation

Street Address
37 Carlyle Dr.

City, State, Zip Code
Bayville NJ 08721

Name of Contact
Tom

Facility Information
Name of Facility Where Abatement Is Taking Place (3)
Tom Dgullo Private Home

Street Address
37 Carlyle Dr.

City, State, Zip Code
Bayville NJ 08721

County Code (7)
(State Use Only)

Current Use (Prior if demolished)
Home

Type of Facility (4)
School (K-12)
Subchapter B (Other (i.e., private etc.))
Commercials, homes, etc.
Floors
Bldg. Age
35+

Square Feet
1000+

License No.
00727

Project Manager for Monitoring Firm

Telephone No.
856-753-9800

Name of OSHA Monitor
Same

Start Date (10)
5/21/15

Scheduled Completion Date (11)
5/25/15

Scope of Work (Check All That Apply)

Renovation
Demolition

Location of Asbestos-Containing Material (ACM)

To be Abated

Exterior Siding

Is Location Normally Used Solely by Maintenance/Custodial Staff
Yes

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

Amount Specify FF or LF

Abatement Type

Encapsulate

Endorse

Endorsement Landfill

Endorsement

 Einsatz

Name of Registered Waste Hauler
United Containers

Name of Receiving Facility
G.R.O.W. LLC

Disposal Date
5/25/15

Completed by
Anthony T. Perna

Title
President

Signature

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

Date of Notification (1)
5/20/15

Name of Building Owner/Operator (2)
Beth Mautner Private Home

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

Street Address
238 BrynMawr Ave

City, State, Zip Code
Lavallette NJ 08735

Name of Contact
Torn

Phone Number

FACILITY INFORMATION

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

Street Address
238 BrynMawr Ave

City (5)
Lavallette NJ 08735

County (6)
Ocean

County Code (7)
(STATE USE ONLY)

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

ASCM No.

Name of Abatement Contractor
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)
5/21/15

Scheduled Completion Date (11)
5/25/15

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)
☐ ≥3 sf or ≥3 if
☐ ≥160 sf or ≥260 if
☐ Renovation
☐ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and/or Non-Nailable (**) 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)
(ie. thermal systems insulation, surfacing, VAT, or other miscellaneous)

In Garage
Exterior Siding

Name of Registered Waste Hauler
United Containers

NJDEP Waste Hauler ID No.
22459

Cubic Yards of Waste
1

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

City, State
Elm NJ

Disposal Date
5/25/15

City, Date
Morristown 19067

Completed by
Anthony T Perna
Title
President

Signature

Date
5/20/15

* 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>Name of Building Owner/Operator (2)</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Exxon Mobil Fuels and Lubricants</td>
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<table>
<thead>
<tr>
<th>Agency Notified</th>
<th>Type Notification</th>
<th>Street Address</th>
<th>City, State, Zip Code</th>
<th>Name of Contact</th>
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<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
<td>1 Avenue J</td>
<td>Bayonne, NJ, 07002</td>
<td>Famila Chillemi</td>
</tr>
</tbody>
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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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<tbody>
<tr>
<td>Bayonne Lubricating Mfg. Plant</td>
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<table>
<thead>
<tr>
<th>City (5)</th>
<th>County (6)</th>
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<tbody>
<tr>
<td>Bayonne</td>
<td>Hudson</td>
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<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>ASCM No.</th>
<th>Name of Abatement Contractor (1)</th>
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<tbody>
<tr>
<td>Asset Inspection Technologies</td>
<td></td>
<td>Iowa Contracting Services, Inc.</td>
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<table>
<thead>
<tr>
<th>Street Address</th>
<th>Street Address</th>
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<tbody>
<tr>
<td>123 N Tea Road</td>
<td>5787 Stadium Dr</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>South Hampton, NY, 11969</td>
<td>LaGuardia Blvd, MI, 4906</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rice &amp; Hall</td>
<td>977-366-9317</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of OSHA Monitor</th>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rice &amp; Hall</td>
<td>6-3-15</td>
<td>7-30-15</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check only one)</th>
<th>Start Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
<td>6-3-15</td>
</tr>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>≥ 3 sf or ≥ 3 ft</td>
<td>Renovation</td>
</tr>
<tr>
<td>≥ 160 sf or ≥ 280 ft</td>
<td>Demolition</td>
</tr>
</tbody>
</table>

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>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>
</tr>
</thead>
<tbody>
<tr>
<td>Pod 8</td>
<td>X</td>
<td>Asphalt Coating</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>Hazmat Environmental Group</td>
<td>1665</td>
<td>71.2</td>
<td>Landfill</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>Disposal Date</th>
<th>Completed by</th>
</tr>
</thead>
<tbody>
<tr>
<td>Buffalo, NY</td>
<td>5-18-15</td>
<td>Director of Abatement Services</td>
</tr>
</tbody>
</table>

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

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

**State of New Jersey**

**Check#2196**

**Date of Notification (1)**

05 / 20 / 15

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

Ted Lhungan

**Agencies Notified**

- [x] DOH
- [x] DHSS
- [ ] EPA
- [ ] DCA (NJAC 5:23-8)

**Type Notification**

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

**Street Address**

1019 Cumbermeade Road

**City, State, Zip Code**

Fort Lee, NJ 07024

**Name of Contact**

Ted Lhungan

**Telephone Number**

**FACILITY INFORMATION**

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

Private house

**Street Address**

1019 Cumbermeade Road

**City (5)**

Fort Lee, NJ 07024

**County (6)**

Bergen

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

Current Use (Print if being demolished)

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

ASCN No.

Gr Tech LLC

**Street Address**

576 Valley Rd #283

**City, State, Zip Code**

Wayne, NJ 07470

**Project Manager for Monitoring Firm**

**Telephone No.**

973-638-1777

**License No.**

01127

**Type of Facility (7)**

- [x] School (K-12, Subchapter 8)
- [x] Other (4) (i.e., private and commercial buildings, homes, etc.)

