State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:66 and 5:16)

Date of Notification (1)
9 / 8 / 14

Name of Building Owner/Operator (2)
Hanover Township

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

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

Street Address
1000 Route 10

City, State, Zip Code
Whippany, NJ 07981

Name of Contact
Joseph Giorgio

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Commercial Structure

Street Address
53 Whippany Road

City (5)
Whippany

County (6)
Essex

County Code (?)/STATE USE ONLY

Square Feet
1,500

# of Floors
1
Bldg. Age
48

Current Use (Prior if being demolished)
Commmerial

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

ASCM No.
00030

Name of Abatement Contractor (9)
Superior Abatement Inc

Street Address
2 Henderson Drive

City, State, Zip Code
West Caldwell, NJ 07006

Project Manager for Monitoring Firm
Jim Proctor

Telephone No.
(973) 808-1616

License No.
00117

Name of OSHA Monitor
Superior Abatement Inc

Street Address
2 Henderson Drive

City, State, Zip Code
West Caldwell, NJ 07006

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

Time of Abatement: AM-PM/PM-AM

Scope of Work (Check all that apply)
☐ 33 sf or ≥ 3 If
☐ 260 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)

□ Yes □ No □ N/A

In 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 ◒ Endurable

Location of Registered Waste Hauler
Service Transport Group, Inc

NJDEP Waste Hauler ID No.
SW2117

Cubic Yards of Waste
8

Name of Registered Landfill
Minerva Landfill

City, State
New Castle, DE

Completed By (Print or Type)
Nick Petrovski

Title
President

Signature

Date
9-8-14

* 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) 09 / 10 / 14

Name of Building Owner/Operator (2) Verizon

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

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

Street Address 4151 Ocean Drive

City, State, Zip Code Avalon, NJ 08202

Name of Contact Matt Johnson

Telephone Number

FACILITY INFORMATION

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

Street Address 4151 Ocean Drive

City (5) Avalon

County (6) Cape May

County Code (7) [STATE USE ONLY] Current Use (Prior if being demolished)

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

ASCM No.

Name of Abatement Contractor (9) JVN Restoration Inc

Street Address 10 Exchange Place

City, State, Zip Code Jersey City, NJ 07302

Project Manager for Monitoring Firm Matt Johnson

Telephone No. 215-640-4189

Start Date (10) 09 / 22 / 14

Scheduled Completion Date (11) 10 / 31 / 14

Name of OSHA Monitor Testor Tech

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

Roof
☐ Roof Flashing 500SF

☐ Transite Shingles 3,000 SF

Name of Registered Waste Hauler Newark Carting

NJ/DEP Waste Hauler ID No. NJ-566

Cubic Yards of Waste 20

Name of Registered Landfill IESI

City, State Newark, New Jersey Bethlehem, Pa.

Completed By (Print or Type) Ralph Barnhardt

Title Project Manager

Signature

Date 09-30-14

ASB-41
MAY 11

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**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**

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

<table>
<thead>
<tr>
<th>Date of Notification</th>
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</tr>
</thead>
<tbody>
<tr>
<td>09 / 08 / 14</td>
<td>Division of Property Management &amp; Construction</td>
</tr>
</tbody>
</table>

**Agencies Notified**
- [X] EPA
- [X] DOH
- [X] DOLWD
- [ ] DCA (NJAC 5:23-8)

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

**Street Address**
- 33 West State Street
- Trenton, NJ 08608

**City, State, Zip Code**
- Trenton, NJ 08608

**Name of Contact**
- Rick Ferrera

**Telephone Number**

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place**
- [X] Residential House

**Street Address**
- 15 Armstrong Avenue

**City**
- South River

**County**
- Middlesex

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

**Street Address**
- P.O. Box 1224

**City, State, Zip Code**
- Union, NJ

**Project Manager for Monitoring Firm**
- Rick Eustaquio

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

**Start Date**
- 09 / 10 / 14

**Scheduled Completion Date**
- 11 / 10 / 14

**Type of Facility**
- [X] Other (i.e., private and commercial buildings, homes, etc.)

**Square Feet**

**No. of Floors**

**Bldg. Age**

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

**License No.**
- 1188

**Occupancy Status During Abatement**
- [X] Facility Closed/Vacated During Entire Period of Abatement

**Time of Abatement**
- [ ] AM
- [ ] PM
- [ ] AM

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

<table>
<thead>
<tr>
<th>Location</th>
<th>(13)</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>(12)</th>
<th>Description of Asbestos Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
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</thead>
<tbody>
<tr>
<td>Basement, Kitchen &amp; Bathrooms</td>
<td>(X)</td>
<td>Black Mastic under Ceramic Tile</td>
<td>890 SF</td>
<td>[X] Full Containment with Negative Pressure</td>
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<tr>
<td>Exterior</td>
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<td>Foundation Waterproofing</td>
<td>700 SF</td>
<td>[X] Non-Exempted (*) and Non-Friable Procedure</td>
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</tbody>
</table>

**Location of Registered Waste Hauler**
- Yanuzzi Group Inc.
- NJDEP Waste Hauler ID No. 17467
- Disposal Date: As Needed

**Name of Registered Landfill**
- IESI Landfill
- City, State: Bethlehem, PA

**Completed By (Print or Type)**
- Allen Monchik
- Project Manager

**Signature**

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

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<tr>
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<td>Name of Building Owner/Operator (2)</td>
<td>Division of Property Management &amp; Construction</td>
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<tr>
<td>Agencies Notified</td>
<td>Type Notification</td>
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<tr>
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<td>☑ Amended</td>
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<tr>
<td>☑ DOH</td>
<td>☑ Amendment #</td>
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<td>☑ Emergency (including justification)</td>
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<td>☑ Cancellation</td>
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<td>Street Address</td>
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<tr>
<td>City, State, Zip Code</td>
<td>Trenton, NJ 08608</td>
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<tr>
<td>Name of Contact</td>
<td>Rick Ferrera</td>
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<tr>
<td>Telephone Number</td>
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FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Residential House</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>17 Armstrong Avenue</td>
</tr>
<tr>
<td>City (5)</td>
<td>South River</td>
</tr>
<tr>
<td>County (6)</td>
<td>Middlesex</td>
</tr>
<tr>
<td>County Code (7)(STATE USE ONLY)</td>
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</tr>
<tr>
<td>Current Use (Prior if being demolished)</td>
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</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>Bio Terra Solutions</td>
</tr>
<tr>
<td>ASCM No.</td>
<td>All Pro Management Contracter (9)</td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>All Pro Management LLC</td>
</tr>
<tr>
<td>Street Address</td>
<td>P.O. Box 1224</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Union, NJ</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>Rick Eustaquio</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>973-494-3762</td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>09 / 10 / 14</td>
</tr>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>11 / 10 / 14</td>
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<tr>
<td>Occupancy Status During Abatement (Check only one)</td>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
</tr>
<tr>
<td>Description of Time of Abatement: AM-PM/ PM- AM</td>
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<tr>
<td>Full Containment with Negative Pressure</td>
<td>☑</td>
</tr>
<tr>
<td>Renovation</td>
<td>☑</td>
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<tr>
<td>Demolition</td>
<td>☑</td>
</tr>
<tr>
<td>Glovebag Procedure</td>
<td>☑</td>
</tr>
<tr>
<td>Non-Exempted (*) and Non-Friable Procedure</td>
<td>☑</td>
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Location of Asbestos-Containing Material (ACM) TO BE ABATED IN FACILITY

<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>
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<tbody>
<tr>
<td>Basement</td>
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<tr>
<td>☑ Floor Tile &amp; Mastic</td>
<td>20 SF</td>
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</table>

Name of Registered Waste Hauler

Yannuzzi Group Inc.

<table>
<thead>
<tr>
<th>Cubic Yards of Waste</th>
<th>As Needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Registered Landfill</td>
<td>IESI Landfill</td>
</tr>
<tr>
<td>Disposal Date</td>
<td>TBD</td>
</tr>
<tr>
<td>City, State</td>
<td>Bethlehem, PA</td>
</tr>
</tbody>
</table>

Completed By (Print or Type)

Allen Monchik

Title | Project Manager |
| Signature | Allen Monchik |

Date: 9/8/14

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

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<tr>
<td>✔ EPA</td>
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<tr>
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<td>✔ DOH</td>
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<tr>
<td>✔ DCA (NJAC 5:23-8)</td>
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<tr>
<th>Type Notification</th>
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<tr>
<td>✔ Initial</td>
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<table>
<thead>
<tr>
<th>Street Address</th>
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<tbody>
<tr>
<td>33 West State Street</td>
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<table>
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<tr>
<th>City, State, Zip Code</th>
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<tbody>
<tr>
<td>Trenton, NJ 08690</td>
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<table>
<thead>
<tr>
<th>Name of Contact</th>
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<tbody>
<tr>
<td>Rick Ferrera</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Telephone Number</th>
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<tr>
<td></td>
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## FACILITY INFORMATION

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<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residential House</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Street Address</th>
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<tbody>
<tr>
<td>53 Armstrong Avenue</td>
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<th>City (5)</th>
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<tbody>
<tr>
<td>South River</td>
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<table>
<thead>
<tr>
<th>County (6)</th>
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<tbody>
<tr>
<td>Middlesex</td>
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<table>
<thead>
<tr>
<th>County Code (7) (STATE USE ONLY)</th>
<th>Current Use (Prior if being demolished)</th>
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<tbody>
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<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>ASCM No.</th>
<th>Name of Abatement Contractor (9)</th>
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</thead>
<tbody>
<tr>
<td>Bio Terra Solutions</td>
<td></td>
<td>ALL PRO MANAGEMENT LLC</td>
</tr>
</tbody>
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<tbody>
<tr>
<td>P.O. Box 1224</td>
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<tr>
<td>Union, NJ</td>
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<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rick Eustaquito</td>
<td>973-494-3782</td>
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<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
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<tbody>
<tr>
<td>09 / 10 / 14</td>
<td>11 / 10 / 14</td>
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<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>
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<tr>
<td>□ Abatement Performed Outside of Normal Facility Hours - Describe</td>
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<tr>
<th>Time of Abatement</th>
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<tbody>
<tr>
<td>AM:PM AM:PM AM:PM</td>
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<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
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<tr>
<td>□ &gt;3 sf or ≥3 if</td>
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<tr>
<td>□ &gt;160 sf or ≥280 if</td>
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<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>
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<tr>
<td>□ Non-Exempted (*) and Non-Friable Procedure</td>
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<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement, Kitchen, Bthrm, Hallwy</td>
</tr>
<tr>
<td>Throughout Interior</td>
</tr>
<tr>
<td>Exterior</td>
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<table>
<thead>
<tr>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
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</thead>
<tbody>
<tr>
<td>Yes</td>
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<table>
<thead>
<tr>
<th>Description of Asbestos Containing Material (ACM) (I.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
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<tbody>
<tr>
<td>Floor Tile &amp; Flooring Bottom Layer</td>
<td>650 SF</td>
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<tr>
<td>Sheetrock &amp; Joint Compound</td>
<td>2,750 SF</td>
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<tr>
<td>Radiator Heat Shielding</td>
<td>150 SF</td>
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<tr>
<td>Foundation Waterproofing</td>
<td>1,000 SF</td>
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<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler Yanuzzi Group Inc.</th>
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<tbody>
<tr>
<td>NJDEP Waste Hauler Id No. 17467</td>
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<table>
<thead>
<tr>
<th>Cubic Yards of Waste As Needed</th>
<th>Name of Registered Landfill</th>
</tr>
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<tbody>
<tr>
<td>TBD</td>
<td>IESI Landfill</td>
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<tr>
<th>City, State</th>
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<tr>
<td>Hillsborough, NJ</td>
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<tbody>
<tr>
<td>Allen Monchik</td>
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<table>
<thead>
<tr>
<th>Title</th>
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<tbody>
<tr>
<td>Project Manager</td>
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<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
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<td>9/8/14</td>
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</table>

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

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

**Date of Notification:** 09 / 08 / 14  
**Name of Building Owner/Operator:**  
**Division of Property Management & Construction:**

**Agencies Notified:**  
- [x] EPA  
- [x] DOLWD  
- [x] DOH  
- [□] DCA  
  (NJAC 5:23-8)

**Street Address:** 33 West State Street  
**City, State, Zip Code:** Trenton, NJ 08608

**Name of Contact:** Rick Ferrera  
**Telephone Number:**

### FACILITY INFORMATION

**Name of Facility Where Abatement is Taking Place:** Residential House  
**Street Address:** 20 Belmont Avenue  
**City:** South River  
**County:** Middlesex

**Name of Monitoring Firm Hired by Building Owner:** Bio Terra Solutions  
**ASCM No.:**

**Name of Abatement Contractor:** ALL PRO MANAGEMENT LLC  
**Street Address:** 27 Outwater Lane  
**City, State, Zip Code:** Garfield, NJ 07026

