**NOTIFICATION OF ASBESTOS ABATEMENT**

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
<th>Agencies Notified (6)</th>
<th>Type Notification (8)</th>
</tr>
</thead>
<tbody>
<tr>
<td>9-2-14</td>
<td>BUD'S GRADING &amp; EXCAVATING</td>
<td>OSHA</td>
<td>Final</td>
</tr>
<tr>
<td></td>
<td></td>
<td>EPA</td>
<td>Final</td>
</tr>
<tr>
<td></td>
<td></td>
<td>DEP</td>
<td>Final</td>
</tr>
<tr>
<td></td>
<td></td>
<td>DOL</td>
<td>Final</td>
</tr>
<tr>
<td></td>
<td></td>
<td>DCA</td>
<td>Final</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Owner Address</th>
<th>Street Address</th>
<th>City (7)</th>
<th>County (8)</th>
</tr>
</thead>
<tbody>
<tr>
<td>122 W. YOUNGS AVE</td>
<td>109 FULLING MILL RD</td>
<td>WILDWOOD</td>
<td>CAPE MAY</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Type of Facility (4)</th>
<th>County Code (?)</th>
<th>I STATE USE ONLY?</th>
<th>Current Use (Prior it being demolished)</th>
</tr>
</thead>
<tbody>
<tr>
<td>RESIDENCE</td>
<td></td>
<td></td>
<td>VACANT</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>856-779-0472</td>
<td>00144</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date (9)</th>
<th>Scheduled Completion Date (10)</th>
<th>Name of OSHA Monitor (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>9/16/14</td>
<td>9/23/14</td>
<td>JOSPEH KLEMM</td>
</tr>
</tbody>
</table>

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

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

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

- Air Monitoring
- Demolition
- Full Containment with Negative Pressure
- Manual Enclosure
- Glovebox Procedure
- Non-Exempted (*) and Non-Final Procedure

<table>
<thead>
<tr>
<th>Location of AsbestosContaining Material (ACM) TO BE ABRATED in Facility (13)</th>
<th>Full Containment</th>
<th>Manual Enclosure</th>
</tr>
</thead>
<tbody>
<tr>
<td>SIDING</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler (14)</th>
<th>NOOPE Waste Hauler D No. (15)</th>
<th>Cubic Yards of Waste (16)</th>
<th>Name of Registered Landfill (17)</th>
</tr>
</thead>
<tbody>
<tr>
<td>KLROMO INC.</td>
<td>3799</td>
<td>0</td>
<td>C.M.C., M.U.A.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Completed By**

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>JOSPEH KLEMM</td>
<td>OWNER</td>
<td></td>
</tr>
</tbody>
</table>

**Date**

- 9-2-14

---

*Do not use this form for asbestos licensure exempted activities*
Date of Notification (1): September 03, 2014  
Name of Building Owner/Operator (2): Ortho Diagnostic / Johnson & Johnson  
Street Address: 920 / 1001 Route 202, PO Box 300  
City, State, Zip Code: Raritan, NJ 08869  
Telephone Number:  

Name of Facility Where Abatement is Taking Place (3): Ortho Diagnostic / Johnson & Johnson  
Street Address: 920 / 1001 Route 202  
City (5): Raritan, NJ  
County (6): Somerset  
County Code (7) (STATE USE ONLY):  

Name of Monitoring Firm Hired by Building Owner (8): Bulava Environmental, Inc.  
Street Address: 12 Kilmer Drive  
City, State, Zip Code: Hillsborough, NJ 08844-3830  
Telephone No.: 908-874-8207  
Start Date (10): 5/17/14  
Scheduled Completion Date (11): 5/17/15  

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED:  
- Bld 1003 Mechanical Room  
- Bld 1003 1st Fl Bathroom  
- OCD Tunnel #1  
- OCD Basement A Building  

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

Description of Asbestos-Containing Material (ACM):  
- fittings & asbestos pipe  
- fittings  
- fittings & asbestos pipe  
- asbestos pipe  

Amount (Specify SF or LF):  
- 35 lf  
- 26  
- 773 lf  
- 200 lf  

Type of Abatement:  
- Full Containment with Negative Pressure  
- Encapsulation  
- Repair  
- Demolition  
- Dispose  

Name of Registered Waste Hauler: Freehold Cartage  
City, State: Freehold, NJ  
Waste Hauler ID No.: 22253  
Cubic Yards of Waste: 10.3  
Disposal Date: 5/17/15  
Name of Registered Landfill: BFI Imperial Landfill  
City, State: Imperial, PA 15126  
Date: 9/3/14  

Signature: [Signature]  
Title: President  
Name: Michael Cooper  
Address: Freehold Cartage, Freehold, NJ  

* Do not use this form for asbestos licensure exempted activities.
<table>
<thead>
<tr>
<th><strong>Date of Notification (1)</strong></th>
<th><strong>Name of Building Owner/Operator (2)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>May 08, 2014</td>
<td>Ortho Diagnostic / Johnson &amp; Johnson</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Agencies Notified</strong></th>
<th><strong>Type Notification</strong></th>
<th><strong>Address</strong></th>
<th><strong>City, State, Zip Code</strong></th>
<th><strong>Name of Contact</strong></th>
<th><strong>Telephone Number</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
<td>920 / 1001 Route 202, PO Box 300</td>
<td>Raritan, NJ 08869</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DEP</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DOL</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DOH</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DCA</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>FACILITY INFORMATION</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Name of Facility Where Abatement is Taking Place (3)</strong></td>
</tr>
<tr>
<td>Ortho Diagnostic / Johnson &amp; Johnson</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Street Address</strong></th>
<th><strong>County Code (7)</strong></th>
<th><strong>Square Feet</strong></th>
<th><strong># of Floors</strong></th>
<th><strong>Bldg Age</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>920 / 1001 Route 202</td>
<td>Somerset</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Raritan, NJ</td>
<td>08869</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Somerset:</strong></th>
<th><strong>Asbestos Contractor (9)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Bulava Environmental, Inc.</td>
<td>The MACK Group, LLC.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Street Address</strong></th>
<th><strong>City, State, Zip Code</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>12 Kilmer Drive</td>
<td>Cherry Hill, NJ 08034</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Project Manager for Monitoring Firm:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Edward J. Bulava</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Telephone No.</strong></th>
<th><strong>License No.</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>908-874-6207</td>
<td>(973) 759 - 5000</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Name of OSHA Monitor:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>The MACK Group, LLC.</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th><strong>Scope of Work (Check All That Apply):</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>≥3 sf or ≥3 If</td>
</tr>
<tr>
<td>≥160 sf or ≥260 If</td>
</tr>
<tr>
<td>Renovation</td>
</tr>
<tr>
<td>Demolition</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Location of Asbestos-Containing Material (ACM) TO BE ABATED:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Bld 1003 Mechanical Room</td>
</tr>
<tr>
<td>Bld 1003 1st Fl. Bathroom</td>
</tr>
<tr>
<td>OCD Tunnel #1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Description of Asbestos Containing Material (ACM):</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>fittings &amp; asbestos pipe</td>
</tr>
<tr>
<td>fittings</td>
</tr>
<tr>
<td>fittings &amp; asbestos pipe</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Amount (Specify SF or LF):</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>35 lf</td>
</tr>
<tr>
<td>26</td>
</tr>
<tr>
<td>773 lf</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Name of Registered Landfill:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>BFI Imperial</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Cubic Yards of Waste:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>8.3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Name of Registered Waste Hauler:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Freehold Cartage</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>City, State:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Freehold</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Disposal Date:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>5/17/15</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Name of Registered Waste Hauler:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>NJ DEP Waste Hauler ID No. 22253</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Completed by:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Michael Cooper</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Title:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>President</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Signature:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>5/8/14</td>
</tr>
</tbody>
</table>

* Do not use this form for asbestos licensure exempted activities.
Date of Notification (1)  
June 06, 2014

