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

**Date of Notification (1):** 10-3-13

**Name of Building Owner/Operator (2):** Exxon Mobil Environmental Services

**Street Address:** 52 Bracham Street

**City, State, Zip Code:** Ewing, NJ 08618

**Name of Contact:** F. W. Erivo

**Facility Information**

- **Name of Facility Where Abatement is Taking Place (3):** Former Bayonne Lubrication Mfg. Plant
- **Street Address:** 1 Ave J
- **City:** Bayonne
- **County:** Hudson
- **Name of Monitoring Firm Hired by Building Owner (8):** ASCM No. 1180
- **Name of Abatement Contractor (9):** Terra Abatement Service, LLC

**Street Address:** 123 N Fea Rd PO Box 3015

**City, State, Zip Code:** South Hampton, NY 11969

**Project Manager for Monitoring Firm:** Mike Collins

**Start Date (10):** 10-21-13

**Scheduled Completion Date (11):** 9-30-15

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

**Name of OSHA Monitor:** Analytical Testing & Consulting Services

**Street Address:** 1465 Foster Rd.

**City, State, Zip Code:** Plainview, MI 49080

**Occupancy Status During Abatement (Check Only One):**
- Facility Closed/Abandoned During Entire Period of Abatement

**Scope of Work (Check All That Apply):**
- 23 sf or 23 ft
- 230 sf or 230 ft

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

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

**Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous):**
- Thermal System Insulation - 51,893 sq ft
- Thermal System Insulation - 2,397 sq ft
- Floor Tile - Mastic - Gunk - 35,755 sq ft

**Name of Registered Waste Hauler:** Hazmat Environmental Group

**NJDEP Waste Hauler ID No.:** 1665

**Cubic Yards of Waste:** 2,172

**Disposal Date:** 9-20-2013

**Name of Registered Landfill:** High Acres Landfill

**City, State:** Buffalo, NY

**Completed by:** P. K. Moore

**Title:** Director of Abatement Services

**Signature:** Aug 9/2013

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*Do not use this form for asbestos insurance exempted activities.*
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:90 and 5:16)

Date of Notification (1) 10 / 2 / 13
Name of Building Owner/Operator (2)
Jersey Central Power & Light/First Energy

Agencies Notified
☒ EPA
☒ DEP
☒ DCA (NJAC 5:15)
☒ DHSS
☒ DCA (NJAC 5:23-3)
Type Notification
☒ Initial
☒ Amended
☒ Amendment #
☒ Emergency (including justification)
☒ Cancellation

Street Address
PO Box 1911 - 300 Madison Ave
City, State, Zip Code
Morristown, NJ 07962
Name of Contact
Kenneth Seborowski

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
801 St John's Street
City (5)
Cape May
County (6)
Cape May
County Code (7)(STATE USE ONLY)

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

Square Feet
2,500
# of Floors
2
Bldg. Age
50+

Current Use (Prior if being demolished)
residence

Name of Monitoring Firm Hired by Building Owner (8)
Health & Safety Services, Inc
ASCN No. 117

Name of Abatement Contractor (9)
Controlled Environmental Systems

Street Address
318 12th Street
City, State, Zip Code
Hammonton, NJ 08037

Telephone No. 609-704-8850

Project Manager for Monitoring Firm
Jim Proctor

Start Date (10) 10 / 15 / 13
Scheduled Completion Date (11) 10 / 29 / 13

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: 7:00AM-5:00PM__PM__AM

Scope of Work (Check all that apply)
☐ ≥ 3sf or ≥ 3 ft
☒ ≥150s f or ≥260 f
☒ Renovation
☒ Demolition

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

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

Description of Asbestos-Containing Material (ACM)

Amount (Specify SF or LF)

Abatement Type

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

Removal
Repair
Encapsulate

STG
NJDEP Waste Hauler ID No. 209000
Cubic Yards of Waste
30
Name of Registered Landfill
Minerva Landfill

City, State
New Castle, DE

Completed By (Print or Type)
Patricia Visco
Title
Office Manager
Signature

Disposal Date
10/29/13
City, State
Waynesburg, OH 44688

Received 9/30/13

* Do not use this form for asbestos licensure exempted activities.
Date of Notification (1): 09/20/13  
Name of Building Owner/Operator (2): Journal Square Associates LLC  
Street Address: 520 US Highway 22 PO Box 6872  
City, State, Zip Code: Bridgewater, NJ 08807  
Name of Contact: Kiva Bartik  
Telephone Number:  

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Block 9501 Lot 13  
Street Address: 539 Summit Ave  
City (5): Jersey City  
County (6): Hudson  
County Code (7): N/A  
Type of Facility (4): Controlled Environmental Systems  
Square Feet: 3500 SF  
# of Floors: 3  
Bldg. Age: 50+  
Current Use (Prior if being demolished): Former Boarding House-Single Family Home  

Name of Monitoring Firm Hired by Building Owner (8): ASCM No.  
Name of Abatement Contractor (9):  
Street Address: 1121 N. Bethlehem Pike - Suite 60  
City, State, Zip Code: Spring House, PA 19477  
Telephone No.: 215-542-7000  
License No.: 00847  

Start Date (10): 10/7/13  
Scheduled Completion Date (11): 11/20/13  
Name of OSHA Monitor: CES  

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 - 7:00 PM  

Scope of Work (Check all that apply):  
Less than 3 sq ft or less  
200 sq ft to 260 sq ft  
Renovation  
Demolition  
Full Containment with Negative Pressure  
Mini-Enclosure  
Gluebag Procedure  
Non-Exempted (*) and Non-Friable Procedure  

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM)</th>
<th>Is Location Normally Used Solely by Maintenance/Gustodial 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>
<th>Removal</th>
<th>Repair</th>
<th>Encapsulate</th>
<th>Endorse</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement Furnace</td>
<td>N/A</td>
<td>Flue Patch Insulation</td>
<td>5 SF</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Basement</td>
<td>No</td>
<td>Pipe Fitting Insulation</td>
<td>5 LF</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Through out house 1st - 3rd flrs</td>
<td>No</td>
<td>Exerior Tar Paper Wall siding</td>
<td>1405 SF</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exterior Walls</td>
<td>No</td>
<td>Roofing Material</td>
<td>2,500 SF</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Roof-mansard base &amp; 2nd FLR Roof</td>
<td>No</td>
<td></td>
<td>1,500 SF</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler: STG  
NJ/DEP Waste Hauler ID No.: 20900  
Cubic Yards of Waste: 40  
Name of Registered Landfill: Minerva Landfill  
Disposal Date: 11/25/13  
City, State: Waynesburg, OH 44688  

Completed By (Print or Type): Patricia Visco  
Title: Office Manager  
Signature: Patricia Visco  
Date: 09/23/13  

* Do not use this form for asbestos exposure monitoring.
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:69-7 and 12:120-7)

**Date of Notification (1)**

<table>
<thead>
<tr>
<th>10</th>
<th>3</th>
<th>/13</th>
</tr>
</thead>
</table>

**Name of Building Owner/Operator (2)**
MERCK SHARP & DOHME CORP.

**Street Address**
126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414
RAHWAY, NEW JERSEY 07065

**Name of Contact**
MARY BETH BAKER

**Name of Facility Where Abatement is Taking Place (3)**
MERCK SHARP & DOHME CORPORATION

**Street Address**
126 EAST LINCOLN AVENUE - BUILDING 80

**City (5)**
RAHWAY

**County Code (7)**
UNION

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

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

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

**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**
313 SPOOK ROCK ROAD
SUFFERN, NEW YORK 10901

**City, State, Zip Code**
SPARTA, NEW JERSEY 07871

**Telephone Number**
973-729-5049

**Telephone Number**
845-369-7500

**License Number**
460

**Expected State Date (10)**
10 /14 /13

**Scheduled Completion Date (11)**
12 /30 /13

**Name of OSHA Monitor**
AMERISCI LABORATORIES INC.

**Street Address**
117 EAST 30TH STREET
NEW YORK, NEW YORK 10016

**City, State, Zip Code**
SPARTA, NEW JERSEY 07871

**Occupancy Status During Abatement (Check only one)**
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours - Describe: MONDAY - FRIDAY 7AM-3:30 PM
- Other - Describe: N/A