**Project Manager for Monitoring Firm:** Rick Eustaquio  
**Telephone No.:** 973-494-3762

**Telephone No.:** 973-928-4888  
**License No.:** 1188

**Start Date:** 09 / 10 / 14  
**Scheduled Completion Date:** 11 / 10 / 14

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

**Square Feet:**

**# of Floors:**

**Bldg. Age:**

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

### Occupancy Status During Abatement

- [x] 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

- [□] ≥ 3 sf or ≥ 3 ft
- [□] ≥ 160 sf or ≥ 260 ft

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

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

**Yes**  |  **No**  |  **N/A**
--- | --- | ---

**1st Floor**  
- [□]  
- [x] Flue Mortar

**Throughout Interior**  
- [□]  
- [□] Plaster Systems

**Exterior Under Siding**  
- [□]  
- [□] Cement Shingles

**Name of Registered Waste Hauler:**

**NJDEP Waste Hauler ID No.:** 17467

**Cubic Yards of Waste As Needed:**

**Name of Registered Landfill:**

**IESI Landfill**

**City, State:** Bethlehem, PA

**Completed By (Print or Type):** Allen Monchik  
**Title:** Project Manager  
**Signature:**

**Date:** 9/8/14

---

*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)
09 / 08 / 14

Name of Building Owner/Operator (2)
Division of Property Management & Construction

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

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

Street Address
33 West State Street

City, State, Zip Code
Trenton, NJ 08608

Name of Contact
Rick Ferrera

Telephone Number

FACILITY INFORMATION

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

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

Street Address
1 Washington Street

Square Feet

City (6)
South River

# of Floors

County (8)
Middlesex

Bldg. Age

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

27 Outwater Lane

Garfield, NJ 07026

Project Manager for Monitoring Firm
Rick Eustaquio

Telephone No.
973-494-3762

License No.
1188

Telephone No.
973-928-4888

Name of OSHA Monitor
ALL PRO MANAGEMENT LLC

Start Date (10)
09 / 10 / 14

Scheduled Completion Date (11)
11 / 10 / 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)
☐ ≥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, surfacing, VAT, or other miscellaneous)

Amount (Specify SF or LF)

Abatement Type

Removal Repair Encapsulate

Endorse

Endorse

Endorse

Endorse

Location

Dining Room
Throughout Interior
Exterior
Exterior

Floor Tile
Sheetrock & Joint Compound
Lower Roof
Window Glazing

120 SF
2,000 SF
150 SF
30 LF

Name of Registered Waste Hauler
Yanuzzi Group Inc.

NJDEP Waste Hauler ID No.
17467

Cubic Yards of Waste As Needed

Disposal Date
TBD

Name of Registered Landfill
IESI Landfill

City, State
Hillsborough, NJ

City, State
Bethlehem, PA

Completed By (Print or Type)
Allen Monchik

Title
Project Manager

Signature

Date
9/8/14

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

Date of Notification (1)  09 / 08 / 14
Name of Building Owner/Operator (2)
Division of Property Management & Construction

Agencies Notified  
☑ EPA  ☑ DOLVD  ☑ DOH  ☑ DCA  (NJAC 5:23-8)
Type Notification  
☑ Initial  ☑ Amended  ☑ Amendment #  ☑ Emergency (including justification)  ☑ Cancellation
Street Address  
33 West State Street
City, State, Zip Code  
Trenton, NJ 08608
Name of Contact  
Rick Ferrera
Telephone Number

FACILITY INFORMATION
Name of Facility Where Abatement Is Taking Place (3)
Residential House
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
Bldg. Age

Street Address  
29 Water Street
City (5)
South River
County (6)
Middlesex
County Code (*) (STATE USE ONLY)  
Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8)  
Bio Terra Solutions
ASCe No.  
Name of Abatement Contractor (9)  
ALL PRO MANAGEMENT LLC
Street Address  
P.O. Box 1224
City, State, Zip Code  
Union, NJ
Telephone No.  
973-494-3762
Phone No.  
973-928-4888
License No.  
1188
Name of OSHA Monitor  
ALL PRO MANAGEMENT LLC
Street Address  
27 Outwater Lane
City, State, Zip Code  
Garfield, NJ 07026

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: AM/PM/AM

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)

<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>2nd Floor</td>
<td>Yes</td>
<td>☑ Vinyl Tile</td>
<td>150 SF</td>
<td>☑ Encapsulate</td>
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<tr>
<td>☑</td>
<td></td>
<td></td>
<td></td>
<td>☑ Removal</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler  
Yanuzzi Group Inc.
Name of Registered Landfill  
IESI Landfill
City, State  
Hillsborough, NJ
Committed By (Print or Type)  
Allen Monchik
Title  
Project Manager
Signature  
Date  9/8/14

* 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)
09 / 08 / 14

Name of Building Owner/Operator (2)

Division of Property Management & Construction

Agencies Notified
☐ EPA
☐ DOLWD
☐ DOH
☒ DCA
(NUC 523-8)

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

Street Address
33 West State Street

City, State, Zip Code
Trenton, NJ 08608

Name of Contact
Rick Ferrera

Telephone Number

FACILITY INFORMATION

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

Street Address
1 Lee Street

City (5)
South River

County (6)
Middlesex

County Code (7) [STATE USE ONLY]

Current Use ( Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (3)
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.
973-494-3762

License No.
1188

Start Date (10)
09 / 10 / 14

Scheduled Completion Date (11)
11 / 10 / 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 AM

Scope of Work (Check all that apply)
☐ ≥ 3 sf or ≥ 3 if
☒ ≥ 160 sf or ≥ 360 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

IN Facility

Yes No N/A

(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)

Abatement Type

2nd Floor

Plaster Ceiling & Walls

1,500 SF

☐ ☐ ☐

Exterior

Transite Siding

3,200 SF

☐ ☐ ☐

Name of Registered Waste Hauler
Yanuzzi Group Inc.

NJDEP Waste Hauler ID No.
17467

Cubic Yards of Waste
Disposal Date
TBD

Name of Registered Landfill
IESI Landfill

City, State
Hillsborough, NJ

Completed By (Print or Type)
Allen Monchik

Title
Project Manager

Signature

Date
9/18/14

* 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)

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<tr>
<th>Date of Notification (1)</th>
<th>09 / 08 / 14</th>
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<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Division of Property Management &amp; Construction</td>
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<tr>
<td>Agencies Notified</td>
<td>Type Notification</td>
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<tr>
<td>EPA</td>
<td>Initial</td>
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<td>DOLWD</td>
<td>Amended</td>
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<td>Amendment #</td>
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<tr>
<td>DCA (NJAC 5:23-8)</td>
<td>Emergency (including justification)</td>
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<td></td>
<td>Cancellation</td>
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<tr>
<td>Street Address</td>
<td>33 West State Street</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Trenton, NJ 08608</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Rick Ferrera</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

| Name of Facility Where Abatement is Taking Place (3) | Residential House |
| Street Address | 11 Lee Street |
| City (5) | South River |
| County (6) | Middlesex |
| 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 | 27 Outwater Lane |
| City, State, Zip Code | Garfield, NJ 07026 |
| Project Manager for Monitoring Firm | Rick Eustaquio |
| Telephone No. | 973-494-3762 |
| Telephone No. | 973-928-4888 |
| License No. | 1188 |
| Start Date (10) | Scheduled Completion Date (11) |
| 09 / 10 / 14 | 11 / 10 / 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/AM/PM/AM |

| Scope of Work (Check all that apply) | |
| ≥ 3 sf or ≥ 3 lf | Renovation |
| ≥ 160 sf or ≥ 260 lf | 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 |

| 2nd Floor Bathroom | Vinyl, VAT & Mastic |
| 1st Flr. Bathroom Hallway Kitchen | Vinyl, VAT & Mastic |

Name of Registered Waste Hauler
Yanuzzi Group Inc.
NJDEP Waste Hauler ID No. 17487
Cubic Yards of Waste As Needed
Name of Registered Landfill IESI Landfill
City, State Hillsborough, NJ Bethlehem, PA
Completed By (Print or Type) Allen Monchik
Title Project Manager
Signature * Do not use this form for asbestos licensure exempted activities.
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:80 and 5:16)  

Date of Notification (1)  
09 / 08 / 14  

Name of Building Owner/Operator (2)  
Division of Property Management & Construction  

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

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

Street Address  
33 West State Street  

City, State, Zip Code  
Trenton, NJ 08608  

Name of Contact  
Rick Ferrera  

Telephone Number  

FACILITY INFORMATION  

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

Street Address  
14 Elizabeth Street  

City (5)  
South River  

County (6)  
Middlesex  

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 Eustaqui  

Telephone No.  
973-494-3762  

Telephone No.  
973-928-4888  

License No.  
1188  

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  

Scope of Work (Check all that apply)  
☐ >3 sf or >3 lf  
☐ >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  

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  

1st Floor Bathroom & Entryway  
☐ ☐ ☒ Floor Tile/Linoleum, Vinyl Sheet  
185 SF  
☐ ☐ ☐  

Kitchen Sink  
☐ ☐ ☒ Sink Undercoating  
5 SF  
☐ ☐ ☐  

Exterior Siding @ Corners  
☐ ☐ ☐ Caulking  
250 LF  
☐ ☐ ☐  

Name of Registered Waste Hauler  
Yanuzzi Group Inc.  

NJDOP Waste Hauler ID No. 17467  

Cubic Yards of Waste As Needed  

Name of Registered Landfill  
IESI Landfill  

Disposal Date TBD  

City, State  
Hillsborough, NJ  

Bethlehem, PA  

Completed By (Print or Type)  
Allen Monchik  
Title  
Project Manager  

Signature  

Date  
9/8/14  

* Do not use this form for asbestos licensure exempted act.  AS
**STATE OF NEW JERSEY**

**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 8:80-7 and 12:12-7)

**Date of Notification (1)**

09/10/14

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

First Energy

**Street Address**

76 South Street

**City, State, Zip Code**

Akron, Ohio 44308

**Name of Contact**

Jim Halsey

**Telephone Number**

---

**AGENCIES NOTIFIED**

- [ ] EPA
- [ ] DEP
- [ ] DOH
- [ ] DOL

**TYPE OF NOTIFICATION**

- [ ] Initial
- [ ] Amended
- [ ] Amendment #
- [ ] Emergency w/justification
- [ ] Cancellation

---

**FACILITY INFORMATION**

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

---

**Type of Facility (4)**

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

**Street Address**

82-82 GRANGE AVE

<table>
<thead>
<tr>
<th>City (5)</th>
<th>County (6)</th>
<th>County Code (7)</th>
<th>Square Feet</th>
<th># Of Floors</th>
<th>Building Age</th>
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<tbody>
<tr>
<td>FAIRHAVEN</td>
<td>MONMOUTH</td>
<td></td>
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<table>
<thead>
<tr>
<th>Environmental Health Investigations</th>
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<tbody>
<tr>
<td>NORTHSTAR CONTRACTING GROUP, INC</td>
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</table>

**Street Address**

855 West Shore Trail

<table>
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<tr>
<th>City, State, Zip Code</th>
<th>SPARTA, NJ 07871</th>
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<tr>
<th>Project Mgr. For Monitoring Firm</th>
<th>Telephone Number</th>
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<tr>
<td>Dino Nappi</td>
<td>212-682-8271</td>
</tr>
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<td>09/23/14</td>
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<td>973-884-8582</td>
<td>00860</td>
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**Occupancy Status During Abatement (Check Only 1)**

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

<table>
<thead>
<tr>
<th>Name of OSHA Monitor</th>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>NORTHSTAR CONTRACTING GROUP, INC</td>
<td>32 Williams Parkway</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>East Hanover, NJ 07036</th>
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</thead>
</table>

**SCOPE OF WORK (CHECK ALL THAT APPLY)**

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

<table>
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<tr>
<th>Location of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
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**Location of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)**

**ABATEMENT TYPE**

<table>
<thead>
<tr>
<th>R</th>
<th>E</th>
<th>M</th>
<th>O</th>
<th>V</th>
<th>A</th>
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**Exterior Telephone Pole**

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<tr>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
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</thead>
<tbody>
<tr>
<td>YES</td>
<td>NO</td>
<td>N/A</td>
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**Name of Registered Waste Hauler**

NEWARK CARTING

**New Jersey Waste Hauler ID No.**

4509

**Name of Registered Landfill**

IESI

<table>
<thead>
<tr>
<th>City, State</th>
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</thead>
<tbody>
<tr>
<td>NEWARK, NJ</td>
</tr>
<tr>
<td>BETHLEHEM, PA 18105</td>
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</tbody>
</table>

**Completed by (Print or Type)**

Title

Project Manager

Signature

Date

09/10/14

---

**ASB-41**
Date of Notification (1): 9 / 10 / 14

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

Street Address: 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-41AL

City, State, Zip Code: RAHWAY, NEW JERSEY 07065

Name of Contact: MIKE LATRONICA

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

Street Address: 126 EAST LINCOLN AVENUE - BUILDING 57

City (5): RAHWAY

County (6): UNION

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

Name of Monitoring Firm HIred by Building Owner (8): ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.

