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

Date of Notification (1)  9/17/14

Name of Building Owner/Operator (2)
WASHINGTON TWP PUBLIC SCHOOL DISTRICT

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

Street Address
206 E. HOLLY AVE

City, State, Zip Code
SEWELL, NJ 08080

Name of Contact
Margaret Meehan

Telephone Number

FACILITY INFORMATION
Name of Facility Where Abatement is Taking Place (3)
BELLS ELEMENTARY SCHOOL

Street Address
227 GREENTREE ROAD

City (5)
Washington Twp

County (6)
Gloucester

County Code (7) STATE USE ONLY

Name of Monitoring Firm Hired by Building Owner (8)
HORIZON ENVIRONMENTAL GRP., INC

ASCM No.
00073

Name of Abatement Contractor (9)
DELTA/BJDS, INC

Street Address
P.O. Box 316

City, State, Zip Code
WEST DEPTFORD, NJ 08086

Project Manager for Monitoring Firm
David Flanigan

Telephone No.
856 648 0800

License No.
00793

Start Date (10)  9/20/14

Scheduled Completion Date (11)  9/30/14

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: 7AM - 11PM - AM

Street Address
1345 INDUSTRIAL BLVD

City, State, Zip Code
SOUTHAMPTON, PA 18966

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? (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

BOILER ROOM
☐ ☐ ☐ CLOTH WRAP 20SF

Name of Registered Waste Hauler
SERVICE TRANSPORT GROUP INC

NJDEP Waste Hauler ID No. 20990

Cubic Yards of Waste

Name of Registered Landfill
MINERVA LANDFILL

City, State
WAYNESBURG, OH 44688

Disposal Date

Completed By (Print or Type)
DAMIAN LAVELLE

Title
PROJECT MGR.

Signature

Date 9/17/14

* Do not use this form for asbestos licensure exempted activities.
**State of New Jersey**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:62 and 8:63)

**Date of Notification:** 8/1/14

**Name of Building Owner/Operator:**

**Address:**
225 Freer St.
Woodbine, N.J. 08270

**Name of Contact:** Lisa
**Telephone No.:** XXX-XXX-XXXX

**FACILITY INFORMATION**

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

**Street Address:** 234 76TH ST.
**City:** Asbury
**County:** Cape May

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

**Name of Asbestos Containing Material (ACM) to be Abated:**

**Location of ACM:**

**Type of Abatement:**

**Description of ACM:**

**Amount (Specified or Estimated):**

**Location of ACM Containing Material (ACM) to be Abated**

<table>
<thead>
<tr>
<th>ACM</th>
<th>Tons</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>1500</td>
<td>X</td>
</tr>
</tbody>
</table>

**Location of ACM Containing Material (ACM) to be Abated**

<table>
<thead>
<tr>
<th>Location</th>
<th>ACM</th>
<th>Tons</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>SIDING</td>
<td>3</td>
<td>1500</td>
<td>X</td>
</tr>
</tbody>
</table>

**Name of Regulated Waste Hauler:**

**Cubic Yards of Waste:**

**Name of Registered Lessor:**

**Date:** 9/12/14

**Owner:** Joseph Klemm

**Signature:**

---

Do not use this form for asbestos license example scenarios elsewhere.
**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 8:60 and 12:1:20)

<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>9/23/14</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator</td>
<td>MEV + MACHINES</td>
</tr>
<tr>
<td>Street Address</td>
<td>225 FREMONT AVE</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>WOODRIDGE, N.J. 07075</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>LISA</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

| Name of Facility Where Abatement is Taking Place | 225 FREMONT AVE |
| City, County | AVALON, C.O.P.S. AUG |
| Name of Monitoring Firm Hired by Building Owner | Klemco INC. |
| ASCU No | N/A |
| Street Address | 369 S. SPRUCE AVE |
| City, State, Zip Code | Maple Shade, N.J. 08052 |

**Scope of Work**

- [X] Residential Demolition
- [ ] Renovation
- [ ] Is Location Normally Used as Maintenance/Custodian Sign (12)

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

- [ ] VAT or Other
- [ ] Inorganic, Insulation, Lining, etc.
- Amount (Specify SF or LF)

**Name of Registered Waste Handler**

- [ ] Klemco INC.

**Occupancy Status During Abatement**

- [X] Fully Occupied
- [ ] Evacuated
- [ ] Partially Occupied

**Name of OSHA Manager**

- [ ] Jose A. Klemm

**Name of Building Owner/Operator**

- [ ] Joseph Klemm

**Composed By**

- [ ] Joseph Klemm

**Signature**

- [ ] Joseph Klemm

**Date**

- [ ] 9/23/14
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:90 and 8:120)

Date of Notification (1)  
9-11-2014

Name of Building Owner/Operator (2)  
Carmela Cucurullo

Agencies Notified  
- EPA
- DOH

Type Notification  
- Initial
- Amendment # 2

Street Address  
559 Martin Avenue

City, State, Zip Code  
Manasquan, NJ 08736

Name of Contact  
Carmela Cucurullo  
Telephone Number

FACILITY INFORMATION

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

Street Address  
559 Martin Avenue

City (5)  
Manasquan, NJ 08736

County (6)  
Monmouth

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

Square Feet  
912

# of Floors  
1

Bldg. Age  
35+

County Code (7)  
(State Use Only)

Current Use (Prior to being demolished)

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

License No.  
01174

Project Manager for Monitoring Firm  
Telephone No.  
201-333-8855

Start Date (10)  
9-12-2014

Scheduled Completion Date (11)  
9-12-2014

Name of OSHA Monitor  
Same as above

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

Scope of Work (Check All That Apply)  
- ≥ 3 sf or ≥ 3 ft
- ≥ 180 sf or ≥ 200 ft

- Renovation
- Demolition

- Full Containment with Negative Pressure
- Enclosure
- 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