Name of Building Owner/Operator (2)  
Ortho Diagnostic / Johnson & Johnson

Agency Notified  
☐ EPA  
☐ DEP  
☐ DOL  
☐ DOH  
☐ DCA

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

Street Address  
920 / 1001 Route 202, PO Box 300

City, State, Zip Code  
Raritan, NJ 08869

Name of Contact  

Telephone Number  

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  
Ortho Diagnostic / Johnson & Johnson

Street Address  
920 / 1001 Route 202

City (5)  
Raritan, NJ

County (6)  
Somerset

County Code (7)  
(State Use Only)

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 ac
☐ ≥1,500 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)  

<table>
<thead>
<tr>
<th>Bld 1003 Mechanical Room</th>
<th>Bld 1003 1st Fl. Bathroom</th>
<th>OCD Tunnel #1</th>
<th>OCD Basement A Building</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Bld 1003 Mechanical Room</th>
<th>Bld 1003 1st Fl. Bathroom</th>
<th>OCD Tunnel #1</th>
<th>OCD Basement A Building</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Bld 1003 Mechanical Room</th>
<th>Bld 1003 1st Fl. Bathroom</th>
<th>OCD Tunnel #1</th>
<th>OCD Basement A Building</th>
</tr>
</thead>
<tbody>
<tr>
<td>fittings &amp; asbestos pipe</td>
<td>fittings</td>
<td>fittings &amp; asbestos pipe</td>
<td>asbestos pipe</td>
</tr>
<tr>
<td>35 lf</td>
<td>26</td>
<td>773 lf</td>
<td>200 lf</td>
</tr>
</tbody>
</table>

Project Manager  
Edward J. Bulava

Telephone No.  
908-874-6207

License No.  
(973) 759 - 5000 00781

Name of OSHA Monitor  
The MACK Group, LLC.

Name of Registered Waste Hauler  
Freehold Cartage

City, State  
Freehold, NJ

Disposal Date  
5/17/15

Date  
6/6/14

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

Date of Notification (1)
August 01, 2014

Name of Building Owner/Operator (2)
Ortho Diagnostic / Johnson & Johnson

Agencies Notified

- [ ] EPA
- [x] DEP
- [x] DOL
- [ ] DOH
- [ ] DCA

Type Notification

- [x] Initial
- [ ] Amended
- [ ] Amendment #2
- [ ] Emergency (including justification)
- [ ] Cancellation

Street Address
920 / 1001 Route 202, PO Box 300

City, State, Zip Code
Raritan, NJ 08869

Telephone Number
(732) 795-1089

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Ortho Diagnostic / Johnson & Johnson

Street Address
920 / 1001 Route 202

City (5)
Raritan, NJ

County (6)
Somerset

Current Use (Prior if being demolished)
Facility

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

Street Address
12 Kilmer Drive

City, State, Zip Code
Hillsborough, NJ 08844-3830

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

Street Address
1500 Kings HWY N, STE 209

City, State, Zip Code
Cherry Hill, NJ 08034

License No.
00781

Start Date (10)
5/17/14

Scheduled Completion Date (11)
5/17/15

Type of Facility (4)
- [ ] School (K-12)
- [x] Other (i.e. private & commercial buildings, homes, etc.)

Square Feet
3

Bldg. Age

Facility Closed/Vacated During Entire Period of Abatement
- [ ] Yes
- [ ] No
- [ ] N/A

Abatement Performed Outside of Normal Facility Hours
- [ ] Yes
- [ ] No
- [ ] N/A

Other - Describe:

Occuancy Status During Abatement (Check Only One)
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

Scope of Work (Check All That Apply)
- [ ] ≥3 sf or ≥3 l.f.
- [ ] ≥160 sf or ≥260 l.f.
- [ ] Renovation
- [x] Demolition

ISO 18181 (12)

Bld 1003 Mechanical Room

Is Location Normally Used Solely by Maintenance/Custodial Staff?
- [x] Yes
- [ ] No
- [ ] N/A

Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)
- [ ] fittings & asbestos pipe
- [ ] fittings
- [ ] fittings & asbestos pipe
- [ ] asbestos pipe

Amount (Specify SF or LF)
35 l.f.
26
773 l.f.
200 l.f.

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

Name of Registered Waste Hauler
Freehold Cartage

Waste Hauler ID No.
22253

Cubic Yards of Waste
10.3

Name of Registered Landfill
BFI Imperial Landfill

City, State
Freehold, NJ

Disposal Date
5/17/15

City
Imperial

State
PA

Signature
Michael Cooper

Date
8/1/14

* 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>OCD Tunnel #2</td>
<td>No</td>
<td>asbestos pipe</td>
<td>300 lf</td>
<td>Removal</td>
</tr>
<tr>
<td>Bldg 1003 Facilities Department</td>
<td>No</td>
<td>pipe insulation</td>
<td>119 lf</td>
<td>Removal</td>
</tr>
<tr>
<td>.&quot;.&quot;</td>
<td>No</td>
<td>fittings</td>
<td>13</td>
<td>Removal</td>
</tr>
</tbody>
</table>
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:80 and 12:120)

Date of Notification (1) 09/02/2014
Name of Building Owner/Operator (2) 1500 TEANECK ROAD, LLC

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

Street Address 173 BRIDGE PLAZA NORTH
City, State, Zip Code FORT LEE, NJ 07024

Name of Contact JOSHUA SLEETIAN
Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Street Address 1500 TEANECK ROAD
City (5) TEANECK
County (6) BERGEN

Name of Monitoring Firm Hired by Building Owner (8)
CONSULTING & TESTING SERVICES, INC (CTSI) 09109
Name of Abatement Contractor (9) FAL ENVIRONMENTAL SERVICES

Square Feet 100,000 # of Floors 3 Bldg. Age 50+
Current Use (Prior if being demolished) VACANT (PRIOR USE COMMERCIAL)

Street Address 237 WEST 35TH STREET SUITE 805
City, State, Zip Code NEW YORK, NY 10001
Project Manager for Monitoring Firm
FARHOOO SSMALIE
Telephone No. 212-929-3451
Start Date (10) 09/16/2014 Scheduled Completion Date (11) 12/16/2014

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

Scope of Work (Check All That Apply)
☐ ≥3 sf or ≥3 if
☐ ≥160 sf or ≥260 if
☐ Renovation
☐ Demolition
☒ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glueless 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? (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

Location of Registered Waste Hauler
ATC/TST

Cubic Yards of Waste
200

Disposal Date 09/20/2014
City, State SHIRLEY, NY 11967/BRONX, NY 10464

Completed by ANN ALLI
Title ADMINISTRATIVE
Signature

ASB-41 (R-08-06)

Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:50 and 12:120)

Date of Notification (1) 08/27/2014

Name of Building Owner/Operator (2) 1500 TEANECK ROAD, LLC

Agencies Notified Type Notification Street Address 171 BRIDGE PLAZA NORTH
☐ EPA Initial CITY, STATE, ZIP CODE FORT LEE, NJ 07024
☐ DEP Amended ☐ DOL Amendment # 1
☐ DOH ☐ DCA ☐ Emergency (including justification)
☐ Consolidation ☐ Telephone Number

Name of Contact JOSHUA SLEPIAN

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Street Address 1500 TEANECK ROAD

City (5) TEANECK

County (6) BERGEN

County Code (7) NJ

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

CONSULTING & TESTING SERVICES, INC (CTSI)

P&L ENVIRONMENTAL SERVICES

Street Address 2317 WEST 35TH STREET SUITE 805

City, State, Zip Code NEW YORK, NY 10001

License No. 00853

Telephone No. 718-349-0900

Name of OSHA Monitor MARTIN MCREA

Start Date (10) 09/16/2014

Scheduled Completion Date (11) 12/16/2014

Occupancy Status During Abatement (Check Only One)

