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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>5/27/15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>ATLANTIC COUNTY HISTORICAL SOCIETY</td>
</tr>
<tr>
<td>Agency(ies) Notified</td>
<td></td>
</tr>
<tr>
<td>EPA</td>
<td>X</td>
</tr>
<tr>
<td>DEP</td>
<td></td>
</tr>
<tr>
<td>DOL</td>
<td>X</td>
</tr>
<tr>
<td>DOH</td>
<td></td>
</tr>
<tr>
<td>DCA</td>
<td></td>
</tr>
<tr>
<td>Type Notification</td>
<td></td>
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<tr>
<td>Initial</td>
<td>X</td>
</tr>
<tr>
<td>Amended</td>
<td></td>
</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>Street Address</td>
<td>907 SHORE ROAD</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>SOMERS POINT, NJ 08244</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>JIM SIMPKINS</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
</tbody>
</table>

| Name of Facility Where Abatement is Taking Place (3) |
| ATLANTIC COUNTY HISTORICAL COURT HOUSE |
| Street Address | 5901 MAIN STREET |
| City (5) | MAYS LANDING |
| County Code (7) | COUNTY CODE |
| Name of Monitoring Firm Hired by Building Owner (8) | WHITMAN COMPANY |
| AOCM No. | |
| Name of Abatement Contractor (9) | PEPPER ENVIRONMENTAL SERVICES, INC. |
| Street Address | 2251 E ALE ST |
| City, State, Zip Code | PHILADELPHIA, PA 19137 |
| Project Manager for Monitoring Firm | SCOTT BLUTH |
| Telephone No. | 732-390-5858 |
| License No. | |
| Name of OSHA Monitor | WHITMAN COMPANY |
| Street Address | 7 PLEASANT HILL ROAD |
| City, State, Zip Code | CRANBURY, NJ 08512 |

| Scope of Work (Check All That Apply) | 
| 23 sf or less | X |
| 231sf or 260 sf | |
| Renovation | |
| Demolition | |
| Full Containment with Negative Pressure | X |
| Mini-Enclosure | X |
| Glovebag Process | X |
| Non-Exempted | |
| Extrication | |
| Abatement Type | |
| Removal | |
| Repair | |
| Endoscope | |
| Enclosure | |

| Location of Asbestos-Containing Material (ACM) (13) |
| Description of Asbestos-Containing Material (ACM) |
| (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) |
| Amount (Specify SF or LB) | |

| Name of Registered Waste Hauler | SERVICE TRANSPORT GROUP |
| NJDEP Waste Hauler ID No. | |
| Cubic Yards of Waste | |
| Name of Registered Lessor (if applicable) | |
| City, State | |
| Completed by | JENNIFER NIVEN |
| Title | DIR. OF OPERATIONS |
| Signature | |
| Date | 5-27-15 |

ASB-41 (R-03-05)  
* Do not use this form for asbestos liensure exempted activities.
| DESCRIPTION OF MATERIAL                          | LOCATION OF MATERIAL                              | Amount | Code
|------------------------------------------------|---------------------------------------------------|--------|------
| PIPE INSULATION AND DEBRIS                     | EASTERN SIDE OF BASEMENT ABOVE                   | 31     | REM  |
| CEILING PLASTER AND WALL PLASTER               | DROP CEILING                                      |        |      |
| CONTAMINATED SOIL AND DEBRIS                   | TUNNEL                                            | 3123   | REM  |
| PIPE INSULATION INCLUDING ELBOWS AND JOINTS    | CRAWLSPACE UNDER JURY ROOM                        | 6000   | REM  |
| PIPE INSULATION INCLUDING ELBOWS AND JOINTS    | CRAWLSPACE UNDER GRAND JURY                       | 2000   | REM  |
| CONTAMINATED SOIL AND DEBRIS                   | ROOM                                              | -10    | REM  |
| PIPE INSULATION INCLUDING ELBOWS AND JOINTS    | SURROGATE CRAWLSPACE                              |        |      |
| CONTAMINATED SOIL AND DEBRIS                   | SURROGATE CRAWLSPACE                              | 150    | REM  |
| PIPE INSULATION INCLUDING ELBOWS AND JOINTS    | TUNNEL                                            | 1000   | REM  |
| VIBRATION CLOTH                                 | BOILER HOUSE AT BASE OF THE BREECH               | 1000   | REM  |
| WINDOW CAULK                                   | AT THE CONNECTION TO BOILER                       |        |      |
| PIPE INSULATION INCLUDING ELBOWS AND JOINTS    | WINDOWS                                           | 1200   | REM  |
| PIPE INSULATION                                | BOILER ROOM                                       | 400    | REM  |
| 12X12 TAN SPECKLED FLOOR TILE & MASTIC         | STEAM TUNNEL                                      | 200    | REM  |
| 12X12 TAN FLOOR TILE AND MASTIC                | EASTERN SIDE OF BASEMENT                          | 1800   | REM  |
| 12X12 GREY FLOOR TILE AND MASTIC               | WESTERN SIDE OF BASEMENT                          | 50     | REM  |
|                                                 | WESTERN SIDE OF BASEMENT                          | 120    | REM  |
|                                                 | CORRIDOR                                          |        |      |
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12-120)

Date of Notification (1)
5/27/15

Name of Building Owner/Operator (2)
CHICKFILA

Agencies Notified (3)
X EPA
X DEP
X DOL

Type Notification
POSTPONED

Street Address
5200 BUFFINGTON ROAD

City, State, Zip Code
ATLANTA, GA 30349

Name of Contact
Dwight Wirick

Telephone Number

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

Type of Facility (4)

City (6)
FLEMINGTON

County (6)
HUNTERDON

County Code (7)

Current Use (If Changing) (8)

HUNTERDON

Name of Monitoring Firm Hired by Building Owner (5)
EHS ENVIRONMENTAL

ASCM No.

Name of Abatement Contractor (9)
PEPPER ENVIRONMENTAL SERVICES, INC.

Street Address
9 SOUTH MAIN STREET

City, State, Zip Code
MULLICA HILL, NJ 08067

Telephone No.

License No.

Project Manager for Monitoring Firm
JACK CARNEY
856-223-0080

Name of OSHA Monitor

Start Date (10)
5/28/15

Scheduled Completion Date (11)
6/15/15

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

Other – Describe:

Scope of Work (Check All That Apply)
X ≥2 SF or ≥2 if
X ≥150 SF or ≥280 SF

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

In Facility

Is Location Normally Used Solely by Maintenance/Custodial Staff? (13)
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)

Location
BUILT UP ROOFING
2,916 SF
X

Location
ROUND ROOF EXHAUST
76 SF
X

Name of Registered Waste Hauler

SERVICE TRANSPORT GROUP

NJDEP Waste Hauler ID No.

Cubic Yards of Waste

Name of Registered Landfill
MINERVAS LANDFILL

City, State
NEW CASTLE, DE

Disposal Date

City, State

Completed by
JENNIFER NIVEN

Title
DIR. OF OPERATIONS

Signature

Date
5/27/15

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

Date of Notification (1): 5/11/15
Name of Building Owner/Operator (2): Princeton University, Facilities Procurement Office

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

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

Street Address: EA McMillan Building
City, State, Zip Code: Princeton, NJ 08544
Name of Contact: Bob Ortega

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3):
Residence
Street Address: 60 McCosh Circle
City: Princeton
County: Mercer

County Code (7) (STATE USE ONLY):

Name of Monitoring Firm Hired by Building Owner (8): Pennoni Associates, Inc.
Name of Abatement Contractor: ecoservices, LLC

Asbestos No.:

Street Address: 515 Grove Street, Suite 1B
City, State, Zip Code: Haddon Heights, NJ 08035

Project Manager for Monitoring Firm: R. Alan Lloyd
Telephone No.: 856-547-0505

License No.:

Start Date (10): 5/15/15
Scheduled Completion Date (11): 7/2/15

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):
- Renovation
- Demolition
- Full Containment with Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Throughout</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Floor Tile and Mastic</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Basement Mechanical Room</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exterior</td>
<td>X</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous):
- Drywall/Joint Compound 6,266 SF X
- Dr, Hw, BR, LR, BR2, Kn, BS 1855 X
- Flue Patch Material 25 SF X
- Storm Window Caulk 25 LF X

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

Waste Management of New Jersey
Cubic Yards of Waste: 50
Disposal Date: TBD
Name of Registered Landfill: GROVS Landfill
City, State: Trenton, NJ

Completed by: Jack Bally
Title: Sr. Project Manager
Signature: [Signature]

Endorsement
5' [Signature]

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

Date of Notification (1):
5/11/15

Name of Building Owner/Operator (2):
Princeton University, Facilities Procurement Office

Street Address:
EA McMillan Building

City, State, Zip Code:
Princeton, NJ 08544

Name of Contact:
Bob Ortega

FACILITY INFORMATION

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

Street Address:
81 McCosh Circle

City (5):
Princeton

Square Feet:
2,200

County (6):
Mercer

County Code (7) (STATE USE ONLY):

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

ASCM No.:

Name of Abatement Contractor:
ecoservices, LLC

Street Address:
515 Grove Street, Suite 1B

City, State, Zip Code:
Haddon Heights, NJ 08035

Project Manager for Monitoring Firm:
R. Alan Lloyd

Telephone No.:
856-547-0505

Start Date (10):
6/1/15

Scheduled Completion Date (11):
7/2/15

License No.:
01161

CUMULATIVE ENVIRONMENTAL HEALTH
2015 OCCUPATIONAL & HAZARDOUS

Negative Pressure

Non-Friable Procedure

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 (Square Yards or LF):

Removal
Repair
Encapsulate
Enclosure

Name of Registered Waste Hauler:
Waste Management of New Jersey

NJDEP Waste Hauler ID No.:

Cubic Yards of Waste:
30

Name of Registered Landfill:
GRO WS Landfill

City, State:
Trenton, NJ

Disposal Date:
TBD

City, State Landfill:
Morristown, NJ

Completed by:
Jack Bally

Title:
Sr. Project Manager

Signature:

Date:
5/11/15

* Do not use this form for asbestos licensure exempted activities.
<table>
<thead>
<tr>
<th>Location of Asbestos Containing Material (ACM) To Be Abated In Facility</th>
<th>Is location normally used solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Throughout</td>
<td>No</td>
<td>Homosote Panels and associated black mastic</td>
<td>1,314 SF</td>
<td>X</td>
</tr>
<tr>
<td>Kitchen</td>
<td>No</td>
<td>Mosaic Sheet Flooring</td>
<td>192 SF</td>
<td>X</td>
</tr>
<tr>
<td>Attic and within wall/ceiling cavities</td>
<td>No</td>
<td>Corrugated Pipe Insulation</td>
<td>193 LF</td>
<td>X</td>
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<tr>
<td>Attic</td>
<td>No</td>
<td>Transite Panels</td>
<td>40 SF</td>
<td>X</td>
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<tr>
<td>Attic</td>
<td>No</td>
<td>Flue Patch Material</td>
<td>1 SF</td>
<td>X</td>
</tr>
<tr>
<td>Kitchen and Bedrooms</td>
<td>No</td>
<td>Light Reflector Pads</td>
<td>5 Each</td>
<td>X</td>
</tr>
<tr>
<td>Exterior</td>
<td>No</td>
<td>Window and Door Caulk</td>
<td>290 LF</td>
<td>X</td>
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</table>
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:50 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
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<tbody>
<tr>
<td>5/22/2015</td>
<td>The Challenge Printing Company</td>
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<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
<td>2 Bridewell Place</td>
<td>Clifton NJ 07014</td>
</tr>
<tr>
<td>DOL</td>
<td>Amended</td>
<td></td>
<td></td>
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<tr>
<td>DOH</td>
<td>Emergency (including justification)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DCA</td>
<td>Cancellation</td>
<td></td>
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<table>
<thead>
<tr>
<th>County Code (7)</th>
<th>Current Use (Prior to being demolished)</th>
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<tbody>
<tr>
<td>Passaic</td>
<td>Commercial Warehouse</td>
</tr>
</tbody>
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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>n/a</td>
<td>Loznica Management Corporation</td>
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</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>n/a</td>
<td>Lincoln Park, NJ 07335</td>
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<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>n/a</td>
<td>973-706-7950</td>
<td>00-193</td>
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<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduling Completion Date (11)</th>
<th>Name of OSHA Monitor</th>
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<tbody>
<tr>
<td>6-2-2015</td>
<td>6-15-2015</td>
<td>Loznica Management Corporation</td>
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</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check All That Apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a3sf or a3fl</td>
</tr>
<tr>
<td>160sf or 2600sf</td>
</tr>
<tr>
<td>Renovation</td>
</tr>
<tr>
<td>Demolition</td>
</tr>
<tr>
<td>Full Container with Negative Pressure</td>
</tr>
<tr>
<td>Mini-Enclosure</td>
</tr>
<tr>
<td>Glovebag Procedure</td>
</tr>
<tr>
<td>Non-Exempted (R) and NFR</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? (14)</th>
<th>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or CF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>located in northwest part of warehouse</td>
<td>x</td>
<td>9x9 VAT</td>
<td>5,000 SF</td>
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</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>NJ/DEP Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
<th>Name of registered landfill</th>
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</thead>
<tbody>
<tr>
<td>Loznica Management Corporation</td>
<td>0033137</td>
<td>TBD</td>
<td>GROW $ Landfill</td>
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</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>Disposal Date</th>
<th>City, State</th>
<th>Disposal Site</th>
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<tbody>
<tr>
<td>Lincoln Park, NJ 07035</td>
<td>TBD</td>
<td>Morrisville, PA</td>
<td>067</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Completed by</th>
<th>Title</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>E. Cirovic</td>
<td>Secretary</td>
<td>E. Cirovic</td>
<td>5/20/2015</td>
</tr>
</tbody>
</table>

* Do not use this form for asbestos removal and fill.
* Ensure exempted activities.
**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**

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

**Date of Notification (1)**
5/20/2015  
Check#2757

**Name of Building Owner/Operator (2)**
St Mary Coptic Orthodox Church

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

**Street Address**
7 Duchess Street

**City, State, Zip Code**
Dayton, NJ 08810

**Name of Facility Where Abatement is Taking Place (3)**
St Mary Coptic School

**FACILITY INFORMATION**

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

**Telephone No.**
201-489-8700

**Name of Abatement Contractor (9)**
EA Services Corporation

**Street Address**
280 Huyler Street

**City, State, Zip Code**
Hackensack, NJ 07606

**Project Manager for Monitoring Firm**

**License No.**
074

**Start Date (10)**
June 2nd-2015

**Scheduled Completion Date (11)**
June 6-2015

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

**Scope of Work (Check All That Apply)**
- [x] Renovation
- [x] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [x] Non-Exempted (12) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos Containing Material (ACM)</th>
<th>Amount to Be Removed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement Kitchen Storage</td>
<td>Yes</td>
<td>9x9 floor tile</td>
<td>4.5 ft²</td>
</tr>
<tr>
<td>Basement-Room A-008 / A-108</td>
<td>Yes</td>
<td>9x9 floor tile</td>
<td>10 ft²</td>
</tr>
<tr>
<td>1st Floor Classroom A-114</td>
<td>Yes</td>
<td>9x9 Grey floor tile</td>
<td>30 ft²</td>
</tr>
<tr>
<td>1st Floor Multipurpose Room/Gym</td>
<td>Yes</td>
<td>Vertical Window caulking</td>
<td>3 ft²</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**
Freehold Carting Inc

**Cubic Yards of Waste**
tbd

**Name of Registered Landfill**
GROWS

**Disposal Date**
tbd

**City, State**
Freehold, NJ

**Completed by**
Gina Salvador

**Title**
Office Manager

**Signature**

**Date**
5-20-2015

* Do not use this form for asbestos exempted activities.*
Date of Notice Filed (1) 
May 22, 2016

Agency Notified (2) 
EPA

Type Notification (3) 
Initial

Name of Building Owner/Operator (4) 
Robert DiPazio

Street Address (5) 
24 Holyoke Drive

Name of Asbestos Abatement Contractor (6) 
Shade Environmental, LLC

City (7) 
Dielman

Telephone No. (8) 
809-258-4070

County (9) 
Burlington

Telephone No. Fax No. 
856-755-0099 856-342

Mgmt. & Environmental Consulting Services (10) 
ABC No.