Location

Kitchen  
X

Linoleum  
170 SF

X

Name of Registered Waste Hauler  
Green Environmental Services, LLC

NJDEP Waste Hauler ID No.  
00348789

Disposal Date  
9-12-2014

City, State  
Jersey City, NJ

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

City, State  
Morrisville, PA

Completed by  
Liliana Pedraza  
Title  
Office Manager

Signature  
[Signature]

Date  
9-11-2014

ASB-41 (R-06-08)

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

Date of Notification (1): 9-11-2014

Name of Building Owner/Operator (2): Bella Cleaning and Carting

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

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

Street Address: 9 Prospect Street

City, State, Zip Code: Ridgewood, NJ 07450

Name of Contact: Ben Raabe

Telephone Number: 201-333-8855

FACILITY INFORMATION

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

Street Address: 375 Route 17

City (5): Paramus, NJ 07652

County (6): Bergen

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

Name of Monitoring Firm Hired by Building Owner (5): 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): 9-11-2014

Scheduled Completion Date (11): 9-11-2014

Name of OSHA Monitor: Same as above

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

Other - Describe: 

Scope of Work (Check All That Apply):
- ≥3,000 sf or ≥3 if
- ≥160 sf or ≥260 sf

- 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):

<table>
<thead>
<tr>
<th>Asbestos-Containing Material (ACM)</th>
<th>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>First Floor</td>
<td>Yes</td>
<td>VAT</td>
<td>100 SF</td>
<td>x</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler:

Green Environmental Services, LLC

Nj/DEP Waste Hauler ID No.: 00348789

Cubic Yards of Waste: 4

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

City, State: Jersey City, NJ

Completed by: Liliana Pedraza

Title: Office Manager

Signature: [Signature]

Date: 9-11-2014

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

Date of Notification (1) 09-05-14

Name of Building Owner/Operator (2) Dimitri Kichin

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

Street Address
126 Dorothy Ave

City, State, Zip Code
Edison NJ 08837

Name of Contact
Dimitri Kichin

Telephone Number

FACILITY INFORMATION

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

Street Address
126 Dorothy Ave

City (5)
Edison NJ

County (6)
Middlesex

County Code (7) (STATE USE ONLY)

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

ASCN No.

Name of Abatement Contractor (9)
Delfa Contracting LLC

Street Address
522 7th Street

City, State, Zip Code
Union City NJ 07087

Project Manager for Monitoring Firm

Telephone No.
201 216-9603

License No.
01206

Start Date (10) 09-08-14

Scheduled Completion Date (11) 09-09-14

Occuancy Status During Abatement (Check Only One)
[ ] Facility Closed/Vacated During Entire Period of Abatement
[ ] Abatement Performed Outside of Normal Facility Hours
[ ] Other – Describe: 08:00 AM - 06:00 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

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

Yes No N/A

Exterior X Siding 1,540 SF

Name of Registered Waste Hauler
Delfa Contracting LLC

NJ/DEP Waste Hauler ID No. 35240

Cubic Yards of Waste
10

Disposal Date
09-10-14

Name of Registered Landfill
Tullytown Resource Recovery Facility

City, State
Union City NJ 07087

Completed by
Jaime Delgado

Title Proj. Manager

Signature

Date 09-05-14

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:90 and 12:120)

Date of Notification (1)  
9-15-14

Name of Building Owner/Operator (2)  
New Jersey Restaurants, LP

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

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

Street Address  
14 Balligomingo Road

City, State, Zip Code  
Conshohocken, PA 19428

Name of Contact  
Alex DeSimone

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Former Taco Bell

Street Address  
1521 Blackwood Clementon Road

City (5)  
Blackwood

County (6)  
Camden

Square Feet  
2,000

Current Use (Prior if being demolished)
restaurant

Name of Monitoring Firm HIred by Building Owner (8)
Batta Environmental

ASCN No.

Name of Abatement Contractor (9)
Plymouth Environmental Company, Inc.

Street Address  
923 Haws Avenue

City, State, Zip Code  
Norristown, PA 19401

Project Manager for Monitoring Firm  
Neeraj K. Batta

Telephone No.  
302-737-3376

License No.  
00398

Name of OSHA Monitor  
EHS Environmental, Inc.

Street Address  
411 Southgate Court

City, State, Zip Code  
Mickleton, NJ 08056

Start Date (10)  
9/30/14

Scheduled Completion Date (11)  
10/03/14

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)
- ≥30 sf or ≥3 If
- ≥150 sf or ≥260 sf
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Min-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, VLT, or other miscellaneous)
roofing

Amount (Specify SF or LF)
900SF

Abatement Type  
Removal
Repair
Encapsulate
Endorse

Name of Registered Waste Hauler  
Robinson Waste Disposal Service

NJDEP Waste Hauler ID No.  
17304

Cubic Yards of Waste  
10

Name of Registered Landfill  
TRRF

City, State  
Voorhees, NJ 08043

Disposal Date  
10/03/14

City, State  
Tullytown, PA

Completed by  
James M. Kelly

Title  
Vice President

Signature

Date  
9/15/14

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

Check# 1995

Date of Notification (1) 09 / 15 / 14

Name of Building Owner/Operator (2) Arathi Ravi

Agencies Notified

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

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

Street Address
330 Plainfield Avenue
Berkeley Heights, NJ 07922

City, State, Zip Code

Name of Contact
Arathi Ravi
TelephoneNumber

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Private home
330 Plainfield Avenue
Berkeley Heights, NJ 07922

County (8)
Union

County Code (7) (STATE USE ONLY)

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
Wayne, NJ 07470

City, State, Zip Code

License No.
973-638-1777
01127

Name of OSHA Monitor
Envirosion Consultants, Inc

Street Address
20-21 Wagaw Road, Bldg. #34A
Fair Lawn, NJ 07410

City, State, Zip Code

Start Date (10)
09 / 24 / 14

Schedules Completion Date (11)
09 / 25 / 14

Project Manager for Monitoring Firm

Telephone No.