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

Street Address 714 KENNEDY BLVD

City, State, Zip Code BAYONNE, NJ 07002

Scope of Work (Check All That Apply)

☐ 23 sq ft or 25 if ☐ Renovation ☐ Full Containment with Negative Pressure
☐ 4240 sq ft or 2600 if ☐ Demolition ☐ Mini-Enclosure
☐ ☐ Gluebag Procedure
☐ ☐ Non-Exempted (*) and Non-Friable Procedure

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

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

Location

Yes No N/A

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

Amount (Specify SF or LF)

Abatement Type

Removal

Repair

Encapsulate

Endorse

Name of Registered Waste Hauler

NJDEP Waste Hauler ID No. 24310/19551

Cubic Yards of Waste 3.0

Name of Registered Landfill MINERVA ENTERPRISES

Disposal Date 9/20/2014

City, State WAYNESBURG, OH 44688

Completed by

ANN ALLI

Title ADMINISTRATIVE

Signature

Date 08/27/2014

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 8:50 and 12:120)

Date of Notification (1)
9/3/14

Name of Building Owner/Operator (2)
Scott Wallace private home

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

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

Street Address
32 Marin Lane

City, State, Zip Code
Manahawkin NJ 08050

Name of Contact
Scott

Telephone Number
609-609-6090

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Scott Wallace private home

Street Address
32 Marin Lane

City (5)
Manahawkin NJ 08050

County (6)
Ocean

Square Feet
1000+

Current Use (Prior to being demolished)
Home

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

Name of Abatement Contractor (9)
Pernaco Inc.

Street Address
PO Box 329

City, State, Zip Code
West Berlin NJ 08091

Project Manager for Monitoring Firm

Telephone No.
856-753-9800

License No.
00727

Start Date (10)
9/4/14

Scheduled Completion Date (11)
9/8/14

Name of OSHA Monitor
Same

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

Scope of Work (Check All That Apply)

- ≥3 sf or ≥3 ft
- ≥160 sf or ≥260 ft

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

In Facility

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
Endcapable
Endcapure

Location of Asbestos-Containing Material (ACM)

Is Location Normally Used Solely by Maintenance/Custodial Staff

Name of Registered Waste Hauler

Name of Registered Landfill

Completed by
Anthony T Perna
Title
President

* Do not use this form for asbestos licensure exempted activities.
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1): 8-27-14

Name of Building Owner/Operator (2): Ann Maiara

Street Address: 162 Central Ave.

City, State, Zip Code: West Caldwell, NJ, 07006

Name of Contact: Ann Maiara

FACILITY INFORMATION

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

Street Address:

City (5):
County (6): Essex
County Code (7): (STATE USA ONLY)

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

ASCM No.:

Name of Abatement Contractor (9): AZTECH MANAGEMENT, INC.

Street Address: 86 Christopher St.

City, State, Zip Code: Montclair, NJ 07042

Telephone Number: (973) 744-8800

License Number: 00371

Project Manager for Monitoring Firm:
N/A

Telephone Number:

Scheduled Start Date (10): 8-28-14

Sched. Completion Date (11): 8-29-14

Month Day Year

Month Day Year

Occupy Status During Abatement (Check only one):
[X] Abatement Performed Outside of Normal Facility Hours - Describe: "Off-Hours Description"
[X] Other - Describe: "Other Occupancy Description"

Scope of Work (Check all that apply):
[X] >3 sf or >3 l f
[X] Renovation
[ ] Demolition

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

Material Used Normally in Facility (13):

In Location:

Yes No N/A

Location:

1. Boiler

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

Amount (Specify SF or LF):

Abatement Type:

REMOVAL
REPAIR
ENCAPSULATION
ENCLOSURE

Name of Registered Waste Hauler:
AZTECH MANAGEMENT, INC.

NJ DEP Waste Hauler ID No.: 17040

Cubic Yards of Waste: 1.5

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

City, State:
Montclair, NJ 07042

Disposal Date: 9-2-14

City, State:
Morrisville, PA 19067

Completed By (Print or Type):
Constantine Vivian

Title: President

Signature: C Y Vivian

Date: 8-27-14
**State of New Jersey**

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>9/6/14</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Michael Hanover LLC</td>
</tr>
<tr>
<td>Street Address</td>
<td>P.O. Box 2698</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Westfield, N.J. 07091-2698</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement Is Taking Place (5)</th>
<th>746 Hyship Ave</th>
</tr>
</thead>
<tbody>
<tr>
<td>City (5)</td>
<td>Westfield</td>
</tr>
<tr>
<td>County Code (7) (STATE USE ONLY)</td>
<td>UNION</td>
</tr>
<tr>
<td>Name of Abatement Contractor (6)</td>
<td>NOVATECH INC</td>
</tr>
<tr>
<td>Street Address</td>
<td>P.O. Box 214</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>OLD BRIDGE, N.J. 08857</td>
</tr>
</tbody>
</table>

**Asbestos-containing Material (ACM) TO BE ABATED**

- **Location:** BASEMENT
  - Description: Floor tile 9x12, 150 s/f
  - Name of Registered Waste Hauler: NOVATECH INC
    - NJ/DEP Waste Number: 18501
  - Disposal Date: 9/29/14
  - Complained by: Carlos Almeida, President

---

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

**VIA U.S. Mail**

@#: 1096
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:50 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>OMO Construction</th>
</tr>
</thead>
<tbody>
<tr>
<td>9/2/14</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Street Address</th>
<th>City, State, Zip Code</th>
<th>Name of Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>DEP</td>
<td>Amended</td>
<td>75 Ridge Ave</td>
<td>Passaic, NJ 07055</td>
<td>David</td>
</tr>
<tr>
<td>DOH</td>
<td>Cancellation</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FACILITY INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Facility Where Abatement Is Taking Place (3)</td>
</tr>
<tr>
<td>Residential Property</td>
</tr>
<tr>
<td>Street Address</td>
</tr>
<tr>
<td>91 Amsterdam Ave</td>
</tr>
<tr>
<td>Passaic</td>
</tr>
<tr>
<td>County Code (7)</td>
</tr>
<tr>
<td>Passaic</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>n/a</td>
<td>Loznica Management Corp</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Square Feet</th>
<th># of Floors</th>
<th>Bldg. Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>2500</td>
<td>2</td>
<td>50+</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Current Use (Prior to being demolished)</th>
<th>Residential House</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>22 Troy Ln</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Lincoln Park, NJ 07035</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>n/a</td>
<td>n/a</td>
<td>973-706-7950</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>9/12/14</td>
<td>9/16/14</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check Only One)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
</tr>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours</td>
</tr>
<tr>
<td>Other – Describe: Un-Occupied</td>
</tr>
<tr>
<td>Street Address</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check All That Apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Renovation</td>
</tr>
<tr>
<td>Demolition</td>
</tr>
<tr>
<td>Full Containment with Negative Pressure</td>
</tr>
<tr>
<td>Mini-Enclosure</td>
</tr>
<tr>
<td>Glovebag Procedure</td>
</tr>
<tr>
<td>Non-Exempted (*) and Non-Friable Procedure</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
</tr>
</thead>
<tbody>
<tr>
<td>Loznica Management Corp</td>
</tr>
<tr>
<td>NJDEP Waste Hauler ID No. 0033137</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cubic Yards of Waste</th>
<th>Disposal Date</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>TBD</td>
<td>TBD</td>
<td>GROWS Landfill</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lincoln Park, NJ</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed by</th>
</tr>
</thead>
<tbody>
<tr>
<td>E. Cirovic</td>
</tr>
<tr>
<td>Title</td>
</tr>
<tr>
<td>Secretary</td>
</tr>
<tr>
<td>Signature</td>
</tr>
<tr>
<td>E. Cirovic</td>
</tr>
<tr>
<td>Date</td>
</tr>
<tr>
<td>9/2/14</td>
</tr>
</tbody>
</table>