**Scope of Work (Check all that apply)**
- Demolition
- Renovation
- Mini Enclo H
- Glovebag Procedure
- Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Material (ACM) TO BE ABATED in Facility (13)</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>B-80N EXTERIOR</td>
<td>X</td>
<td>PIPE INSULATION</td>
<td>6 LF</td>
</tr>
<tr>
<td>B-80N LABORATORY</td>
<td>X</td>
<td>TRANSITE LAB TOP</td>
<td>25 SF</td>
</tr>
</tbody>
</table>

**Cubic Yards of Waste**
5

**Name of Registered Waste Hauler**
FREEHOLD CARTAGE, INC.
825 HIGHWAY 33
FREEHOLD, NEW JERSEY 07728

**Hauler ID No.**
15939

**Name of Registered Landfill**
LYCOMING COUNTY RESOURCE MANAGEMENT SERVICES
447 ALEXANDER DRIVE/ROUTE 15
Montgomery, PA 17752

**City, State**
FREEHOLD, NEW JERSEY

**Disposal Date**
10/14/2013

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

**Signatures**

**Date**
10/3/13
**Name of Building Owner/Operator (2):** Brian O'Sullivan

**Street Address:** 9 Garnett Place

**City, State, Zip Code:** Norwood, NJ 07648

**Name of Contact:** Brian O'Sullivan

**Type of Facility (4):**
- [ ] School (K - 12)
- [ ] Subchapter 8 (Other than K-12)
- [ ] Other (Private/Commercial Bldgs., Homes, etc.)

**Square Feet:**

**# of Floors:**

**Current Use (Prior to Demolition):**
- [ ] Residential

**Name of Abatement Contractor (9):**

**Street Address:** 105 Ryerson Road

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

**Telephone Number:** 973-696-6869

**License Number:** 0378

**Name of OSHA Monitor:** B & G Restoration, Inc.

**Street Address:** 105 Ryerson Road

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

**Name of Registered Landfill:** Tullytown Resource & Recovery Center

**City, State:** Tullytown, PA

**Cubic Yards of Waste Disposed:** 1

**Name of Registered Waste Hauler:** B & G Restoration, Inc.

**NJDEP Hauler ID:** 19563

**Disposal Date:** 10/14/2013

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

**Gordana Luna**

**Secretaty/Treasurer:**

**Date:** 10/01/2013

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

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

**Description of asbestos-containing material (ACM):**
- [ ] Duct insulation
- [x] Round duct insulation

**Removal:**
- [ ] Wrap & Cut
- [ ] Glovebag process
- [ ] Non-friable process

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**Scope of Work (check all that apply):**
- [ ] Demolition
- [ ] Renovation
- [ ] > 500 sf or > 260 ft

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**Date of Notification (1):** 10/1/2011

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

**Street Address:**

**City, State, Zip Code:**

**Name of Abatement Contractor (9):**

**Street Address:** 105 Ryerson Road

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

**Telephone Number:** 973-696-6869

**License Number:** 0378

**Name of OSHA Monitor:** B & G Restoration, Inc.

**Street Address:** 105 Ryerson Road

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

**Name of Registered Landfill:** Tullytown Resource & Recovery Center

**City, State:** Tullytown, PA

**Cubic Yards of Waste Disposed:** 1

**Name of Registered Waste Hauler:** B & G Restoration, Inc.

**NJDEP Hauler ID:** 19563

**Disposal Date:** 10/14/2013

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

**Gordana Luna**

**Secretaty/Treasurer:**

**Date:** 10/01/2013
**State of New Jersey**  
**NOTIFICATION OF ASPEROS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:126)

**Date of Notification (1)**  
10/01/2013  

**Name of Building Owner/Operator (2)**  
RR POWER LEASING LLC

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

**Type Notification**  
- [X] Initial  
- [X] Amended

**Street Address**  
11 OLD TAPPAN RD

**City, State, Zip Code**  
OLD TAPPAN, NJ 07672

**Name of Contact**  
WESLEY WEIS

**Telephone Number**

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**  
MORRISTOWN AND ERIE RAILWAY

**Street Address**  
49 Abbot Avenue

**City (5)**  
Morristown

**County (6)**  
Morris

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

**ASCM No.**

**Name of Abatement Contractor (9)**  
KIELCZEWSKI CORPORATION

**Street Address**  
235 WATCHUNG AVE

**City, State, Zip Code**  
WEST ORANGE NJ 07052

**Project Manager for Monitoring Firm**  
LEONID SHERESHEVSKY

**Telephone No.**  
973-769-6946

**Telephone No.**  
973-243-9872

**License No.**  
01172

**Start Date (10)**  
10/10/2013

**Scheduled Completion Date (11)**  
10/17/2013

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

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

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

- [X] Renovation Demolition
  - Full Containment with Negative Pressure
  - Mini-Enclosure /Wrap & cut procedure
  - Glovebag Procedure
  - Non-Exempted (*) and Non-Friable Procedure

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

- [X] Yes  
- No  
- N/A

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

- HEATING PIPE  
- 200LF

**Name of Registered Waste Hauler**  
KIELCZEWSKI CORPORATION

**NJDEP Waste Hauler ID No.**

**Cubic Yards of Waste**

**Name of Registered Landfill**  
CONESTOGA LANDFILL

**City, State**  
WEST ORANGE, NJ

**Disposal Date**

**City, State**  
MORGANTOWN, NJ

**Completed by**  
SLAWOMIR KIELCZEWSKI  
Title  
PRESIDENT

**Signature**

**Date**  
10/02/2013

*Do not use this form for asbestos licensure exempted activities.*
**NOTIFICATION**
(Pursuant to NJAC 8:60 and 14:67-2)

**Name of Building Owner/Operator (2):** Plainfield Public School

**Street Address:**
- 920 Park Ave

**City/State/Zip Code:**
- Plainfield, NJ 07080

**Name of Contact:**
- Eugene Campbell

**Type of Facility (4):**
- School (K-12)
- Subchapter B (Other than K-12)
- Other (i.e., private & commercial buildings, houses, etc.)

**Square Feet:**
- 125000

**# of Floors:**
- 3

**Bldg Age:**
- 40+

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

**Name of Abatement Contractor (9):**
- GL Group, Inc

**Street Address:**
- 140 Hamburg Turnpike

**City/State/Zip Code:**
- Bloomington, NJ 07403

**License No.:**
- 01084

---

**Facility Information**

**Name of Facility Where Abatement is Taking Place (3):**
- Plainfield Cedarbrook K-8 Center

**Street Address:**
- 1049 Central Ave

**City/State/Zip Code:**
- Plainfield, NJ 07080

**County Code (7):**
- Union

**Name of Monitoring Firm Hired by Building Owner (8):**
- TTI Environmental Inc

**ASCN No.:**
- 00003

**Name of OSHA Monitor:**
- GL Group, Inc

**Street Address:**
- 140 Hamburg Turnpike

**City/State/Zip Code:**
- Bloomington, NJ 07403

**License No.:**
- 01084

**Project Manager for Monitoring Firm:**
- Mary Ellen Leotta

**Telephone No.:**
- 856-840-8800

**Start Date (10):**
- 9-27-13 after 3:30 pm

**Scheduled Completion Date (11):**
- 9-29-13

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

**Abatement Performed Outside of Normal Facility Hours:***

**Scope of Work (Check All That Apply):**
- Renovation
- Demolition

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

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

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

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

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

---

**Name of Registered Waste Hauler:**
- GL Group, Inc

**Cubic Yards of Waste:**
- TBD

**Disposal Date:**
- TBD

**Name of Registered Landfill Grows:**
- City, State
  - Morrisville, PA

**Completed by:**
- Michael B. Solakov

**Title:**
- P.M.

**Signature:**

**Date:**
- 9-18-2013

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*Do not use this form for asbestos licensed exempted activities.*
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:58 and 12-120)

Date of Notification (1)
10/1/13

Name of Building Owner/Operator (2)
Lisa Ambile Private Home

Agencies Notified
- EPA
- DEP
- DOH

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

Street Address
60 Little Egg Harbor Blvd

City, State, Zip Code
Tuckerton Beach NJ 08087

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

Square Feet
1000+

Name of Facility Where Abatement is Taking Place (3)
Lisa Ambile Private Home

City (5)
Tuckerton Beach NJ 08087

County Code (7)
Ocean

Current Use (Prior to if being demolished)
Home

Name of Monitoring Firm Hired by Building Owner (6)
N/A

ASCM No.

Name of Abatement Contractor (9)
Pernaco Inc.

Street Address
PO Box 329

City, State, Zip Code
West Berlin NJ 08091

Telephone No.
856-753-9800

License No.
00727

Project Manager for Monitoring Firm

Telephone No.