Address: 655 WEST SHORE TRAIL

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

Name of Abatement Contractor (9): PAR ENVIRONMENTAL CORPORATION

Address: 313 SPOOK ROCK ROAD

City, State, Zip Code: SUHFERN, NEW YORK 10901

Project Manager for Monitoring Firm: WILLIAM S. KERBEL, CHI

Telephone: 973-729-5649

Telephone Number: 645-369-7500

License Number: 1101

Expected State Date (10): 9 / 24 / 14

Socht: 11 / 1 / 14

Completion Date (11): 1 / 14

Month: Day: Year

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

Scope of Work (Check all that apply):
- Demolition
- >3SF OR LF
- >160 SF OR 260 LF

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

- WINDOW GLAZING CAULKING
- DUCT FLANGE CAULK
- FUME HOOD LINING

Is Location normally used solely by Maintain/Custodial Staff (12):
- Yes
- No
- N/A

Description of Asbestos-Containing Material (ACM) (i.e. Thermal systems insulation, surfacing, VAT, or other miscellaneous):
- WINDOW GLAZING CAULK
- DUCT FLANGE CAULK
- FUME HOOD LINING

Amount (Specify SF or LF):
- 1,120 LF
- 100 LF
- 30 SF

Abatement Type:
- X

Full Containment with Negative Pressure
- Mini-Enclos
- Glovebag Procedure
- Non-Friable Procedure

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

- WINDOW GLAZING CAULK
- DUCT FLANGE CAULK
- FUME HOOD LINING

Cubic Yards of Waste:
- 4.0

Name of Registered Waste Hauler:
FREEHOLD CARTAGE, INC.
825 HIGHWAY 33

NJDEP Waste Hauler ID No.:
15939

Cubic Yards of Waste:
4.0

Name of Registered Landfill:
LYCOMING COUNTY RESOURCE MANAGEMENT SER
447 ALEXANDER DRIVE/ROUTE 15

Disposal Date:
9/25/2014

City, State:
FREEHOLD, NEW JERSEY

City, State:
MONTGOMERY, PA 17752

Completed by (Print or Type): BENJAMIN SANCHEZ
Title: DIRECTOR OF OPERATIONS
Signature: [Signature]
Date: 9/10/14
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1) 9 / 10 / 2014

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

Street Address 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414

City, State, Zip Code RAHWAY, NEW JERSEY 07065

Name of Contact MIKE LATRONICA
Telephone Number

Agencies Notified

<table>
<thead>
<tr>
<th>Agency</th>
<th>Type Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial Notification</td>
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<td>DCA</td>
<td>EMERGENCY NOTIFICATION</td>
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</tbody>
</table>

FACILITY INFORMATION

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

Street Address
126 EAST LINCOLN AVENUE - BUILDING 805

City (5) RAHWAY
County (6) UNION
County Code (7) (STATE USE ONLY) ASCM No. 17

Name of Monitoring Firm Hired by Building Owner (8)
ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.

Name of Abatement Contractor (9)
PAR ENVIRONMENTAL CORPORATION

Street Address
655 WEST SHORE TRAIL
City, State, Zip Code SPARTA, NEW JERSEY 07871

Project Manager for Monitoring Firm WILLIAM S. KERBEL, CIH
Telephone Number 973-729-5649

Name of OSHA Monitor AMERISCI LABORATORIES INC #11480
Telephone Number 845-369-7500
License Number 1101

Expected Start Date (10) 9 / 29 / 2014
Sched. Completion Date (11) 11 / 1 / 2014

Month Day Year Month Day Year

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

Other - Describe: MONDAY-FRIDAY 7AM-3:30 PM

Scope of Work (Check all that apply)
X Demolition
X Renovation
X >3SF OR LF
X >180 SF OR 260 LF

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

Is Location normally used solely by Maint/Custodial Staff (12)

Description of Asbestos-Containing Material (ACM)

Amount (Specify SF or LF)

Abatement Type

Full Containment with Negative Pressure
Mini-Enclosure
Glovebag Procedure
Non-Filtrate Procedure

REMOVAL
ENCAPSULATION
ENCLOSURE

Abatement Type X

WINDOW CAULK X

Description of Asbestos-Containing Material (ACM)

Amount (Specify SF or LF)

Abatement Type X

REDUCTION
ENCAPSULATION
ENCLOSURE

Abatement Type X

ROOFING X

Name of Registered Waste Hauler FREEHOLD CARTAGE, INC.
Hauler ID No. 825 HIGHWAY 33

Cubic Yards of Waste 120

Name of Registered Landfill LYCOMING COUNTY RESOURCE MANAGEMENT SER
447 ALEXANDER DRIVE/ROUTE 15

City, State FREEHOLD, NEW JERSEY
Disposal Date 9/29/2014-11/1/2014

City, State MONTGOMERY, PA 17752
Completed by (Print or Type) BENJAMIN SANCHEZ
Title DIRECTOR OF OPERATIONS

Name of Registered Waste Hauler FREEHOLD CARTAGE, INC.
Hauler ID No. 825 HIGHWAY 33

Cubic Yards of Waste 120

Name of Registered Landfill LYCOMING COUNTY RESOURCE MANAGEMENT SER
447 ALEXANDER DRIVE/ROUTE 15

City, State FREEHOLD, NEW JERSEY
Disposal Date 9/29/2014-11/1/2014

City, State MONTGOMERY, PA 17752
Completed by (Print or Type) BENJAMIN SANCHEZ
Title DIRECTOR OF OPERATIONS

Name of Registered Waste Hauler FREEHOLD CARTAGE, INC.
Hauler ID No. 825 HIGHWAY 33

Cubic Yards of Waste 120

Name of Registered Landfill LYCOMING COUNTY RESOURCE MANAGEMENT SER
447 ALEXANDER DRIVE/ROUTE 15

City, State FREEHOLD, NEW JERSEY
Disposal Date 9/29/2014-11/1/2014

City, State MONTGOMERY, PA 17752
Completed by (Print or Type) BENJAMIN SANCHEZ
Title DIRECTOR OF OPERATIONS
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1)  
09/10/14

Name of Building Owner/Operator (2)  
Princeton University

Agency Notified  
EPA

Type Notification  
Initial

Street Address  
P.O. box 2158

City, State, Zip Code  
Princeton NJ 08543

Name of Contact  
Robert Otego

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  
Princeton University - Washington Road and Williams ave -Steam lines adjacent to firestone library

Subchapter 8 (Other than K12)  
Other (i.e. Private & commercial buildings, homes, etc.)

Square Feet  
N/A

Current Use (Prior if being demolished)  
University

Name of Monitoring Firm Hired by Building Owner (8)  
Pennoni Associates Inc

ASCM No.  
Name of Abatement Contractor (9)

Street Address  
515 Grove Street Suite 1B

City, State, Zip Code  
Haddon Heights NJ

TelephoneNumber  
856-547-8568

Name of OSHA Monitor  
Criterion Labs

Project Manager of Monitoring Firm  
Alan Lloyd

Telephone Number  
610-364-9622

Licence Number  
1103

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

Scheduled Start Date (10)  
09/24/14

Sched. Completion Date (11)  
09/26/14

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

Telephone Number  
856-547-8568

Name of Registered Landfill  
GROWS

City, State  
Trenton NJ

Disposal Date  
As needed

City, State  
Morrismville PA

Location of Asbestos - Containable Material (ACM) TO BE ABATED  
In Facility (13)

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

Abatement Type  
Full Containment with Negative Pressure

x Renovation  
x Mini - Enclosure

Non-Friable Procedure  
x Glovebag Procedure

x > 3 sf or > 3 if  
x >160 sf or > 260 if

Location  
Washington Road and Williams manhole

Description  
pipe insulation

Amount  
150 LF

Name of Registered Waste Hauler  
NJDEP Waste Hauler ID No.

Cubic Yards of Waste  
5

Horizon Disposal

Name of Registered Landfill  
GROWS

City, State  
Trenton NJ

Disposal Date  
As needed

City, State  
Morrisville PA

Completed By (Print or Type)  
Mark Goshaw

Title  
Project Manager

Signature  
Mark Goshaw

Date  
9/10/14

JUN 95
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1) 8/29/14

Agencies Notified □ EPA
□ DEP
□ DOL
□ DOH
□ DCA
□ Initial
□ Amended R#1-9/5/14
□ Emergency
□ Cancellation

Name of Building Owner / Operator (2)
Princeton University

Street Address
E. A. MacMillan Building

City, State & Zip Code
Princeton, NJ 08544

Name of Contact
Bob Ortega

Telephone Number

Name of Facility Where Abatement is Taking Place (3)
Forrestal Campus Boiler House – Princeton University

Street Address
300 Forrestal Rd

City (5) Princeton
County (6) Mercer
County Code (7) 

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

Square Feet 22000
# of Floors 3
Bidg. Age 100+

Current Use (Prior if being demolished)
University

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

Street Address
1123 Beaver Street
City, State & Zip Code
Bristol, PA 19007

Name of OSHA Monitor
Bristol Environmental Inc.

Project Manager for Monitoring Firm
Mike Keeth

Telephone Number 609-386-8800

Scheduled Start Date (10) 9/8/14
Scheduled Completion Date (11) 9/9/14

Occupancy Status During Abatement
☐ Facility Closed/Vacated During Entire Period of Abatement
☒ Abatement Performed Outside of Normal Hours – 7am to 3pm
Describe: 3:30 PM – 1:30 AM
☐ Facility Occupied During Abatement 7:00am to 3:30 pm

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
☒ Glove Bag Procedures
☐ 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 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)

<table>
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<tr>
<th>Area</th>
<th>Description</th>
<th>Amount</th>
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<td>Pipe fitting</td>
<td>2 ea</td>
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<tr>
<td>#2</td>
<td>Debris cleanup</td>
<td>3 SF</td>
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<tr>
<td>#3</td>
<td>Pipe insulation</td>
<td>3 LF</td>
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<tr>
<td>#4</td>
<td>Pipe Insulation</td>
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<td>46 LF</td>
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<tr>
<td>#6</td>
<td>Pipe Insulation</td>
<td>2 ea</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
Bristol Environmental Inc

NJDEP Waste Hauler ID No. 18706

Cubic Yards of Waste
1 cu yd

Name of Registered Landfill
GROWS Landfill

City, State
Bristol, PA

Disposal Date 9/9/14

City, State
Morrisville, PA

Completed By (Print or Type)
Gino Pizzigoni

Title Project Manager

Signature

Date 8/29/14
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1) 8/29/14

Agencies Notified
☑ EPA
☑ DEP
☒ DOL 9444
☒ DOH 452
☒ DCA

Type Notification ☐ Initial
☒ Amended
☒ Emergency
☐ Cancellation

Name of Building Owner / Operator (2)
Princeton University
Street Address
E. A. MacMillan Building
City, State & Zip Code
Princeton, NJ 08544
Name of Contact
Bob Orrego

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Forrestal Campus Boiler House – Princeton University
Street Address
300 Forrestal Rd

City (5) Princeton
County (6) Mercer
County Code (7) N/A

Name of Monitoring Firm Hired by Building Owner (8)
ACF
Street Address
Three Terri Lane
City, State & Zip Code
Burlington, NJ 08016

Project Manager for Monitoring Firm
Mike Keehn
Telephone Number
609-380-8800

Scheduled Start Date (10) 9/8/14
Scheduled Completion Date (11) 9/9/14

Occupy Status During Abatement (Check only one)
☐ Facility Closed/Vacated During Entire Period of Abatement
☒ Abatement Performed Outside of Normal Hours – 7am to 3pm
Describe: 5:00 PM – 1:30 AM
☐ Facility Occupied During Abatement 7:00am to 3:30 pm

Scope of Work (Check all that apply)
☒ ±3 sf or ±3 ft
☑ ±160 sf ±260 sf
☒ Renovation
☐ Demolition

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

<table>
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<tr>
<th>Area #1</th>
<th>Area #2</th>
<th>Area #3</th>
<th>Area #4</th>
<th>Area #5</th>
<th>Area #6</th>
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<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
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</tbody>
</table>

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

<table>
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<td>3 LF</td>
<td>2 LF</td>
</tr>
<tr>
<td></td>
<td></td>
<td>46 LF</td>
<td>2 ea</td>
</tr>
</tbody>
</table>

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

Amount (Specify SF or LF)

Abatement Type
☐ Full Containment with Negative Pressure
☒ Mini-Enclosure
☒ Glove Bag Procedures
☒ Non-Exempted and Non-Friable Procedure

Name of Registered Waste Hauler
Bristol Environmental Inc
City, State
Bristol, PA

Completed By (Print or Type)
Gino Pizzigoni

Name of Registered Landfill
GROWS Landfill
City, State
Morrisville, PA

Cubic Yards of Waste
1 cu yd

Disposal Date
9/9/14

Title
Project Manager
Signature
Gino Pizzigoni
Date
8/29/14
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)
01 / 15 / 14

Name of Building Owner/Operator (2)
Princeton University-Office of Design and Construction

Agencies Notified
□ EPA
☑ DOLWD
☑ DHSS
□ DCA
(NJAC 5:23-3)

Type Notification
☑ Initial
☑ Amended
□ Amendment #17-9/15/14
□ Emergency (including justification)
□ Cancellation

Street Address
200 Elm Dr.

