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

Date of Notification (1) 05/22/14

Name of Building Owner/Operator (2) Merck Sharp and Dohme Corporation

Agencies Notified
- EPA
- DOLWD
- DHSS
- DCA
  (NJAC 5:23-8)
Type Notification
- Initial
- Amended
- Amendment #002
- Emergency (including justification)
- Cancellation

Street Address
2014 MAY 29

Name of Facility Where Abatement is Taking Place (3)
Building 121/121E & 123

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

City (5)
Rahway

County (6)
Union

County Code (7) [STATE USE ONLY] 115000

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

Name of Abatement Contractor (9)
USA Environmental Management, Inc.

Street Address
655 West Shore Trail

City, State, Zip Code
Sparta, NJ 07871

Telephone No.
973-729-5649

License No.
1156

Project Manager for Monitoring Firm
Lisa Lifola

Name of OSHA Monitor
USA Environmental Management, Inc

Start Date (10) 6/02/14

Scheduled Completion Date (11) 9/26/14

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

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

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

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

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

Amount (Specify SF or LF)

Abatement Type
- Removal
- Repair
- Encapsulate
- Enclosure

Name of Registered Waste Hauler
Freehold Cartage Inc.

NJDDE Waste Hauler ID No. 159339

Cubic Yards of Waste 1200

Name of Registered Landfill
Lycoming County RMS

City, State
Freehold, NJ

Disposal Date 8/26/14

City, State
Montgomery, PA

Completed By (Print or Type)
Dilip Kumar

Title Program Manager

Signature

Date 5/22/14

* Do not use this form for asbestos licensure exempted activities.
<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) in Facility (13)</th>
<th>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</th>
<th>Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Building 121</td>
<td>YES</td>
<td>Pipe Fittings</td>
<td>4 EA</td>
<td>X</td>
</tr>
<tr>
<td>Building 121</td>
<td>YES</td>
<td>Pipe Wrap Cloth</td>
<td>10 LF</td>
<td>X</td>
</tr>
<tr>
<td>Building 121</td>
<td>YES</td>
<td>Window Caulking</td>
<td>60 LF</td>
<td>X</td>
</tr>
<tr>
<td>Building 121</td>
<td>YES</td>
<td>Transite Window Sill</td>
<td>54 SF</td>
<td>X</td>
</tr>
<tr>
<td>Building 121</td>
<td>YES</td>
<td>Window Glazing</td>
<td>10 EA</td>
<td>X</td>
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<tr>
<td>Building 121</td>
<td>YES</td>
<td>Window Sill Caulk</td>
<td>85 EA</td>
<td>X</td>
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<tr>
<td>Building 121</td>
<td>YES</td>
<td>Door Caulk</td>
<td>200 LF</td>
<td>X</td>
</tr>
<tr>
<td>Building 121</td>
<td>YES</td>
<td>Roof Coping Stone Caulk</td>
<td>150 LF</td>
<td>X</td>
</tr>
<tr>
<td>Building 121</td>
<td>YES</td>
<td>Roofing Tar</td>
<td>24000 SF</td>
<td>X</td>
</tr>
<tr>
<td>Building 121</td>
<td>YES</td>
<td>Crawl Space</td>
<td>2000 SF</td>
<td>X</td>
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<tr>
<td>Building 121E</td>
<td>YES</td>
<td>Pipe Fittings</td>
<td>5 EA</td>
<td>X</td>
</tr>
<tr>
<td>Building 121E</td>
<td>YES</td>
<td>Transite Table Top</td>
<td>15 SF</td>
<td>X</td>
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<td>YES</td>
<td>Water Proofing</td>
<td>400 SF</td>
<td>X</td>
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<td>YES</td>
<td>Window/Door Glazing Caulk</td>
<td>63 EA</td>
<td>X</td>
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<tr>
<td>Building 121E</td>
<td>YES</td>
<td>Window Sill Caulk</td>
<td>90 EA</td>
<td>X</td>
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<tr>
<td>Building 121E</td>
<td>YES</td>
<td>Exterior Building Caulk</td>
<td>160 LF</td>
<td>X</td>
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<tr>
<td>Building 121E</td>
<td>YES</td>
<td>Roof Flashing</td>
<td>800 SF</td>
<td>X</td>
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<tr>
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<td>YES</td>
<td>Roofing Tar</td>
<td>8200 SF</td>
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<tr>
<td>Building 121E</td>
<td>YES</td>
<td>Coping Stone Caulk</td>
<td>130 LF</td>
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<tr>
<td>Building 121E</td>
<td>YES</td>
<td>Mastic on Duct</td>
<td>20 SF</td>
<td>X</td>
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<tr>
<td>Building 123</td>
<td>YES</td>
<td>Window Caulk</td>
<td>46 EA</td>
<td>X</td>
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<td>Building 123</td>
<td>YES</td>
<td>Door Caulk</td>
<td>80 LF</td>
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<tr>
<td>Building 123</td>
<td>YES</td>
<td>Roofing Tar</td>
<td>9500 SF</td>
<td>X</td>
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<tr>
<td>Building 123</td>
<td>YES</td>
<td>Coping Stone Caulk</td>
<td>300 LF</td>
<td>X</td>
</tr>
</tbody>
</table>
**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 8:80 and 12:120)

