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

Name of Building Owner/Operator (2)
Verizon

Street Address
1 Verizon Way

City, State, Zip Code
Basking Ridge, NJ 07920

Name of Contact
Alex Baylor

FACILITY INFORMATION

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

Street Address
95 William Street

City (5)
Newark, NJ 07102

County (6)
Essex

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

ASCM No.

Name of Abatement Contractor (9)
JVN Restoration Inc

Street Address
8436 Enterprise Avenue

City, State, Zip Code
Philadelphia, PA 19153

Project Manager for Monitoring Firm
Mark Jenkins

Telephone No.
215-365-5870

Start Date (10)
09 / 02 / 16

Scheduled Completion Date (11)
12 / 31 / 16

Type of Facility (4)

School (K-12)

Subchapter 8 (Other than K-12)

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

10,000

# of Floors
3

Bldg. Age

County Code (7)/(STATE USE ONLY)

Current Use (Prior to being demolished)

Name of OSHA Monitor
Testor Tech

Street Address
10 59 Jackson Avenue

City, State, Zip Code
Staten Island NY 10309

License No.
00774

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 (7) and Non-Friable Procedure

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

Exterior

4th Floor Office

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, V.A.T., or other miscellaneous)

Amount (Specify SF or LF)

Abatement Type

Location

Removal

Repair

Encapsulation

End Cap/Enclosure

Exterior

4th Floor Office

Window Caulking

Floor Tile and mastic

180SF

4,300SF

Name of Registered Waste Hauler
Newark Carting

NJDEP Waste Hauler ID No.
NJ-566

Cubic Yards of Waste
40

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

Disposal Date
07/16/16

City, State
Morrisville, PA

Completed By (Print or Type)
Ralph Barnhardt

Title
Project Manager

Signature

Date
07-16-2016

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>04/11/16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Verizon</td>
</tr>
<tr>
<td>Street Address</td>
<td>1 Verizon Way</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Basking Ridge, NJ 07920</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Alex Baylor</td>
</tr>
</tbody>
</table>

FACILITY INFORMATION

| Name of Facility Where Abatement Is Taking Place (3) | Verizon |
| Street Address | 95 William Street |
| City (5) | Newark, NJ 07102 |
| County (6) | Essex |
| ASCM No. | USA Environmental |
| Type of Facility (4) | School (K-12) |
| Square Feet | 10,000 |
| # of Floors | 3 |
| Bidg. Age | |
| Current Use (Prior if being demolished) | |

Name of Monitoring Firm Hired by Building Owner (8) | USA Environmental |
Street Address | 8436 Enterprise Avenue |
City, State, Zip Code | Philadelphia, PA 19153 |
Project Manager for Monitoring Firm | Mark Jenkins |
Telephone No. | 215-365-5870 |
Start Date (10) | 05/02/16 |
Scheduled Completion Date (11) | 12/31/16 |
Occupancy Status During Abatement (Check only one) | Facility Closed/Vacated During Entire Period of Abatement |
| Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00 AM-3:30 PM, PM-AM |
Scope of Work (Check all that apply) | Renovation, Demolition |
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Exterior, Window Caulking |
| 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) | 180SF |
| Amount (Specify SF or LF) | |
| Abatement Type | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Exterior, Window Caulking |
| 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) | 180SF |
| Amount (Specify SF or LF) | |
| Abatement Type | |

Name of Registered Waste Hauler | Newark Carting |
City, State | Hackettstown, NJ |
Name of Registered Landfill | G.R.O.W.S., Inc. |
City, State | Morrisville, PA |
Completed By (Print or Type) | Ralph Barnhardt |
Title | Project Manager |
Signature | |
Date | 01-11-2016 |

*Do not use this form for asbestos licensure exempted activities.*
STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT
(PURSUANT TO NJAC 8:60-7 AND 12:120-7)

**Date of Notification (1)**
09 / 12 / 16

Name of Building Owner / Operator (2)
FLEET JAMES STREET LLC

**Agencies Notified**

<table>
<thead>
<tr>
<th>Agency</th>
<th>Notification Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
</tr>
<tr>
<td>DEP</td>
<td>Amended</td>
</tr>
<tr>
<td>DOH</td>
<td>Amendment #</td>
</tr>
<tr>
<td>DOL</td>
<td>Emergency w/ justification</td>
</tr>
</tbody>
</table>

**Agency Address**
225 MILLBURN AVE
MILLBURN, NJ 07041

**Name of Contact**
Kris Lukowitz

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**
15-17 JAMES STREET

**Street Address**
15-17 JAMES STREET

**City (5)**
NEWARK

**County (6)**
ESSEX

**County Code (7)**

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

**Square Feet**
200,000

**# Of Floors**
4

**Building Age**
40 +

**Current Use (Prior if being demolished)**
CHURCH/OFFICE

**Name of Monitoring Firm Hired by Bldg. Owner (6)**
BIOTERRA ENVIRONMENTAL SOLUTIONS

**Street Address**
1130 WEST CHESTNUT STREET

**City, State, Zip Code**
NEWARK, NJ 07105

**Project Mgr. For Monitoring Firm**
RICK EUSTAQUIO

**Telephone Number**
973-494-3762

**Scheduled Start Date (10)**
09 / 22 / 16

**Scheduled Completion Date (11)**
10 / 31 / 16

**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: __ MON - FRI - 7:00AM - 3:30PM

**Scope of Work (Check All That Apply)**
- Demolition
- Remediation
- Renovation
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebox Procedure
- Non-Exempted (*) and Non-Friable Procedure

**Location of Asbestos Containing Material (13)**

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

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

**Name of Registered Waste Hauler**
Newark Carting

**name of Registered Hauler ID No.**
M4509

**Name of Registered Landfill**
GROWS

**City, State**
NEWARK, NJ

**Committed by (Print or Type)**
Title
Project Manager

**Signature**

**Date**
09/12/16

ASB-44
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

**Date of Notification (1)**  
September 09, 2016

**Name of Building Owner/Operator (2)**  
MACK-CALI REALTY CORP.

**Street Address**  
100 Clearbrook Road, Suite 275

**City, State, Zip Code**  
Elmsford, NY 10523-1108

**Name of Contact**  

**Telephone Number**  

**FACILITY INFORMATION**

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

**Street Address**  
1 Lake St.

**City (5)**

**Upper Saddle River, NJ**

**County Code (7)**

**Bergen**

**Name of Monitoring Firm Hired by Building Owner (8)**  
AET, Inc.

**ASCM No.**

**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.**

**Name of OSHA Monitor**

**Telephone No.**

**Occuancy 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)**

- [ ] ≥ 600 sf or ≥ 600 ft
- [ ] >100 sf or ≥200 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**

