Date: 11/04/2014

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

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

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

Street Address
1 Garden State Plaza

City, State, Zip Code
Paramus NJ 07652

Name of Contact
Chris Bernazzoli

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Garden State Mall

Street Address
1 Garden State Plaza

City (5)
Paramus NJ 07652

County (6)
Bergen

County Code (7)

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.

Name of Abatement Contractor (9)
Niram Inc.

Street Address
91 Fulton Street

City, State, Zip Code
Boonton NJ 07005

Project Manager for Monitoring Firm

Telephone No.
(973) 299 4455

License No.
010381

Start Date (10)
11/07/2014

Scheduled Completion Date (11)
11/14/2014

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

Scope of Work (Check All That Apply)

- ≥ 23 sf or ≥ 3 ft
- ≥ 150 sf or ≥ 260 sf

- Renovation
- Demolition

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

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

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

Amount (Specify SF or LF)
320 SF

Abatement Type

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

- Removal
- Repair
- Encapsulation
- Endorsement

Name of Registered Waste Hauler
Niram Inc.

Cubic Yards of Waste
5

Disposal Date
11/17/2014

Name of Registered Landfill
GROWS North Landfill

City, State
Boonton, NJ

Completed by
Slobodan Panic

Title
Project Manager

Signature

Date
11/05/2014

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

**Pursuant to NJAC 8:80 and 5:18-9.1**

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>11 / 03 / 14</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Inose USA</td>
</tr>
<tr>
<td>Street Address</td>
<td>100 Carol Place</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Asbestos Control &amp; Licensing</td>
</tr>
<tr>
<td>Name of Contractor</td>
<td>Michael Bennett</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

| Name of Facility Where Abatement is Taking Place (3) | Inose USA |
| Street Address | 100 Carol Place |
| City, State, Zip Code | Monmouth, NJ |
| County Code | 28,000 |

| Name of Monitoring Firm Hired by Building Owner (4) | ASCM No. |
| Street Address | 19 West 38th Street 19th Floor |
| City, State, Zip Code | New York, NY 10018 |
| Telephone No. | 917-359-7367 |

| Project Manager for Monitoring Firm | Michael McMahon |
| Start Date (10) | 11 / 04 / 14 |
| Scheduled Completion Date (11) | 11 / 14 / 14 |

| Occupancy Status During Abatement (Check only one) | Street Address | 47 Foster Road |
| City, State, Zip Code | Staten Island |
| Telephone No. | 718-805-2126 |
| License No. | 00774 |

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

- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glowbag Procedure
- [ ] Non-Examined (*) and Non-Firable Procedure

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

- [ ] Exterior
- [ ] Window Caulking / Glazing

**Name of Registered Waste Hauler**

- [ ] Newark Carting

**City, State**

- [ ] Newark, New Jersey

**Complained by (Print or Type)**

- [ ] Ralph Barnhardt

**Title**

- [ ] Project Manager

**Signature**

- [ ]

**Date**

- [ ] 11-08-2014

---

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

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
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<tbody>
<tr>
<td>Date of Notification</td>
<td>11/17/14</td>
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<tr>
<td>Agency Notified</td>
<td>EPA, DOLWD, DMA, DOA</td>
</tr>
<tr>
<td>Name of Building Owner</td>
<td>300 Carol Place, Moonachie, NJ</td>
</tr>
<tr>
<td>Name of Contractor</td>
<td>Michael Bassetta</td>
</tr>
<tr>
<td>Facility Where Asbestos is Located</td>
<td>300 Carol Place, Moonachie, NJ</td>
</tr>
<tr>
<td>Type of Facility</td>
<td>School (K-12)</td>
</tr>
<tr>
<td>Name of Monitoring Firm</td>
<td>DPV Consultant, Inc</td>
</tr>
<tr>
<td>ACM No.</td>
<td>123-456-7890</td>
</tr>
<tr>
<td>Name of Abatement Contractor</td>
<td>JVN Restoration Inc</td>
</tr>
<tr>
<td>Start Date</td>
<td>11/17/14</td>
</tr>
<tr>
<td>Scheduled Completion Date</td>
<td>11/17/14</td>
</tr>
<tr>
<td>Occupancy Status</td>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
</tr>
<tr>
<td>Scope of Work</td>
<td>Renovation Demolition</td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material</td>
<td>Exterior</td>
</tr>
<tr>
<td>Description of Asbestos-Containing Material</td>
<td>100 SF</td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
<td>NJDEP Waste Hauler License No. MJ-1234</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>Bethlehem, PA</td>
</tr>
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</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
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<tbody>
<tr>
<td>Street Address</td>
<td>300 Carol Place</td>
</tr>
<tr>
<td>City</td>
<td>Moonachie</td>
</tr>
<tr>
<td>County</td>
<td>Bergen</td>
</tr>
<tr>
<td>State</td>
<td>USA</td>
</tr>
<tr>
<td>Zip Code</td>
<td>07047</td>
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<tr>
<td>Type of Facility</td>
<td>School (K-12)</td>
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<tr>
<td>License No.</td>
<td>1234567890</td>
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<tr>
<td>Telephone No.</td>
<td>917-123-4567</td>
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**ABATEMENT TYPE**