**Date of Notification (1):** 5-23-2014

**Name of Building Owner/Operator (2):** Judith Fees

**Street Address:** 26 S. Highland Ave

**City, State, Zip Code:** Runnemede, NJ 08078

**Name of Contact:** Andrew Ricco

**Telephone Number:**

---

**FACILITY INFORMATION**

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

**Street Address:** 22 S. Highland Ave

**City:** Runnemede

**County:** Camden

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

**Name of Abatement Contractor (9):** Ricco Construction Corp

**Street Address:** 282 Creek Road

**City, State, Zip Code:** Bellmawr, NJ 08031

**Telephone No.:** 856-466-6452

**License No.:** 01204

**Project Manager for Monitoring Firm:**

**Telephone No.:**

**License No.:**

---

**Start Date (10):** 5-19-2014

**Scheduled Completion Date:** 6-19-2014

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

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

---

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

- ≥3 sf or ≥3 if
- ≥160 sf or ≥260 lf
- Renovation
- Demolition

---

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

- exterior

---

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

- transite siding

---

**Amount (Spdy SP or LF):** 300sf

---

**Name of Registered Waste Hauler:** Ricco Construction Corp

**NJDEP Waste Hauler ID No.:** 28909

**Cubic Yards of Waste:** 2

**Name of Registered Landfill:** Salem County

**Disposal Date:** TBD

**City:** Alloway, NJ

**City, State:**

**Completed by:** Andrew Ricco

**Title:** owner

---

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>05/26/14</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>PLATINUM DEVELOPERS</td>
</tr>
<tr>
<td>Agencies Notified</td>
<td>Type Notification</td>
</tr>
<tr>
<td>EPA</td>
<td>Initial</td>
</tr>
<tr>
<td>DEP</td>
<td>Amended</td>
</tr>
<tr>
<td>DOL</td>
<td>Amendment #</td>
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<td>DOH</td>
<td>Emergency (Including justification)</td>
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<tr>
<td>DCA</td>
<td>Cancellation</td>
</tr>
<tr>
<td>Street Address</td>
<td>545 EAST COUNTY LINE RD. SOUTH</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>LAKEWOOD NJ 08701</td>
</tr>
<tr>
<td>Name of Contact</td>
<td></td>
</tr>
</tbody>
</table>

FACILITY INFORMATION

| Name of Facility Where Abatement is Taking Place (3) | |
| Street Address | 312 CEDAR BRIDGE |
| City (5) | LAKEWOOD |
| County (6) | OCEAN |
| County Code (7) | |
| Current Use (Prior to being demolished) | |
| Square Feet | 800 |
| # of Floors | 1 |
| Bldg. Age | |
| Name of Monitoring Firm Hired by Building Owner (8) | ASCM No. |
| Street Address | |
| City, State, Zip Code | |
| Project Manager for Monitoring Firm | |
| Telephone No. | |
| Start Date (10) | MAY 27 2014 |
| Scheduled Completion Date (11) | MAY 28 2014 |
| Occupancy Status During Abatement (Check Only One) | Facility Closed/Vacated During Entire Period of Abatement |
| Abatement Performed Outside of Normal Facility Hours | Other – Describe: |
| Scope of Work (Check All That Apply) | |
| ≥3 sf or ≥3 ft | |
| ≥180 sf or ≥260 ft | |
| Renovation | |
| Demolition | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (19) | |
| 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) | SIDING 500SF |
| Amount (Specify SF or LF) | |
| Abatement Type | |
| Repair | |
| Encapsulate | |
| Endorse | |
| Name of Registered Waste Hauler | NEWARK CARTING |
| NJDEP Waste Hauler ID No. | 04509 |
| Cubic Yards of Waste | 5 |
| Name of Registered Landfill | IESI |
| Disposal Date | 05/28/14 |
| City, State | BETHLEHEM PA |
| Completed by | JOSEPH PERLSTEIN |
| Title | OWNER |
| Signature | |
| Date | 05/26/14 |

ASB-41 (R-06-08)

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

Date of Notification (1) 04/01/14

Name of Building Owner/Operator (2)
LAND TECHNOLOGY

Street Address
1423 CEDAR ROW

City, State, Zip Code
LAKEWOOD NJ 08701

Name of Contact
JOSHUA GOLDSTEIN

Name of Facility Where Abatement is Taking Place (3)

Street Address
1414 TOWERS STREET

City (9)
LAKEWOOD

County (6)
OCEAN

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.

Name of Abatement Contractor (9)
AAA LEAD PROFESSIONALS

Street Address
6 WHITE DOVE COURT

City, State, Zip Code
LAKEWOOD, NJ 08701

Telephone No.
732-668-9078

License No.
1200

Start Date (10) 06/06/14
Scheduled Completion Date (11) 06/06/14

Type of Facility (4)

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

Square Feet 800

# of Floors 1

Bidg. Age

Current Use (Prior to being demolished)

Project Manager for Monitoring Firm

Telephone No.

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 ft
□ ≥160 sf or ≥260 ft

□ Renovation
□ Demolition

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

□ Yes
□ No
□ N/A

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

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

EXTERIOR

SINUING

800 SF

EXTERIOR

ROOFING

4 SF

Name of Registered Waste Hauler
NEWARK CARTING

NJDEP Waste Hauler ID No.
04509

Cubic Yards of Waste
5

Name of Registered Landfill
IESI

City, State
NEWARK, NJ

Disposal Date

City, State
BETHLEHEM PA

Completed by
JOSEPH PERLSTEIN
Title
OWNER

Signature

Date

* Do not use this form for asbestos licensure exempted activities.
**State of New Jersey**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:68 and 12:120)

**Date of Notification (1)**
5/21/14

<table>
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<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Name of Building Owner/Operator (2)</th>
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<tr>
<td>EPA</td>
<td>Initial</td>
<td>Geraldine Jackson</td>
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<tr>
<td>DEP</td>
<td></td>
<td></td>
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<tr>
<td>DOL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DOH</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DCA</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>142 Headley Terrace</td>
<td>Union, NJ 07083</td>
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</table>

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

**House**

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
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</thead>
<tbody>
<tr>
<td>142 Headley Terrace</td>
<td>Union, NJ 07083</td>
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<table>
<thead>
<tr>
<th>County Code (7)</th>
<th>County Code (7)</th>
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</thead>
<tbody>
<tr>
<td>N/A</td>
<td>Union</td>
</tr>
</tbody>
</table>

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

N/A

**Type of Facility (4)**

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

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

House

**Name of Abatement Contractor (9)**

D&S Abatement, Inc.

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
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<tbody>
<tr>
<td>11 Rosengren Avenue</td>
<td>Totowa, NJ 07512</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>973-345-8685</td>
<td>#00675</td>
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**Name of OSHA Monitor**

D&S Abatement, Inc.