**Square Feet # of Floors**

**Building Age**

**Start Date (10)**

05 / 30 / 15

**Scheduled Completion Date (11)**

06 / 01 / 15

**Name of Abatement Contractor (9)**

Envirovision Consultants, Inc

**Occupancy Status During Abatement**

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

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

- [ ] >3 sf or >3 l f
- [ ] ≥ 160 sf or ≥ 260 l f
- [x] Renovation
- [ ] Demolition

**Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (15)**

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

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

- [ ] Pipe insulation
- [ ] Shark insulation
- [ ] Other

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

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

**Amount (Specify) (Sf/LF)**

**Location of Registerd Waste Hauler**

N.J. Waste Hauler ID No.

Cubic Yards of Waste

**Name of Registered Waste Hauler**

Gr Tech LLC

**City, State**

Wayne, NJ 07470

**Disposal Date**

TBD

**T.R.R.F., Inc**

**Completed By (Print or Type)**

N.Jevtic

**Title**

Owner

**Signature**

*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)
05 / 21 / 15

Name of Building Owner/Operator (2)
Ella Mae Arnold

Agencies Notified
☐ EPA
☒ DOLWD
☐ DSS
☐ DCA
(NJAC 5:23-5)

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

Street Address
2154 John F. Kennedy Blvd.

City, State, Zip Code
Jersey City, NJ 07305

Name of Contact
Ella Mae Arnold

FACILITY INFORMATION

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

Street Address
2154 John F. Kennedy Blvd.

County Code (7) (STATE USE ONLY)

County (6)
Hudson

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

Project Manager for Monitoring Firm
Telephone No.

City, State, Zip Code
Jersey City, NJ 07305

Name of Abatement Contractor (9)
Envirovision Consultants, Inc

License No.
01127

Start Date (10)
06 / 01 / 15

Scheduled Completion Date (11)
06 / 02 / 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 - Describe

Time of Abatement: AM PM PM AM

Scope of Work (Check all that apply)
☒ 2 or more stories or > 3,000 ft²
☒ 2,000 sf or > 2,600 ft²
☐ Renovation
☐ Demolition

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

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

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

Amount of (Specify SIF O) lbs)

Abatement Type
☐ Complete Removal
☐ Encapsulation
☐ Enclosure

Name of Registered Waste Hauler
Gr Tech LLC

Cubic Yards of Waste
TBD

Name of Registered Landfill
T.R.R.F. Inc

City, State
Wayne, NJ 07470

Completed By (Print or Type)
Title
Owner

Signature

Date
05/21/2015

* Do not use this form for asbestos licensure exempted activities.
**State of New Jersey**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 5:60 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>05/19/15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>RED HAWK ENVIRONMENTAL CONSULTING</td>
</tr>
<tr>
<td>Agency(ies) Notified</td>
<td>Type Notification</td>
</tr>
<tr>
<td>EPA</td>
<td>Initial</td>
</tr>
<tr>
<td>DEP</td>
<td>Amended</td>
</tr>
<tr>
<td>DOL</td>
<td>Amendment #</td>
</tr>
<tr>
<td>DOH</td>
<td>Emergency (including justification)</td>
</tr>
<tr>
<td>DCA</td>
<td>Cancellation</td>
</tr>
<tr>
<td>Street Address</td>
<td>242 BLUEBERRY LEDGE LANE</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>BRIDGEWATER CORNERS, VT 05035</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>JOHN VAN HOOK</td>
</tr>
<tr>
<td>Telephone</td>
<td></td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<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>54 ABEEL STREET</td>
<td>School (K-12)</td>
</tr>
<tr>
<td>NEW BRUNSWICK, NJ</td>
<td>Subchapter 8 (Other than industrial buildings, homes, etc.)</td>
</tr>
<tr>
<td>MIDDLESEX COUNTY</td>
<td></td>
</tr>
<tr>
<td>County Code (7)</td>
<td>Current Use (Prior to building demolished)</td>
</tr>
<tr>
<td>STATE USE ONLY</td>
<td>HOME</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>ASCM No.</td>
</tr>
<tr>
<td>AAA LEAD PROFESSIONALS</td>
<td></td>
</tr>
<tr>
<td>Street Address</td>
<td>Street Address</td>
</tr>
<tr>
<td>6 WHITE DOVE COURT</td>
<td></td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>City, State, Zip Code</td>
</tr>
<tr>
<td>LAKEWOOD, NJ 0870</td>
<td>LAKEWOOD, NJ 0870</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>Telephone No.</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>732-668-9078</td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>Scheduled Completion Date (11)</td>
</tr>
<tr>
<td>05/24/15</td>
<td>05/24/15</td>
</tr>
<tr>
<td>Occupancy Status During Abatement (Check Only One)</td>
<td>Name of OSHA Monitor</td>
</tr>
<tr>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
<td>AAA LEAD PROFESSIONALS</td>
</tr>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours</td>
<td></td>
</tr>
<tr>
<td>Other – Describe:</td>
<td></td>
</tr>
</tbody>
</table>

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

- ≥3 sf or ≥3 ft
- ≥150 sf or ≥260 ft
- Renovation
- Demolition
- Full Containment with Negative Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (
- nd Non-Value Procedure

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

<table>
<thead>
<tr>
<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>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>INTERIOR</td>
<td>PIPE INSULATION</td>
</tr>
<tr>
<td>No</td>
<td>INTERIOR</td>
<td>TRANSITE PANELS</td>
</tr>
<tr>
<td>N/A</td>
<td>INTERIOR</td>
<td>LINOLEUM FLOORING</td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
<td>NJDEP Waste Hauler ID No.</td>
<td>Cubic Yards of Waste</td>
</tr>
<tr>
<td>NEWARK CARTING</td>
<td>04509</td>
<td>10</td>
</tr>
<tr>
<td>City, State</td>
<td>Disposal Date</td>
<td>City, State</td>
</tr>
<tr>
<td>NEWARK, NJ</td>
<td>05/24/15</td>
<td>BETHLEHEM PA</td>
</tr>
<tr>
<td>Completed by</td>
<td>Title</td>
<td>Signature</td>
</tr>
<tr>
<td>JOSEPH PERLSTEIN</td>
<td>OWNER</td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td></td>
<td></td>
</tr>
<tr>
<td>05/19/15</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Do not use this form for asbestos activities exempted activities.*
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:20 and 12:120)

Date of Notification (1)
05/21/15

Name of Building Owner/Operator (2)
MATS CONSTRUCTION

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

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

Street Address
14 IRENE COURT

City, State, Zip Code
LAKEWOOD, NJ 08701

Name of Contact

Telephone number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Street Address
564 VINE STREET

City (5)
LAKEWOOD, NJ

County (6)
OCEAN COUNTY

County Code (7)

Current Use (Prior to Abatement, if building demolished)
HOME

Square Feet
2500

of Floor

Bldg. Age

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

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.

