State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:90 and 12:120)

Date of Notification (1):
11/16/16

Name of Building Owner/Operator (2):
52 Van Dyke LLC

Street Address:
52-64 Van Dyke Street

City, State, Zip Code:
Wallington, NJ 07057

Name of Contact:
Matt Mroczek

Type of Facility (4):

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

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3):
52 Van Dyke LLC

Street Address:
52 Van Dyke

City (5):
Wallington, NJ

County (6):
Bergen

Type of Abatement Contractor (6):

ASCN No.
Super, LLC

CA Environmental

2200 Paterson Plank Road

North Bergen, NJ 07047

Street Address:
203 Belmont Ave

City, State, Zip Code:
Haledon, NJ 07508

Project Manager for Monitoring Firm:
Carmelo Altomonte

Telephone No.:
201 864-6583

License No.:
01196

Start Date (10):
11/10/16

Scheduled Completion Date (11):
12/5/16

Occuancy Status During Abatement (Check Only One):
☒ Facility Closed/Vacated During Entire Period of Abatement
☑ Abatement Performed Outside of Normal Facility Hours

Name of Registered Landfill:

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

In Facility (13):
Roof, 16,000 SF and Pipes, 146 LF

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

Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VOT, or other miscellaneous):
ACM Roof, 16,000 SF, Pipes 146 LF

Amount (Specify SF or LF):
16,000 SF / 146 LF

Endorsement:

Endorsement:

Endorsement:

Endorsement:

Endorsement:

Endorsement:

Endorsement:

Endorsement:

Endorsement:

Signature:

Title:

Complied by:

Name of Registered Waste Hauler:
SUPER, LLC

City, State:
203 Belmont Ave

Cubic Yards of Waste:

Disposal Date:
TBD

Waste Management:

Name of Registered Landfill:

Completed by:
Taulor Dominguez

Project Manager:

Signature:

Date:
11/16/16

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

Date of Notification (1)
11/23/16

Name of Building Owner/Operator (2)
Carepoint Health

Agencies Notified

<table>
<thead>
<tr>
<th>Agency</th>
<th>Notification Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
</tr>
<tr>
<td>DEP</td>
<td>Amended</td>
</tr>
<tr>
<td>DOL</td>
<td>amendment number</td>
</tr>
<tr>
<td>DOH</td>
<td>Emergency (including justification)</td>
</tr>
<tr>
<td>DCA</td>
<td>Cancellation</td>
</tr>
</tbody>
</table>

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

Street Address
308 Willow Avenue

City (5)
Hoboken

County (6)
Hudson

County Code (7) (STATE USE ONLY)

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

ASCM No.
NA

Name of Abatement Contractor (9)
New States Contracting

Street Address
2400 Main Street Extension Suite 10

City, State, Zip Code
Sayreville, NJ, 08872

Project Manager for Monitoring Firm
NA

Telephone No.
NA

Start Date (10)
12/9/16

Scheduled Completion Date (11)
12/9/16

Occupancy Status During Abatement (Check Only One)

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

Scope of Work (Check All That Apply)

- ≥30 sf or ≥30 if
- ≥150 sf or ≥200 if
- Renovation
- Demolition

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

Location of Asbestos-Containing Material (ACM)

<table>
<thead>
<tr>
<th>Location</th>
<th>To Be Abated</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st Floor Cafeteria</td>
<td>X</td>
</tr>
</tbody>
</table>

Is Location Normally 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)

<table>
<thead>
<tr>
<th>Material</th>
<th>Listing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pipe Insulation</td>
<td>9 LF</td>
</tr>
</tbody>
</table>

Amount (Specify SF or LF)

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pipe Insulation</td>
<td>9 LF</td>
</tr>
</tbody>
</table>

Abatement Type

<table>
<thead>
<tr>
<th>Type</th>
<th>Description</th>
</tr>
</thead>
</table>

Name of Registered Waste Hauler
Freehold Cartage

Disposal Date
12/9/16

City, State
Freehold, New Jersey

Completed by
Daniel Baptista

Title
Account Manager

Name of Registered Landfill
Cumberland Landfill

Disposal Date
12/9/16

City, State
Newburg, PA, 17240

Print Form

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

**State of New Jersey**

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>11/18/16</th>
</tr>
</thead>
</table>