Facility Status During Abatement (Check only one)

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

Scope of Work (Check all that apply)

- >= 3 sf or >= 3 if
- >= 160 sf or >= 250 if
- Renovation
- Demolition
- Non-Exempted (*) and Non-Friable Procedure
- Clean up and decontamination with negative pressure
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Tent with Negative Pressure

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

- Basement

Yes No N/A

Pipe insulation
30 LF

Abatement Type

Name of Registered Waste Hauler
Gr Tech LLC

ID No.
0033785

Disposal Date TBD

Cubic Yards of Waste TBD

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

City, State
Wayne, NJ 07470

Commed By (Print or Type)

Title

Signature

Date

MAY 11

ASB-41

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

Date of Notification (1) 9/15/14

Name of Building Owner/Operator (2) NBJ ASSOCIATES

Agencies Notified

☐ EPA
☐ DEP
☐ DOL
☐ DOH
☐ DCA

Type Notification

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

Street Address 1481-OAK TREE ROAD

City, State, Zip Code ISELING, NJ 08830

Name of Contact BILL SITAR

FACILITY INFORMATION

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

Street Address 1329-ROOSEVELT AVE.

City (5) WEST CARTERET , NJ 07008

County (6) MIDDLESEX

County Code (7) (STATE USE ONLY)

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

Name of Abatement Contractor (9) DINAGO ENVIRONMENT LLC.

Street Address 339-LAFAYETTE STREET

City, State, Zip Code NEWARK, NJ 07105

Telephone No. 973-491-0877

License No. #01240

Name of OSHA Monitor J&S ENVIRONMENT CORP.

Street Address 2333 ROUTE 22 WEST

City, State, Zip Code UNION, NJ 07083

Start Date (10) 9/24/14

Scheduled Completion Date (11) 9/29/14

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 ft
☐ ≥160 sf or ≥260 ft

☐ Renovation
☐ Demolition

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

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

Yes No N/A

Location

Description of

Amount

Abatement

Type

Location

Normal

Material

(Specify

SF or LF)

Type

Removal

Repair

Encapsulate

Endorse

WINDOW

WINDOW CAULK

55

X

ROOF PARAPET

ROOF/FLASH

1600

X

Name of Registered Waste Hauler MINERVA ENTERPRISES

TRI STATE TRANSFER ASS.

NJ/DEP Waste
Hauler ID No.
19551

Cubic Yards
of Waste

Name of Registered Landfill

City, State

Disposal Date

City, State
WAYNSBURG, OHIO 44688

Completed by CARLOS GOMES

Title PRESIDENT

Signature

Date 9/15/14
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:128)

Date of Notification (1) 9/15/14

Name of Building Owner/Operator (2) SGS NORTH AMERICA INC.

Agencies Notified Type Notification

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

Street Address 201- ROUTE 17 NORTH 7TH FL

City, State, Zip Code RUTHERFORD NJ 07070

Name of Contact VICTORINO ELIJIO

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) 20-LAFAYETTE STREET

Street Address 20-LAFAYETTE STREET

City (5) CARTERET, NJ

County (6) MIDDLESEX

Type of Facility (4)

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

Square Feet 9000

# of Floors 1

Bldg. Age

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8) ASCM No. 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. Phone No. 973-491-0677 License No. #01240

Start Date (10) 10/1/14

Scheduled Completion Date (11) 11/1/14

Name of OSHA Monitor J&S ENVIRONMENT LLC.

Street Address 2333-ROUTE 22 WEST

City, State, Zip Code UNION, NJ 07083

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 ft
- ≥160 sf or ≥260 lf
- Renovation
- Demolition

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

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

In Facility (13) X

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

- CENTER ROOF/FLASH X ROOF/FLASHING 9700SF X
- NORTH WEST FIRST FLOOR X PIPE INSULATION 420LF X
- NORTH AND SOUTH SIDE X FLOOR TILES/MASTIC 3800SF X
- WEST, NORTH, EAST X WINDOWDOOR 1385LF X

Location of Registered Waste Hauler

Name of Registered Waste Hauler TRI STATE TRANSFER ASS.

NJDEP Waste Hauler ID No. 19551

Cubic Yards of Waste

Name of Registered Landfill MINERVA ENTERPRISES

City, State, Zip Code

NEWARK, NJ

Disposal Date

WAXSUGRB, OHIO 44688

Completed by CARLOS GOMES

Title PRESIDENT

Signature

Date 9/15/14
### NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

**State of New Jersey**

**Name of Building Owner/Operator:** Hudson County

**Name of Abatement Contractor:** Jupiter Environmental Services, Inc.

**Street Address:**
- Hudson County Admin. Bldg.
- 595 Newark Ave.

**City:** Jersey City

**County:** Hudson

**Square Feet:** 250,000

**Days of Floors:** 13

Current Use (Prior to being demolished): Office building

---

**FACILITY INFORMATION**

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

**List of Asbestos-Containing Material (ACM):**
- **Asbestos-containing Material (ACM) to be Abated:**
  - Location of Asbestos - Container:
    - Various - courtrooms, offices: Plaster/spray-on ceiling
    - Various - courtrooms, offices: Floor tile
    - Various - courtrooms, offices: TSI
    - Name of Registered Waste Hauler: Jupiter Environmental Services
    - NJDEP Waste Hauler ID No.: 04782
    - Cubic Yards of Waste: 80
    - Disposal Date: TBD/Various
    - City, State: Waynesburg, OH

