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

Date of Notification (1): 10/4/16
Name of Building Owner/Operator (2): PSEG

 Agencies Notified: DOL
 Type Notification: Initial

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

PSEG-G
301 VICTORY AVE.
NORTH BRUNSWICK
MIDDLESEX

Environmental Tactics: ASCM No. 0045

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

Square Feet: N/A
# of Floors: N/A

County Code (7): N/A

Current Use (Prior to being demolished): Storage Yard

Name of Monitoring Firm Hired by Building Owner (8):
UNIQUE SYSTEMS OF AMERICA

UNIQUE SYSTEMS OF AMERICA
Street Address: 396 WHITEHEAD AVE.
City, State, Zip Code: SOUTH RIVER, NJ 08882

Telephone No.: 732-432-8360
License No.: 01111

Start Date (10): 10/3/16
Scheduled Completion Date (11): 10/3/16

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

Scope of Work (Check All That Apply):
- ≥ 25 sf or ≥ 3 if
- ≥160 sf or ≥ 280 if
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebox 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

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

Amount (Specify SP or LF): 140 LF

Abatement Type:
- Removal
- Repair
- Encapsulate
- Enclose

Name of Registered Waste Hauler:
WASTE MANAGEMENT
NJDEP Waste Hauler ID No. 1126

Cubic Yards of Waste: 30

Name of Registered Landfill:
GROWS NORTH
City, State: MORRISVILLE, PA
Disposal Date: 7/8/9

Completed by:
CAROL RAIMO
Title: Office MGR
Signature: [Signature]
Date: 10/4/16

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

**Date of Notification (1):**
9/19/16

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

**Street Address:**
4000 HADLEY ROAD

**City, State, Zip Code:**
SOUTH PLAINFIELD, NJ 07080

**Name of Contact:**
MATT REIGER

**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>PS# 4G</td>
<td>School (K-12)</td>
</tr>
<tr>
<td>301 VICTORY AVE.</td>
<td></td>
</tr>
<tr>
<td>NORTH BRUNSWICK</td>
<td></td>
</tr>
<tr>
<td>MIDDLESEX</td>
<td></td>
</tr>
</tbody>
</table>

**County Code (7):**
N/A

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

**Name of Monitoring Firm (8):**
ASCN No. 0045
ENVIRONMENTAL TACTICS

**Name of Abatement Contractor (9):**
UNIQUE SYSTEMS OF AMERICA

**Street Address:**
395 WHITEHEAD AVE.

**City, State, Zip Code:**
SOUTH RIVER, NJ 08082

**Project Manager for Monitoring Firm:**
TOM GEIGER

**Telephone No.:**
732-250-2217

**Start Date (10):**
10/3/16

**Scheduled Completion Date (11):**
10/7/16

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

**Scope of Work (Check All That Apply):**
- [ ] 23 sf or ≤ 23 sf
- [x] 180 sf or >260 sf

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

**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)

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

**Name of Registered Waste Hauler:**
WASTE MANAGEMENT

**Name of Registered Landfill:**
GROWS NORTH

**Disposal Date:**
7/8

**City, State:**
ELIZABETH, NJ

**Name of Registered Landfill:**
GROWS NORTH

**City, State:**
MORRISVILLE, PA

**Compliance with this form for asbestos licensure exempted activities.**
# NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:50 and 12:120)

**State of New Jersey**

**Name of Building Owner/Operator:** CYS Construction Inc

**Name of Facility Where Abatement Is Taking Place:** HVAC Water Pollution Plant

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

**Square Feet:**

**# of Floors:**

**Bldg. Age:**

**ERISA Notification:**

**Type of Notification:**
- [ ] Initial
- [ ] Amended
- [ ] Amendment #
- [ ] Emergency (Including Justification)

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

**Street Address:** 521 Not_fit Ave

**City, State, Zip Code:** Hainfield, NJ 07060

**Name of Contact:**

**Facility Information**

**Name of Monitoring Firm:***

**Name of Abatement Contractor:**

**Name of OSHA Monitor:**

**Start Date:** 10-05-16

**Scheduled Completion Date:** 10-28-16

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

**Scope of Work (Check All That Apply):**
- [ ] ≤ 10 ft x 10 ft
- [ ] ≥ 10 ft x 10 ft
- [ ] ≤ 160 sq ft or ≥ 260 sq ft
- [ ] Demolition
- [x] Renovation

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

<table>
<thead>
<tr>
<th>Location of ACM in Facility</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of 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>Office and Foyer Area</td>
<td>[x]</td>
<td>VAT</td>
<td>330 SF</td>
<td>X</td>
</tr>
<tr>
<td>Lower Race w. pipe leakage</td>
<td>[x]</td>
<td>TSF</td>
<td>LF</td>
<td>X</td>
</tr>
<tr>
<td>2nd level race w. pipe leakage</td>
<td>[x]</td>
<td>TSF</td>
<td>LF</td>
<td>X</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler:**

**NJ DEP Waste Hauler ID No:** 034140

**Name of Registered Landfill:**

**City, State:**

**Disposal Date:**

**Complete By:** Donald Carraya

**Title:** Manager

**Signature:**

**Date:** 9-30-16

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:89 and 12:120)

Date of Notification (1) 09/30/2016

Name of Building Owner/Operator (2) Honeywell International

Agencies Notified

- EPA
- DEP
- DOL
- DOH
- DCA

Type of Notification
- Initial
- Amended
- Amendment #2
- Emergency (including justification)

Street Address
115 Tabor Road
City, State, Zip Code
Morris Plains, NJ 07950

Name of Contact
Glen Stock
Telephone Number

NAME OF FACILITY WHERE ABATEMENT IS TAKING PLACE (3)
Child Care Center

Street Address
101 Columbia Road
City (5)
Morris Township
County (6)
Morris

COUNTY CODE (7) [STATE USE ONLY] N/A

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

Square Feet
94,418

# of Floors
5

Bldg Age
56

Current Use (Prior to being demolished)
Vacant/Child Care Center

Name of Monitoring Firm Hired by Building Owner (8)
Assessment Resources & Technology (ART)
ASCN No.
N/A

Name of Abatement Contractor (9)
PAL Environmental Services

Street Address
11-02 Queens Plaza South
City, State, Zip Code
Long Island City, NY 11101

Telephone No.
212-785-0266
License No.
28675

Project Manager for Monitoring Firm
Paul Ottens

Name of OSHA Monitor
Martin McRea

Street Address
714 Kennedy Blvd.
City, State, Zip Code
Bayonne, NJ 07002

Start Date (10)
10/03/2016

Scheduled Completion Date (11)
12/17/2016

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

Scope of Work (Check All That Apply)
- ≥ 3,000 sf or ≥ 3 if
- ≥ 1,600 sf or ≥ 2,500 if
- Renovation
- Demolition

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

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

Amount (Specify SF or LF)

Abatement Type
- Removal
- Repair
- Encapsulate
- Enclose

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)

Please see attached quantity list

Name of Registered Waste Hauler
ATC
NJDEP Waste Hauler ID No.
24310
Cubic Yards of Waste
30 Yards
Name of Registered Landfill
Minerva Enterprises

City, State
Shirley, NY 11967

Disposal Date
08/20/2016
City, State
Waynesburg, OH 44688

Completed by
Ann A. Ali
Title
Compliance Assistant
Signature
Date
09/30/2016

* Do not use this form for asbestos licensure exempted activities.
<table>
<thead>
<tr>
<th>Floor</th>
<th>Location</th>
<th>ACM</th>
<th>Quantities</th>
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<tbody>
<tr>
<td>1st Floor</td>
<td>Throughout</td>
<td>Pipe Insulation/Fittings</td>
<td>200</td>
</tr>
<tr>
<td>1st Floor</td>
<td>Throughout</td>
<td>VAT/Mastic</td>
<td>5000</td>
</tr>
<tr>
<td>Totals</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>0</td>
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<tr>
<td></td>
<td></td>
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<td>200</td>
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:80 and 12:120)

Date of Notification (1)
10/04/2016

Name of Building Owner/Operator (2)
New Jersey Schools Development Authority

Agencies Notified
- [ ] EPA
- [ ] DEP
- [ ] DOH
- [ ] DOA
- [ ] Initial
- [ ] Amended
- [ ] Amendment #
- [ ] Emergency (including justification)
- [ ] Cancellation

Street Address
32 E Front Street

City, State, Zip Code
Trenton, NJ 08608

Name of Contact
David Bennet

FACILITY INFORMATION

Name of Facility Where Abatement Is Taking Place (3)
George Washington Carver Elementary School

Street Address
404 N Grove Street

City (5)
East Orange

County (6)
Essex

County Code (7)
00003

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

ASCM No.
00003

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

Square Feet
35,000

# of Floors
3

Bldg. Age
25+

Current Use (Prior if being demolished)
n/a

Site Enterprises, Inc.

