NOTIFICATION
(Pursuant to NJAC 8-5.50)

Date of Notification: 9/16/15

Name of Building Owner/Operator: Express Container Corporation
Street Address: P.O. Box 2090
City, State, Zip Code: Trenton, NJ 08602-0209
Telephone Number:

Name of Contact: Coleman King, CHMM

Type of Facility: Warehouse

Name of Facility Where Abatement is Taking Place: Express Container Corp
Street Address: 105 Avenue L, a.k.a. 183-205 Avenue L
City: Newark, NJ 07105
County: Essex

Name of Monitoring Firm Hired by Building Owner: ARCADIS US
Street Address: 6723 Tow Path Road, Box 66
City, State, Zip Code: Syracuse, NY 13214

Project Manager for Monitoring Firm: Coleman King, CHMM
Start Date: 10/3/15
Scheduled Completion Date: 10/3/15

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

Scope of Work: Renovation Demolition

Location of Asbestos-Containing Material (ACM) to Be Abated:
- Underground pipe exposed
- Other - Describe:

Is Location Normally Used Solely by Maintenance/Custodial Staff?: No

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

Amount (Specify SF or LF): 30LF

Name of Registered Landfill: Minerva Enterprises
City, State: Waynesboro, OH

Waste Hauler ID: SW2117

Disposal Date as needed

Title: Project Manager

Signature:

* Do not use this form for asbestos licensure example.
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 7:26-2.12)

Date of Notification (1): 9-16-15

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

Notification Type:
- (X) Initial Notification
- ( ) Amended Certification
- ( ) Cancelled

Name of Building Owner/Operator (2):
DuPont Chamber Works (Bldg 145)

Street Address:
Route 130 & Canal Road
City, State, Zip Code: Deepwater, NJ 08023

Name of Contact:
David Campbell
Tel. Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3):
DuPont Chamber Works Plant (Building 145)

Street Address:
Route 130 South
City (5): Salem
County (6) (State Use Only):
County Code (7):

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

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

Sq. Feet: 3,000
# of Floors: 1

Bldg. Age: 58
Current Use (prior if being demolished): Commercial / Office

Name of Contractor (9):
Brandenburg Industrial Service Co.

Street Address:
2217 Spillman Dr

City, State, Zip Code:
Bethlehem, Pennsylvania 18015

License Number:
610-691-1800
00721

Name of OSHA Monitor:
Brandenburg Industrial Service Co.

Street Address:
2217 Spillman Drive
City, State, Zip Code:
Bethlehem, PA 18015

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

Describe:
Other - Describe Work hours will be Mon – Fri 07:00 am– 03:30 pm

Source of Work (Check all that apply):
- (X) Demolition
- ( ) Renovation
- ( ) Large Proj. (>160 LF or >260 LF ACM)
- ( ) SM Proj. (>25<160 SF or >10 <260 LF ACM)
- ( ) Minor Proj. (<25 SF or <10 LF ACM)
- ( ) Full Containment with Negative Pressure
- ( ) Mini-Enclosure
- ( ) Glovebag Procedure

Location of Asbestos-Containing Material (ACM) in Facility (13):
- Location Normally Used Solely by Maint./Custodial Staff? (12)
- YES
- NO
- NA

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

Amount (Specify SF or LF):
2000 SF

Rem. Rep. Encap. Endose:
X

Roofing Paper:

Name of Reg. Waste Hauler:
NJDEP Waste Hauler ID #:
45

Cubic Yards of Waste:
Disp. Date:
City, State:
10-7-2015
Emelle, AL

Name of Reg. Landfill:

Chemical Waste Management:

Name of Reg.