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

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

**Type Notification**
- [x] Initial
- [x] Emergency (including justification)

**Street Address**
Dumont, NJ 07628

**City, State, Zip Code**
Dumont, NJ 07628

**Name of Contact**
Adam Plitt

**Telephone Number**

**FACILITY INFORMATION**

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

**Street Address**

**City (5)**
Dumont

**County Code (7)**
Bergen

**Square Feet**
1750

**# of Floors**
2

**Bldg. Age**
65+/-

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

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

**Street Address**

**City, State, Zip Code**

**Project Manager for Monitoring Firm**

**Telephone No.**

**Start Date (10)**
11/28/16

**Scheduled Completion Date (11)**
11/30/16

**Occupancy Status During Abatement (Check Only One)**
- [x] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Other – Describe: 5 A.M. - 4 P.M

**Scope of Work (Check All That Apply)**
- [x] Renovation
- [x] 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)**

<table>
<thead>
<tr>
<th>Basement</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
</tr>
<tr>
<td>VAT</td>
</tr>
<tr>
<td>650</td>
</tr>
</tbody>
</table>

**Amount (Specify SF or LF)**

**Abatement Type**
- [x] Removal
- [x] Repair
- [x] Encapsulate
- [ ] Enclose

**Name of Registered Waste Hauler**
Newark Carting

**NJDEP Waste Hauler ID No.**
045008

**Cubic Yards of Waste**
4 CU

**Name of Registered Landfill**
IESL Landfill

**Disposal Date**
TBD

**City, State**
Bethlehem, PA

**Completed by**
Richard Cristofoli

**Title**
President

**Signature**

**Date**
11/18/16

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

**Date of Notification (1)**  
11/21/16

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Name of Building Owner/Operator (2)</th>
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</thead>
<tbody>
<tr>
<td>[X] EPA</td>
<td>Initial</td>
<td>Babbitt</td>
</tr>
<tr>
<td>[ ] DEP</td>
<td>Amendment</td>
<td></td>
</tr>
<tr>
<td>[X] DOH</td>
<td>Emergency (including justification)</td>
<td></td>
</tr>
<tr>
<td>[ ] DCA</td>
<td>Cancellation</td>
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<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] School (K-12)</td>
<td>Residential</td>
</tr>
<tr>
<td>[ ] Subchapter 8 (Other than K-12)</td>
<td>Other (i.e., private &amp; commercial buildings, homes, etc.)</td>
</tr>
</tbody>
</table>

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

**Street Address**  
Lambertville, NJ

**City (5)**  
Lambertville, NJ

**County (6)**  
Hunterdon

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

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

**Name of Monitoring Firm ASCM No.:**  

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

**PO Box 341**  
Crosswicks, NJ 08515

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

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

**License No.**  
00493

**Project Manager for Monitoring Firm**  
Bill Weisgarber

**Telephone No.**  
(609) 240-4070

**Start Date (10)**  
12/5/16

**Scheduled Completion Date (11)**  
12/7/16

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

**Other - Describe:**  
8 am - 4 pm

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

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

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

<table>
<thead>
<tr>
<th>Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>[X] Crawl Space</td>
<td>Thermal Duct Insulation (Wrap &amp; Cut)</td>
<td>20 LF</td>
</tr>
<tr>
<td>[X] Crawl Space</td>
<td>Asbestos Debris</td>
<td>10 LF</td>
</tr>
</tbody>
</table>

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

- Crawl Space

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

- Yes
- No
- N/A

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

**NJDEP Waste Hauler ID No.:**  
18292

**Cubic Yards of Waste:**  
1 CU

**Name of Registered Landfill:**  
GROWS Landfill

**City, State:**  
Morrisville, PA

**Disposal Date:**  
12/7/16

**Completed By:**  
Mahlon E. Stevens

**Title:**  
Project Manager

**Signature:**

**Date:**  
11/21/16

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NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

State of New Jersey

Date of Notification (1)
11 / 23 / 16

Name of Building Owner/Operator (2)
CAPC ASF#1

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

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

Street Address
108 Church Street 3rd floor

City, State, Zip Code
New Brunswick, NJ 08901

Name of Contact
Daniel Karbownik

Telephone Number

FACILITY INFORMATION

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

Street Address

City (5)
Asbury Park

County (6)
Monmouth

County Code (7)/STATE USE ONLY

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

ASCM No.
00117

Name of Abatement Contractor (9)
Superior Abatement Inc

Project Manager for Monitoring Firm
Jim Proctor

Telephone No.
(609) 704-8850

Start Date (10)
12 / 05 / 16

Scheduled Completion Date (11)
12 / 09 / 16

Name of OSHA Monitor
Superior Abatement Inc

Street Address
2 Henderson Drive

City, State, Zip Code
West Caldwell, NJ 07006

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

Time of Abatement: _____ AM-_____-PM/_____-PM-_____-AM

Scope of Work (Check all that apply)
☒ ≥3 sf or ≥3 ft
☐ ≥100 sf or ≥280 ft
☐ 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, VIT, or other miscellaneous)