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>11 Rosengren Avenue</td>
<td>Totowa, NJ 07512</td>
</tr>
</tbody>
</table>

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

☒ e^2 sf or e^3 if
☒ e^160 sf or e^260 if

☐ Renovation
☐ Demolition

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

**Name of Registered Waste Hauler**

D&S Abatement, Inc

<table>
<thead>
<tr>
<th>NJ/DEP Waste Hauler ID No.</th>
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</thead>
<tbody>
<tr>
<td>#20996</td>
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**Cubic Yards of Waste**

TBD

**Name of Registered Landfill**

Waste Management of PA

**City, State**

Totlewa, NJ

**Disposal Date**

TBD

**City, State**

Tullytown, PA

**Completed by**

Deanna Brusonin

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

**Title**

Project Manager

**Date**

5/21/14

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

Date of Notification (1):

05 / 23 / 14

Name of Building Owner/Operator (2):
Laura DeRoche

Street Address:
72 South Centre Street
South Orange, NJ 07079

FACILITY INFORMATION

Name of Facility Where Abatement Is Taking Place (3):
Private home

72 South Centre Street
City (5):
South Orange, NJ 07079

County Code (7) (STATE USE ONLY):

14 Essex 

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

Square Feet:

# of Floors:

Blog Age:

Name of Abatement Contractor (9):
Gr Tech LLC

Street Address:
576 Valley Rd #283
Wayne, NJ 07470

Name of OSHA Monitor:

Envirovision Consultants, Inc

Street Address:
20-21 Wagaw Road, Bldg, # 34A
Fair Lawn, NJ 07410

Start Date (10):
06 / 03 / 14

Scheduled Completion Date (11):
06 / 04 / 14

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

Time of Abatement:
AM - PM - PM - AM

Scoping Work (Check all that apply):

Renovation
Demolition

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

Is Location Normally Used Solely by Maintenance/Custodial Staff?

Yes No N/A

Location
Basement

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

Amount (Specify SI or LF):
75 LF

Abatement Type

Endorsement

Endorsement

Endorsement

Endorsement

Endorsement

Endorsement

Name of Registered Waste Hauler:
Gr Tech LLC

City, State:
Wayne, NJ 07470

Cubic Yards of Waste:
TBD

Disposal Date:
TBD

Tullytown, PA

N. Jevtic
Owner

Signature

Date
05/23/2014

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

Date of Notification (1) 5/22/14

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

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

Name of Building Owner / Operator (2)
Hazlet Township Public Schools

Street Address
421 Middle Road
City, State & Zip Code
Hazlet, NJ 07730

Name of Contact
Mr. Charles Hildner

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Raritan HS
Street Address
419 Middle Road

City (5)
Hazlet
County (6)
Monmouth
County Code (7)

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

Name of Abatement Contractor (9)
Bristol Environmental, Inc.

Street Address
120 North Warren Street
City, State & Zip Code
Trenton, NJ 08609

Project Manager for Monitoring Firm
Ryan Broadwater
Telephone Number
609-392-4200

Name of OSHA Monitor
Bristol Environmental, Inc.
Street Address
1123 Beaver Street
City, State & Zip Code
Bristol, PA 19007

License Number
(215)788-6040 00509

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: 2 PM to 10:30 PM
- [ ] Facility Occupied During Abatement

Scope of Work (Check all that apply)
- [ ] ≥3 sf or ≥3 if
- [X] ≥160 sf or ≥260 if
- [ ] 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)
Transite
Pipe Insulation Wrap & Cut
1,115 SF
25 LF

Amount (Specify SF or LF)

Abatement Type
- [ ] Removal
- [ ] Repair
- [ ] Encapsulation
- [ ] Enclose

Name of Registered Waste Hauler
NJDEP Waste Hauler ID No.
20990

Cubic Yards of Waste
4 cu yd

Name of Registered Landfill
Minerva Landfill

Disposal Date
City, State
5/24/14 Waynesburg, OH

Date
5/22/14

Service Transport Inc.
City, State
New Castle, DE

Completed By (Print or Type)
Gino Pizzigoni
Title
Project Manager
Signature

GI 14100
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 5/23/14

Name of Building Owner/Operator (2) E.I. DuPont De Nemours & Co

Street Address Route 130 & Canal Road

City, State, Zip Code Deepwater, New Jersey 08023

Name of Contact John Kyritsis

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Canal Bridge Area

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

Square Feet 0

# of Floors 0

Bldg. Age 50

Current Use (Prior to being demolished) Pipe Lines & Steel Bridge for Piping

Name of Monitoring Firm Hired by Building Owner (5) Harvard Environmental, Inc.

AsCM No.

Name of Abatement Contractor (6) Newber Environmental Services, Inc.

Street Address 760 Pulaski Highway

City, State, Zip Code Bear, DE 19701

Telephone No. 302-326-2333

Name of OSHA Monitor Harvard Env., Inc.

Street Address 42 Ridge Road

City, State, Zip Code Phoenixville, PA 19460

License No. 00836

Project Manager for Monitoring Firm Wesly Morrison

Start Date (10) 06/11/2014

Scheduled Completion Date (11) 09/11/2014

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

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

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

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

<table>
<thead>
<tr>
<th>Location of ACM</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Canal/bridge area</td>
<td>X</td>
<td></td>
<td>N/A</td>
</tr>
<tr>
<td>Canal/bridge area</td>
<td>X</td>
<td></td>
<td>N/A</td>
</tr>
<tr>
<td>Canal/bridge area</td>
<td>X</td>
<td></td>
<td>N/A</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 or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Galbestos on structural steel</td>
<td>5272 sf</td>
</tr>
<tr>
<td>Tsl pipe</td>
<td>940 if</td>
</tr>
<tr>
<td>Galbestos on pipe</td>
<td>1240 if</td>
</tr>
<tr>
<td>Mastic on pipe</td>
<td>100 if</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler

SJ Transportation

Cubic Yards of Waste 40

Name of Registered Landfill Constoga

City, State Woodstown, NJ

Disposal Date 7-8-9/2014

City, State Morgantown, PA

Completed by Jeff LaRiviere

Title V.P.

Signature

Date 5/23/2014

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

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

**State of New Jersey**

**THE COMMUNITY SCHOOL - LOWER SCHOOL**

**Street Address:**

11 WEST FOREST AVENUE

**City, State, Zip Code:**

TEANECK, NJ 07666

**Name of Building Owner/Operator:**

MATTHEW ALBAN

**FACILITY INFORMATION**

**Type of Facility:**

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

**Square Footage:**

- Number of Floors
- Building Age

**Current Use:**

- Prior to being demolished

**Name of Abatement Contractor:**

J.R. CONTRACTING & ENVIRONMENTAL CONSULTING, INC.