Name of Abatement Contractor (9)
AAA LEAD PROFESSIONALS

Street Address
6 WHITE DOVE COURT

City, State, Zip Code
LAKEWOOD, NJ 08711

Project Manager for Monitoring Firm

Telephone No.
732-668-9078

Lic. No.
120

Start Date (10)
05/31/15

Scheduled Completion Date (11)
05/31/15

Name of OSHA Monitor
AAA LEAD PROFESSIONALS

Street Address
6 WHITE DOVE COURT

City, State, Zip Code
LAKEWOOD, NJ 08711

Facility Closed/Vacated During Entire Period of Abatement

Abatement Performed Outside of Normal Facility Hours

Scope of Work (Check All That Apply)
☐ 23 sf or 23 if
☐ 160 sf or 2290 if
☐ Renovation
☐ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Exceptionable 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 Lb)

Abatement Type

Removal

Repair

Encapsulate

End Result

End Result

Name of Registered Waste Hauler

NEWARK CARTING

Hauler ID No.
04509

Cubic Yards of Waste
5 YARDS

Disposal Date
05/31/15

City, State
BETHEL EM P

Completed by
JOSEPH PERLSTEIN

Title
OWNER

Signature

Date
05/21/15

* Do not use this form for asbestos like, ensure 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>05 / 20 / 15</th>
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<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>HOUSING AUTHORITY OF PLAINFIELD</td>
</tr>
<tr>
<td>Agencies Notified</td>
<td>Type Notification</td>
</tr>
<tr>
<td>EPA</td>
<td>Initial</td>
</tr>
<tr>
<td>DOLWD</td>
<td>Amended</td>
</tr>
<tr>
<td>DOH</td>
<td>Amendment #</td>
</tr>
<tr>
<td>DCA</td>
<td>Emergency (including justification)</td>
</tr>
<tr>
<td>(NJAC 5:23-8)</td>
<td>Cancellation</td>
</tr>
<tr>
<td>Street Address</td>
<td>510 EAST FRONT STREET</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>PLAINFIELD, NJ 07060</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>WAN CHANG</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
</tbody>
</table>

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

ELMWOOD GARDENS APARTMENTS

City (5)

PLAINFIELD

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

532 WEST 2ND STREET |

20,000 |

6 |

Current Use (Priv if being demolished) |

VACANT

Name of Monitoring Firm Hired by Building Owner (8)

SKY ENVIRONMENTAL SERVICES

Name of Abatement Contractor (9)

PLYMOUTH ENVIRONMENTAL

Street Address |

140 BOULEVARD |

City, State, Zip Code |

MOUNTAIN LAKES, NJ 07046 |

Telephone No. |

973-769-6946 |

License No. |

003 |

Name of OSHA Monitor

PLYMOUTH ENVIRONMENTAL

Project Manager for Monitoring Firm |

Leonid Shereshevsky |

Telephone No. |

973-769-6946 |

License No. |

003 |

Start Date (10) | Scheduled Completion Date (11)

6 / 8 / 15 | 7 / 15 / 15

Scope of Work (Check all that apply)

☐ 23 sf or ≥ 3 If

☐ ≥ 160 sf or ≥ 260 sf

☐ Demolition

☐ Renovation

☐ Full Containment with Negative Pressure

☐ Mini-Enclosure

☐ Glovebag Procedure

☐ Non-Exempt (*) and No -Friable Procedure

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

BLDG. C2 |

☐ ☐ ☒ PIPE INSULATION |

BLDG. D, B2, B1 |

☐ ☐ ☒ VAT |

BLDG. D, C3, C2, C1, B2, B1, A2, A1 |

☐ ☐ ☒ ENTRANCEWAY WINDOW CAULK |

BLDG. D, C3, C2, C1, B2, B1, A2, A1 |

☐ ☐ ☒ SINKS |

Location of Normaly Used Solely by Maintenance/Custodial Staff (12) |

Yes ☐ No ☐ N/A ☒ |

BLDG. C2 |

☐ ☐ ☒ Pipe Insulation |

BLDG. D, B2, B1 |

☐ ☐ ☒ VAT |

BLDG. D, C3, C2, C1, B2, B1, A2, A1 |

☐ ☐ ☒ Entranceway Window Caulk |

BLDG. D, C3, C2, C1, B2, B1, A2, A1 |

☐ ☐ ☒ Sinks |

Name of Registered Waste Hauler

NEWARK CARTING

NJDEP Waste Hauler ID No.