License No.

Name of OSHA Monitor
Same

Start Date (10)
10/11/13

Scheduled Completion Date (11)
10/17/13

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

Scope of Work (Check All That Apply)
- Renovation
- Demolition

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

Exterior Siding
Exterior Siding

Through out
Floor tile

Amount (Specify SF or LF)
1000SF

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

Abatement Type

Name of Registered Waste Hauler

United Containers

NJDEP Waste Hauler ID No.
22459

Cubic Yards of Waste
3

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

Disposal Date
10/17/13

City, State
Morrisville PA 19067

Completed by
Anthony T Perna
Title
President

Signature

Date 10/2/13

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

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

**Date of Notification (1):** July 26, 2013

**Name of Building Owner/Operator (2):** Owens Corning

**Street Address:** 1249 Newark Tpke.

**City, State, Zip Code:** Kearny, NJ

**Name of Contact:** Bill Dowd

### FACILITY INFORMATION

- **Name of Facility Where Abatement is Taking Place (3):** Warehouse
- **Type of Facility (4):**
  - [X] School (K-12)
  - [X] Subchapter 8 (Other than K-12)
  - [X] Other (i.e. private & commercial buildings, homes, etc.)
- **Square Feet:**
- **No. of Floors:**
- **Bldg. Age:**

### Owner Information

- **County Code (7):** Hudson
- **Current Use (Prior if being demolished):** Warehouse

### Abatement Contractor

- **Name of Abatement Contractor (9):** The MACK Group, LLC.

### Monitoring Firm

- **Name of Monitoring Firm Hired by Building Owner (8):** AET
- **Telephone No.:** (908) 218-1108
- **License No.:** 00781

### Manager

- **Project Manager for Monitoring Firm:** Eric Houseknecht

### Dates

- **Start Date (10):** 7-29-13
- **Scheduled Completion Date (11):** 12-31-13

### Occupancy Status

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

### Scope of Work

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

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

- **Translite panels:** 11,181 s/f

### Additional Information

- **Name of Registered Waste Hauler:** Rovic / Newark Carting / Freehold
- **Waste Hauler ID No.:** 4509
- **Disposal Date:** 12-31-13

- **Name of Registered Landfill:** G.R.O.W.S. / T.R.R.F Landfill
- **City, State:** Morrisville, PA / Tullytown, PA

- **Completed by:** Mike Cooper
  - **Title:** President

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*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)
October 02, 2013

Name of Building Owner/Operator (2)
Owens Corning-Kearny, NJ

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

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

Street Address
1249 Newark Jersey City Tpke
Kearny, NJ 07032

City, State, Zip Code
Kearny, NJ 07032

Name of Contact
Bill Dowd

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Owens Corning-Kearny, NJ

Street Address
1249 Newark Jersey City Tpke
Kearny, NJ 07032

Square Feet

# of Floors

Bldg. Age

County Code (7)
(STATE USE ONLY)

Current Use (Prior if being demolished)

Plant

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

ASCM No.

Name of Abatement Contractor (9)
The MACK Group, LLC.

Street Address
907 Doolittle Drive
Bridgewater, NJ 08807

City, State, Zip Code
Bridgewater, NJ 08807

Telephone No.
(973) 759-5000

License No.
00781

Project Manager for Monitoring Firm
Eric Houseknecht

Start Date (10)
7-29-13

Scheduled Completion Date (11)
7-29-14

Occuption 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)
☐ ≥36 sf or ≥3 if
☐ ≥160 sf or ≥20 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

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)
transite panels
Asbestos Pipe Wrap
PACM Asbestos Pipe Insulation

Amount (Specify SF or LF)
11,181 s/f.
670 LF
270 LF

Name of Registered Waste Hauler
Rovic / Newark Carting / Freehold

City, State
Riverdale / Newark / Freehold NJ

Cubic Yards of Waste
121.2

Name of Registered Landfill

Disposal Date
7-29-14

City, State
Morrisville, PA / Tullytown, PA

Completed by
Mike Cooper

Title
President

Signature

Date
10/2/13

* 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**

**NOTIFICATION OF ASBESTOS ABATEMENT**

Oct 1, 2013

**Name of Building Owner/Operator (2)**
City of Paterson - Department of Public Works

**EPA**
**DEP**
**DOL**
**DOH**
**DCA**

**Street Address**
800 Broadway

City, State, Zip Code
Paterson, New Jersey 07505

**Name of Contact**
Christopher A. Coke

**FACILITY INFORMATION**

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

**Street Address**
133 Ellison Street

**City (5)**
Paterson, New Jersey 07505

**County (6)**
Passaic

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

**Name of Monitoring Firm Hired by Building Owner (8)**
DETAIL ASSOCIATES, INC.

**ASCM No.**
00012

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

**Street Address**
300 Grand Avenue

**City, State, Zip Code**
Englewood, New Jersey 07631

**Project Manager for Monitoring Firm**
Steven Jaraczewski

**Telephone No.**
201-559-6708

**Start Date (10)**
Oct. 11, 2013

**Scheduled Completion Date (11)**
Oct. 14, 2013

**Occupancy Status During Abatement (Check Only)**
- [x] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Other - Describe:

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>2nd Floor Office</td>
<td>[x]</td>
<td>floor tile</td>
<td>850</td>
<td>[x]</td>
</tr>
<tr>
<td>2nd Floor Office</td>
<td>[x]</td>
<td>pipe insulation</td>
<td>30</td>
<td>[x]</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**
Newark Carting, Inc.

**NJ/DEP Waste Hauler ID No.**
04509

**Cubic Yards of Waste**
30 yd

**Name of Registered Landfill**
Bethlehem Landfill

**City, State**
Newark, New Jersey

**Disposal Date**
Oct 15, 2013

**Completed by**
Frank Marino

**Title**
VP of Operations

**Signature**

**Date**
Oct 1, 2013

---

*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) 09 / 30 / 13
Name of Building Owner/Operator (2) Leta Hamill

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

Street Address
974 Lawrenceville Road
City, State, Zip Code
Princeton, NJ 08540

Name of Contact
Leta Hamill
Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Private house
Street Address
974 Lawrenceville Road
City (5)
Princeton, NJ 08540
County (6)
Mercer
County Code (7) (STATE USE ONLY) 00

Type of Facility (4)
☐ School (K-12)
☐ Subchapter 8 (Other than K-12)
☒ Other (i.e., private and commercial buildings, homes, etc.)
Square Feet 0
# of Floors 0
Bidg. Age 0

Current Use (Prior if being demolished)

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

Name of Abatement Contractor (9)
Gr Tech LLC
Street Address
576 Valley Rd #283
City, State, Zip Code
Wayne, NJ 07470

Name of OSHA Monitor
Envirovision Consultants, Inc
Street Address
20-21 Wagarow Road, Bldg. # 35 E
City, State, Zip Code
Fair Lawn, NJ 07410

Start Date (10) 10 / 15 / 13
Scheduled Completion Date (11) 10 / 16 / 13

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

Time of Abatement:
AM_ PM_ PM AM

Scope of Work (Check all that apply)
☒ > 3 sf or > 3 If
☐ > 150 sf or > 260 If
☐ Renovation
☒ Demolition
☐ Clean up and decontamination
☐ Full Containment with Negative Pressure
☐ Min Enclosure
☐ Glovebag Procedure
☐ Tent with Negative Pressure
☐ 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 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>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Basement</td>
<td>[ ] Yes</td>
<td>[x] Pipe insulation 160 LF</td>
</tr>
<tr>
<td>[ ] Pipelines</td>
<td>[ ] Yes</td>
<td></td>
</tr>
<tr>
<td>[ ] Windows</td>
<td>[ ] Yes</td>
<td></td>
</tr>
<tr>
<td>[ ] Floors</td>
<td>[ ] Yes</td>
<td></td>
</tr>
<tr>
<td>[ ] Other</td>
<td>[ ] Yes</td>
<td></td>
</tr>
<tr>
<td>[ ] No</td>
<td>[ ] No</td>
<td></td>
</tr>
<tr>
<td>[ ] N/A</td>
<td>[ ] No</td>
<td></td>
</tr>
</tbody>
</table>

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

Amount (Specify if LF or SF)

Abatement Type
[ ] Removal
[ ] Repair
[ ] Encapsulate
[ ] Envelope

Location of Registered Waste Hauler
NJDEP Waste Hauler # 0033785
Cubic Yards of Waste TBD
Name of Registered Landfill T.R.R.F. Inc

Disposal Date TBD
City, State Tullytown, PA

Completed By (Print or Type)
N Jevtic
Title Owner
Signature

Date 09/30/2013

* 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) 09 / 30 / 13
Name of Building Owner/Operator (2) Desmond Mareen

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

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

Street Address
8 Lagoon Drive E.