Street Address
211 East Essex Ave

City, State, Zip Code
Linwood, NJ 08221

License Number
609-567-1250

Name of OSHA Monitor
TTI Environmental Inc

Street Address
1253 North Church Street

City, State, Zip Code
Moorestown, NJ 08057

Name of Abatement Contractor (9)
Site Enterprises, Inc.

Panorama

Scope of Work (Check All That Apply)
- [ ] ≥100 sf or ≥250 sf
- [ ] ≥160 sf or ≥250 sf
- [ ] Renovation
- [ ] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Frisable Procedure

Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) (12)

Amount (Specify SF or LF)

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

TO BE ABATED
In Facility

(13)

Yes

No

N/A

Horizontal Pipe Insulation

6600 lf

X

Horizontal Pipe Insulation

30 lf

X

Horizontal Pipe Insulation

24 lf

X

Pipe Insulation Elbow

300 lf

X

Baseline Level

X

First Floor

X

Second Floor

X

Basement Level

X

Location Normally Used Solely by Maintenance/Custodial Staff?

Is Location Normally Used Solely by Maintenance/Custodial Staff?

Yes

No

NIA

Name of Registered Waste Hauler

Site Enterprises Inc.

NJDEP Waste Hauler ID No.
0035220

Cubic Yards of Waste
20 cy

Disposal Date
12/09/2016

Name of Registered Landfill
Tullytown Landfill

City, State
Bristol, PA

Disposal Site

City, State
Brick, NJ

Completed by
Eric Keys

Title
OM

Signature

Date
10/04/2016

* Do not use this form for asbestos licensure exempted activities.
<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rm 204</td>
<td>X</td>
<td>Marble Floor Tile</td>
<td>10.79 SF</td>
<td>x</td>
</tr>
<tr>
<td>Rm 114, 202 B</td>
<td>X</td>
<td>Gray Floor Tile</td>
<td>11.59 SF</td>
<td>x</td>
</tr>
<tr>
<td>Rm 08, 114, 202 B</td>
<td>X</td>
<td>Black Trim Tile</td>
<td>4.00 SF</td>
<td>x</td>
</tr>
<tr>
<td>2nd Floor Hallways</td>
<td>X</td>
<td>Salmon Floor Tile</td>
<td>3.46 SF</td>
<td>x</td>
</tr>
<tr>
<td>Rm 101, 108</td>
<td>X</td>
<td>Marble Floor Tile</td>
<td>1.005 SF</td>
<td>x</td>
</tr>
<tr>
<td>104 R - Stairs</td>
<td>X</td>
<td>Floor Tile</td>
<td>100 SF</td>
<td>x</td>
</tr>
<tr>
<td>Rm 106</td>
<td>X</td>
<td>Floor Tile</td>
<td>1.100 SF</td>
<td>x</td>
</tr>
<tr>
<td>Rm 09</td>
<td>X</td>
<td>Green Floor Tile</td>
<td>307 SF</td>
<td>x</td>
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<tr>
<td>Rm 107</td>
<td>X</td>
<td>Brown Floor Tile</td>
<td>990 SF</td>
<td>x</td>
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<tr>
<td>Rm 109</td>
<td>X</td>
<td>Aqua Floor Tile</td>
<td>993 SF</td>
<td>x</td>
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<td>Rm A</td>
<td>X</td>
<td>Blue Floor Tile</td>
<td>202 SF</td>
<td>x</td>
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<td>Rm 018, 218, 40, 41, 43</td>
<td>X</td>
<td>Charcoal Floor Tile</td>
<td>3.647 SF</td>
<td>x</td>
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<tr>
<td>Rm 09</td>
<td>X</td>
<td>Floor Tile + Paint</td>
<td>1.153 SF</td>
<td>x</td>
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<td>Rm 17, 22, 23, 23A, 27A, 28, 28A, 28B</td>
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<td>Beige Floor Tile</td>
<td>7.641 SF</td>
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<tr>
<td>Rm 104</td>
<td>X</td>
<td>Green Floor Tile</td>
<td>1.120 SF</td>
<td>x</td>
</tr>
<tr>
<td>Rm Staircase</td>
<td>X</td>
<td>Red Floor Tile</td>
<td>100 SF</td>
<td>x</td>
</tr>
<tr>
<td>Roof</td>
<td>X</td>
<td>Speckled Floor Tile</td>
<td>952.5 SF</td>
<td>x</td>
</tr>
<tr>
<td>Roof</td>
<td>X</td>
<td>Asbestos Shingles</td>
<td>11,794 SF</td>
<td>x</td>
</tr>
<tr>
<td>Roof (combined)</td>
<td>X</td>
<td>Lt. Gray Asbestos Shingles</td>
<td>20.26 SF</td>
<td>x</td>
</tr>
<tr>
<td>Roof (layer 1/layer 2)</td>
<td>X</td>
<td>Black Asbestos Shingles</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>Roof</td>
<td>X</td>
<td>Ter</td>
<td>10.722 SF</td>
<td>x</td>
</tr>
<tr>
<td>Roof</td>
<td>X</td>
<td>El-shing</td>
<td>129.58 SF</td>
<td>x</td>
</tr>
<tr>
<td>Roof</td>
<td>X</td>
<td>Ceil</td>
<td>75.31 SF</td>
<td>x</td>
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</tbody>
</table>
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:20)

State of New Jersey

Date of Notification (1)
9/21/2016

Name of Building Owner/Operator (2)
NJDEP OFFICE OF RESOURCE DEVELOPMENT

OCT 11 2016

AGG. BOX 420

City, State, Zip Code
TRENTON, NJ 08625

Name of Contact
AL PAYNE

TELEPHONE NUMBER

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

# of Floors

Bldg. Age

Current Use (Prior if being demolished)

Name of Facility Where Abatement is Taking Place (3)
ORCHARD HOUSE - MONMOUTH BATTLEFIELD STATE PARK

Street Address
18 WEMROCK ROAD

City (5)
FREEHOLD TOWNSHIP

County Code (7)
MONMOUTH

County Code (7)

STATE USE ONLY

Name of Monitoring Firm Hired by Building Owner (8)
USA ENVIRONMENTAL MANAGEMENT, INC

ASCM No.

Name of Abatement Contractor (9)
TWO BROTHERS CONTRACTING, INC

Street Address
11 VREELAND AVENUE

City, State, Zip Code
TOTOWA, NJ 07512

Telephone No.
609-666-3101

Telephone No.
973-956-8700

License No.
00494

Name of OSHA Monitor
SAME AS (9) ABOVE

Street Address

City, State, Zip Code

Occupancy Status During Abatement (Check Only One)

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

Scope of Work (Check All That Apply)

□ Demolition
□ Renovation

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

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

□ Multi-Layered Floor Tile
□ Black Condensate Sink Coating
□ Window Glazing

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

□ Amount
□ (Specify SF or LF)

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

□ Cubic Yards of Waste
□ 15

□ Name of Registered Waster Hauler
□ TWI BROTHERS CONTRACTING

□ Hauler ID No.
□ 18743

□ Disposal Date
□ 10/11/2016

□ City, State
□ MORRISVILLE, PA

□ Name of Registered Landfill
□ WASTE MANAGEMENT G.R.O.W.S.

□ Completion Date
□ 9/21/2016

□ Signature

□ Title
□ PROJECT COORDINATOR

□ File Number

□ Registration

□ DOH
□ DOL
□ DOH
□ DCA

□ Amendment #
□ Initial
□ Amended

□ Emergency (Including Justification)
□ Cancellation

□ Telephone Number

AS-41 (R-05-08)

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

Date of Notification (1)
10/4/2016

Agencies Notified
- EPA
- DEP
- DCL
- DOH
- DCA

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

Name of Building Owner/Operator (2)
NUDEP OFFICE OF RESOURCE DEVELOPMENT

Street Address
P.O. BOX 420

City, State, Zip Code
TRENTON, NJ 08625

Name of Contact
AL PAYNE

TELEPHONE NUMBER

Name of Facility Where Abatement is Taking Place (3)
ORCHARD HOUSE - MONMOUTH BATTLEFIELD STATE PARK

Street Address
18 WEMROCK ROAD

City (5)
FREEHOLD TOWNSHIP

County (6)
MONMOUTH

Name of Monitoring Firm Hired by Building Owner (8)
USA ENVIRONMENTAL MANAGEMENT, INC.

ASCM No.

Name of Abatement Contractor (9)
TWO BROTHERS CONTRACTING, INC.

Street Address
344 WEST STATE STREET

City, State, Zip Code
TRENTON, NJ 08618

Project Manager for Monitoring Firm
WILLIAM WEISGARBER

Telephone No.
609-658-8101

Start Date (10)
10/17/2016

Scheduled Completion Date (11)
10/28/2016

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

Scope of Work (Check All That Apply)
- ≥3,000 sf or ≥30 ft
- ≥1600 sf or ≥2600 sf
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

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

Name of Registered Waste Hauler
TWO BROTHERS CONTRACTING

Cubic Yards of Waste
15

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

City, State
TOTOWA, NJ

Completed by
VIVECA RAMOS

Title
PROJECT COORDINATOR

Signature

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: 10-04-16

Name of Building Owner/Operator: United States Fire Insurance Co.