Address: 823 Cutter Avenue

Manager for Monitoring Firm (11) 
Bill Welsberg

Hopedale, NJ 08815

Start Date (12) 
May 26, 2015

Telephone No. 
856-755-0099

Occupancy Status During Abatement (Check Only One) 
Squared

Telephone No. Fax No. 
856-342

City, State, Zip Code (13) 
Cheshire, NJ 08815

Schedule Completion Date (14) 
June 1, 2015

City, State, Zip Code (15) 
Cinnaminson, NJ 08077

Name of Registered Waste Hauler (16) 
NJDEP Waste Hauler ID No. 22265

Location of Asbestos-Containing Material (ACM) (17) 

Name of Registered Landfill (18) 
Waste Management

Removal 
Renovation

Description of Abatement Method: (19) 
Completion with Neutral HVAC System

Roads

Type of Facility (20) 
Legal

Other - Describe: 

Location (21) 

Abatement Methods: Full Enclosure

Abatement Type: 

Removal

Location of Asbestos-Containing Material (ACM) Normally Used Solely By Maintenance/ Custodial Staff (22) 

Sheeting, taping, etc.

General Construction

Name of Registered Landfill (18) 

Asbestos-Containing Material (ACM) (19) 

Cubic Yards of Waste (23) 
1

Name of Registered Landfill (18) 

Disposal Date (24) 
5/1/2016

City, State, Zip Code (15) 
Birdsboro, PA

Date 
5/22/2016

Compensation by 
Christina Lynch

Title 
Operations Manager

* Do not use this form for asbestos related activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:50 and 12:129)

Date of Notification (1) 5/26/15
Name of Building Owner/Operator (2) MADELINE WAIDBERG

Agency Notified Type Notification
EPA Initial
DEP Amended
DOL Amendment C
DOH Emergency (including justification)
DCA Cancellation

Street Address
72 EAST SUMMIT AVE
City, State, Zip Code
SEWABREN NJ 07077-1255

Name of Contractor MADELINE WAIDBERG
Facility Information
Type of Facility
School (K-12)
Subchapter R (Other, i.e., private homes)
Other (i.e., commercial buildings,
residential structures, etc.)

Name of Facility Where Abatement is Taking Place (3)
Street Address
72 EAST SUMMIT AVE
City, State, Zip Code
SEWABREN NJ 07077-1255

County (6)
MIDDLETOWN
County Code (7) (STATE USE ONLY) RESIDENTIAL

Name of Monitoring Firm Hired by Building Owner ASC# No.
NOVATECH INC.

Name of Abatement Contractor (8)
NOVATECH INC.
Street Address
320 BOX 84
City, State, Zip Code
OLD BRIDGE, NJ 08857

Telephone No.
732-208-7500
Line No.
00806

Start Date (9) 5/26/15
Scheduled Completion Date (11) 6/26/15
Name of OSHA Monitor NOVATECH INC.
Street Address
320 BOX 84
City, State, Zip Code
OLD BRIDGE, NJ 08857

Occupancy Status During Abatement (Check only one)
Facility Closed/ Vacant During Entire Period of Abatement
Abatement Performed Outside of Normal Facility Hours
Other - Describe:

Scope of Work (Check all that apply)
Rehab or Demolition
Rip-Out Commins with Negative Pressure
Removal with Negative Pressure

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

Location Normally Used Solely by Maintenance/Contractor Staff?
Yes No NSA

Is Location Normally Used Solely by Maintenance/Contractor Staff?

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

Name of Registered Waste Handler NOVATECH INC.
NURDIP Waste Handler ID No. 18501

Year of Disposal 2014

Completed by CARLOS ALMEIDA Title PRESIDENT

* Do not use this form for asbestos incineration exempted activities.
State of New Jersey  
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)  
ERICSSON TECHNOLOGIES INC.

Street Address  
530 SOUTH AVENUE EAST

City, State, Zip Code  
CRANFORD, NEW JERSEY  07016

Name of Contact  
RICHARD SMITH

FACILITY INFORMATION

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

Type of Facility (4)  
School (K-12)  
Subchapter E (Other than K-12)  
X Other (ie. private & com. incl. homes, off. etc.)  
COMMERCIAL OFFICE

Street Address  
1 ERICSSON DRIVE

City, State, Zip Code  
MATAWAN, NEW JERSEY 07747

Project Manager for Monitoring Firm  
THOMAS GEIGER  
732-290-2217

License Number  
6690

Name of Monitoring Firm Hired by Building Owner (6)  
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

Expected Start Date (10)  
5 / 20 / 15

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

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

Other - Describe Monday-Saturday 5pm-1am/Saturday & Sunday 7am-3:30pm

Scope of Work (Check all that apply)  
Renovation

X Demolition

>3SF OR LF

X >160 SF OR

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

2ND FLOOR - NORTH EAST AREA  
X VAT & MASTIC  
1,000 SF

BASEMENT - BREAT ROOM  
X VAT & MASTIC  
515 SF

2ND FLOOR NORTHEAST AREA  
X PIPE FITTINGS  
72 LF

1ST FLOOR MER ROOM 3-1  
X PIPE FITTINGS  
4 LF

1ST FLOOR MER 1  
X PIPE FITTINGS  
11 LF

ADDITION TO SCOPE:  
1ST FLOOR MER 1  
X PIPE FITTINGS  
11 LF

Name of Registered Waste Hauler  
D URGAN TRANSPORT , LLC

NJDEP Waste Hauler ID No.  
26981

Cubic Yards of Waste  
80

Name of Registered Landfill  
GROWS LANDFILL

City, State  
KEARNEY, NEW JERSEY

Disposal Date  
1/20-5/30/2015

Completed by (Print or Type)  
BENJAMIN SANCHEZ  
DIRECTOR OF OPERATIONS

Signature  
[Signature]

Abatement Type  
REMOVAL  
REPAIR  
ENCLOSURE

Date  
5/21/15
**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>05/22/15</td>
<td>MIZ CONSTRUCTION</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ EPA</td>
<td>□ Initial</td>
<td>212 2ND STREET, SUITE 302</td>
</tr>
<tr>
<td>□ DEP</td>
<td>□ Amended</td>
<td>LAKewood, NJ 08701</td>
</tr>
<tr>
<td>□ DOL</td>
<td>□ Amendment #</td>
<td></td>
</tr>
<tr>
<td>□ DOH</td>
<td>□ Emergency (including justification)</td>
<td></td>
</tr>
<tr>
<td>□ DCA</td>
<td>□ Cancellation</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>45 HENRY STREET AND 38 CEDAR STREET</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City (5)</th>
<th>County Code (6)</th>
</tr>
</thead>
<tbody>
<tr>
<td>LAKEWOOD, NJ</td>
<td>OCEAN COUNTY</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>ASOM No.</th>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>AAA LEAD PROFESSIONAL</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Telephone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 WHITE DOVE COURT</td>
<td>732-668-9078</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
<th>License No.</th>
</tr>
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<tbody>
<tr>
<td>06/03/15</td>
<td>06/03/15</td>
<td></td>
</tr>
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<table>
<thead>
<tr>
<th>Occupancy Status During Abatement</th>
<th>Street Address</th>
<th>City, State, Zip Code</th>
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</thead>
<tbody>
<tr>
<td>□ Facility Closed/Vacated During Entire Period of Abatement</td>
<td>6 WHITE DOVE COURT</td>
<td>LAKEWOOD, NJ 08701</td>
</tr>
<tr>
<td>□ Abatement Performed Outside of Normal Facility Hours</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Other – Describe:</td>
<td></td>
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<table>
<thead>
<tr>
<th>Scope of Work (Check All That Apply)</th>
<th>Amount of Asbestos Containing Material (ACM) (Specified in SF or LBS)</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ 200 ft or 2000 sf or 2600 sf</td>
<td>200 SF</td>
</tr>
<tr>
<td>□ 1600 sf or 2600 sf</td>
<td></td>
</tr>
<tr>
<td>□ Demolition</td>
<td></td>
</tr>
<tr>
<td>□ Renovation</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 (14) and Non-Friable Procedure</td>
<td></td>
</tr>
</tbody>
</table>

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

<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>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td></td>
</tr>
<tr>
<td>N/A</td>
<td></td>
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<table>
<thead>
<tr>
<th>EXTERIOR</th>
<th>SIDING</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>2000 SF</td>
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<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
</tr>
</thead>
<tbody>
<tr>
<td>NEWARK CARTING</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>Disposal Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>NEWARK, NJ</td>
<td>06/03/15</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed by</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>JOSEPH PERLSTEIN</td>
<td></td>
</tr>
</tbody>
</table>

**Date of Completion:** 05/22/15

---

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

**Date of Notification (1):** May 22, 2015

**Name of Building Owner/Operator (2):** Affordable Renovations

**Address:** 900 Wellington Avenue, Toms River, NJ 08755

**Name of Contact:** Nick

---

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3):** 120 W Plover Way, Lavallette, Ocean

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

**Square feet: 900 sf**

**Current Use:** (Please indicate if abatement is taking place in a Residence, Business, Commercial, etc.)

**Schedule for Abatement:**
- Scheduled Start Date: 5/26/15
- Scheduled Completion Date: 5/28/15

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

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

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

- **Exterior:** X Asbestos siding

**Amount (Specify SF or LF):** 800 ft²

**Abatement Type:**

- RE- MO VA L
- RE- PA IR
- EN- CAP SI L
- EN- CLO SURE

---

**Name of Registered Waste Hauler:** Guardian Contracting, Inc.

**NDEP Waste Hauler ID No.:** 20223

**Cubic Yards of Waste:** 3

**Date of Disposal:** 5/29/15

**City, State:** Toms River, New Jersey

**Completed by (Print or Type):** Nicholas Femicola

**Title:** Project Manager

**Date:** 5/22/2015

---

*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)
May 19, 2015

Name of Building Owner/Operator (2)
Secaucus Board of Education

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

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

Street Address
20 Centre Ave

City, State, Zip Code
Secaucus, NJ 07096

Name of Contact
Fran Blalockowski

FACILITY INFORMATION

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

Street Address
11 Mill Ridge Road

City (5)
Secaucus, New Jersey 07094

County (6)

County Code (7) (STATE USE ONLY)

Current Use (Prior to being demolished)

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

Square Feet
80,000

# of Floors
2

Bldg. Age
60

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

ASCM No.
****

Name of Abatement Contractor (9)
Academy Construction, Inc.

Street Address
77 Nottingham Road

City, State, Zip Code
Fair Lawn, New Jersey 07410

Telephone No.
(201) 475-9880

License No.
973 832 4244

Start Date (10)
June 6

Scheduled Completion Date (11)
June 14, 2015

Name of OSHA Monitor
Academy Construction, 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)
[ ] 23 sf or 23 If
[ ] 2160 sf or 2200 If
[ ] 23 sf or 23 If
[ ] Renovation
[ ] Demolition
[ ] Full Containment with Negative Pressure
[ ] Min-Enclosure
[ ] Glovebag Procedure
[ ] Non-Exempted Sample (Nons) 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 (lbs or ft²)

Abatement Type

Removal
Repair
Encapsulation
Enclosure

Name of Registered Waste Hauler
Academy Construction, Inc

NJDEP Waste Hauler ID No.
0034422

Cubic Yards of Waste
4

Name of Registered Waste Hauler
GROWS, Inc

City, State
Totowa, NJ

Disposal Date
6-15-15

City, State
Tullytown, PA

Completed by
Frank Marino

Title
Proj. Manager

Signature

Date
5-19-2015

ASB-41 (R-06-08)

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

<table>
<thead>
<tr>
<th>Date of Notification:</th>
<th>05/20/15</th>
<th>Name of Building Owner/Operator (2):</th>
<th>Franklin Twp. Public Schools</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agencies Notified:</td>
<td></td>
<td>Type Notification:</td>
<td></td>
</tr>
<tr>
<td>- EPA</td>
<td></td>
<td>□ Initial</td>
<td></td>
</tr>
<tr>
<td>- DOLWD</td>
<td></td>
<td>□ Amended</td>
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<tr>
<td>- DSSH</td>
<td></td>
<td>□ Amendment #</td>
<td></td>
</tr>
<tr>
<td>- DCA (NJAC 5:23-8)</td>
<td></td>
<td>□ Emergency (Including justification)</td>
<td></td>
</tr>
<tr>
<td>- Cancellation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Street Address:</td>
<td></td>
<td></td>
<td>1755 Amwell Road</td>
</tr>
<tr>
<td>City, State, Zip Code:</td>
<td></td>
<td></td>
<td>Somerset, NJ 08873</td>
</tr>
<tr>
<td>Name of Contact:</td>
<td></td>
<td></td>
<td>Arlene Eisteida</td>
</tr>
<tr>
<td>Telephone Number:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

FACILITY INFORMATION

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

Street Address: 415 Francis Street

City (5): Somerset, New Jersey 08873

County (6):

Name of Monitoring Firm Hired by Building Owner (8): AHERA Consultants, Inc.