**Street Address:**

1141 ROUTE 23

**City, State, Zip:**

WAYNE, NJ 07470

**Telephone Number:**

973 628-2500

**License Number:**

00408

**Name of OSHA Monitor:**

Enviro Vision Consultants, Inc.

**Street Address:**

20-21 Wagaraw Road, Bldg. #34A

**Fair Lawn NJ 07410**

### Scope of Work

- [x] Demolition
- [x] Renovation

### Occupancy Status During Abatement

- [x] Facility Closed/Vacated During Entire Period
- [ ] Abatement Performed Outside of Normal Facility
- [x] Hours - Described: 7:00 a.m. - 3:30 p.m.
- [ ] Other - Describe:

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Normally Used</th>
<th>Solvent by Maintenance / Custodial Staff</th>
<th>Description of ACM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Basement</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>First Floor</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Second Floor</td>
<td>X</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Abatement Type

<table>
<thead>
<tr>
<th>Removable</th>
<th>Removal</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

### Abatement Type

- [x] O & M Procedure
- [ ] Full Containment With Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non Exempted (*) and Non-Friable Procedure

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

- 8 LF
- 0.5 SF
- 6 SF
- 8 SF

**Name of Registered Waste Hauler:**

J.R. Contracting & Environmental Consulting, Inc.

**City, State:**

Wayne NJ 07470

**Cubic Yards of Waste:**

1

**Name of Registered Landfill:**

G.R.O.W.S

**City, State:**

Morrisville PA

**Date:**

06/23/14

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

**Title:**

Jerry Bijelonic

**Signature:**

[Signature]

**Date:**

06/23/14
**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 8:30 and 12:120)

**Date of Notification (1)**
05/21/14

**State of New Jersey**

**Name of Building Owner/Operator (2)**
Elizabeth Public Schools

**Agencies Notified (3)**
- DEP
- DOL
- DOH
- DDA
- Initial
- Amended
- Cancellation

**Street Address**
500 North Broad Street

**City, State, Zip Code**
Elizabeth, New Jersey 07208

**Name of Contact**
Luis Milanes

**Name of Facility Where Abatement Is Taking Place (5)**
George Washington School # 1

**Square Feet**
20,000

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

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

**License No.**
01104

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

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Monitoring Firm (8)</th>
<th>AOCM No.</th>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Detail Associates, Inc.</td>
<td></td>
<td>Litch Corporation</td>
</tr>
</tbody>
</table>

**Street Address**
300 Grand Avenue

**City, State, Zip Code**
Englewood, NJ 07631

**Telephone No.**
201-599-8708

**Name of OSHA Monitor**
J&J Environmental Labs

**Street Address**
2333 Route 22 West

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

**Project Manager for Monitoring Firm**
Stephen J.

**Start Date (10)**
05/24/14

**Scheduled Completion Date (11)**
06/27/14

**Occupancy Status During Abatement (Check Only One)**
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other -- Describe: Stay 8AM Start

**Scope of Work (Check All That Apply)**
- 25 sf or 33 ft
- 160 sf or 2300 ft²
- Renovation Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovesbag Procedure
- Non-Exempted (0) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Location Normally Used Safely by Maintenance/ Custodial Staff (12)</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mechanical Room Next to Gym X</td>
<td>O&amp;M Pipes Insulation</td>
<td>6 LF</td>
<td>X</td>
</tr>
<tr>
<td>Incinerator Room X</td>
<td>O&amp;M Clean up Spray on Material</td>
<td>75 SF</td>
<td>X</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**
Litch Corporation

**City, State**
Woodland Park, NJ 07424

**Disposal Date**
05/28/14

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

**Signature**
Tatiana Kelenikova
Title: Vice President

**Completed by**
Tatiana Kelenikova

---

*Do not use this form for asbestos licensure exempted activities.*
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:59 and 12:120)

Date of Notification (1)
5/22/2014

Name of Building Owner/Operator (2)
Philip M. Gatti

Agencies Notified
-EPA
-DEP
-DOH
-DOL
-DOA

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

Street Address
15 Prospect St.

City, State, Zip Code
Madison, NJ

Name of Contact
Philip M. Gatti

Telephone Number

FACILITY INFORMATION

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

Street Address
20 Forest Rd.

City (6)
Madison

County Code (7)
County Code (7)

Square Feet
1,900 +

# of Floors
2

Bldg. Age
50+

Current Use (Prior if being demolished)

Name of Abatement Contractor (9)
Unicorn Contracting Corp.

Street Address
1087 Pleasant Valley Way

City, State, Zip Code
West Orange, N J 07082

Project Manager for Monitoring Firm

Telephone No.
973-333-9176

License No.
01232

Name of OSHA Monitor
Envirovision Consultants Inc.

Street Address
20-21 Wagarow Rd. - Bldg.35E

City, State, Zip Code
Fair Lawn, NJ 07410

Scope of Work (Check All That Apply)

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

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

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

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

Amount (Specify $F or LF)

Abatement Type

- Removal
- Repair
- Encapsulate
- Enclosure

Name of Registered Waste Hauler 
Freehold Cartage

NJDEP Waste Hauler ID No.
15939

Cubic Yards of Waste
1

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

City, State 
Fair Lawn, NJ

Disposal Date 
TBD

City, State 
Morrisville, Pennsylvania

Completed by 
Blagica Nikolova

Title 
President

Signature 

Date 
05/22/2014

* Do not use this form for asbestos licensure exempted activities.
<table>
<thead>
<tr>
<th><strong>Date of Notification (1)</strong></th>
<th>5-23-14</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Name of Building Owner/Operator (2)</strong></td>
<td>S. McGowan</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Agency Method</strong></th>
<th><strong>Type Notification</strong></th>
<th><strong>Street Address</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
<td>74 Sherwood Road</td>
</tr>
<tr>
<td>DEP</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DOL</td>
<td></td>
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<tr>
<td>DOH</td>
<td></td>
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</tr>
<tr>
<td>DCA</td>
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</tr>
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</table>