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

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

Street Address: 305 Madison Avenue
City, State, Zip Code: Morris Township, NJ 07960
Name of Contact: Mike Mensigner

FACILITY INFORMATION

Facility Where Abatement is Taking Place:
Crom & Foster

Street Address: 305 Madison Avenue
City: Morris Township
County: Morris

Name of Monitoring Firm Hired by Building Owner: Atlantic Environmental Inc.

Name of Abatement Contractor: Pinnacle Environmental Corp.

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

Square Feet: 220,000
# of Floors: 4
Bldg. Age: 44 yrs.
Current Use (Prior to being demolished):
Vacant

Street Address: 2 E. Blackwell Street
City, State, Zip Code: Dover, NJ 07801
Project Manager for Monitoring Firm: Raymond Pirnat
Telephone No.: (973) 366-4660

Start Date: 09-20-16
Scheduled Completion Date: 12-31-16

Occupancy Status During Abatement:
Facility Closed/Vacated During Entire Period of Abatement
Abatement Performed Outside of Normal Facility Hours

Scope of Work:
- Renovation
- Demolition

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>Gnd., 1st &amp; 2nd Floors: Dumbwaiter</td>
<td>X</td>
<td>ACM Fireproofing</td>
<td>120SF</td>
<td>x</td>
</tr>
<tr>
<td>Basement: Electric Room</td>
<td>X</td>
<td>ACM Fireproofing</td>
<td>1,200SF</td>
<td>x</td>
</tr>
<tr>
<td>Exterior: Exterior Sprandrel</td>
<td>X</td>
<td>ACM Fireproofing</td>
<td>280SF</td>
<td>x</td>
</tr>
<tr>
<td>1st Floor: Core Wall</td>
<td>X</td>
<td>ACM Fireproofing</td>
<td>50SF</td>
<td>x</td>
</tr>
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</table>

Location of Registered Waste Hauler:
ATC, Inc. / JBT (50071)

Cubic Yards of Waste: TBD
Disposal Date: TBD
Name of Registered Landfill: Minerva Enterprises
City, State: Shirley, NY / Bronx, NY

Completed by: Richard Doran
Title: Project Manager
Signature:
Date: 10-04-16

* Do not use this form for asbestos license exempted activities.
<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 or 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 Square Feet or Linear Feet)</th>
<th>Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement: Basement Wall</td>
<td>N/A</td>
<td>ACM Fireproofing</td>
<td>30SF</td>
<td>Removal</td>
</tr>
<tr>
<td>Basement: Basement Beam</td>
<td>N/A</td>
<td>ACM Fireproofing</td>
<td>20SF</td>
<td>Removal</td>
</tr>
<tr>
<td>(1)Parking Garage: Storage Room</td>
<td>N/A</td>
<td>Transite Panel</td>
<td>1400SF</td>
<td>Removal</td>
</tr>
</tbody>
</table>
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)
10/04/2016

Name of Building Owner/Operator (2)
City of Camden

Agencies Notified Type Notification
☑ EPA
☑ DEP
☒ DOL
☒ DOH
☒ DCA

Street Address
PO Box 95120

City, State, Zip Code
Camden, NJ 08101

Name of Contact
James Rizzo

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
542 S. 7th Street

Square Feet
Varies

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

# of Floors
Varies

Bldg. Age
30+

Housing Deemed Unsafe

County Code (?) (STATE USE ONLY)

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

Name of Abatement Contractor (9)
Site Enterprises, Inc.

Street Address
6626 Delligah Road

City, State, Zip Code
Egg Harbor Township, NJ 08234

Project Manager for Monitoring Firm

Telephone No.
609-567-1250

License No.
01172

Start Date (10)
10/05/2016

Scheduled Completion Date (11)
10/14/2016

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

Scope of Work (Check All That Apply)
☒ ≥3 sf or ≥3 if
☒ ≥190 sf or ≥260 if
☒ Renovation
☒ Demolition

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

Is Location Normally Used Solely by Maintenance/Custodial Staff?

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

Amount (Specify SF or LF)

Abatement Type

Location
NJDEP Waste Hauler ID No.
0335220

Cubic Yards of Waste
20 cy

Name of Registered Landfill
GROWS Landfill

Disposal Date
10/14/2016

City, State
Morrisville, PA 19067

Completed by
Eric Keys
Title
OM

Signature
Date
10/04/2016

* 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

Date of Notification (1)
Oct - 6 - 2016

Name of Building Owner/Operator (2)
St Francis Academy

Agencies Notified

- EPA
- DEP
- DOL
- DOH
- DCA

Type Notification

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

Street Address
1601 Central Avenue

City, State, Zip Code
Union City, NJ 07087

Name of Contact
Deborah Savage

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
St Francis Academy

Street Address
1601 Central Avenue

City (5)
Union City, NJ

County (6)
HUDSON

County Code (7) (STATE USE ONLY)

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

ASCM No.

Name of Abatement Contractor (9)
EA Services Corporation

Street Address
426 69th Street

City, State, Zip Code
Guttenberg, NJ, 07093

Telephone No.
201-489-8700

License No.
01074

# of Floors
4

Bldg. Age
50+

Square Feet
60,000

Current Use (Prior if being demolished)
School/Convent

Start Date (10)
Oct - 6 - 2016

Scheduled Completion Date (11)
Oct - 22 - 2016

Occupy Status During Abatement (Check Only One)

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

- Other – Describe: 4pm to 12 midnight

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) (13)

TO BE ABATED

In Facility

<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>Bsmt, 1st fl, 2nd fl &amp; 3rd fl</td>
<td>Yes</td>
<td>Clean-up</td>
<td>2,500 sq ft</td>
<td>X</td>
</tr>
<tr>
<td>Bsmt</td>
<td>No</td>
<td>Pipe Insulation</td>
<td>6 LF</td>
<td>X</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
Freehold Carting

NJDEP Waste Hauler ID No.
15939

Cubic Yards of Waste

Name of Registered Landfill
Cumberland Landfill

City, State
Freehold, NJ

Disposal Date
TBD

City, State
Newburg, PA

Completed by
Gina Betances
Title
Office Manager

Date
10/06/2016

* 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): 10/06/2016

Name of Building Owner/Operator (2): BANK OF AMERICA

Address Information:
- Street Address: NORTH TYRON AVE
- City, State, Zip Code: CHARLOTTE, NC 28201
- Name of Contact: JEFF PEREIRA
- Telephone Number: 704-758-1234

Name of Facility Where Abatement is Taking Place (3):
- Facility: BANK OF AMERICA
- Street Address: 15 YAWPO AVE.
- City: OAKLAND, NJ
- County: BERGEN

Monitoring Firm Information:
- Name: ENVIRO-PRO UNLTD CORP.
- Project Manager: YEVGENIY GOLUBCHIK
- Telephone No.: 718-801-2231

Abatement Information:
- Start Date (10): 10/22/2016
- Completion Date (11): 10/31/2016
- Square Feet: 3500
- # of Floors: 1 + Basement
- Bidg. Age: 45

Contractor Information:
- Name of Abatement Contractor (9): SUNN ENTERPRISE GROUP, LLC
- Street Address: 370 W. PLEASANTVIEW AVE., SUITE 2-329
- City: HACKENSACK, NJ 07601
- Telephone No.: 973-928-6900
- License No.: 01229

OSHA Monitor Information:
- Name of OSHA Monitor: ENVIRO-PRO UNLTD CORP
- Street Address: 2721 KINGS HIGHWAY #6L
- City: BROOKLYN, NY 11229

Abatement Procedures:
- 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: BASEMENT
- Normal Use: Yes

Asbestos Description:
- Description: ACM based sheetrock
- Amount: 3500 SF

Waste Hauler Information:
- Name: SUNN ENTERPRISE GROUP, LLC
- City: HACKENSACK, NJ
- Waste Hauler ID: NJ-952
- Cubic Yards of Waste: N/A

Disposal Information:
- Disposal Date: On Completion
- Name of Registered Landfill: 110 SAND COMPANY
- City, State: MELVILLE, NY

Completed by:
- Name: BOGDAN MARKOVSKI
- Title: DIR. OF OPERATIONS

Signature: [Signature]

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

Date of Notification (1): 10 / 7 / 16
Name of Building Owner/Operator (2): US Coast Guard / Job #1610-5073 / Check #8674

Agencies Notified: EPA
Name of Contact: Mike Martin

Type Notification: Initial
Street Address: Coast Guard Training Center

Amendment #: Emergency (including justification)
City, State, Zip Code: Cape May, NJ 08204

Cancellation
Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): USCG GSK Building #204

City (5): Cape May
County (6): Cape May

County Code (7) [STATE USE ONLY]:

Name of Monitoring Firm Hired by Building Owner (8): Health & Safety Services
Name of Abatement Contractor (9): AbateTech, Inc.