City, State, Zip Code
Princeton, NJ 08544

Name of Contact
Robert Ortega

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Princeton University-Firestone Library

Street Address
Washington Rd

City (5)
Princeton

County (6)
MERGER

County Code (?)/STATE USE ONLY

Current Use (Prior if being demolished)
Library

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

ASCM 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
Michael Keehn

Telephone No. 609-386-8800

License No.
00509

Start Date (10)
2 / 5 / 14

Scheduled Completion Date (11)
10 / 31 / 14

Name of OSHA Monitor
BRISTOL ENVIRONMENTAL, INC.

Street Address
1123 BEAVER STREET

City, State, Zip Code
BRISTOL, PA 19007

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: 6:30AM-3:00PM

Scope of Work (Check all that apply)
□ ≥3 sf or ≥3 if
□ ≥160 sf or ≥260 if
□ Renovation
□ Demolition

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

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

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

Amount (Specify SF or LF)

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

B Level

Floor tile and mastic
40 SF

B Level

Pipe Insulation (Wrap & Cut)
2 LF

DeLong Reading Level

Pipe Insulation (Wrap & Cut)
30 LF

Name of Registered Waste Hauler
SERVICE TRANSPORT GROUP INC

NjDEP Waste Hauler ID No. 20990

Cubic Yards of Waste

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

City, State
NEW CASTLE, DE

Disposal Date

City, State
MORRISVILLE, PA 19067

Completed By (Print or Type)
Brian Scafiro

Title
Estimator

Signature
Date 9/5/14

ASH-41
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)

Date of Notification (1)

01 / 15 / 14

Name of Building Owner/Operator (2)
Princeton University-Office of Design and Construction

Agencies Notified

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

Type Notification

☒ Initial
☐ Amended
Amendment #17-9/5/14
☐ Emergency (including justification)
☐ Cancellation

Street Address
200 Elm Dr.

City, State, Zip Code
Princeton, NJ 08544

Name of Contact
Robert Ortega

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Princeton University-Firestone Library

Street Address
Washington Rd

City (5)
Princeton

County (6)
MERCY

County Code (7) (STATE USE ONLY)

Current Use (Prior if being demolished)
Library

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

Bldg. Age

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

ASCM No.

Name of Abatement Contractor (9)
BRISTOL ENVIRONMENTAL, INC.

Street Address
Three Terri Center

City, State, Zip Code
Burlington, NJ 08016

Project Manager for Monitoring Firm
Michael Keehn

Telephone No.
609-366-8800

Telephone No.
215-786-6040

License No.
00509

Start Date (10)
2 / 5 / 14

Scheduled Completion Date (11)
10 / 31 / 14

Name of OSHA Monitor
BRISTOL ENVIRONMENTAL, INC.

Street Address
1123 BEAVER STREET

City, State, Zip Code
BRISTOL, PA 19007

Occupancy Status During Abatement (Check only one)

☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours - Describe
Toms of Abatement: 8:30AM-3:00PM

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?

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

Throughout Levels C, B and A
☐ ☐ ☐ Floor tile and mastic
1,465 SF
☒ ☐ ☐

Office A-7J
☐ ☐ ☐ Window Caulk
96 LF
☒ ☐ ☐

Throughout Levels C, B and A
☐ ☐ ☐ Duct Work
1775 SF
☒ ☐ ☐

1st Floor Level 1
☐ ☐ ☐ Pipe Insulation (Wrap & Cut)
72 LF
☐ ☐ ☐

Name of Registered Waste Hauler
SERVICE TRANSPORT GROUP INC

NJ/DEP Waste Hauler ID No.
20990

Cubic Yards of Waste

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

City, State
MORRISVILLE, PA 19067

Disposal Date

Signature

Date

B S 14003-B

* 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)

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<td>Robert Ortega</td>
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<td>County Code (7) (STATE USE ONLY)</td>
<td></td>
</tr>
<tr>
<td>Current Use (Prior if being demolished)</td>
<td></td>
</tr>
<tr>
<td>Library</td>
<td></td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td></td>
</tr>
<tr>
<td>ATC Associates Inc.</td>
<td></td>
</tr>
<tr>
<td>ASCM No.</td>
<td></td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td></td>
</tr>
<tr>
<td>BRISTOL ENVIRONMENTAL, INC.</td>
<td></td>
</tr>
<tr>
<td>Street Address</td>
<td></td>
</tr>
<tr>
<td>1123 BEAVER STREET</td>
<td></td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td></td>
</tr>
<tr>
<td>BRISTOL, PA 19007</td>
<td></td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td></td>
</tr>
<tr>
<td>Michael Keen</td>
<td></td>
</tr>
<tr>
<td>Telephone No.</td>
<td></td>
</tr>
<tr>
<td>609-386-8800</td>
<td></td>
</tr>
<tr>
<td>License No.</td>
<td></td>
</tr>
<tr>
<td>215-786-6040</td>
<td></td>
</tr>
<tr>
<td>Name of OSHA Monitor</td>
<td></td>
</tr>
<tr>
<td>BRISTOL ENVIRONMENTAL, INC.</td>
<td></td>
</tr>
<tr>
<td>Street Address</td>
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<tr>
<td>BRISTOL, PA 19007</td>
<td></td>
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<tr>
<td>Start Date (10)</td>
<td></td>
</tr>
<tr>
<td>2 / 5 / 14</td>
<td></td>
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<tr>
<td>Scheduled Completion Date (11)</td>
<td></td>
</tr>
<tr>
<td>2nd Qtr 2014</td>
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</tr>
<tr>
<td>Occupancy Status During Abatement (Check only one)</td>
<td></td>
</tr>
<tr>
<td>[ ] Facility Closed/Vacated During Entire Period of Abatement</td>
<td></td>
</tr>
<tr>
<td>[ ] Abatement Performed Outside of Normal Facility Hours - Describe</td>
<td></td>
</tr>
<tr>
<td>Time of Abatement: 6:30AM-3:00PM/ 3:00PM-6:00AM</td>
<td></td>
</tr>
<tr>
<td>Scope of Work (Check all that apply)</td>
<td></td>
</tr>
<tr>
<td>[ ] 2 sf or ≥3 if</td>
<td></td>
</tr>
<tr>
<td>[ ] 150 sf or ≥260 sf</td>
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</tr>
<tr>
<td>[ ] Renovation</td>
<td></td>
</tr>
<tr>
<td>[ ] Demolition</td>
<td></td>
</tr>
<tr>
<td>[ ] Full Containment with Negative Pressure</td>
<td></td>
</tr>
<tr>
<td>[ ] Mini-Enclosure</td>
<td></td>
</tr>
<tr>
<td>[ ] Glovebag Procedure</td>
<td></td>
</tr>
<tr>
<td>[ ] Non-Exempted (*) and Non-Friable Procedure</td>
<td></td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED</td>
<td></td>
</tr>
<tr>
<td>IN Facility</td>
<td></td>
</tr>
<tr>
<td>Level</td>
<td></td>
</tr>
<tr>
<td>B Level</td>
<td></td>
</tr>
<tr>
<td>B Level</td>
<td></td>
</tr>
<tr>
<td>Delong Reading Level</td>
<td></td>
</tr>
<tr>
<td>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td></td>
</tr>
<tr>
<td>Floor tile and mastic</td>
<td></td>
</tr>
<tr>
<td>Pipe Insulation (Wrap &amp; Cut)</td>
<td></td>
</tr>
<tr>
<td>Pipe Insulation (Wrap &amp; Cut)</td>
<td></td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
<td></td>
</tr>
<tr>
<td>40 SF</td>
<td></td>
</tr>
<tr>
<td>2 LF</td>
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<td>Removal</td>
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<td>Repair</td>
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<tr>
<td>Encapsulate</td>
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<tr>
<td>Enclose</td>
<td></td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
<td></td>
</tr>
<tr>
<td>SERVICE TRANSPORT GROUP INC</td>
<td></td>
</tr>
<tr>
<td>NJ/DEP Waste Hauler ID No. 20990</td>
<td></td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td></td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td></td>
</tr>
<tr>
<td>G.R.O.W.S. NORTH LANDFILL</td>
<td></td>
</tr>
<tr>
<td>City, State</td>
<td></td>
</tr>
<tr>
<td>NEW CASTLE, DE</td>
<td></td>
</tr>
<tr>
<td>Completed By (Print or Type)</td>
<td></td>
</tr>
<tr>
<td>Brian Scafari</td>
<td></td>
</tr>
<tr>
<td>Title</td>
<td></td>
</tr>
<tr>
<td>Estimator</td>
<td></td>
</tr>
<tr>
<td>Signature</td>
<td></td>
</tr>
<tr>
<td>Brian Scafari</td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td></td>
</tr>
<tr>
<td>7/25/14</td>
<td></td>
</tr>
</tbody>
</table>
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 5:16)  

**Date of Notification:** 01 / 15 / 14  

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Name of Building Owner/Operator (2)</th>
<th>Telephone Number</th>
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<tbody>
<tr>
<td>☑ EPA</td>
<td>☑ Initial</td>
<td>Princeton University-Office of Design and Construction</td>
<td></td>
</tr>
<tr>
<td>☑ DOLWD</td>
<td>☑ Amended</td>
<td></td>
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<tr>
<td>☑ DHSS</td>
<td>☑ Amendment #16-7-25/14</td>
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<tr>
<td>☐ DCA (NJAC 5:23-8)</td>
<td>☐ Emergency (including justification)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Cancellation</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Street Address:**  
200 Elm Dr.  
City, State, Zip Code: Princeton, NJ 08544  

**Name of Contact:** Robert Ortega  

**FACILITY INFORMATION**  
Name of Facility Where Abatement is Taking Place (3): Princeton University-Firestone Library  

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City (5)</th>
<th>County (6)</th>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>ASCM No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Washington Rd</td>
<td>Princeton</td>
<td>MERCER</td>
<td>ATC Associates Inc.</td>
<td></td>
</tr>
</tbody>
</table>

**Street Address:** Three Terri Center  
City, State, Zip Code: Burlington, NJ 08016  

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Michael Keen</td>
<td>609-386-8800</td>
<td>00509</td>
</tr>
</tbody>
</table>

**Start Date (10):** 2 / 5 / 14  
**Scheduled Completion Date (11):** ON HOLD  

**Occupy Status During Abatement:**  
☐ Facility Closed/Vacated During Entire Period of Abatement  
☐ Abatement Performed Outside of Normal Facility Hours - Describe  
Time of Abatement: 8:30AM-3:00PM/PM-AM  

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

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

<table>
<thead>
<tr>
<th>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>☐ Yes</td>
<td>Floor tile and mastic</td>
<td>1,465 SF</td>
<td>☐ ☐ ☐ ☐</td>
</tr>
<tr>
<td>☐ No</td>
<td>Window Caulk</td>
<td>96 LF</td>
<td>☐ ☐ ☐ ☐</td>
</tr>
<tr>
<td>☐ N/A</td>
<td>Duct Work</td>
<td>1,775 SF</td>
<td>☐ ☐ ☐ ☐</td>
</tr>
<tr>
<td>☐ N/A</td>
<td>Pipe Insulation (Wrap &amp; Cut)</td>
<td>72 LF</td>
<td>☐ ☐ ☐ ☐</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Throughout Levels C, B and A</th>
<th>Office A-7J</th>
<th>Throughout Levels C, B and A</th>
<th>1st Floor Level 1</th>
<th>Name of Registered Waste Hauler</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>SERVICE TRANSPORT GROUP INC</td>
<td>20990</td>
<td>G.R.O.W.S. NORTH LANDFILL</td>
</tr>
</tbody>
</table>

**City, State:** NEW CASTLE, DE  
**Disposal Date:**  
**Completed By (Print or Type):** Brian Scalfati  
**Title:** Estimator  
**Signature:** Brian Scalfati  
**Date:** 7/25/14  

*Do not use this form for asbestos licensure exempted activities.*
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:15)

Date of Notification (1) 01 / 15 / 14
Name of Building Owner/Operator (2)
Princeton University-Office of Design and Construction

Agencies Notified
☐ EPA
☐ DOLWD
☐ DHSS
☐ DCA
☐ (NJAC 5:23-8)
Type Notification
☐ Initial
☐ Amended
Amendment #15-7/22/14
☐ Emergency (including justiﬁcation)
☐ Cancellation
Street Address
200 Elm Dr.
City, State, Zip Code
Princeton, NJ 08544
Name of Contact
Robert Ortega
Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Princeton University-Firestone Library
Type of Facility (4)
☐ School (K-12)
☐ Subchapter 8 (Other than K-12)
☐ Other (i.e., private and commercial buildings, homes, etc.)