Amount (Specify SF or LF)
150 SF

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

Kitchen & Hallway

☐ ☐ ☒ Linoleum
☐ ☐ ☐
☐ ☐ ☐
☐ ☐ ☐
☐ ☐ ☐
☐ ☐ ☐
☐ ☐ ☐

Name of Registered Wasta Hauler
Service Transport Group Inc

NJ/DEP Waste Hauler ID No. SW2117
Cubic Yards of Waste
2

Name of Registered Landfill
Minerva Enterprises

City, State
New Castle, DE

Disposal Date
12/09/2016

Complated By (Print or Type)
Nick Petrovski
Title
President

Signature

Date
11-23-16

ASB-41
MAY 11

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NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)
11 / 23 / 16

Name of Building Owner/Operator (2)
CAPC ASF#1

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

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

Street Address
108 Church Street 3rd floor

City, State, Zip Code
New Brunswick, NJ 08901

Name of Contact
Daniel Karbownik

Telephone Number

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

Square Feet
2408

# of Floors
2

Bldg. Age
88

County Code (?)/STATE USE ONLY

Current Use (Prior if being demolished)
Vacant Residential House

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

ASCM No.
00117

Name of Abatement Contractor (9)
Superior Abatement Inc

Street Address
318 12th Street

City, State, Zip Code
Hammonton NJ 08037

Telephone No.
(609) 704-8850

License No.
00411

Project Manager for Monitoring Firm
Jim Proctor

Start Date (10)
12 / 05 / 16

Scheduled Completion Date (11)
12 / 09 / 16

Name of OSHA Monitor
Superior Abatement Inc

Street Address
2 Henderson Drive

City, State, Zip Code
West Caldwell, NJ 07006

Scope of Work (Check all that apply)

☐ ≥ 3 sf or ≥ 3 l
☐ ≥ 160 sf or ≥ 260 l

☐ Renovation
☐ Demolition

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

Location of Asbestos Containing Material (ACM) TO BE ABATED

IN Facility (13)

Yes
No
N/A

Basement
Attic
Entrance Foyer

☐ Mastic
☐ Plaster Coating
☐ Linoleum

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

Amount (Specify SF or LF)

Abatement Type

Name of Registered Waste Hauler
Service Transport Group Inc

Disposal Date
12/09/2016

City, State
New Castle, DE
Waynesburgh, OH

Name of Registered Landfill
Minerva Enterprises

Completed By (Print or Type)
Nick Petrovski

Title
President

Signature

Date
11-23-16

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

<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>Name of Building Owner/Operator</th>
<th>CAPC ASF#</th>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>11 / 23 / 16</td>
<td>CAPC ASF#1</td>
<td></td>
<td>DOLWD</td>
<td>Initial</td>
<td>108 Church Street 3rd floor</td>
<td>New Brunswick, NJ 08901</td>
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</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place</th>
<th>Type of Facility</th>
<th>Square Feet</th>
<th># of Floors</th>
<th>Bldg. Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residential House</td>
<td>Other than K-12</td>
<td>1590</td>
<td>3</td>
<td>116</td>
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<table>
<thead>
<tr>
<th>Street Address</th>
<th>County Code</th>
<th>Current Use</th>
<th>Name of Monitoring Firm Hired by Building Owner</th>
<th>Name of Abatement Contractor</th>
</tr>
</thead>
<tbody>
<tr>
<td>315 12th Street</td>
<td></td>
<td>Vacant Residential House</td>
<td>Health and Safety Services</td>
<td>Superior Abatement Inc</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
<th>License No.</th>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jim Proctor</td>
<td>(609) 704-6335</td>
<td>00411</td>
<td>2 Henderson Drive</td>
<td>West Caldwell, NJ 07006</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date</th>
<th>Scheduled Completion Date</th>
<th>Name of OSHA Monitor</th>
</tr>
</thead>
<tbody>
<tr>
<td>12 / 05 / 16</td>
<td>12 / 09 / 16</td>
<td>Superior Abatement Inc</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Occupancy Status</th>
<th>Abatement Status</th>
<th>Scope of Work</th>
<th>Name of Registered Waste Hauler Service Transport Group Inc</th>
</tr>
</thead>
<tbody>
<tr>
<td>Closed/Vacated</td>
<td>Completed</td>
<td>Linoleum</td>
<td>NJDEP Waste Hauler ID No. SW2117</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM)</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>TO BE ABATED IN Facility</td>
<td>Yes</td>
<td>(i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td>140 SF</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>1st &amp; 2nd Floor</th>
<th>3rd Floor</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☒ Linoleum</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minerva Enterprises</td>
<td>Waynesburgh, OH</td>
</tr>
</tbody>
</table>