Name of Abatement Contractor (9): Lilich Corporation

Street Address: PO Box 385

City, State, Zip Code: Oceanville, New Jersey 08231

Project Manager for Monitoring Firm: John Smoyer

Telephone No.: 609-652-1833

License No.: 0114

Start Date (10): 05/20/15

Scheduled Completion Date (11): 05/19/15

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

Street Address: 2333 Route 22 West

City, State, Zip Code: Union, New Jersey 07083

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: 3:30 PM - 12:00 AM

Scope of Work (Check all that apply):

□ Full Containment with Negative Pressure

□ Mini-Enclosure

□ Glovebag Procedure

□ Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Boiler Room</th>
<th>Boiler Breaching</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>960.35 SF</td>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Boiler Room</th>
<th>Pipe Insulation</th>
<th>Pipe Fittings assoc.w/ferglass</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>112.93 SF</td>
<td>95 fittings</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler: Lilich Corporation

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

City, State: Woodland Park, New Jersey 07424

Completed By (Print or Type): Momo Glaivatic

Title: Vice 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 5:16)

Data of Notification (1)
05 / 20 / 15

Name of Building Owner/Operator (2)
Franklin Twp. Public Schools

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

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

Street Address
1755 Amwell Road

City, State, Zip Code
Somerset, NJ 08873

Name of Contact
Arlene Bieleska

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
MacAfee Road school

Street Address
53 MacAfee Road

City (5)
Somerset, New Jersey 08873

County (6)

County Code (7) [STATE USE ONLY]

Name of Monitoring Firm Hired by Building Owner (8)
AMERA Consultants, Inc.

ASCM No. 0057

Name of Abatement Contractor (9)
Lillich Corporation

Street Address
PO Box 365

City, State, Zip Code
Oceanville, New Jersey 08231

Project Manager for Monitoring Firm
John Smoyer

Start Date (10)
06 / 05 / 15

Scheduled Completion Date (11)
06 / 12 / 15

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

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

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, VAP, or other miscellaneous)</th>
<th>Amount (Specify SF or L.)</th>
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</thead>
<tbody>
<tr>
<td>boiler room</td>
<td>Yes</td>
<td>2 complete boilers</td>
<td>2-11</td>
</tr>
</tbody>
</table>

Amount (Specify SF or L.)

Abatement Type

Location of Registered Waste Hauler
Lillich Corporation

NJDEP Waste Hauler ID No. 18724

Cubic Yards of Waste
n/a

Name of Registered Landfill
G.R.O.W.S 1 Landfill

City, State
Woodland Park, New Jersey 07424

Disposal Date

Completed By (Print or Type)
Momo Glavatovic

Title
Vice President

Signature

MAY 11

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

**State of New Jersey**

**Notification of Asbestos Abatement**
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

**Date of Notification**
05/21/15

**Name of Building Owner/Operator**
Ramapo Indian Hills Regional S BE

**Street Address**
131 Yawpo Ave.

**City, State, Zip Code**
Oakland, NJ 07436

**Name of Contact**
Frank Courvets BA/BS

### FACILITY INFORMATION

**Name of Facility Where Abatement is Taking Place**
Ramapo High School

**Street Address**
331 George Street

**City**
Franklin Lakes

**County**
Bergen

**County Code (for State Use Only)**
ASCM No.

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

**Name of Contractor**
Panoramic Window & Door Systems Inc.

**Street Address**
712 Sergeantsville Road

**City, State, Zip Code**
Stockton, NJ 08885

**Telephone Number**
P (732)926-0900 x102

**Name of OSHA Monitor**
IAQ GURU LLC

**Street Address**
97 Main Street

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

### Occupancy Status During Abatement

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

**Occupy Status Date**
06/03/15

**Scheduled Completion Date**
08/30/15

### Source of Work

- ≥ 3 sf or ≥ 3 If
- ≥ 160 sf or ≥ 260 If

### Description of Asbestos Containing Material (ACM)

- Transite Window Panels, Glaze & Ctlk
  13 windows

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

- Main Offices Rooms (002,004,006,008)
- Guidance Offices Rooms (041,041A,042,043,044,045,046,047)
- Cafeteria Courtyard (Hall 005)
- 100 Wing Rooms (101,103,105,107A,107 & 2 Exit Doors)
- 100 Wing Rooms (101,103,105,107,110 & 2 Exit Doors)
- 100 Wing Rooms (109,111,113,115,117)
- 400 Wing Rooms (401,405,407, Back Hall, 2 Exit Doors)

### Other

- ≤ 3 sf or ≤ 3 If

---

**PAGE 1 OF 2**
### State of New Jersey
### Notification of Asbestos Abatement
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

<table>
<thead>
<tr>
<th>Location</th>
<th>Description</th>
<th>Quantity</th>
<th>TOE Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>400 Wing Room 424</td>
<td>Transite Window Panels, Glaze &amp; Caulk</td>
<td>5 Windows</td>
<td>G&amp;C; T 1785.7 LF</td>
</tr>
<tr>
<td>400 Wing Front Hall</td>
<td>Transite Window Panels, Glaze &amp; Caulk</td>
<td>11 Windows</td>
<td>G&amp;C; T 809.5 LF</td>
</tr>
<tr>
<td>300/500 Wing Breezeway</td>
<td>Transite Window Panels, Glaze &amp; Caulk</td>
<td>20 Windows</td>
<td>G&amp;C; T 320 LF</td>
</tr>
<tr>
<td>500 Wing Rooms (551, 553,555,557,559,Exit Door)</td>
<td>Transite Window Panels, Glaze, Caulk &amp; VAT</td>
<td>11 Windows</td>
<td>G&amp;C; T 1765 LF</td>
</tr>
<tr>
<td>Cafeteria Courtyard (Hall)</td>
<td>Pipe Fitting Insulation Via Glovebag Removal</td>
<td>&lt;1 LF</td>
<td>G&amp;C; T 184 LF</td>
</tr>
<tr>
<td>Other Rooms (900,060,020,032)</td>
<td>Transite Window Panels, Glaze &amp; Caulk</td>
<td>14 Windows</td>
<td>G&amp;C; T 224 LF</td>
</tr>
<tr>
<td>Exit Double Doorways &amp; Associated Windows (kitchen,Café Courtyard,100 Wing,400 Wing,500 Wing)</td>
<td>Transite Window Panels, Glaze &amp; Caulk</td>
<td>10 Double Doors, 3 Single Doors</td>
<td>G&amp;C; T 208 LF</td>
</tr>
</tbody>
</table>

#### Name of Reg. Waste Hauler
NuDEP Waste Hauler ID #: 0063057

#### Cubic Yards of Waste

#### Date of Registered Landfill

#### City, State
Allentown, PA

#### Disposal Date
5-21-15

---

**Mark M Jovic**

**Title**
Consultant

**Signature**

---

**MAY 23 2015**
**NOTIFICATION OF ASBESTOS ABATEMENT**

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>May 22, 2015</th>
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</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>DnA Demolition</td>
</tr>
<tr>
<td>Street Address</td>
<td>2156 Camplain Road</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Hillsborough, NJ 08844</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Antonio Dimuzio</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Residence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>430 3rd Avenue</td>
</tr>
<tr>
<td>City</td>
<td>Elizabeth</td>
</tr>
<tr>
<td>County</td>
<td>Union</td>
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<tr>
<td>County Code (6)</td>
<td></td>
</tr>
<tr>
<td>County Code (7)</td>
<td>(STATE USE ONLY)</td>
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<tr>
<td>ASCM No.</td>
<td></td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td></td>
</tr>
<tr>
<td>Street Address</td>
<td></td>
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<tr>
<td>City, State, Zip Code</td>
<td></td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td></td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
<tr>
<td>Scheduled Start Date (10)</td>
<td>5/22/15</td>
</tr>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>5/25/15</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]</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>
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<tr>
<td>Full Containment at a Positive Pressure</td>
<td>[ ]</td>
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<tr>
<td>Mini-Enclosure</td>
<td>[ ]</td>
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<tr>
<td>Glovebag Procedure</td>
<td>[X]</td>
</tr>
<tr>
<td>Non-Exempted (*) and/or Friable Procedure</td>
<td></td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)</td>
<td></td>
</tr>
<tr>
<td>Is Location Normally used Solely by Maintenance/Custodial Staff (12)</td>
<td>YES</td>
</tr>
<tr>
<td>Exterior</td>
<td>X</td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
<td>Guardian Contracting, Inc.</td>
</tr>
<tr>
<td>NJDEP Waste Hauler ID No.</td>
<td>20223</td>
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<tr>
<td>Cubic Yards of Waste</td>
<td>2</td>
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<tr>
<td>Name of Registered Landfill</td>
<td>T.R.R.F.</td>
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<tr>
<td>City, State</td>
<td>Toms River, New Jersey</td>
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<tr>
<td>Disposal Date</td>
<td>5/26/15</td>
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<tr>
<td>City, State</td>
<td>Tullytown, Pennsylvania</td>
</tr>
<tr>
<td>Completed by (Print or Type)</td>
<td>Nicholas Pernicola</td>
</tr>
<tr>
<td>Title</td>
<td>Project Manager</td>
</tr>
<tr>
<td>Signature</td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td>5/22/2015</td>
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</tbody>
</table>

*Do not use this form for asbestos licensure exempted activities.*
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:86 and 12-120)

Date of Notification (1) 05/22/15
Name of Building Owner/Operator (2) SHLOMO HOROWITZ

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

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

Street Address
1301 VENTURA DRIVE
City, State, Zip Code
LAKEWOOD, NJ 08701

Name of Contact
SHLOMO HOROWITZ

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
108 VAN BUREN
City (5) LAKEWOOD, NJ

County (6) OCEAN COUNTY

County Code (7) OCEAN

Square Feet 2000

# of Floors 3

Current Use (Home, Commercial Building, etc)

Type of Facility (4)
☒ Commercial Buildings, homes, etc.
☐ Other (i.e. private & commercial buildings, homes, etc.)

License No. 120

Telephone No.
732-688-9078

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

Name of Obatement Contractor (9)
AAA LEAD PROFESSIONALS

Street Address
6 WHITE DOVE CO JRT
City, State, Zip Code
LAKEWOOD, NJ 08701

Project Manager for Monitoring Firm

Start Date (10)
06/02/15

Scheduled Completion Date (11)
06/02/15

Name of OSHA Monitor
AAA LEAD PROFESSIONALS

Street Address
6 WHITE DOVE CO JRT
City, State, Zip Code
LAKEWOOD, NJ 08701

License No.

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

Other - Describe

Scope of Work (Check All That Apply)

☐ Yes
☒ No
☐ N/A

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

Exterior

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) (include specific amounts, if any)

Amount (lbs)

Abatement Type

Removal
Repair
Encapsulate
Enclosure

Name of Registered Waste Hauler
NEWARK CARTING

NJDEP Waste Hauler ID No.
04509

Cubic Yards of Waste
10 YARDS

Name of Registered Landfill
IESI

City, State
NEWARK, NJ

Disposal Date 06/02/15

City, State

Name of Registered Landfill

Completed by
JOSEPH PERLSTEIN
Title
OWNER
Signature

Date 05/22/15

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

State of New Jersey

Date of Notification (1) 05 / 20 / 15

Name of Building Owner/Operator (2)
College of Saint Elizabeth

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

Street Address
2 Convent Road

City, State, Zip Code
Morristown, NJ 07960

Name of Contact
James Garish

Telephone Number

Name of Facility Where Abatement is Taking Place (3)
Henderson Hall

City (5)
Morristown

County (6)
Morris

County Code (?)/STATE USE ONLY

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

ASCM No.

Name of Abatement Contractor (9)
Lilich Corporation

Street Address
7 Pleasant Hill Road

City, State, Zip Code
Cranbury, NJ 08512

Project Manager for Monitoring Firm
Kevin Lovely

Telephone No.
732-390-5858

Telephone No.

License No.
0114

Start Date (10)
06 / 01 / 15

Scheduled Completion Date (11)
06 / 15 / 15

Name of OSHA Monitor
J&S Environmental Labs

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

Time of Abatement: AM - PM / PM - AM

Scope of Work (Check all that apply)
☒ Demolition
☒ Renovation

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 (Square Feet/LF)

Abatement Type

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

Location
biological/chemical lab ☑ ☐
biological/chemical lab ☑ ☐
hallway ☑ ☐
chemical lab/offices ☑ ☐

Name of Registered Waste Hauler
Lilich Corporation

Waste Hauler ID No.
18724

Cubic Yards of Waste

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

City, State
Woodland Park, NJ

Disposal Date
n/a

City, State
Morrisville PA

Completed By (Print or Type)
Momo Glavatovic

Title
vice 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)

Date of Notification (1):
5-2-15

Name of Building Owner/Operator (2):
BELLINGHAM & MORTON, INC.

Address:
16-20 BELLINGHAM AVE

City, State, Zip Code:
BLAUFELD, NJ 07003

Name of Contact:

Facility Information:

Name of Facility Where Abatement is Taking Place (3):
BELLINGHAM & MORTON Bldg.

Street Address:
16-20 BELLINGHAM AVE

City (6):
BLAUFELD

County Code (7):
ESSEX

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

ASCM No.:

Name of Abatement Contractor or (9):
A. MAC Contracting Inc

City, State, Zip Code:

Telephone No.:

Start Date (10):
5/3/15

Scheduled Completion Date (11):
5/28/15

Name of OSHA Monitor:
Omega Environmental Services Inc.

Street Address:
280 Hoosier Street

City, State, Zip Code:
Hackettstown, NJ 07840

Scope of Work (Check All That Apply):

Renovation
Demolition

Full Containment with Negative Pressure
Mini-Enclosure
Glovebag Procedure
Non-Enclosed (1) and Non-Residential

Abatement Type:

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

Is Location Normally Used Solely by Maintenance/Custodial Staff? (14):
Yes

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

Amount (Specify Material лет):
390 lbs

Completed by:
R. McDonnell

Title:
President

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

(Facility Name: Samuel Estreicher)

## FACILITY INFORMATION

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

Same as above

**Street Address**

79 Highland Ave

**City, State, Zip Code**

Short Hills, NJ, 07078

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

Samuel Estreicher

**Name of Contact**

Samuel Estreicher

**Agencies Notified**

- EPA
- DOL
- DCA

**Type Notification**

- [X] Initial Notification
- [ ] Amended Notification
- [ ] Emergency Notification
- [ ] Cancellation

**Type of Facility (4)**

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

**Square Feet**

3200

**# of Floors**

3

**Bldg. Age**

95

**Current Use**

Prior to being demolished

**License Number**

00371

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

N/A

**Name of Abatement Contractor (9)**

AZTECH MANAGEMENT, INC.

**Street Address**

86 Christopher St.

**City, State, Zip Code**

Montclair, NJ 07042

**Telephone Number**

(973) 744-8800

**Project Manager for Monitoring Firm**

N/A

**Telephone Number**

N/A

**Scheduled Start Date (10)**

6-2-15

**Scheduled Completion Date (11)**

6-3-15

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

- [X] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Other - Describe: Off Hours Descriptive

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

**Location**

Yes

**Used Solely by Maintenance/Custodial Staff**

No

**Pipe Insulation**

95 ft X

**Name of Registered Waste Hauler**

AZTECH MANAGEMENT, INC.