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<tr>
<th>Field</th>
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<tbody>
<tr>
<td>Abatement Method</td>
<td>Partial Containment with Negative Pressure</td>
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<tr>
<td>Equipment</td>
<td>Glovebox Procedure</td>
</tr>
<tr>
<td>Material</td>
<td>Non-Exempted (1) and Non-Fireable Procedure</td>
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**COMPANY INFORMATION**

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
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<tbody>
<tr>
<td>Name of Monitoring Firm</td>
<td>DPV Consultant, Inc</td>
</tr>
<tr>
<td>ACM No.</td>
<td>123-456-7890</td>
</tr>
<tr>
<td>Name of Abatement Contractor</td>
<td>JVN Restoration Inc</td>
</tr>
<tr>
<td>Start Date</td>
<td>11/17/14</td>
</tr>
<tr>
<td>Scheduled Completion Date</td>
<td>11/17/14</td>
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<tr>
<td>Occupancy Status</td>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
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<tr>
<td>Scope of Work</td>
<td>Renovation Demolition</td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material</td>
<td>Exterior</td>
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<tr>
<td>Description of Asbestos-Containing Material</td>
<td>100 SF</td>
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<tr>
<td>Name of Registered Waste Hauler</td>
<td>NJDEP Waste Hauler License No. MJ-1234</td>
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<tr>
<td>Name of Registered Landfill</td>
<td>Bethlehem, PA</td>
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**COMPANY INFORMATION**

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<tr>
<th>Field</th>
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<td>Name of Monitoring Firm</td>
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<tr>
<td>ACM No.</td>
<td>123-456-7890</td>
</tr>
<tr>
<td>Name of Abatement Contractor</td>
<td>JVN Restoration Inc</td>
</tr>
<tr>
<td>Start Date</td>
<td>11/17/14</td>
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<tr>
<td>Scheduled Completion Date</td>
<td>11/17/14</td>
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<tr>
<td>Occupancy Status</td>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
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<tr>
<td>Scope of Work</td>
<td>Renovation Demolition</td>
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<tr>
<td>Location of Asbestos-Containing Material</td>
<td>Exterior</td>
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<tr>
<td>Description of Asbestos-Containing Material</td>
<td>100 SF</td>
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<tr>
<td>Name of Registered Waste Hauler</td>
<td>NJDEP Waste Hauler License No. MJ-1234</td>
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<tr>
<td>Name of Registered Landfill</td>
<td>Bethlehem, PA</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 8:60 and 12:120)

### Date of Notification (1)
11/5/14

### Name of Building Owner/Operator (2)
Nelson Degrandmaison Private Home

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

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

### Street Address
104 Flax Court

### City, State, Zip Code
Little Egg Harbor NJ 08070

### Name of Contact
Nelson

### Telephone Number

### FACILITY INFORMATION

- **Name of Facility Where Abatement is Taking Place (3)**
  - Nelson Degrandmaison Private Home

- **Street Address**
  - 104 Flax Court

- **City (5)**
  - Little Egg Harbor NJ 08070

- **County (6)**
  - Ocean

- **Square Feet**
  - 1000+

- **# of Floors**
  - 1

- **Bldg. Age**
  - 35+

- **Name of Abatement Contractor (9)**
  - Pernaco Inc.

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

### ASCM No.

### Project Manager for Monitoring Firm

### Telephone No.

### Street Address
PO Box 329

### City, State, Zip Code
West Berlin NJ 08091

### License No.
00727

### Start Date (10)
11/6/14

### Scheduled Completion Date (11)
11/10/14

### Name of OSHA Monitor
Same

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

### Scope of Work (Check All That Apply)
- ≥3 sf or ≥3 if
- ≥150 sf or ≥250 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

### 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 LP)

### Abatement Type
- Removal
- Repair
- Encapsulate
- Endorse

<table>
<thead>
<tr>
<th>Exterior Siding</th>
<th>Exterior Siding</th>
<th>1100 SF</th>
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</thead>
<tbody>
<tr>
<td>Throughout</td>
<td>floor tile</td>
<td>500 SF</td>
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### Name of Registered Waste Hauler
United Containers