Completed By (Print or Type): Nick Petrovski, Title: President, Signature: [Signature], Date: 11-23-16

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

Date of Notification (1)
11 / 23 / 16

Name of Building Owner/Operator (2)
CAPC ASF#1

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

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

Street Address
108 Church Street 3rd floor

City, State, Zip Code
New Brunswick, NJ 08901

Name of Contact
Daniel Karbownik

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

Street Address
318 12th Street

City, State, Zip Code
Hammondon NJ 08037

County (6)
Monmouth

County Code (7) (STATE USE ONLY)

Square Feet
1520

# of Floors
2

Bldg. Age
116

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

Health and Safety Services

ASCM No.
00117

Name of Abatement Contractor (9)
Superior Abatement Inc

Street Address
2 Henderson Drive

City, State, Zip Code
West Caldwell, NJ 07006

Start Date (10)
12 / 05 / 16

Scheduled Completion Date (11)
12 / 09 / 16

Name of OSHA Monitor
Superior Abatement Inc

Street Address
2 Henderson Drive

City, State, Zip Code
West Caldwell, NJ 07006

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

Time of Abatement: AM-PM AM-PM

Scope of Work (Check all that apply)
☐ Full Containment with Negative Pressure
☐ Demolition
☐ 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?
Yes No N/A

Location

Basement
1st Floor Living Room

Location

Pipe Insulation
Linoleum

Location

Name of Registered Waste hauler
Service Transport Group Inc

Name of Registered Waste hauler ID No.
SW2117

Cubic Yards of Waste
4

Name of Registered Landfill
Minerva Enterprises

City, State
New Castle, DE

Disposal Date
12/09/2016

City, State
Weynesburgh, OH

Completed By (Print or Type)
Nick Petrovski

Title
President

Signature

Date
11-23-16

* Do not use this form for asbestos licensure exempted activities.
Date of Notification (1) 11/23/2016

Name of Building Owner/Operator (2) Merck Sharp & Dohme Corp.

Agencies Notified Type Notification

<table>
<thead>
<tr>
<th>Agency</th>
<th>Initial</th>
<th>Amended</th>
<th>Amendment #</th>
<th>Emergency (Including Justification)</th>
<th>Cancellation</th>
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<tbody>
<tr>
<td>EPA</td>
<td></td>
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<td>DEP</td>
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<td>DOL</td>
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<tr>
<td>DOH</td>
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<tr>
<td>DCA</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Street Address 126 East Lincoln Avenue PO Box 2000, RY28 414

City, State, Zip Code Rahway, NJ 07065

Name of Contact Sandra Schenk, Director S&E

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Building 75 Power House

City (5) Rahway

County (6) Union

County Code (7) STATE USE ONLY

Square Feet 16,287

# of Floors 3

Bidg. Age 74 yrs old

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

ASCM No. 00104

Name of Abatement Contractor (9) Brandenburg Industrial Service Company

Street Address 2217 Spillman Drive

City, State, Zip Code Bethlehem, PA 18015

Project Manager for Monitoring Firm Lisa Lilola

Telephone No. 973-729-5649

Scheduled Completion Date (11) 12/22/2016

Occupancy Status During Abatement (Check Only One)

Facility Closed/Vacated During Entire Period of Abatement

Abatement Performed Outside of Normal Facility Hours

Other — Describe: Renovation Work

Scope of Work (Check All That Apply)

≥23 sf or ≥3 If

≥160 sf or ≥260 If

X Renovation

Demolition

X 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)

Boiler 6 Ceiling X

Boiler 4 East/West Walls & Ceiling X

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

Yes No N/A

X TSI Block Asbestos

TSI

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 Endource

Name of Registered Waste Hauler Freehold Catage, Inc.