**Waste Hauler ID No.**

17040

**Cubic Yards of Waste**

1.5

**City, State**

Montclair, NJ 07042

**Disposal Date**

6-4-15

**Name of Registered Waste Disposal Facility**

G.R.O.W.S.

**City, State**

Morrisville, PA 19067

**Completed By (Print or Type)**

Constantine Vivian

**Title**

President

**Signature**

[f] [X]

**Date**

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

State of New Jersey

Date of Notification (1)
5-22-15

Name of Building Owner/Operator (2)
Sue & Evan Schwartzman

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

Type Notification
[X] Initial Notification
[ ] Amended Notification
[ ] Emergency Notification
[ ] Cancellation

Street Address
30 Madison Street

City, State, Zip Code
Glen Ridge, NJ, 07028

Name of Contact
Sue & Evan Schwartzman

Telephone Number

FACILITY INFORMATION

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

City (5)

County (6)

Essex

County Code (7)

(State Use Only)

Square Feet

# of Floors

2500

3

Bldg. Age

91

Current Use (Enter I if abatement is being demolished)

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

ASCM No.

Name of Abatement Contractor (9)
AZTECH MANAGEMENT, INC.

Street Address
86 Christopher St

City, State, Zip Code
Montclair, NJ 07042

Telephone Number
(973) 744-8800

License Number
00371

Project Manager for Monitoring Firm
N/A

Telephone Number

Scheduled Start Date (10)
6-3-15

Sched. Completion Date (11)
6-4-15

Month Day Year

Month Day Year

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

[ ] Abatement Performed Outside of Normal Facility Hours - Describe Offhours Description

[ ] Other - Describe Other Occupancy Description

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

[ ] Demolition

[ ] Non-Friable Procedure

[ ] Full Containment with Negative Pressure

[X] Glovebag Procedure

[ ] Mini-Enclosure

Abatement Type

ENCLOSURE

ENC

Restructure

REPAIR

REMOVAL

ENCLOSURE

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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:69-7 and 12:120-7)

Date of Notification (1) 5 / 20 / 15

Name of Building Owner/Operator (2) VERIZON

Agencies Notified

[ ] EPA  [ ] DEP  [ ] DOH  [ ] DCA  [ ] Initial Notification
[ ] DEP  [ ] DOH  [ ] DCA  [ ] Initial Notification
[ ] DOL  [ ] DOH  [ ] DCA  [ ] Initial Notification
[ ] Cancellation  [ ] On Hold  [ ] EMERGENCY  [ ] Initial Notification

Street Address 128 LAKESIDE BLVD.

City, State, Zip Code LANDING, NEW JERSEY 07850

Name of Contact DOUGLAS O'HARE

Telephone Number

FACILITY INFORMATION

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

Type of Facility

[ ] School (K-12)
[ ] Subchapter 6 (Other than K-12)
[ ] Other (i.e. private & commercial bldgs., homes, etc.)

Square Feet 57,000

# of Floors 3

Bldg. Age 60

Current Use (Prior to being demolished) COMMERCIAL OFFICE

City (5) MONTCLAIR

County (6) ESSEX

County Code (7) (STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8)
ESIS HEALTH & SAFETY

ASCM No. 17

Name of Abatement Contractor (9)
PAR ENVIRONMENTAL CORPORATION

Street Address 436 WALNUT STREET

City, State, Zip Code PHILADELPHIA, PA 19106

Project Manager for Monitoring Firm BRIAN KINGSBURY

Telephone Number 201-355-5166

Telephone Number 845-359-7500

License Number 60

Expected Start Date (10) 6 / 3 / 15

Sched. Completion Date (11) 8 / 30 / 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: MONDAY - FRIDAY 7AM-3:30 PM

Scope of Work (Check all that apply)

Demolition

>3SF or LF

>160 SF or Q

Rearrange

Glovetag Procedure

Non-Frible Procedure

Full Containment with Negative Pressure

Description of Asbestos-Containing Material (ACM)

Amount

Location of Asbestos-containing Material (ACM) normally used

Solitary by Maint/Custodial Staff (12)

Location of Asbestos-containing Material (ACM)

Is Location Normally Used

Solitary by Maint/Custodial Staff (12)

Description of Asbestos-Containing Material (ACM)

Amount

Location of Asbestos-containing Material (ACM)

Is Location Normally Used

Solitary by Maint/Custodial Staff (12)

Name of Registered Waste Hauler EXPRESS WASTE LLC

Hauler ID No. 26061

Cubic Yards of Waste 20-40

Name of Registered Waste Hauler 110 SAND CO.

Hauler ID No. 10186

Chief Disposal Date 6/3-8/30/2015

City, State MELVILLE, NY 11747

Completed by (Print or Type) BENJAMIN SANCHEZ

Title DIRECTOR OF OPERATIONS

Signature

Abatement Type

REMOVAL

ENCLOSURE

REPAIR

PREMISES
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)
Franklin Twp. Public Schools

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

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

Street Address
1755 Amwell Road

City, State, Zip Code
Somerset, NJ 08873

Name of Contact
Arlene Blesiada

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Conorly Road school

Street Address
PO Box 355

City, State, Zip Code
Oceanville, New Jersey 08231

Project Manager for Monitoring Firm
John Smoyer

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

County Code (5) (STATE USE ONLY)

Square Feet

# of Floors

Bldg. Age

Name of Monitoring Firm Hired by Building Owner (8)
ACHERA Consultants, Inc.

ASCM No.
0057

Name of Abatement Contractor (9)
Lillich Corporation

Street Address
606 McBride Avenue

City, State, Zip Code
Woodland Park, New Jersey 07424

License No.
01164

Name of OSHA Monitor
J&S Environmental Laboratories Inc.

Start Date (10)
05 / 26 / 15

Scheduled Completion Date (11)
06 / 04 / 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:

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

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

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

Name of Registered Waste Hauler
Lillich Corporation

NJDEP Waste Hauler ID No.
18724

Cubic Yards of Waste
n/a

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

City, State
Woodland Park, New Jersey 07424

Disposal Date

City, State
Morrisville, Pennsylvania

Completed By (Print or Type)
Momo Glavatovic

Title
Vice 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 5:16)

Date of Notification (1)
05 / 20 / 15

Name of Building Owner/Operator (2)
Franklin Twp. Public Schools

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

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

Street Address
1755 Amwell Road

City, State, Zip Code
Somerset, NJ 08873

Name of Contact
Arlene Biesiada

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Sampson G Smith school

Street Address
1649 Amwell Road

City (5)
Somerset, New Jersey 08873

County (6)

County Code (7)(STATE USE ONLY)

Current Use (Prior to being demolished)
school

Name of Monitoring Firm Hired by Building Owner (8)
AHERA Consultants, Inc.

ASCM No.
0057

Name of Abatement Contractor (9)
Lilich Corporation

Street Address
PO Box 385

City, State, Zip Code
Oceanville, New Jersey 08231

Project Manager for Monitoring Firm
John Smoyer

Telephone No.
609-652-1833

Telephone No.
973-225-8400

License No.
01100

Start Date (10)
05 / 28 / 15

Scheduled Completion Date (11)
06 / 11 / 15

Name of OSHA Monitor
J&S Environmental Laboratories Inc.

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

Scope of Work (Check all that apply)
☐ ≥ 3 ft or ≥ 3,000 sq ft
☐ ≥ 150 sq ft or ≥ 260 sf
☐ Renovation
☐ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Perishable Procedure

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 (Special Set) (SF or L)

Abatement Type

Boiler rooms

☐ Complete boilers(gaskets, ribs, rope) 2-17

☐ ☐ ☐

Name of Registered Waste Hauler
Lilich Corporation

NJDEP Waste Hauler ID No.
19734

Cubic Yards of Waste
n/a

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

City, State
Woodland Park, New Jersey 07424

Disposal Date

City, State
Morristown, New Jersey

Completed By (Print or Type)
Momo Giavatovic

Title
Vice President

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 5:15)

Date of Notification (1) 05 / 20 / 15

Name of Building Owner/Operator (2)
Franklin Twp. Public Schools

Agencies Notified
☐ EPA
☐ DOLWD
☐ DHSS
☐ DCA (NJAC 5:23-6)

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

Street Address
1756 Amwell Road
City, State, Zip Code
Somerset, NJ 08873

Name of Contact
Arlene Bieslada
Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Pine Grove Elementary

Street Address
130 Highland Ave
City (5)
Somerset, New Jersey 08873

County (6)
County Code (1) STATE USE ONLY

Name of Monitoring Firm Hired by Building Owner (8)
AHERA Consultants, Inc.

ASCN No.
0057

Name of Abatement Contractor (9)
Lillich Corporation

Street Address
606 McBride Avenue
City, State, Zip Code
Woodland Park, New Jersey 07424

Project Manager for Monitoring Firm
John Smoyer
Telephone No.
609-662-1833

Telephone No.
973-225-8400
License No.
014

Start Date (10)
05 / 26 / 15

Scheduled Completion Date (11)
06 / 04 / 15

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

Time of Abatement: AM-PM/3:30PM-12:00 AM

Scope of Work (Check all that apply)
☐ ≥3 sf or ≥3 if
☐ ≥160 sf or ≥280 if
☒ Renovation
☒ Demolition
☒ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

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

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

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

Amount (Specify SF or LF)

Abatement Type
Removal Repair Encapsulation

Name of Registered Waste Hauler
Lillich Corporation

NJDEP Waste Hauler ID No.
18724

Cubic Yards of Waste
n/a

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

City, State
Woodland Park, New Jersey 07424

Disposal Date

Completed By (Print or Type)
Momo Glavotic
Title
Vice President
Signature

Date
5/20/15

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

**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to N.J.A.C. 8:60 and 12:120)

**Date of Notification (1)**  
5/18/2015

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

**Type Notification**  
- [ ] Initial
- [ ] Amended
- [ ] Emergency
- [ ] Cancellation

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

**Street Address**  
421 Middle Road

**City, State & Zip Code**  
Hazlet, NJ 07730

**Name of Contact**  
Charles Hildner

**Facility Information**

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

**Street Address**  
419 Middle Road

**City (5)**  
Hazlet, NJ  
**County (6)**  
Monmouth  
**County Code (7)**

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

**Street Address**  
120 N. Warren St

**City, State & Zip Code**  
Trenton, NJ 08608

**Project Manager for Monitoring Firm**  
Rollie Jones

**Telephone Number**  
609-392-4200

**Scheduled Start Date (10)**  
5/19/2015

**Scheduled Completion Date (11)**  
5/22/2015

**Occupancy Status During Abatement (Check only one)**
- [ ] Facility Closed/Vacated During Entire Period of Abatement
- [x] Abatement Performed Outside of Normal Hours - 7am to 3pm
  **Describe:** 4:00 PM to 12:30AM
- [ ] Facility Occupied During Abatement

**Scope of Work (Check all that apply)**
- [x] ≥3 sf or ≥3 If
- [ ] ≥160 sf ≥260 If
- [ ] Renovation
- [ ] Demolition

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

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>C Wing</td>
<td></td>
</tr>
<tr>
<td></td>
<td>C and D Wing</td>
<td></td>
</tr>
<tr>
<td></td>
<td>TO BE ABATED in Facility (13)</td>
<td></td>
</tr>
<tr>
<td>Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Description of Asbestos-Containing Material (ACM)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(i.e., thermal insulation, surfacing, VAT or other miscellaneous)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pipe Insulation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fittings (Cut and wrap from fiberglass line)</td>
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<td></td>
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</table>

**Name of Registered Waste Hauler**  
Service Transport Group Inc

**City, State**  
New Castle, DE

**Cubic Yards of Waste**  
5

**Name of Registered Waste Disposal Site (specify)**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Minerva Landfill</td>
</tr>
</tbody>
</table>

**Disposal Date**  
5/22/2015

**City, State**  
Waynesburg, OH

**Completed By (Print or Type)**  
Gino Pizzigoni

**Title**  
Project Manager

**Signature**  
Gino Pizzigoni

**Date**  
5/18/15
State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1) 5/18/2015
Name of Building Owner / Operator (2) Hazlet Township Board of Education

Agencies Notified
- EPA
- DEP
- DOL
- DOH
- DCA
Type Notification
- Initial
- Amended
- Emergency
- Cancellation

Street Address 421 Middle Road
City, State & Zip Code Hazlet, NJ 07730
Name of Contact Charles Hildner
Phone Number 732-280-6006

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

Street Address 419 Middle Road
City (5) Hazlet, NJ
County (6) Monmouth
County Code (7)

Name of Monitoring Firm Hired by Building Owner (8)
Environmental Connection
Street Address 120 N. Warren St
City, State & Zip Code Trenton, NJ 08608
Project Manager for Monitoring Firm Rollie Jones
Telephone Number 609-392-4200

Scheduled Start Date (10) 5/19/2015
Scheduled Completion Date (11) 5/22/2015

Occupancy Status During Abatement
- [] Facility Closed/Vacated During Entire Period of Abatement
- [] Abatement Performed Outside of Normal Hours – 7am to 3pm
- [] Facility Occupied During Abatement

4:00 PM to 12:30AM

Scope of Work
- [x] 23 sf or 23 if
- [x] ≥160 sf ≥260 if
- [x] Renovation
- [x] Demolition

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

- C Wing
- C and D Wing

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

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

Description of Asbestos-Containing Material (ACM)

Account (Specify if Specify)