**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
- [ ] Encapsulation
- [ ] Endorse

**Name of Registered Waste Hauler**  
Newark Carting / Freehold Cartage

**NJ DEP Waste Hauler ID No.**

22253

**Cubic Yards of Waste**

TBD

**Name of Registered Landfill**

Cumberland Co / BFI / GROWS / TRRF

**City, State**

Newburg / Imperial / Morrisville, PA

**Disposal Date**

9/26/17

**Completed by**

Michael Cooper

**Title**

President

**Signature**

[Signature]

**Date**

9/9/16

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

**State of New Jersey**

**Date of Notification**
9/8/2013

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

**Name of Building Owner/Operator**
RAMON LINDBERG

**Street Address**
[Redacted]

**City, State, Zip Code**
[Redacted]

**Name of Contact**
MIKE FASHEL

**Telephone Number**
[Redacted]

**Facility Information**

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

**Street Address**
SADDLE BROOK

**City (5)**
BERGEN

**County Code (7)**
16

**Name of Monitoring Firm/Agent by Building Owner**
ASCM No.
N/A

**Name of Abatement Contractor**
TWO BROTHERS CONTRACTING, INC.

**Street Address**
11 VREELAND AVENUE

**City, State, Zip Code**
TOTOWA, NJ 07512

**Project Manager/Owner**

**Telephone Number**
873-956-8700

**License No.**
00494

**Occupancy Status During Abatement**
- New
- Renovation
- Demolition
- Renovation with Demolition
- Demolition with Renovation
- Demolition with Renovation and Removal
- Renovation with Demolition and Removal
- Other

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

<table>
<thead>
<tr>
<th>Location</th>
<th>ACM</th>
<th>Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of ACM</th>
<th>Amount (For ACM Removal)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>KITCHEN</td>
<td></td>
<td></td>
<td>LINOLEDUM</td>
<td>100 SF</td>
<td></td>
</tr>
<tr>
<td>EXTERIOR</td>
<td></td>
<td></td>
<td>SIDING</td>
<td>1,800 SF</td>
<td></td>
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<tr>
<td>EXTERIOR</td>
<td></td>
<td></td>
<td>CHIMNEY FLASING</td>
<td>3 SF</td>
<td></td>
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</tbody>
</table>

**Name of Registered Waste Hauler**
TWO BROTHERS CONTRACTING

**Disposal Date**
9/19/2016

**Total Yard of Waste**
10

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

**City, State**
MORRISVILLE, PA

**Completed by**
DANIELLE MIHAJOVIC

**Date**
9/6/2016

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

State of New Jersey

Date of Notification (1)
9/8/2016

Agencies Notified

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

Type Notification

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

Name of Building Owner/Operator (2)
RAMON LINDBERG

Street Address

City, State, Zip Code
SADDLE BROOK, NJ 07663

Name of Contact
MIKE FASHEL

FACILITY INFORMATION

Type of Facility (4)

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

Square Feet

# of Floors

Bldg. Age

Current Use (Prior if being demolished)

Name of Facility Where Abatement is Taking Place (3)

RESIDENCE

Street Address

City (5)
SADDLE BROOK

County (6)
BERGEN

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

ASCM No.

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

Street Address

11 VREELAND AVENUE

City, State, Zip Code
TOTOWA, NJ 07512

Start Date (10)
9/13/2016

Scheduled Completion Date (11)
9/19/2016

Name of OSHA Monitor

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:

Phone: 973-358-1776

Scope of Work (Check All That Apply)

- [ ] ≤3 ft or ≤3 sf
- [X] ≤180 sf or ≤200 sf
- [X] Renovation
- [ ] 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

In Facility (13)

- KITCHEN
- EXTERIOR

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

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

Description of Asbestos Containing Material (ACM)

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

Amount (Specify SF or LF)

Abatement Type

- [X] Removal
- [ ] Repair
- [X] Encapsulate
- [X] Endure

Name of Registered Waste Hauler

NJDEP Waste Hauler ID No.

Cubic Yards of Waste

Name of Registered Landfill

City, State
TOTOWA, NJ

Disposal Date
9/19/2016

Completed by
DANIELLE MIHAJLOVIC

Title
PROJECT COORDINATOR

Signature

Date
9/8/2016

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

Date of Notification (1) 9-08-2016
Name of Building Owner / Operator (2) Ridge Park Apartments LLC

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

Type Notification
☐ Initial
 ☐ Amended
 ☐ Emergency
 ☐ Cancellation

Street Address
1122 Clifton Avenue
City, State & Zip Code
Clifton, NJ 07013

Name of Contact
Jerry Campbell
Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
North Arlington Apartments – Building 225

Street Address
20-B Ridge Park Drive

City (5) North Arlington, NJ
County (6) Bergen
County Code (7)

Name of Monitoring Firm Hired by Building Owner (8)
Health and Safety Services
ASCM No. 117

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

Square Feet
6560
# of Floors
2
Bidg. Age
70

Current Use (Prior if being demolished)
Apartment Building

Name of Abatement Contractor (9)
Resource Management Group, LLC

Street Address
2115 Hamilton Ave, Suite 202
City, State & Zip Code
Trenton, NJ 08619

Telephone Number
609-914-4279
License Number
01185

Name of OSHA Monitor
J&S Environmental Laboratories, Inc.