NJDEP Waste Hauler ID No. 15939

Cubic Yards of Waste 450

Name of Registered Landfill Lycoming Cty Resource Management

City, State Freehold Montgomery, PA

Disposal Date TBD

Completed by Jennifer Polzer Title Contract Manager

Signature

Date 11/23/2016

* 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):** 11/23/16  
**Name of Building Owner/Operator (2):** Jon Volpe Developers  

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Name of Building Owner/Operator (2)</th>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>✅ EPA</td>
<td>Initial</td>
<td></td>
<td></td>
</tr>
<tr>
<td>✅ DEP</td>
<td>Amended</td>
<td></td>
<td></td>
</tr>
<tr>
<td>✅ DOL</td>
<td>Emergency (including justification)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>✅ DOH</td>
<td>Cancellation</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Name of Facility Where Abatement is Taking Place (3):** Residential Home  
**City (5):** Butler  
**County (6):** Bergen  

**County Code (7):** (STATE USE ONLY)  
**Square Feet:** 1600  
**# of Floors:** 2  
**Bldg. Age:** 65+/-  
**Current Use (Prior if being demolished):** Residential Home

**Name of Monitoring Firm Hired by Building Owner (8):**  
**Competent Supervisor:**  
**Name of Abatement Contractor (9):**  
**All Stages Abatement:**

**Street Address:** 280 N. Midland Ave., Saddle Brook, NJ 07663  
**Telephone No.:** 201-600-3184  
**License No.:** 01305  

**Start Date (10):** 12/2/16  
**Scheduled Completion Date (11):** 12/7/16  
**Name of OSHA Monitor:**

**Occupancy Status During Abatement (Check Only One):**  
- Facility Closed/Vacated During Entire Period of Abatement  
- Abatement Performed Outside of Normal Facility Hours  
- Other — Describe: 8 A.M. to 4 P.M.

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

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

<table>
<thead>
<tr>
<th>Exterior Siding</th>
<th>Basement</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>

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

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

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

<table>
<thead>
<tr>
<th>Cubic Yards of Waste</th>
<th>Appleton Cement Co. (IESI)</th>
<th>Disposal Date</th>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>TBD</td>
<td></td>
<td>TBD</td>
<td>Bethlehem, PA</td>
</tr>
</tbody>
</table>

**Amount (Specify SF or LF):**  
- 445 SF  
- 70 LF  

**Name of Registered Waste Hauler:** New Jersey Waste Hauler  
**Hauler ID No.:** 04509  
**Cubic Yards of Waste:** TBD  
**Name of Registered Landfill:** IESI Landfill  
**Disposal Date:** TBD  
**City, State:** Bethlehem, PA

**Completed by:** Richard Cristofoli  
**Title:** President  
**Date:** 11/23/16

* Do not use this form for asbestos licensure exempted activities.
Date of Notification (1) 11/22/16

Name of Building Owner/Operator (2) Equster Chemicals

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

Street Address 340 Meadow Rd.
City, State, Zip Code Edison, NJ 08817

Name of Contact Mike Veisz-JVC Industrial
Telephone Number __________

FACILITY INFORMATION
Name of Facility Where Abatement is Taking Place (3) Building 6A

Square Feet 8000
# of Floors 2
Bldg. Age 75+/-

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

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

Street Address PO Box 322
Allentown, NJ 08501

Telephone No. (609) 259-9688
License No. 00493

Name of OSHA Monitor MECS

Street Address PO Box 341
Crosswicks, NJ 08515

Project Manager for Monitoring Firm

Start Date (10) 12/15/16
Scheduled Completion Date (11) 1/31/17

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

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

Exterior Yes
Exterior No
Exterior N/A

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

Exterior Yes
Exterior No
Exterior N/A

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

Amount (Specify SF or LF)

Exterior Transite Roofing 9000 sf
Exterior Built up Roofing 250 sf
Exterior Flashing 1200 sf

Name of Registered Waste Hauler Stevens Environmental Services, Inc.