<table>
<thead>
<tr>
<th><strong>City (5)</strong></th>
<th><strong>State, Zip Code</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>TENAFELY</td>
<td>NJ 07670</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Type of Facility (4)</strong></th>
<th><strong>Name of Abatement Contractor (5)</strong></th>
<th><strong>Scope of Work (Check all that apply)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>School (K-12)</td>
<td>Best Removal Inc</td>
<td>Full Containment with Negative Pressure</td>
</tr>
<tr>
<td>Subchapter 8 (Other than K-12)</td>
<td>Hackensack, N.J. 07601</td>
<td>In Situ Encapsulation</td>
</tr>
<tr>
<td>Other (i.e., private &amp; commercial buildings, offices, etc.)</td>
<td>Omega Environmental Inc</td>
<td>Removal of Hazardous Waste Material</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Name of Building Owner/Operator (2)</strong></th>
<th><strong>Telephone No.</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>S. McGowan</td>
<td>201-329-7444</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Project Manager for Monitoring Firm</strong></th>
<th><strong>Telephone No.</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Location of Asbestos-Containing Material (ACM) TO BE ABATED</strong></th>
<th><strong>Amount (Specify $ or LF)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement Boiler Room</td>
<td>48 SF or LF</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Name of Registered Waste Handler</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Best Removal Inc</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Name of Registered Landfill</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Minerva Enterprises</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>City, State</strong></th>
<th><strong>Disposal Date</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Hackensack, N.J. 07601</td>
<td>6-6-14</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Estimator</strong></th>
<th><strong>Date</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>R. Veldran</td>
<td>5-23-14</td>
</tr>
</tbody>
</table>

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

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

**State of New Jersey**

**Date of Notification (1)**

5 / 23 / 14

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

MERCK SHARP & DOHME CORP.

**Street Address**

126 E. LINCOLN AVENUE, P.O. BOX 2000, RYDELSFORD, NEW JERSEY 07085

**City, State, Zip Code**

RAHWAY, NEW JERSEY 07065

**Name of Contact**

MARY BETH BAKER

**Telephone Number**

**FACILITY INFORMATION**

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

MERCK SHARP & DOHME CORPORATION

**Street Address**

126 EAST LINCOLN AVENUE - BUILDING 810

**City (5), State, Zip Code**

RAHWAY, NEW JERSEY 07065

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

UNION

**Type of Facility (4)**

X Subchapter 8 (Other than K-12)

**Square Feet**

20,000

**# of Floors**

3

**Bldg. Age**

40

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

VACANT

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

ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.

**ASCM No.**

17

**Name of Abatement Contractor (9)**

PAR ENVIRONMENTAL CORPORATION

**Street Address**

665 WEST SHORE TRAIL

**City, State, Zip Code**

SPARTA, NEW JERSEY 07871

**Telephone Number**

973-729-5649

**License Number**

1101

**Project Manager for Monitoring Firm**

WILLIAM S. KERBEL, CIN

**Expected State Date (10)**

6 / 2 / 14

**Sched. Completion Date (11)**

8 / 15 / 14

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

X Facility Closed/Vacated During Entire Period of Abatement

X Abatement Performed Outside of Normal Facility Hours - Describe: MONDAY-FRIDAY 7AM-3:30 PM

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

X Demolition

X >3SF OR LF

X >100 SF OR 230 LF

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

TO BE ABATED in Facility (13)

Yes

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

(le. Thermal systems insulation, surfacing, VAT, or other miscellaneous)

**Amount (Specify SF or LF)**

5,685 sf

**SECOND FLOOR / MEZZANINE**

X VAT & MASTIC

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

**Name of Registered Waste Hauler**

FREEHOLD CARTAGE, INC.

**Cubic Yards of Waste**

40

**Name of Registered Landfill**

LYCOMING COUNTY RESOURCE MANAGEMENT ENTERPRISE

447 ALEXANDER DRIVE/ROUTE 15

**City, State**

FREEHOLD, NEW JERSEY

**Disposal Date**

9/3-8/30/2014

**Name of Registered Landfill**

LYCOMING COUNTY RESOURCE MANAGEMENT ENTERPRISE

447 ALEXANDER DRIVE/ROUTE 15

**City, State**

FREEHOLD, NEW JERSEY

**Disposal Date**

9/3-8/30/2014

**Completed by (Print or Type)**

BENJAMIN SANCHEZ

**Title**

DIRECTOR OF OPERATIONS

**Signature**

5/23/14
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:58 and 12:120)

Date of Notification (1)
5-23-2014

Name of Building Owner/Operator (2)
Care Point Health

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

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

Street Address
306 Willow Ave.

City, State, Zip Code
Hoboken, NJ 07030

Name of Contact
& LICENSING

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Hoboken University Medical Center

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

Square Feet

# of Floors

Bldg. Age

50+

Hospital

County Code (7)
(HIGH AT USE ONLY)

Current Use (Prior to being demolished)

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

ASCN No.
n/a

Name of Abatement Contractor (9)
Loznica Management Corp

Street Address
n/a

22 Troy Lane

City, State, Zip Code
n/a

Lincoln Park, NJ 07035

Project Manager for Monitoring Firm
n/a

Telephone No.
n/a

Telephone No.
973-706-7950

License No.
01193

Name of OSHA Monitor
Loznica Management Corp

Start Date (10)
6-2-2014

Scheduled Completion Date (11)
6-6-2014

Occuacancy 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 ft
- $160 sf or 260 ft
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Removale 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
(Specify SF or LF)