Complete by (Print or Type):
Jennifer Strobel
Title:
Contract Administrator

Signature:
Date:
09/16/15

Mail to:
NJDEP-DSHW-BRRTP
401 E. State St., PO 414
Trenton, NJ 08625-0414

Telephone 809-964-9620

C:\WORD\MYDOCS\ASBESTOS
9/18/00
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>9 / 15 / 15</td>
<td>Six Flags Great Adventure</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Street Address</th>
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</thead>
<tbody>
<tr>
<td>✔️ EPA</td>
<td>Initial</td>
<td>1 Six Flags Blvd, P.O. Box 120</td>
</tr>
<tr>
<td>✔️ DOLWD</td>
<td>Amended Amendment#</td>
<td></td>
</tr>
<tr>
<td>✔️ DOH</td>
<td>Emergency (including justification)</td>
<td></td>
</tr>
<tr>
<td>☐ DCA (NJAC 5:23-8)</td>
<td>Cancellation</td>
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<table>
<thead>
<tr>
<th>City (5)</th>
<th>Zip Code</th>
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<tbody>
<tr>
<td>Jackson, NJ 08527</td>
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FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Type of Facility (4)</th>
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<tbody>
<tr>
<td>Six Flags Great Adventure</td>
<td>☑️ School (K-12)</td>
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<td></td>
<td>☑️ Subchapter 8 (Other than K-12)</td>
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<td></td>
<td>☒️ Other (i.e., private and commercial buildings, homes, etc.)</td>
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<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
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<tr>
<td>1 Six Flags Blvd</td>
<td>Jackson, NJ 08527</td>
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<thead>
<tr>
<th>County (6)</th>
<th>County Code (7) (STATE USE ONLY)</th>
<th>Current Use (Prior if being demolished)</th>
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<tbody>
<tr>
<td>Middlesex</td>
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<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>Name of Abatement Contractor (9)</th>
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<tbody>
<tr>
<td>Bio Terra Solutions</td>
<td>ALL PRO MANAGEMENT LLC</td>
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<table>
<thead>
<tr>
<th>Street Address</th>
<th>Telephone No.</th>
<th>License No.</th>
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<tr>
<td>P.O. Box 1224</td>
<td>973-494-3762</td>
<td>1188</td>
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<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
<th>License No.</th>
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<tbody>
<tr>
<td>Rick Eustaquio</td>
<td>973-928-4888</td>
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<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
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<td>09 / 16 / 15</td>
<td>10 / 30 / 15</td>
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<th>Name of OSHA Monitor</th>
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<tr>
<td>ALL PRO MANAGEMENT LLC</td>
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<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check only one)</th>
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<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 Time of Abatement:</td>
</tr>
</tbody>
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<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>
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</thead>
<tbody>
<tr>
<td>Exterior</td>
<td>☑️ Yes</td>
<td>☑️ Full Containment with Negative Pressure</td>
<td>30 LF</td>
<td>☐ Removable</td>
</tr>
<tr>
<td></td>
<td>☐ No</td>
<td>☐ Mini-Enclosure</td>
<td></td>
<td>☐ Encapsulate</td>
</tr>
<tr>
<td></td>
<td>☐ N/A</td>
<td>☐ Glovebag Procedure</td>
<td></td>
<td>☐ Repair</td>
</tr>
<tr>
<td></td>
<td></td>
<td>☐ Non-Exempted (*) and Non-Friable Procedure</td>
<td></td>
<td></td>
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<table>
<thead>
<tr>
<th>Transite Pipes</th>
<th>30 LF</th>
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<tbody>
<tr>
<td>☐ ☐ ☐ ☐</td>
<td>☐ ☐ ☐ ☐</td>
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<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>Disposal Date</th>
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<tr>
<td>All Pro Management LLC</td>
<td>TBD</td>
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<table>
<thead>
<tr>
<th>City, State</th>
<th>Name of Registered Landfill</th>
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<tbody>
<tr>
<td>Garfield, NJ</td>
<td>IESI Landfill</td>
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<table>
<thead>
<tr>
<th>Completed By (Print or Type)</th>
<th>Title</th>
<th>Signature</th>
<th>Date</th>
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<tbody>
<tr>
<td>Allen Monchik</td>
<td>Project Manager</td>
<td>[Signature]</td>
<td>9/13/15</td>
</tr>
</tbody>
</table>