### NJ/DEP Waste Hauler ID No.
22459

### Cubic Yards of Waste
3

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

### Disposal Date
11/10/14

### City, State
Morrisville PA 19067

### Completed by
Anthony T Perna

### Title
President

### Signature

### Date
11/5/14

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

**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 8:60 and 12:129)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>10/20/14</th>
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<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Ramapo Indian Hills Reg BOE</td>
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<tr>
<td>Agency (3)</td>
<td>EPA, DEP, DOL, DOH, DCA</td>
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<tr>
<td>Type of Notification</td>
<td>Initial, 1 Amendment, 1 Amendment &amp; Cancellation</td>
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<tr>
<td>Street Address</td>
<td>131 Yawapa Ave.</td>
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<tr>
<td>City, State, Zip Code</td>
<td>City, State, Zip Code: Oakland, NJ 07436</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Frank Ceuvveld, BA/BES</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>904.302.0500</td>
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<tr>
<td>Name of Facility Where Abatement is Taking Place (4)</td>
<td>Ramapo High School 200 Wing Phase II</td>
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<tr>
<td>Street Address</td>
<td>331 George Street</td>
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<tr>
<td>City (5)</td>
<td>Franklin Lakes</td>
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<tr>
<td>County (6)</td>
<td>Bergen</td>
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<tr>
<td>County Code (7)</td>
<td>County Code (STATE USE ONLY)</td>
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<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>RK Occupational &amp; Environmental</td>
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<tr>
<td>Street Address</td>
<td>403 Saint James Ave.</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Phillipsburg, NJ 08865</td>
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<tr>
<td>Project Manager for Monitoring Firm</td>
<td>John Gilbert</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>95-625-2045</td>
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<tr>
<td>Start Date (9)</td>
<td>10/31/2014</td>
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<tr>
<td>Completed Completion Date (11)</td>
<td>1/4/2015</td>
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<tr>
<td>Occupancy Status During Abatement (Check Only One)</td>
<td>Facility Closed/Abandoned During Entire Period of Abatement</td>
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<tr>
<td>Abatement Performed Outside of Normal Facility Hours</td>
<td>Other: Describe: Friday 15:00 - 23:00 Sat &amp; Sun 07:00 - 16:00</td>
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<tr>
<td>Scope of Work (Check All That Apply)</td>
<td>Renovation, Demolition</td>
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<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED (13)</td>
<td>200 Wing</td>
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<tr>
<td>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</td>
<td>Yes, No, N/A</td>
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<tr>
<td>Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td>Exit Doors 200 Wing, 200 Wing, 8 Windows Near Exit Doors, Transite Panels</td>
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<tr>
<td>Amount (Specify SF or LF)</td>
<td>95 LF, 256 LF, 95 LF</td>
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<tr>
<td>Abatement Type</td>
<td>Full-Containment, with Negative Pressure</td>
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<tr>
<td>( x )</td>
<td></td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
<td>NJDEP Waste Hauler ID No.</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>T.R.R.F.</td>
</tr>
<tr>
<td>City, State, Tullytown, PA</td>
<td>City, State, Tullytown, PA</td>
</tr>
<tr>
<td>Completed by</td>
<td>Mark M. Jovic</td>
</tr>
<tr>
<td>Title</td>
<td>Consultant</td>
</tr>
<tr>
<td>Signature</td>
<td></td>
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<tr>
<td>Date</td>
<td>10/28/2014</td>
</tr>
</tbody>
</table>

*Do not use this form for asbestos license exempted activities.*
Date of Notification (1): November 5, 2014
Name of Building Owner / Operator (2): MCP 8 King Road LLC

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

Type Notification
- Initial
- Amended
- Amendment #
- Cancellation

Street Address: 260 Franklin Street, Suite 620
City, State & Zip Code: Boston, MA 02110
Name of Contact: Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3):
Spectra Laboratories
East Building - 8 King Road

City (5):
Rockleigh
County (6):
Bergen
County Code (7): ASCM No.

Name of Monitoring Firm Hired by Building Owner (8): Arcadis U.S., Inc.
Street Address:
35 Columbia Road
City, State & Zip Code:
Branchburg, NJ 08876

Project Manager for Monitoring Firm:
Alex Hernandez
Telephone Number:
908-526-1000

Scheduled Start Date (10): November 17, 2014
Scheduled Completion Date (11): December 22, 2014

Name of Abatement Contractor (9):
Synatech, Inc.
Street Address:
829 Radio Road
City, State & Zip Code:
Little Egg Harbor, NJ 08087

Name of OSHA Monitor:
Synatech, Inc.