City, State, Zip Code
Brick, NJ 08723

Name of Contact
Desmond Mareen

Telephone Number

FACILITY INFORMATION

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

Street Address
8 Lagoon Drive E.

City (5)
Brick, NJ 08723

County (5)
Ocean

County Code (7) (STATE USE ONLY)

Current Use (Prior if being demolished)

Type of Facility (4)
☐ School (K-12)
☐ Subchapter 8 (Other than K-1-2)
☒ Other (i.e., private and commercial buildings, homes, etc.)

Square Feet

# of Floors

Blog. Age

Name of Monitoring Firm Hired by Building Owner (5)
ASCM No.
Name of Abatement Contractor (9)
Gr Tech LLC

Street Address
576 Valley Rd #283

City, State, Zip Code
Wayne, NJ 07470

Project Manager for Monitoring Firm

Telephone No.
973-638-1777

License No.
01127

Name of OSHA Monitor
Envirovision Consultants, Inc

Street Address
20-21 Wagawar Road, Bldg. #35 E

City, State, Zip Code
Fair Lawn, NJ 07410

Start Date (10)
10 / 13 / 13

Scheduled Completion Date (11)
10 / 14 / 13

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

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

Location of Asbestos-Containing Material (ACM)

To Be Abated
IN Facility (13)

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 SIF or LF)

Outside siding
☐ ☐ ☒ Sidings

1,100 SF

Name of Registered Waste Hauler
NJ CEP Waste Hauler ID No.
T.R.R.F. Inc

Cubic Yards of Waste
TBD

Name of Registered Landfill

Disposal Date
TBD

City, State
Tullytown, PA

Completed By (Print or Type)
N Jevtic

Title
Owner

Signature

Date
09/30/2013

* 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)**
10 / 01 / 13

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

**Street Address**
25 Montclair Avenue

**City, State, Zip Code**
Montclair, NJ 07042

**Name of Contact**
Michele Becker

**Telephone Number**

<table>
<thead>
<tr>
<th>FACILITY INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Name of Facility Where Abatement is Taking Place (3)</strong></td>
</tr>
<tr>
<td>Private house</td>
</tr>
<tr>
<td><strong>Street Address</strong></td>
</tr>
<tr>
<td>25 Montclair Avenue</td>
</tr>
<tr>
<td><strong>City</strong></td>
</tr>
<tr>
<td>Montclair, NJ 07042</td>
</tr>
<tr>
<td><strong>County</strong></td>
</tr>
<tr>
<td>Essex</td>
</tr>
<tr>
<td><strong>County Code (7) (STATE USE ONLY)</strong></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td><strong>Current Use (Prior if being demolished)</strong></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Type of Facility (4)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Subchapter 8 (Other than K-12)</td>
</tr>
<tr>
<td>Other (i.e., private and commercial buildings, homes, etc.)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Square Feet</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th><strong># of Floors</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Bldg. Age</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

| **Name of Monitoring Firm Hired by Building Owner (5)** |
| ASCM No. |
| Gr Tech LLC |

| **Name of Abatement Contractor (6)** |
| ASCM No. |
| Gr Tech LLC |

| **Street Address** |
| 576 Valley Rd #283 |
| **City, State, Zip Code** |
| Wayne, NJ 07470 |

| **Telephone No.** |
| 973-638-1777 |
| **License No.** |
| 01127 |

| **Name of OSHA Monitor** |
| Envirovision Consultants, Inc |

| **Street Address** |
| 20-21 Wagawar Road, Bldg. #35 E |
| **City, State, Zip Code** |
| Fair Lawn, NJ 07410 |

| **Telephone No.** |
|  |
| **License No.** |
|  |

| **Start Date (10)** |
| 10 / 16 / 13 |
| **Scheduled Completion Date (11)** |
| 10 / 17 / 13 |

| **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 AM PM |

| **Scope of Work (Check all that apply)** |
| <3 sf or <3 ft |
| ≥ 100 sf or ≥200 ft |

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

| **Amount (Specify SF or LF)** |
| 40 LF |
| 30 SF |

| **Abatement Type** |
| Clean up and decontamination |
| Full Containment with Negative Pressure |
| Mini-Enclosure |
| Glovebag Procedure |
| Tent with Negative Pressure |
| Non-Exempted (*) and Non-Friable Procedure |

| **Name of Registered Waste Hauler** |
| Gr Tech LLC |

| **ABE# Waste Hauler** |
| 0033785 |
| **Name of Registered Landfill** |
| T.R.R.F., Inc |

| **City, State** |
| Wayne, NJ 07470 |

| **Disposal Date** |
| TBD |
| **City, State** |
| Tullytown, PA |

| **Completed By (Print or Type)** |
| N. Jevtic |

| **Title** |
| Owner |

| **Signature** |
| [Signature] |

| **Date** |
| 10/01/2013 |

*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)

Date of Notification (1)
10/01/13

Name of Building Owner/Operator (2)
DRA ASIA, LLC

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

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

Street Address
47 River Road, Suite 200
City, State, Zip Code
Summit, NJ 07901

Name of Contact
David Clark
Telephone Number

FACILITY INFORMATION

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

City (5)
Secaucus

County (6)
Hudson

Current Use (Prior if being demolished)
Warehouse

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

Name of Abatement Contractor (9)
Stanmark Contractors, LLC

Street Address
27 Edsall Drive
City, State, Zip Code
Sussex, NJ 07461

Project Manager for Monitoring Firm

Telephone No.
973-864-2022
License No.
01137

Start Date (10)
10/10/13
Scheduled Completion Date (11)
11/10/13

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)
- ≥33 sf or ≥3 if
- ≥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/Custodial Staff? (12)
Yes No N/A

Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)
- fittings
- Floor tiles
- window glazing/caulk
- flashing and roofing materials

Amount (Specify SF or LF)
170
2,000 SF.
800 L.F.
29,100 S.F.

Abatement Type

Name of Registered Waste Hauler
Pro-Tec

Disposal Date on completion

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

City, State
New Haven, CT

Completed by
Marko Stankovic

Title
President

Signature

Date
10/01/13

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):** 10/1/2013  
**Check #2512**

**Name of Building Owner/Operator:** St Rose of Lima Church  
**Notification (2):** 2007 OCT-4 AM 10:25  
**Address:** 11 GRAY STREET

**City, State, Zip Code:** NEWARK, NJ 07107  
**Name of Contact:** Father Joseph Kwiatkowski

### 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>St Rose of Lima Church</td>
<td>School (K-12)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Square Feet</th>
<th># of Floors</th>
<th>Bldg. Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>11 Gray Street</td>
<td>45,000</td>
<td>2</td>
<td>80+</td>
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<table>
<thead>
<tr>
<th>City (5)</th>
<th>County Code (7)</th>
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<tbody>
<tr>
<td>Newark, NJ 07107</td>
<td>ESSEX</td>
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<table>
<thead>
<tr>
<th>Current Use (Prior if being demolished)</th>
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</thead>
<tbody>
<tr>
<td>Church</td>
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</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
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<tbody>
<tr>
<td>Omega Environmental Services</td>
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<table>
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<tr>
<th>ASCM No.</th>
<th>Name of Abatement Contractor (9)</th>
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<tbody>
<tr>
<td></td>
<td>EA Services Corporation</td>
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<table>
<thead>
<tr>
<th>Street Address</th>
<th>Telephone No.</th>
<th>License No.</th>
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<tbody>
<tr>
<td>280 Hyuler Street</td>
<td>201-295-1700</td>
<td>01074</td>
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<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
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<tbody>
<tr>
<td>South Hackensack, NJ 07606</td>
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<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
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<tbody>
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<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
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<tbody>
<tr>
<td>10/2/2013</td>
<td>10/5/2013</td>
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<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check Only)</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: Starting @ 5 PM</td>
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<table>
<thead>
<tr>
<th>Scope of Work (Check All That Apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ Renovation</td>
</tr>
<tr>
<td>☑ Demolition</td>
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<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement and Boiler Room</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)</th>
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</thead>
<tbody>
<tr>
<td>Yes</td>
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<tr>
<td>X</td>
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<table>
<thead>
<tr>
<th>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
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<tbody>
<tr>
<td>Pipe Insulation</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>45 LF</td>
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<table>
<thead>
<tr>
<th>Abatement Type</th>
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<tbody>
<tr>
<td>Removal</td>
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<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
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<tbody>
<tr>
<td>N.J. DEP Waste Hauler ID No. 15939</td>
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<table>
<thead>
<tr>
<th>Cubic Yards</th>
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<tbody>
<tr>
<td>of Waste tbd</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Waste Management</td>
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</table>