Street Address
Washington Rd
City (5)
Princeton
County (6)
MERCIER
County Code (7)(STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8)
ATC Associates Inc.
ASCM No.
Name of Abatement Contractor (9)
BRISTOL ENVIRONMENTAL, INC.

Street Address
Three Terri Center
City, State, Zip Code
Burlington, NJ 08016

Project Manager for Monitoring Firm
Michael Keehn
Telephone No.
609-386-8800

License No.
215-788-6040
00509

Start Date (10)
2 / 5 / 14
Scheduled Completion Date (11)
7 / 25 / 14
Name of OSHA Monitor
BRISTOL ENVIRONMENTAL, INC.

Street Address
1123 BEAVER STREET
City, State, Zip Code
BRISTOL, PA 19007

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: 6:30AM-3:00PM PM
6N SITE 7/23/14 - 7/25/14

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)

Is Location Normally Used Solely By Maintenance/Custodial Staff?
(14)

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)

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>B Level</td>
<td></td>
</tr>
<tr>
<td>Floor tile and mastic</td>
<td>40 SF</td>
</tr>
<tr>
<td>B Level</td>
<td></td>
</tr>
<tr>
<td>Pipe Insulation (Wrap &amp; Cut)</td>
<td>2 LF</td>
</tr>
<tr>
<td>Delong Reading Level</td>
<td></td>
</tr>
<tr>
<td>Pipe Insulation (Wrap &amp; Cut)</td>
<td>30 LF</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
SERVICE TRANSPORT GROUP INC
NJDEP Waste Hauler ID No.
20990
Cubic Yards of Waste
Disposal Date

City, State
NEW CASTLE, DE

Name of Registered Landﬁll
G.R.O.W.S. NORTH LANDFILL
City, State
MORRISVILLE, PA 19067

Completed By (Print or Type)
Brian Scaﬁro
Title
Estimator
Signature
Date
7/18/14
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)
01 / 15 / 14

Name of Building Owner/Operator (2)
Princeton University-Office of Design and Construction

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

Type Notification
- [x] Initial
- [x] Amended
- [ ] Amendment #15-7/22/14
- [ ] Emergency (including justification)
- [ ] Cancellation

Street Address
200 Elm Dr.

City, State, Zip Code
Princeton, NJ 08544

Name of Contact
Robert Ortega

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Princeton University-Firestone Library

County (6)
MERcer

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

Square Feet

# of Floors

Bidg. Age

# of Floors

Current Use (Prior if being demolished)
Library

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

Telephone No.
609-386-8800

Name of Abatement Contractor (9)
BRISTOL ENVIRONMENTAL, INC.

Street Address
Three Terri Center
Burlington, NJ 08016

City, State, Zip Code

Telephone No.
215-788-6040

License No.
00509

Name of OSHA Monitor
BRISTOL ENVIRONMENTAL, INC.

Street Address
1123 BEAVER STREET
City, State, Zip Code
BRISTOL, PA 19007

Scope of Work (Check all that apply)
- [ ] 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

Yes No N/A

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

Throughout Levels C, B and A

Floor tile and mastic

1,465 SF

- [x] Removal
- [x] Repair
- [ ] Encapsulate
- [ ] End Cure

Office A-7J

Window Caulk

96 LF

Throughout Levels C, B and A

Duct Work

1,775 SF

1st Floor Level 1

Pipe Insulation (Wrap & Cut)

72 LF

Name of Registered Waste Hauler
SERVICE TRANSPORT GROUP INC
NJDEP Waste Hauler ID No. 20980

Cubic Yards of Waste

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

City, State
MORRISVILLE, PA 19067

Disposal Date

Completed By (Print or Type) Brian Scaffro

Title Estimator

Signature

Date 1/1/0
# Emergency

**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to N.J.A.C. 8-10 and 12:13A)

**2014 SEP 11**

**2014 SEP 11**

**8-28-14**

**Michelle Harris**

**112 Giles Ave**

**Middlesex, NJ 08946**

**EPC Technologies**

**New Egypt, NJ 08533**

**EPC Technologies, Inc.**

**Po. Box 337**

**New Egypt, NJ 08533**

**Steve Schenkman**

**609 758-3345**

**609 758-3365**

**06-394**

**EPC Technologies, Inc.**

**Po. Box 337**

**New Egypt, NJ 08533**

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

- 

- 

- 

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

- 

- 

- 

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

- 

- 

- 

**Name of Registered Waste Hauler:**

- 

- 

- 

**Name of Registered Landfill:**

- 

- 

- 

**Waste Management of PA**

- 

- 

- 

**Date of Completion:**

- 

- 

- 

**Disposal Date:**

- 

- 

- 

**Signature:**

- 

- 

- 

**Notes:**

- Do not use this form for asbestos removal exempted activities.

---

**ASB 41 (9-26-66)**
Date of Notification (1) | July 23, 2014
---|---

Name of Building Owner / Operator (2) | CSX
---|---

Agencies Notified | Type Notification
- EPA | Initial
- DEP | Amended R#1-9/5/14
- DOL | Emergency
- DOH | Cancellation
- DCA | 

Street Address | 550 WATER STREET
City, State & Zip Code | JACKSONVILLE FLORIDA 32202-4423

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) | CSX – ADMINISTRATION BUILDING
---|---

Street Address | 6201 TONNELE AVENUE

City (5) | NORTH BERGEN
County (6) | BERGEN
County Code (7) | 

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

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

Square Feet | 2982
# of Floors | 1
Bldg. Age | 70

Current Use (Prior if being demolished) | ADM BUILDING

Name of Abatement Contractor (9) | BRISTOL ENVIRONMENTAL INC

Street Address | 128 S TRYON STREET
City, State & Zip Code | CHARLOTTE NC 28202

Name of OSHA Monitor | GARY WYRRA
Telephone Number | 732-939-3707

Scheduled Start Date (10) | 9/8/14
Scheduled Completion Date (11) | 9/19/14

Occupancy Status During Abatement (Check only one)
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Hours - 7am to 3pm
- Facility Occupied During Abatement
- Describe: 7:00 AM – 4:00 PM

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

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

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

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

Amount (Specify SF or LF) | 3000 SF

Abatement Type | Full Containment with Negative Pressure

THROUGHOUT BUILDING | VAT/MASTIC

ROOF | FLASHING

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

Name of Registered Waste Hauler | NJDEP Waste Hauler ID No. SW1724

City, State | CAMDEN NJ

Completed By (Print or Type) | PATRICK T. DeCARO
Title | Estimator
Signature | 

Date | 7/23/14

PD 14033
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

**Date of Notification (1)**
July 23, 2014

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

**Type Notification**
- Initial
- Amended R#1-8/6/14
- Emergency
- Cancellation

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

**Street Address**
550 WATER STREET

**City, State, & Zip Code**
JACKSONVILLE FLORIDA 32202-4423

**Name of Facility Where Abatement is Taking Place (3)**
CSX – ADMINISTRATION BUILDING

**Street Address**
6201 TONNELLE AVENUE

**City (5)**
NORTH BERGEN

**County (6)**
BERGEN

**County Code (7)**

**Name of Monitoring Firm**
SHAW ENVIRONMENTAL

**Street Address**
128 S. TRYON STREET

**City, State, & Zip Code**
CHARLOTTE NC 28202

**Project Manager for Monitoring Firm**
GARY WYWRA

**Telephone Number**
732-939-3707

**Scheduled Start Date (10)**
ON HOLD

**Scheduled Completion Date (11)**

**Occupancy Status During Abatement (Check only one)**
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Hours – 7am to 3pm
  **Describe:** 7:00 AM – 4:00 PM
- Facility Occupied During Abatement

**Scope of Work (Check all that apply)**
- ≥3 sf or ≥3 ft
- ≥160 sf or ≥260 sf
- Renovation
- Demolition

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

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

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

**Amount (Specify SF or LF)**
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glove Bag Procedures
- Non-Exempted and Non-Friable Procedure

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

**Total**

**Waste Management**

**Name of Registered Waste Hauler**
NJDEP Waste Hauler ID No.
SW1724

**Cubic Yards of Waste**
40

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

**Name of Registered Landfill**
GROWS NORTH LANDFILL

**City, State**
MORRISVILLE PA

**Disposal Date**
TBD

**Completed By (Print or Type)**
PATRICK T. DeCARO

**Title**
Estimator

**Signature**

**Date**
7/23/14

**NOTES**

**PD 14033**
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:50 and 12:120)

CHECK # 1069

Date of Notification (1) 09/08/2014
Name of Building Owner/Operator (2) Roger Vara

Agencies Notified

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

Street Address
147 East Clifton Ave.
Clifton, NJ 07011

City, State, Zip Code
Name of Contact Roger Vara
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 1,900 +
# of Floors 2
Bldg. Age 50+
Current Use (Prior if being demolished)

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

Street Address 147 East Clifton Ave.

City (5) Clifton
County (6) Passaic
County Code (7) (STATE USE ONLY)

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

Street Address

City, State, Zip Code

Project Manager for Monitoring Firm

Telephone No.

Start Date (10) 9/17/2014
Scheduled Completion Date (11) 9/18/2014

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

Name of Abatement Contractor (9)
Unicorn Contracting Corp.

Street Address
1087 Pleasant Valley Way
City, State, Zip Code
West Orange, NJ 07052

License No. 01232
Name of OSHA Monitor
Envirowision Consultants Inc.

Street Address
20-21 Wagaw Rd. - Bldg.35E
City, State, Zip Code
Fair Lawn, NJ 07410

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 (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
- Enclose

Name of Registered Waste Hauler NJDEP Waste Hauler ID No.
Freehold Cartage 15939

City, State, Freehold, New Jersey

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

City, State Morrisville, Pennsylvania

Completed by Blagica Nikolova Title President

Signature [Signature] Date 09/08/2014

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

Date of Notification (1)  
04/01/14

Name of Building Owner/Operator (2)  
DAVE PROCINO

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

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

Street Address  
611 CEDAR AVENUE

City, State, Zip Code  
COLLINGSWOOD, NJ 08108

Name of Contact  
Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  

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

Square Feet  
400

# of Floors  
2

Bldg. Age

Current Use (Prior if being demolished)  
HOME

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

Name of Abatement Contractor (9)  
AAA LEAD PROFESSIONALS

Street Address  
6 WHITE DOVE COURT

City, State, Zip Code  
LAKEWOOD, NJ 08701

Project Manager for Monitoring Firm  

Telephone No.  
732-668-9078

License No.  
1200

Start Date (10)  
9/19/14

Scheduled Completion Date (11)  
9/21/14

Name of OSHA Monitor  
AAA LEAD PROFESSIONALS

Street Address  
6 WHITE DOVE COURT

City, State, Zip Code  
LAKEWOOD, NJ 08701

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  
☒ ≥150 sf or ≥260 if  
☐ Renovation  
☒ Demolition  
☐ Full Containment with Negative Pressure  
☐ Mini-Enclosure  
☐ Glovebag Procedure  
☐ Non-Exempted (*) and Non-Fireable 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)  
400 SF

Abatement Type  
Removal

Encapsulate

Enclosure

BASEMENT  

FLOOR TILE

400 SF  
X

Name of Registered Waste Hauler  
NEWARK CARTING

Cubic Yards of Waste  
4

Name of Registered Landfill  
IESI

Disposal Date  
9/21/14

City, State  
BETHLEHEM PA

Completed by  
JOSEPH PERLSTEIN

Title  
OWNER

Signature  
Date  
9/9/14

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:129)

Date of Notification (1):
9/8/14

Name of Building Owner/Operator (2):
M. CHUS FRANK

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

Type of Notification:
☐ Initial  ☐ Amended  ☐ Emergency (including
☐ Investigation

Street Address:
70 MONTEREY AVE

City, State, Zip Code:
TEANECK, NJ 07666

Name of Contact:
M. FRANK

FACILITY INFORMATION

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

Street Address:
70 MONTEREY AVE

City (6):
TEANECK

County (6):
BERGEN

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

Square Feet: 1800  # of Floors: 2  Bldg. Age: 80 Yrs

Current Use (Prior if being demolished):
RESIDENCE

Name of Monitoring Firm Hired by Building Owner (5):

ASCN No.:

ASCN No.:

Name of Abatement Contractor (6):
Best Removal Inc

Street Address:
450 S. River St

City, State, Zip Code:
Hackensack, N. J. 07601

Project Manager for Monitoring Firm:

Telephone No.:
201-329-7444  License No.:
003388

Start Date (10): 9/23/14  Suggested Completion Date (11):
9/24/14

Occasional Status During Abatement (Check only one):
☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☐ Other – Describe: FULL TO SEM

Scope of Work (Check all that apply):
☐ Full Removal  ☐ Full Demolition
☐ Removal with Negative Pressure  ☐ Demolition
☐ Full Enclosure  ☐ Special Enclosure
☐ Glovebag Procedure  ☐ Non-Exempted (*) and Non-Non-Friable Procedure

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

Yes  No  N/A

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

Amount
SF or LF

Abatement Type:

Name of Registered Waste Handler:
Best Removal Inc

AIDEP Waste Handler:
17109

Cable Yards of Waste:
120-7

Name of Registered Landfill:
Minerva Enterprises

City, State:
Hackensack, N. J. 07601

Disposal Date:
9/24/14

City, State:
Waynesburg, Oh

Completed by:
J. Maiorano
Title: Estimator

Signature: [Signature]
Date: 9/8/1
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)
9/8/14

Name of Building Owner/Operator (2)
Majorie Mingo

Agencies Notified
☑ EPA
☑ DEP
☑ DOL
☑ DOH
☑ DCA

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

Street Address
687 South 18th Street

City, State, Zip Code
Newark, NJ 07103

Name of Contact
Majorie Mingo

Telephone Number

FACILITY INFORMATION

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

Street Address
687 South 18th Street

City (5)
Newark

County (6)
Essex

County Code (7)
(State Use Only)

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

Square Feet

# of Floors

Bidg. Age

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (5)
M2M Environmental Services Corp

ASCM No.