Street Address: 1 Munro Avenue
City, State, Zip Code: Cape May, NJ 08204

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

Square Feet: # of Floors: Bidg. Age: 0

Current Use (Prior to being demolished): Training Center

License No.: 00629
License No.: 609-255-2107
License No.: 00629

Name of OSHA Monitor: EMSL Analytical

Name of OSHA Monitor:

Project Manager for Monitoring Firm: Jim Proctor
Telephone No.: 609-839-2432

Start Date (10): 10 / 20 / 16
Scheduled Completion Date (11): 10 / 27 / 16

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

Scope of Work (Check all that apply):

□ ≥ 3 ft or ≥ 3 sq ft
□ ≥ 180 sq ft or ≥ 260 sq 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):

Exterior
Yes No N/A

4 Rooms
□ □ ☒ Transite
□ □ □ Floor tile & Mastic
□ □ ☒ Carpet
□ □ □ Pipe Fittings

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

Yes No N/A

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

Amount (Specify SF or LF):

Abatement Type:

Removal
Encapsulation
Endorsement

Name of Registered Waste Hauler AbateTech, Inc.

NJDEP Waste Hauler ID No: 10750
Cubic Yards of Waste: 20

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

City, State: Lumberton, NJ
Disposal Date: 10/27/16
City, State: Tullytown, PA

Completed By (Print or Type): Gwendolyn Trumbetti
Title: Operations Coordinator
Signature: ____________________________
Date: 10/7/16

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

**Date of Notification (1)**  
10 / 6 / 16

**Name of Building Owner/Operator (2)**  
JCP&L/FirstEnergy Company / Job #1610-5074 Check #8673

**Name of Contact**  
John Greco

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**  
JCP&L- Fair Haven Substation

**Street Address**  
210 Ridge Road

**City (5)**  
Fair Haven, NJ 07704

**County (6)**  
Monmouth

**Name of Monitoring Firm Hired by Building Owner (8)**  
One Source Safety and Health

**Name of Abatement Contractor (9)**  
AbateTech, Inc.

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

- [x] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: **TAM-9:30PM-____PM-____AM**

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

- [x] ≥3 sf or ≥3 if
- [x] ≥150 sf or ≥260 if
- [ ] Renovation
- [ ] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [x] Non-Exempted (*) and Non-Friable Procedure

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

- [ ] IN Facility
- [ ] OUT Side Facility

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

- [ ] Yes
- [ ] No
- [x] N/A

**Metal Switchgear Cabinet**

- [ ] Vapor Barrier
- [ ] Vapor Retarder
- [ ] Encapsulate
- [ ] Enclosure
- [ ] Epoxy

**Name of Registered Waste Hauler**  
AbateTech, Inc.

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

**City, State**  
Lumberton, NJ

**Disposal Date**  
10/6/16

**City, State**  
Tullytown, PA

**Completed By (Print or Type)**  
Gwen Trumbetti

**Title**  
Operations Coordinator

**Signature**  
[Signature]

**Date**  
10/6/16

---

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

**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 8:60 and 5:16)

---

**Date of Notification (1)**

10 / 4 / 16

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

PSEG / Job # 1609-5066 COURTESY

**Agencies Notified**

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

**Type Notification**

- [ ] Initial
- [ ] Amended
- [ ] Emergency (including Justification)
- [ ] Cancellation

**Street Address**

4000 Hadley Road

**City, State, Zip Code**

South Plainfield, NJ

**Name of Contact**

Grog Marone

**Telephone Number**

**FACILITY INFORMATION**

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

PSE&G Control House

**Street Address**

98 Cook Road

**City (5)**

Nutley, NJ 07110

**County (6)**

Essex

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

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

Control House

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

Health and Safety Services

**ASCM No.**

**Name of Abatement Contractor (9)**

AbateTech, Inc.

**Street Address**

PO BOX 365

**City, State, Zip Code**

Berlin, NJ 08009

**Project Manager for Monitoring Firm**

Jim Proctor

**Telephone No.**

856-452-1311

**Start Date (10)**

10 / 20 / 16

**Scheduled Completion Date (11)**

10 / 21 / 16

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

- [ ] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM, PM

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

- [ ] ≥3 sf or ≥3 ft
- [ ] ≥60 sf or ≥260 ft
- [ ] Renovation
- [ ] Demolition

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

- [ ] Yes
- [ ] No
- [ ] N/A

**Block Wall**

- [ ] Asbestos stucco

**Amount (Specify SF or LF)**

>3 SF

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

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

(i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)

**Amount (Specify SF or LF)**

**Abatement Type**

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

**Name of Registered Waste Hauler**

NJDEP Waste Hauler ID No.

18750

**Cubic Yards of Waste**

2

**Name of Registered Landfill**

G.R.O.W.S. Landfill

**City, State**

Camden, NJ

**Disposal Date**

10/21/16

**City, State**

Tullytown, PA

**Completed By (Print or Type)**

Gwendolyn Trumbetti

**Title**

Operations Coordinator

**Signature**

10/4/16

**MAY 11**

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

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>10 / 4 / 16</td>
<td>PSE&amp;G / Job #1609-5067 COURTESY</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
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<tr>
<td>DOLWD</td>
<td>Amended Amendment #</td>
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<tr>
<td>DHSS</td>
<td>Emergency (including justification)</td>
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<tr>
<td>DCA(NJAC 5:23-8)</td>
<td>Cancellation</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>4000 Hadley Road</td>
<td>South Plainfield, NJ</td>
</tr>
</tbody>
</table>

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

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>PSE&amp;G Control House</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City (5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>146 US Highway #22</td>
<td>Hillside, NJ 07205</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>County (6)</th>
<th>County Code (7)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Union</td>
<td>(STATE USE ONLY)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health and Safety Services</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ASCM No.</th>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>AbatoTech, Inc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>PO BOX 385</td>
<td>Berlin, NJ 08009</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>856-452-1311</td>
<td>00529</td>
</tr>
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<table>
<thead>
<tr>
<th>Name of OSHA Monitor</th>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>EMSL Analytical</td>
<td>200 Route 130 North</td>
<td>Cinnaminson, NJ 08077</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
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</thead>
<tbody>
<tr>
<td>10 / 19 / 16</td>
<td>10 / 20 / 16</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check only one)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ___AM, ___PM/___PM, ___AM</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>≥2 sf or ≥3 if</td>
</tr>
<tr>
<td>≥150 sf or ≥260 if</td>
</tr>
<tr>
<td>Renovation</td>
</tr>
<tr>
<td>Demolition</td>
</tr>
<tr>
<td>Full Containment with Negative Pressure</td>
</tr>
<tr>
<td>Mini-Enclosure</td>
</tr>
<tr>
<td>Glovebag Procedure</td>
</tr>
<tr>
<td>Non-Exempted () and Non-Fritable Procedure</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Registered Waste Hauler Waste Management</td>
</tr>
<tr>
<td>--------------------------------------------------</td>
</tr>
<tr>
<td>Block Wall</td>
</tr>
<tr>
<td>Asbestos stucco</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>10750</td>
<td>2</td>
<td>G.R.O.W.S. Landfill</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed By (Print or Type)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gwendolyn Trumbetti</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Title</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operations Coordinator</td>
<td></td>
<td>10/4/16</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)  
9 / 30 / 16  
Name of Building Owner/Operator (2)  
NJ Turnpike Authority / Job #1609-5070 Check #8672

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

Street Address  
PO Box 5042  
City, State, Zip Code  
Woodbridge, NJ 07095

Name of Contact  
Gregg Crescenzo  
Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  
NJTP- Hess Building

Street Address  
1 Hess Plaza  
City (5)  
Woodbridge, NJ

County (8)  
Middlesex  
County Code (7) (STATE USE ONLY)  

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

Square Feet  
# of Floors  
Bldg. Age

Name of Monitoring Firm Hired by Building Owner (8)  
The Saban Engineering Group, Inc.

ASCM No.  
Name of Abatement Contractor (9)  
AbateTech, Inc.

Street Address  
201 Stuyvesant Avenue  
City, State, Zip Code  
Lyndhurst, NJ 07071

Project Manager for Monitoring Firm  
Stephen Pharai  
Telephone No.  
201-299-7705

Name of OSHA Monitor  
EMSL Analytical

Start Date (10)  
10 / 3 / 16  
Scheduled Completion Date (11)  
10 / 5 / 16

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 ft²  
- ≥160 sf or ≥260 ft²  
- Renovation  
- Demolition  
- Full Containment with Negative Pressure  
- Mini-Enclosure  
- Glovebag Procedure  
- Non-Exempted (*) and Non-Flammable Procedure

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

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

Pipe Fitting Insulation  
7 LF

1st Floor Telephone/UPS Room  
No  

Name of Registered Waste Hauler  
AbateTech, Inc.