<table>
<thead>
<tr>
<th>Disposal Date</th>
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<tbody>
<tr>
<td>tbd</td>
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<table>
<thead>
<tr>
<th>City, State</th>
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<tbody>
<tr>
<td>Tullytown Landfill</td>
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</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler Carting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gina Salvador</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Title</th>
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<tbody>
<tr>
<td>Office Manager</td>
</tr>
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</table>

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

<table>
<thead>
<tr>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/1/2012</td>
</tr>
</tbody>
</table>

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

Date of Notification (1):
10 / 01 / 13

Name of Building Owner/Operator (2):
Colleen Walton

Street Address:
304 Meeker Avenue
Newark, NJ 07112

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

Private house

County Code (7) (STATE USE ONLY):

Essex

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

Name of Abatement Contractor (9):
Gr Tech LLC

Project Manager for Monitoring Firm:
Envirovision Consultants, Inc

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

City, State, Zip Code:

Telephone No.:
973-638-1777

License No.:
01127

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

Telephone No.:

License No.:

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, or other miscellaneous):

Amount (Specify SIF or LF):

Abatement Type:

Amount (Specify SIF or LF):

Abatement Type:

Name of Registered Waste Hauler:
Gr Tech LLC

Cubic Yards of Waste:
TBD

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

Disposal Date:
TBD

City, State:
Wayne, NJ 07470

Completed By (Print or Type):
N. Jevtic

Owner:

Signature:

Date:
10/01/2013

Remarks:
Do not use this form for asbestos licenses exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:20)

Date of Notification (1)
October 1, 2013

Name of Building Owner/Operator (2)
VNO Wayne Town Center LLC

Agencies Notified Type Notification
EPA Initial
DEP Amended
DOL Amended #2
DOH Emergency (including
DCA Cancellation

Street Address
250 Wayne Town Center, NJ State Rte.23 and Willowbrook Blvd.

City, State, Zip Code
Wayne, New Jersey 07470

Name of Contact
Mark Messier

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Wayne Town Center Fortunoff

Street Address
250 Wayne Town Center

City (5)
Wayne

County Code (7)
Passaic

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

Square Feet
220,000

Bldg. Age
45

County Code (7)

Current Use (Prior to being demolished)
Vacant-Retail Store

Name of Abatement Contractor (9)
Slavco Construction Inc.

ASCM No.

Street Address
164 Getty Ave.

City, State, Zip Code
Clifton, New Jersey 07011-1802

License No.
00724

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

Telephone No.
201-489-8700

Telephone No.
973-478-4848

Project Manager for Monitoring Firm
Mr. Gary Mellor

Name of OSHA Monitor
Slavco Construction Inc.

Start Date (10)
October 2, 2013

Scheduled Completion Date (11)
December 31, 2013

Scope of Work (Check All That Apply)

• ≥3 sf or ≥3 if
• ≥160 sf or ≥250 if
• Renovation
• 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

Spray-On Fireproofing
188,000SF

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
Repair

Removal

Encapsulate

Exclude

First & Second Floors

First Floor

Name of Registered Waste Hauler
Slavco Construction Inc.

NJDEP Waste
Hauler ID No.
18508

Cubic Yards of Waste
TBD

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

City, State
Clifton, New Jersey 07011-1802

Disposal Date
TBD

City, State
Morrисville, Pa

Completed by
Vivian D. Jurcevic

Title
Office Manager

Signature

Date
October 1, 2013

* 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)
September 25th, 2013

Name of Building Owner/Operator (2)
VNO Wayne Town Center LLC

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

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

Street Address
250 Wayne Town Center, NJ State Route 23 and Midtown Plaza

City, State, Zip Code
Wayne, New Jersey 07470

Name of Contact
Mark Messier

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement Is Taking Place (3)
Wayne Town Center Fortunoff

Street Address
250 Wayne Town Center

City (5)
Wayne

County Code (6)
Passaic

County Code (7)
Passaic

Name of Monitoring Firm Hired by Building Owner (9)
Omega Environmental Services

Name of Abatement Contractor (10)
Slavco Construction Inc.

Street Address
260 Huyler Street

City, State, Zip Code
South Hackensack, New Jersey

Project Manager for Monitoring Firm
Mr. Gary Mellor

Telephone No.
201-489-8700

License No.
00724

Start Date (10)
September 11, 2013

Scheduled Completion Date (11)
December 31, 2013

Occuancy Status During Abatement (Check Only One)

Position Closed/Vacated During Entire Period of Abatement

Abatement Performed Outside of Normal Facility Hours

Other – Describe: Monday-Friday 7:00am-3:30pm

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 (2) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>First &amp; Second Floors</td>
<td>x</td>
<td>Spray-On Fireproofing</td>
<td>188,000 SF</td>
<td>x</td>
</tr>
<tr>
<td>First Floor</td>
<td>x</td>
<td>VAT</td>
<td>1,000 SF</td>
<td></td>
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</tbody>
</table>

Name of Registered Waste Hauler
Slavco Construction Inc.

New Jersey Waste Hauler ID No.
18508

Cubic Yards of Waste
TBD

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

City, State
Clifton, New Jersey 07011-1802

Disposal Date
City, State
Morrisville, Pa

Completed by
Vivian D. Jurcivic

Title
Office Manager

Signature

Date: 9/5/13

* Do not use this form for asbestos licensure exempted activities.
**STATE OF NEW JERSEY**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(PURSUANT TO NJAC 8:58-7 AND 12:120-7)  
**ANNUAL NOTIFICATION**

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner / Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>09 04 13</td>
<td>VNO Wayne Town Center LLC</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type of Notification</th>
<th>Name of Contact</th>
<th>Telephone Number</th>
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<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
<td>Mark Messier</td>
<td></td>
</tr>
<tr>
<td>DEP</td>
<td>Amended</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DOH</td>
<td>Amendment #</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DOL</td>
<td>Emergency w/ justification</td>
<td></td>
<td></td>
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<tr>
<td>DCA</td>
<td>Cancellation</td>
<td></td>
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**FACILITY INFORMATION**

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

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>250 Wayne Town Center</td>
<td>Wayne, NJ 07470</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>County (6)</th>
<th>County Code (7)</th>
<th>Square Feet</th>
<th># Of Floors</th>
<th>Building Age</th>
</tr>
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<tbody>
<tr>
<td>Morris</td>
<td></td>
<td>220,000</td>
<td>2</td>
<td>45 Years</td>
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<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Bldg. Owner (8)</th>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Omega Environmental Services</td>
<td>Slavco Construction Inc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>280 Huyler Street</td>
<td>Clifton, NJ 07011</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Telephone Number</th>
<th>License Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>201-489-8700</td>
<td>973-478-4848</td>
</tr>
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<table>
<thead>
<tr>
<th>Sched. Start Date (10)</th>
<th>Sched. Completion Date (11)</th>
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</thead>
<tbody>
<tr>
<td>09 11 13</td>
<td>12 31 13</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check Only 1)</th>
<th>Scope of Work (Check All That Apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ Facility Closed/Vacated During Entire Period of Abatement</td>
<td></td>
</tr>
<tr>
<td>☑ Abatement Performed Outside of Normal Facility Hours - Describe: Mon - Fri 7:00 am to 3:30pm</td>
<td></td>
</tr>
<tr>
<td>☑ Other - Describe: Mon - Fri 7:00 am to 3:30pm</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos Containing Material (ACM) TO BE ABATED in Facility (13)</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems, insulation, surface, VAT, or other miscellaneous)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES N/A</td>
<td>Spray-On Fireproofing</td>
<td></td>
</tr>
<tr>
<td>First &amp; Second Floors  ☑ Yes ☐ No</td>
<td>Amount (Specify SF or LF): 198,000 SF</td>
<td></td>
</tr>
<tr>
<td>First Floor  ☐ No ☑ Yes</td>
<td>VAT</td>
<td></td>
</tr>
<tr>
<td>Name of Registered Waste Hauler  ☑ Yes ☐ No</td>
<td>Name of Registered Landfill</td>
<td></td>
</tr>
<tr>
<td>Slavco Construction, Inc.  ☑ Yes ☐ No</td>
<td>G.R.O.W.S. North Landfill</td>
<td></td>
</tr>
<tr>
<td>City, State</td>
<td>Disposal Date</td>
<td>City, State</td>
</tr>
<tr>
<td>Clifton, NJ</td>
<td>TBD</td>
<td>Morrisville, PA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed by (Print or Type)</th>
<th>Title</th>
<th>Signature</th>
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</thead>
<tbody>
<tr>
<td>Vivian Jurcovic</td>
<td>OFFICE MGR.</td>
<td></td>
</tr>
</tbody>
</table>