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

Check#1986

Date of Notification (1)
09 / 01 / 14

Name of Building Owner/Operator (2)
Christopher Kinch

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

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

Street Address
557 Ortianni Place

City, State, Zip Code
Teanock, NJ 07666

Name of Contact
Christopher Kinch

Telephone Number

FACILITY INFORMATION

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

City (5)
Teanock

County Code (7) (STATE USE ONLY)
Bergen

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

Current Use (Prior to 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

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)
09 / 10 / 14

Scheduled Completion Date (11)
09 / 11 / 14

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

Time of Abatement: AM- PM- PM- AM

Scope of Work (Check all that apply)
☐ > 5 sf or > 3 if
☐ ≥ 160 sf or ≥ 200 if
☒ 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

Porch-first floor

Transite siding

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

Amount
(Specify SIF or LF)
120 SF

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

Location of Registered Waste Hauler
N/DEP Waste Hauler ID No.
0033785

Cubic Yards of Waste
TBD

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

City, State
Wayne, NJ 07470

Disposal Date

City, State
TBD

Tullytown, PA

Completed By (Print or Type)
N. Jevtic

Title
Owner

Signature

Date
09/01/2014

* Do not use this form for asbestos licensure exempted activities.
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:69 and 12:120)

Date of Notification (1) 8-28-14
Name of Building Owner/Operator (2) The Okonite Company

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

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

Street Address
959 Market St

City, State, Zip Code
Paterson, NJ

Name of Contact
Richard M

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
The Okonite Company

Street Address
959 Market St

City (5)
Paterson NJ

County (6)
Passaic

Square Feet
36000

# of Floors
1

Bldg. Age
52

Current Use (Prior to being demolished)

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

Name of Abatement Contractor (9)
DYV Enterprises LLC

Street Address
140 Boulevard ave

City, State, Zip Code
Paterson NJ 07502

Telephone No.
973-7869946

License No.
01129

Project Manager for Monitoring Firm
Leonid Shereshvsky

Telephone No.
973-942-6924

Name of OSHA Monitor

Start Date (10)
9-11-14

Scheduled Completion Date (11)
9-24-14

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

Scope of Work (Check All That Apply)
- □ Renovation
- □ Demolition
- □ Full Containment with Negative Pressure
- □ Min-Enclosure
- □ Glovebag Procedure
- □ Non-Exempted (*) and Non-Frangible Procedure

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

In Facility (13)

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

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

Amount (Specify SF or LF)
6LF

Abatement Type

Name of Registered Waste Hauler
DYV Enterprises LLC

Waste Management

Disposal Date

Name of Registered Landfill

City, State
Paterson NJ

Tulltown PA

Completed by
Yanet Carpio

Title
Owner

Signature

Date 8-28-14

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

Date of Notification (1)
08/29/2014

Name of Building Owner/Operator (2)
MACY'S INC.

Name of Abatement Contractor (9)
PAL ENVIRONMENTAL SERVICES

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

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

Street Address
7 WEST 7TH STREET

City, State, Zip Code
CINCINNATI, OH 45202

City (5)
SHORT HILLS

County Code (7) (STATE USE ONLY)

County (6)
ESSEX

Square Feet
100,000

Name of Monitoring Firm Hired by Building Owner (8)
BUREAU VERTIAS NORTH AMERICA, INC

Bldg. Age
50 YEARS +

ASCM No.

Current Use (Prior if being demolished)
BLOOMINGDALE DEPARTMENT STORE

Name of OSHA Monitor
MARTIN MOREA

Street Address
RARITAN CENTER PLAZA-1 110 FIELDCRST AVENUE

Street Address
11-03 QUEENS PLAZA SOUTH

City, State, Zip Code
EDISON, NJ 08837

City, State, Zip Code
LONG ISLAND CITY, NY 11101

City

County

Project Manager for Monitoring Firm
KIRIT H. VORA

Telephone No.
732-225-6040

Telephone No.
718-349-0900

License No.
00853

Occupancy Status During Abatement (Check Only One)
☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☐ Other – Describe: WORK AREA IS NOT OCCUPIED

Start Date (10)
09/15/2014

Scheduled Completion Date (11)
03/15/2015

Scope of Work (Check All That Apply)
☐ 32 sf or 23 ft
☐ ≥160 sf or ≥260 ft
☐ Renovation
☐ Demolition

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

Yes No N/A

In Facility (13)

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

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

Amount (Specify SF or LF)

Full Containment with Negative Pressure

Removal

Mini-Enclosure

Repair

Glovebag Procedure

Encapsulate

Non-Exempted (?) and Non-Friable Procedure

Spray-on Fireproofing

PENTHOUSE

2,300 SF

X

X

Tank Insulation

PENTHOUSE

200 SF

X

Name of Registered Waste Hauler

ATC/TST

NJ DEP Waste Hauler ID No.
24310/19551

Cubic Yards of Waste
30 YARDS

Name of Registered Landfill
MISKELLA ENTERPRISES

Disposal Date
09/19/2014

City, State
SHIRLEY, NY 11967/BRONX, NY 10464

City, State
MAYNESBURG, OH 44688

Completed by
ANN ALI

Title
ADMINISTRATIVE

Signature
09/02/2014

* Do not use this form for asbestos licensure exempted activities.
Date of Notification (1) 9/13/14

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:69 and 12:120)

Name of Building Owner/Operator (2) P.S.E.G.

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

Street Address
4000 HADLEY ROAD

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

Name of Contact SAL ALESSI

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) PSE+G

Street Address
MH 28-700 SOUTH AVE, E

City (5) CRANFORD

County (6) UNION

Square Feet N/A

# of Floors N/A

Bldg. Age N/A

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

Name of Abatement Contractor (9) UNIQUE SYSTEMS OF AMERICA

Street Address
396 WHITEHEAD AVE.

City, State, Zip Code
SOUTH RIVER, NJ 08882

Project Manager for Monitoring Firm
TOM GEIGER

Telephone No. 732-292-2217

Telephone No. 732-432-8350

License No. 01111

Start Date (10) 9/15/14

Scheduled Completion Date (11) 10/13/14

Name of OSHA Monitor
UNIQUE SYSTEMS OF AMERICA

Street Address
396 WHITEHEAD AVE.

City, State, Zip Code
SOUTH RIVER, NJ 08882

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

Scope of Work (Check All That Apply)
☐ 23 sf or 23 ft
☐ 160 sf or 290 ft
☐ Renovation Demolition

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

In Facility (13) OUTDOORS

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

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

Amount (Specify SF or LF)
14 LF

Abatement Type
Removal
Repair
Encapsulate
Endorsement

Endorsement

Disposal Date TBD

Name of Registered Landfill
GROWS NORTH

City, State
MORRISVILLE, PA

Waste Management

NJDEP Waste Hauler ID No. 1125

Cubic Yards of Waste 0

Name of Registered Waste Hauler
WASTE MANAGEMENT

City, State
ELIZABETH, NJ

Completed by
CAROL RAIMO

Title OFFICE MGR.

Signature

Date 9/3/14

ASB-41 (R-06-08)

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

Date of Notification (1)  9/13/14  
Name of Building Owner/Operator (2)  P.S.E.G.  