Abatement Type
Removal
Repair
Encapsulation
Enclosure

Name of Registered Waste Hauler
Loznica Management Corp

NUDEP Waste Hauler ID No.
033137

Cubic Yards of Waste
TBD

Name of Registered Landfill
GROWS Landfill

City, State
Lincoln Park, NJ 07035

Disposal Date
TBD

City, State
Morrisville PA 19067

Completed by
E. Cirovic

Title
Secretary

Signature

Date
5-23-2014

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

**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:80 and 12:120)

**Date of Notification:** 5-24-14

**Name of Building Owner/Operator:** State of Daniel Tapeo

**Name of Contact:** Francis

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

**Name of Monitoring Firm Hired by Building Owner:** Ascend Co., Inc.

**Name of Abatement Contractor:** Ace Insulation Co., Inc.

**Start Date:** 6-2-14

**Scheduled Completion Date:** 6-10-14

**Type of Construction:** Full Containment with Negative Pressure

**Location of Asbestos-Containing Material (ACM) to Be Abated:** Outdoors

**Amount (SCFL or LF):** 3000 lb

**Location Normally Used Solely by Maintenance/Custodial Staff:** No

**Cubic Yards of Waste:** 1

**Location Name:** Colts Neck, New Jersey

**Cubic Yards of Waste:** 1

**Name of Registered Waster Hauler:** Ace Insulation Co., Inc.

**Cubic Yards of Waste:** 1

**Name of Registered Landfill:** Chris

**Compliance Date:** 5-24-14

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>5-32-14</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agencies Notified</td>
<td></td>
</tr>
<tr>
<td>EPA DEP DOL DOH DCA</td>
<td></td>
</tr>
<tr>
<td>Type Notification</td>
<td></td>
</tr>
<tr>
<td>Initial Amended Amendment # Emergency (including justification) Cancellation</td>
<td></td>
</tr>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td></td>
</tr>
<tr>
<td>Street Address</td>
<td>132 Creekfield Ave</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td></td>
</tr>
<tr>
<td>Name of Contact</td>
<td></td>
</tr>
<tr>
<td>Telephone number</td>
<td></td>
</tr>
</tbody>
</table>

FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>132 Creekfield Ave</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of Facility (4)</td>
<td>School (K-12)</td>
</tr>
<tr>
<td></td>
<td>Subchapter B (Other than K-12)</td>
</tr>
<tr>
<td></td>
<td>Other (i.e. private &amp; commercial buildings, homes, etc.)</td>
</tr>
<tr>
<td>Square Feet # of Floors Bldg. Age</td>
<td>1500 1 61</td>
</tr>
<tr>
<td>Current Use (Prior if being demolished)</td>
<td></td>
</tr>
</tbody>
</table>

Name of Monitoring Firm Hired by Building Owner (6) ASCM No.
Name of Abatement Contractor (8) Ace Insulation Co., Inc.
Street Address                                      95 Montrose Road
City, State, Zip Code                                Colts Neck, N.J. 07722

Project Manager for Monitoring Firm Telephone No.

<table>
<thead>
<tr>
<th>Start Date</th>
<th>Scheduled Completion Date (11)</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>5-32-14</td>
<td>6-5-14</td>
<td>00029</td>
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</tbody>
</table>

Occupancy Status During Abatement (Check Only One)

<table>
<thead>
<tr>
<th>Facility Closed/Vacated During Entire Period of Abatement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours</td>
</tr>
<tr>
<td>Other – Describe:</td>
</tr>
</tbody>
</table>

Scope of Work (Check All That Apply)

| ≥25 sf or ≥25 ft                                      |
| 2160 sf or ≥2260 ft                                  |

Renovation Demolition

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

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

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

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

Amount (Specify SF or LF)

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

Name of Registered Waste Hauler
Ace Insulation Co., Inc.
NJDEP Waste Hauler ID No. 12086
Cubic Yards of Waste
Name of Registered Landfill
Chirns
Disposal Date 6-5-14
City, State Easton, Pa

Completed by George Wuest Title President Signature 5-32-14

Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:99 and 12:120)

Date of Notification (1) 2014 MAY 29 AM 1:11

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

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

Name of Building Owner/Operator (2)

Name of Facility Where Abatement is Taking Place (3)

Street Address
1307 B Street

City (5)
Barnegat

County (6)
Monmouth

County Code (7) (STATE USE ONLY) 08

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

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

Street Address
95 Montrose Road

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

Project Manager for Monitoring Firm

Telephone No.
732-294-1757 00029

License No.

Start Date (10) 5-23-14
Scheduled Completion Date (11) 5-25-14

Occupancy Status During Abatement (Check Only One)
☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☐ Other — Describe: 24/7

Scope of Work (Check All That Apply)
☐ 2,000 sf or less
☐ 2,000 to 6,000 sf
☐ Renovation
☐ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

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

Location Normally Used Solely by Maintenance/Custodial Staff? (14)
☐ Yes  ☐ No  ☐ N/A

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

Amount (Specify SF or LF)

Abatement Type
☐ Removal  ☐ Repair  ☐ Encapsulate  ☐ Enclosure

Name of Registered Waste Hauler
Ace Insulation Co., Inc.

NJDEP Waste Hauler ID No.
12086

Cubic Yards of Waste 3

Name of Registered Landfill
Chirins

Disposal Date 5-25-14

City, State
Easton, Pa

Completed by
George Wuest
Title
President

Signature
Date 5-21-14

FACILITY INFORMATION

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

Square Feet 1500

# of Floors 1

Bidg. Age 67

Current Use (Prior if being demolished)

Name of Contact

Telephone Number

ASB-41 (R-05-08)

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>5-21-14</td>
<td>Stock</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Name of Building Owner/Operator (2)</th>
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<tr>
<td>EPA</td>
<td>Initial</td>
<td>Stock</td>
</tr>
<tr>
<td>DEP</td>
<td>Amendment #</td>
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</tr>
<tr>
<td>DOL</td>
<td>Emergency</td>
<td></td>
</tr>
<tr>
<td>DOH</td>
<td>Justification</td>
<td></td>
</tr>
<tr>
<td>DCA</td>
<td>Cancellation</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
<th>Name of Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>24 East Pleasant Way</td>
<td>Lakeland, NJ</td>
<td>-</td>
</tr>
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</table>