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 during Normal Hours:
Describe: 9am – 5pm
☐ Facility Occupied During Abatement

Scope of Work (Check all that apply)
☐ ≥ 3 sf or ≥ 3 ft
☒ ≥ 160 sf ≥ 250 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)

Abatement Type

Location

Yes
No
N/A

Meter Room
Pipe Insulation
165 LF

Meter Room
Associated Elbows
12

Boiler Room
Pipe Insulation
155

Boiler Room
Associated Elbows
24

Name of Registered Waste Hauler
NJDEP Waste Hauler ID No. 0035218

Cubic Yards of Waste
TBD

Name of Registered Landfill
Grows Landfill

City, State
Trenton, NJ 08619

Disposal Date
TBD

City, State
Morrisville, PA

Completed By (Print or Type)
Mr. Brian Haney
Title
President
Signature

Date 9-08-2016
Check#2587

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

Date of Notification (1) 09/09/16

Name of Building Owner/Operator (2) Katy Chapman

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

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

Street Address [Redacted]
City, State, Zip Code Maplewood, NJ 07040

Name of Contact Rich Quadrini

Telephone Number

FACILITY INFORMATION

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

Street Address Maplewood, NJ 07040

City (5) Essex
County (6) County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished)

Name of Abatement Contractor (9)
Gr Tech LLC

ASCM No. [Redacted]

Project Manager for Monitoring Firm

Telephone No. Telephone No. 973-638-1777 License No. 01127

Start Date (10) 09/19/16
Scheduled Completion Date (11) 09/20/16

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

Scope of Work (Check all that apply)
[ ] >3 sf or >3 if
[ ] 160 sf or >250 sf
[ ] 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-Flammable Procedure

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

<table>
<thead>
<tr>
<th>Location</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>Basement</td>
<td>[No] Pipe insulation</td>
<td>30 LF</td>
<td></td>
</tr>
<tr>
<td>Basement</td>
<td>[No] VAT floor tiles</td>
<td>450 SF</td>
<td></td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
Gr Tech LLC

City, State Wayne, NJ 07470

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

Name of Disposal Site
TBD

Name of City Disposal Site Tullytown, PA

Completed By (Print or Type) N. Jevtic

Title Owner

[Signature]

MAY 11

* 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**: 09/10/16

**Name of Building Owner/Operator**: Laurie Dascher

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

**Type Notification**:  
- [ ] Initial  
- [ ] Amended  
- [ ] Amendment #

**Street Address**: [Redacted]

**City, State, Zip Code**: Garfield, NJ 07026

**Name of Contact**: Laurie Dascher

---

**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 and commercial buildings, homes, etc.)

**Private house**

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

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

**Current Use (Prior if being demolished)**:  
- [ ] Non-Hazardous (Use known)
- [ ] Hazardous (Use unknown)
- [ ] Hazardous (Use known)

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

**ASCM No.**: [Redacted]

**Name of Abatement Contractor**: Gr Tech LLC

**Street Address**: 376 Valley Rd #283

**City, State, Zip Code**: Wayne, NJ 07470

**Telephone No.**: 973-638-1777

**License No.**: 01127

**Project Manager for Monitoring Firm**: Envirosion Consultants, Inc

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

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

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

**Scope of Work (Check all that apply)**:  
- [ ] >3 sf or >3 ft  
- [ ] 2 150 sf or >250 ft  
- [ ] Demolition  
- [ ] Renovation

**Clean up and decontamination with negative pressure**

**Full Containment with Negative Pressure**

**Mini-Enclosure**

**Glovebag Procedure**

**Tent with Negative Pressure**

**Non-Exempted (*) and Non-Fiable Procedure**

**Abatement Type**:  
- [ ] Removal  
- [ ] Repair  
- [ ] Encapsulate  
- [ ] Endorse

**Location of Asbestos-Containing Material (ACM) TO BE ABATED**:  
- IN Facility  
- [ ] Yes  
- [ ] No  
- [ ] N/A

**Description of Asbestos-Containing Material (ACM)** (i.e., thermal systems insulation, surfacing, VCT, or other miscellaneous):  
- [ ] Used Solely by Maintenance/Custodial Staff?  
  - [ ] Yes  
  - [ ] No  
  - [ ] N/A

**Amount (Specify Sf or Lf)**:  
- [ ] 150 LF

**Location of Registered Waste Hauler**: NDEP Waste Hauler ID No.

**Cubic Yards of Waste**: TBD

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

**City, State**: Tullytown, PA

**Disposal Date**: TBD

**Completed By (Print or Type)**:  
- [ ] Owner  
- [ ] Signature: [Signature: Lucie Wernand]

**Date**: 09/10/16

---

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

Date of Notification (1)
9/9/2016

Name of Building Owner/Operator (2)
Barbara Lennon

[ ] EPA
[ ] DEP
[X] DOL
[ ] DOH
[ ] DCA

Type Notification
[X] Initial Notification
[ ] Amended Notification
[ ] Emergency
[ ] Cancellation

Street Address

City, State, Zip Code
Montclair, NJ, 07042

Name of Contact
Barbara Lennon

FACILITY INFORMATION

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

Square Feet # of Floors Bldg. Age
2100 2 121

Current Use (Prior if being demolished)

Name of Facility Where Abatement is Taking Place (3)
Barbara Lennon

Street Address

City (5)
Montclair

County (6) Basex

County Code (7) (STATE USE ONLY)

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

ASCM No.

Project Manager for Monitoring Firm

Telephone Number
N/A

Scheduled Start Date (9)
9/20/16

Scheduled Completion Date (10)
9/21/16

Month Day Year
Month Day Year

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

Hours - Describe: <Off Hours Description>

Name of Abatement Contractor (9)
AZTECH MANAGEMENT, Inc.

Street Address
86 Christopher St.

City, State, Zip Code
Montclair, NJ 07042

Telephone Number
(973) 744-8800

License Number
00371

Name of OSHA Monitor
N/A

Street Address

City, State, Zip Code

Scope of Work (Check all that apply)

[X] 25 sq ft or 25 LF

[X] Renovation

[X] 50 sq ft or 250 LF

[X] Demolition

Location of Asbestos-Containing Material (ACM) To Be Abated In Facility (11)

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

[X] Full Containment with Negative Pressure

[X] Glovebag Procedure

[ ] Non-Friable Procedure

Location

Basement

[X] Pipe insulation 12 LF

[X] Wash and lock down 40 LF

Name of Registered Waste Hauler
AZTECH MANAGEMENT, INC.