Agencies Notified  
- [ ] EPA  
- [ ] DEP  
- [ ] DOL  
- [x] DOH  
- [ ] DCA  
Type Notification  
- [ ] Initial  
- [ ] Amended  
- [ ] Emergency (including  
  Justification)  
- [ ] Amendment #  
- [ ] Cancellation  
Street Address  4000 HADLEY ROAD  
City, State, Zip Code  SOUTH PLAINFIELD, NJ, 07080  

Name of Contact  SAL ALESSI  
Telephone Number  

FACILITY INFORMATION  
Name of Facility Where Abatement Is Taking Place (3)  PSE & G  
Street Address  M H 27 - 691 WEST 1ST AVE.  
City (5)  CRANFORD  
County (6)  UNION  

County Code (7)  N/A  
Current Use (Prior to if being demolished)  N/A  

Name of Monitoring Firm Hired by Building Owner (8)  ENVIROMENTAL TACTICS  
ASCM No.  0045  
Name of Abatement Contractor (9)  UNIQUE SYSTEMS OF AMERICA  
Street Address  396 WHITEHEAD AVE.  
City, State, Zip Code  SOUTH RIVER, NJ 08882  

Project Manager for Monitoring Firm  TOM GEIGER  
Telephone No.  732-292-2217  
License No.  01111  

Start Date (10)  9/15/14  
Scheduled Completion Date (11)  10/13/14  

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

Scope of Work (Check All That Apply)  
- [ ] ≥2,000 sf or ≥20 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  

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)  
 ACM PIPE, Ducting  
14 LF  

Amount (Specify SF or LF)  

Abatement Type  

Location of Registered Waste Hauler  
WASTE MANAGEMENT  
NJDEP Waste Hauler ID No.  1125  
Disposal Date  TBD  
Name of Registered Landfill  GROWS NORTH  
City, State  MORRISVILLE, PA  
Completed by  CAROL RAIMO  
Title  OFFICE MGR.  
Signature  
Date  9/13/14  

* 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</th>
<th>Name of Building Owner/Operator</th>
</tr>
</thead>
<tbody>
<tr>
<td>9/13/14</td>
<td>P.S.E.G.</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>
</tr>
<tr>
<td>DEP</td>
<td>Amended</td>
</tr>
<tr>
<td>DOL</td>
<td>Amendment #</td>
</tr>
<tr>
<td>DOH</td>
<td>Emergency (including justification)</td>
</tr>
<tr>
<td>DGA</td>
<td>Cancellation</td>
</tr>
</tbody>
</table>

<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 07080</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Contact</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>SAL ALESSI</td>
<td>732-432-8350</td>
</tr>
</tbody>
</table>

**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>MH26 - 617 WOODSIDE AVE.</td>
<td>Unique Systems of America</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City (5)</th>
<th>County Code (6)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ROSELLE PARK</td>
<td>UNION</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner</th>
<th>ASCM No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>ENVIRONMENTAL TACTICS</td>
<td>0045</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Abatement Contractor</th>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>UNIQUE SYSTEMS OF AMERICA</td>
<td>396 WHITEHEAD AVE.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>732-292-2217</td>
<td>01111</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of OSHA Monitor</th>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>UNIQUE SYSTEMS OF AMERICA</td>
<td>396 WHITEHEAD AVE.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date</th>
<th>Scheduled Completion Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>9/1/14</td>
<td>10/13/14</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement</th>
<th>Scope of Work</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility</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 LR)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>OUTDOORS</td>
<td>X</td>
<td>ACM Pipe, Sanitary, 14' LF</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>Disposal Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>WASTE MANAGEMENT</td>
<td>T 6 D</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>GROWS NORTH</td>
<td>MORRISVILLE, PA</td>
</tr>
</tbody>
</table>

Completed by CAROL RAIMO
Title: OFFICE MGR.
Signature: [Signature]
Date: 9/13/14

* Do not use this form for asbestos licensure exempted activities.*
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 13:123)

Date of Notification (1)

9/13/14

Agencies Notified

<table>
<thead>
<tr>
<th>Agency</th>
<th>Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td></td>
</tr>
<tr>
<td>DEP</td>
<td></td>
</tr>
<tr>
<td>DOL</td>
<td></td>
</tr>
<tr>
<td>DOH</td>
<td></td>
</tr>
<tr>
<td>DGA</td>
<td></td>
</tr>
</tbody>
</table>

Type Notification

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

Name of Building Owner/Operator (3)

P.S.E.G.

Street Address

4000 HADLEY ROAD

City, State, Zip Code

SOUTH PLAINFIELD, NJ, 07080

Name of Contact

SAL ALESSI

Facility Information

Name of Facility Where Abatement is Taking Place (3)

PSE&G

Street Address

MH 25–292 S. MICHIGAN AVE

City (5)

KENILWORTH

County (6)

UNION

County Code (7)

N/A

Square Feet

N/A

# of Floors

N/A

Bldg. Age

N/A

Type of Facility (4)

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

Name of Abatement Contractor (9)

UNIQUE SYSTEMS OF AMERICA

ASCM No.

0045

Name of Monitoring Firm Hired by Building Owner (8)

ENVIRONMENTAL TACTICS

Telephone No.

732-292-2217

Project Manager for Monitoring Firm

TOM GEIGER

Telephone No.

732-432-8350

License No.

01111

Start Date (10)

9/15/14

Scheduled Completion Date (11)

10/13/14

Occupancy Status During Abatement (Check Only One)

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

Scope of Work (Check All That Apply)

- 25-50 sf or 25-90 sq ft
- 51-150 sf or 91-250 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)

OUTDOORS

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)

ACM Pipe, Sample #14 LF

Abatement Type

Endorsements

Name of Registered Waste Hauler

WASTE MANAGEMENT

NJDEP Waste Hauler ID No.

1125

Cubic Yards of Waste

850

Name of Registered Landfill

GROWS NORTH

City, State

ELIZABETH, NJ

Disposal Date

7/6/0

City, State

MORRISVILLE, PA

Completed by

CAROL RAIMO

Title

OFFICE MGR.

Signature

Carol Raimo

Date

9/13/14

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

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

---

**State of New Jersey**

**Date of Notification (1)**: 9/13/14

**Name of Building Owner/Operator (2)**: P.S.E.G.

---

**Agencies Notified**

- [ ] EPA
- [ ] DEP
- [x] DOL
- [x] DOH
- [ ] DCA

**Type Notification**

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

**Street Address**

- 4000 HADLEY ROAD

**City, State, Zip Code**

- SOUTH PLAINFIELD, NJ 07080

**Name of Contact**: SAL ALESSI

**Telephone Number**: 877-767-2269

---

**Name of Facility Where Abatement is Taking Place (3)**: P.S.E.G.

**Street Address**: MH24 - 13 N. MICHIGAN AVE.

**City (5)**: KENILWORTH

**County (6)**: UNION

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

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

**ASCN No.**: 0045

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

**Street Address**: 396 WHITEHEAD AVE.

**City, State, Zip Code**: SOUTH RIVER, NJ 08882

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

**Telephone No.**: 732-292-2217

**License No.**: 01111

**Start Date (10)**: 9/15/14

**Scheduled Completion Date (11)**: 10/13/14

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

- [ ] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility Hours
- [x] Outdoors

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

- [ ] 23 sf or 23 lt
- [ ] 180 sf or ≥260 sf
- [ ] Renovation
- [ ] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

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

- [x] ACM Pipe
- [ ] ACM Sheet
- [ ] ACM Pipe, Sheet
- [ ] ACM Insulation
- [x] ACM Other

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

- Outdoors

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

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

**Amount (Specify SF or LF)**

- [ ] 14 LF

**Abatement Type**

- [ ] Removal
- [ ] Repair
- [ ] Encapsulate
- [ ] Emululate

---

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

**NUDEP Waste Hauler ID No.**: 1125

**Cubic Yards of Waste**: 1.2

**Name of Registered Landfill**: GROWS NORTH

**City, State**: MORRISVILLE, PA

**Disposal Date**: TBD

**Completed by**: CAROL RAIMO

**Title**: OFFICE MGR.

**Signature**: [Signature]

**Date**: 9/13/14

---

*Do not use this form for asbestos licensure exempted activities.*
Date of Notification (1): 9/13/14

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

Type Notification: Amended

Street Address: 4000 HADLEY ROAD
City, State, Zip Code: SOUTH PLAINFIELD, NJ 07080
Name of Contact: SAL ALESSI

Facility Information

Name of Facility Where Abatement is Taking Place (3): PSEG
Street Address: MH 23 - 422 N. MICHIGAN AVE.
City: KENILWORTH
County: UNION