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

Name of Registered Waste Hauler
Service Transport Group Inc

NJDEP Waste Hauler ID No. 20990

Disposal Date 5/22/2015
City, State Hazlet, NJ

Name of Registered Landfill Minerva Landfill

Cubic Yards of Waste 5

Completed By (Print or Type)
Gino Pizzigoni

Title Project Manager

Signature Gino Pizzigoni

Date 5/18/15
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:66 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>05/21/2015</th>
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<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>JUSTIN HARLEY</td>
</tr>
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<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
</tr>
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<tbody>
<tr>
<td>EPA</td>
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<td>DEP</td>
<td>Amended #</td>
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<tr>
<td>DOL</td>
<td>Emergency (including justification)</td>
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<tr>
<td>DOH</td>
<td>Cancellation</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Street Address</th>
<th>22 WYNDALE AVE.</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State, Zip Code</td>
<td>MAPLE SHADE NJ 08052</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Contact</th>
<th>JUSTIN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>RESIDENTIAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>22 WYNDALE AVE.</td>
</tr>
<tr>
<td>City (5)</td>
<td>MAPLE SHADE</td>
</tr>
<tr>
<td>County (6)</td>
<td>CAMDEN</td>
</tr>
<tr>
<td>County Code (7)</td>
<td>(STATE USE ONLY)</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Type of Facility (4)</th>
<th>School (K-12)</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Subchapter F (Other than K-12)</td>
</tr>
<tr>
<td></td>
<td>Other (i.e. private &amp; commercial buildings, homes, etc.)</td>
</tr>
</tbody>
</table>

| Square Feet | 1152 |
| # of Floors | 1 |
| Bldg. Age | 61 |

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>ASCM No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>CONNELL-GREENE</td>
<td></td>
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<table>
<thead>
<tr>
<th>Name of Abatement Contractor (9)</th>
<th>ASSURED ENVIRONMENTAL SERVICES INC.</th>
</tr>
</thead>
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<table>
<thead>
<tr>
<th>Street Address</th>
<th>904 KINGS ARM DRIVE</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State, Zip Code</td>
<td>DOWNINGTOWN, PA 19335</td>
</tr>
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<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>RICK PELISSER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone No.</td>
<td>484-432-9383</td>
</tr>
</tbody>
</table>

| Telephone No. | 610-304-4676 |
| License No. | |
| License Expiration Date | 05/31/15 |

| Start Date (10) | 05/26/2015 |
| Scheduled Completion Date (11) | 05/27/2015 |

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check Only One)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
</tr>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours</td>
</tr>
<tr>
<td>Other - Describe: RESIDENTIAL-CRAWL SPACE</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check All That Apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>≥3 sf or ≥3 ft²</td>
</tr>
<tr>
<td>≥160 sf or ≥260 ft²</td>
</tr>
<tr>
<td>Renovation</td>
</tr>
<tr>
<td>Demolition</td>
</tr>
<tr>
<td>Full Containment with Negative Pressure</td>
</tr>
<tr>
<td>Mini-Enclosure</td>
</tr>
<tr>
<td>Glovebag Procedure</td>
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<tr>
<td>Non-Examined</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>Yes</td>
</tr>
<tr>
<td>CRAWL SPACE</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
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<tbody>
<tr>
<td>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
</tr>
<tr>
<td>Amount (Special SF of ACM)</td>
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<tr>
<td>Abatement Type</td>
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<tr>
<td>Repair</td>
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<tr>
<td>Encapsulate</td>
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<tr>
<td>Endorse</td>
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<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>ASSURED ENVIRONMENTAL SERVICES</th>
</tr>
</thead>
<tbody>
<tr>
<td>NJDEP Waste Hauler ID No.</td>
<td>0034895</td>
</tr>
</tbody>
</table>

| Cubic Yards of Waste | 3 |
| Disposal Date | 05/27/2015 |
| City, State | WAYNE SOBURG, OH |

<table>
<thead>
<tr>
<th>Completed by</th>
<th>RON SWANSON</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
<td>GM</td>
</tr>
</tbody>
</table>

| Signature | |
| Date | 05/21/2015 |

* Do not use this form for asbestos exposure exempted activities.
**NOTIFICATION OF ASPERBOS ABATEMENT**
(Pursuant to N.J.A.C. 8:60 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>5/8/15</th>
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<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
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<tbody>
<tr>
<td>☑ EPA</td>
<td>Initial</td>
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<tr>
<td>□ DEP</td>
<td>Amended R#1-5/21/15</td>
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<td>□ DOL</td>
<td>Emergency</td>
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<td>□ DOH</td>
<td>Cancellation</td>
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<tr>
<td>□ DCA</td>
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<table>
<thead>
<tr>
<th>Name of Building Owner / Operator (2)</th>
<th>VERIZON COMMUNICATIONS</th>
</tr>
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<tbody>
<tr>
<td>Street Address</td>
<td>119 Washington Street</td>
</tr>
<tr>
<td>City, State &amp; Zip Code</td>
<td>Toms River New Jersey</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Harold Baldwin</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Toms River Central Office</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>19 Washington Street</td>
</tr>
<tr>
<td>City (5)</td>
<td>Toms River</td>
</tr>
<tr>
<td>County (6)</td>
<td>Ocean</td>
</tr>
<tr>
<td>County Code (7)</td>
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<table>
<thead>
<tr>
<th>Type of Facility (4)</th>
<th>School (K-12)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Subchapter 8 (Other than K-12)</td>
</tr>
<tr>
<td></td>
<td>Other (i.e. private &amp; commercial buildings, homes, etc.)</td>
</tr>
<tr>
<td>Square Feet</td>
<td>37000</td>
</tr>
<tr>
<td># of Floors</td>
<td>3</td>
</tr>
<tr>
<td>Bldg. Age</td>
<td>80</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Current Use (Prior if being Demolished)</th>
<th>COMMUNICATIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>BRISTOL ENVIRONMENTAL INC</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Abatement Contractor (5)</th>
<th>BRISTOL ENVIRONMENTAL INC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>1123 BEAVER STREET</td>
</tr>
<tr>
<td>City, State &amp; Zip Code</td>
<td>BRISTOL, PA 19007</td>
</tr>
<tr>
<td>License Number</td>
<td>00509</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of OSHA Monitor</th>
<th>BRISTOL ENVIRONMENTAL INC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>1123 BEAVER STREET</td>
</tr>
<tr>
<td>City, State &amp; Zip Code</td>
<td>BRISTOL, PA 1907</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scheduled Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ON HOLD</td>
<td></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>
</tr>
<tr>
<td>□ Abatement Performed Outside of Normal Hours – 7am to 3pm</td>
</tr>
<tr>
<td>Describe: 5 PM - 1:30 AM</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ ±36 sf or ±36 lf</td>
</tr>
<tr>
<td>☑ ±160 sf or ±260 lf</td>
</tr>
<tr>
<td>☑ Renovation</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>
</tr>
</thead>
</table>

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

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

<table>
<thead>
<tr>
<th>Admin Ramp Area</th>
<th>Vat/Mastic</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>200 SF</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Amount of Asbestos-Containing Material (ACM) Specified (sq ft or LF)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
</tr>
</thead>
<tbody>
<tr>
<td>SERVICE TRANSPORT GROUP, INC.</td>
</tr>
<tr>
<td>City, State</td>
</tr>
<tr>
<td>NEW CASTLE, DE 19720</td>
</tr>
<tr>
<td>Completed By (Print or Type)</td>
</tr>
<tr>
<td>PATRICK T. DeCARO</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Title</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>PROJ. MGR.</td>
<td>Patrick T. DeCARO</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>5/8/15</td>
</tr>
</tbody>
</table>

PD 15050
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1) 5/8/15

Name of Building Owner / Operator (2)
VERIZON COMMUNICATIONS

Agencies Notified
☐ EPA 16.54
☐ DEP
☐ DOL 16.79
☐ DOH 14.7
☐ DCA

Type Notification
☐ Initial
☐ Amended
☐ Emergency
☐ Cancellation

Street Address
119 Washington Street
Toms River New Jersey

Name of Contact
Harold Baldwin

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Toms River Central Office
19 Washington Street

City (5) Toms River
County (6) Ocean
County Code (7)

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

Square Feet 37000
# of Floors 3
Bldg. Age 80

Current Use (Prior if being demolished)

COMMUNICATIONS

TTI ENVIRONMENTAL, INC.
1253 NORTH CHURCH STREET
MOORESTOWN, NJ 08057

Telephone Number 856-840-5800

BRISTOL ENVIRONMENTAL INC.
1123 BEAVER STREET
BRISTOL, PA 19007

Telephone Number 215-788-8040

Name of OSHA Monitor BRISTOL ENVIRONMENTAL INC.

License Number 00509

Project Manager for Monitoring Firm
Harold Baldwin

Scheduled Start Date (10) 5/26/15
Scheduled Completion Date (11) 5/28/15

Occupancy Status During Abatement (Check only one)
☒ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Hours – 7am to 3pm
Describe: 5 PM - 1:30 AM
☐ Facility Occupied During Abatement

Scope of Work (Check all that apply)
☒ 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)

Admin Ramp Area

☐ 23 sq ft or 23 sq ft
☒ 160 sq ft or 260 sq ft

Location Name of Registered Waste Hauler
SERVICE TRANSPORT GROUP, INC.
NJDEP Waste Hauler ID No. 20990

Cubic Yards of Waste 3
Name of Registered Landfill MINERVA LANDFILL

Dispose Date 5/8/15
City, State WAYNESBURG, OH 44688

Completed By (Print or Type) PATRICK T. DeCARO
Title PROJ. MGR.
Signature Date 5/8/15

PD 15050
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)
Franklin Twp. Public Schools

Agencies Notified
☐ EPA
☐ DOLWD
☐ DHSS
☐ NJAC (NJAC 5:23-5)
Type Notification
☐ Initial
☐ Amended
☐ Amendment #2
☐ Emergency (including justification)
☐ Cancellation

Street Address
1755 Amwell Road

City, State, Zip Code
Somerset, NJ 08873

Name of Contact
Arlene Biasiada

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Pine Grove Manor

Street Address
130 Highland Ave

City (5)
Somerset, New Jersey 08873

County (6)

County Code (7)

Current Use

Type of Facility (4)
☐ School (K-12)
☐ Subchapter 1 (Other i.e., private and commercial buildings,
☐ Other (i.e., private homes, etc.

Square Feet # of Stories

Bldg. Age

Name of Monitoring Firm Hired by Building Owner (8)
AHERA Consultants, Inc.

ASCM No.
0057

Name of Abatement Contractor (9)
Lilich Corporation

Street Address
606 McBride Avenue

City, State, Zip Code
Oceanville, New Jersey 08231

License No.
973-225-8400

Name of OSHA Monitor
J&S Environmental Laboratories Inc.

Street Address
2333 Route 22 West

City, State, Zip Code
Union, New Jersey 07083

Scope of Work (Check all that apply)

☐ >3 sf or >3 if
☐ ≥160 sf or ≥260 if
☐ Renovation
☐ Demolition

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

Start Date (10)
05 / 26 / 15

Scheduled Completion Date (11)
96 / 04 / 15

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

Time of Abatement: AM-PM:3:30PM - 12:00 AM

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

IN Facility

(13)

Yes No N/A

boiler room

boiler packing-2 boilers
144 sf

boiler room

boiler gaskets-2 boilers
40 sf

boiler room

boiler brick-2 boilers
464 sf

boiler room

boiler rope
324 sf

Name of Registered Waste Hauler
Lilich Corporation

NJ/DEP Waste Hauler ID No.
18724

Cubic Yards of Waste
n/a

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

City, State
Woodland Park, New Jersey 07424

Completed By (Print or Type)
Momo Glavatovic

Title
Vice President

Signature

Date
05/21/2015

* 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

Name of Building Owner/Operator (2):
Franklin Twp. Public Schools

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

Street Address:
35 Conerly Road

City:
Somerst, New Jersey 08873

Name of Monitoring Firm Hired by Building Owner (8):
AHERA Consultants, Inc.

Name of Abatement Contractor (9):
Lilich Corporation

Name of OSHA Monitor:
J&S Environmental Laboratorie Inc.

Occupancy Status During Abatement (Check only one):

- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM-PM/3:30PM- 12:00 AM

Scope of Work (Check all that apply):
- 33 sf or ≥33 if
- ≥180 sf or ≥250 if

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
</tr>
</thead>
<tbody>
<tr>
<td>boiler room</td>
<td>No</td>
</tr>
<tr>
<td>boiler room</td>
<td>Yes</td>
</tr>
<tr>
<td>boiler room</td>
<td>No</td>
</tr>
<tr>
<td>boiler room</td>
<td>Yes</td>
</tr>
<tr>
<td>boiler room</td>
<td>No</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount (Specify SF, LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>boiler packing-2 boilers</td>
<td>12 sf</td>
</tr>
<tr>
<td>boiler gaskets-2 boilers</td>
<td>64 sf</td>
</tr>
<tr>
<td>boiler brick-2 boilers</td>
<td>35 sf</td>
</tr>
<tr>
<td>boiler rope</td>
<td>28 sf</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler:
Lilich Corporation

NJDPE Waste Hauler ID No. 18724

Cubic Yards of Waste:
n/a

Name of Registered Lead Filler:
G.R.O.W.S. Landfill

City, State:
Woodland Park, New Jersey 07424

Completed By (Print or Type):
Momo Glavatovic

Title:
Vice President

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 8:60 and 5:16)

Date of Notification (1)
05 / 21 / 15

Name of Building Owner/Operator (2)
Franklin Twp. Public Schools

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

Type Notification
☐ Initial
☐ Amended
☐ Amendment #2
☐ Emergency (including justification)
☐ Cancellation

Street Address
1755 Amwell Road

City, State, Zip Code
Somerset, NJ 08873

Name of Contact
Arlene Biesiada

Telephone Number

Name of Facility Where Abatement is Taking Place (3)
Sampson G Smith school

Street Address
1849 Amwell Road

City (5)
Somerset, New Jersey 08873

County (5)

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

Name of Monitoring Firm Hired by Building Owner (8)
AHERA Consultants, Inc.

ASCM No.
0057

Name of Abatement Contractor (1)
Lillich Corporation

Street Address
606 McBride Avenue

City, State, Zip Code
Woodland Park, New Jersey 07424

Project Manager for Monitoring Firm
John Smoyer

Telephone No.
609-652-1833

Start Date (10)
05 / 26 / 15

Scheduled Completion Date (11)
06 / 11 / 15

Name of OSHA Monitor
J&S Environmental Laboratories

Telephone No.
973-225-8400

License No.
0204

Occupancy Status During Abatement (Check only one)
☐ Facility Closed/Empty During Entire Period of Abatement
☒ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM - PM 3:30PM - 12:00 AM

Scope of Work (Check all that apply)
☐ 23 to 50sf
☒ 51 to 260sf

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

<table>
<thead>
<tr>
<th>Location of ACM</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Description of ACM (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
</tr>
</thead>
<tbody>
<tr>
<td>boiler room</td>
<td>☐ Yes</td>
<td>boiler packing-2 boilers 260sf</td>
</tr>
<tr>
<td>boiler room</td>
<td>☒ No</td>
<td>boiler gaskets-2 boilers 700sf</td>
</tr>
<tr>
<td>boiler room</td>
<td>☒ No</td>
<td>boiler brick-2 boilers 860sf</td>
</tr>
<tr>
<td>boiler room</td>
<td>☒ No</td>
<td>boiler rope 700sf</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
Lillich Corporation

NJDEP Waste Hauler ID No.
18724

Cubic Yards of Waste
n/a

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

City, State
Woodland Park, New Jersey 07424

Disposal Date

Completed By (Print or Type)
Momo Glavatovic

Title
Vice President

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 8:60 and 5:16)

Date of Notification (1) 05 / 21 / 15

Agencies Notified
☐ EPA
☐ DOLWD
☒ DHSS
☒ DCA

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

Name of Building Owner/Operator (2)
Franklin Twp., Public Schools

Street Address
1755 Amwell Road

City, State, Zip Code
Somerset, NJ 08873

Name of Contact
Arlene Biesiada

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Franklin Middle school

Street Address
416 Francis Street

City (5)
Somerset, New Jersey 08873

County (6)

County Code (7) (STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8)
HERA Consultants, Inc.