NUDEP Waste Hauler ID No.
17040

Cubic Yards of Waste
1.5

Name of Registered Landfill
Minerva Enterprise INC

City, State
Waynesburg, Ohio 44688

Disposal Date
9/22/16

Completed By (Print or Type)
Constantine Vivian

Title
President

Signature

Date
9/3/2016
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)
9 / 9 / 16

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

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

Name of Building Owner/Operator (2)
Arconic

Street Address
9 Roy Street

City, State, Zip Code
Dover, NJ 07801

Name of Contact
Charlie Pressner

**FACILITY INFORMATION**

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

Street Address
9 Roy Street

City (5)
Dover

County (6)
Morris

Square Feet
10,000

County Code (7) [STATE USE ONLY]

Current Use (Prior if being demolished)
Industrial

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

ASCM No.

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

Street Address
411 Southgate Court

City, State, Zip Code
Mickleton, NJ 08056

Telephone No.
856-224-0080

License No.
00398

Project Manager for Monitoring Firm
Jack Carney

Telephone No.
610-239-9920

Name of OSHA Monitor
EHS Environmental Co., Inc.

Street Address
411 Southgate Court

City, State, Zip Code
Mickleton, NJ 08056

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-3:30PM/ PM-AM

Scope of Work (Check all that apply)
- 23 sq ft or ≥30 sq ft
- ≥160 sq ft or ≥260 sq ft
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

TO BE ABATED

IN Facility
(13)

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

Yes
No
N/A

Location

Asbestos-Containing Material (ACM)

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

Amount (Specify SF or LF)

Abatement Type

Removal
Encapsulate
Endorse

1st floor sales office

pipe fittings

10LF

Name of Registered Waste Hauler
Newark Carting

NJDEP Waste Hauler ID No.
4509

Cubic Yards of Waste
1CY

Name of Registered Landfill
GROWS

City, State
Newark, NJ

Disposal Date
10/3/16

Completed By (Print or Type)
James M. Kelly

Title
Vice President

Signature

Date
9/9/16

* Do not use this form for asbestos licensure exempted activities.
**State of New Jersey**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:00 and 12:129)

**Data of Notification (1)**
Sept-08-2016  

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

**Name of Facility Where Abatement Is Taking Place (3)**
St. Francis Academy

**Street Address**
1601 Central Avenue

**City (6)**
Union City, NJ

**County (6)**
Hudson

**Name of Monitoring Firm Hired by Building Owner (8)**
OMEGA ENVIRONMENTAL SERV.

**Stake Address**
280 Hyder Street

**City, State, Zip Code**
South Hackensack, N. J. 07606

**Project Manager for Monitoring Firm**

**Telephone No.**
201-469-8700

**Name of Abatement Contractor (9)**
EA Services Corporation

**Stake Address**
426-69th Street

**City, State, Zip Code**
Guttenberg, NJ 07083

**Start Date (10)**
09-07-2016

**Scheduled Completion Date (11)**
09-08-2016

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

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

**Other — Describe:**

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

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

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

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

**Amount (Specify SF or LF)**

**Abatement Type**

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

**Exterior Yard**

**Carpet debris**

**80 SF**

**Name of Registered Waste Hauler**
NJDEP Waste Hauler ID No. 15039

**Cubic Yards of Waste**

**Name of Registered Landfill**
Cumberland Landfill

**City, State**
Newburg, PA

**Disposal Date**

**Name of Contact**
Deborah Savage-Principal

**Telephone Number**

**Signature**

**Date**
09/08/2016

---

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

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

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

**Street Address**  
128 E, LINCOLN AVENUE, P.O. BOX 2000, RY 28-414

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

**Name of Contact**  
Sandra M. Schenk

---

### FACILITY INFORMATION

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

**Address**  
128 EAST LINCOLN AVENUE - BUILDING 84

**City (5)**  
RAHWAY

**County (6)**  
UNION

**County Code (7)**  
07065

**FACILITY INFORMATION**

<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>ENVIROMETAL HEALTH INVESTIGATIONS, INC.</td>
<td></td>
<td>PAR ENVIRONMENTAL CORPORATION</td>
</tr>
</tbody>
</table>

**Street Address**  
655 WEST SHORE TRAIL

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

**License Number**  
1101

**Telephone Number**  
845-369-7500

**Square Feet**  
99,082

**# of Floors**  
3

**Bldg. Age**  
47

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

---

**Expected State Date (10)**  
8 / 9 / 16  
Name of OSHA Monitor  
AMERICAN LABORATORIES INC.  
#11480

**Sched. Completion Date (11)**  
11 / 30 / 16

**Street Address**  
117 EAST 30TH STREET

**City, State, Zip Code**  
NEW YORK, NEW YORK 10016

---

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

<table>
<thead>
<tr>
<th>Demolition</th>
<th>Renovation</th>
<th>Mini-Enclo.</th>
<th>Glovebag Procedure</th>
<th>Non-Friable Procedure</th>
</tr>
</thead>
</table>

---

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

<table>
<thead>
<tr>
<th>Is Location normally used solely by Maint/Custodial Staff (12)</th>
<th>Description of Asbestos-Containing Material (ACM) (ie. 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>X ROOF FLASHING</td>
<td>3,370</td>
<td>X</td>
</tr>
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</table>

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**Name of Registered Waste Hauler**  
FREEHOLD CARTAGE, INC.

<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>LYCOMING COUNTY RESOURCE MANAGEMENT SERVICE</td>
</tr>
</tbody>
</table>