**Name of Monitoring Firm Hired by Building Owner:** Whitman Companies, Inc.

**Telephone Number:** 732-390-5858

**Name of OSHA Monitor:** J & S Environmental Laboratories, LLC

**License Number:** 00852

**Name of Abatement Contractor:**

---

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

**Date of Notification:** 9/15/14

---

*Note: Work to occur in phases. First phase is removal of some 1700 SF of floor tile from room 220, with expected completion on/about 3/5/13. Amendments will be sent for other phases.*
State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1) 9/15/14
Name of Building Owner/Operator (2) Montclair State University

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type of Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] EPA</td>
<td>[x] Initial</td>
</tr>
<tr>
<td>[ ] DEP</td>
<td>[ ] Emergency</td>
</tr>
<tr>
<td>[x] DOL</td>
<td>[x] Amended</td>
</tr>
<tr>
<td>[x] DOH</td>
<td>[ ] Cancellation</td>
</tr>
<tr>
<td>[ ] DCA</td>
<td></td>
</tr>
</tbody>
</table>

Street Address One Normal Avenue

City, State, Zip Code Upper Montclair, NJ 07043

Name of Contact Amy Ferdinand

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Panzer Gym, Montclair State University

Street Address 1 Normal Avenue

City (5) Upper Montclair
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 and commercial buildings, homes, etc.)

Square Feet 60000

Bldg. Age ~ 70

Current Use (Prior if being demolished)

- [ ] Educational

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

Street Address 3 Lynn Court
City, State, Zip Code Lincoln Park, NJ 07035

Telephone Number 973-709-0200

License Number 00852

Name of OSHA Monitor J & S Environmental Laboratories, LLC

Street Address 2333 Route 22 W
City, State, Zip Code Union, NJ 07083

Scope of Work (Check all that apply)

- [x] Demolition
- [ ] ≥ 3 sf or ≥ 3 if
- [x] ≥ 500 sf or ≥ 500 if
- [ ] Renovation
- [ ] Full Containment with Negative Pressure
- [x] Mimi – Enclosure
- [ ] Glovebag Procedure
- [x] Non – Fristable Procedure

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

<table>
<thead>
<tr>
<th>Location of Asbestos – Containing Material (ACM) TO BE ABATED</th>
</tr>
</thead>
</table>
| Room 118

<table>
<thead>
<tr>
<th>Location Normally Used Solely by Maintenance/Custodial Staff (12)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>-----</td>
</tr>
<tr>
<td>VAT</td>
</tr>
</tbody>
</table>

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) 700 SF X

Abatement Type [ ] REN [ ] ENC [ ] PAP [ ] SUS

Name of Registered Waste Hauler Jupiter Environmental Services

City, State Lincoln Park, NJ

Disposal Date 10/3/14

City, State Waynesburg, OH

Name of Registered Landfill Minerva Landfill

Cubic Yards 2

Disposal Date 10/3/14

City, State Waynesburg, OH

Completed By (Print or Type)
Pane Repic

Title General Manager

Signature

Date 9/15/14

ASB-41
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1) 9/11/2014
Name of Building Owner / Operator (2) VERIZON COMMUNICATIONS

Agencies Notified Type Notification
☐ EPA ☐ Initial
☐ DEP ☐ Amended
☐ DOL ☐ Emergency
☐ DOH ☐ Cancellation
☐ DCA

Street Address
216 LEXINGTON AVE
Name of Contact
Alex Baylor
City, State & Zip Code
LAKEWOOD NJ

FACILITY INFORMATION
Name of Facility Where Abatement is Taking Place (3)
LAKEWOOD CENTRAL OFFICE

Street Address
216 LEXINGTON AVE

City (5) County (6) County Code (7)
LAKEWOOD OCEAN

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

Name of Abatement Contractor (9)
BRISTOL ENVIRONMENTAL INC

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

Square Feet # of Floors Bldg. Age
20000 3

Current Use (Prior if being demolished)
Verizon communication center

Name of Monitoring Firm for Abatement
MARK JENKINS
Telephone Number 215-365-5810

Name of OSHA Monitor
BRISTOL ENVIRONMENTAL INC

Street Address
8436 ENTERPRISE AVE
City, State & Zip Code
PHILADELPHIA PA 19153

Project Manager for Monitoring Firm
Telephone Number 215-788-5040
License Number 00509

Scheduled Start Date (10) 9/25/2014
Scheduled Completion Date (11) 10/1/2014
Occupancy Status During Abatement
☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Hours – 7am to 3pm
Describe: 5PM-1:30AM
☐ Facility Occupied During Abatement

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

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

☐ Boiler Room
☐ Boiler Room

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

Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)
Cementitious ceiling material 485 SF
Pipe Insulation 78 LF

Amount (Specify SF or LF)

Name of Registered Waste Hauler
SERVICE TRANSPORT GROUP, INC.