**Date:** September 4, 2013
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:90 and 12:120)

Date of Notification (1) October 1, 2013
Name of Building Owner/Operator (2) VNO Wayne Town Center LLC

Agencies Notified Type Notification Street Address
EPA Initial
DEP Amended
DOL Amended #2
DOH Emergency (including justification)
DCA Cancellation

City, State, Zip Code Wayne, New Jersey 07470

Name of Contact Mark Messier
Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Wayne Town Center Fortunoff
Street Address 250 Wayne Town Center

City (5) Wayne
County Code (6) Sheff Passaic

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

Name of Abatement Contractor (9) Slavco Construction Inc.
Street Address 164 Getty Ave.
City, State, Zip Code Clifton, New Jersey 07011-1802

Project Manager for Monitoring Firm Mr. Gary Mellor
Telephone No. 201-489-6700

Start Date (10) October 2, 2013
Scheduled Completion Date (11) December 31, 2013

Occupancy Status During Abatement (Check Only One)

☑ Facility Closed/Vacated During Entire Period of Abatement
☑ Abatement Performed Outside of Normal Facility Hours
☑ Other – Describe: Monday-Friday 7:00am-3:30pm

Scope of Work (Check All That Apply)

☑ ≥30 sf or ≥3 if
☑ ≥150 sf or ≥260 if
AN Renovation
X Demolition

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

In Facility

First & Second Floors x
First Floor x

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

Yes No N/A

Spray-On Fireproofing

Descriptive 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 (F) and Non-Nailable Procedure

Name of Registered Waste Hauler Slavco Construction Inc.
NJDEP Waste Hauler ID No. 18508

Cubic Yards of Waste TBD

Disposal Date TBD

Name of Registered Landfill G.R.O.W.S Landfill
City, State Morristown, Pa

Completed by Vivian D. Jurcevic Title Office Manager
Signature October 1, 2013

* 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):** September 25th, 2013
- **Name of Building Owner/Operator (2):** VNO Wayne Town Center LLC

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

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

**Street Address:**
250 Wayne Town Center, NJ State Route 23 and Willowbrook Blvd
Wayne, New Jersey 07470

**City, State, Zip Code:** Wayne, New Jersey 07470

**Name of Contact:**
Mark Messier

---

**FACILITY INFORMATION**

- **Name of Facility Where Abatement is Taking Place (3):** Wayne Town Center Fortunoff
- **Type of Facility (4):** School (K-12)
  - Subchapter B (Other than K-12)
  - Other (i.e. private & commercial buildings, homes, etc.)

**Street Address:**
250 Wayne Town Center
Wayne, New Jersey 07470

**Square Feet:** 220,000

**# of Floors:** 2

**Bldg. Age:** 45 Yrs.

**County Code:** Passaic

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

**Current Use (Prior to being demolished):** Vacant-Retail Store

**Name of Monitoring Firm (8):** Omega Environmental Services

**Name of Abatement Contractor (6):** Slavco Construction Inc.

**Street Address:**
260 Huyler Street
South Hackensack, New Jersey

**City, State, Zip Code:** Clifton, New Jersey 07011-1802

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

**License No.:** 00724

---

**Start Date (10):** September 11, 2013

**Scheduled Completion Date (11):** December 31, 2013

**Name of OSHA Monitor:** Slavco Construction Inc.

**Street Address:**
164 Getty Ave.
Clifton, New Jersey 07011-1802

**City, State, Zip Code:**

**Telephone No.:**
973-478-4848

**License No.:**

---

**Occupancy Status During Abatement (Check Only):**
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other – Describe: Monday-Friday 7:00am-3:30pm

---

**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 (13):**

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Location</th>
<th>Is Location</th>
<th>Is Location</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] First &amp; Second Floors</td>
<td>[ ] First Floor</td>
<td>[ ] Yes</td>
<td>[ ] No</td>
<td>[ ] N/A</td>
<td>[ ] Spray-On Fireproofing</td>
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<tr>
<td>[ ] X</td>
<td>[ ] X</td>
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</tr>
</tbody>
</table>

---

**Name of Registered Waste Hauler:**

Slavco Construction Inc.

**City, State:**
Clifton, New Jersey 07011-1802

**Waste Hauler ID No.:**
18508

**Cubic Yards of Waste:**
TBD

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

**City, State:**
Morrisville, PA

---

**Completed by:**
Vivian J. Jurcovic

**Title:**
Office Manager

**Signature:**

**Date:** 9/5/13

---

*Do not use this form for asbestos licensure exempted activities.*
STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT
(PURSUANT TO NJAC 8:69-7 AMD 12:120-7)
ANNUAL NOTIFICATION

**Date of Notification (1)**
09 / 04 / 13

**Name of Building Owner / Operator (2)**
VNO Wayne Town Center LLC

**Street Address**
250 Wayne Town Center, NJ State Route 23 and Willowbrook Blvd

**City, State, Zip Code**
Wayne, NJ 07470

**Name of Contact**
Mark Messier

FACILITY INFORMATION

**Name of Facility Where Abatement Is Taking Place (3)**
Wayne Town Center Fortunoff

**Type of Facility (4)**

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

**Square Feet**
220,000

**# Of Floors**
2

**Building Age**
45 Years

**Current Use (Prior if being demolished)**
Vacant - Retail Store

**Name of Monitoring Firm Hired by Bldg. Owner (8)**
Omega Environmental Services

**Name of Abatement Contractor (9)**
Slavco Construction Inc.

**Street Address**
164 Getly Avenue

**City, State, Zip Code**
Clifton, NJ 07011

**Name of OSHA Monitor**
Slavco Construction Inc.

**Street Address**
164 Getly Avenue

**City, State, Zip Code**
Clifton, NJ 07011

**Occupancy Status During Abatement (Check Only)**
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours - Describe: Mon - Fri 7:00 am to 3:30pm
- Other - Describe: 

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM)</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff (12)</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
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</thead>
<tbody>
<tr>
<td>First &amp; Second Floors</td>
<td>YES / NA</td>
<td>Spray-On Fireproofing</td>
<td>188,000 SF</td>
<td></td>
</tr>
<tr>
<td>First Floor</td>
<td>YES / NA</td>
<td>VAT</td>
<td>1,000 SF</td>
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</tbody>
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Name of Registered Waste Hauler

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
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<tbody>
<tr>
<td>RUDEP Waste S18508</td>
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Name of Registered Landfill

<table>
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<tr>
<th>Name of Registered Landfill</th>
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<tbody>
<tr>
<td>G.R.O.W.S. North Landfill</td>
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</tbody>
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Completed by (Print or Type)

<table>
<thead>
<tr>
<th>Completed by (Print or Type)</th>
<th>Title</th>
<th>Signature</th>
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</thead>
<tbody>
<tr>
<td>Vivian Jurcetic</td>
<td>OFFICE MGR.</td>
<td></td>
</tr>
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</table>
**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 8:68 and 12:128)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
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<td>9-30-13</td>
<td>ESTATE OF KEENAN</td>
</tr>
</tbody>
</table>

**EXTERIOR SIDING**

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED (13)</th>
<th>In Location Normally Used Solely by Maintenance or Custodial Staff (12)</th>
<th>Description of Asbestos-Containing Material (ACM) G.A., thermal systems insulation, up to 5% of other miscellaneous</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>EXTTERIOR SIDING</td>
<td>X TRANSITE SHINGLES</td>
<td>1450 SF</td>
<td></td>
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</table>

**Name of Registered Waste Handler**

Best Removal Inc

<table>
<thead>
<tr>
<th>IL/DEP Waste Handler ID No.</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>17109</td>
<td>2405</td>
<td>Minerva Enterprises</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>Disposal Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hackensack, N.J. 07601</td>
<td>10-11-13</td>
</tr>
</tbody>
</table>

**Signature**

R. VELDAN

**Title**

Estimator

**Signature**

R. VELDAN

**Date**

9-30-13

---

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

Date of Notification (1) 6/13/2013

Agencies Notified

<table>
<thead>
<tr>
<th>Agency</th>
<th>Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
</tr>
<tr>
<td>DEP</td>
<td>Amended R#:3/28/13</td>
</tr>
<tr>
<td>DOL</td>
<td>Emergency</td>
</tr>
<tr>
<td>DOH</td>
<td>Cancellation</td>
</tr>
<tr>
<td>DCA</td>
<td></td>
</tr>
</tbody>
</table>

Name of Building Owner / Operator (2)
Hess Corporation

Street Address
One Hess Plaza
City, State & Zip Code
Woodbridge, NJ 07095

Name of Contact
John Philbin

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Hess Corporation

Street Address
123 Derousse Ave.