04509

Cubic Yards of Waste

67

Name of Registered Laimed Waste

WASTE M. NAGEMEN

Disposal Date |

7/15/15 |

City, State |

ARGYLE, I A |

Completed By (Print or Type) |

RUSSELL KIEN |

Title |

PM |

Signature |

Date |

5/23/15 |

* Do not use this form for asbestos licensure exempted activities.
<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>5-22-15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator</td>
<td>VFW Properties</td>
</tr>
<tr>
<td>Agencies Notified</td>
<td>EPA</td>
</tr>
<tr>
<td>Type Notification</td>
<td>Initial</td>
</tr>
<tr>
<td>Street Address</td>
<td>P.O. Box 508</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Martinsville, NJ 08836</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Frank M. Morano</td>
</tr>
<tr>
<td>FACILITY INFORMATION</td>
<td></td>
</tr>
<tr>
<td>Name of Facility Where Abatement is Taking Place</td>
<td>Single Family Dwelling</td>
</tr>
<tr>
<td>Street Address</td>
<td>169 Chestnut Street</td>
</tr>
<tr>
<td>City</td>
<td>Bridgewater, NJ 08807</td>
</tr>
<tr>
<td>County</td>
<td>Somerset</td>
</tr>
<tr>
<td>County Code</td>
<td>700</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner</td>
<td>EPC Technologies</td>
</tr>
<tr>
<td>ASCM No.</td>
<td>N/A</td>
</tr>
<tr>
<td>Name of Abatement Contractor</td>
<td>EPC Technologies Inc</td>
</tr>
<tr>
<td>Street Address</td>
<td>P.O. Box 337</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>New Egypt, NJ 08533</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>Steve Schenker</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>609-758-3365</td>
</tr>
<tr>
<td>Start Date</td>
<td>6-1-15</td>
</tr>
<tr>
<td>Completion Date</td>
<td>6-8-15</td>
</tr>
<tr>
<td>Occupancy Status During Abatement</td>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
</tr>
<tr>
<td>Scope of Work</td>
<td>Renovation-Removal</td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility</td>
<td>2nd floor</td>
</tr>
<tr>
<td>Is Location Normally Used Solely by Maintenance/Custodial Staff?</td>
<td>No</td>
</tr>
<tr>
<td>Description of Asbestos-Containing Material (ACM)</td>
<td>12&quot; x 12&quot; Floor Tiles .35 SF</td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
<td>EPC Technologies</td>
</tr>
<tr>
<td>NJDEP Waste Hauler ID No.</td>
<td>17000</td>
</tr>
<tr>
<td>Disposal Date</td>
<td>6-8-15</td>
</tr>
<tr>
<td>Name of Registered Management of PA</td>
<td>Steve Schenker</td>
</tr>
<tr>
<td>Title</td>
<td>President</td>
</tr>
<tr>
<td>Signature</td>
<td>Steve Schenker</td>
</tr>
<tr>
<td>Date</td>
<td>5-22-15</td>
</tr>
</tbody>
</table>

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

Date of Notification (1)
5/21/15

Name of Building Owner/Operator (2)
200 Route 46 West Little Ferry LLC

Agencies Notified

- EPA
- DEP
- DOL
- DOH
- DCA

Type Notification

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

Street Address
PO Box 624
City, State, Zip Code
Alpine, NJ 07620

Name of Contact
Lou Tolerico

FACILITY INFORMATION

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

Street Address
115 Woodland Avenue

City (6)
Little Ferry

County (5)
Bergen

Square Feet
2800

# of Floors
2

Build Age
60

Current Use (Prior to being designated)

Type of Facility (4)

- School (K-12)
- Subchapter 81 Other than K-12
- Other (i.e. private & commercial buildings, homes, etc.)

ASCM No.

Name of Abatement Contractor (6)
ABS Environmental Services LC

Street Address
PO Box 483, 4 E Gates Drive

City, State, Zip Code
Glenwood, NJ 07416

Project Manager for Monitoring Firm

Telephone No.
973-784-2276

License No.
700

Start Date (10)
5/30/15

Scheduled Completion Date (11)
6/15/15

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:

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM)

TO BE ABATED

In Facility (13)

Description of Asbestos-Containing Material (ACM)

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

Amount (Specialty SF or Lb)

Abatement Type

Removal
Repair
Encapsulation
Enclosure

Name of Registered Waste Hauler

Freehold Cartage

NJ DEP Waste Hauler ID No.
15839

Cubic Yards of Waste

Name of Registered Hauler

Freehold Cartage:

Completed by
A. Scott Higgins

Title
President

Disposal Date
TBD

City, State
Birdsboro, PA

Signature

Date
5/21/15

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

Date of Notification (1)
5/21/15

Name of Building Owner/Operator (2)
The Port Authority of NY & NJ

Agencies Notified

- EPA
- DEP
- DOL
- DOH
- DCA

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

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Port Jersey South

Street Address
51 Port Terminal Blvd

City (5)
Bayonne

County (6)
Hudson

Type of Facility (4)
- School (K-12)
- Other (i.e. privatized Army & marine bases, special buildings, homes, etc.)
- Port Terminal

Square Feet of Floor Plan

Name of Abatement Contractor (9)
SCE Environmental Group

Street Address
1380 Mt Cobb Rd

City, State, Zip Code
Lake Ariel, PA 18436

Licence No.

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

Name of OSHA Monitor
SCE Environmental Group

Street Address
1380 Mt Cobb Rd

City, State, Zip Code
Lake Ariel, PA 18436

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

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

Material is on the ground at secured lot at facility

Renovation
Demolition

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

Amount of Asbestos Containing Material (ACM) [i.e. asbestos containing insulation, surfacing, VLT, or other miscellaneous]

Name of Registered Waste Hauler
Horwith Trucking

Cubic Yards of Waste
200

Disposal Date
City, State, Zip Code
Morristown, NJ

Completed by
Mariah Wheeler

Signature
PMA

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

Date of Notification (1): 5/20/15  
Name of Building Owner/Operator (2):  

Agencies Notified:  
- EPA  
- DOH  
- DCA

<table>
<thead>
<tr>
<th>Type Notification</th>
<th>Initial</th>
<th>Amended</th>
<th>Amendment #</th>
<th>Emergency (including justification)</th>
<th>Cancellation</th>
</tr>
</thead>
</table>

Name of Building Owner/Operator (2): James Keaton

Street Address: 17 Anglers Road

City, State, Zip Code: Tuckerton, NJ 08087

Name of Contact: James Keaton

FACILITY INFORMATION

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

Street Address: 17 Anglers Road

City (s): Tuckerton, NJ 08087

County (6): Ocean

Square Feet: 1800 SF

Type of Facility: School (K-12)

# of Floors: 1

Bldg. Age: 30 yrs

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

Name of Abatement Contractor (8): AE12, LLC

Street Address: 300 S. Lenola Road

City, State, Zip Code: Maple Shade, NJ 08052

Telephone No.: 609-481-2122

License No.: 006

Start Date (10): 5/23/15

Scheduled Completion Date (11): 5/30/15

Name of OSHA Monitor: AE12, LLC

Street Address: 300 Lenola Road

City, State, Zip Code: Maple Shade, NJ 08052

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

Scope of Work:  
- Renovation Demolition
- >2 sf or >3 if
- ≥160 sf or ≥280 if

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13):  
- Yes  
- No  
- N/A

Crawl Space: Vinyl Tile

200 sf

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13):  
- Yes  
- No  
- N/A

Name of Registered Waste Hauler: AE12, LLC

NUDEP Waste Hauler ID No.: 21376

Cubic Yards of Waste: 5

Name of Registered Lessor: TBD

Disposal Date: TBD

City, State: Maple Shade, NJ

Completed By: Wm. Minnick

Title: Program Mgr.