City, State
NEW CASTLE, DE 19720

Disposal Date
10/2/2014
Name of Registered Landfill
MINERVA LANDFILL

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

Date 9/14/14

PD 14049
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

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<td>[ ] Amended Notification</td>
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<td>[x] DOL</td>
<td>[x] Emergency (including justification)</td>
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<td>[x] DOH</td>
<td>[ ] Cancellation</td>
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<td>[ ] DCA</td>
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<tr>
<th>Name of Building Owner/Operator (2)</th>
<th>Gerard Tasetano</th>
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<tr>
<th>Street Address</th>
<th>1024 Edgebrook Drive</th>
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<tr>
<th>City, State, Zip Code</th>
<th>Toms River, NJ 08757</th>
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<table>
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<tr>
<th>Name of Contact</th>
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FACILITY INFORMATION

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<th>Name of Facility Where Abatement is Taking Place (3)</th>
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<td>Street Address</td>
<td>1866 Windward Court</td>
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<th>City</th>
<th>County Code (STATE USE ONLY)</th>
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<tr>
<td>Toms River</td>
<td>Ocean</td>
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<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>ASCM No.</th>
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<tr>
<th>Name of Abatement Contractor (9)</th>
<th>Guardian Contracting, Inc.</th>
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<tr>
<th>Street Address</th>
<th>1889 Route 9, Unit 61</th>
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<tr>
<th>City, State, Zip Code</th>
<th>Toms River, New Jersey 08755-1271</th>
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<th>Telephone Number</th>
<th>License Number</th>
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<td>732-349-9932</td>
<td>00624</td>
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<th>Name of OSHA Monitor</th>
<th>E.M.S.L. Analytical</th>
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<tr>
<th>Street Address</th>
<th>1056 Stenton Road</th>
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<tr>
<th>City, State, Zip Code</th>
<th>Piscataway, New Jersey 08854</th>
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<th>Phone Number</th>
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| Scope of Work (Check all that apply) | |
|--------------------------------------|-----------------
| [x] Facility Closed/Vacated During Entire Period of Abatement    |
| [ ] Abatement Performed Outside of Normal Facility Hours       |
| [ ] Other – Describe                                             |

| Scheduled Completion Date (11) | 9/18/14 |

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<th>Occupancy Status During Abatement (Check only one)</th>
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<td>[x] Facility Closed/Vacated During Entire Period of Abatement</td>
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<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)</th>
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<tbody>
<tr>
<td>Exterior</td>
<td>N/A</td>
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<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>Guardian Contracting, Inc.</th>
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</table>

<table>
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<th>NJDEP Waste Hauler ID No.</th>
<th>202223</th>
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| Cubic Yards of Waste | 2 |

<table>
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<tr>
<th>Name of Registered Landfill</th>
<th>T.R.R.F.</th>
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<table>
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<tr>
<th>Disposal Date</th>
<th>9/19/14</th>
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<tr>
<th>City, State</th>
<th>Toms River, New Jersey</th>
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<tr>
<th>Completed by (Print or Type)</th>
<th>Nicholas Fernicola</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Title</th>
<th>Project Manager</th>
</tr>
</thead>
</table>

| Date | 9/15/14 |

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

Date of Notification (1) September 15, 2014

Name of Building Owner/Operator (2) GMP Construction

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

Type of Notification
[ ] Initial Notification
[ ] Amended Notification
[ ] Emergency (including justification)
[ ] Cancellation

Street Address P O Box 3190

City, State, Zip Code Point Pleasant, NJ 08742

Name of Contact Vincent

Telephone Number

FACILITY INFORMATION

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

Street Address 209 Mallard Lane

City Toms River Twp.

County (6) Ocean

County Code (7) (STATE USE ONLY)

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

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

Street Address 1889 Route 9, Unit 61

City, State, Zip Code Toms River, New Jersey 08755-1271

Project Manager for Monitoring Firm

Telephone Number 732-349-9932

License Number 00624

Scheduled Start Date (10) 9/16/14

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

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

[ ] >3 sf or >3 lf
[ ] ≥160 sf or ≥260 lf

> Demolition

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

Is Location Normally used Solely by Maintenance/Custodial Staff

YES NO N/A

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

Amount (Specify SF or LF) 800 sf

Abatement Type

R E M O V A L

R E P A I R

E N C A P S U L E

E N C L O S U R E

Location

Exterior

X

Asbestos siding

Name of Registered Waste Hauler Guardian Contracting, Inc.

NJDEP 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 9/19/14

City State Tullytown, Pennsylvania

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

Signature

Date 9/15/2014

*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)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>8/22/2014</td>
<td>Casino Reinforcement Development Authority</td>
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</tbody>
</table>

**Agencies Notified**

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

**Type Notification**

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

**Street Address**

15 South Pennsylvania Avenue

**City, State, Zip Code**

Atlantic City, NJ 08401

**Name of Contact**

Rachelle Knight

**Telephone Number**

Phone: 609-230-4050

**FACILITY INFORMATION**

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

19 South Ohio Avenue

**City (5)**

Atlantic City, NJ 08401

**Square Feet**

7,500

**# of Floors**

3

**Bldg. Age**

20 yrs

**County Code (7)**

(STATE USE ONLY)

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

Offices

**Name of Abatement Contractor (9)**

Site Enterprises, Inc.

**Street Address**

815 12th Street

**City, State, Zip Code**

Hammonton, NJ 08037

**Telephone No.**

609-567-1250

**License No.**

01172

**Name of Monitoring Firm**

Health & Safety Services

**Street Address**

318 12th Street

**City, State, Zip Code**

Hammonton, NJ 08037

**Telephone No.**

609-704-8650

**Name of OSHA Monitor**

Health & Safety Services

**Street Address**

318 12th Street

**City, State, Zip Code**

Hammonton, NJ 08037

**Start Date (10)**

8/27/2014

**Scheduled Completion Date (11)**

9/10/2014

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

- [x] Vacated
- [x] Abatement Performed Outside of Normal Facility Hours
- [ ] Other

**Facility Closed/Vacated During Entire Period of Abatement**

**Other - Describe:**


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

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

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Type</th>
<th>Description</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st, 2nd, and 3rd Floors</td>
<td>Sheetrock joint compound</td>
<td></td>
<td>35,000 sf</td>
<td>X</td>
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<tr>
<td>1st, 2nd and 3rd Floors</td>
<td>Floor tile &amp; Mastic</td>
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<td>5,400 sf</td>
<td>X</td>
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<tr>
<td>roof</td>
<td>Flashing</td>
<td></td>
<td>140 sf</td>
<td>X</td>
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</table>

**Name of Registered Waste Hauler**

Site Enterprises, Inc.