Disposal Date  
10/5/16  
City, State  
Lumberton, NJ

Cubic Yards of Waste  
2  
Name of Registered Landfill  
G.R.O.W.S. Landfill

Completed By (Print or Type)  
Gwendolyn Trumbetti  
Title  
Operations Coordinator  
Signature  
Date  
9/20/16

* Do not use this form for asbestos removal or other activities
<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oct 6, 2016</td>
<td>Alex Myharczyk</td>
</tr>
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</table>

<table>
<thead>
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<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Name of Contact (3)</th>
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<tbody>
<tr>
<td>□ EPA</td>
<td>□ Amended</td>
<td>Alex Myharczyk</td>
</tr>
<tr>
<td>□ DEP</td>
<td>□ Emergency (including justification)</td>
<td></td>
</tr>
<tr>
<td>□ DOL</td>
<td>□ Initial</td>
<td>A. D.</td>
</tr>
<tr>
<td>□ DOH</td>
<td>□ Cancellation</td>
<td></td>
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<tr>
<td>□ DCA</td>
<td></td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement Is Taking Place (3)</th>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single Family Dwelling</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>City (5)</th>
<th>County (6)</th>
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</thead>
<tbody>
<tr>
<td>Cherry Hill, NJ 08002</td>
<td>Camden</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>ASCM No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPC Technologies</td>
<td>N/A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Abatement Contractor (9)</th>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPC Technologies Inc</td>
<td>P.O. Box 337</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>New Egypt, NJ 08533</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>New Egypt, NJ 08533</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Steve Schenker</td>
<td>609 758-3365</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>10-17-16</td>
<td>10-17-16</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Scope of Work (Check All That Apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ 23 sf or 23 ft</td>
</tr>
<tr>
<td>□ 100 sf or 1250 sf</td>
</tr>
<tr>
<td>□ Renovation</td>
</tr>
<tr>
<td>□ Demolition</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes  No  N/A</td>
</tr>
<tr>
<td>CDWarde T52 X 25 SF</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPC Technologies</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NJDEP Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>17000</td>
<td>&lt;1</td>
<td>Waste Management of PA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>Disposal Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Egypt, NJ</td>
<td>10/18/14</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Complied by</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Steve Schenker</td>
<td>President</td>
</tr>
</tbody>
</table>

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

Date of Notification (1)
Name of Building Owner/Operator (2)

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

Street Address:
City, State, Zip Code: Lakewood, NJ 08701
Name of Contact: Matt Construction
Telephone Number:

Name of Facility Where Abatement is Taking Place (3)

Street Address:
City (9)
Lakewood
County (5)
OCEAN
Current Use (Prior if being demolished): Home

County Code (7)

Name of Monitoring Firm Hired by Building Owner (8)
ASCM No.
Name of Abatement Contractor (9)
AAA LEAD PROFESSIONALS

Street Address:
City, State, Zip Code

Project Manager for Monitoring Firm
Telephone No.
Televhone No.: 732-668-9078
License No.: 1200

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

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 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) TO BE ABATED

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED</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 (Square SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exterior</td>
<td>Yes</td>
<td>Siding</td>
<td>2000 sf</td>
<td>X</td>
</tr>
<tr>
<td>Exteror</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exteror</td>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
NEWARK CARTING

NJDEP Waste Hauler ID No.: 04509
Cubic Yards of Waste: 5
Name of Registered Landfill: IESI

City, State: NEWARK, NJ
Disposal Date: 10/16/16
City, State: BETHLEHEM, PA
Date: 10/6/16

Completed by
JOSEPH PERLSTEIN
Title: OWNER
Signature:

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

Date of Notification: 10/05/16

Agencies Notified: X EPA, X DEP, X DOL, X DOH, X DCA

Type Notification: X Initial, Amended, Emergency (Including justificiation), Cancellation

Name of Building Owner/Operator: Elite Properties

Street Address: P.O. Box 4449

City, State, Zip Code: Warren, NJ 07059

Name of Contact: Mr. Michael Checchio

Facility Information

Name of Facility Where Abatement is Taking Place: Watchung

Current Use (Prior if being demolished): Residential

Square Feet: 2,000 +

Bldg. Age: 50 +

# of Floors: 2

County Code (STATE USE ONLY): Somerset

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

Name of Abatement Contractor: J.R. Contracting & Environmental Consulting, Inc.

Street Address: 1141 Route 23

City, State, Zip Code: Wayne, NJ 07470

Telephone No.: 973-628-9200

License No.: 00408

Project Manager for Monitoring Firm: Naturally

Telephone No.: Naturally

License No.: Naturally

Name of OSHA Monitor: Enviro Vision Consultants, Inc.

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

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

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

Abatement Performed Outside of Normal Facility Hours: X Other — Describe:

Scope of Work (Check All That Apply)

X ≥ 3 sf or ≥ 3 ft

X ≥ 160 sf or ≥ 260 sf

X Renovation

X 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) TO BE ABATED

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

Yes No N/A

Location

| 1st Floor Storage Room | X | Wall Plaster | 1,000 SF | X |
| Front Room             | X | Floor Tile & Mastic | 450 SF | X |

Amount (Specify SF or LF)

Abatement Type

Removal

Repair

Encapsulate

Endorse

Name of Registered Waste Hauler: J.R. Contracting & Environmental Consul., Inc.

NJDEP Waste Hauler ID No.: 17819

Cubic Yards of Waste: 40

Name of Registered Landfill: Grand Central Landfill

Completed by: Jerry Bijelonic

Title: Project Manager

Signature: [Signature]

Date: 10/05/16

City, State: Wayne, New Jersey

Pen Argyl, Pennsylvania

Disposal Date: Naturally

*Do not use this form for asbestos licensure exempted activities.
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:66 and 12:120)

Date of Notification (1)
9/30/2016

Name of Building Owner/Operator (2)
Accurate Box Company, Inc.

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

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

Street Address
86 5th Avenue

City, State, Zip Code
Paterson, NJ 07524

Name of Contact
Mr. Zaf Zafar

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Glue Room Building

Street Address
2 Waite Street

City (5)
Paterson

County (6)
Passaic

County Code (7)
(State use only)

Square Feet
28,000

# of Floors
2

Bldg. Age
90

Current Use (Prior if being demolished)
Commercial

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) 928-5040

License No.
00874

Project Manager for Monitoring Firm

Telephone No.

Name of OSHA Monitor
Sky Contracting, LLC

Start Date (10)
10/10/2016

Scheduled Completion Date (11)
01/31/2017

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

Scope of Work (Check All That Apply)

- ≥ 3 sf or ≥ 3 if
- ≥ 160 sf or ≥ 280 sf
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure (x)

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

In Facility

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

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

Amount (Specify SF or LF)

Abatement Type

Removal
Repair
Encapsulation
Enclosure

Name of Registered Waste hauler
Service Transport Group, Inc.

NJDEP Waste Hauler ID No.
20990

Cubic Yards of Waste
500

Name of Registered Landfill
Minerva Enterprises, LLC

City, State
Waynesburg, Ohio

Completed by
Predrag Sarcev
Title
Vice President

Signature

Date
9/30/2016

* Do not use this form for asbestos licensure exempted activities.
### Asbestos-Containing Materials (ACM)

<table>
<thead>
<tr>
<th>CONFIRMED AND ASSUMED ACM</th>
<th>Survey Results</th>
<th>Estimated Quantity of ACM/ Assumed ACM</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>GLUE ROOM BUILDING</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Built-up roofing material</td>
<td>ACM</td>
<td>28,000 SF</td>
</tr>
<tr>
<td>Roof flashing and mastic</td>
<td>ACM</td>
<td>3,150 SF</td>
</tr>
<tr>
<td>Skylight mastic</td>
<td>ACM</td>
<td>400 SF</td>
</tr>
<tr>
<td>Terracotta seam mastic</td>
<td>ACM</td>
<td>500 LF</td>
</tr>
<tr>
<td>Interior window caulking (glass type windows)</td>
<td>ACM</td>
<td>440 LF</td>
</tr>
<tr>
<td>Expansion joint caulking on concrete floor seams</td>
<td>ACM</td>
<td>900 LF</td>
</tr>
<tr>
<td>Elevator brake pads</td>
<td>Assumed ACM</td>
<td>5 SF</td>
</tr>
<tr>
<td>Elevator switch board panel</td>
<td>Assumed ACM</td>
<td>10 SF</td>
</tr>
<tr>
<td>Electric wires associated with switch panel board</td>
<td>Assumed ACM</td>
<td>100 LF</td>
</tr>
<tr>
<td>Elevator door core insulation</td>
<td>Assumed ACM</td>
<td>360 SF</td>
</tr>
<tr>
<td>Agency Notified</td>
<td>Type Notification</td>
<td>Date of Notification</td>
</tr>
<tr>
<td>----------------</td>
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<tr>
<td>EPA</td>
<td>Initial</td>
<td>10/03/16</td>
</tr>
<tr>
<td>DEP</td>
<td></td>
<td></td>
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<tr>
<td>DOL</td>
<td>Amended</td>
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<tr>
<td>DOH</td>
<td>Emergency</td>
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<tr>
<td>DCA</td>
<td>Cancellation</td>
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**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place</th>
<th>Type of Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kenyanna Bell</td>
<td></td>
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</tbody>
</table>

**Street Address**

<table>
<thead>
<tr>
<th>City</th>
<th>County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Montclair</td>
<td>Essex County</td>
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</tbody>
</table>

**Project Manager for Monitoring Firm**

**Start Date**

<table>
<thead>
<tr>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>201-293-5305</td>
<td>01223</td>
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</tbody>
</table>

**Occupancy Status During Abatement**

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

**Scope of Work**

- Renovation
- Demolition

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Description of Asbestos Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>VAT</td>
<td>585 SF</td>
</tr>
<tr>
<td>Kitchen</td>
<td>VAT</td>
<td>45 SF</td>
</tr>
<tr>
<td>Basement (crawlspc)</td>
<td>TSI</td>
<td>180 LF</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**

Newark Carting

**Waste Hauler ID No.**

04509

**Disposal Date**

City, State

Hillsdale, NJ

MORRISVILLE PA

**Completed by**

Bryan Parra

**Title**

Project Manager

**Signature**

10/03/16

*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)
9/30/2016

Name of Building Owner/Operator (2)
Accurate Box Company, Inc.