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

<table>
<thead>
<tr>
<th>Square Feet</th>
<th># of Floors</th>
<th>Bldg. Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>-</td>
<td></td>
<td>15</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Current Use (Prior if being demolished)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feed</td>
<td>RESIDENTIAL</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (6)</th>
<th>ASCM No.</th>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acme Insulation Co., Inc.</td>
<td></td>
<td>Ace Insulation Co., Inc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>95 Montrose Rd</td>
<td>Colts Neck, N.J. 07722</td>
<td>732-294-1757</td>
<td>00028</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>5-22-14</td>
<td>5-24-14</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 Facility Hours</td>
</tr>
<tr>
<td>Other - Describe:</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check All That Apply)</th>
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</thead>
<tbody>
<tr>
<td>&gt;32 sf or &gt;3 if</td>
</tr>
<tr>
<td>≤160 sf or ≥250 if</td>
</tr>
<tr>
<td>Renovation</td>
</tr>
<tr>
<td>Demolition</td>
</tr>
<tr>
<td>Full Containment with Negative Pressure</td>
</tr>
<tr>
<td>Mini-Enclosure</td>
</tr>
<tr>
<td>Glovebag Procedure</td>
</tr>
<tr>
<td>Non-Exempted (*) and Non-Friable Procedure</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Old Asbestos-containing Material (ACM) to be Ignored in Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
</tr>
</thead>
</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>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</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>
<th>NJDEP Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acme Insulation Co., Inc.</td>
<td>12086</td>
<td>2</td>
<td>Chris</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completion Date</th>
<th>Disposal Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>5-21-14</td>
<td>5-24-14</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed by</th>
<th>Title</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>George Wuest</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 8:69 and 6:19)

Date of Notification (1) 05 / 23 / 14
Name of Building Owner/Operator (2) Pensauken Township

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

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

Street Address
5605 N. Crescent Boulevard
City, State, Zip Code
Pensauken, NJ 08110

Name of Contact
Dennis O'Rourke

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
A. Barry Steel Company

Street Address
450 Cove Road
City (5)
Pensauken Twp
County (6)
Camden

County Code (7) (STATE USE ONLY)

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

ASCM No.

Name of Abatement Contractor (9)
Luzon, Inc.

Street Address
8451 Executive Ave.
City, State, Zip Code
Philadelphia, Pa. 19153

Telephone No.
610 277 0405

License No.
01109

Ray Giordano

Start Date (10) 06 / 09 / 14
Scheduled Completion Date (11) 08 / 08 / 14

Name of OSHA Monitor
Joseph Maronski

Street Address
8451 Executive Avenue
City, State, Zip Code
Philadelphia, Pa. 19153

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

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

<table>
<thead>
<tr>
<th>Facility</th>
<th>TO BE ABATED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement - Office</td>
<td>☐ Aircell Duct Insulation/Debris 100 SF</td>
</tr>
<tr>
<td>Basement &amp; 1st Floor - Office</td>
<td>☐ Plaster from Ceiling and Walls 6000 SF</td>
</tr>
<tr>
<td>Basement &amp; 1st Floor - Office</td>
<td>☐ Safe Doors 50 SF</td>
</tr>
<tr>
<td>1st Floor - Office</td>
<td>☐ 9x3 Floor Tiles 2,500 SF</td>
</tr>
</tbody>
</table>

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

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

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

Amount (Specify SF or LF)

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aircell Duct Insulation/Debris</td>
<td>100 SF</td>
</tr>
<tr>
<td>Plaster from Ceiling and Walls</td>
<td>6000 SF</td>
</tr>
<tr>
<td>Safe Doors</td>
<td>50 SF</td>
</tr>
<tr>
<td>9x3 Floor Tiles</td>
<td>2,500 SF</td>
</tr>
</tbody>
</table>

Abatement Type

<table>
<thead>
<tr>
<th>Removal</th>
<th>Repair</th>
<th>Encapsulate</th>
<th>Enclosure</th>
</tr>
</thead>
</table>

Name of Registered Waste Hauler Service Transport Group
NJDEP Waste Hauler ID No. SW2117

Disposal Date 8/02/14
City, State New Castle, DE Waynesburg, OH

Completed By (Print or Type)
Piyush Patel

Title Program Manager

Signature Piyush Patel Date 5/23/14

* Do not use this form for asbestos licensure exempted activities.
<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) in Facility (13)</th>
<th>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</th>
<th>Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other misc.</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exterior Windows - Office</td>
<td>x</td>
<td>Glazing Putty</td>
<td>50 SF</td>
<td>X</td>
</tr>
<tr>
<td>Exterior Windows - Office</td>
<td>x</td>
<td>Caulk</td>
<td>20 SF</td>
<td>X</td>
</tr>
<tr>
<td>Office Roof</td>
<td>x</td>
<td>Black Flashing Sealer</td>
<td>500 SF</td>
<td>X</td>
</tr>
<tr>
<td>Warehouse</td>
<td>x</td>
<td>Transite Panels – Wall/Roof</td>
<td>56,000 SF</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>x</td>
<td></td>
<td></td>
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<td>x</td>
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</table>
## State of New Jersey
### NOTIFICATION ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

**Date of Notification (1):** 5/14/14

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Name of Building Owner/Oper (2)</th>
<th>Street Address (3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>DEP</td>
<td>Initial</td>
<td>KS Ventures LLC</td>
<td>1800 Marlton Pike East</td>
</tr>
<tr>
<td>DOL</td>
<td>Amended</td>
<td></td>
<td>City, State, Zip Code</td>
</tr>
<tr>
<td></td>
<td>Amendment # 2</td>
<td></td>
<td>Cherry Hill NJ 08003</td>
</tr>
</tbody>
</table>

**Name of Contact:** Fred Casta

**FACILITY INFORMATION**

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

**Street Address:** 1800 Marlton Pike East

**City (5):** Cherry Hill NJ 08003

**County (6):** Camden

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

<table>
<thead>
<tr>
<th>Current Use (Prior to being demolished)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Restaurant</td>
</tr>
</tbody>
</table>

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

**Name of Abatement Contractor (9):** AEI2, LLC

**Street Address:** 300 Lenola Road

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

**Project Manager for Monitoring Firm:**

**Telephone No.:** 609-481-2122

**License No.:** 00689

**Start Date (10):** 5/14/14

**Scheduled Completion Date (11):** 6/14/14

**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] ≥ 1000 square feet or ≥ 3 floors
- [ ] ≥ 100 square feet or ≥ 300 square feet
- [ ] Renovation
- [x] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [x] Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Location Normally Used Solely by Maintenance/ Custodial Staff? (12)</th>
<th>Description of Asbestos Containing Material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>IS</td>
<td>(i.e., thermal systems insulation, surfacing, VAC, or other miscellaneous)</td>
</tr>
</tbody>
</table>