Name of Abatement Contractor (9)
Optimum Environmental Solutions

Street Address
202 Hunterdon Street

City, State, Zip Code
Newark, NJ 07103

Project Manager for Monitoring Firm
Gloria Peter

Telephone No.

Telephone No.
908-418-2737

License No.
01227

Start Date (10)
9/12/14

Scheduled Completion Date (11)
9/15/14

Name of OSHA Monitor
AmeriSci

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

Street Address
2717 Linwood Road

City, State, Zip Code
Union, NJ 07083

Street Address
117 East 30th Street

City, State, Zip Code
New York, New York 10016

Scope of Work (Check All That Apply)
☒ ≥ 30 sf or ≥ 3 if
☒ ≥ 160 sf or ≥ 260 if
☒ Renovation
☒ Demolition

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

in Facility (13)

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

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

Amount (Specify SF or LF)

Abatement Type

Removal ☑ Repair ☑ Encapsulate ☑ Endorse ☑

Endorsement

Location of Registered Waste Hauler

Newark Cartling

NJDEP Waste Hauler ID No.
4506

Cubic Yards of Waste
30

Name of Registered Landfill
Tullytown Re Facility

Disposal Date

City, State
Tullytown, Pa

Completed by
Emmanuel Chiobi

Title
Operations Manager

Signature

Date
9/8/2014

ASB-41 (R-06-06)

* Do not use this form for asbestos licensure exempted activities.
STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 AND 12:120)

Date of Notification (1): 9/05/2014

Name of Building Owner/Operator (2): BUILD TO PLEASE LLC

FACILITY INFORMATION

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

Notification Type: Initial

Street Address: 484 N State Route 17

City, State, Zip Code: Paramus, NJ 07652

Name of Contact: Mr. Elliot Cohen

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

Private Dwelling

Street Address: 432 Old Tappan Road

City: Old Tappan

County: Bergen

Name of Monitoring Firm Hired by Bldg. Owner (5):

n/a

ASCM No.:

Type of Facility (4):

☑ Other (i.e., private & commercial buildings, homes, etc.)

☑ School (K-12)

☑ Subchapter 8 (Other than K-12)

Name of Contractor (6):

MTM Metro Corporation

Street Address: 135-137 McBride Ave

City State, Zip Code: Paterson, NJ 07501

Telephone Number: 973-742-5030

License Number: 00809

Name of OSHA Monitor:

MTM Metro Corporation

Street Address: 135-137 McBride Av

City State, Zip Code: Paterson, NJ 07501

Occupancy Status During Abatement (Check only one):

☑ Facility Closed/Vacated During Entire Period of Abatement

☑ Abatement Performed Outside of Normal Facility Hours

☑ Other: Describe:

Source of Work (Check all that apply):

☒ > 3 sf or > 3 If

☒ Renovation

☒ Full Containment with Negative Pressure

☒ Demolition

☒ Non-Exempted(*) & Non-Friable Procedure

☒ Glovebag Procedure

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

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

YES NO N/A

Description of ACM (i.e., thermal systems insulation, surfacing, VLT, or other miscellaneously):

Amount (Specify SF or LF):

Abatement Type:

Rem. Rep. Encap Endose

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

Basement

☒ Yes

Pipe Insulation

25 LF

X

X

Kitchen

☒ Yes

VAT

250 SF

X

X

Name of Reg. Waste Hauler:

MTM Metro Corporation

NJDEP Waste Hauler ID #:

26552

Cubic Yards of Waste:

10

Name of Reg. Landfill:

Tullytown

City, State:

Paterson, NJ 07501

Disp. Date:

9/22/2014

Completed by (Print or Type): Elizabeth Maslarkov

Title: Business Administrator

Signature: Elizabeth Maslarkov

Date: 9/05/2014

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

Date of Notification (1):
09 / 08 / 14

Name of Building Owner/Operator (2):
Inez Ehrenkranz

Street Address:
132 Greenwood Drive
City, State, Zip Code:
Millburn, NJ 07041
Name of Contact:
Darren Port

FACILITY INFORMATION

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

Street Address:
132 Greenwood Drive
City (5):
Millburn, NJ 07041
County (6):
Essex

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

County Code (7) (STATE USE ONLY):

Current Use (Prior if being demolished):

License No.:
973-638-1777

Name of OSHA Monitor:
Envirovision Consultants, Inc
Street Address:
20-21 Wagrarow Road, Bldg. #34A
City, State, Zip Code:
Fair Lawn, NJ 07410

Start Date (10):
09 / 17 / 14

Scheduled Completion Date (11):
09 / 19 / 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 - AM

Scope of Work (Check all that apply):
☒ >3 sf or >3 If
☒ >160 sf or >250 If
☒ Renovation
☒ Demolition
☐ 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 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 SIF or LF):

Abatement Type:
☒ Removal
☐ Repair
☐ Encapsulate
☒ Endorse

Crawl Space:
☒ Yes
☐ No
☐ N/A

Clean up:
☐ Yes
☐ No
☒ N/A

Name of Registered Waste Hauler:
Gr-Tech LLC

NJSP Waste Hauler ID No.:
0033785

Cubic Yards of Waste:
TBD

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

Disposal Date:
TBD

City, State:
Wayne, NJ 07470

Completed By (Print or Type):
N. Jevtic

Title:
Owner

Signature: [Signature]

Date:
09/08/2014

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

State of New Jersey

Date of Notification (1): 9/18/14
Name of Building Owner/Operator (2): F. Seth Inge

Agency Notified: EPA
Type Notification: Initial
Street Address: 102 Blanch Ave
City, State, Zip Code: Closter, NJ 07624
Name of Contact: Mr. Inge

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Mr. Inge
Street Address: 102 Blanch Ave

City (5): Closter
County Code (6): BERGEN

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

Square Foot: 1300
# of Floors: 2
Bldg. Age: 190

Current Use (Prior to being demolished): Residential

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

Name of Abatement Contractor (9): Best Removal Inc
Street Address: 450 S River St
City, State, Zip Code: Hackensack, NJ 07601
Telephone No.: 201-329-7444
License No.: 00388
Name of OSHA Monitor: Omega Environmental Inc
Street Address: 280 Huyler St
City, State, Zip Code: South Hackensack, NJ 07606

Occupancy Status During Abatement (Check only one):
- [ ] Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility Hours
- [ ] Other — Describe: 7AM TO 5PM

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

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

- [ ] basement

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

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

- [ ] Thermal System Insulation
- [ ] 95 LF

Abatement Type:
- [ ] Removal
- [ ] Repair
- [ ] Encapsulation
- [ ] Demolition

Name of Registered Waste Hauler: Best Removal Inc
ID No.: 17109
Cubic Yards of Waste: 207
Name of Registered Landfill:
- Minerva Enterprises
City, State:
- Hackensack, NJ 07601
Waynesburg, Oh

Completed by:
- J. Maiorano
Title: Estimator
Signature:
Date: 9/18/14

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

Date of Notification (1)
04/01/14

Name of Building Owner/Operator (2)
SHLOMO HOROWITZ

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

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

Street Address
1746 NEW CENTRAL AVENUE

City, State, Zip Code
LAKEWOOD, NJ 08701

Name of Contact
SHLOMO HOROWITZ

Telephone Number

Name of Facility Where Abatement is Taking Place (3)

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
1000

# of Floors
1

Bldg. Age

Current Use (Prior if being demolished)
HOME

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.

Name of Abatement Contractor (9)

AAA LEAD PROFESSIONALS

Street Address
6 WHITE DOVE COURT

City, State, Zip Code
LAKEWOOD, NJ 08701

Project Manager for Monitoring Firm

Telephone No.
732-688-9078

License No.
1200

Start Date (10)
9/11/14

Scheduled Completion Date (11)
9/11/14

Name of OSHA Monitor

AAA LEAD PROFESSIONALS

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
☒ ≥150 sf or ≥290 ft
☐ Renovation
☐ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

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

In Facility

(13)

Is Location Normally Used Solely by Maintenance/Custodial Staff?

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)
1000 SF

Abatement Type
☒ Removal
☐ Repair
☐ Encapsulate
☒ Enclosure

EXTERIOR

SIDING

1000 SF

Name of Registered Waste Hauler
NEWARK CARTING

NJDEP Waste Hauler ID No.
04599

Cubic Yards of Waste
4

Name of Registered Landfill
IESI

City, State
LAKEWOOD, NJ

Disposal Date
9/11/14

City, State
BETHLEHEM PA

Completed by
JOSEPH PERLSTEIN
Title
OWNER

Signature

Date

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

Name of Building Owner/Operator (2):

Judy Bob Kievent

Street Address:
24 Malibu Ave

City, State, Zip Code:
Toms River, New Jersey 08757

Name of Contact:
Mike

Date of Notification (1):
9/18/14

Agency(s) Notified:
EPA

Type Notification:
Initial

Facility Information:
Name of Facility Where Abatement Is Taking Place (3):
Kievent Residence

House Address:
24 Malibu Ave

City (6):
Toms River

County Code (7):
OC

Township:
Ocuna

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

Square Feet:
1800

# of Floors:
1

Current Use (Prior if being demolished):
RES: Res.

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

Name of Abatement Contractor (9):
Ace Insulation Co., Inc.

Street Address:
Street Address:

City, State, Zip Code:
City, State, Zip Code:

Project Manager for Monitoring Firm:

Telephone No.:

License No.:
732-294-1757 00029

Start Date (10):
9/18/14

Scheduled Completion Date (11):
9/26/14

Occupancy Status During Abatement (Check Only One):
Facility Closed/ Vacated During Entire Period of Abatement
Abatement Performed Outside of Normal Facility Hours
Other - Describe:
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 less
2100 sf or less
23 sf or less
2100 sf or less

Location of Asbestos-Containing Material (ACM) TO BE ABATED
(12)

Is Location Normally Used Solely by Maintenial Custodial Staff?:
Yes
No

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

Abatement Type:

Name of Registered Waste Handler:

Ace Insulation Co., Inc.

NJDEP Waste Handler ID No.:

Cubic Yards of Waste:
3

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

City, State:

Disposal Date:

City, State:

Tullytown, PA

Completed by:

Bree McGuire

Title:
Secretary Treasurer

* Do not use this form for asbestos license exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:40 and 12:129)

Date of Notification (1) 9-9-14

Agencies Notified (2)
- EPA
- DEP
- DOL
- DOH
- DCA

Type Notification
- Initial
- Amended
- Amendment (excluding justification)
- Cancellation

Name of Building Owner/Operator (2)

Sheet Address

Street Address

City, State, Zip Code

County (5)

Name of Contact

Telephone Number

Name of Facility Where Abatement is Taking Place (3)

Street Address

City (9)

County Code (7) 

Name of Abatement Contractor (9)

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

ASCM No.

Street Address

City, State, Zip Code

Project Manager for Monitoring Firm

Telephone No.

Licensed No.

Start Date (10)

Scheduled Completion Date (11)

Occupancy Status During Abatement (Check Only One)

Facility Closed/Empty During Entire Period of Abatement

Abatement Performed Outside of Normal Facility Hours

Other -- Describe:

Scope of Work (Check All That Apply)

33 sf or 23 sf

2181 sf or 2256 sf

Renovation

Demolition

Full Containment with Negative Pressure

Mini-Enclosure

Gluing/Bagging Procedure

Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM)

TO BE ABATED

In Facility (13)

Yes

No

N/A

Description of Asbestos-Containing Material (ACM)

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

Amount

Specified

SF or LF

Abatement Type

Amount

Removal

Repair

Encapsulate

Extinguise

Name of Registered Waste hauler

Ace Insulation Co., Inc.