Agencies Notified

- EPA
- DEP
- DOL
- DOH
- DCA

Type Notification

- Initial
- Amended
- Amendment #________
- Emergency (including justification)
- Cancellation

Street Address
86 5th Avenue
City, State, Zip Code
Paterson, NJ 07524

Name of Contact
Mr. Zaf Zafar

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
"L" Shape Building

Street Address
2 Waite Street

City (5)
Paterson

County (6)
Passaic

County Code (7) [STATE USE ONLY] __________

Square Feet
23,500

# of Floors
2

Bldg. Age
90

Type of Facility (4)

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

Current Use (Prior if being demolished)
Commercial

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

Project Manager for Monitoring Firm

Telephone No.

(973) 929-5040

License No.
00874

Start Date (10)
10/10/2016

Scheduled Completion Date (11)
01/31/2017

Name of OSHA Monitor
Sky Contracting, LLC

Occupancy Status During Abatement (Check Only One)

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

Scope of Work (Check All That Apply)

- ≥3 of ≥3 if
- ≥160 of ≥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)

Amount
(Specify SF or LF)

Abatement Type

Removal
Repair
Encapsulate
Endorse

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

Roof
x
Built-up Roofing Material
11,500 SF
x

Roof
x
Roof Flashing
2,500 SF
x

Exterior
x
Window Glazing Putty (wood)
10,000 LF
x

Name of Registered Waste Hauler
Service Transport Group, Inc.

NJDEP Waste Hauler ID No.
20990

Cubic Yards of Waste
200

Name of Registered Landfill
Minerva Enterprises, LLC

City, State
Waynesburg, Ohio

Disposal Date
TBD

Completed by
Predrag Sarcev
Title
Vice President

Signature

Date
9/30/2016

* 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): 10/05/16

Name of Building Owner/Operator (2): Robert V. Thum

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

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

Street Address: [Redacted]

City, State, Zip Code: Franklin Lake, NJ

Name of Contact: 

Telephone Number: 

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Robert V. Thum

Street Address: [Redacted]

City (5): Franklin Lake

County (6): Bergen County

County Code (7) (STATE USE ONLY): 

Current Use (Prior if being demolished): 

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

Name of Abatement Contractor (9): Pro Abatement

Street Address: 1009 87th Street Suite A4

City, State, Zip Code: North Bergen, NJ 07047

Project Manager for Monitoring Firm: 

Telephone No.: 201-293-8305

License No.: 01223

Start Date (10): 10/26/15

Scheduled Completion Date (11): 11/09/16

Occupy 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 Renovation  
- X 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): 

Amount (Specify SF or LF): 123 SF 

Abatement Type:  

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

Entrance Area: VAT 

Name of Registered Waste Hauler: NEWARK CARTING

NJDEP Waste Hauler ID No.: 04509

Cubic Yards of Waste:  

Name of Registered Landfill: WASTE MANAGEMENT GROWS N.

City, State: HILLSIDE, NJ

Disposal Date: 

City, State: MORRISVILLE PA

Completed by: Bryan Parra

Title: Project Manager

Signature: [Signature]

Date: 10/05/16

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>10-4-16</th>
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<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>HARBAUGH DEVELOPERS</td>
</tr>
<tr>
<td>Street Address</td>
<td>318 GLASSBORO RD</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>WOODBURY HEIGHTS N. J 08097</td>
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<tr>
<td>Name of Contact</td>
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**FACILITY INFORMATION**

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<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>RESIDENCE</th>
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<tbody>
<tr>
<td>Street Address</td>
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<tr>
<td>City (5)</td>
<td>STONE HARBOR</td>
</tr>
<tr>
<td>County (6)</td>
<td>CAPE MAY</td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>KLEEMCO INC</td>
</tr>
<tr>
<td>Street Address</td>
<td>369 S. SPRUCE AVE</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>MAPLE SHADE N. J 08052</td>
</tr>
<tr>
<td>Telephone No</td>
<td>856-779-0472</td>
</tr>
<tr>
<td>License No</td>
<td>00444</td>
</tr>
</tbody>
</table>

**Start Date (10)**

| 10-18-16 |

**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)**

- [ ] Demolition
- [ ] Renovation
- [ ] ≥3 sf or ≥3 ft
- [ ] ≥160 sf or ≥2260 sf

**Name of Registered Waste Hauler**

| KLEEMCO INC |

**Cubic Yards of Waste**

| 5 YDS |

**Name of Registered Landfill**

| C. M. C. M. U. 14 |

**Disposal Date**

| 10-4-16 |

**Additional Information**

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

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

| IN Facility (13) |
| SILING |

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

- **Transite**: 2000 SF X

**Name of Registered Waste Hauler**

| KLEEMCO INC |

**Disposal Date**

| 10-4-16 |

---

*Do not use this form for asbestos licensure exempted activities.*
<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>10-4-16</th>
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</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>HAIBAUGH DEVELOPERS</td>
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<tr>
<td>Street Address</td>
<td>318 GLASSBROD RD</td>
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<tr>
<td>City, State, Zip Code</td>
<td>WOODBURY HEIGHTS N.J 08097</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>SAME</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

| Name of Facility Where Abatement is Taking Place (3) | RESIDENCE |
| City (5) | STONE HARBOR |
| County (6) | CAPE MAY |
| Name of Monitoring Firm Hired by Building Owner (8) | N/A |
| ASCM No | Name of Abatement Contractor (9) | KLEEMCO INC |
| Street Address | Street Address | 369 S. SPRUCE AVE |
| City, State, Zip Code | City, State, Zip Code | MAPLE SHADE N.J 08052 |
| Project Manager for Monitoring Firm | Telephone No. | 856-719-0472 |
| License No. | 00444 |
| Start Date (10) | 10-12-16 |
| Scheduled Completion Date (11) | 10-24-16 |
| Occupancy Status During Abatement (Check only one) | N/A |
| Facilities Closed/Vacated | N/A |
| Abatement Performed Outside of Normal Facility Hours | N/A |
| Scope of Work (Check all that apply) | |
| Renovation | |
| Demolition | |
| Asbestos-Containing Material (ACM) TO BE ABATED | |
| IN Facility | |
| Yes | No | N/A |
| Texas | TRANSITE | 2500 SE |
| 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 | KLEEMCO INC |
| City, State | MAPLE SHADE N.J |
| Disposal Date | 5/04/14 |
| Name of Registered Landfill | C. W. M. C. M. U. A |
| City, State | WOODBURY N.J |
| Completed By | SUPER |
| Signature | Michael Kleem |
| Date | 10-4-16 |

* Do not use this form for asbestos licensure exempted activities.
State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12:120-7)
NON Sub 8

B & G proj. #: 2016-150
Check # 8046

Date of Notification (1)
[1 0 1 0 / 1 0 / 6 / 1 1 / 6]

Agencies Notified
- EPA
- DEP
- DOL (Amendment)
- DOH
- DCA

Type of Notification
- Initial
- Amendment
- Cancellation

Name of Building Owner/Operator (2)
Atlantic Health System

Street Address
100 Madison Avenue
Morristown, NJ 07960

Name of Contact
Peter Palmer

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
Morristown Medical Center, Franklin wing exterior

Street Address
100 Madison Avenue

City (6) County (6) County Code (7) (State use only)
Morristown Morris

Name of Monitoring Firm Hired by Bldg. Owner (8)
T&M Associates

ASCN No.
0145

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

Square Feet

# of Floors

Bldg. Age

Current Use (Prior to being demolished)
Hospital (non sub 8)

Name of Abatement Contractor (9)
B & G Restoration, Inc.

Street Address
105 Ryerson Road
Lincoln Park, NJ 07035

Telephone Number
(973)696-8889

License Number
00378

Name of OSHA Monitor
B & G Restoration, Inc.