**City, State, Zip Code**  
FREEHOLD, NEW JERSEY 08733

**Disposal Date**  
08/09/11-10/30/2016

**Name of Registered Landfill**  
LYCOMING COUNTY RESOURCE MANAGEMENT SERVICE

**City, State, Zip Code**  
FREEHOLD, NEW JERSEY 08733

**Disposal Date**  
08/09/11-10/30/2016

**Name of Registered Landfill**  
LYCOMING COUNTY RESOURCE MANAGEMENT SERVICE

**City, State, Zip Code**  
FREEHOLD, NEW JERSEY 08733

**Disposal Date**  
08/09/11-10/30/2016

**Name of Registered Landfill**  
LYCOMING COUNTY RESOURCE MANAGEMENT SERVICE

**City, State, Zip Code**  
FREEHOLD, NEW JERSEY 08733

**Disposal Date**  
08/09/11-10/30/2016

**Name of Registered Landfill**  
LYCOMING COUNTY RESOURCE MANAGEMENT SERVICE

**City, State, Zip Code**  
FREEHOLD, NEW JERSEY 08733

**Disposal Date**  
08/09/11-10/30/2016

**Name of Registered Landfill**  
LYCOMING COUNTY RESOURCE MANAGEMENT SERVICE

**City, State, Zip Code**  
FREEHOLD, NEW JERSEY 08733

**Disposal Date**  
08/09/11-10/30/2016

**Name of Registered Landfill**  
LYCOMING COUNTY RESOURCE MANAGEMENT SERVICE

**City, State, Zip Code**  
FREEHOLD, NEW JERSEY 08733

**Disposal Date**  
08/09/11-10/30/2016

**Name of Registered Landfill**  
LYCOMING COUNTY RESOURCE MANAGEMENT SERVICE

**City, State, Zip Code**  
FREEHOLD, NEW JERSEY 08733

**Disposal Date**  
08/09/11-10/30/2016

**Name of Registered Landfill**  
LYCOMING COUNTY RESOURCE MANAGEMENT SERVICE

**City, State, Zip Code**  
FREEHOLD, NEW JERSEY 08733

**Disposal Date**  
08/09/11-10/30/2016

**Name of Registered Landfill**  
LYCOMING COUNTY RESOURCE MANAGEMENT SERVICE

**City, State, Zip Code**  
FREEHOLD, NEW JERSEY 08733

**Disposal Date**  
08/09/11-10/30/2016

**Name of Registered Landfill**  
LYCOMING COUNTY RESOURCE MANAGEMENT SERVICE

**City, State, Zip Code**  
FREEHOLD, NEW JERSEY 08733

**Disposal Date**  
08/09/11-10/30/2016

**Name of Registered Landfill**  
LYCOMING COUNTY RESOURCE MANAGEMENT SERVICE

**City, State, Zip Code**  
FREEHOLD, NEW JERSEY 08733

**Disposal Date**  
08/09/11-10/30/2016

**Name of Registered Landfill**  
LYCOMING COUNTY RESOURCE MANAGEMENT SERVICE

**City, State, Zip Code**  
FREEHOLD, NEW JERSEY 08733

**Disposal Date**  
08/09/11-10/30/2016

Signature

Date 9/9/16
**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 8:60-7 and 12:120-7)

**Name of Building Owner/Operator:** 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:** Sandra M. Schenk

**Telephone Number:**

---

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place:** MERCK SHARP & Dohme CORPORATION

**Street Address:** 126 EAST LINCOLN AVENUE - BUILDING 84

**City (5), County (6), County Code (7):** RAHWAY, UNION

**Square Feet:** 99,082

**# of Floors:** 3

**Bldg Age:** 47

---

**Type of Facility (4):** Subchapter 8 (Other than K-12)

**Square Feet:** 99,082

**Bldg Age:** 47

**Type of Abatement Contractor (9):** PAR ENVIRONMENTAL CORPORATION

**License Number:** 1101

**AMERISCI LABORATORIES INC #11480**

---

**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 - 3pm
- Other - Describe:

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

**Description of Asbestos-Containing Material (ACM):** (Specify SF or LF)

**Amount:** 3,370

**Abatement Type:**

**EXTERIOR:** X ROOF FLASHING

**Name of Registered Waste Hauler:** FREEHOLD CARTAGE, INC.

**Hauler ID No.:** 825 HIGHWAY 33

**Cubic Yards of Waste:** 80

**Name of Registered Landfill:** LYCOMING COUNTY RESOURCE MANAGEMENT CENTER

**447 ALEXANDER DRIVE/ROUTE 15**

**City, State:** MONTGOMERY, PA 17752

**Disposal Date:** 08/09-11/30/2016

**Completed by (Print or Type):** BENJAMIN SANCHEZ

**Title:** DIRECTOR OF OPERATIONS

---

**RECEIVED SEP 13 2016**

---

**Established Under the Law of the State of New Jersey**

---

**Initial Notification X**

**Amended Notification**

**Cancellation**

**On Hold**

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

Date of Notification (1): September 9, 2016
Name of Building/Owner/Operator (2): Costance Stewart

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

FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Type of Facility (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residence</td>
<td>[ ] School (k-12)</td>
</tr>
<tr>
<td></td>
<td>[ ] Subchapter 8 (other than k-12)</td>
</tr>
<tr>
<td></td>
<td>[ x ] Other (i.e., private &amp; commercial buildings, homes, etc.)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Square feet</th>
<th># of Floors</th>
<th>Bldg. Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>1200 sf</td>
<td>1</td>
<td>60</td>
</tr>
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</table>

Current Use (Prior to demolition):
Residence

Name of Abatement Contractor (9): Guardian Contracting, Inc.
Name of Abatement Contractor (9): E.M.S.L. Analytical

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

<table>
<thead>
<tr>
<th>Name of OSHA Monitor</th>
<th>Telephone Number</th>
<th>License Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>00624</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>1889 Route 9, Unit 61</td>
<td>Toms River, New Jersey 08755-1271</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>1056 Stelton Road</td>
<td>Piscataway, New Jersey 08854</td>
</tr>
</tbody>
</table>

Scope of Work (Check all that apply):

- [ 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 in facility:

<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>Exterior</td>
<td>[ x ]</td>
<td>Asbestos siding</td>
<td>1200 sf</td>
<td>X</td>
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Name of Registered Waste Hauler: Guardian Contracting, Inc.
Name of Registered Landfill: T.R.R.F.