Name of Monitoring Firm Hired by Building Owner (8): ENVIRONMENTAL TACTICS
ASCM No.: 0045
Name of Abatement Contractor (9): UNIQUE SYSTEMS OF AMERICA
Street Address: 396 WHITEHEAD AVE.
City, State, Zip Code: SOUTH RIVER, NJ 08882

Project Manager for Monitoring Firm: TOM GEIGER
Telephone No.: 732-292-2217

Start Date (10): 9/15/14
Scheduled Completion Date (11): 10/13/14

Occupancy Status During Abatement (Check Only One):

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

Scope of Work (Check All That Apply):

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

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

OUTDOORS

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

ACM PIPE, 14 LF

Name of Registered Waste Hauler: WASTE MANAGEMENT
NJ/DEP Waste Hauler ID No.: 1125

Disposal Date: 7/6/20

Name of Registered Landfill: GROWS NORTH
City, State: ELIZABETH, NJ, MORRISVILLE, PA

Completed by: CAROL RAIMO
Title: OFFICE MGR.
Signature: [Signature]
Date: 9/13/14

* Do not use this form for asbestos licensure exempted activities.
<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>Name of Building Owner/Operator</th>
</tr>
</thead>
<tbody>
<tr>
<td>9/13/14</td>
<td>P.S.E.G.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>DEP</td>
<td>Initialed</td>
</tr>
</tbody>
</table>

<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 07080</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Contact</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>SAL ALESSI</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place</th>
<th>Type of Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>PSE &amp; G</td>
<td>School (K-12)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>MH 208-1131 SPRINGFIELD RD.</td>
<td>UNION, NJ 07080</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>County</th>
<th>County Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>UNION</td>
<td>N/A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner</th>
<th>ASCM No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>ENVIRONMENTAL TACTICS</td>
<td>0045</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Abatement Contractor</th>
<th>Name of OSHA Monitor</th>
</tr>
</thead>
<tbody>
<tr>
<td>UNIQUE SYSTEMS OF AMERICA</td>
<td>UNIQUE SYSTEMS OF AMERICA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date</th>
<th>Scheduled Completion Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>9/15/14</td>
<td>10/13/14</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement</th>
<th>Scope of Work</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility Closed/Abandoned</td>
<td>Renovation</td>
</tr>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours</td>
<td>Demolition</td>
</tr>
<tr>
<td>Other - Describe: OUTDOORS</td>
<td></td>
</tr>
</tbody>
</table>

<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 (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>OUTDOORS</td>
<td>X</td>
<td>ACM Pipe Semastra 14 LF</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>WASTE MANAGEMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>NJDEP Waste Hauler ID No. 1125</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
<th>Cubic Yards of Waste</th>
<th>Disposal Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>GROWS NORTH</td>
<td>2</td>
<td>TBD</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>Name of Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>ELIZABETH, NJ</td>
<td>CAROL RAIMO</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed by</th>
<th>Title</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>CAROL RAIMO</td>
<td>OFFICE MGR.</td>
<td>Carol Raimo</td>
<td>9/13/14</td>
</tr>
</tbody>
</table>

* 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)
9/14/14

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

Type Notification
☐ Initial
☒ Amended
☐ Amendment # 3
☐ Emergency (including justification)
☐ Cancellation

Name of Building Owner/Operator (2)
Federal Aviation Administration

Street Address
One Aviation Plaza

City, State, Zip Code
Jamaica, NY 11434

Name of Contact
Michael Mulligan

Telephone Number
310-249-5008

Name of Facility Where Abatement is Taking Place (3)
Teterboro Air Traffic Control Tower

Street Address
225 Fred Wehran Drive

City (5)
Teterboro

County (6)
Bergen

County Code (7) (STATE USE ONLY) 14

Current Use (Prior to being demolished)
Control Tower

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

Square Feet
5,000

# of Floors
6

Bldg. Age
40 years

Name of Monitoring Firm Hired by Building Owner (6)
AET

ASCM No.

Name of Abatement Contractor (9)
ecoservices, LLC

Street Address
407 W. Lincoln Highway, Suite 500

City, State, Zip Code
Exton, PA 19341

Project Manager for Monitoring Firm
Eric Houseknecht

Telephone No.
610-891-0114

License No.
01161

Name of OSHA Monitor
EMSL

Start Date (10)
9/3/14

Scheduled Completion Date (11)
12/31/14

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

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)

Elevator Machine Room

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)
Floor tile and mastic

Amount (Specify SF or LF)
138 SF

Abatement Type
☒ Removal
☐ Repair
☐ Encapsulation
☐ Enclosure

Name of Registered Waste Hauler
ecoservices, LLC

NJDEP Waste Hauler ID No.

Cubic Yards of Waste
3

Name of Registered Landfill
GROWS Landfill

City, State
Exton, PA

Disposal Date
TBD

City, State
Morrisville, PA

Completed by
Jack Bally

Title
Sr. Project Manager

Signature
Jack Bally

Date
9/14/14

* 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

Date of Notification (1) 8 / 25 / 14
Name of Building Owner/Operator (2) Newark Community Health Centers, Inc. Job #1206-4508 Check #

Agencies Notified
☑ EPA
☑ DOLWD
☑ DHSS
☑ DCA (NJAC 8:23-8)
Type Notification
☐ Initial
☐ Amended
☑ Amendment #5
☐ Emergency (Including Justification)
☐ Cancellation
Street Address 741 Broadway
City, State, Zip Code Newark, NJ 07107
Name of Contact Business Office
Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Newark Community Health Center
Street Address 741 Broadway
City (5) Newark
County (6) Essex
County Code (7)(STATE USE ONLY)
Current Use (Prior if being demolished) Health Center

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

Square Feet 1,234
# of Floors 3
Bldg. Age

Name of Monitoring Firm Hired by Building Owner (8)
Environmental Connection, Inc.
ASCM No.
Name of Abatement Contractor (9)
AbateTech, Inc.
Street Address 30 Maple Ave, PO Box 25
City, State, Zip Code Lumberton, NJ 08048

Project Manager for Monitoring Firm Ryan Broadwater
Telephone No.
609-392-4200
License No. 00529

Start Date (10) 5 / 27 / 14
Scheduled Completion Date (11) 9 / 30 / 14

Name of OSHA Monitor EMSL Analytical
Street Address 200 Route 130 North
City, State, Zip Code Cinnaminson, NJ 08077

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

Scope of Work (Check all that apply)
☐ ≥3 sf or ≥3 If
☐ ≥160 sf or ≥260 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)
2,720 SF Floor Tile & Mastic

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

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

1st Floor

Name of Registered Waste Hauler AbateTech, Inc.
NJDEP Waste Hauler ID No. 18750
Disposal Date 9/30/14
City, State Lumberton, NJ Tullytown, PA
Name of Registered Landfill G.R.O.W.S. Landfill
Cubic Yards of Waste 20

Completed By (Print or Type) Jennifer Piraino Title Operations Coordinator
Signature Date 8/25/14

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

ASB-41
MAY 11
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>Name of Building Owner/Operator</th>
<th>Agency Notified</th>
</tr>
</thead>
<tbody>
<tr>
<td>08 / 22 / 14</td>
<td>Seton Hall University</td>
<td>EPA</td>
</tr>
<tr>
<td></td>
<td></td>
<td>DOLWD</td>
</tr>
<tr>
<td></td>
<td></td>
<td>DHSS</td>
</tr>
<tr>
<td></td>
<td></td>
<td>DCA (NJAC 5:23-8)</td>
</tr>
</tbody>
</table>

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

Street Address
400 South Orange Ave.

City, State, Zip Code
South Orange, NJ 07079

Name of Contact
Leon Vandemeulebrooke

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>Seton Hall University - Corrigan Hall</td>
<td>School (K-12)</td>
</tr>
</tbody>
</table>

Street Address
400 South Orange Ave.