* Do not use this form for asbestos licensure exempted activities.
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 5:60 and 5:18)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>7 / 29 / 15</th>
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<td>Agencies Notified</td>
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<tr>
<td>□ EPA</td>
<td></td>
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<tr>
<td>□ DOLWD</td>
<td></td>
</tr>
<tr>
<td>□ DHSS (NJAC 5:23-8)</td>
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<tr>
<td>□ DCA</td>
<td></td>
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<tr>
<td>Type Notification</td>
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<tr>
<td>□ Initial</td>
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<td>□ Amended</td>
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<td>□ Amendment #2</td>
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<tr>
<td>□ Emergency (including justification)</td>
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<tr>
<td>□ Cancellation</td>
<td></td>
</tr>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Lou Meuller</td>
</tr>
<tr>
<td>Job #</td>
<td>1506-1986</td>
</tr>
<tr>
<td>Chk. #</td>
<td>4073</td>
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<tr>
<td>Name of Location</td>
<td></td>
</tr>
<tr>
<td>Street Address</td>
<td>88 South Lakeview Drive</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Gibbsboro, NJ 08026</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Mr. Randy Worrell</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
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</table>

FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Residential Property</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>27 North Exter Avenue</td>
</tr>
<tr>
<td>City (5)</td>
<td>Margate</td>
</tr>
<tr>
<td>County (6)</td>
<td>Atlantic</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>Horizon Environmental</td>
</tr>
<tr>
<td>ASCM No.</td>
<td>Asbestos and Mold Services, Corp.</td>
</tr>
<tr>
<td>Street Address</td>
<td>PO Box 316</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Thorofare, NJ 08086</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>Dave Flanigan</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>856-848-0800</td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>9 / 29 / 15</td>
</tr>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>10 / 05 / 15</td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>EMSL Analytical, Inc.</td>
</tr>
<tr>
<td>Square Feet</td>
<td>1140</td>
</tr>
<tr>
<td># of Floors</td>
<td>1</td>
</tr>
<tr>
<td>Bldg. Age</td>
<td>1960</td>
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<tr>
<td>Current Use (Prior if being demolished)</td>
<td>Vacant</td>
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<tr>
<td>Occupancy Status During Abatement (Check only one)</td>
<td>Street Address</td>
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<tr>
<td>□ Facility Closed/Vacated During Entire Period of Abatement</td>
<td>200 U.S. Route 130 North</td>
</tr>
<tr>
<td>□ Abatement Performed Outside of Normal Facility Hours - Describe</td>
<td>City, State, Zip Code</td>
</tr>
<tr>
<td>Time of Abatement: <em>AM</em>-PM_-PM_-AM</td>
<td>Cinnaminson, NJ 08077</td>
</tr>
<tr>
<td>Scope of Work (Check all that apply)</td>
<td></td>
</tr>
<tr>
<td>□ 3 or 3SF or 3FL</td>
<td></td>
</tr>
<tr>
<td>□ 160 or 160SF or 160FL</td>
<td></td>
</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>
</tbody>
</table>

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

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

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

<table>
<thead>
<tr>
<th>Exterior</th>
<th>Garage</th>
<th>Laundry Room</th>
<th>Bathrooms (2)</th>
<th>Name of Registered Waste Hauler</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transite Siding</td>
<td>Door Caulk</td>
<td>Linoleum</td>
<td>Joint Compound</td>
<td>Freehold Cartage, Inc.</td>
</tr>
<tr>
<td>1250 SF</td>
<td>20 LF</td>
<td>220 SF</td>
<td>618 SF</td>
<td>N.JDP Waste Hauler ID No. 02265</td>
</tr>
</tbody>
</table>

Cubic Yards of Waste

| 5 |

Name of Registered Landfill

GROWS Landfill

City, State

Freehold, NJ

Disposal Date

10/5/15

City, State

Morrisville, PA 19067

Completed By (Print or Type)

Kimberly A. Trumbetti

Title

Office Coordinator

Signature

Date

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

State of New Jersey

Date of Notification (1)
8 / 16 / 15

Name of Building Owner/Operator (2)
MFC Real Estate Development / Job #1509-2017

Agencies Notified
☐ EPA
☐ DOHLD
☐ DHSS
☐ DCA
☐ NJAC 5:23-8

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

Street Address
9 Wester Drive

City, State, Zip Code
Colts Neck, NJ 07722

Name of Contact
Chris Clemente

Facility Information

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

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

Square Feet
1500

# of Floors
1

Bldg. Age
60

County Code (7) (STATE USE ONLY)

County Code
Monmouth

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

ASCM No.