Signature: [Signature]

Date: 5/20/15

Abatement Type:

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

- 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)

**Name of Building Owner/Operator:** TRANFORMATION ENTERPRISES

**Address:** 401 W. CLARKS LANDING ROAD, EAGLE HOOK, NJ 08218

**Name of Contact:** BARBARA

---

**Facility Information**

**Type of Facility:** Residential

**Street Address:** 2500 ATLANTIC AVE.

**City:** LONGPORT

**County:** ATLANTIC

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

**Street Address:** N/A

**City, State, Zip Code:** N/A

**Project Manager for Monitoring Firm:** N/A

**Telephone No.:** N/A

**Start Date:** 6/1/15

**Scheduled Completion Date:** 6/18/15

**Occupancy Status During Abatement:** Yes

**Abatement Performed Outside of Normal Facility Hours:** No

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

- Demolition

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

- Siding

**Name of Registered Waste Hauler:** ICLEMCO INC

**City, State:** MINE SHIRE, N.J. 06050

**Committed by:** JOSEPH I.C. LLC

**Title:** OWNER

**Signature:** [Signature]

**Disposal Date:** 5/3/15

---

*Do not use this form for asbestos licensure exempted activities.*
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 6:60-7 and 12:120-7)

Date of Notification (1)
5/21/15

Name of Building Owner/Operator (2)
Montclair State University

Agencies Notified
[X] DOL  
Street Address
One Normal Avenue

[X] DOH
City, State, Zip Code
Upper Montclair, NJ 07043

Name of Contact
Amy Ferdinand

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Life Hall, Montclair State University

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

Square Feet
60000

Current Use (Prior to being demolished)
Educational

# of Floors
2

Bidg. Age
50

License Number
00852

Services, Inc.
Licitators, LLC

Street Address
323 Changebridge Road
Suite 100

City, State, Zip Code
Pine Brook, NJ (07058)

Jupiter Environmental Services

Telephone Number
973-575-8700

Street Address
2333 Route 22 V1

Name of Abatement Contractor (9)
J & S Environmental

City, State, Zip Code
Union, NJ 07083

Scope of Work (Check all that apply)
[X] Renovation

Location of Asbestos - Containing Material (ACM)

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

Various areas – in phases
X  VAT

Various Areas – in phases
X  TSI

Name of Registered Waste Hauler
Jupiter Environmental Services
NJDEP Waste Hauler ID No.
04782

Cubic Yards Of Waste
50

Disposal Date
4/30/15 +

Name of Registered Landfill
Minerva Landfill

City, State
Waynesburg, OH

Date
5/21/15

See next page
Note: Work to be done in phases. First phase is to start on 3/30/15 with expected completion on/about 4/17/15. Some 800 LF of TSI is to be removed via "wrap & cut" method and some 9000 SF of VAT from Dumont Center and adjacent areas (Life Hall). Amendments will be sent for other phases.

5/21/15, Amendment #1: Phase 2 has been scheduled, with a starting date of 5/26/15 and anticipated completion on/about 6/5/15. Some 700SF of VAT is scheduled for removal.
NOTIFICATION OF ASPHEROS ABATEMENT
(Pursuant to NJAC 8:69-7 and 12:120-7)

Date of Notification (1)  5/21/15

Name of Building Owner/Operator (2)  Anthony Enrico

Agencies Notified  EPA  DEP  DOL  DOH  DGA
Type of Notification  [ ] Initial Notification  [x] Amended Notification emergency  [ ] Cancellation

Street Address  1745 Ratzet Road
City, State, Zip Code  Wayne, NJ 07470
Name of Contact  Veronica

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  Residence
Street Address  1745 Ratzet Road
City (5)  Wayne  County (6)  Passaic  County Code (7)  (STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner  N/A  ASCM No. 000

Street Address  
City, State, Zip Code  

Project Manager for Monitoring Firm  
Telephone Number  

Scheduled Start Date (10)  5/30/15
Sched. Completion Date (11)  6/8/15

Occupy Status During Abatement (Check only one)  [x] Abatement Performed Outside of Normal Facility Hours –
Describe:  

Scope of Work (Check all that apply)  [ ] Renovation  [x] Demolition  [ ] ≥3 sf or ≥3 ½ ft
[ ] ≥160 sf or ≥260 sf if

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

Basement  x  TSI

Name of Registered Waste Hauler  Jupiter Environmental Services
NJDEP Waste Hauler ID No. 04782

Cubic Yards Of Waste  1

Name of Registered leaks Minerva Landfill

Disposal Date  6/12/15

City, State  Pine Brook, NJ  Wayne, OH

Completed By (Print or Type)  Pane Repic  Title  General Manager

Signature

ASB-41
JUN 95

Other

FACILITY INFORMATION

Type of Facility (4)  School (12)  Subchap. r 6 (Other i.e. private homes, etc.)