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED:
- Boiler Room - Boiler #1

Boiler Packing 9 SF X

Name of Registered Waste Hauler:
Synatech, Inc.
NJDEP Waste Hauler ID:
#27429
Cubic Yards of Waste:
1
Name of Registered Landfill:
Grows Landfill
City, State:
Little Egg Harbor, NJ 08087
Disposal Date:
December 23, 2014

Completed By:
Diane Aloia
Title:
Executive Administrator
Signature:
Date:
November 5, 2014

*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)
11/5/14

Agencies Notified Type Notification
EPA Initial
DEF Amended
DQL
DOH
DCA

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

Street Address
27 Washington Av

City, State, Zip Code
Collingswood NJ 08108

Name of Contact
Beth

Telephone Number

FACILITY INFORMATION
Name of Facility Where Abatement is Taking Place (3)
Beth Senholzi Private Home

Street Address
27 Washington Av

City (5)
Collingswood NJ 08108

County (6)
Camden

County Code (7)

Current Use (Prior if being demolished)

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

ASCM No.

Name of Abatement Contractor (9)
Pernaco Inc.

Street Address
PO Box 329

City, State, Zip Code
West Berlin NJ 08091

Project Manager for Monitoring Firm

Telephone No.

Telephone No.
856-753-9800

License No.
00727

Start Date (10)
11/17/14

Scheduled Completion Date (11)
11/21/14

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

Name of OSHA Monitor
Same

Scope of Work (Check All That Apply)
Renovation
Demolition
23 sf or ≥25 if
≥150 sf or ≥250 if
Full Containment with Negative Pressure
Mini-Enclosure
Glovebox Procedure
Non-Exempted (*) and Non-Flammable 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>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>Yes</td>
<td>pipe insulation</td>
</tr>
<tr>
<td>Garage</td>
<td>No</td>
<td>Trasite Board</td>
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<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill Site</th>
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<tbody>
<tr>
<td>United Containers</td>
<td>3</td>
<td>G.R.O.W.S.</td>
</tr>
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</table>

City, State
Elm NJ

Completed by
Anthony T Perna

Title
President

Signature

Date
11/5/14

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:36 and 12:120)  

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>11/14/14</th>
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<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Gilbert Marquez Private Home</td>
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<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>
</tr>
<tr>
<td>DOH</td>
<td>Emergency (including justification)</td>
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<td>DCA</td>
<td>Cancellation</td>
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<tr>
<td>Street Address</td>
<td>118 Pitman Ave</td>
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<tr>
<td>City, State, Zip Code</td>
<td>Pittman NJ 08071</td>
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<tr>
<td>Name of Contact</td>
<td>Gilbert</td>
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<td>Telephone Number</td>
<td></td>
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<tr>
<td>FACILITY INFORMATION</td>
<td></td>
</tr>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td>Gilbert Marquez Private Home</td>
</tr>
<tr>
<td>Street Address</td>
<td>118 Pitman Ave</td>
</tr>
<tr>
<td>City (5)</td>
<td>Pittman NJ 08071</td>
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<tr>
<td>County (6)</td>
<td>Gloucester</td>
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<tr>
<td>County Code (7)</td>
<td></td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>N/A</td>
</tr>
<tr>
<td>ASCM No.</td>
<td></td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>Pernaco Inc.</td>
</tr>
<tr>
<td>Street Address</td>
<td>PO Box 329</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>West Berlin NJ 08091</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td></td>
</tr>
<tr>
<td>Telephone No.</td>
<td></td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>11/17/14</td>
</tr>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>11/20/14</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></td>
</tr>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours</td>
<td></td>
</tr>
<tr>
<td>Other – Describe: Home owner Home</td>
<td></td>
</tr>
<tr>
<td>Scope of Work (Check All That Apply)</td>
<td></td>
</tr>
<tr>
<td>≥3 sf or ≥3 if</td>
<td></td>
</tr>
<tr>
<td>≥160 sf or ≥260 lf</td>
<td></td>
</tr>
<tr>
<td>Renovation</td>
<td></td>
</tr>
<tr>
<td>Demolition</td>
<td></td>
</tr>
<tr>
<td>Full Containment with Negative Pressure</td>
<td></td>
</tr>
<tr>
<td>Mini-Enclosure</td>
<td></td>
</tr>
<tr>
<td>Glovebag Procedure</td>
<td></td>
</tr>
<tr>
<td>Non-Exempted (*) and Non-Friable Procedure</td>
<td></td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED</td>
<td></td>
</tr>
<tr>
<td>in Facility</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td>pipe insulation</td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
<td>60 if</td>
</tr>
<tr>
<td>Abatement Type</td>
<td></td>
</tr>
<tr>
<td>Endorse</td>
<td></td>
</tr>
<tr>
<td>Encapsulate</td>
<td></td>
</tr>
<tr>
<td>Remove</td>
<td></td>
</tr>
<tr>
<td>Repair</td>
<td></td>
</tr>
<tr>
<td>Clean Up</td>
<td></td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
<td>United Containers</td>
</tr>
<tr>
<td>NJDEP Waste Hauler ID No.</td>
<td>22459</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td>2</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>G.R.O.W.S.</td>
</tr>
<tr>
<td>City, State</td>
<td>Morrisville PA 19067</td>
</tr>
<tr>
<td>Elm NJ</td>
<td></td>
</tr>
<tr>
<td>Completed by</td>
<td>Anthony T Perna</td>
</tr>
<tr>
<td>Title</td>
<td>President</td>
</tr>
<tr>
<td>Signature</td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td>11/5/14</td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>11/4/14</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Phil Gardner Private Home</td>
</tr>
<tr>
<td>Agencies Notified</td>
<td>EPA, DEP, DOL, DOH, DCA</td>
</tr>
<tr>
<td>Type Notification</td>
<td>Initial, Amended, Amendment #, Cancellation</td>
</tr>
<tr>
<td>Street Address</td>
<td>101 Pearl St.</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Beach Haven NJ 08008</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Phil</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