City, State Allentown, NJ

Cubic Yards of Waste 100 CU

Name of Registered Landfill GROWS Landfill

Disposal Date 1/31/17
City, State Morrisville, PA

Completed By Mahlon E. Stevens
Title Project Manager

Signature __________
Date 11/22/16

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

Date of Notification (1):
11 / 23 / 16

Name of Building Owner/Operator (2):
Verizon

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

Type Notification:
☐ Initial
☐ Amended
☐ Emergency (including justification)
☐ Cancellation

Street Address:
1 Verizon Way

City, State, Zip Code:
Basking Ridge, NJ 07920

Name of Contact:
Alex Baylor

FACILITY INFORMATION

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

Street Address:
245 South Wood Avenue

City (5):
Linden, NJ

County (6):
Union

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

ASCM No.:

Name of Abatement Contractor (9):
JVN Restoration Inc

Street Address:
8436 Enterprise Avenue

City, State, Zip Code:
Philadelphia, PA 19153

Project Manager for Monitoring Firm:
Mark Jenkins

Telephone No.:
215-365-5870

Telephone No.:
718-605-6256

License No.:
00774

Start Date (10):
12 / 05 / 16

Scheduled Completion Date (11):
01 / 31 / 17

Occupy Status During Abatement (Check only one):
☐ Facility Closed/Vacated During Entire Period of Abatement
☒ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM__PM__5:00AM-1:30PM

Name of OSHA Monitor:
Testor Tech

Scope of Work (Check all that apply):
☒ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥250 lf
☐ Renovation
☐ Demolition

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

Amount (Specify SF or LF):
34 LF

Abatement Type:
☒ Removal
☐ Repair
☐ Encapsulate
☐ Endorse

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

Basement HVAC Room

Name of Registered Waste Hauler:
Newark Carting

NJDEP Waste Hauler ID No.:
NJ-566

Cubic Yards of Waste:
40

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

Disposal Date:
12/16/16

City, State:
Morristown, PA

Completed By (Print or Type):
Ralph Barnhardt

Title:
Project Manager

Signature:

Date:
11/23/2016

* Do not use this form for asbestos licensure exempted activities.
Date of Notification (1) 11 / 16

Agencies Notified

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

Type Notification

- Initial
- Amended
- Emergency (Including Justification)
- Cancellation

Name of Building Owner/Operator (2)

KIN PROPERTIES

Street Address

185 NJ SPANISH RIVER BLVD SUITE 100

City, State, Zip Code

BOCA RATON, FL 33431

Name of Contact

BRIAN NEMETZ

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

SEARS WAREHOUSE

Street Address

150 MAYWOOD AVENUE

City (5)

MAYWOOD

County (5)

BERGAN

Square Feet

>50,000

Type of Facility (4)

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

# of Floors

1

Bldg. Age

60+

County Code (7) [STATE USE ONLY]

Current Use (Prior if being demolished)

WAREHOUSE

Name of Monitoring Firm Hired by Building Owner (8)

PARTNER ENGINEERING AND SCIENCE, INC.

Street Address

611 INDUSTRIAL WAY WEST

City, State, Zip Code

EATONTOWN, NJ 07724

Name of Abatement Contractor (9)

DELTA/BJDS, INC

Street Address

1345 INDUSTRIAL BLVD

City, State, Zip Code

SOUTHAMPTON, PA 18966

Project Manager for Monitoring Firm

BRIAN NEMETZ

Telephone No.

732 380-1700

Telephone No.

215 322-2900

License No.

00783

Start Date (10)

12 / 10 / 16

Scheduled Completion Date (11)

12 / 31 / 17

Name of OSHA Monitor

CRITERION LABS

Street Address

3370 PROGRESS DRIVE

City, State, Zip Code

BENSELAM, PA 19020

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: 7AM-11PM/11PM-AM

Scope of Work (Check all that apply)

- 0 sf or 0 ft
- ≥160 sf or ≥160 ft
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

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

- Yes
- No
- N/A

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

Amount (Specify SF or LF)

Abatement Type

Amount

Abatement Type

Name of Registered Waste Hauler

SERVICE TRANSPORT

NJDEP Waste Hauler ID No. 20990

Cubic Yards of Waste

Disposal Date

Waysnesburg, OH 44688

Completed By (Print or Type)

DAMIAN LAVELLE

Title

PROJECT MGR.