Square Feet  2000
Current Use (Prior to being a residence)  

# of Floors  2

Bldg. Age  67

Name of Abatement Contractor (9)  Jupiter Environmental Services, Inc.
Street Address  323 Changebridge Road, Suite 100
City, State, Zip Code  Pine Brook, NJ 07056

Name of GSHA Monitor  J & S Environmental
Street Address  2333 Route 22/ V
City, State, Zip Code  Union, NJ 07083

License Number  00852

Abatement Type  Full Containment
Procedure  with Negative Pressure

Amount (Specify SF or LF)  30 LF

Abatement Type  ENCLOSURE

Date  5/21/15
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1) 5/21/15

Name of Building Owner/Operator (2) Olga Stawnycky

 Agencies Notified

[ ] EPA
[X] DEP
[X] DOL
[X] DOH
[ ] DCA
[ ] Cancellation

Type of Notification

[X] Initial Notification
[ ] Amended Notification
[ ] Cancellation

Street Address

314 Montross Ave.

City, State, Zip Code

Rutherford, NJ 07070

Name of Contact

Olga Stawnycky

Telephone Number


FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Residence

314 Montross Ave.

City (5) Rutherford

County (6) Bergen

County Code (7) ASCM No. 000

Name of Monitoring Firm Hired by Building Owner N/A

Name of Abatement Contractor (9)

Jupiter Environmental Services, Inc.

Street Address

323 Changebridge Rd., Suite 100

City, State, Zip Code

Pine Brook, NJ 07056

Telephone Number

973-575-8700

License Number

00852

Type of Facility (4)

[ ] K-12 School
[ ] Subchap or E (Other)
[X] Refuse
[ ] Private homes
[ ] Commercial buildings

Square Feet

3000

# of Floors

2

Current Use (Prior to being residential)

-Apartment

-Office

-85

Removal

[ ] Initial

[ ] Non-Friable Procedure

Full Containment with Negative Pressure

Glove bag Procedure

Glove bag Procedure


Location of Asbestos - Containing Material (ACM)

TO BE ABATED

in Facility

(13)

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

Yes N/A

Name of Registered Waste Hauler

Jupiter Environmental Services

Hauler ID No. 04762

Cubic Yards of Waste

3

Name of Registered Landfill

Minerva Landfill

City, State

Pine Brook, NJ

Disposal Date

6/12/15

City, State

Waynesburg, OH

Date

5/21/15

Abatement Type

Removal

Encapsulate

Encapsulate

-250 LF

-250 LF

ASB-41

JUN 95

G4887
**Notification of Asbestos Abatement**

(Pursuant to NJAC 8:60-7 and 12:120-7)

**EMERGENCY 10-day waiver request**

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>[0 1 5 / 2 1 1 / 1 1 5 ]</th>
</tr>
</thead>
</table>

**Facility Information**

- **Name of Facility where Abatement is taking place (3):** Cape Liberty Cruise Terminal - Steam Pipe Tunnel at site of new parking garage
- **Street Address:** 14 Port Terminal Boulevard
- **City:** Bayonne
- **County:** Hudson

**Contact Information**

- **Name of Building Owner/Operator:** Cape Liberty Cruise Port
- **Address:** 14 Port Terminal Boulevard
- **City, State, Zip Code:** Bayonne, NJ 07002
- **Name of Contact:** Marina Ondarza
- **Phone Number:** [ ]

**Scope of Work**

- **Description of asbestos-containing material (ACM):** Concrete with acm waterproofing

**Location of Asbestos-Containing Material to be Abated**

- **Location Normalized Used Solely by Maintenance/Custodial Staff:** Yes
- **Location Normalized Used by Others:** No

**Hauling Information**

- **Registered Waste Hauler:** Rovic Transport
- **NJDEP Hauler #:** 20785
- **Name of Registered Landfill:** Bethlehem, PA

**Disposal Data**

- **Disposal Date:** 05/22/2016 - 06/03/2015
- **City, State:** Bethlehem, PA
- **Date:** 05/21/2016

**Completion Details**

- **Completed by:** Gondara Luna
- **Title:** Secretary/ Treasurer
- **Signature:**
State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12:120-7)

B & G proj. #: 2015-92

Date of Notification (1) 01/15/2015

Name of Building Owner/Operator (2) Cape Liberty Cruise Port

Street Address 14 Port Terminal Boulevard

City, State, Zip Code Bayonne, NJ 07002

Name of Contact Marina Ondarza

Agencies Notified Type Notification
☐ EPA Initial
☐ DEP
☐ DOL Amendment
☐ DOH Cancellation

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
Cape Liberty Cruise Terminal - Steam Pipe Tunnel at site of new parking garage

Street Address 14 Port Terminal Boulevard

City (5) Bayonne

County (6) Hudson

County Code (7) (State use only) n/a

Name of Monitoring Firm Hired by Bldg. Owner (8) EnviroVision Consultants, Inc.

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 07135

Telephone Number (973)696-6689

Type of Facility (4)
☐ School (K - 12)
☐ Subchapter 8 (Other Than K-12)
☐ Other Private/Commercial Buildings, etc.

Square Feet of Floors 140

Bldg. Age

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

Scheduled Start Date (10) 05/22/2015

Sched. Completion Date (11) 06/03/2015

Scope of Work (check all that apply)
☒ Demolition
☐ Renovation
☐ >3 sf or >3 If
☐ ≥160 sf or ≥260 If

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

Description of asbestos-containing material (ACM) Concrete with acm waterproofing

Amount (Square Feet) 140

Location normally used solely by maintenance/custodial staff (12) Yes No N/A

Registered Waste Hauler
Rovic Transport NJDEP Hauler ID# 20765
Cubic Yards of Waste 140

Disposal Date 05/22/2015 - 06/03/2015

Name of Registered Landfill Conestoga Landfill

City, State Morgantown, PA

Disposal Date

Completed by (Print or Type) Gordana Luna
Title Secretary/Treasurer
Signature

Date 05/21/2015
State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:60-7 and 12:120-7)  
EMERGENCY 10-day waiver request  

**B & G proj. #:**  
2015-92  

**Date of Notification (1) (Day)  
10/15/12  
11/15**

**Name of Building Owner/Operator (2)**  
Cape Liberty Cruise Port  

**Street Address**  
14 Port Terminal Boulevard  

**City, State, Zip Code**  
Bayonne, NJ 07002  

**Name of Contact**  
Marina Ondarza  

### FACILITY INFORMATION

**Name of facility where abatement is taking place (3)**  
Cape Liberty Cruise Terminal - Steam Pipe Tunnel at site of new parking garage  