Street Address
105 Ryerson Road
Lincoln Park, NJ 07035

Occuancy Status During Abatement (Check only one)
- Facility closed/vacated during entire period of abatement.
- Abatement performed outside of normal facility hours.
- Other-Describe: Work shift 4:00am - 12:30am

Sched. Start Date (10)
10/17/2016

Sched. Completion Date (11)
01/17/2017

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

Location of asbestos-containing material 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)
- black asphaltic felt paper 120 sf

Amount (Specify SF or LF)

Removal
- Full Containment w/generative pressure
- Glovebag procedure
- Mini-enclosure
- Non-Friable procedure

Encapsulation
- 
- 
- 
- 

Registered Waste Hauler
B & G Restoration, Inc.
NJDEP Hauler ID # 19563

Cubic Yards of Waste
3

Name of Registered Landfill
Tullytown Resource & Recovery Center

City, State
Lincoln Park, NJ

Disposal Date
10/17/16 - 01/17/17

Completed by (Print or Type)
Gordana Luna
Title
Secretary/Treasurer

Signature
Gordana Luna
Date
10/06/2016
**State of NJ**
**Notification of Asbestos Abatement**
(Pursuant to NJAC 8:60-7 and 12:120-7)

***Sub 8***

**Check # 8047**

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<th>Name of Building Owner/Operator (2)</th>
<th>Township of Woodbridge</th>
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<th>Agencies Notified</th>
<th>Type Notification</th>
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<tbody>
<tr>
<td>□ EPA</td>
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<td>□ DEP</td>
<td>Amendment</td>
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<td>X DOL</td>
<td>Amendment</td>
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<td>□ DOH</td>
<td>Cancellation</td>
</tr>
<tr>
<td>□ DCA</td>
<td></td>
</tr>
</tbody>
</table>

**Facility Information**

Name of facility where abatement is taking place (3)

Henry Inman Library Branch

Street Address
607 Inman Avenue

City (4) Colonia

County (6) Middlesex

County Code (7) (State use only)

Name of Monitoring Firm Hired by Bldg. Owner (8)
T&M Associates

T&M Associates

ASCM No. 0145

Street Address

11 Tindall Road

City, State, Zip Code Middletown, NJ 07748

Project Manager for Monitoring Firm

Kevin Burns

Scheduled Start Date (10)

10/17/2016

Scheduled Completion Date (11)

10/21/16

Occupancy Status During Abatement (Check only one)

☑ Other—Describe: work shift 4:00pm - 12:30am

Full Containment w/h Negative Pressure

Mini-Enclosure

Non-Friable Procedure

□ Demolition

□ >2 sf or >2 if

□  >160 sf or >260 if

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

Attic

Yes

piping fittings w/assoc glass pipe insul

70 if

□ Attic

□ Boiler room

□ Attic

Location normally used solely by maintenance/custodial staff (12)

Description of asbestos-containing material (ACM)

Amount (Specify SF or LF)

Removal

Repair

Encap

ENCL

□ Attic

□ Boiler room

□ Attic

Registered Waste Hauler

B & G Restoration, Inc.

NJDEP Hauler ID# 19563

3 Cubic Yards of Waste

Name of Registered Landfill

Tullytown Resource & Recovery Center

City, State

Lincoln Park, NJ

Disposal Date

10/17/16 - 10/21/16

Completed by (Print or Type)

Gordana Luna

Title

Secretary/Treasurer

Signature

Date

10/06/2016
State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:80-7 and 12:120-7)

B & G proj. #: 2016-149

Date of Notification (1)
1/10/2016

Name of Building Owner/Operator (2)
Dara Marks

Street Address

City, State, Zip Code
Glen Ridge, NJ 07028

Name of Contact
Dara Marks

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
Dara Marks

Street Address

City, State, Zip Code
Glen Ridge, NJ 07028

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

ASCM No.
n/a

Type of Facility (4)

Current Use (Prior if being demolished)

residential

Name of Abatement Contractor (9)
B & G Restoration, Inc.

Street Address
105 Ryerson Road

City, State, Zip Code
Lincoln Park, NJ 07035

Name of OSHA Monitor
B & G Restoration, Inc.

Street Address
105 Ryerson Road

City, State, Zip Code
Lincoln Park, NJ 07035

Scheduled Start Date (10)
10/19/2016

Sched. Completion Date (11)
10/20/2016

Occupancy Status During Abatement (Check only one)
X Facility closed/vacated during entire period of abatement.

Describe:

Scope of Work (check all that apply)

Demolition

X >3 sf or >3 if

≥160 sf or ≥260 ft

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

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

Yes  No  N/A

main room, back room, hallway  X  pipe insulation  16 if

basement  X  pipe  35 ft

Registered Waste Hauler
B & G Restoration, Inc.

NJDEP Hauler ID 1963

Cubic Yards of Waste
1

Name of Registered Landfill
Tultytown Resource & Recovery Center

City, State
Lincoln Park, NJ

Disposal Date
10/20/2016

Completed by (Print or Type)
Gordana Luna

Title
Secretary/Treasurer

Signature

Date
10/07/2016
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)
09 / 28 / 16

Name of Building Owner/Operator (2)
Township of Little Falls

Agencies Notified
☐ EPA
☐ DOL, WD
☐ DOH
☐ DCA
(NJAC 5:23-8)

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

Street Address
225 Main Street

City, State, Zip Code
Little Falls, NJ 07424

Name of Contact
Cynthia Kraus

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement Is Taking Place (3)
Residential

Street Address

City (5)
Little Falls, NJ

County (6)
Passaic

County Code (7) [STATE USE ONLY]

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8)
Bio Terra Solutions

ASCM No.

Name of Abatement Contractor (9)
ALL PRO MANAGEMENT LLC

Street Address
P.O. Box 1224

City, State, Zip Code
Union, NJ

Telephone No.
973-949-3762

License No.
1188

Name of OSHA Monitor
ALL PRO MANAGEMENT LLC

Project Manager for Monitoring Firm
Rick Eustaquio

Telephone No.
973-928-4888

Start Date (10)
07 / 10 / 16

Scheduled Completion Date (11)
23 / 11 / 16

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)
☐ ≥ 33 sf or ≥ 3 floors
☐ ≥ 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
IN Facility (13)

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

Exterior
Transite Siding

Amount (Specify SF or LF)
2,800 SF

Name of Registered Waste Hauler
Century Waste Services LLC

Cubic Yards of Waste
As Needed

Name of Registered Landfill
IESI Bethlehem Landfill

City, State
Elizabeth, NJ

Disposal Date
TBD

City, State
Bethlehem, PA

Completed By (Print or Type)
Zvonko Veskov

Title
President

Signature

Date
9/28/16

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

**State of New Jersey**

**Name of Building Owner/Operator:** Township of Little Falls

**Name of Contact:** Cynthia Kraus

**FACILITY INFORMATION**

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

**Street Address:** 225 Main Street

**City, State, Zip Code:** Little Falls, NJ 07424

**Nature of Facility:**
- [ ] School (K-12)
- [ ] Subchapter 6 (Other than K-12)
- [ ] Other (i.e., private and commercial buildings, homes, etc.)

**Type of Facility:**
- [ ] Residential
- [ ] Commercial
- [ ] Industrial

**Square Feet:**

**# of Floors:**

**Bidg. Age:**

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

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

**Name of Monitoring Firm HIred by Building Owner:**
- **Bio Terra Solutions**

**ASCM No.:** ALL PRO MANAGEMENT LLC

**Street Address:**

**City, State, Zip Code:**

**Type of Abatement Contractor:**

**Telephone No.:** 973-494-3762

**License No.:** 1188

**Name of OSHA Monitor:**

**Street Address:** 27 Outwater Lane

**City, State, Zip Code:**

**Scope of Work (Check all that apply):**
- [ ] 33 sf or 331
- [ ] 160 sf or 1601

**Time of Abatement:** AM

**Description of Asbestos-Containing Material (ACM):**
- [ ] Transite Siding

**Amount (Specify SF or LF):** 2,800 SF

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

**Rehabilitation:**
- [ ] Yes
- [ ] No
- [ ] N/A

**Exterior:**

**Name of Registered Waste Hauler:**

**Disposal Date:** TBD

**Name of Registered Landfill:**

**City, State:**

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

**Title:** Project Manager

**Signature:**

**Date:** 10/5/16

---

*Do not use this form for asbestos licensure-exempted activities.*
Date of Notification (1)  10  /  5  /  16  
Name of Building Owner/Operator (2)  PSEG  

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

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

Street Address  80 Park Plaza  
City, State, Zip Code  
Newark, NJ  07102  

Name of Contact  CIO Thomas Savage  
Telephone Number  

Name of Facility Where Abatement is Taking Place (3)  
PSEG Nuclear  
Street Address  End of Alloway Creek Neck Rd.  
City (5)  Hancocks Bridge  
County (6)  Salem  
County Code (7)  

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

Name of Abatement Contractor (9)  BRISTOL ENVIRONMENTAL, INC.  
Street Address  1123 BEAVER STREET  
City, State, Zip Code  
BRISTOL, PA  19007  