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

Street Address
3859 Sylon Boulevard

City, State, Zip Code
Hainesport, NJ 08036

Telephone No.
609-702-0400

License No.
00862

Start Date (10)
9 / 28 / 15

Scheduled Completion Date (11)
9 / 29 / 15

Name of OSHA Monitor
EMSL Analytical, Inc.

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 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

IN Facility

(13)

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

(12)

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

Amount (Specify SF or LF)
1200 SF

Abatement Type
☐ Removal
☐ Repair
☐ Encapsulate
☐ Enclose

Name of Registered Waste Hauler
Freehold Cartage, Inc.

N.J.DEP Waste Hauler ID No.
02265

Cubic Yards of Waste
5

Name of Registered Landfill
GROWS Landfill

City, State
Freehold, NJ

Disposal Date
9/29/15

City, State
Morrisville, PA 19067

Completed By (Print or Type)
Kimberly A. Trumbetti
Title
Office Coordinator

Signature

Date
9-14-15

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

State of New Jersey

Date of Notification (1)  9 / 16 / 15

Name of Building Owner/Operator (2) Wayne Senior Citizens Runnymede Corp / Job #:902-1959 Chk. #:4075

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

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

Street Address
100 Runnymede Drive

City, State, Zip Code
Wayne, NJ 07470

Name of Contact
Vincy Bruno

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Edward Bisso Sr. Citizens Village

Street Address
100 Runnymede Drive

City (5)
Wayne

County (9)
Passaic

County Code (7)/(STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8)
Criterion Laboratories

ASCM No.

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

Street Address
3370 Progress Drive, Suite J

City, State, Zip Code
Bensalem, PA

Project Manager for Monitoring Firm
Mike Panepresso

Telephone No.
215-244-1300

License No.
00862

Start Date (10)  9 / 25 / 15

Scheduled Completion Date (11)  9 / 28 / 15

Name of OSHA Monitor
EMSL Analytical, Inc.

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)
- ≥ 23 sf or ≥ 2 if
- ≥ 1500 sf or ≥ 260 if
- Renovation
- Demolition
- 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? (12)
Yes No N/A

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

Amount (Specify SF or LF)

Abatement Type
Removal
Repair
Encapsulate
Enclosure

Unit 601,701,602,702,603,703,604,
704,605,705,606,706

VAT

600 SF per

Name of Registered Waste Hauler
Freehold Cartage, Inc.

NJDEP Waste Hauler ID No.
02285

Cubic Yards of Waste
5

Name of Registered Landfill
GROWS Landfill

City, State
Freehold, NJ

Disposal Date
9/28/15

Completion By (Print or Type)
Kimberly A. Trumbetti
Title
Office Coordinator
Signature

MAY 11

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

**Date of Notification (1)**

<table>
<thead>
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<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
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<td></td>
</tr>
</tbody>
</table>

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

**Street Address**
635 WESTFIELD AVENUE

**City, State, Zip Code**
ELIZABETH, NJ 07202

**Name of Contact**
RUTH BREWSTER

**Telephone Number**

**FACILITY INFORMATION**

**Name of facility where abatement is taking place (3)**
RESIDENTIAL HOME

**Street Address**
59 PALISADES ROAD

**City (5)**
ELIZABETH

**County (6)**
UNION

**County Code (7)**

<table>
<thead>
<tr>
<th>ASCM No.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

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

**Type of Facility (4)**

<table>
<thead>
<tr>
<th>School (K - 12)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

**Subchapter 8 (Other than K-12)**

<table>
<thead>
<tr>
<th>Other (Private/Commercial Bldgs./Homes, etc.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
</tr>
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</table>

**Square Feet**

<table>
<thead>
<tr>
<th># of Floors</th>
<th>Bldg. Age</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

**Name of Abatement Contractor (9)**
D & S RESTORATION, INC.

**Street Address**
20 California Ave.

**City, State, Zip Code**
Paterson, NJ 07503

**Telephone Number**
973-345-8020

**License Number**
01169

**Name of OSHA Monitor**
D & S Restoration, Inc.

**Street Address**
20 California Avenue

**City, State, Zip Code**
Paterson, NJ 07503

**Start Date (10)**
09/22/15

<table>
<thead>
<tr>
<th>Sched. Completion Date (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/14/15</td>
</tr>
</tbody>
</table>

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

- Facility closed/evacuated during entire period of abatement.
- Abatement performed outside of normal facility hours.