ASCM No.
0057

Name of Abatement Contractor (9)
Lillich Corporation

Street Address
606 McBride Avenue

City, State, Zip Code
Woodland Park, New Jersey 07424

Project Manager for Monitoring Firm
John Smoyer

Telephone No.
609-652-1833

License No.
0111

Start Date (10) 06 / 05 / 15

Scheduled 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 Time of Abatement: AM-PM/12:00 AM

Scope of Work (Check all that apply)
☐ ≥3 sf or ≥3 If
☒ ≥150 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 or LB)

Abatement Type

<table>
<thead>
<tr>
<th>Repair</th>
<th>Removal</th>
<th>Encapsulate</th>
</tr>
</thead>
<tbody>
<tr>
<td>☒</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
Lillich Corporation

NJ/DEP Waste Hauler ID No.
18724

Cubic Yards of Waste

Cubic Yards
n/a

Name of Registered Landfill
G.R.O.W.S. I and II andfill

City, State
Woodland Park, New Jersey 07424

Completed By (Print or Type)
Momo Glavatovic

Title
Vice President

Signature

ASB-41
MAY 11

* Do not use this form for asbestos licensure exempted activities.
Date of Notification (1)  05 / 21 / 15

Name of Building Owner/Operator (2)  Franklin Twp. Public Schools

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

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

Street Address 1755 Amwell Road
City, State, Zip Code Somerset, NJ 08873
Name of Contact Arlene Biesiada
Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  MacAfee Road school
Street Address 53 MacAfee Road
City (5) Somerset, New Jersey 08873
County (6)  

County Code (7)  

Current Use (If or if being demolished)

Name of Monitoring Firm Hired by Building Owner (8)  AHERA Consultants, Inc.
ASCM No. 0057

Name of Abatement Contractor (9)  Lillich Corporation
Street Address 606 McBride Avenue
City, State, Zip Code Oceanville, New Jersey 08231
Project Manager for Monitoring Firm John Smoyer
Telephone No. 609-652-1833

Scheduled Completion Date (11)  06 / 12 / 15
License No. 0134

Name of OSHA Monitor J&S Environmental Laboratories Inc.
Street Address 2333 Route 22 West
City, State, Zip Code Union, New Jersey 07083

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 No-Friable Procedure

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>boiler room</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>boiler room</td>
<td></td>
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<td></td>
</tr>
<tr>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>boiler room</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

Amount (Specify SQ FT LF)

<table>
<thead>
<tr>
<th>Abatement Type</th>
<th>Removal</th>
<th>Repair</th>
<th>Encapsulate</th>
<th>Endorse</th>
</tr>
</thead>
</table>

Name of Registered Waste Hauler Lillich Corporation
NJDEP Waste Hauler ID No. 18724

Cubic Yards of Waste n/a

G.R.O.W.S Landfill

City, State Woodland Park, New Jersey 07424

Disposal Date

Name of Regisred Landfill

Completed By (Print or Type)  Momo Glamatovic
Title  Vice President
Signature

* 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 (1) 5-20-15

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

Type Notification
[X] Initial Notification
[ ] Amended Notification
[ ] Emergency
[ ] Cancellation

Name of Building Owner/Operator (2) Raj Jetley

Street Address
252 Hlton Ave

City, State, Zip Code
Union, NJ, 07083

Name of Contact Raj Jetley

FACILITY INFORMATION

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

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

Square Feet

# of Floors

Bldg. Age

Current Use (prior or being demolished)

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

ASCM No.

Name of Abatement Contractor (9)
AZTECH MANAGEMENT, INC.

Street Address
86 Christopher St.

City, State, Zip Code
Montclair, NJ 07042

Telephone Number
(973) 744-8800

License Number 00371

Scheduled Start Date (10) 6-1-15

Sched. Completion Date (11) 6-2-15

Month Day Year

Month Day Year

Occupancy Status During Abatement (Check only one)
[X] Facility Closed/Vacated During Entire Period

Abatement Performed Outside of Normal Facility Hours - Describe: "Off Hours Describe"

[ ] Other - Describe: "Other Occupancy Description"

Scope of Work (Check all that apply)
[X] 2 sf or >3 1f

[X] Renovation

[ ] Demolition

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

Material (ACM)

To Be Abated

In Facility

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, VAC, or other miscellaneous)

Amount (Specify Size or Unit)

Abatement Type

REMOVAL

ENCAPSULATION

Name of Registered Waste Hauler
AZTECH MANAGEMENT, INC.

NJDEP Waste Hauler ID No. 17040

Cubic Yards of Waste 1.5

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

City, State
Montclair, NJ 07042

Disposal Date 6-3-15

City, State
Morrisville, PA 19067

Completed By (Print or Type) Constantine Vivian

Title President

Signature

Date 5-20-15
Date of Notification (1) 05/20/15

Name of Building Owner/Operator (2) Franklin Twp. Public Schools

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

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

Street Address
1755 Amwell Road
City, State, Zip Code
Somerset, NJ 08873
Name of Contact
Arlene Briosiada
Telephone Number

Name of Facility Where Abatement is Taking Place (3)
Sampson G Smith school

Street Address
1649 Amwell Road
City (5)
Somerset, New Jersey 08873
County (6)

County Code (7)(STATE USE ONLY)

Current Use (Prior to being school)

Name of Monitoring Firm Hired by Building Owner (5)
AHERA Consultants, Inc.
ASCM No.
0057
Name of Abatement Contractor (9)
Lillich Corporation

Street Address
PO Box 385
City, State, Zip Code
Oceanville, New Jersey 08231

Project Manager for Monitoring Firm
John Smoyer
Telephone No.
609-652-1833
Scheduled Completion Date (11)
05/11/15

Start Date (10)
05/26/15

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/3:30PM-12:00AM

Scope of Work (Check all that apply)
- >3 sf or ≥3 sf
- ≥160 sf or ≥280 sf
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Flammable Procedure

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

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)
- complete boilers (gaskets, ribs, rope)

Amount (Square Feet) SP2 LF

Name of Registered Waste Hauler
Lillich Corporation
NJDEP Waste Hauler ID No.
18724
Cubic Yards of Waste
n/a
Name of Registered Landfill
G.R.O.W.S. Landfill
City, State
Morristown, Pennsylvania
Disposal Date

Completed By (Print or Type)
Momo Glavatovic
Title
Vice President
Signature

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:160 and 5:16)

Date of Notification (1)
05 / 20 / 15

Name of Building Owner/Operator (2)
Franklin Twp. Public Schools

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

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

Street Address
1755 Amwell Road

City, State, Zip Code
Somerset, NJ 08873

Name of Contact
Arlene Blesiada

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Pine Grove Elementary

Street Address
130 Highland Ave

City (5)
Somerset, New Jersey 08873

County (6)

Name of Abatement Contractor (9)
Lillich Corporation

ASCM No.
0057

Street Address
PO Box 385

Project Manager For Monitoring Firm
John Smoyer

Telephone No.
609-652-1633

City, State, Zip Code
Oceanville, New Jersey 08231

Name of OSHA Monitor
J&S Environmental Laboratories Inc.

Telephone No.
973-225-8400

Street Address
606 McBride Avenue

City, State, Zip Code
Woodland Park, New Jersey 07424

License No.
0111

Start Date (10)
05 / 26 / 15

Scheduled Completion Date (11)
05 / 04 / 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/3:30PM-12:00 AM

Scope of Work (Check all that apply)
☐ ≥3 sf or ≥3 if
☐ ≥160 sf or ≥280 if
☐ Renovation
☐ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebox Procedure
☐ Non-Exempted (*) and Non-Friable
☐ Other

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

IN Facility

boiler room

☐ X ☐ ☐

☐ ☐ ☒

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

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

Amount
(Specify
SFQLF)

20 lb

☐ ☐ ☐ ☒

☐ ☒ ☐ ☐

Name of Registered Waste Hauler
Lillich Corporation

NJDW Waste Hauler ID No.
18724

Cubic Yards of Waste
n/a

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

City, State
Woodland Park, New Jersey 07424

Disposal Date

City, State
Morrisville Pennsylvania

Completed By (Print or Type)
Momo Glavatovic

Title
Vice 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 5:16)

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<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>Franklin Twp. Public Schools</td>
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<tr>
<td>Agencies Notified</td>
<td>EPA, DOLWD, DHSS, DCA (NJAC 5:23-8)</td>
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<tr>
<td>Type Notification</td>
<td>Initial, Amended, Amendment #, Emergency (including justification)</td>
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<tr>
<td>Street Address</td>
<td>1755 Amwell Road</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Somerset, NJ 08873</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Arlene Bieslada</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

- **Name of Facility Where Abatement is Taking Place (3)**
  - Conerly Road school
- **Street Address**
  - 35 Conerly Road
- **City (5)**
  - Somerset, New Jersey 08873
- **County (6)**
  - Oceanville, New Jersey 08231
- **Name of Monitoring Firm Hired by Building Owner (8)**
  - AHERA Consultants, Inc.
  - ASCM No. 0057
- **Name of Abatement Contractor (9)**
  - Lillich Corporation
- **Street Address**
  - PO Box 385
- **City, State, Zip Code**
  - Oceanville, New Jersey 08231
- **Telephone No.**
  - 609-652-1933
- **Name of OSHA Monitor**
  - J&S Environmental Laboratories Inc.

| Start Date (10) | 05 / 26 / 15 |
| Scheduled Completion Date (11) | 06 / 04 / 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 / 3:30PM - 12:00 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 Non-Friable Procedure

**Abatement Type**

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

- Boiler room: [ ] Yes [ ] No [ ] N/A
  - Complete boilers (gaskets, ribs, rope): 2-10 lb

**Name of Registered Waste Hauler**

- Lillich Corporation
- NJ/DEP Waste Hauler ID No. 18724
- Cubic Yards of Waste: n/a
- Name of Registered Landfill: G.R.O.W.S. Landfill

- City, State: Woodland Park, New Jersey 07424
- Disposal Date:
- City, State: Morrisville, Pennsylvania

**Completed By (Print or Type)**

- Momc Glavatovic: Title - Vice President
- Signature: [Signature]

**Date**

* 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>Lois Schmidt</td>
</tr>
</tbody>
</table>

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

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

**Street Address**
502 Thompson Avenue

**City, State, Zip Code**
Roselle, NJ 07203

**Name of Contact**
Lois Schmidt

**Telephone Number**

### FACILITY INFORMATION

**Name of Facility Where Abatement is Taking Place (3)**
- Private house
  - Square Feet: ___
  - # of Floors: ___
  - Bldg. Age: ___

**Type of Facility (4)**
- [ ] School (K-12 Subchapter)
- [X] Other (I.E. private and/or commercial buildings, homes, etc.)

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

**Current Use (P or if it has been demolished)**

### Name of Monitoring Firm Hired by Building Owner (6)
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

**Name of Abatement Contractor (9)**

**Street Address**
20-21 Wagarow Road, Bldg. #15E

**City, State, Zip Code**
Fair Lawn, NJ 07410

**License No.**
0112

**Name of OSHA Monitor**
EnviroVision Consultants, Inc

**Street Address**

**Telephone No.**

**Name of ASCM No.**

**Time of Abatement:**

**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)**

**Location of Asbestos-Containing Material (ACM) Used Solely by Maintenance/Custodial Staff? (15)**

**Yes**
- [ ] Pipe insulation

**Location of Asbestos-Containing Material (ACM) Used Solely by Maintenance/Custodial Staff? (15)**

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**Location of Asbestos-Containing Material (ACM) Used Solely by Maintenance/Custodial Staff? (15)**

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

**Amount (Specify City, State, Lb or Ft):**

**Abatement Method**
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Tent with Negative Pressure
- [ ] Non-Exempted (*) and Non-Friable Procedure

### Name of Registered Waste Hauler
Gr Tech LLC

**City, State**
Wayne, NJ 07470

**Completely By (Print or Type)**

**Title**
Owner

**Signature**

**Date**
05/22/2015

*Do not use this form for asbestos licensure exempted activities.*
State of New Jersey
Notification of Asbestos Abatement
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

Date of Notification (1)
May 20, 2015

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

Notification Type
☐ Initial Notification
☐ Amended #
☐ Emergency notification (including justification)
☐ Cancelled

Name of Building Owner/Operator (2)
Elmwood Park Board of Education
Street Address
60 E 53rd St
City, State, Zip Code
Elmwood Park, NJ 07407

FACILITY INFORMATION

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

Type of Facility (4)
☐ School (K-12)
☐ Subchapter 8 (other than I -12)
☐ Other (i.e. private & commercial if building homes, etc.)
Sq. Feet: NA
# of Floors: 2
Age: 1951

Current Use (prior if being demolished):

Name of Contractor (9)

Panoramic Window & Door Systems
Street Address
712 Sergeantsville Road
City, State, Zip Code
Stockton, NJ 08889

Telephone Number
P (732) 926-0900

License Number
11237

City Manager for Monitoring Firm
Telephone Number

Name of OSHA Monitor
IAQ Guru LLC

Project Manager for Monitoring Firm
Street Address
87 Main Street
City, State, Zip Code
Lincoln Park, NJ 07036

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: M-F 15:00 - 23:00 Sat. 0700-15:00

Source of Work (Check all that apply)
☐ Renovation
☐ Demolition
☐ Mini-Enclosure Procedure
☐ Glazed Opening Procedure
☐ Non-removable Procedure