| Name of Facility Where Abatement is Taking Place (3) | Phil Gardner Private Home |
| Street Address | 101 Pearl St. |
| City (5) | Beach Haven NJ 08008 |
| County (6) | Ocean |
| County Code (7) (STATE USE ONLY) | |
| Current Use (Prior if being demolished) | Home |
| Square Feet | 1000 + |
| # of Floors | 2 |
| Bldg. Age | 35+ |

| Name of Monitoring Firm Hired by Building Owner (8) | N/A |
| Street Address | |
| City, State, Zip Code | |
| Project Manager for Monitoring Firm | |
| Telephone No. | |
| Start Date (10) | 11/5/14 |
| Scheduled Completion Date (11) | 11/7/14 |
| Occupancy Status During Abatement (Check Only One) | 10. Facility Closed/Vacated During Entire Period of Abatement |
| Other – Describe: | |

| Location of Asbestos-Containing Material (ACM) TO BE ABATED | Exterior Siding |
| In Facility (13) | |
| Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | No |
| Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | 2200 SF |
| Amount (Specify SF or LF) | |

| Name of Registered Waste Hauler | United Containers |
| NJDEP Waste Hauler ID No. | 22459 |
| Cubic Yards of Waste | 4 |
| Name of Registered Landfill | G.R.O.W.S. |
| City, State | Morrisville PA 19067 |
| Disposal Date | 11/7/14 |

| Completed by | Anthony T. Perna |
| Title | President |
| Signature | |
| Date | 11/4/14 |

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**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 8:50 and 12:129)

**Date of Notification (1):** 11-5-2014

**Name of Building Owner/Operator (2):** Joseph Ragusa

**Type Notification:** Initial

**Address:** 4009 Lands Ave

**City, State, Zip Code:** Sea Isle City, NJ 08243

**Name of Contact:** Andrew Ricco

**Telephone Number:**

**Agency Notified:** EPA

**Name of Facility Where Abatement Is Taking Place (3):** Commercial Building

**Address:** 8160 Lands Ave

**City:** Sea Isle City

**County:** Cape May

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

**Square Feet:** 21,000

**Current Use (Prior to being demolished):** Vacant

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

**Address:** 411 Southgate Court, Suite E

**City, State, Zip Code:** Millington, NJ 08056

**Project Manager for Monitoring Firm:**

**ASCM No.:**

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

**Address:** 282 Creek Rd

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

**Name of OSHA Monitor:** Andrew Ricco

**Start Date (10):** 11-17-2014

**Scheduled Completion Date (11):** 12-17-2014

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

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

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

<table>
<thead>
<tr>
<th>Location of ACM</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of ACM</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exterior</td>
<td>X</td>
<td>Transite sliding</td>
<td>10000 SF X</td>
<td>Endoscope</td>
</tr>
<tr>
<td>Exterior</td>
<td>X</td>
<td>Roofing</td>
<td>4000 SF X</td>
<td>Endoscope</td>
</tr>
<tr>
<td>Interior</td>
<td>X</td>
<td>High Tile Main Restaurant</td>
<td>3200 SF X</td>
<td>Endoscope</td>
</tr>
<tr>
<td>Interior</td>
<td>X</td>
<td>12x12 Floor Tiles</td>
<td>100 SF X</td>
<td>Endoscope</td>
</tr>
</tbody>
</table>