City, State

Cofts Neck, N.J. 07722

Complained by

George Wuest

Title

President

Signature

Date

9-9-14

* 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)**
September 8, 2014

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

DnA Demolition

**Street Address**
2156 Camplain Road

**City, State, Zip Code**
Hillsborough, NJ 08844

**Name of Contact**
Antonio Dimuzio

**Telephone Number**

**FACILITY INFORMATION**

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

**Street Address**
24 North Terrace

**City**
Maplewood

**County (6)**
Essex

**County Code (7)**

**Type of Facility (4)**

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

**Square feet**
2000 sf

**# of Floors**
2

**Bldg. Age**
65

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

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

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

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

- [ X ] >3 sf or ≥3 lf
- [ X ] Renovation
- [ ] Demolition

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

**Is Location Normally used by Maintenance/Custodial Staff (12)**

**YES**

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

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

**Amount (Specify SF or LF)**

- 95 lf

**Abatement Type**

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

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

**NIDEP Waste Hauler ID No.**
20223

**Cubic Yards of Waste**
3

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

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

**Disposal Date**
9/10/14

**City, State**
Tullytown, Pennsylvania

**Completed by (Print or Type)**
Nicholas Fernicola

**Title**
Project Manager

**Signature**

**Date**
9/8/2014

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

Date of Notification (1)  
9/02/14

Name of Building Owner/Operator (2)  
Joan & Lester Ridings

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

Type Notification  
[ ] Initial  
[ ] Amended

Amendment #  
Emergency (including justification)  

Street Address  
45 Lakewood Ave

City, State, Zip Code  
Cedar Grove, NJ 07009

Name of Contact  
Barry Ridings  
Telephone Number

FACILITY INFORMATION

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

Street Address  
45 Lakewood Ave

City (6)  
Cedar Grove

County (6)  
Mercer

County Code (7)  
N/A

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

ASCM No.  
N/A

Name of Abatement Contractor (9)  
D&S Abatement, Inc.

Street Address  
11 Rosengren Avenue

City, State, Zip Code  
Totowa, NJ 07512

Project Manager for Monitoring Firm  
N/A

Telephone No.  
973-345-8885

License No.  
#00675

Start Date (10)  
9/18/14

Scheduled Completion Date (11)  
9/19/14

Name of OSHA Monitor  
D&S Abatement, Inc.

Street Address  
11 Rosengren Avenue

City, State, Zip Code  
Totowa, NJ 07512

Occupy Status During Abatement (Check Only One)  
Facility Closed/Vacated During Entire Period of Abatement

Abatement Performed Outside of Normal Facility Hours

Other – Describe: Occupied

Scope of Work (Check All That Apply)  
[ ] ≥ 3 sf or ≥ 3 ft

[ ] ≥ 100 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)

Yes  
No  
N/A

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


basement  
X

1st floor back porch  
X

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  
D&S Abatement, Inc.

NJDEP Waste Hauler ID No.  
#20996

Cubic Yards of Waste  
TBD

Name of Registered Landfill  
Waste Management of PA

City, State  
Totowa, NJ

Disposal Date  
TBD

City, State  
Tullytown, PA

Completed by  
Deanna Birkusnin

Title  
Project Manager

Signature  
Date  
9/02/14

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)  
9/02/14

Name of Building Owner/Operator (2)  
Walter G. Scheuerman

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

Type Notification  
[ ] Initial  
[ ] Amended  
[ ] Amendment #  
[ ] Emergency (Including justification)  
[ ] Cancellation

Street Address  
662 River Road

City, State, Zip Code  
Chatham, NJ 07928

Name of Contact  
Walter G. Scheuerman  
Telephone Number

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

Street Address  
662 River Road

City (5)  
Chatham

County (6)  
Morris  
County Code (7)  
N/A  
(STATE USE ONLY)

Square Feet  
N/A

# of Floors  
N/A

Bldg. Age  
N/A

Current Use (Prior if being demolished)  
House

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

ASCM No.  
N/A

Name of Abatement Contractor (9)  
D&S Abatement, Inc.

Street Address  
11 Rosengren Avenue

City, State, Zip Code  
Totowa, NJ 07512

Project Manager for Monitoring Firm

Telephone No.  
973-345-6685

License No.  
#00675

Name of OSHA Monitor  
D&S Abatement, Inc.

Street Address  
11 Rosengren Avenue

City, State, Zip Code  
Totowa, NJ 07512

Start Date (10)  
9/17/14

Scheduled Completion Date (11)  
9/18/14

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

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)

Yes  
No  
N/A

Is Location Normally Used Safely 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)  
140 LF

Abatement Type  
Removal  
Repair  
Encapsulate  
Endurall

Location of Asbestos-Containing Material (ACM)  
basement  
pipe insulation  

Name of Registered Waste Hauler  
D&S Abatement, Inc.

NJDEP Waste Hauler ID No.  
#20996

Cubic Yards of Waste  
TBD

Name of Registered Landfill  
Waste Management of PA

City, State  
Totowa, NJ

Disposal Date  
TBD  
City, State  
Tullytown, PA

Completed by  
Deanna Brkusanin  
Title  
Project Manager  
Signature  
[Signature]

Date  
9/02/14

* 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) 9/02/14
Name of Building Owner/Operator (2) Ben Anderson

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

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

Street Address
115 Atlantic Street

City, State, Zip Code
Jersey City, NJ 07304

Name of Contact  Telephone Number
Ben Anderson

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

Street Address
115 Atlantic Street

City (5)
Jersey City

County (6)
Hudson

County Code (7) (STATE USE ONLY) N/A

Current Use (Prior if being demolished)
House

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

Name of Abatement Contractor (9)
D&S Abatement, Inc.

Project Manager for Monitoring Firm N/A

Telephone No.
Telephone No. 973-345-8685

License No. #00675

Start Date (10) 9/16/14
Scheduled Completion Date (11) 9/17/14

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

Scope of Work (Check All That Apply)
☒ 23 sf or < 23 sf
☐ 2160 sf or < 2600 sf
☐ Renovation
☒ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Firable Procedure

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

<table>
<thead>
<tr>
<th>Is Location Normally Used Solely by Maintenance/ Custodial Staff?</th>
<th>3.</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>Yes</td>
<td>No</td>
<td>N/A</td>
<td>pipe insulation</td>
<td>30 LF</td>
</tr>
<tr>
<td>☒</td>
<td>X</td>
<td></td>
<td>contaminated pipes</td>
<td>40 LF</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
D&S Abatement, Inc.

NJDEP Waste Hauler ID No. #20996
Cubic Yards of Waste TBD

Name of Registered Landfill
Waste Management of PA

City, State
Totowa, NJ

Disposal Date TBD

Completed by
Deanna Bkhusan
Title Project Manager

Signature

Print Form.

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)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>09/05/14</td>
<td>Shaﬁ Rizwan</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agencies Notiﬁed</th>
<th>Type Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA DEP DOL DOH DCA</td>
<td>Initial Amended Emergency (including Cancellation)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>55 Howard St.</td>
<td>Pompton Lakes, NJ 07442</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Contact</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shaﬁ Rizwan</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>Shaﬁ Rizwan</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City (5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>55 Howard St.</td>
<td>Pompton Lakes</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>ASCM No.</th>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pro Abatement</td>
<td></td>
<td>HILMANNM CONSULTING LLC</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1009 87th Street Suite A4</td>
<td>01223</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>201-293-6305</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>09/13/14</td>
<td>09/27/14</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:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check All That Apply)</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>
<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 In Facility (13)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Roof</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>No</td>
</tr>
<tr>
<td>N/A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfing, VAT, or other miscellaneous)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shingles</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>972 SF</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Removal</td>
</tr>
<tr>
<td>Repair</td>
</tr>
<tr>
<td>Encapsulate</td>
</tr>
<tr>
<td>Endorse</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>N.J. DEP Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
</tr>
</thead>
<tbody>
<tr>
<td>SAN TON SERVICES</td>
<td>224430</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>MEDOWLANCHES COMMISION</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State (14)</th>
</tr>
</thead>
<tbody>
<tr>
<td>KENILWORTH, NJ</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Disposal Date</th>
<th>City, State (15)</th>
</tr>
</thead>
<tbody>
<tr>
<td>09/05/14</td>
<td>KEARNY, NJ</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed by</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bryan Parra</td>
<td>Project Manager</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)
09-04-14

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

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

### Name of Building Owner/Operator (2)
JCP&L/First Energy Corp.

### Street Address
300 Madison Avenue

### City, State, Zip Code
Morristown, NJ 07960

### Name of Contact
John T. Grecco

### Telephone Number

---

## FACILITY INFORMATION

### Name of Facility Where Abatement is Taking Place (3)
Morristown General Office (MGO) Building

### Street Address
300 Madison Avenue

### City (6)
Morristown

### County (6)
Morris

### County Code (7) [STATE USE ONLY]

### Current Use (Prior if being demolished)
Commercial

### Name of Monitoring Firm Hired by Building Owner (8)
One Source Safety & Health Inc.

### ASCM No.

### Name of Abatement Contractor (9)
Pinnacle Environmental Corp.

### Street Address
200 Broad Street

### City, State, Zip Code
Carlstadt, NJ 07072

### Telephone No.
201-939-6565

### License No.
00756

### Name of OSHA Monitor
Testor Technologies

### Street Address
10-59 Jackson Avenue

### City, State, Zip Code
Long Island City, NY 11101

---

## Scope of Work (Check All That Apply)
- [x] 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 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>Telecom Shop</td>
<td>Ceiling Tiles</td>
<td>1,500SF</td>
<td>x</td>
</tr>
<tr>
<td>Microwave Room</td>
<td>Fireproofing Debris</td>
<td>1,400SF</td>
<td>x</td>
</tr>
<tr>
<td>(1) Telecom Shop</td>
<td>Fireproofing</td>
<td>1,500SF</td>
<td>x</td>
</tr>
</tbody>
</table>

---

### Name of Registered Waste Hauler
ATC, Inc. / JBT (50071)

### NJDEP Waste Hauler ID No.
24310

### Cubic Yards of Waste
TBD

### Name of Registered Landfill
Minerva Enterprises

### City, State
Waynesburg, OH 44688

### Completed by
Joseph Patrick

### Title
Project Manager

### Signature

### Date
09-04-14

---

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

Date of Notification (1)
9/8/14

Name of Building Owner/Operator (2)
George Lang Private Home

Agencies Notified

- EPA
- DEP
- DOL
- DOH
- DCA

Type Notification

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

Street Address
202 East 14th St

City, State, Zip Code
North Beach Haven NJ 08008

Name of Contact
George

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement Is Taking Place (3)
George Lang Private Home

Street Address
202 East 14th St

City (5)
North Beach Haven NJ 08008

County (6)

County Code (7)

(State Use Only)

Ocean

Current Use (Prior if being demolished)
House

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

Name of Abatement Contractor (9)
PernaCo Inc.

Street Address
PO Box 329

City, State, Zip Code
West Berlin NJ 08091

Project Manager for Monitoring Firm

Telephone No.

License No.

Start Date (10)
9/9/14

Scheduled Completion Date (11)
9/12/14

Occupy Status During Abatement (Check Only One)

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

Name of OSHA Monitor
Same

Street Address

City, State, Zip Code

Scope of Work (Check All That Apply)

☐ ≥3 sf or ≥3 lf
☐ ≥160 sf or ≥260 lf
☐ 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

Location

Cubic Yards

Name of Registered Landfill

Disposal Date
City, State

Name of Registered Waste Hauler

Cubic Yards

Name of Registered Landfill

City, State

Completed by
Anthony T Perna

Title
President

Signature

Date
9/8/14

* 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)** 9/8/14

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

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

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

**Street Address** 705 S Warwick Road

**City, State, Zip Code** Hi- Nella NJ 08083

**Name of Contact** Joe

**Telephone Number**

---

**FACILITY INFORMATION**

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

**Street Address** 705 S Warwick Road

**City (5)** Hi- Nella NJ 08083

**County (6)** Camden

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

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

**Square Feet** 1000+

**# of Floors** 2

**Bldg. Age** 35+

---

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

**ASCM No.**

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

**Street Address** PO Box 329

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

**Project Manager for Monitoring Firm**

**Telephone No.** 856-753-9800

**License No.** 00727

**Start Date (10)** 9/19/14

**Scheduled Completion Date (11)** 9/26/14

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

**Scope of Work (Check All That Apply)**
- ≥3 sf or ≥3 if
- ≥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>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, VAF, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Utility Room</td>
<td>x</td>
<td>pipe joints</td>
<td>18 LF</td>
<td>x</td>
</tr>
<tr>
<td>1st and second floor</td>
<td>x</td>
<td>Floor Tile</td>
<td>600 SF total</td>
<td>x</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**

**United Containers**

**NUDEP Waste Hauler ID No.** 22459

**Cubic Yards of Waste** 3

**Name of Registered Landfill**

**G.R.O.W.S.**

**City, State**

**Erie PA**

**Disposal Date** 9/26/14

**City, State**

**Morrisville PA 19067**

**Completed by**

**Anthony T Perna**

**Title** President

**Signature**

**Date** 9/8/14

---

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

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

**State of New Jersey**

**Name of Building Owner/Operator:** Sarah E Walsh Private Home

**Street Address:** 13 Meadow lane

**City, State, Zip Code:** High Bar Harbor NJ 08008

**Name of Contact:** Kelly

**Telephone Number:**

**Name of Facility Where Abatement is Taking Place:** Sarah E Walsh Private Home

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

**City:** High Bar Harbor

**County:** Ocean

**Square Feet:** 1000+

**Current Use:** House

**License No.:** 00727

**Name of Monitoring Firm Hired by Building Owner:** N/A

**Telephone No.:** 856-753-9800

**Telephone No.:**

**Name of Abatement Contractor:** Pernaco Inc.

**Project Manager for Monitoring Firm:**

**Start Date:** 9/9/14

**Scheduled Completion Date:** 9/12/14

**Occupancy Status During Abatement:**
- 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 in Facility:** Bottom Of House