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

Is Location Normally Used Solely by Maint/Custodial Staff? (12)
☐ YES
☐ NO

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

Amount (Spec or Lb) SF

Removal Repair Encap Enclose

Exterior Windows 1st floor
☐ Perimeter Caulk

Exterior Windows 2nd Floor
☐ Perimeter Caulk

Gym/multipurpose room
☐ Perimeter Caulk

Name of Reg. Waste Hauler
NJ DEP Waste Hauler ID #
0036157

Name of Registered Landfill
Chin Landfill

Cubic Yards of Waste

Completed by (Print or Type)
Mark M Jovic
Title
Consultant
Signature

Date
May 20, 2015
**NOTIFICATION OF ASPEROS ABATEMENT**

**State of New Jersey**
**NOTIFICATION OF ASPEROS ABATEMENT**
(Pursuant to N.J.A.C. 8:6b-7 and 12:12b-7)

<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>Name of Building Owner/Operator</th>
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<tbody>
<tr>
<td>6/5/19/15</td>
<td>NJ Dept. of Environmental Protection-Natural &amp; Historic Resources, Office of Resource Development</td>
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<thead>
<tr>
<th>Agencies Notified</th>
<th>Type of Notification</th>
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<tbody>
<tr>
<td>[X] EPA</td>
<td>Initial Notification</td>
</tr>
<tr>
<td>[X] DOL</td>
<td>Amended Notification Amendment</td>
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<td>[X] DOH</td>
<td>Cancellation</td>
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<td>[X] DCA</td>
<td>Emergency</td>
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<tr>
<th>Name of Facility Where Abatement is Taking Place</th>
<th>Type of Facility</th>
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<tr>
<td>RESIDENCE - ALLAIRE STATE PARK</td>
<td>School (K-12)</td>
</tr>
<tr>
<td>Street Address 270 SQUANKUM ROAD</td>
<td>Subchapter 8 (Other than K-12)</td>
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<tr>
<td>City (5) County (6) County Code (7) (STATE USE ONLY)</td>
<td>Other (i.e., commercial, private)</td>
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<tr>
<td>HOWELL MONMOUTH</td>
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<table>
<thead>
<tr>
<th>Name of Firm Hired by Building Owner</th>
<th>Name of Abatement Contractor</th>
</tr>
</thead>
<tbody>
<tr>
<td>USA ENVIRONMENTAL MANAGEMENT INC.</td>
<td>J.R. CONTRACTING &amp; ENVIRONMENTAL CONSULTING INC.</td>
</tr>
<tr>
<td>Street Address 344 WEST STATE STREET</td>
<td>Street Address 1141 ROUTE 23</td>
</tr>
<tr>
<td>TRENTON, NJ 08618</td>
<td>City, State Zip Code WAYNE, NJ 07470</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>Telephone Number 0973-628-9500</td>
</tr>
<tr>
<td>WILLIAM WEISCEMBER</td>
<td>Name of OSHA Monitor ENViro VISION CONSULTING NS, INC.</td>
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<th>Scheduled State Date (10)</th>
<th>Scheduled Completion Date (11)</th>
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<td>06/15/15</td>
<td>06/12/15</td>
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<tr>
<th>Occupancy Status During Abatement</th>
<th>Scope of Work</th>
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<td>[X] Facility Closed/Vacated During Entire Period of Abatement</td>
<td>[X] Demolition</td>
</tr>
<tr>
<td>[X] Abatement Performed Outside of Normal Facility</td>
<td>[X] Non Exempted (* and Non-Asbestos-Containing)</td>
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<tr>
<td>[X] Housers - Describe: Mon &amp; Fri - 7:00 a.m. - 3:00 p.m.</td>
<td>[X] Non Exempted (*) and Non-Asbestos-Containing</td>
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<td>[X] Other - Describe:</td>
<td>[X] Non Exempted (*) and Non-Asbestos-Containing</td>
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<tr>
<th>Is Location Normally Used</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
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<tbody>
<tr>
<td>Yes</td>
<td>(i.e., thermal systems, insulation, surfacing, VdT, or other miscellaneous)</td>
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<thead>
<tr>
<th>Exterior</th>
<th>Transite Siding Panels</th>
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<tbody>
<tr>
<td>X</td>
<td>1,125 ft²</td>
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<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>Name of Registered Landfill</th>
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<tbody>
<tr>
<td>J.R. Contracting &amp; Environmental Consulting, Inc.</td>
<td>Landfill</td>
</tr>
<tr>
<td>Wayne NJ 07470</td>
<td>Disposal Date</td>
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<thead>
<tr>
<th>Completed by (Print or Type)</th>
<th>Title</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jerry Bijelonic</td>
<td>Project Manager</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Current Use (If being renovated)</th>
</tr>
</thead>
<tbody>
<tr>
<td>501 EAST STATE STREET, 4TH FLOOR</td>
</tr>
<tr>
<td>City, State Zip Code TRENTO, NJ 08626-0420</td>
</tr>
</tbody>
</table>

**Date:** 05/19/15
**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60-7 and 12: 129-7)

<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>05/19/15</th>
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<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type of Notification</th>
</tr>
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<tbody>
<tr>
<td>[X] EPA</td>
<td>Initial Notification</td>
</tr>
<tr>
<td>[X] DOL</td>
<td>Amended Notification</td>
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<tr>
<td>[X] DOH</td>
<td>Cancellation</td>
</tr>
<tr>
<td>[X] DCA</td>
<td>Emergency</td>
</tr>
</tbody>
</table>

**Name of Building Owner/Operator**
NJ-Dept. of Environmental Protection/Natural & Historic Res.

**Street Address**
501 EAST STATE STREET, 4TH FLOOR
TRENTON, NJ 08626-0420

**City, State, Zip Code**

**Name of Contact**
MR. AL PAYNE

**Telephone Number**

**FACILITY INFORMATION**

**RESIDENCE - ALLAIRE STATE PARK**

**Street Address**
4290 ATLANTIC AVENUE
WALL TOWNSHIP, MONMOUTH

**Telephone Number**
609-665-6101

**Name of Monitoring Firm Hired by Building Owner**
ASCM

**Name of Abatement Contractor**
J.R. CONTRACTING & ENVIRONMENTAL CONSULTING INC.

**Street Address**
1141 ROUTE 23
WAYNE, NJ 07470

**City, State, Zip Code**

**Name of OSHA Monitor**
ENVIRO VISION CONSULTANTS, INC.

**Street Address**
20-21 WAGARAW ROAD, BLDG. #34
FAIR LAWN, NJ 07410

**Square Feet**

**Floors**

**Bldg. Age**
50 +

**Current Use (If being renovated)**

**Type of Facility**
[X] School (bldg. K-12)
[X] Subchapter 9 (Other than K-12)
[X] Other (Indicate: Commercial)

**Occupancy Status During Abatement**

**[X] Abatement Performed Outside of Normal Facility**

**Heures - Describe:**
Mon & Fri - 7:00 a.m. - 3:30 p.m.

**Scope of Work**

[X] Demolition
[X] Renovation

[X] ≥ 300 ft² or ≥ 3 lb

[X] ≥ 1600 ft² or ≥ 250 lb

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

**Yes**

**Non Exempted Material (ACM)**

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

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

**Interior Walls**

[X] Drywall and Assoc. Joint Compound

[X] Black Tar Flashing at Vent & Chimney Seams

**Exterior Roof**

[X] Black Tar Flashing at Vent & Chimney Seams

**Name of Registered Waste Hauler**
NJDEP Waste Hauler #17819

**Cubic Yards of Waste**
40

**Name of Registered Waste Hauler**

**City, State**
Wayne, NJ 07470

**Disposal Date**

**City, State**

**Completed by**

Jerry Bizelonic

**Title**
Project Manager

**Signature**

Date: 05/19/15
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)
05/23/15

Name of Building Owner/Operator (2)
Janusz Golan

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

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

Street Address
105 Hadley Avenue

City, State, Zip Code
Clifton, NJ 07011

Name of Contact
Janusz Golan

Facility Information

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

Street Address
105 Hadley Avenue

City (5)
Clifton, NJ 07011

County (5)

County Code (7) (STATE USE ONLY)

Current Use (If not if being demolished)

Name of Monitoring Firm Hired by Building Owner (5)

ASCM No.

Name of Abatement Contractor (1)
Gr Tech LLC

Street Address
570 Valley Rd #283

City, State, Zip Code
Wayne, NJ 07470

Project Manager for Monitoring Firm

Telephone No.
973-638-1777

License No.
0111

Name of OSHA Monitor
Envirospection Consultants, Inc

Street Address
20-21 Wagraw Road, Bldg # 35E

City, State, Zip Code
Fair Lawn, NJ 07410

Scope of Work (Check all that apply)
☒ > 3 ft or > 3 if
☐ > 160 ft or > 250 ft
☒ Demolition

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

Basement

Pipe insulation

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 (Bbl, Ton, Lb, or LF)

Abatement Type

Cleaning and decontamination with negative pressure

Repair

Encapsulation

Endorsement

Name of Registered Waste Hauler
Gr Tech LLC

NDEP Waste Hauler ID No.
0033785

Cubic Yards of Waste
TBD

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

Disposal Date
TBD

City, State
Tullytown, PA

Name of Completion (Print or Type)

N. Jevtic

Title
Owner

Signature

Date
05/23/2015

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

**NOTIFICATION OF ASBESTOS ABATEMENT**

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>05 / 22 / 15</td>
<td>Jody Suden</td>
</tr>
</tbody>
</table>

**Agency Notified**

- [ ] EPA
- [ ] DOLWD
- [ ] DHSS
- [ ] DCA (NJAC 6:23-6)

**Type Notification**

- [x] Initial
- [ ] Amended
- [ ] Amendment #
- [ ] Emergency (Including Justification)
- [ ] Cancellation

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

- **Private house**
- **Street Address:** 7 Edgemoor Road
- **City:** Montclair
- **State:** NJ
- **Zip Code:** 07042

**County (6)**

- **Essex**
- **County Code (7) (STATE USE ONLY):** [State Use Only]
- **Current Use (Prior to Being Established):** [State Use Only]
- **Building Age:** [State Use Only]

**Name of Monitoring Firm Hired by Building Owner (6)**

- **Name of Abatement Contractor (9):** Gr Tech LLC

**Telephone No.**

- **Telephone No.:** 973-538-1777
- **License No.:** [State Use Only]

**Name of OSHA Monitor**

- **Envirospection Consultants, Inc.**

**Start Date (10):**

- **05 / 24 / 15**

**Scheduled Completion Date (11):**

- **05 / 28 / 15**

**Occupancy Status During Abatement**

- [x] Facility Closed/Uninhabited During Entire Period of Abatement
- [x] Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM: [State Use Only]

**Scope of Work**

- [x] 3rd or 4th Floor
- [x] ≥ 180 sq ft or ≥ 2600 sq ft
- [x] Demolition
- [x] Renovation
- [x] Ceiling sheetrock
- [x] Wall plaster

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

- **Kitchen**
- **Ceiling sheetrock:** 200 sq ft
- **Wall plaster:** 350 sq ft

**Name of Registered Waste Hauler**

- **Gr Tech LLC**

**Cubic Yards of Waste**

- **Ted:** [State Use Only]

**Name of Registered Contractor:** [State Use Only]

**Completed By (Print or Type) Title:**

- **Owner:** [State Use Only]

---

*Do not use this form for asbestos licensing exempted activities.*
# State of New Jersey
## Notification of Asbestos Abatement
(Pursuant to NJAC 8:60 and 8:16)

**Date of Notification:**
- **05/22/15**

**Name of Building Owner/Operator:**
- Jody Soden

### Agency Notified:
- EPA
- DOLWD
- DHSS
- DCA (NJAC 8:23-8)

**Type of Notification:**
- Initial

**Address:**
- 7 Edgemont Road
- Montclair, NJ 07042

**Telephone Number:**
- 973-633-1777

**County Code:**
- 0127

**Facility Information:**
- Type of Facility:
  - School (K-12)
  - Other (i.e., private and commercial buildings, homes, etc.)

**Square Feet:**
- 0

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

**Location of Asbestos-Containing Material (ACM) To Be Abated:**
- Kitchen
- Wall plaster

**Amount Specified (SF or LF):**
- 200 SF
- 350 LF

**Description of Abatement Type:**
- Staged (Stage I, Stage II, or Stage III)
- Demolition

**Beginning Date:**
- 05/24/15

**Scheduled Completion Date:**
- 06/28/15

**Name of Abatement Contractor:**
- Gr Tech LLC

**License No.:**
- 0127

**Summary:**

*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)

Check#2198

Date of Notification (1) 05 / 23 / 15
Name of Building Owner/Operator (2) Maxine Sembell

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

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

Street Address
8 Tuxedo Place
City, State, Zip Code
Morristown, NJ 07960

Name of Contact
Maxine Sembell

Telephone Number

FACILITY INFORMATION

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

Street Address
8 Tuxedo Place
City (5)
Morristown, NJ 07960
County (6)
Morris
County Code (7) (STATE USE ONLY)

Type of Facility
☐ School (K-12)
☒ Subchapter 6 (Other than K-1-2)
☐ Other (i.e., private and commercial buildings, homes, etc.)

Square Feet
# of Stories
Bldg. Age

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

Name of Abatement Contractor (9)

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.
0112

Start Date (10)
06 / 03 / 15
Scheduled Completion Date (11)
06 / 04 / 15

Name of OSHA Monitor
Envirovision Consultants, Inc

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

Time of Abatement: AM PM PM AM

Table of Work (Check all that apply)
☐ >3 sf or >3 if
☒ > 160 sf or >260 if

Location of Asbestos-Containing Material (ACM)
TO BE ABATED
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 SPECIES/TF)
50 LF

Abatement Type
☐ Encapsulate
☐ Enclose
☐ Repair
☐ Removal

Location of Registered Waste Hauler (14)

Cubic Yards of Waste
TBD

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

City, State
Wayne, NJ 07470
Disposal Date
TBD
City, State
Tullytown, PA

Complied By (Print or Type)
N.Jevtic
Title
Owner
Signature

Date
05/23/2015

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:129)

Date of Notification (1) 5/22/15
Name of Building Owner/Operator (2) OCTAVIANO ZUNIGA

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

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

Street Address 199 CAMBRIDGE AVE
City, State, Zip Code GAITHERSBURG, MD 20876

Name of Contact:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Street Address 199 CAMBRIDGE AVE
City GAITHERSBURG
County BEVERLY

County Code (7) (STATE USE ONLY)

Name of Abatement Contractor (9) BEST Remova Inc
Street Address 450 South River St
City Hackensack, N. J
Zip Code 07601

ASCOM No.