City (5)
South Orange

County (6)
Essex

County Code (7) (STATE USE ONLY)
University

Name of Monitoring Firm Hired by Building Owner
Omega Environmental

ASCM No.
00120

Name of Abatement Contractor
AbateTech, Inc.

Street Address
280 Huyler Street

City, State, Zip Code
South Hackensack, NJ 07608

Project Manager for Monitoring Firm
Geiser Fajardo

Telephone No.
201-489-8700

License No.
00529

Start Date (10)
3 / 11 / 14

Scheduled Completion Date (11)
8 / 26 / 14

Name of OSHA Monitor
EMSL Analytical

Street Address
200 Route 130 North

City, State, Zip Code
Cinnaminson, NJ 08077

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 3:00PM 11:30PM

Scope of Work (Check all that apply)
- 3 or more square feet or 3 or more linear feet
- 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

<table>
<thead>
<tr>
<th>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>Yes</td>
<td>(i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td>1,400 SF</td>
<td>X</td>
</tr>
<tr>
<td>No</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Rooms 65 and 66
- Plaster White Coat
- X
- D

Name of Registered Waste Hauler
AbateTech, Inc.

NJDEP Waste Hauler ID No.
18750

Cubic Yards of Waste
40

Disposal Date
08/25/14

City, State
Lumberton, NJ
Tullytown, PA

Completed By (Print or Type)
Jimmy Mullarkey
Title
Sales

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) 08 / 21 / 14
Name of Building Owner/Operator (2) Seton Hall University / Job #1408-4799 / Check #6539

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

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

Street Address
400 South Orange Ave.
City, State, Zip Code
South Orange, NJ 07079
Name of Contact
Leon Vandemeulebroeke

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Seton Hall University - Corrigan Hall

Street Address
400 South Orange Ave.
City (5)
South Orange
County (6)
Essex
County Code (7) (STATE USE ONLY)
University

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

AsCM No.
00120

Name of Abatement Contractor (9)
AbateTech, Inc.

Street Address
280 Huyler Street
City, State, Zip Code
South Hackensack, NJ 07606

Project Manager for Monitoring Firm
Geiser Fajardo

Telephone No.
201-489-8700

Telephone No.
609-265-2107

License No.
00529

Start Date (10)
8 / 11 / 14
Scheduled Completion Date (11)
8 / 26 / 14
Name of OSHA Monitor
EMSL Analytical

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-3:00PM/11:30PM-_AM

Street Address
200 Route 130 North
City, State, Zip Code
Cinnaminson, NJ 08077

Scope of Work (Check all that apply)
☐ ≥3 sf or ≥3 If
☐ ≥150 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, suracing, VAT, or other miscellaneous)

Amount (Specify SF or LF)
1,400 SF

Abatement Type
☐ Removal
☐ Repair
☐ Encapsulate
☐ Endorse

Rooms 65 and 66

Plaster Brown Coat

Name of Registered Waste Hauler
AbateTech, Inc.

NJDEP Waste Hauler ID No.
18760

Cubic Yards of Waste
40

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

City, State
Lumberton, NJ

Disposal Date
08/26/14

City, State
Tullytown, PA

Completed By (Print or Type)
Jennifer Piraine

Title
Operations Coordinator

Signature
Jennifer Piraine

Date
8/31/14

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>08 / 20 / 14</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Robbinsville Board of Education / Job #1408-4900 Check #</td>
</tr>
<tr>
<td>Agencies Notified</td>
<td>Type Notification</td>
</tr>
<tr>
<td>□ EPA</td>
<td>□ Initial</td>
</tr>
<tr>
<td>□ DOLWD</td>
<td>□ Amended</td>
</tr>
<tr>
<td>□ DHSS</td>
<td>Amendment #1</td>
</tr>
<tr>
<td>□ DCA (NJAC 5:23-8)</td>
<td>□ Emergency (including justification)</td>
</tr>
<tr>
<td>□ Cancellation</td>
<td></td>
</tr>
<tr>
<td>Street Address</td>
<td>155 Robbinsville-Edinburg Road</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Robbinsville, NJ 08691</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Kimberly A. Keener</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
</tbody>
</table>

FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Sharon Elementary School</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>234 Sharon Road</td>
</tr>
<tr>
<td>City (5)</td>
<td>Robbinsville</td>
</tr>
<tr>
<td>County (5)</td>
<td>Mercer</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>ASCM No.</td>
</tr>
<tr>
<td>PARS Environmental</td>
<td></td>
</tr>
<tr>
<td>Street Address</td>
<td>500 Horizon Drive, Suite 540</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Robbinsville, NJ 08691</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>Rafael L. Torres</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>609-890-7277</td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>08 / 15 / 14</td>
</tr>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>08 / 25 / 14</td>
</tr>
<tr>
<td>Name of OSHA Monitor</td>
<td>EMSL Analytical</td>
</tr>
<tr>
<td>Street Address</td>
<td>30 Maple Ave. PO Box 25</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Lumberton, NJ 08048</td>
</tr>
<tr>
<td>License No.</td>
<td>00529</td>
</tr>
</tbody>
</table>

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 AM PM PM AM AM

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-Frangible Procedure

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

<table>
<thead>
<tr>
<th>Old building - Wings A, B, C &amp; D</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clean and Decontaminate Surfaces</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td>40</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
<td>N.J. DEP Waste Hauler ID No. 18750</td>
<td></td>
<td></td>
</tr>
<tr>
<td>City, State</td>
<td>Lumberton, NJ</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Completed By (Print or Type)</td>
<td>Gwendolyn Trumbetti</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Title</td>
<td>Operations Coordinator</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Name of Building Owner/Operator (2) Robbinsville Board of Education / Job #1408-4900 Check #

Date of Notification (1) 08/20/14

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

Date of Notification (1) 08 / 20 / 14
Name of Building Owner/Operator (2) PSE&G / Job #1310-4703 Check #
Agencies Notified
- EPA
- DOLWD
- DHSS
- DCA (NJAC 5:23-8)
Type Notification
- Initial
- Amended
- Amendment #1
- Emergency (including justification)
- Cancellation
Street Address 80 Park Plaza
City, State, Zip Code Newark, NJ 07101
Name of Contact Drew Shuda
Telephone Number

FACILITY INFORMATION
Name of Facility Where Abatement is Taking Place (3) PSE&G Camden Switch Yard
Type of Facility (4)
- School (K-12)
- Subchapter 8 (Other than K-12)
- Other (i.e., private and commercial buildings, homes, etc.)
Street Address 7272 N. Crescent Blvd.
City (5) Pennsauken
County (6) Camden
County Code (7) (STATE USE ONLY) Camden
Current Use (Prior to abandonment if being demolished)
Substation
Name of Monitoring Firm HIred by Building Owner (8) ASCM No. Name of Abatement Contractor (9) AbateTech, Inc.
Health & Safety Services
Street Address 318 12th Street
City, State, Zip Code Hammonton, NJ 08037
Project Manager for Monitoring Firm Jim Proctor
Telephone No. 609-704-8839
City, State, Zip Code Lumberton, NJ 08048
Project Manager for Monitoring Firm
Telephone No. 609-265-2107
License No. 00529
Start Date (10) 08 / 18 / 14
Scheduled Completion Date (11) 08 / 29 / 14
Name of OSHA Monitor EMSL Analytical
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)
- ≥ 2,000 sf or ≥ 250 LF
- ≥150 sf or ≥250 LF
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transformer 132-3</td>
<td></td>
<td></td>
<td></td>
<td>150 LF</td>
<td></td>
</tr>
<tr>
<td>Transite Conduit</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler Waste Management
NJDEP Waste Hauler ID No. 17273
Cubic Yards of Waste 5
Name of Registered Landfill G.R.O.W.S. Landfill
City, State Camden, NJ
Disposal Date 8/29/14
Completed By (Print or Type) Jennifer Piraine
Title Operations Coordinator
Signature Jennifer Piraine
Date 8/20/14