**Other-Describe:** NORMAL HOURS

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

<table>
<thead>
<tr>
<th>&gt;3 sf or &gt;3 if</th>
<th>Renovation</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>≤160 sf or ≤260 sf</th>
<th>Demolition</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Basement</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Pipe Insulation</th>
</tr>
</thead>
<tbody>
<tr>
<td>201 linear feet</td>
</tr>
</tbody>
</table>

**Registered Waste Hauler**
D & S RESTORATION, INC.

**NJDEP Hauler ID#**
13506

**Cubic Yards of Waste**
2 yards

**Name of Registered Landfill**
TULLYTOWN, RESOURCE RECOVERY

**City, State**
PATerson, NJ 07503

**Disposal Date**
09/23/15

**Title**
PRESIDENT

**Signature**

**Completed by (Print or Type)**
BOGDAN JOLDZIC

**Date**
9/11/2015

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

**Notification of Asbestos Abatement**

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

---

**Date of Notification (1)**

| 0 | 9 | 1 | 1 | 1 | 5 |

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

David Schonbraun

**Type Notification (Initial)***

Street Address

30 Lake Road

**City, State, Zip Code**

Short Hills, NJ 07108

**Name of Contact**

David Schonbraun

**Telephone Number**

---

**FACILITY INFORMATION**

**Name of facility where abatement is taking place (3)**

David Schonbraun

**Street Address**

30 Lake Road

**City (5)**

Short Hills

**County (6)**

Essex

**County Code (7)**

(State use only)

**Type of Facility (4)***

- [ ] School (K - 12)
- [ ] Subchapter 8 (Other than K-12)
- [x] Other (Private/Commercial Bldgs./Homes, etc.)

**Square Feet**

---

**# of Floors**

---

**Bldg. Age**

---

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

---

**Name of Abatement Contractor (9)**

D & S RESTORATION, INC.

**Street Address**

20 California Ave.

**City, State, Zip Code**

Paterson, NJ 07503

**Telephone Number**

973-345-8020

**License Number**

01169

**Name of OSHA Monitor**

D & S Restoration, Inc.

**Street Address**

20 California Avenue

**City, State, Zip Code**

Paterson, NJ 07503

---

**Start Date (10)**

9/21/15

**Sched. Completion Date (11)**

10/13/15

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

- [ ] Facility closed/vacated during entire period of abatement.
- [x] Abatement performed outside of normal facility hours.
  - [ ] Other—Describe: NORMAL HOURS

---

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

- [x] >3 sf or >3 if
- [x] Demolition

---

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

<table>
<thead>
<tr>
<th>Basement</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pipe Insulation</td>
<td>35 linear feet</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

**Registered Waste Hauler**

D & S RESTORATION, INC.

**NJDEP Hauler ID#**

13506

**Cubic Yards of Waste**

1 Cubic Yards

**Name of Registered Landfill**

TULLYTOWN, RESOURCE RECOVERY

**City, State**

**Disposal Date**

09/22/15

**09/11/2015**

---

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

---

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

Date of Notification (1) 9/15/15

Name of Building Owner / Operator (2)
VERIZON COMMUNICATIONS

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

Street Address
58 Terrace Avenue

City, State & Zip Code
Toms River New Jersey

Name of Contact
Alex Baylor

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Toms River Garage Work Center

Street Address
58 Terrace Avenue

City (5)
Toms River

County (6)
Ocean

County Code (7)