**Amount (Specify SF or LF):** 2000 sq ft

**Exterior Siding:** Yes

<table>
<thead>
<tr>
<th>Transite shingles</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000 sq ft</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler:**

**NJDEP Waste Hauler ID No.:** AEI2, LLC

**Cubic Yards of Waste:** 10

**Name of Registered Landfill:** TBD

**City, State:** Maple Shade, NJ

**Completed By:**

<table>
<thead>
<tr>
<th>Title</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Mgr.</td>
<td>Wm. Minnick</td>
</tr>
</tbody>
</table>

**Signature:**

**Date:** 5/14/14

---

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

**Date of Notification (1):** 5/14/14

<table>
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<th>Agencies Notified</th>
<th>Type Notification</th>
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</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Intel</td>
</tr>
<tr>
<td>DEP</td>
<td>Amended</td>
</tr>
<tr>
<td>DOL</td>
<td>Amendment # 2</td>
</tr>
<tr>
<td>DOH</td>
<td>Emergency (including justification)</td>
</tr>
<tr>
<td>DCA</td>
<td>Cancellation</td>
</tr>
</tbody>
</table>

**Name of Building Owner/Operator (2):** KS Ventures LLC

**Street Address:** 1800 Marlton Pike East

**City (s):** Cherry Hill NJ 08003

**Telephone Number:**

**Name of Contact:** Fred Casta

### FACILITY INFORMATION

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

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

**Square Feet:** 2500

**Bldg. Age:** 30 yrs

**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):**
- [ ] 23 sf or > 23 sf
- [x] 160 sf or > 260 sf
- [ ] Demolition

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

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

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

**Amount (Specify SF or LF):** 2000 sf

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

### WASTE MANAGEMENT

**Name of Registered Waste Hauler:** AE2, LLC

**NJDEP Waste Hauler ID No.:** 21376

**Cubic Yards of Waste:** 10

**Name of Registered Landfill:** TBD

**City, State:** Maple Shade, NJ

**Completed By:** Wm. Minnich

**Title:** Program Mgr.

**Signature:**

**Date:** 5/14/14

---

*Do not use this form for asbestos licensure exempted activities.*
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:56 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>5/26/14</td>
<td>United Methodist Church of New Brunswick</td>
</tr>
</tbody>
</table>

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

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

**Street Address**  
323 George Street

**City, State, Zip Code**  
New Brunswick, NJ 08901

**Name of Contact**  
Paster Greg Young

**Telephone Number**  
[ ]

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Type of Facility (4)</th>
</tr>
</thead>
</table>
| United Methodist Church | [x] School (K-12)  
  [ ] Subchapter 8 (Other than K-12)  
  [ ] Other (i.e., private & commercial buildings, homes, etc.) |

**Square Feet**  
30000

**# of Floors**  
3

**Bldg. Age**  
85+

**Current Use (Prior to being demolished)**  
Church/Day Care

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

**Street Address**  
P.O. Box 322

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

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

**License No.**  
00493

**Name of OSHA Monitor**  
MECS

**Street Address**  
PO Box 341

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

**Project Manager for Monitoring Firm**  
Tom Geiger  
(732) 290-2217

**Start Date (10)**  
7/14/14

**Scheduled Completion Date (11)**  
7/26/14

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

**Scope of Work**  
- [x] 33 sf or 33 ft
- [x] 160 sf or 160 ft
- [ ] Renovation
- [x] Demolition

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

<table>
<thead>
<tr>
<th>Is Location Normally Used Solely by Maintenance/ Custodial Staff?</th>
</tr>
</thead>
</table>
| [ ] Yes  
  [x] No  
  [ ] N/A |

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

<table>
<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thermal Pipe Insulation</td>
</tr>
<tr>
<td>400 LF</td>
</tr>
<tr>
<td>Boiler Insulation</td>
</tr>
<tr>
<td>350 SF</td>
</tr>
</tbody>
</table>

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

**Location**  
Basement Hall Storage Rooms

**Name of Registered Waste Hauler**  
Stevens Environmental

**NJDPE Waste Hauler ID No.**  
18292

**Cubic Yards of Waste**  
30 CU

**Name of Registered Landfill**  
GROWS Landfill

**City, State**  
Allentown, NJ

**Disposal Date**  
5/25/14

**Completed By**  
Mahlon E. Stevens  
Project Manager

**Signed**  
[Signature]

**Date**  
5/26/14

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

Date of Notification (1)
10 15 1/12 13 1/1 14

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

Type Notification
☒ Initial  ☐ Amended

Amendment #: 

Name of Building Owner/Operator (2)
PETER AMARI

Street Address
152 PARK STREET

City, State, Zip Code
MONTCLAIR, NJ 07042

Name of Contact
PETER AMARI

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
PETER AMARI

Street Address
152 PARK STREET

City, State, Zip Code
MONTCLAIR
ESSEX

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

ASCN No.

Type of Facility (4)
☒ School (K - 12)
☐ Subchapter 8 (Other than K-12)
☒ Other (Private/Commercial Bldgs./Homes., etc.)

Square Feet

# of Floors

Bldg. Age

Current Use (Prior if being demolished)

Start Date (10)
06/03/14

Sched. Completion Date (11)
06/30/14

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

Describe:

Other-Describe: NORMAL HOURS

Scope of Work (check all that apply)
☒ >3 sq. ft. or >3 lf.
☐ 160 sq. ft. or >=260 lf.
☒ Renovation
☐ Demolition

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

Systematically

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

Yes  ☒ No  ☐ N/A

Description of asbestos-containing material (ACM)

Amount (Specify SF or LF)

BASEMENT  PIPE INSULATION  10 LF FT

GARAGE  PIPE INSULATION  10 SQ FT

GARAGE BOILER  BOILER INSULATION  15 LF FT

Registered Waste Hauler

D & S RESTORATION, INC.

Disposal Date
06/04/14

Name of Registered Landfill
TULLYTOWN, RESOURCE RECOVERY

City, State
PATERSON, NJ 07503

Completed by (Print or Type)
BOGDAN JOLDZIC
Title
PRESIDENT
Signature

Date
5/23/2014