Signature

Date

11-23-2016

* Do not use this form for asbestos licensure exempted activities.
<table>
<thead>
<tr>
<th>Item Description</th>
<th>Amount</th>
</tr>
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<tbody>
<tr>
<td>Warehouse doors (metal)</td>
<td>8 DRS</td>
</tr>
<tr>
<td>Windows</td>
<td></td>
</tr>
<tr>
<td>Exterior of upper mezzanine</td>
<td></td>
</tr>
<tr>
<td>Exterior horizontally around the building</td>
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</tr>
<tr>
<td>Exterior horizontally along the building</td>
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</tr>
<tr>
<td>Exterior vertical joints</td>
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</tr>
<tr>
<td>Miscellaneous, vault, or maintenance wall materials (e.g., asbestos material)</td>
<td></td>
</tr>
<tr>
<td>Description</td>
<td></td>
</tr>
<tr>
<td>In facility</td>
<td></td>
</tr>
</tbody>
</table>

- Metal warehouse doors
- 8 DRS
- Windows
- Exterior of upper mezzanine
- Exterior horizontally around the building
- Exterior horizontally along the building
- Exterior vertical joints
- Miscellaneous, vault, or maintenance wall materials (e.g., asbestos material)
- Description
- In facility
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:80 and 12:120)

State of New Jersey

Date of Notification (1)  
November 23, 2016

Name of Building Owner/Operator (2)  
American Tower Corporation

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

Street Address  
10 Presidential Way  
City, State, Zip Code  
Woburn, MA 01801

Name of Contact  
Charmayne Eriacho

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  
Cell Tower Equipment Shelter

Street Address  
4 Far View Avenue

City (5)  
Atlantic Highlands

County (6)  
Monmouth  
County Code (7)  
(State USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8)  
J.C. Broderick & Associates, Inc.

ASCM No.  
Name of Abatement Contractor (9)  
ecoservices, LLC

Street Address  
1775 Expressway Drive North

City, State, Zip Code  
Hauppauge, NY 11787

Project Manager for Monitoring Firm  
Kristen Nannini

Telephone No.  
631-584-5492

License No.  
01161

Start Date (10)  
11/28/16  
Scheduled Completion Date (11)  
12/9/16

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] 25+ sf or 25+ if  
[X] 250+ sf or 250+ if  
[ ] 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)

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

<table>
<thead>
<tr>
<th>Control Room</th>
<th>Control Room</th>
<th>Control Room</th>
</tr>
</thead>
<tbody>
<tr>
<td>[X] GWB/joint compound</td>
<td>[X] Floor tile and floor tile mastic</td>
<td>[X] Transite conduit panel</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)  
600 SF  200 SF  6 SF

Abatement Type

Location of Registered Waste Hauler  
ecoservices, LLC

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

Disposal Date  
TBD  
City, State  
Exton, PA  
Morristown, PA

Completed by  
Jack Bally  
Sr. Project Manager

Signature  
Date  11/23/16

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:30 and 12:120)

Date of Notification (1)
11/23/16

Name of Building Owner/Operator (2)
105 South Avenue, Inc.

Street Address
326 Route 22 West, Suite 16B
Green Brook, NJ 08812

Name of Contact
Susan Checchio

FACILITY INFORMATION

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

Square Feet
27,500

# of Floors
2

Bldg. Age
~50 years

Current Use (Prior if being demolished)
A&P Grocery Store

Name of Facility Where Abatement Is Taking Place (3)
Former A&P

Street Address
105 South Avenue

City (5)
Fanwood

County (6)
Union
Name of Monitoring Firm Hired by Building Owner (8)
Vertex

ASCM No.

Name of Abatement Contractor (9)
ecoservices, LLC

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

City, State, Zip Code
Aston, PA 19014

Telephone No.
610-558-8902

Name of OSHA Monitor
EMSL

Telephone No.
484-872-8884

License No.
01161

Start Date (10)
10/11/16

Scheduled Completion Date (11)
12/15/16

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

Scope of Work (Check All That Apply)

23 sf or 233 sf

≥160 sf or ≥260 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

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

Amount
(Specify
SF or LF)

Abatement
Type

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

Name of Registered Waste Hauler

Waste Management of New Jersey

NJ/DEP Waste
Hauler ID No.

Name of Registered Landfill

GROWS Landfill

City, State
Trenton, NJ

Disposal Date
TBD

City, State
Morrisville, PA

Completed by
Jack Bally

Title
Sr. Project Manager

Signature

Date
11/23/16

*Do not use this form for asbestos licensure exempted activities