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

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

**Cubic Yards of Waste:** 40

**Name of Registered Landfill:** Cape May County

**City:** Bellmawr, NJ

**Disposal Date:** TBD

**City:** Woodbine, NJ

**Name of Contact:** Andrew Ricco

**Title:** Owner

**Signed:**

**Date:** 11-5-14

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

Date of Notification (1) 11/5/14
Name of Building Owner/Operator (2) Jim Gaffney

Agencies Notified

- EPA
- DEP
- DOL
- DOH
- DCA

Type Notification

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

Street Address
1306 Surf Ave.
City, State, Zip Code
North Wildwood, NJ

FACILITY INFORMATION

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

Street Address
1306 Surf Ave.
City (s)
North Wildwood, NJ

County (6)
Cape May
County Code(7) (STATE USE ONLY)

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

Name of Abatement Contractor (9)
AEI2, LLC
Street Address
300 S. Lenola Road
City, State, Zip Code
Maple Shade, NJ 08052

Project Manager for Monitoring Firm

Telephone No.
609-481-2122
License No.
006649

Start Date (10) 11/14/14
Scheduled Completion Date (11) 11/17/14

Occupancy Status During Abatement (Check only one)

- Facility Closed/Vacated During Entire Period of Abatement

Abatement Performed Outside of Normal Facility Hours

Other - Describe:

Scope of Work (Check all that apply)

- ≥ 3 sf or ≥ 3 If
- ≥ 180 sf or ≥ 280 If
- Renovation Demolition

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

(13)

Is Location Normally Used Solely by Maintenance/Custodial Staff?

Yes No N/A

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

Amount (Specify SF or LF)

Abatement Type

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

Name of Registered Waste Hauler
AEI2, LLC

City, State
Maple Shade, NJ

Cubic Yards of Waste
1

Name of Registered Landfill
TBD

Disposal Date
TBD
City, State
TBD

Completed By
Wm. Minnick
Title
Program Mgr.

Signature

Date 11/5/14

- 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)

Name of Building Owner/Operator (2)
Elizabeth Slevin

Name of Abatement Contractor (9)
Unicorn Contracting Corp.

Name of Registered Waste Hauler
Unicorn Contracting Corp.

Facility Information

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

Street Address
139 Oakland Rd.

City (5)
Maplewood

County (6)
Essex

County Code (7)
STATE USE ONLY

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

Name of OSHA Monitor
Envirovision Consultants Inc.

Project Manager for Monitoring Firm

Telephone No.

License No.
01232

Start Date (10)
10/21/2014

Scheduled Completion Date (11)
11/14/2014

Occupancy Status During Abatement (Check Only One)

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

Scope of Work (Check All That Apply)

23 sf or 23 if
2160 sf or 2600 sf
x Renovation
Demolition

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

x Basement

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)
Pipe Insulation
25LF

Amount (Specify SF or LF)

Abatement Type

Endorse
Repair
Encapsulate

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

Cubic Yards of Waste
2

Disposal Date
TBD

City, State
Morrisville, Pennsylvania

Completed by
Dimo Golcev
Title
Project Manager
Signature

Date
11/03/2014

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</th>
<th>7-16-14</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator</td>
<td>Shiloh Baptist Church</td>
</tr>
<tr>
<td>Street Address</td>
<td>340 Rev. S Howard Woodson Jr. Way</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Trenton, NJ 08618</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Clarence Pollard</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</th>
<th>Old Woodhouse (Vacant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>3440 Bellevue Ave</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Trenton, NJ 08618</td>
</tr>
<tr>
<td>County Code</td>
<td>Mercer</td>
</tr>
<tr>
<td>Current Use</td>
<td>Warehouse/Office</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner</td>
<td>EPC Technologies</td>
</tr>
<tr>
<td>ASCM No.</td>
<td>N/A</td>
</tr>
<tr>
<td>Name of Abatement Contractor</td>
<td>EPC Technologies Inc.</td>
</tr>
<tr>
<td>Street Address</td>
<td>800 E. Box 337</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>New Egypt, NJ 08533</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>Steve Schenken</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>609-758-3365</td>
</tr>
<tr>
<td>License No.</td>
<td>006394</td>
</tr>
</tbody>
</table>

| Start Date | 11-15-14 |
| Scheduled Completion Date | 12-31-14 |

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Office Section</th>
</tr>
</thead>
<tbody>
<tr>
<td>Slope</td>
<td>Yes</td>
</tr>
<tr>
<td>Asbestos-Containing Material (ACM)</td>
<td>Pipe Insulation</td>
</tr>
<tr>
<td>Amount</td>
<td>250 LF</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location</th>
<th>Roof Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>Slope</td>
<td>No</td>
</tr>
<tr>
<td>Asbestos-Containing Material (ACM)</td>
<td>Roofing Material</td>
</tr>
<tr>
<td>Amount</td>
<td>17000 SF</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler | EPC Technologies |
| City, State | New Egypt, NJ |
| Hauler ID No. | 17000 |
| Cubic Yards of Waste | 30 |