**Disposal Date**

9/9/2014

**City, State**

815 12th Street, Hammonton NJ 08037

**Completed by**

Thomas Rock

**Title**

PM

**Signature**

Thomas Rock

**Date**

8/22/2014

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

Date of Notification (1)
9/12/2014

Name of Building Owner/Operator (2)
Honeywell

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

Street Address
101 Columbia Road
City, State, Zip Code
Morristown, New Jersey 07962

Name of Contact
Dan Harris

FACILITY INFORMATION

Name of Facility Where Abatement Is Taking Place (3)
Honeywell SAS Site Remediation

County Code (7) Current Use (Prior if being demolished)
ASCM No. VACANT PROPERTY BLDG.

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

Square Feet
50+

# of Floors
Bldg. Age
50+

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

Telephone No. 973-538-1110

License No. 00724

Start Date (10)
9/23/2014
Scheduled Completion Date (11)
9/30/2014

Name of Abatement Contractor (9)
Slavco Construction Inc.

Street Address
164 Getty Ave.

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

Project Manager for Monitoring Firm
Dave Tomsey

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

Scope of Work (Check All That Apply)

Renovation

Demolition

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

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Concrete slab outside building</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
Slavco Construction Inc.

Disposal Date TBD

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

City, State
Clifton, New Jersey 07011-1802

Completed by
Vivian D. Jupecic
Title Office Manager

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

Date of Notification: September 12th, 2014
Name of Building Owner/Operator: Bloomberg LP

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Street Address</th>
<th>City, State, Zip Code</th>
<th>Name of Contact</th>
<th>Telephone Number</th>
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<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
<td>431 Ridge Road</td>
<td>Dayton, New Jersey 08810</td>
<td>Jermain Lewis</td>
<td></td>
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<td>DEP</td>
<td>Amended</td>
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<td>DOL</td>
<td>Amendment #</td>
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<td>DCA</td>
<td>Cancellation</td>
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**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place: Bloomberg LP
Street Address: 431 Ridge Road
City: Dayton
County: Middlesex

Name of Monitoring Firm Hired by Building Owner: WCD
Name of Abatement Contractor: Slavco Construction Inc.
Street Address: 1350 Broadway, Suite 1904
City, State, Zip Code: New York, NY
Project Manager for Monitoring Firm: Michael Garambone
Telephone No.: 212-

Start Date: September 22, 2014
Scheduled Completion Date: October 31, 2014
Name of OSHA Monitor: Slavco Construction Inc.
Street Address: 164 Getty Ave.
City, State, Zip Code: Clifton, New Jersey 07011-1802

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:

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility</th>
<th>Is Location Normally Used Solely by Maintenance, Custodial Staff?</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
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<tbody>
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<td>X</td>
<td>Transite Pipe</td>
<td>25LF</td>
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Name of Registered Waste Hauler: Slavco Construction Inc.
Disposal Date: TBD
City, State, Zip Code: Clifton, New Jersey 07011-1802

Completed by: Vivian D. Jurcevic, Title: Office Manager
Signature: [Signature]
Date: September 12, 2014

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:59 and 5:16)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>9/16/14</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Silva</td>
</tr>
<tr>
<td>Street Address</td>
<td>267 Seaman Street</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>New Brunswick, NJ 08901</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Sylvester Silva</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>7</td>
</tr>
</tbody>
</table>

FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Type of Facility (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residential</td>
</tr>
<tr>
<td>Square Feet</td>
</tr>
<tr>
<td># of Floors</td>
</tr>
<tr>
<td>Current Use (Prior if being demolished)</td>
</tr>
<tr>
<td>County Code (7) (STATE USE ONLY)</td>
</tr>
<tr>
<td>County Code</td>
</tr>
<tr>
<td>License No</td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
</tr>
<tr>
<td>Street Address</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
</tr>
<tr>
<td>Telephone No</td>
</tr>
<tr>
<td>Telephone No</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
</tr>
<tr>
<td>Name of OSHA Monitor</td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility</td>
</tr>
<tr>
<td>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
</tr>
<tr>
<td>City, State</td>
</tr>
<tr>
<td>Hauler ID No.</td>
</tr>
<tr>
<td>Owner of Registered Landfill</td>
</tr>
<tr>
<td>Disposal Date</td>
</tr>
<tr>
<td>Completed By</td>
</tr>
<tr>
<td>Title</td>
</tr>
<tr>
<td>Signature</td>
</tr>
</tbody>
</table>

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

**September 16, 2014**

Name of Building Owner/Operator (2)  

**Bridgewater Site**

Agencies Notified Type Notification  

- EPA  
- DEP  
- DOL  
- DOH  
- DCA  
- Initial  
- Amended  
- Amendment #3  
- Emergency (including justification)  
- Cancellation

Street Address  

10 Finderne Avenue

City, State, Zip Code  

Bridgewater, NJ 08807

Name of Contact  

Telephone Number  

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  

Buildings

Street Address  

10 Finderne Avenue

City (5)  

Bridgewater, NJ 08807

County (6)  

County Code (7)  

(SATE USE ONLY)

(SOMERSET)

Name of Monitoring Firm Hired by Building Owner (8)  

AET  

ASCM No.  