**Street Address**  
14 Port Terminal Boulevard  

**City (5)**  
Bayonne  

**County (6)**  
Hudson  

**County Code (7)**  
(State use only)  
n/a  

**Name of Monitoring Firm Hired by Bldg. Owner (8)**  
EnviroVision Consultants, Inc.  

**ASCM No.**  
n/a  

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

**Street Address**  
105 Ryerson Road  

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

**Squ. Feet**  
-  

**# of Stories**  
-  

**Bldg. Age**  
-  

**License Number**  
00378  

**Type of Facility (4)**  
Other (Private/Commercial Buildings, homes, etc.)  

**Current Use of Structure (If being demolished)**  
Steam tunnel  

**Project Manager for Monitoring Firm**  
Frederick Larsen  

**Phone Number**  
(973)636-9145  

**Scheduled Start Date (10)**  
05/22/2015  

**Sched. Completion Date (11)**  
08/03/2015  

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

**Scope of Work (check all that apply)**  
- Demolition  
- >3 sf or >3 lf  
- ≥160 sf or ≥260 lf  

**Location of asbestos-containing material to be abated in facility (13)**  
Concrete with acm waterproofing  

**Amount (Specific LF)**  
140  

**Registered Waste Hauler**  
Rovic Transport  

**NJDEP Hauler ID#**  
20765  

**Cubic Yards of Waste**  
140  

**Name of Registered Landfill**  
IESI. PA Bethlehem Landfill Corp.  

**City, State**  
Riverdale, NJ  

**Disposal Date**  
05/22/2015 - 06/03/2015  

**Completed by (Print or Type)**  
Gordana Luna  

**Title**  
Secretary/Treasurer  

**Signature**  
Gordana Luna  

**Date**  
05/21/2015
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 05/19/2015

Name of Building Owner/Operator (2) Michael Kay

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

☐ Initial
☐ Amended
☐ Amendment #
☐ Emergency (including justification)
☐ Cancellation

Street Address
26 Blackstone Drive

City, State, Zip Code
Livingston, NJ 07039

Name of Contact
Michael Kay

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
26 Blackstone Drive

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

Street Address
26 Blackstone Drive

Square Feet

# of Floors

Bldg. Age

City (5)
Livingston, NJ 07039

County Code (6)

County Code (7) (STATE USE ONLY)

Current Use (Prior to being demolished)

Name of Monitoring Firm Hired by Building Owner (8)
Consulting Services of America, Inc.

ASCM No.

Name of Abatement Contractor (9)
GMAC Contracting Corp

Street Address
PO BOX 357
Belmar, NJ 07719

Street Address
102-22 87th ave
Richmond Hill, NY 11418

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

License No.
012

Project Manager for Monitoring Firm
Michael Chain

Telephone No.
17329219233

Telephone No.
908-344-7029

Start Date (10)

Scheduled Completion Date (11)

Name of OSHA Monitor

Occupy Status During Abatement (Check Only One)
☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☒ Other – Describe: M-F 8:00 AM - 5:00 PM

Scope of Work (Check All That Apply)
☒ 000 sf or 000 ft
☐ 000 sf or 000 ft
☐ 000 sf or 000 ft

☐ Renovation
☐ Demolition
☒ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*)
☐ Variable Procedure

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

In Facility (13)

☐ Yes
☐ No
☐ N/A

Garage
X
Duct Insulation

Location of

Description of

Amount

Abatement

Type

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

Yes
No
N/A

Name of Registered Waste Hauler
SERVICE TRANSPORT GRP.

NJ DEP Waste Hauler ID No.
20990

Cubic Yards of Waste
AS NEEDED

Name of Registered Hauler
MINERVILAND LL

Disposal Date

City, State
WAYNESBURG, PA

H. 44688

Completed by
GEORGE MONCAYO

Title
OWNER

Signature

Date
05/19/2015

* Do not use this form for asbestos exposure exempted activities.
**State of New Jersey**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 5:60 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>5/19/15</th>
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<tr>
<td>Agencies Notified</td>
<td></td>
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<tr>
<td>EPA</td>
<td>x</td>
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<td>DEP</td>
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<td>DOL</td>
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<td>DOH</td>
<td></td>
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<tr>
<td>DCA</td>
<td></td>
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<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Bed, Bath &amp; Beyond</td>
</tr>
<tr>
<td>Street Address</td>
<td>650 Liberty Avenue</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Union, NJ 07083</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>John Purcell</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
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**FACILITY INFORMATION**

<table>
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<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Former Coffee Distributing Corp.</th>
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<tr>
<td>Street Address</td>
<td>685 Liberty Avenue</td>
</tr>
<tr>
<td>City (5)</td>
<td>Union</td>
</tr>
<tr>
<td>County (6) (STATE USE ONLY)</td>
<td></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>Yannuzzi Environmental Services, Inc.</td>
</tr>
<tr>
<td>Street Address</td>
<td>135 Kinnelon Road, Suite 102</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Kinnelon, NJ 07405</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td></td>
</tr>
<tr>
<td>Telephone No.</td>
<td>908-218-0880</td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>6/1/15</td>
</tr>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>6/30/15</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>x Non-Exempted (*) and Non-Friable Procedure</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>±2 sf or ±3 sf</td>
<td></td>
</tr>
<tr>
<td>≥160 sf or ≥260 sf</td>
<td></td>
</tr>
<tr>
<td>Renovation</td>
<td></td>
</tr>
<tr>
<td>Demolition</td>
<td></td>
</tr>
<tr>
<td>Full Container int 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>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>TO BE ABATED In Facility (13)</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>(i.e. boil-tube systems)</td>
<td>Yes</td>
<td>Non-Friable Procedure</td>
<td>Landfill</td>
</tr>
<tr>
<td>(i.e. boat motors)</td>
<td>No</td>
<td>Non-Friable Procedure</td>
<td></td>
</tr>
<tr>
<td>(i.e. large volume asbestos)</td>
<td>N/A</td>
<td>Non-Friable Procedure</td>
<td></td>
</tr>
</tbody>
</table>

Please see attached survey

<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 Waste Hauler</th>
<th>Disposal Date</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yannuzzi Group, Inc.</td>
<td>17467</td>
<td>40</td>
<td></td>
<td>6/30/15</td>
<td>Kinnelon, NJ 07405</td>
</tr>
</tbody>
</table>