<table>
<thead>
<tr>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
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<tbody>
<tr>
<td>3</td>
<td>T.R.R.F.</td>
</tr>
</tbody>
</table>

City, State:
Toms River, New Jersey
Disposal Date:
9/26/16

City, State:
Tullytown, Pennsylvania
Completed by (Print or Type):
Nicholas Fennica
Signed by (Print or Type):
Nicholas Fennica
Signature:

*Do not use this form for asbestos licensure exempted activities.*
# DEMOLITION / RENOVATION NOTIFICATION

<table>
<thead>
<tr>
<th>Operator Project #:</th>
<th>Postmark:</th>
<th>Notification:</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>TYPE OF NOTIFICATION (O - Original R - Revised C - Cancelled):</th>
<th>IS ASBESTOS PRESENT? (Yes/No):</th>
</tr>
</thead>
<tbody>
<tr>
<td>O</td>
<td>Y</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FACILITY INFORMATION (identify owner, removal contractor and other operator)</th>
</tr>
</thead>
<tbody>
<tr>
<td>OWNER NAME:</td>
</tr>
<tr>
<td>Address:</td>
</tr>
<tr>
<td>City:</td>
</tr>
<tr>
<td>State:</td>
</tr>
<tr>
<td>Zip:</td>
</tr>
<tr>
<td>Contact:</td>
</tr>
<tr>
<td>Tel:</td>
</tr>
</tbody>
</table>

| REMOVAL CONTRACTOR:   | Guardian Contracting, Inc. |
| Address:              | 1889 Route 9, Unit 61     |
| City:                 | Toms River              |
| State:                | New Jersey              |
| Zip:                  | 08755                   |
| Contact:              | Nicholas Fernicola      |
| Tel:                  | 732-349-9932            |

<table>
<thead>
<tr>
<th>OTHER OPERATOR (if different)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
</tr>
<tr>
<td>City:</td>
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<tr>
<td>State:</td>
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<tr>
<td>Zip:</td>
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<tr>
<td>Tel:</td>
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</table>

<table>
<thead>
<tr>
<th>TYPE OF OPERATION (D - Demo O - Ordered Demo R - Renovation E - Emergency Renovation):</th>
</tr>
</thead>
<tbody>
<tr>
<td>D</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FACILITY DESCRIPTION (including building name, number and floor or room number)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Building Name:</td>
</tr>
<tr>
<td>Address:</td>
</tr>
<tr>
<td>City:</td>
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<td>State:</td>
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<td>Age in Years:</td>
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<td>Present Use:</td>
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<tr>
<td>Prior Use:</td>
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<table>
<thead>
<tr>
<th>PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>MATERIAL ASSUMED TO BE ASBESTOS?</th>
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<table>
<thead>
<tr>
<th>APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Regulated ACM to be removed</td>
</tr>
<tr>
<td>2. Category I ACM not removed</td>
</tr>
<tr>
<td>3. Category II ACM not removed</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LOCATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nonfriable Asbestos Material Not To Be Removed</td>
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<tr>
<td>Cat I</td>
</tr>
<tr>
<td>Cat II</td>
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<table>
<thead>
<tr>
<th>Pipes (Linear feet):</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Surface Area (Square feet):</th>
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</thead>
<tbody>
<tr>
<td>1200 sf</td>
</tr>
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<table>
<thead>
<tr>
<th>RACM OFF Facility Component (Cubic feet):</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>SCHEDULE DATES ASBESTOS REMOVAL (MM/DD/YY)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Start: 9/22/16</td>
</tr>
<tr>
<td>Complete: 9/23/16</td>
</tr>
</tbody>
</table>
DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED

DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:

Prior to removal, the work area around the building will be roped off with caution tape and warning signs. Plastic sheeting will be placed on the ground below and the asbestos will be removed by non-friable procedures. All waste will be placed in double 5 mil. bags, sealed and labeled and placed in a locked container for disposal.

WASTE TRANSPORTER #1 Name: Guardian Contracting, Inc.
Address: 1889 Route 9, Unit 61
City: Toms River State: New Jersey Zip: 08755
Contact Person: Nicholas Fernicola

WASTE TRANSPORTER #2 Name:
Address:
City: State: Zip:
Contact Person:

WASTE DISPOSAL SITE Name: T.R.R.F.
Location: Bordentown Road
City: Tullytown State: Pennsylvania Zip: 19007
Telephone: 215-943-9732 Permit #: 101494

IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW AND ATTACH COPY OF ORDER

Name: Title:
Authority:
Date of Order (MM/DD/YY): Date Ordered to Begin (MM/DD/YY):

FOR EMERGENCY RENOVATIONS

Date and Hour of Emergency (MM/DD/YY):
Description of the Sudden, Unexpected Event:
Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:

DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER

I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ONSITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required after November 20, 1991)

Nicholas Fernicola / Project Manager September 9, 2016
(Printed Name/Title) (Signature of Owner/Operator) (Date)

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

Nicholas Fernicola / Project Manager September 9, 2016
(Printed Name/Title) (Signature of Owner/Operator) (Date)
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) September 9, 2016

Name of Building Owner/Operator (2) Homes for All, Inc.

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

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

Street Address
7 Hyers Street

Name of Contact
Glen McDonad

City, State, Zip Code
Toms River, NJ 08753

Telephone Number

FACILITY INFORMATION

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

Name of Monitoring Firm Hired by Building Owner (8)
Guardian Contracting, Inc.

City
Toms River

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

County
Ocean

Square feet
3000 sf

County Code (7)
STATE USE ONLY

# of Floors
2

Bldg. Age
80

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

Street Address
1889 Route 9, Unit 61

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

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

Telephone Number
732-349-9932

License Number
00624

SCHEDULED START DATE (10)
9/22/16

SCHEDULED COMPLETION DATE (11)
9/23/16

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 ft
[x] Renovation
[ ] Demolition
[ ] Full Containment with Negative Pressure
[ ] Mini-Enclosure
[ ] Gluebag 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)
75 LF

Abatement Type

Basement
X

Asbestos pipe insulation

Names 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
9/26/16

City, State
Tullytown, Pennsylvania

Completed by (Print or Type)
Nicholas Fernicola

Title
Project Manager

Signature

Date
9/9/2016

*Do not use this form for asbestos licensure exempted activities.
# DEMOLITION / RENOVATION NOTIFICATION