0021

Name of Abatement Contractor (9)  

The MACK Group, LLC

Street Address  

900 Doolittle Drive

City, State, Zip Code  

Bridgewater, NJ 08807

Project Manager for Monitoring Firm  

Eric Houseknecht  

(908) 218-1108

Telephone No.  

Telephone No.  

(877) 759 - MACK

License No.  

00781

Current Use (Prior if Being Demolished)  

business

Name of OSHA Monitor  

The MACK Group, LLC.

Street Address  

1500 Kings HWY N, STE 209

City, State, Zip Code  

Bridgewater, NJ 08807

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

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

**In Facility** (13)

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED</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>
</tr>
</thead>
<tbody>
<tr>
<td>Bld 7 Rms 7113-7119</td>
<td>No</td>
<td>metal pan ceiling</td>
<td>1,200 sf</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1x2 transite wall panels</td>
<td>240 lf</td>
</tr>
<tr>
<td></td>
<td></td>
<td>pipe insulation</td>
<td>120 lf</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2 transite wall panels</td>
<td>48 sf</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler  

Newark Carting  

City, State  

Newark, NJ  

NJ DEP Waste Hauler ID No.  

4509

Cubic Yards of Waste  

16.1

Name of Registered Landfill  

Cumberland County Landfill

City, State  

Newburg, PA

Disposal Date  

4/5/15

Completed by  

Mike Cooper  

Title  

President

Signature  

Date  

9/16/14

* Do not use this form for asbestos licensure exempted activities.
<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)</th>
<th>Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)</th>
<th>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bldg 1 Hallway 1120</td>
<td>X</td>
<td>transite wall panels</td>
<td>360 s/f</td>
<td>X</td>
</tr>
</tbody>
</table>
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:69 and 12:120)

**Date of Notification (1):** July 23, 2014  
**Name of Building Owner/Operator (2):** [Redacted]

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

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

**Street Address:**  
10 Finderne Avenue  
City, State, Zip Code: Bridgewater, NJ 08807

**Name of Contact:**  
[Redacted]

**Project Manager:**  
[Redacted]

**FACILITY INFORMATION**  

**Name of Facility Where Abatement is Taking Place (3):** Bridgewater Site  
**Type of Facility (4):** School (K-12)  
Subchapter 8 (Other than K-12)  
Other (i.e. private & commercial buildings, homes, etc.)

**Square Feet # of Floors**  
**Bldg. Age**

**Buildings:**  
10 Finderne Avenue

**County (5):** Somerset  
**County Code (7):** SOMERSET  
**State Use Only:**

**Name of Monitoring Firm Hired by Building Owner (8):** AET  
**ASCM No. (9):** 0021  
**Name of Abatement Contractor (9):** The MACK Group, LLC

**Street Address:**  
907 Doolittle Drive  
City, State, Zip Code: Bridgewater, NJ 08807

**Name of OSHA Monitor:** The MACK Group, LLC.

**Street Address:**  
1500 Kings HWY N, STE 209  
City, State, Zip Code: Cherry Hill, NJ 08034

**Project Manager for Monitoring Firm:** Eric Houcknecht  
**Telephone No.:** (908) 219-1108

**License No.:** (877) 759 - MACK 00781

**Start Date (10):** 4/5/14  
**Scheduled Completion Date (11):** 4/5/15

**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

**Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13):**  
- Bld 7 Rms 7111-7119

<table>
<thead>
<tr>
<th>Location</th>
<th>Description</th>
<th>Amount (Specify SF or LF)</th>
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</thead>
<tbody>
<tr>
<td>metal pan ceiling</td>
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<tr>
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<td></td>
</tr>
<tr>
<td>2 transite wall panels</td>
<td>48 sf</td>
<td></td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler:** Newark Carting  
**City, State:** Newark, NJ  
**Disposal Date:** 4/5/15  
**Name of Registered Landfill:** Cumberland County Landfill  
**City, State:** Newburg, PA

**Completed by:** Mike Cooper  
**Title:** President  
**Date:** 7/23/14

*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)
March 24, 2014

Name of Building Owner/Operator (2)
Bridgewater Site

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

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

Street Address
10 Finderne Avenue

City, State, Zip Code
Bridgewater, NJ 08807

Name of Contact
Telephone Number

Project Manager

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Buildings

Street Address
10 Finderne Avenue

City (5)

Bridgewater, NJ 08807

County (6)

County Code (7) (STATE USE ONLY)

Current Use (Prior if being demolished)
business

SOMERSET

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

ASCM No.
0021

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

Street Address
1500 Kings HWY N, STE 209

City, State, Zip Code
Cherry Hill, NJ 08034

Project Manager for Monitoring Firm
Eric Houseknecht

Telephone No.
(908) 218-1108

License No.
(973) 759 - 5000 00781

Name of OSHA Monitor
The MACK Group, LLC

Occupancy Status During Abatement (Check Only One)

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

Scope of Work (Check All That Apply)

☐ ≥3 ft or ≥3 ft
☐ ≥100 sf or ≥280 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

TO BE ABATED in Facility

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

Yes  ☑ No  ☑ N/A

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

Yes  ☑ No  ☑ N/A

Amount (Specify SF or LF)

Abatement Type

Removal
☐ Repair
Encapsulate
Endoscope

Name of Registered Waste Hauler
Freehold / Newark Carting / Rovic Disposal

Cubic Yards of Waste
16.1

Name of Registered Landfill
Cumberland County Landfill

City, State
Freehold / Newark / Riverdale, NJ 07727

Disposal Date
4/5/15

City, State
Newburg, PA

Completed by
Mike Cooper

Title
President

Sensible

Date
3/24/14

* Do not use this form for asbestos licensure exempted activities.
Date of Notification (1)  
March 24, 2014