City (5)
Pennsauken

County (6)
Camden

County Code (7)

Type of Facility (4)

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

Square Feet

# of Floors

Bldg. Age

Current Use (Prior if being demolished)

Exterior

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

Street Address
28 N. Pennell Road

City, State & Zip Code
Media, PA 19063

Project Manager for Monitoring Firm
Dave Tutosis

Telephone Number
800-969-6499

License Number
00509

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

Street Address
1123 Beaver Street

City, State & Zip Code
Bristol, PA 19007

Scheduled Start Date (10)
10/1/13

Scheduled Completion Date (11)
10/4/13

Occupancy Status During Abatement (Check only one)

□ Facility Closed/Vacated During Entire Period of Abatement
□ Abatement Performed Outside of Normal Hours – Describe: Exterior Removal
□ Facility Occupied During Abatement: 7 AM – 3:30 PM

Scope of Work (Check all that apply)

□ ≥3 sf or ≥3 If
□ ≥160 sf ≥250 sf
□ Renovation
□ Demolition
□ Full Containment with Negative Pressure
□ Mini-Enclosure
□ Glove Bag Procedures
□ 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 or 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
Endorse

Tank 2021

Transite Panel

1,760 SF

Tank 2022

Transite Panel

864 SF

Name of Registered Waste Hauler

Service Transport Inc.

NJDEP Waste Hauler ID No.
20990

Cubic Yards of Waste
20

Name of Registered Landfill
GROWS Landfill

City, State
New Castle, Delaware

Disposal Date
6/28/2013

City, State
Morrisville, PA

Completed By (Print or Type)
Gino Pizzigoni

Title
Project Manager

Signature
Gino Pizzigoni

Date
9/30/13

GI 13061
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1): 6/13/2013

Name of Building Owner / Operator:
Hess Corporation

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

Type of Notification:
- Initial
- Amended R#1-6/21/13
- Emergency
- Cancellation

Name of Facility Where Abatement is Taking Place (3):
Hess Corporation
123 Derousse Ave.

City: Pennsauken
County: Camden
County Code: 00

Name of Monitoring Firm Hired by Building Owner (8):
AET, Inc.
Street Address:
28 N. Pennell Road
Media, PA 19063

Project Manager for Monitoring Firm:
Dave Turowsky
Telephone Number:
800-969-6AET

Scheduled Start Date (10): ON HOLD
Scheduled Completion Date (11):

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

Square Feet: Current Use (Prior if being demolished):
# of Floors: Exterior
Bldg. Age:

Name of Abatement Contractor (9):
Bristol Environmental Contractor
Street Address:
1123 Beaver Street
City, State & Zip Code:
Bristol, PA 19007

License Number:
00509

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

Scope of Work (Check all that apply):
- ≥3 sf or ≥3 lf
- ≥160 sf ≥260 lf
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glove Bag Procedures
- Non-Exempted and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance or 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>Tank 2021</td>
<td>Yes</td>
<td>Transite Panel</td>
<td>1,760 SF</td>
<td>Encapsulate</td>
</tr>
<tr>
<td>Tank 2022</td>
<td>No</td>
<td>Transite Panel</td>
<td>864 SF</td>
<td>Repair</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler:
Service Transport Inc.
NJDEP Waste Hauler ID No.: 20980

Name of Registered Landfill:
GROWS Landfill
Disposal Date: 6/28/2013

Completed By (Print or Type):
Gino Pizzigoni
Title: Project Manager
Signature:
Date: 6/21/13

GI 13061
# State of New Jersey
### NOTIFICATION OF ASBESTOS ABATEMENT
#### (Pursuant to N.J.A.C. 8:60 and 12:620)

**Date of Notification (1):** 6/13/2013

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

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Hess Corporation</th>
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</thead>
<tbody>
<tr>
<td>Str</td>
<td>Initial</td>
<td>ASBESTOS CONTROL</td>
</tr>
</tbody>
</table>

**Street Address:**

One Hess Plaza

**City, State & Zip Code:**

Woodbridge, NJ 07095

**Name of Contact:**

John Philbin

**Telephone Number:**

**FACILITY INFORMATION**

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

**Hess Corporation**

**Street Address:**

123 Deroussen Ave.

**City (5):**

Pennsauken

**County (6):**

Camden

**County Code (7):**

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

AET, Inc.

**Street Address:**

28 N. Pennell Road

**City, State & Zip Code:**

Media, PA 19063

**Project Manager for Monitoring Firm:**

Dave Turosky

**Telephone Number:**

800-959-AET

**Scheduled Start Date (10):** 6/24/2013

**Scheduled Completion Date (11):** 6/28/2013

**Type of Facility (4):**

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

**Square Feet:**

**# of Floors:**

**Bldg. Age:**

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

**Exterior:**

**Name of Abatement Contractor (9):**

Bristol Environmental, Inc.

**Street Address:**

1123 Beaver Street

**City, State & Zip Code:**

Bristol, PA 19007

**Telephone Number:**

(215)786-6040

**License Number:**

00509

**Name of OSHA Monitor:**

Bristol Environmental Inc.

**Street Address:**

1123 Beaver Street

**City, State & Zip Code:**

Bristol, PA 19007

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

- [X] 
  - ≥3 sf or ≥3 lf
  - ≥160 sf ≥260 lf

- [ ] Renovation
- [ ] Demolition

- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glove Bag Procedures
- [ ] Non-Exempted and Non-Friable Procedure

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

**TO BE ABATED in Facility (13):**

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)</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>Tank 2021</td>
<td>[ ] Yes</td>
<td>(i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)</td>
<td>1,760 SF</td>
<td>Removal</td>
</tr>
<tr>
<td>Transite Panel</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tank 2022</td>
<td>[ ] No</td>
<td></td>
<td>864 SF</td>
<td></td>
</tr>
<tr>
<td>Transite Panel</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler:**

Service Transport Inc.

**City, State:**

New Castle, Delaware

**Waste Hauler ID No.:**

20990

**Cubic Yards of Waste:**

20

**Name of Registered Landfill:**

GROWS Landfill

**Disposal Date:**

8/28/2013

**City, State:**

Morrisville, PA

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

Gino Pizzigoni

**Title:**

Project Manager

**Signature:**

Gino Pizzigoni

**Date:**

6/13/13
# NOTIFICATION OF ASBESTOS ABATEMENT

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

**Date of Notification (1)**
09/30/2013

**Name of Building Owner/Operator (2)**
Syntek Construction Services, Inc. (owner's rep)

**Street Address**
85-R Hoffman Lane

**City, State, Zip Code**
Islandia, New York 11749

**Name of Contact**
Lisa Monjardino

**Telephone Number**

### FACILITY INFORMATION

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

**Street Address**
1256 Cresent Avenue

**City (5)**
Roselle

**County (6)**
Union

**County Code (7)**

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

**ASCM No.**

**Name of Abatement Contractor (9)**
Sky Contracting, LLC

**Street Address**
1385 Valley Road, Suite K

**City, State, Zip Code**
Wayne, New Jersey 07470

**Telephone No.**
(973) 926-5040

**License No.**
00874

**Start Date (10)**
10/10/2013

**Scheduled Completion Date (11)**
10/19/2013

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

**Scope of Work (Check All That Apply)**
- 23 sf or ±23 If
- 160 sf or ±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)