Project Manager for Monitoring Firm  
Telephone No.  215-788-6040  
License No.  00509  

Start Date (10)  10  /  17  /  16  
Scheduled Completion Date (11)  11  /  3  /  16  

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 if  
☐ ≥160 sf or ≥260 if  
☐ Renovation  
☐ Demolition  
☐ Full Containment with Negative Pressure  
☐ Mini-Enclosure  
☐ Glovebag Procedure  
☐ Non-Exempted (*) and Non-Friable Procedure  

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)  
Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)  
Yes  No  N/A  

Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)  
Amount (Specify SF or LF)  
Abatement Type  
Removal  Repair  Encapsulate  Enclosure  

Hope Creek Cooling tower  ☐  ☐  ☒ Transite panels  1000 SF  ☐  ☐  ☐  ☐  
Genreal Area beneath tower  ☐  ☐  ☒ Transite debris clean up  1500 SF  ☐  ☐  ☐  ☐  

Name of Registered Waste Hauler  C&H Disposal Service Inc.  
NJDEP Waste Hauler ID No.  7903  
Cubic Yards of Waste  15  
Name of Registered Landfill  
Salem Co Improve. Auth. Solid Waste Div  
Disposal Date  11/3/16  
City, State  Elmer, NJ  
Alloway, NJ  

Completed By (Print or Type)  Gino Pizzigoni  
Title  Estimator  
Signature  
Date  10/5/16  

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

**Date of Notification (1)** 10 / 7 / 16

**Name of Building Owner/Operator (2)** Armenian Nursing & Rehabilitation Center Job #1610-2129 Chk. #4494

**Name of Building Owner/Operator** Matthew Russo

**Address**
- **Street Address**: 70 Main Street
- **City, State, Zip Code**: Emerson, NJ 07630

**Telephone Number**

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)** Armenian Nursing & Rehabilitation Center

**Street Address**
- **70 Main Street**
- **City, State, Zip Code**: Emerson, NJ 07630

**Current Use** (Prior to if being demolished)
- **Vacant**

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

**Square Feet**
- **46,000**

**# of Floors**
- **1**

**Bldg. Age**
- **51 years**

**Name of Abatement Contractor (9)** Asbestos and Mold Services, Corp.

**Street Address**
- **3855 Sylon Boulevard**
- **City, State, Zip Code**: Hainesport, NJ 08036

**Telephone No.**
- **609-702-0400**

**License No.**
- **00862**

**Name of OSHA Monitor** EMSL Analytical, Inc.

**Street Address**
- **200 U.S. Route 130 North**
- **City, State, Zip Code**: Cinnaminson, NJ 08077

**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)**
- **Floor Tile**: 800 SF
- **Black Flashing**: 152 LF

**Abatement Type**
- **Removal**
- **Repair**
- **Encapsulate**

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

<table>
<thead>
<tr>
<th>Location of ACM</th>
<th>Is Location 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>
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<td>Interior</td>
<td>Yes</td>
<td>No</td>
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<td>Black Flashing</td>
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**Name of Registered Waste Hauler**
- **TBD**

**Cubic Yards of Waste**
- **5**

**Name of Registered Landfill**
- **GROWS Landfill**

**Disposal Date**
- **10/20/16**

**Name of Contact**
- **Matthew Russo**

**Title**
- **Office Coordinator**

**Date**
- **10-7-2016**

**Complied By (Print or Type)**
- **Kimberly A. Trumbetti**

**Signature**

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

Date of Notification (1)
10 / 30 / 15

Name of Building Owner/Operator (2)
Johns Manville Corp. / Job #1510-2035 Chk. NA

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

Type Notification
☑ Initial
☑ Amended
☑ Amendment #10
☑ Emergency (including justification)
☑ Cancellation

Street Address
717 17th Street

City, State, Zip Code
Danver, CO 80217

Name of Contact
Anthony Volkens

Telephone Number

FACILITY INFORMATION

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

Street Address
437 North Grove Street

City (5)
Berlin

County (8)

Name of Monitoring Firm Hired by Building Owner (9)
One Source Safety & Health

ASCM No.

Name of Abatement Contractor (10)
Asbestos and Mold Services, Corp.

Street Address
3859 Sylvon Boulevard

City, State, Zip Code
Hainesport, NJ 08036

Project Manager for Monitoring Firm
Brian Hovendin

Telephone No.
610-524-5525

License No.
00862

Current Use (Prior if being demolished)
Warehouse

Square Feet
665,000 SF

# of Floors
1

Bldg. Age
52

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

Scope of Work (Check all that apply)
☑ ≥ 3 s f or ≥ 3 If
☑ ≥ 160 sf or ≥ 260 If

Renovation
Demolition

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

Yes No N/A

Warehouse Roof

Roofing

Transite Decking

Transite Flues

Amount (Specify SF or LF)

9,000 SF

9,000 SF

6 ea

Name of Registered Waste Hauler
Freehold Cartage, Inc.

NJDEP Waste Hauler ID No.
02265

Cubic Yards of Waste
10

Name of Registered Landfill
GROWS Landfill

City, State
Freehold, NJ

Completed By (Print or Type)
Kimberly A. Trumbell

Title
Office Coordinator

Signature

Date
1/1/16

Endorse

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:50 and 5:16)

Date of Notification (1)  
9 / 20 / 16

Name of Building Owner/Operator (2)  
Metro Self Storage Wood Ridge, LLC / Job #1609-2122 - Chk. #4493

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

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

Street Address  
13528 West Boulton Boulevard

City, State, Zip Code  
Lake Forest, Illinois 60045

Name of Contact  
Tom Fraser

Telephone Number

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

Street Address  
765 Route 17 North

City (5)  
Carlstad

County (6)  
Bergen

County Code (7)(STATE USE ONLY)  
56,221

Square Feet  
56,221

# of Floors  
2

Bidg. Age  
50 +

Current Use (Prior if being demolished)  
Vacant

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

ASCM No.  

Name of Abatement Contractor (9)  
Asbestos and Mold Services, Corp.

Street Address  
PO Box 316

City, State, Zip Code  
Thorofare, NJ 08086

Project Manager for Monitoring Firm  
Dave or Steve Flanigan

Telephone No.  
856-848-0800

Telephone No.  
609-702-0400

License No.  
00862

Name of OSHA Monitor  
EMSL Analytical, Inc.

Street Address  
200 U.S. Route 130 North

City, State, Zip Code  
Cinnaminson, NJ 08077

Start Date (10)  
10 / 5 / 16

Scheduled Completion Date (11)  
11 / 22 / 16

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
- ≥160 sf or ≥280 If
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

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

- Yes
- No
- N/A

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

Amount (Specify SF or LF)  

Abatement Type  
Removal
Repair
Encapsulate
Endorse

Exterior Main Building  
Transite Roof Panels  
18,000 SF

Exterior Shed  
Transite Siding  
2,400 SF

Exterior Main Building  
Transite Siding  
2,800 SF

Hallway  
Joint Compound  
3,500 SF

Name of Registered Waste Hauler To Be Determined  
NJDEP Waste Hauler ID No.

Cubic Yards of Waste  
30

Name of Registered Landfill To Be Determined

City, State  

Disposal Date  
11/22/16

City, State

Completed By (Print or Type)  
Kimberly A. Trumbetti

Title  
Office Coordinator

Signature

Date  
10-7-2014

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

Date of Notification (1) 9 / 20 / 16
Name of Building Owner/Operator (2) Metro Self Storage Wood Ridge, LLC / Job #1609-2122 Chk. #4493

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

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

Street Address
13528 West Boulton Boulevard
City, State, Zip Code
Lake Forest, Illinois 60045

Name of Contact
Tom Fraser
Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Rudox
Street Address
785 Route 17 North
City (5)
Carlstadt
County (6)
Bergen
County Code (7) (STATE USE ONLY)

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

Name of Abatement Contractor (9)
Asbestos and Mold Services, Corp.

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

Square Feet
56,221
# of Floors
2
Bldg. Age
50+

Current Use (Prior to being demolished)
Vacant

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

Scope of Work (Check all that apply)
- ≥3 sf or ≥3 ft
- ≥150 sf or ≥260 ft
- Renovation
- Demolition

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

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

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

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

Amount (Specify SF or LF)

Abatement Type
Removal
Repair
Encapsulate
Endoscope

Shop & Locker Room Windows
- Glazing
- 4,000 LF

1st Floor Hall Closet
- Elbows & Fittings w insulation
- 2 LF

2nd Floor Hallway & Office #8
- Floor Tile
- 350 SF

1st Floor Hallway & Office #9
- Floor Tile & Mastic
- 1,450 SF

Name of Registered Waste Hauler To Be Determined
NJDEP Waste Hauler ID No.
Cubic Yards of Waste

Name of Registered Landfill To Be Determined

City, State
Disposal Date
Completion Date
11/22/16

Completed By (Print or Type)
Kimberly A. Trumbetti
Title
Office Coordinator
Signature
Date
10-7-16

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