Name of Building Owner/Operator (2)  

Bridgewater Site  

Agencies Notified  

Type Notification  

- EPA  
- DEP  
- DOL  
- DOH  
- DCA  

Initial  
Amended  
Amendment #  
Emergency (including Justification)  
Cancellation  

Street Address  
10 Finderne Avenue  
Bridgewater, NJ 08807  

Name of Facility Where Abatement is Taking Place (3)  

Building 7  
10 Finderne Avenue  

City (5)  

County (6)  

County Code (7) (STATE USE ONLY)  

SONOMERSET  

Name of Monitoring Firm Hired by Building Owner (8)  

ACSM No.  
0021  

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

Street Address  
907 Doolittle Drive  
Bridgewater, NJ 08807  

City, State, Zip Code  

City, State, Zip Code  

Project Manager for Monitoring Firm  
Eric Houseknecht  
(908) 218-1108  

Telephone No.  
(973) 759-5000  
00781  

Start Date (10)  
Scheduled Completion Date (11)  

4/5/14  
4/5/15  

Name of OSHA Monitor  
The MACK Group, LLC  

Street Address  
1500 Kings HWY N, STE 209  
Cherry Hill, NJ 08034  

Scope of Work (Check All That Apply)  

- 3sf or 23lf  
- 160sf or 260lf  

Rentovation  
Demolition  

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 (13)  


<table>
<thead>
<tr>
<th>Location</th>
<th>Description</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bld 7 Rms 7113-7119</td>
<td>metal pan ceiling</td>
<td>1,200 s/f</td>
</tr>
<tr>
<td>-</td>
<td>1x2 transite wall panels</td>
<td>240 l/f</td>
</tr>
<tr>
<td>-</td>
<td>pipe insulation</td>
<td>120 l/f</td>
</tr>
</tbody>
</table>

Cubic Yards of Waste  

Name of Registered Waste Hauler  
Newark Carting / Freehold / Rovic Disposal  
4509  
Cumberland County Landfill  

City, State  
Newark / Freehold / Riverdale, NJ  

City  
Newburg, PA  

Disposal Date  
4/5/15  

Name of Registered Landfill  

Title  
Mike Cooper  
President  

Signature  
3/24/14  

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

Date of Notification (1) 09 12 14
Name of Building Owner/Operator (2) Merck Sharp and Dohme Corporation

Agencies Notified
- EPA
- DOLWD.
- DHSS
- DCA (NJAC 5:23-8)
Type Notification
- Initial
- Amended
- Amendment #001
- Emergency (including justification)
- Cancellation

Street Address
2000 Galloping Hill Road
City, State, Zip Code
Kenilworth, NJ 07033

Name of Contact
Mike Latronica
Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Building 5
Street Address
2000 Galloping Hill Road
City (5)
Kenilworth
County (6)

County Code (7) (STATE USE ONLY)

Current Use (Prior if being demolished)
Vacant

Name of Monitoring Firm Hired by Building Owner (8)
Atlantic Environmental, Inc
ASCM No.

Name of Abatement Contractor (9)
USA Environmental Management, Inc

Street Address
2 E. Blackwell Street
City, State, Zip Code
Dover, NJ 07801

License No.

Name of OSHA Monitor
USA Environmental Management, Inc

Street Address
8436 Enterprise Avenue
City, State, Zip Code
Philadelphia, PA 19153

License No.

Start Date (10) 08 13 14
Scheduled Completion Date (11) 10 13 14

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

Scope of Work (Check all that apply)
- 33 sf or ≥3 If
- ≥150 sf or ≥260 lf
- Renovation

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

Amount (Specify SF or LF)

Abatement Type

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

Yes No N/A

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

Floor Tile and Mastic
4700 SF

Pipe Fittings
50 LF

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

Cubic Yards of Waste
40

Name of Registered Landfill
Lycoming County RMS
City, State
Freehold, NJ

Completed By (Print or Type)
Dilip Kumar
Title
Program Manager
Signature

Disposal Date
10/13/2014
City, State
MONTGOMERY, PA

Date 9-12-14

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

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

**Date of Notification (1)**
September 15, 2014

**Name of Building Owner/Operator (2)**
Wood Ridge Industrial

**Street Address**
1 Passaic Street

**City, State, Zip Code**
Wood Ridge, NJ 07075

**Name of Contact**
Abe

**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**
500,000 sf

**# of Floors**
1

**Bldg. Age**
70

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

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

**Street Address**
1889 Route 9, Unit 61

**City, State, Zip Code**
Toms River, New Jersey 08755-1271

**Telephone Number**
732-349-9932

**License Number**
00624

**Name of OSHA Monitor**
E.M.S.L. Analytical

**Street Address**
1056 Stelton Road

**City, State, Zip Code**
Piscataway, New Jersey 08854

**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 lf
[ ] ≥160 sf or ≥250 lf
[ ] Renovation
[ ] Demolition
[ ] Full Containment with Negative Pressure
[ ] Encapsulation
[ ] 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)**

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

**Amount (Specify SF or LF)**

**Abatement Type**

<table>
<thead>
<tr>
<th>Location of ACM</th>
<th>Is Location Normally used Solely by Maintenance/Custodial Staff</th>
<th>Description of ACM</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td>N/A</td>
<td>Asbestos pipe insulation</td>
<td>35 lf</td>
<td>X</td>
</tr>
<tr>
<td>X</td>
<td>N/A</td>
<td>Asbestos containing tar</td>
<td>8 sf</td>
<td>X</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**

Guardian Contracting, Inc.

**Cubics of Waste**
2

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

**Disposal Date**
9/17/14

**City, State**
Tunkhannock, Pennsylvania

**Date**
9/15/2014

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