Name of Monitoring Firm Hired by Building Owner (5)

Name of OSHA Monitor OMEGA ENVIRONMENTAL INC
Street Address 280 Huyler St
City Hackensack, N. J
Zip Code 07601

Square Feet

# of Floors

Bldg. Age 90 YEARS

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

Prior if Demolition)

Start Date (10) 6/5/15
Scheduled Completion Date (11) 6/6/15

Occupancy Status During Abatement (Check only one)
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other - Describe: 7AM TO 5PM

Scope of Work (Check all that apply)
- 2 3 or 2 3
- 2 160 or 2 280

Location of Asbestos-Containing Material (ACM)

TO BE ABATED
- IN, FACILITY

Yes No N/A

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

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

Abatement Type

Amount (Specify SF or LF)

Name of Registered Waste Hauler BEST REMOVAL INC
ID No. 17109

Cubic Yards of Waste 21/2

Name of Registered Landfill MINERVA ENTERPRISES, LLC

Disposal Date 6/6/15

City, State WAYNESBURG, OH, 44688

Completed by J. MAIORANO

Title Estimator

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)

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<td>Type Notification</td>
<td>[ ] Initial [ ] Amended [ ] Amendment # [ ] Emergency (including justification) [ ] Cancellation</td>
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<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>[ ] AC PONTONE</td>
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<tr>
<td>Street Address</td>
<td>[ ] 11-06 FLORAL AVE</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>[ ] FAIR LAWN, NJ 07410</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>[ ] AC PONTONE</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

| Name of Facility Where Abatement is Taking Place (3) | [ ] AC PONTONE |
| Street Address                                      | [ ] 11-06 FLORAL AVE |
| City (5)                                             | [ ] FAIR LAWN |
| County (6)                                          | [ ] BERGEN |
| County Code (7) (STATE USE ONLY)                    | [ ] |
| Square Feet                                         | [ ] 1800. |
| # of Floors                                         | [ ] |
| Bldg. Age                                           | [ ] 8075MS |
| Current Use (8)                                      | [ ] |
| Current Use (if building is to be demolished)       | [ ] |
| Name of Abatement Contractor (9)                    | [ ] Best Removal Inc |
| Street Address                                       | [ ] 450 South River St |
| City, State, Zip Code                                | [ ] Hackensack, N.J. 07601 |
| Telephone No.                                        | [ ] 201-329-7444 |
| License No.                                          | [ ] 00388 |
| Name of OSHA Monitor                                 | [ ] Omega Environmental Inc |
| Street Address                                       | [ ] 280 Huiler St |
| City, State, Zip Code                                | [ ] Hackensack, N.J. 07601 |

**Project Manager for Monitoring Firm (10) | [ ] |
**Telephone No. (11) | [ ] |
**Start Date (12) | 6/4/15 |
**Scheduled Completion Date (13) | 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 |
| Other – Describe: | [ ] |

**Scope of Work (Check all that apply) | [ ] |
| 3 ft or less or 3 to 30 ft |
| 3 ft or more or 30 to 200 ft |
| [ ] Renovation |
| [ ] Demolition |
| [ ] Full Containment with Negative Pressure |
| [ ] Mini-Enclosure |
| [ ] Glovebag Procedure |
| [ ] Non-Exempted (*) |
| [ ] Non-Hazardous Procedure |
| [ ] Abatement Type |
| [ ] Removal |
| [ ] Emergency |
| [ ] Enclosure |

**Location of Asbestos-Containing Material (ACM) TO BE ABATED IN FACILITY (14) | [ ] |
| Basement |
| Thermal System Insulation |
| Yes | No | N/A |

**Name of Registered Waste Hauler | [ ] Best Removal Inc |
**ID No. | 17109 |
**Cubic Yards of Waste | 1/2 |
**Name of Registered Contractor | Minerva Enterprises, LLC |
**City, State | Hackensack, N.J. 07601 |
**Disposal Date | 6/5/15 |
**City, State | Elizabeth, N.J. 07201 |
**Completed by | J. Maiorano |
**Title | Estimator |
**Signature | [ ] |

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

**Date of Notification:** 05/14/15

**Name of Building Owner/Operator:**

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<th>Type Notification</th>
<th>Street Address</th>
<th>Street Address</th>
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<td>69 Demarest St.</td>
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<td>□ DEP</td>
<td>□ Amended</td>
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</tr>
<tr>
<td>□ DOH</td>
<td>□ Cancellation</td>
<td></td>
<td></td>
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</tbody>
</table>

**City, State, Zip Code:** Norwood, N.J. 07648

**Name of Contact:** Neil Hettinver

**Telephone Number:**

### FACILITY INFORMATION

**Name of Facility Where Abatement is Taking Place:**

<table>
<thead>
<tr>
<th>Name of Facility</th>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>261 Milford Ave.</td>
<td>New Milford, N.J. 07646</td>
<td>Bergen, New Milford</td>
</tr>
</tbody>
</table>

**County Code:** BERG 11

**Name of Monitoring Firm Hired by Building Owner:**

INDIAN ARROW INDUSTRIES CORP

**ASCM No.:**

**Name of Abatement Contractor:**

**Telephone No.:** 373-653-3652

**License No.:** 1257

**Project Manager for Monitoring Firm:**

**Telephone No.:**

**Start Date:** 05/24/15

**Scheduled Completion Date:** 08/24/15

**Name of OSHA Monitor:**

**Occupancy Status During Abatement:**

- 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-Enclosures
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
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<tbody>
<tr>
<td>Basement</td>
<td>✓</td>
<td></td>
<td></td>
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</table>

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

<table>
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<tr>
<th>Location</th>
<th>Normal Use</th>
<th>Maintenance/Custodial</th>
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</thead>
<tbody>
<tr>
<td>Basement</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Material</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>VAT</td>
<td>120 SF</td>
</tr>
</tbody>
</table>

**Abatement Type:**

**Name of Registered Waste Hauler:**

Atlantic Carting

**NJDEP Waste Hauler ID Number:** 26085

**Cubic Yards of Waste:** TBD

**Name of Registered Landfill:**

**Disposal Date:** TBD

**City, State:** Tulkahoma, PA

**Completed by:**

**Title:** Secretary

**Signature:**

**Date:** 05/14/15

---

*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>
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<th>Name of Building Owner/Operator (2)</th>
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</thead>
<tbody>
<tr>
<td>5 / 15 / 15</td>
<td>EPA</td>
<td>Johnson &amp; Johnson</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>First Floor</td>
</tr>
<tr>
<td>Basement</td>
</tr>
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</table>

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

<table>
<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<table>
<thead>
<tr>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Removal</td>
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<tr>
<td>Repair</td>
</tr>
<tr>
<td>Encapsulation</td>
</tr>
<tr>
<td>Endorse</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**

USA Environmental Mgmt., Inc

**Disposal Date**

City, State

Morrisville, PA

**Signature**

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

(State of New Jersey) (Pursuant to NJAC 8:60-7 and 12:120-7)

**Date of Notification:** 5-11-15

**Name of Building Owner/Operator:** Mary Ann Lombardi

**Street Address:** 159 Walnut Street

**City, State, Zip Code:** Bloomfield, NJ, 07003

**Name of Contact:** Mary Ann Lombardi

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place:** Same as above

**City:** Essex

**County:** (6)

**County Code:** (7)

**Square Feet:** 1700

**No. of Floors:** 2

**Bldg. Age:** 75

**Type of Facility:** Other (i.e., private & commercial building, homes, etc.)

**Scheduled Start Date:** 5-21-15

**Sched. Completion Date:** 5-25-15

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

**Scope of Work:**

- [X] Renovation
- [ ] Demolition

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

**Location Normally Used:**

- [X] Basement
- [ ] Pipe Insulation

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

- [ ] Full Containment with Negative Pressure
- [ ] Non-Friable Procedure

**Name of Registered Waste Hauler:**

**Waste Hauler ID No.:** 17040

**Cubic Yards of Waste:** 1.5

**Name of Registered W.O.:** G.R.O.W...!!.

**Disposal Date:** 5-23-15

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

**Completed By:** Constantine Vivian

**Title:** President

**Date:** 5-11-15

**License Number:** 00375

**Project Manager for Monitoring Firm:**

**Telephone Number:** (973) 744-8800

**Name of OSHA Monitor:** N/A
State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60 and 12:120)

Data of Notification (1)

Name of Building Owner/Operator (2)
COURTNEY CALLAGHAN

Agencies Notified

- EPA
- DEP
- DOH

Type Notification

- Initial
- Amended
- Emergency
- Cancellation

Amendment #: __________

Name of Contact
COURTNEY CALLAGHAN

Street Address
345 MAOLIS AVENUE

City, State, Zip Code
GLEN RIDGE, NJ 07028

Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
COURTNEY CALLAGHAN

Street Address
345 MAOLIS AVENUE

City (5)  County (6)  County Code (7)
GLEN RIDGE  ESSEX

Type of Facility (4)
- School (K - 12)
- Other (Private/Commercial
Buildings/Homes, etc.)

Square Feet # of Floors Bldg. Age

Current Use (Prior if being demolished)

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

ASCM No.

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

Street Address
20 California Ave.

City, State, Zip Code
Paterson, NJ 07503

Telephone Number
973-345-8020

License Number
01169

Name of OSHA Monitor
D & S Restoration, Inc.

Street Address
20 California Ave.

City, State, Zip Code
Paterson, NJ 07503

Occupy 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

Project Manager for Monitoring Firm

Phone Number

Start Date (10)  Sched. Completion Date (11)
06/02/15  06/18/15

Scope of Work (check all that apply)
- ≥3 sf or ≥2 ft
- ≥160 sf or ≥260 ft
- Renovation
- Demolition

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

Description of asbestos-containing material (ACM)
PIPE INSULATION

Amount (Specify SF or LF) 0.1 ft

Removal
Repair
Encapsulation

Registered Waste Hauler
D & S RESTORATION, INC.
NJDEP Hauler #13506

Name of Registered Landfill
TULLYTOWN, RESOURCE RECOVERY

Cubic Yards of Waste
1 yd.

Disposal Date
06/03/15

City, State
PATerson, NJ 07503

Completed by (Print or Type)
BOGDAN JOLdzic

Title
PRESIDENT

Date
05/19/2015

Signature

City, State
TULLYTOWN, PA

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</th>
<th>Name of Building Owner/Operator</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/15/15</td>
<td>MARC ROMANOFF</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name of Building Owner/Operator</th>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>MARC ROMANOFF</td>
<td>9 ELM COURT WAY</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>Name of Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>WEST ORANGE, ESSEX</td>
<td>MARC ROMANOFF</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Telephone Number</th>
<th>FACILITY INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Name of facility where abatement is taking place</td>
</tr>
<tr>
<td></td>
<td>MARC ROMANOFF</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Bldg. Owner</th>
<th>ASCM No.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<table>
<thead>
<tr>
<th>Start Date</th>
<th>Sched. Completion Date</th>
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</thead>
<tbody>
<tr>
<td>05/29/15</td>
<td>06/10/15</td>
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<table>
<thead>
<tr>
<th>Occupancy Status During Abatement</th>
<th>Scope of Work</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Check only one)</td>
<td>(check all that apply)</td>
</tr>
<tr>
<td>[ ] Facility closed/vacated during entire period of abatement.</td>
<td>[ ] ≥2 sf or ≥2 if</td>
</tr>
<tr>
<td>[ ] Abatement performed outside of normal facility hours-</td>
<td>[ ] ≥160 sf or ≥260 if</td>
</tr>
<tr>
<td>Describe:</td>
<td>[ ] Demolition</td>
</tr>
<tr>
<td>[X] NORMAL HOURS</td>
<td></td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Location of asbestos-containing material (acm) to be abated in facility</th>
<th>Description of asbestos-containing material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>[X] BASEMENT/CRAWL SPACE</td>
<td>PIPE INSULATION</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Land Recovery Company</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>TULLYTOWN, RESOURCE RECOVERY</td>
<td>05/19/15</td>
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<table>
<thead>
<tr>
<th>Registered Waste Hauler</th>
<th>Cubic Yards of Waste</th>
</tr>
</thead>
<tbody>
<tr>
<td>D &amp; S RESTORATION, INC.</td>
<td>1 yd.</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Disposal Date</th>
<th>City, State</th>
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<tbody>
<tr>
<td>06/01/15</td>
<td>PATerson, NJ 07503</td>
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<table>
<thead>
<tr>
<th>Completed by</th>
<th>Title</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>BOGDAN JOLDZIC</td>
<td>PRESIDENT</td>
<td></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 8:66 and 5:16)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>5/22/15</th>
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<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
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<tbody>
<tr>
<td>□ EPA</td>
<td>Initial</td>
</tr>
<tr>
<td>□ DCR</td>
<td>Amended</td>
</tr>
<tr>
<td>□ DOL</td>
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<tr>
<td>□ DOH</td>
<td>Emergency (including justification)</td>
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<tr>
<td>□ DCA</td>
<td>Cancellation</td>
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<table>
<thead>
<tr>
<th>Name of Building Owner/Operator (2)</th>
<th>Kubiak</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>8 Sharon Rd.</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Name of Contact</th>
<th>Gary Kubiak</th>
</tr>
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</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement Is Taking Place (3)</th>
<th>Residential</th>
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<table>
<thead>
<tr>
<th>Street Address</th>
<th>8 Sharon Rd.</th>
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<table>
<thead>
<tr>
<th>City</th>
<th>Robbinsville, NJ</th>
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<table>
<thead>
<tr>
<th>County (6)</th>
<th>Mercer</th>
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<table>
<thead>
<tr>
<th>County Code (7) (STATE USE ONLY)</th>
<th>1800</th>
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<table>
<thead>
<tr>
<th>Square Feet</th>
<th># of Floors</th>
<th>Bldg. Age</th>
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<tbody>
<tr>
<td>1800</td>
<td>2</td>
<td>60+/-</td>
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<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>DB Environmental</th>
</tr>
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<table>
<thead>
<tr>
<th>Street Address</th>
<th>4 Berkeley Place</th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>Freehold, NJ 07728</th>
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<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Dave Bunocore</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Telephone No.</th>
<th>(732) 740-8408</th>
</tr>
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<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>6/1/15</th>
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<table>
<thead>
<tr>
<th>Scheduled Completion Date (11)</th>
<th>7/10/15</th>
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<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check only one)</th>
<th>☒ Facility Closed/Vacated During Entire Period of Abatement</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Abatement Performed Outside of Normal Facility Hours</td>
<td>□ Other - Describe:</td>
</tr>
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<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
<th>☒ 33 sf or &lt; 33 sf</th>
<th>☒ 160 sf or &lt; 250 sf</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Renovation</td>
<td>☒ Demolition</td>
<td></td>
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<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED</th>
</tr>
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<table>
<thead>
<tr>
<th>IN Facility (13)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
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</table>

<table>
<thead>
<tr>
<th>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or FT)</th>
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<table>
<thead>
<tr>
<th>Abatement Type</th>
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<table>
<thead>
<tr>
<th>Removal</th>
<th>Regrout</th>
<th>Encapsulate</th>
<th>End Cap</th>
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<table>
<thead>
<tr>
<th>Name of Abatement Contractor (6)</th>
<th>Stevens Environmental Services, Inc.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>PO Box 321</th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>Allentown, NJ 08501</th>
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<table>
<thead>
<tr>
<th>Project Manager (6)</th>
<th>Dave Bunocore</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Telephone No.</th>
<th>(609) 259-9688</th>
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<table>
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<tr>
<th>Name of OSHA Monitor</th>
<th>DB Environmental</th>
</tr>
</thead>
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<tr>
<th>Street Address</th>
<th>4 Berkeley Place</th>
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<tr>
<th>Name of Registered Waste Hauler</th>
<th>Stevens Environmental Services, Inc.</th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>NJDEP Waste Hauler ID No.</th>
<th>18292</th>
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<table>
<thead>
<tr>
<th>Cubic Yards of Waste</th>
<th>5 CU</th>
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<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
<th>JROWLS Landfill</th>
</tr>
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<table>
<thead>
<tr>
<th>Disposal Date</th>
<th>7/12/15</th>
</tr>
</thead>
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<table>
<thead>
<tr>
<th>City, State</th>
<th>Allentown, NJ</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Completed By</th>
<th>Mahlon E. Stevens</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Title</th>
<th>Project Manager</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Signature</th>
<th>5/22/15</th>
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