* Do not use this form for asbestos лицензирование 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>8 / 29 / 14</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Trustees of Princeton / Job #1408-4807 Check #6561</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

- **Name of Facility Where Abatement is Taking Place (3):** Princeton University - Pyne Hall
- **Street Address:** Washington Road
- **City:** Princeton
- **County:** Mercer

<table>
<thead>
<tr>
<th>ASPCM No.</th>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>00098</td>
<td>AbateTech, Inc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>609-386-8800</td>
<td>00529</td>
</tr>
</tbody>
</table>

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

- **Room 602:**
  - **Location:** Floor tile
  - **Description:** 15 SF

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

**City, State:**

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

**Disposed of Waste:** 1

**Disposal Date:** 9/2/14

**City, State:** Tullytown, PA

**Completed By:**

**Title:** Operations Coordinator

**Signature:**

**Date:** 8/29/14

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

Date of Notification (1)
09/02/2014

Name of Building Owner/Operator (2)
Ramparo College of NJ

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

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

Street Address
505 Ramapo Valley Road
City, State, Zip Code
Mahwah, NJ 07430

Name of Contact
Anthony Mazza
Telephone Number

Name of Facility Where Abatement is Taking Place (3)
Academic Building, G-Wing

County (6)
Bergen
County Code (7)
(State Use Only)

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

ASCM No.

Name of Abatement Contractor (9)
VMC Company, Inc.

Street Address
344 West State Street
City, State, Zip Code
Trenton, NJ 08618

Telephone No.
609-556-6101

License No.
00704

Name of OSHA Monitor
VMC Co. Inc.

Start Date (10)
09/15/2014
Scheduled Completion Date (11)
10/03/2014

Project Manager for Monitoring Firm
William Walsgarber

Street Address
208 Plegrat Ave.
City, State, Zip Code
Clifton, NJ 07011

Name of OSHA Monitor
VMC Co. Inc.

Facility Closed/ Vacated During Entire Period of Abatement
☐ Yes
☐ No
☐ N/A

Occupy Status During Abatement (Check Only One)
☐ Yes
☐ No
☐ N/A

Other - Describe: Occupied by other contractor

Scope of Work (Check All That Apply)
☒ ≥3 sf or ≥3 if
☒ ≥160 sf or ≥260 If
☐ < 160 sf or < 26 If

☐ Demolition
☒ Renovation

Location of Asbestos-Containing Material (ACM)

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) To Be Abated in Facility</th>
<th>Yes</th>
<th>No</th>
<th>N/A</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>1st &amp; 2nd Floor</td>
<td>x</td>
<td></td>
<td></td>
<td>Transite boards</td>
<td>243 SF</td>
<td>x</td>
</tr>
<tr>
<td>1st &amp; 2nd Floor</td>
<td>x</td>
<td></td>
<td></td>
<td>Transite panels</td>
<td>2,000 SF</td>
<td>x</td>
</tr>
<tr>
<td>1st &amp; 2nd Floor</td>
<td>x</td>
<td></td>
<td></td>
<td>Fire Doors</td>
<td>12 EA</td>
<td>x</td>
</tr>
<tr>
<td>Exterior</td>
<td>x</td>
<td></td>
<td></td>
<td>Window caulk</td>
<td>306 windows</td>
<td>x</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
Freehold Cartage, Inc

Freehold Cartage, Inc

NJDEP Waste Hauler ID No. 15939

Disposal Date
City, State, Bethlehem, PA

Name of Registered Landfill
ESI Landfill

City, State, Bethlehem, PA

Completed by
Voytek Roszkowski
Title
President

Signature
Date
09/02/2014

* 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**

**Date of Notification (1)**

<table>
<thead>
<tr>
<th>9</th>
<th>2</th>
<th>14</th>
</tr>
</thead>
</table>

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

American Continental Properties, LLC

**Street Address**

460 Park Ave., 11th Floor

**City, State, Zip Code**

New York, NY 10022

**Name of Contact**

Guy Morton

**Telephone Number**


**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Type of Facility (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Former KMart Plaza</td>
<td>□ School (K-12)</td>
</tr>
<tr>
<td></td>
<td>□ Subchapter 3 (Other than K-12)</td>
</tr>
<tr>
<td></td>
<td>□ Other (i.e., private and commercial buildings, homes, etc.)</td>
</tr>
</tbody>
</table>

**City (5)**

Burlington, NJ 08015

**County (6)**

Burlington

**Square Feet**

90,000+

**# of Floors**

1

**Bldg. Age**

45+

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

Retail

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

VERTEX

**ASCM No.**

NA

**Name of Abatement Contractor (9)**

Alliance Environmental Systems

**Street Address**

700 Turner Way

550 East Union St.

**City, State, Zip Code**

Aston, PA 19014

West Chester, PA 19382

**Project Manager for Monitoring Firm**

Don Heim

610-569-0200

**Telephone No.**

610-701-9000

**License No.**

00508

**Start Date (10)**

9 / 17 / 14

**Scheduled Completion Date (11)**

10 / 1 / 14

**Name of OSHA Monitor**

AET

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

☑ Facility Closed/Vacated During Entire Period of Abatement

☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7AM-11AM

**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 IN Facility (13)**

<table>
<thead>
<tr>
<th>Space #4</th>
<th>Space #6</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Yes</td>
<td>☐ Yes</td>
</tr>
<tr>
<td>☐ No</td>
<td>☐ No</td>
</tr>
</tbody>
</table>

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

VAT/Mastic

1400 SF

VAT/Mastic

2000 SF

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

**Amount (Specify SF or LF)**

1400 SF

2000 SF

**Abatement Specifications**

<table>
<thead>
<tr>
<th>Removal</th>
<th>Repair</th>
<th>Endorsement</th>
</tr>
</thead>
</table>

**Endorsement**

**Name of Registered Waste Hauler**

N.E.T.S.

**NJDEP Waste Hauler ID No.**

18947

**Cubic Yards of Waste**

150

**Name of Registered Landfill**

Allied BFI Imperial

**City, State**

Hazelton, PA

**Disposal Date**

TBD

**City, State**

Imperial, PA

**Completed By (Print or Type)**

Mark Griffin

**Title**

Estimator

**Signature**

\[ Signature \]

**Date**

9-2-14

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

Date of Notification (1)
09 / 02 / 14

Name of Building Owner/Operator (2)
Municipality of Princeton

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

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

Street Address
400 Witherspoon Street

City, State, Zip Code
Princeton, NJ, 08540

Name of Contact
Nadine

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
DPW Garage

Street Address
Valley Road

City (5)
Princeton

County (6)
Mercer

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

Project Manager for Monitoring Firm
Rick Eustaquio

Telephone No.
973-494-3762

Telephone No.
973-928-4888

License No.
1188

Start Date (10)
09 / 15 / 14

Scheduled Completion Date (11)
10 / 17 / 14

Name of OSHA Monitor
ALL PRO MANAGEMENT LLC

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

Street Address
27 Outwater Lane

City, State, Zip Code
Garfield, NJ 07026

Scope of Work (Check all that apply)
☒ ≥ 3 sf or ≥ 3 ft
☒ ≥ 160 sf or ≥ 260 ft

☐ Renovation
☒ Demolition

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

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

Boiler Room

☐ Yes
☐ No
☐ N/A

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

Transite Ceiling

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

Amount (Specify SF or LF)

Boiler Room

Pipe Insulation

12 LF

Name of Registered Waste Hauler
ALL PRO MANAGEMENT LLC

NJDSEP Waste Hauler ID No.
0034880

Cubic Yards of Waste As Needed

Name of Registered Landfill
IESI Landfill

City, State
Garfield, NJ

Disposal Date
TBD

City, State
Bethlehem, PA

Completed By (Print or Type)
Allen Monchik

Title
PM

Signature

Date
12/14

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