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Location 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>Exterior - Siding</td>
<td>x</td>
<td>Transite Siding</td>
<td>1,500 SF</td>
<td>x</td>
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<tr>
<td>Basement &amp; First Floor Living Rm</td>
<td>x</td>
<td>Pipe Insulation</td>
<td>140 LF</td>
<td>x</td>
</tr>
<tr>
<td>First Floor Living Room</td>
<td>x</td>
<td>ACM Debris</td>
<td>700 SF</td>
<td>x</td>
</tr>
<tr>
<td>Basement</td>
<td>x</td>
<td>Floor Tiles</td>
<td>300 SF</td>
<td>x</td>
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</tbody>
</table>

**Name of Registered Waste Hauler**
Minerva Enterprises, LLC

**Service Transport Group, Inc.**
NJDEP Waste Hauler ID No. 20990

**Cubic Yards of Waste**
10

**Name of Registered Landfill**

**City, State**
New Castle, Delaware

**New Castle, Delaware**

**Completed by**
Predrag Sarcev

**Title**
Vice President

**Disposal Date**
TBD

**City, State**
Waynesburg, Ohio

**Date**
09/30/2013

* 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 (7)**

10/2/13

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

PINE LANDS CONSTRUCTION

**Street Address**

300 77TH ST; STIONS CONTROL

**City, State, Zip Code**

Secaucus, N.J. 07094

**Name of Contact**

F. EDUARDI

**FACILITY INFORMATION**

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

RESIDENCE

**Street Address**

153 Ocean Ave

**City**

Ocean City

**County**

Cape May

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

N/A

**Name of Abatement Contractor (9)**

KLEEMCO INC.

**Street Address**

369 S Spruce Ave

**City, State, Zip Code**

Maple Shade, N.J. 08052

**Name of OSHA Monitor**

Joseph Kleem

**Street Address**

369 S. Spruce Ave

**City, State, Zip Code**

Maple Shade, N.J. 08052

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

VACANT

**Type of Facility**

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

**Square Feet**


**Number of Floors**


**Building Age**


**Start Date (10)**

10/2/13

**Scheduling Completion Date (11)**

10/19/13

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

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

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

- Renovation
- Demolition
- New Location Normally Used Solely by Maintenance/Custodial Staff

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

**IN Facility**

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

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

- Type: Transite
- Location: Siding
- Amount: 1800 sq ft

**Name of Registered Waste Hauler**

KLEEMCO INC.

**Cubic Yards of Waste**

179.3

**Name of Registered Landfill**

C.M.C. M.V.A.

**City, State**

MAPLE SHADE, N.J.

**Disposal Date**

10/2/13

**Completed By**

Joseph Kleem

**Title**

V.P.

**Signature**

Joseph Kleem

**Date**

10/2/13

**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) 10/1/2013

Name of Building Owner/Operator (2) Seminole Construction

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

Street Address 17 E. Delaware Ave

City Beach Haven
City, State, Zip Code West Creek, NJ 08092

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

Name of Abatement Contractor (9) Guardian Contracting, Inc.

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

Square feet 2480 sf
# of Floors 1
Bldg. Age 63

Current Use (Prior to being demolished) Residence

Tel Phone Number 732-349-9932
License Number 00624

Name of OSHA Monitor E.M.S.L. Analytical
City, State, Zip Code Piscataway, New Jersey 08854

Type of Work (Check only one)

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

Scope of Work (Check all that apply)

>3 sf or ≥3 ft
≥160 sf or ≥260 ft
Demolition

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

Is Location Normally used Solely by Maintenance/Custodial Staff
YES NO N/A

Location
Exterior

Asbestos siding 3500 sf X

Name of Registered Waste Hauler Guardian Contracting, Inc.

NIDEP 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 10/03/2013

City, State Tullytown, Pennsylvania

Completed by (Print or Type) Nicholas Pernicola
Title Project Manager

Signature [Signature]

Date 10/01/2013

*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)
LORIE ROUSE

Date of Notification (1)
OCT. 2, 2013

Name of Contact
LORIE ROUSE

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

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

Street Address
719 CHAPMAN LANE

City, State, Zip Code
KEY WEST, FL 33040

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
ROUSE RESIDENCE

Street Address
301 MAIN STREET

City (5)
LEBANON

County (6)
HUNTERDON

Square Feet
3,800

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

# of Floors
2

Bldg. Age
1831

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

Name of Abatement Contractor (9)
Finishing Touch Asbestos Abatement Corp., Inc

ASCM No.

Street Address
17 Thompson Street

City, State, Zip Code
West Long Branch, NJ 07764

Telephone No.
732.222.8372

Current Use (Prior if being demolished)
RESIDENCE

License No.
00040

Start Date (10)
OCT 14, 2013

Scheduled Completion Date (11)
OCT 15, 2013

Name of OSHA Monitor
N/A

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

Scope of Work (Check All That Apply)
- [X] ≥3 sf or ≥3 if
- [X] ≥160 sf or ≥260 if
- [ ] 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

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)</th>
<th>Description of Asbestos Containing Material (ACM) (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>BEDROOM</td>
<td>X</td>
<td>VAT</td>
<td>180 SF</td>
<td></td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
FINISHING TOUCH ASBESTOS

NJDEP Waste Hauler ID No.
12038

Cubic Yards of Waste
2 CU

Name of Registered Landfill
GROWS NORTH LANDFILL

City, State
OCEANPORT, NJ

Disposal Date
10/14/13

City, State
MORRISVILLE, PA

Completed by
JOSEPH P. MILLER

Title
PRESIDENT

Signature

Date
10/2/13

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

Date of Notification (1)
09/10/13

Name of Building Owner/Operator (2)
ABRAHAM STREICHER

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

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

Street Address
461 RIDGE AVE

City, State, Zip Code
LAKewood NJ 08701

Name of Contact

Telephone Number

Name of Facility Where Abatement is Taking Place (3)
461 RIDGE AVE

County (6)
OCEAN

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (6)

ASCM No.

Name of Abatement Contractor (9)
AAA LEAD PROFESSIONALS

Street Address
6 WHITE DOVE COURT

City, State, Zip Code
LAKewood, NJ 08701

Project Manager for Monitoring Firm

Telephone No.
732-668-9078

License No.
1200

Start Date (10)
09/13/13

Scheduled Completion Date (11)
09/16/13

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)
- Asbestos-containing Material (ACM) TO BE ABATED
- Renovation
- 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, VLT, or other miscellaneous

Amount (Specify SF or LF)
2000

Abatement Type
Endoscope

Name of Registered Waste Hauler
NEWARK CARTING

Cubic Yards of Waste

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 8:80 and 12:120)

Date of Notification (1)
10/01/13

Name of Building Owner/Operator (2)
MARINE AGENCY

Agencies Notified

<table>
<thead>
<tr>
<th>Agency</th>
<th>Type Notification</th>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
<td>191 MAPLEWOOD AVE</td>
</tr>
<tr>
<td>DEP</td>
<td>Amended Amendment</td>
<td></td>
</tr>
<tr>
<td>DOL</td>
<td>Emergency (including justification)</td>
<td></td>
</tr>
<tr>
<td>DOH</td>
<td>Cancellation</td>
<td></td>
</tr>
</tbody>
</table>

City, State, Zip Code
MAPLEWOOD NJ 07040

Name of Contact
SARRYL

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement Is Taking Place (3)
191 MAPLEWOOD AVE

County Code (7) (STATE USE ONLY)

Number of Floors

Scheduled Completion Date (11)
10/14/13

Current Use (Prior if being demolished)

Type of Facility (4)

<table>
<thead>
<tr>
<th>Type of Facility</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>School (K-12)</td>
<td>(Other than K-12)</td>
</tr>
<tr>
<td>Subchapter 8</td>
<td>Other (i.e. private &amp; commercial buildings, homes, etc.)</td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>18 LF</td>
</tr>
<tr>
<td>No</td>
<td></td>
</tr>
<tr>
<td>N/A</td>
<td></td>
</tr>
</tbody>
</table>

Abatement Type

<table>
<thead>
<tr>
<th>Abatement Type</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Removal</td>
<td>Full Containment with Negative Pressure</td>
</tr>
<tr>
<td>Encapsulate</td>
<td>Mini-Enclosure</td>
</tr>
<tr>
<td>Endorse</td>
<td>Glovebag Procedure</td>
</tr>
<tr>
<td></td>
<td>Non-Exempted (*) and Non-Frangible Procedure</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
NEWARK CARTING

Cubic Yards of Waste

Name of Registered Landfill
IESI

City, State
NEWARK, NJ

Completed by
JOSEPH PERLSTEIN
Title
OWNER

Signature
Date
10/01/13

ASB-41 (R-05-09)

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