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

Street Address
1253 NORTH CHURCH STREET

City, State & Zip Code
MOORESTOWN, NJ 08057

Project Manager for Monitoring Firm
Harold Baldwin

Telephone Number
856-840-8800

Scheduled Start Date (10)
9/30/15

Scheduled Completion Date (11)
10/2/15

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:
5pm - 1:30 am
☐ Facility Occupied During Abatement

Scope of Work (Check all that apply)

☐ ≥3 sf or ≥3 If
☐ ≥160 sf ≥260 If
☐ 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

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

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

Amount (Specify SF or LF)
Pipe insulation 20 If

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

Office Area

☐

☐

☐

☐

☐

☐

☐

☐

Name of Registered Waste Hauler
SERVICE TRANSPORT GROUP, INC.

City, State
NEW CASTLE, DE 19720

Disposal Date

City, State
WAYNESBURG, OH 44688

Completed By (Print or Type)
PATRICK T. DeCaro

Title
PROJ. MGR.

Signature

Name of Registered Landfill
MINERVA LANDFILL

Date 9/15/15

PD 15075
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to N.J.A.C. 8:60 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>9/15/15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner / Operator (2)</td>
<td>VERIZON COMMUNICATIONS</td>
</tr>
<tr>
<td>Agencies Notified</td>
<td>Type Notification</td>
</tr>
<tr>
<td>EPA</td>
<td>Initial</td>
</tr>
<tr>
<td>DEP</td>
<td>Amended</td>
</tr>
<tr>
<td>DOL</td>
<td>Emergency</td>
</tr>
<tr>
<td>DOH</td>
<td>Cancellation</td>
</tr>
<tr>
<td>DCA</td>
<td></td>
</tr>
<tr>
<td>Street Address</td>
<td>301 Philadelphia Avenue</td>
</tr>
<tr>
<td>City, State &amp; Zip Code</td>
<td>Egg Harbor City New Jersey</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>ALEX BAYLOR</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Egg Harbor City Central Office</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>301 Philadelphia Avenue</td>
</tr>
<tr>
<td>City (5)</td>
<td>Egg Harbor City</td>
</tr>
<tr>
<td>County (6)</td>
<td>Atlantic</td>
</tr>
<tr>
<td>County Code (7)</td>
<td></td>
</tr>
</tbody>
</table>

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

| Square Feet | 6400 |
| # of Floors | 1 |
| Bldg. Age | 75 |
| Current Use (Prior if being demolished) | |

**COMMUNICATIONS**

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>USA ENVIRONMENTAL MANAGEMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>8436 ENTERPRISE AVE</td>
</tr>
<tr>
<td>City, State &amp; Zip Code</td>
<td>PHILADELPHIA PA 19153</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>MARK JENKINS</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>215-365-5810</td>
</tr>
<tr>
<td>Scheduled Start Date (10)</td>
<td>9/28/15</td>
</tr>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>9/30/15</td>
</tr>
</tbody>
</table>

**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: 5 PM – 1 AM
- Facility Occupied During Abatement

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

- ≥3 sf or ≥3 If
- ≥160 sf ≥260 If
- Renovation
- Demolition

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

<table>
<thead>
<tr>
<th>AC Unit 2-2</th>
<th>Pipe fittings</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
</tr>
</thead>
</table>

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

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

- Cubic Yards of Waste | 20 |

<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
<th>MINERVA LANDFILL</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State</td>
<td>WAYNESBURG, OH 44688</td>
</tr>
</tbody>
</table>

**Completed By (Print or Type)**

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>SERVICE TRANSPORT GROUP, INC.</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State</td>
<td>NEW CASTLE, DE 19720</td>
</tr>
<tr>
<td>NJDEP Waste Hauler ID No.</td>
<td>20990</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td>20</td>
</tr>
<tr>
<td>Disposal Date</td>
<td></td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>MINERVA LANDFILL</td>
</tr>
<tr>
<td>City, State</td>
<td>WAYNESBURG, OH 44688</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed By (Print or Type)</th>
<th>PATRICK T. DeCaro</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
<td>PROJ. MGR.</td>
</tr>
<tr>
<td>Signature</td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td>9/15/15</td>
</tr>
</tbody>
</table>

PD15096