<table>
<thead>
<tr>
<th>Operator Project #:</th>
<th>Postmark:</th>
<th>Notification:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>I. TYPE OF NOTIFICATION (O - Original, R - Revised, C - Cancelled):</th>
<th>O</th>
<th>II. IS ASBESTOS PRESENT? (Yes/No):</th>
<th>Y</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>III. FACILITY INFORMATION (identify owner, removal contractor and other operator)</th>
</tr>
</thead>
<tbody>
<tr>
<td>OWNER NAME: Homes for All, Inc.</td>
</tr>
<tr>
<td>Address: 7 Hyers Street</td>
</tr>
<tr>
<td>City: Toms River</td>
</tr>
<tr>
<td>Contact: Glen McDonald</td>
</tr>
<tr>
<td>REMOVAL CONTRACTOR: Guardian Contracting, Inc.</td>
</tr>
<tr>
<td>Address: 1889 Route 9, Unit 61</td>
</tr>
<tr>
<td>City: Toms River</td>
</tr>
<tr>
<td>Contact: Nicholas Ferincola</td>
</tr>
<tr>
<td>OTHER OPERATOR (if different)</td>
</tr>
<tr>
<td>Address:</td>
</tr>
<tr>
<td>City:</td>
</tr>
<tr>
<td>Contact:</td>
</tr>
</tbody>
</table>

| IV. TYPE OF OPERATION (D - Demo, O - Ordered Demo, R - Renovation, E - Emergency Renovation): | R |

<table>
<thead>
<tr>
<th>V. FACILITY DESCRIPTION (Including building name, number and floor or room number)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Building Name: Residence</td>
</tr>
<tr>
<td>Address: 309 Hooper Avenue</td>
</tr>
<tr>
<td>City: Toms River</td>
</tr>
<tr>
<td>Site Location: Basement</td>
</tr>
<tr>
<td>Building Size: 3000 sf</td>
</tr>
<tr>
<td>Present Use: Residence</td>
</tr>
</tbody>
</table>

| VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: |

<table>
<thead>
<tr>
<th>VII. IS MATERIAL ASSUMED TO BE ASBESTOS?</th>
</tr>
</thead>
<tbody>
<tr>
<td>APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:</td>
</tr>
<tr>
<td>1. Regulated ACM to be removed</td>
</tr>
<tr>
<td>2. Category I ACM not removed</td>
</tr>
<tr>
<td>3. Category II ACM not removed</td>
</tr>
<tr>
<td>LOCATION</td>
</tr>
<tr>
<td>Nonfriable Asbestos Material Not To Be Removed</td>
</tr>
<tr>
<td>Cat I</td>
</tr>
<tr>
<td>Pipes (Linear feet): 75 ft</td>
</tr>
<tr>
<td>Surface Area (Square feet):</td>
</tr>
<tr>
<td>RACM Off Facility Component (Cubic feet):</td>
</tr>
</tbody>
</table>

| VIII. SCHEDULE DATES ASBESTOS REMOVAL (MM/DD/YY) |
| Start: 9/22/16 | Complete: 9/23/16 |
NOTIFICATION OF DEMOLITION AND RENOVATION (continued)

x. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED.

xi. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE.

Removal to take place using negative pressure glove-bag method. Prior to removal, work area to be isolated, negative air units to be placed. All asbestos insulation will be saturated with a surfactant/water mix. All waste to be double bagged, sealed and affixed with appropriate warning labels and placed in closed sealed containers or disposals. Desaturation of all surfaces where removal took place. All materials to be kept wet during the entire operation. Final cleaning will consist of HEPA vacuuming and/or wet cleaning of all surfaces.

xii. WASTE TRANSPORTER #1 Name: Guardian Contracting, Inc.
Address: 1889 Route 9, Unit 61
City: Toms River State: New Jersey Zip: 08755
Contact Person: Nicholas Femicola

WASTE TRANSPORTER #2 Name:
Address:
City: State: Zip:
Contact Person:

xiii. WASTE DISPOSAL SITE Name: T.R.R.F.
Location: Bordentown Road
City: Tullytown State: Pennsylvania Zip: 19007
Telephone: 215-943-9732 Permit #: 101494

xiv. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW AND ATTACH COPY OF ORDER.
Name: Title:
Authority:
Date of Order (MM/DD/YY): Date Ordered to Begin (MM/DD/YY):

xv. FOR EMERGENCY RENOVATIONS
Date and Hour of Emergency (MM/DD/YY):
Description of the Sudden, Unexpected Event:
Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:

xvi. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER

xvii. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 69, SUBPART M) WILL BE ON SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required after November 20, 1999)

Nicholas Femicola / Project Manager
(Printed Name/Title) September 9, 2016
(Signature of Owner/Operator)

xviii. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

Nicholas Femicola / Project Manager
(Printed Name/Title) September 9, 2016
(Signature of Owner/Operator)
Date of Notification (1) 7/13/16

Name of Building Owner / Operator (2) Verizon

Street Address
95 William Street
Newark, NJ

Name of Contact
Alex Baylor

Facility Information

Name of Facility Where Abatement is Taking Place (3)
Market Central Office

Street Address
95 William Street

City (5) County (6) County Code (7)
Newark Essex

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

Street Address
8436 Enterprise Avenue
Philadelphia Pa 19153

Project Manager for Monitoring Firm
Mark Jenkins

Telephone Number
215-365-5810

Scheduled Start Date (10) Scheduled Completion Date (11)
7/27/16 ON HOLD

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 – 1:30 am
☐ Facility Occupied During Abatement

Scope of Work (Check all that apply)
☐ ≥3 sf or ≥3 lf
☒ ≥150 sf ≥280 lf
☒ 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

1st Floor Generator Room
1st Floor Generator Room
1st Floor Generator Room
4th FL Hallway Adjacent to Generator
1st FL Corridor adjacent to generator rm
1st Floor switch board room

Name of Registered Waste Hauler
SERVICE TRANSPORT GROUP, INC.

City, State
NEW CASTLE, DE 19720

Complied By (Print or Type)
Patrick T. DeCaro

Title
PROJ. MGR.