**Completed by | Steve Schenken |
| Title | President |

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**NOTIFICATION OF ASBESTOS ABATEMENT**

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

**Date of Notification:** November 4, 2014

**Name of Building Owner/Operator:** Crivelli Construction

**Street Address:** 1955 Route 35 North, Suite D

**City, State, Zip Code:** Ortley Beach, NJ 08751

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Residence</th>
</tr>
</thead>
<tbody>
<tr>
<td>113 Bond Avenue</td>
<td></td>
</tr>
</tbody>
</table>

**City:** Lavallette  
**County:** Ocean  
**County Code:** N/A

**Type of Facility:** Other (i.e., private & commercial buildings, homes, etc.)  
**Square feet:** 1500 sf  
**# of Floors:** 1  
**Bldg. Age:** 60

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

**Name of Abatement Contractor:** Guardian Contracting, Inc.

**Street Address:** 1889 Route 9, Unit 61  
**City, State, Zip Code:** Toms River, New Jersey 08755-1271

**Telephone Number:** 732-349-9932  
**License Number:** 00624

**Name of OSHA Monitor:** E.M.S.L. Analytical

**Street Address:** 1056 Stelton Road  
**City, State, Zip Code:** Piscataway, New Jersey 08854

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

**Scheduled Start Date:** 11/4/14  
**Scheduled Completion Date:** 11/5/14

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

**Scope of Work:** >3 sf or ≥160 sf  
**Demolition**

**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>Location Normally used Solely by Maintenance Custodial Staff (12)</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems, insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exterior-house front</td>
<td>X</td>
<td>Asbestos siding</td>
<td>1400 sf</td>
</tr>
<tr>
<td>Exterior house rear</td>
<td>X</td>
<td>Asbestos siding</td>
<td>900 sf</td>
</tr>
</tbody>
</table>

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

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

**Cubic Yards of Waste:** 3

**Name of Registered Landfill:** T.R.R.F.

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

**Disposal Date:** 11/6/14

**Name of Project Manager:** Nicholas Fernicola

**Signature:**

**Completed by:** Nicholas Fernicola

**Title:** Project Manager

**Date:** 11/4/2014

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

Date of Notification (1) 10-27-2014
Agencies Notified X EPA
X DOH
X DOL
☐ DEP
☐ DCA

Notification Type
☐ Initial x
☐ Amended
☐ Amendment #
☐ Emergency (Including Justification)
☐ Cancellation

Name of Building Owner/Operator (2) Ferro Corp.
Street Address RT. 130
City, State, Zip Co Bridgeport NJ 80143
Name of Contact John Neppe
Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) FERRO-Filter Rm.
Street Address RT. 130
City (5) Bridgeport NJ 80143
County (6) Salem
County Code (7) (STATE USE ONLY) 
Type of Facility (4)
□ School (K-12) 
□ Subchapter 8 (other than K-12)
X Other; Industrial Plant

Square Feet # of Floors Bldg. Age

Name of Monitoring Firm Hired by Bldg. Owner (8) Harvard Environmental Inc.
ASCM No. Name of Contractor (9) County Environmental
Street Address 760 Pulasaki Highway
City, State, Zip Code New Castle, DE 19720
New Castle, DE 19720
Street Address 461 New Churchmans Rd.
City State, Zip Code New Castle, DE 19720
New Castle, DE 19720

Project Manager for Monitoring Firm Wesley Morrison
Telephone No (302) 326-2333
Telephone Number (302) 322-8946
License Number 00578

Scheduled Start Date (10) 11-17-2014
Scheduled Completion Date 11-17-2014
Name of OSHA Monitor County Environmental

Street Address 461 New Churchmans Road
City State, Zip Code New Castle, DE 19720
New Castle, DE 19720

Occupancy Status During Abatement (Check only one)
☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours -
□ Other — Describe: exterior removal of pipe insulation 60 l.f.

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

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

Location
Extterior of 403 tank X Pipe insulation exterior 60 l.f.

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

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

Amount (Specify SF or LF)

Abatement Type

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

Date of Notification (1) 10-27-2014

Name of Building Owner/Operator (2) Ferro Corp.

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

Notification Type
Initial x
☐ Amended
Amendment #
☐ Emergency (Including Justification)
☐ Cancellation

Street Address
Rt. 130

City, State, Zip Co
Bridgeport NJ 80143

Name of Contact
John Neppe

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) FERRO-Filter Rm.

Street Address
RT. 130

City (5)
Bridgeport NJ 80143

County (6)
Salem

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

ASCM No.

Name of Contractor (9)
County Environmental

Street Address
481 New Churchmans Rd.

City State, Zip Code
New Castle, DE 19720

Project Manager for Monitoring Firm Wesley Morrison

Telephone No.
(302) 326-2333

Telephone Number
(302) 322-8946

License Number
00578

Name of OSHA Monitor
County Environmental

Street Address
481 New Churchmans Rd.