Completed by

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anna Bastos</td>
<td>Administrative Assistant</td>
<td>Mary Bastos</td>
</tr>
</tbody>
</table>

Date: 5/19/15

*Do not use this form for asbestos licensure exempted activities.*
Firestop, red
Flashing Concrete
Flashing Tar, Membrane
Floor Tile, light gray
Floor Tile, light green
Joint Compound, white
Joint Tape, white
Mastic for white & black vinyl floor tile
Paint, tan/off-white
Roof Membrane, Tar Board
Tar
Tar Flashing
Tar from Vent Pipe
Tar with Stone
Tar Membrane
Tar Membrane, Flashing
Tar Paper, Black
Tar Paper Flashing
Tar Paper Insulation
Tar Roof Membrane
Vinyl Floor Tile, black
Vinyl Floor Tile, dark green
Vinyl Floor Tile, off-white
Vinyl Floor Tile, off-white with speckles
Vinyl Floor Tile, orange
Vinyl Floor Tile, tan with speckles
Wallboard
Wallpaper, Tan
Window Glazing
White Board Insulation

3.4 Results Summary Table

The following is a summary of the observed condition of the homogenous materials sampled that were identified as asbestos-containing material. All quantities are approximate and are subject to field verification.

<table>
<thead>
<tr>
<th>Sample ID</th>
<th>Location</th>
<th>Material</th>
<th>Total Quantity</th>
<th>Reliability (G/F/P)</th>
<th>Cond. (G/F/P)</th>
</tr>
</thead>
<tbody>
<tr>
<td>W103230</td>
<td>2nd Floor, South Offices, Open Area</td>
<td>Mastic for 12&quot;x12&quot; Carpet Tiles, Black</td>
<td>4,800 SF</td>
<td>NF</td>
<td>Good</td>
</tr>
<tr>
<td>W103245</td>
<td>2nd Floor, Server Room, Pipe Vent</td>
<td>Tar</td>
<td>6 LF</td>
<td>NF</td>
<td>Good</td>
</tr>
</tbody>
</table>

Asbestos Inspection Report
Bed, Bath & Beyond
685 Liberty Avenue, Union, NJ

B1-7493
<table>
<thead>
<tr>
<th>Sample ID</th>
<th>Location</th>
<th>Material</th>
<th>Total Quantity</th>
<th>Friability (F/NF)</th>
<th>Condition (G/F/P)</th>
</tr>
</thead>
<tbody>
<tr>
<td>W103275</td>
<td>1st Floor, Storage Area</td>
<td>9&quot;x9&quot; Vinyl Floor Tile, Gray</td>
<td>10 SF</td>
<td>NF</td>
<td>Good</td>
</tr>
<tr>
<td>W103276</td>
<td>1st Floor Sprinkler Room</td>
<td>Mastic associated with Gray 9&quot;x9&quot; Vinyl Floor Tile, Black</td>
<td>20 SF</td>
<td>NF</td>
<td>Fair</td>
</tr>
<tr>
<td>Assumed</td>
<td>1st Floor, Martial Arts Studio, under Carpet and Matting</td>
<td>Residual Floor Mastic</td>
<td>2,400 S</td>
<td>NF</td>
<td>Good</td>
</tr>
<tr>
<td>W103300</td>
<td>1st Floor, Comcast Warehouse, East Side</td>
<td>Mastic associated with 12&quot;x12&quot; Light Gray Vinyl Floor Tile, Black</td>
<td>1,152 L</td>
<td>NF</td>
<td>Good</td>
</tr>
<tr>
<td>TB1740</td>
<td>Roof, Office, Flashing, Fourth Layer*</td>
<td>Window Glazing</td>
<td>2,560 S</td>
<td>NF</td>
<td>Good</td>
</tr>
<tr>
<td>W103341</td>
<td>Roof, Warehouse*</td>
<td>Roof Flashing (Base)</td>
<td>35,000 S</td>
<td>NF</td>
<td>Good</td>
</tr>
<tr>
<td>W103343</td>
<td>Roof, Warehouse, First Layer*</td>
<td>Tar Board (Roof Membrane)</td>
<td>2,240 S</td>
<td>NF</td>
<td>Good</td>
</tr>
<tr>
<td>W103357</td>
<td>Roof, Warehouse, HVAC Ducts</td>
<td>Roof Flashing (Base)</td>
<td>10 SF</td>
<td>NF</td>
<td>Good</td>
</tr>
<tr>
<td>W103368</td>
<td>Roof, Warehouse, Vent Pipe</td>
<td>HVAC Tar on Ducts</td>
<td>4 SF</td>
<td>NF</td>
<td>Good</td>
</tr>
<tr>
<td>Assumed</td>
<td>Throughout Perimeter of Interior and exterior of Building – Up to 4’ high on interior and 4’ below the 1st floor slab</td>
<td>Tar on Vent Pipes</td>
<td>4 SF</td>
<td>NF</td>
<td>Good</td>
</tr>
<tr>
<td>W103369</td>
<td>Assumed</td>
<td>Vapor Barrier**</td>
<td>Under Slab -3, 40 SF 1st Floor - 3, 710 SF 2nd Floor - 2,714 SF Total – 10,314 SF</td>
<td>NF</td>
<td>N/A</td>
</tr>
</tbody>
</table>

Square Feet = SF
Good = G
NF = Non-friable
*ACM is located in at least one layer of a component. For construction purposes, the entire component must be considered ACM when accessibility is provided.
**Assumed due to inaccessibility – It is recommended material is sampled at a later date if accessibility is provided.
#Samples of pipe and pipe fitting insulation have yielded positive results. Hillmann considers this to be a homogenous material. As such, all aircell and block pipe insulation are considered positive.
##Samples of same color and texture floor tile have yielded positive results. Hillmann considers this to be a homogenous material. As such, some floor tiles have been grouped together and are considered positive.

Hillmann had the layers attached directly to the substrate analyzed first in order to identify the component as ACM. If this layer is identified as ACM, then the remaining layers were no analyzed and are assumed to be ACM as part of that component.