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

**Description of Asbestos-Containing Material (ACM):** Transite Board

**Amount (Specify SF or LF):** 300 SF

**Location Name:** United Containers

**Cubic Yards of Waste:** 2

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

**City, State:** Elm NJ

**Disposal Date:** 9/26/14

**City, State:** Morrisville PA 19067

**Completed by:** Anthony T Perna

**Title:** President

**Signature:**

**Date:** 9/9/14

*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)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>9-2-14</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Tunison Home Improvement</td>
</tr>
<tr>
<td>Street Address</td>
<td>719 Broad Brook Road</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Dunellen NJ, 08812</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Mike Tunison</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>-</td>
</tr>
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</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Single Family Dwelling</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>1813 West 4th Street</td>
</tr>
<tr>
<td>City (5)</td>
<td>Piscataway, NJ, 08854</td>
</tr>
<tr>
<td>County (6)</td>
<td>Middlesex</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>EPC Technologies</td>
</tr>
<tr>
<td>Address</td>
<td>P.O. Box 337</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>New Egypt, NJ, 08533</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>Steve Schenke</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>609 758-3365</td>
</tr>
<tr>
<td>Date</td>
<td>9-18-14</td>
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</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check All That Apply)</th>
</tr>
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<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>
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</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cabinets</td>
</tr>
<tr>
<td>Desks</td>
</tr>
<tr>
<td>Ceiling Tiling</td>
</tr>
<tr>
<td>Interior Walls</td>
</tr>
<tr>
<td>Windows</td>
</tr>
<tr>
<td>Appliances</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>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Siding Shingles</td>
</tr>
<tr>
<td>Window Casings</td>
</tr>
<tr>
<td>Paper on Beams</td>
</tr>
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<table>
<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>800 SF</td>
</tr>
<tr>
<td>20 LF</td>
</tr>
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<table>
<thead>
<tr>
<th>Abatement Type</th>
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<tbody>
<tr>
<td>Removal</td>
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</table>

<table>
<thead>
<tr>
<th>Waste Management of PA</th>
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<tbody>
<tr>
<td>Name of Registered Hauler</td>
</tr>
<tr>
<td>NJ/DEP Waste Hauler ID No.</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
</tr>
<tr>
<td>Disposal Date</td>
</tr>
<tr>
<td>City, State</td>
</tr>
</tbody>
</table>

**Completed by**

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Steve Schenke</td>
<td>President</td>
</tr>
</tbody>
</table>

**Signature**

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Steve Schenke</td>
<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 12:120)

**Pay $ 200.00**

**Check # 3143**

<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>Name of Building Owner/Operator</th>
<th>Agencies Notified</th>
</tr>
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<tbody>
<tr>
<td>05/09/14</td>
<td>C/O Danco General Contracting</td>
<td><strong>X</strong> EPA, <strong>X</strong> DOL, <strong>X</strong> DOH, <strong>X</strong> DCA, <strong>X</strong> DEP, <strong>X</strong> DOH</td>
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</table>

<table>
<thead>
<tr>
<th>Type of Notification</th>
</tr>
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<tbody>
<tr>
<td>Initial</td>
</tr>
<tr>
<td>Amended</td>
</tr>
<tr>
<td><strong>X</strong> Amendment # 2</td>
</tr>
<tr>
<td>Emergency (including justification)</td>
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<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
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<tbody>
<tr>
<td>PO Box 2</td>
<td>Morganville, NJ 07751</td>
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</table>

<table>
<thead>
<tr>
<th>Name of Contact</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dan Materese</td>
<td></td>
</tr>
</tbody>
</table>

## FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place</th>
</tr>
</thead>
<tbody>
<tr>
<td>Former computer sciences corporation</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City (5)</th>
<th>County Code (7)</th>
</tr>
</thead>
<tbody>
<tr>
<td>100 Locust Ave</td>
<td>Berkeley</td>
<td></td>
</tr>
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<table>
<thead>
<tr>
<th>County (6)</th>
<th>County Code (7) (STATE USE ONLY)</th>
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<tbody>
<tr>
<td>Union</td>
<td></td>
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<table>
<thead>
<tr>
<th>Square Feet</th>
<th># of Floors</th>
<th>Bldg. Age</th>
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<tbody>
<tr>
<td>35000</td>
<td>2</td>
<td>50+</td>
</tr>
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<table>
<thead>
<tr>
<th>Type of Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>X</strong> 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>Current Use (Prior if being demolished)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abandoned facility</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner</th>
<th>Name of Abatement Contractor</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASCM No. Sky Environmental Services Inc</td>
<td>America Enterprise Corp</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>140 Boulevard</td>
<td>Mountain Lakes, NJ 07046</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>973-588-4821</td>
<td>01203</td>
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</table>

<table>
<thead>
<tr>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>677-977-9516</td>
<td></td>
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<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
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<tbody>
<tr>
<td>05/05/14</td>
<td>12/05/14</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check Only One)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>X</strong> 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>Renovation</td>
</tr>
<tr>
<td><strong>X</strong> Demolition</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Is Location Normally Used Solely by Maintenance/ Custodial Staff?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes (14)  No (15)  N/A (16)</td>
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<table>
<thead>
<tr>
<th>Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
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</thead>
</table>

<table>
<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
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<table>
<thead>
<tr>
<th>Type of Abatement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Removal</td>
</tr>
<tr>
<td>Repair</td>
</tr>
<tr>
<td>Encapsulate</td>
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<tr>
<td>Endorsement</td>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th>NJDEP Waste Hauler ID No.</th>
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<tbody>
<tr>
<td>15939</td>
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<table>
<thead>
<tr>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>TBD</td>
<td>Cumberland County</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Disposal Date</th>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>TBD</td>
<td>Newburg, PA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed by</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eli Brito</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Title</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proj manager</td>
<td></td>
<td>09/03/14</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 8:68 and 12:126)

Date of Notification (1)
05/09/14

Name of Building Owner/Operator (2)
C/O Danco General Contracting

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

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

Street Address
PO Box 2

City, State, Zip Code
Morganville, NJ 07751

Name of Contact
Dan Materese

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Former computer sciences corporation

Street Address
100 Locust Ave

City (5)
Berkeley

County (6)

Union

County Code (7)

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

Square Feet
35000

# of Floors
2

Bldg. Age
50+

Current Use (Prior if being demolished)
Abandoned facility

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

ASCM No.

Name of Abatement Contractor (9)
America Enterprise Corp

Street Address
140 Boulevard

City, State, Zip Code
Mountain Lakes, NJ 07046

License No.
01203

Telephone No.
877-977-9516

Project Manager for Monitoring Firm
Leonid

Telephone No.
973-588-4821

Name of OSHA Monitor
America Enterprise Corp

Start Date (10)
05/05/14

Scheduled Completion Date (11)
12/05/14

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)
- ≥2,500 sf or ≥3 if
- ≥150 sf or ≥260 if
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friabile Procedure

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

In Facility (13)

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

Yes

N/A

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

Amount (Specify SF or LF)
6 LF

Abatement Type
Removal

Repair

Encapsulation

Endosulf

Name of Registered Waste Hauler
Freehold Cartage Inc

NJDEP Waste Hauler ID No.
15939

Cubic Yards of Waste
TBD

Name of Registered Landfill
Cumberland County

City, State
Freehold, NJ

Disposal Date
TBD

City, State
Newburg, PA

Completed by
Eli Brito

Title
Proj manager

Signature

Date
9/3/14

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

[Image]
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:129)

Date of Notification (1)
8-29-2014

Name of Building Owner/Operator (2)
Neil Fabricant, Jenti Warhaftig

Agencies Notified

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

Street Address
18 Luddington Terrace

City, State, Zip Code
West Orange, NJ 07052

Name of Contact
Jenti Warhaftig

FACILITY INFORMATION

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

Street Address
18 Luddington Terrace

City (5)
West Orange, NJ 07052

County (6)
Essex

County Code (7) (STATE USE ONLY) ________

Current Use (Prior if being demolished) 70+

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.

Name of Abatement Contractor (9)
Green Environmental Services, LLC

Street Address
235 Virginia Avenue

City, State, Zip Code
Jersey City, NJ 07304

Project Manager for Monitoring Firm

Telephone No.
201-333-8855

License No.
01174

Start Date (10)
8-30-2014

Scheduled Completion Date (11)
8-30-2014

Occupancy Status During Abatement (Check Only One)

Facility Closed/Vacated During Entire Period of Abatement

Scope of Work (Check All That Apply)

- ≥3 sf or ≥3 if
- ≥150 sf or ≥250 if

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)

Yes No N/A

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

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)

Pipe insulation

Amount (Specify SF or LF)

55 LF

Abatement Type

Abatement Type

- Removal
- Encapsulate

Name of Registered Waste Hauler

NJDEP Waste Hauler ID No. 0034889

Cubic Yards of Waste
2

Name of Registered Landfill

G.R.O.W.S. North landfill

City, State
Merriwille, PA

Completed by
Lilliana Pedraza

Title
Office Manager

Signature

Date 8-29-2014

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>09-02-2014</td>
<td>Esther Eubanks</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>DCA</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>233 Bergen St.</td>
<td>Woodbridge NJ 07095</td>
</tr>
</tbody>
</table>

Name of Contact  Esther Eubanks

<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>Esther Eubanks</td>
</tr>
<tr>
<td>233 Bergen St.</td>
</tr>
<tr>
<td>Woodbridge</td>
</tr>
<tr>
<td>County Code (6)</td>
</tr>
<tr>
<td>Middlesex</td>
</tr>
<tr>
<td>Square Feet</td>
</tr>
<tr>
<td># of Floors</td>
</tr>
<tr>
<td>Bidg. Age</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>201 216-9603</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>09-02-14</td>
<td>09-03-14</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Asbestos-Containing Material (ACM) TO BE ABATED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location</td>
</tr>
<tr>
<td>1st Floor Kitchen</td>
</tr>
<tr>
<td>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</td>
</tr>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
</tr>
<tr>
<td>N/A</td>
</tr>
<tr>
<td>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
</tr>
<tr>
<td>VAT</td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
</tr>
<tr>
<td>100 SF</td>
</tr>
<tr>
<td>Abatement Type</td>
</tr>
<tr>
<td>Removal</td>
</tr>
<tr>
<td>Repair</td>
</tr>
<tr>
<td>Encapsulation</td>
</tr>
<tr>
<td>Endorsement</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler  Delfa Contracting LLC

<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tullytown Resource Recovery Facility</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cubic Yards of Waste</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Disposal Date</th>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>09-05-14</td>
<td>Tullytown, PA</td>
</tr>
</tbody>
</table>

Completed by  Jaime Delgado

Title  Proj. Manager

Signature

Date  09-02-14

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

Fx 201 216 9633
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12-120)

Date of Notification (1)  
9/4/2014  

Name of Building Owner/Operator (2)  
Fox & Fox  

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

Street Address  
940 Amboy Ave  

City, State, Zip Code  
Edison NJ  

Name of Contact  
Telephone Number  

FACILITY INFORMATION

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

Street Address  
212 Eaglecroft road  

City (5)  
Westfield NJ

County (6)  
Union County

County Code (7)  
(State USE ONLY)  

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

Name of Abatement Contractor (9)  
Dinago Environment LLC

Street Address  
339 Lafayette Street  

City, State, Zip Code  
Newark NJ 07105

Project Manager for Monitoring Firm  
Telephone No.  
N/A

Telephone No.  
973-491-0877

License No.  
001240

Start Date (10)  
9/16/2014

Scheduled Completion Date (11)  
9/19/2014

Name of OSHA Monitor  
J&S Environmental Corp

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 ≥250 if  
☐ Renovation  
☒ Demolition  
☐ Full Containment with Negative Pressure  
☐ Mini-Enclosure  
☐ Glovebag Procedure  
☐ Non-Exempted (*) and Non-Friable Procedure

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

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

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

Amount (Specify SF or LF)  
25LF

Abatement Type  
☒ Encapsulate  
☐ Encase  
☐ Remove  
☐ Repair  
☐ Regrade  
☐ None

Name of Registered Waste hauler  
Tri State Transfer Assoc Inc

Name of Registered Landfill  
Minerva Enterprises

NJDEP Waste Hauler ID No.  
19551

Cubic Yards of Waste  

Disposal Date  
City, State  
waynesburg OH 44688

Name of Registered Landfill  
Minerva Enterprises

Completed by  
Carlos Gomez

Title  
Project Manager

Signature  
Carlos  
Date  
9/4/2014

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