City, State, Zip Code
New Castle, DE 19720

Occupancy Status During Abatement (Check only one)
☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☐ Other – Describe: exterior removal of transite wall of non-occupied bldg.

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
☐ X 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)
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
Encapsulate

Yes.
X
Surfacing-transite wall
275 SF

Filter Room

Name of Reg. Waste Hauler
Service Transport Grp
NJDEP Waste Hauler ID No. 20990

Cubic Yards of Waste 30

Name of Reg. Landfill
Minerva

City, State
New castle DE

Completed by
Virgel Cassel
Title PM

Signature
Date 10-27-2014
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 11/30/14

Name of Building Owner/Operator (2)
Brixmor Old Bridge, LLC c/o Brixmor Property Group

Address
One Fayette Street, Suite 150
Conshohocken, PA 19428

Name of Contact
Jerry McMullen

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Old Bridge Gateway SC

Street Address
1050 and 1052 Route 9
Oldbridge

County (6)
Middlesex

County Code (7)
(STATE USE ONLY)

Current Use (Prior if being demolished)
Vacant

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

ASCM No.

Name of Abatement Contractor (9)
ecoservices, LLC

Street Address
407 West Lincoln Highway, Suite 500
Exton, PA 19341

Project Manager for Monitoring Firm
Dave Turoszy

Telephone No.
610-891-0114

Telephone No.
610-755-7563

License No.
01161

Name of OSHA Monitor
EMSL

Start Date (10)
1/12/11

Scheduled Completion Date (11)
11/29/11

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 - 3:30 pm

Scope of Work (Check All That Apply)
[ ] ≥3 sf or ≥3 ft
[ ] ≥150 sf or ≥260 ft
[ ] Renovation
[ ] Demolition
[ ] Full Containment with Negative Pressure
[ ] Mini-Enclosure
[ ] Glovebag Procedure
[ ] Non-Exempted (*) and Non-Friable Procedure

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

In Facility

(13)

Is Location Normally Used Solely by Maintenance/Custodial Staff?

(12)

Yes No N/A

Tenant Space 1050

Floor tile and mastic
5,520 SF X

Tenant Space 1052

Floor tile and mastic
5,750 SF X

Name of Registered Waste Hauler
Waste Management

NJDEP Waste Hauler ID No.
Cubic Yards of Waste
Name of Registered Landfill
GROWS Landfill

City, State
Trenton, NJ

Disposal Date
TBD

City, State
Morrisonville, PA

Completed by
Jack Bally

Title
Sr. Project Manager

Signature

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

Date of Notification (1) 11/3/14  
Name of Building Owner/Operator (2) 
Brixmor Old Bridge, LLC c/o Brixmor Property Group  

AGENCIES NOTIFIED  
- EPA  
- DEP  
- DOL  
- DOH  
- DCA

Type Notification  
- Initial  
- Amended  
- Amendment # 4  
- Emergency (including justification)  
- Cancellation

Address of Facility Where Abatement is Taking Place (3) 
Old Bridge Gateway SC  
1050 and 1052 Route 9  
Oldbridge

City (5)  
Oldbridge  
County Code (7)  
Middlesex

Type of Facility (4)  
- School (K-12)  
- Subchapter 9 (Other than K-12)  
- Other (i.e. private & commercial buildings, homes, etc.)  
- School (K-12)  
- Subchapter 9 (Other than K-12)

Square Feet 11,916  
# of Floors 1  
Bldg Age 56  
Current Use (Prior if being demolished)  
Vacant

Name of Monitoring Firm Hired by Building Owner (8) 
Accredited Environmental Technologies  
ASCM No.  
Name of Abatement Contractor (9) 
ecoservices, LLC

Street Address  
28 N. Pennell Road  
City, State, Zip Code  
Media, PA 19063

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

Start Date (10)  
11/3/14  
Scheduled Completion Date (11)  
11/29/14  
Name of OSHA Monitor  
EMSL

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 - 3:30 pm

Scope of Work (Check All That Apply)  
- ≥23 sf or ≥2½ if  
- ≥160 sf or ≥260 if  
- Renovation  
- Demolition  
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (1) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED  
In Facility (12)  
Yes  
No  
N/A

Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  
Floor tile and mastic  
Amount (Specify SF or LF)  
5,520 SF  
Abatement Type  
Removal

Name of Registered Waste Hauler  
NJDEP Waste Hauler ID No.  
Cubic Yards of Waste  
Name of Registered Landfill  
GROWS Landfill

City, State  
Trenton, NJ  
Disposal Date  
TBD

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

Do not use this form for asbestos licensure exempted activities.