Signature
Patrick T. DeCaro

Cubic Yards of Waste
20990

Disposal Date
TBD

Name of Registered Landfill
MINERVA LANDFILL

City, State
WAYNESBURG, OH 44688

PD16094

*** NOTE: OFF SITE FRIDAY 8/19/16
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to N.J.A.C. 8:60 and 12:120)

**DATE OF NOTIFICATION:** 7/13/16

**AGENCIES NOTIFIED:**
- [X] EPA
- [ ] DEP
- [ ] DOL
- [ ] DOH
- [ ] DCA

**TYPE OF NOTIFICATION:**
- [X] Initial
- [ ] Amended
- [ ] Emergency
- [ ] Cancellation

**NAME OF BUILDING OWNER / OPERATOR:**
- Verizon
- Street Address: 95 William Street
- City, State & Zip Code: Newark, NJ 07102

**FACILITY INFORMATION**

**NAME OF FACILITY WHERE ABATEMENT IS TAKING PLACE:** Market Central Office
- Street Address: 95 William Street
- City, State & Zip Code: Newark, NJ

**NAME OF MONITORING FIRM HIRED BY BUILDING OWNER:**
- USA Environmental Inc.
- Street Address: 8436 Enterprise Avenue
- City, State & Zip Code: Philadelphia, PA 19153

**PROJECT MANAGER FOR MONITORING FIRM:**
- Mark Jenkins
- Telephone Number: 215-365-5810

**SCHEDULED START DATE:** 7/27/16
**SCHEDULED COMPLETION DATE:** ON HOLD

**OCCUPANCY STATUS DURING ABATEMENT:**
- [X] Facility Closed/ Vacated During Entire Period of Abatement
- [X] Abatement Performed Outside of Normal Hours – 7am to 3pm
- [ ] Describe: 5 pm – 1:30 am
- [ ] Facility Occupied During Abatement

**SCOPE OF WORK:**
- [ ] ± 2 sf or ± 2 if
- [ ] ± 160 sf ± 260 if
- [ ] Renovation
- [X] Demolition

**LOCATION OF ASPHOSUS-CONTAINING MATERIAL (ACM) TO BE ABATED IN FACILITY:**

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Normally Used</th>
<th>Description of ACM</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mezzanine</td>
<td>[X]</td>
<td>Pipe fittings</td>
<td>18 SF</td>
<td></td>
</tr>
<tr>
<td>Basement Hall</td>
<td>[X]</td>
<td>Pipe insulation</td>
<td>80 LF</td>
<td></td>
</tr>
<tr>
<td>Basement Hall near</td>
<td>[X]</td>
<td>Pipe insulation</td>
<td>700 LF</td>
<td></td>
</tr>
<tr>
<td>Stair F, Store Room</td>
<td>[X]</td>
<td>Transite Bus Duct</td>
<td>240 SF</td>
<td></td>
</tr>
<tr>
<td>Rubbish Store Room</td>
<td>[X]</td>
<td>Vat / mastic</td>
<td>400 SF</td>
<td></td>
</tr>
<tr>
<td>Cable Room</td>
<td>[X]</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Basement Hall near</td>
<td>[X]</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stair F, Store Room</td>
<td>[X]</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rubbish Store Room</td>
<td>[X]</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cable Room</td>
<td>[X]</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Basement - electric</td>
<td>[X]</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>switchboard room</td>
<td>[X]</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**NAME OF REGISTERED WASTE HAULER:**
- New Castle, DE
- NJDEP Waste Hauler ID No.: 20990
- Cubic Yards of Waste: 0
- Name of Registered Landfill: MINERVA LANDFILL

**SERVICE TRANSPORT GROUP, INC.**
- City, State: NEW CASTLE, DE 19720
- Completed By: Patrick T. DeCaro
- Title: PROJ. MGR.
- Date: 7/13/16

**NOTE:** OFF SITE FRIDAY 8/19/16

PD16094
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1):
7/13/16

Name of Building Owner / Operator (2):
Verizon
Street Address:
95 William Street
City, State & Zip Code:
Newark, NJ
Name of Contact:
Alex Baylor

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3):
Market Central Office
Street Address:
95 William Street

City (5):
Newark
County (6):
Essex
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:
425000
# of Floors:
12
Bldg. Age:
70+/

Current Use (Prior if being demolished):
Communications

Name of Abatement Contractor (9):
BRISTOL ENVIRONMENTAL INC
Street Address:
1123 BEAVER STREET
City, State & Zip Code:
BRISTOL, PA 19007
License Number:
00509

Project Manager for Monitoring Firm:
Mark Jenkins
Telephone Number:
215-365-5810

Name of Monitoring Firm Hired by Building Owner (8):
USA Environmental Inc.
Street Address:
8436 Enterprise Avenue
City, State & Zip Code:
Philadelphia Pa 19153

Scheduled Start Date (10):
7/17/16
Scheduled Completion Date (11):
9/1/16

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: 5 pm – 1:30 am

Scope of Work (Check all that apply):
- ≥3 sf or ≥3 lf
- ≥160 sf ≥260 lf
- 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):
- Transite Panels
- Pipe Insulation
- Transite Bus Duct
- Vat/Mastic
- Pipe insulation
- Vat/mastic

Amount (Specify SF or LF):
- 2800 SF
- 275 LF
- 150 SF
- 200 SF
- 165 LF
- 135 LF

Service Transport Group, Inc.
City, State:
NEW CASTLE, DE 19720
Completed By (Print or Type):
Patrick T. DeCaro
Title:
PROJ. MGR.

Cubic Yards of Waste:
75
Name of Registered Landfill:
MINERVA LANDFILL
Disposal Date:
TBD
City, State:
WAYNESBURG, OH 44688

NJ/DEP Waste Hauler ID No.:
20990

Date:
7/13/16

Signature:

PD16094

**** NOTE: OFF SITE FRIDAY 8/19/16
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification: 7/13/16

Agency Notified:
- EPA
- DEP
- DOH
- DCA
- Initial
- Amended #2-8/31/16
- Emergency
- Cancellation

Name of Building Owner / Operator:
Verizon
Street Address:
95 William Street
City, State & Zip Code:
Newark, NJ
Name of Contact:
Alex Baylor

Facility Information:
Name of Facility Where Abatement is Taking Place:
Market Central Office
Street Address:
95 William Street
City:
Newark
County:
Essex
County Code:

Name of Monitoring Firm Hired By Building Owner:
USA Environmental Inc.
Address:
8436 Enterprise Avenue
City, State & Zip Code:
Philadelphia Pa 19153

Project Manager for Monitoring Firm:
Mark Jenkins
Telephone Number:
215-365-5810

Scheduled Start Date:
7/27/16
Scheduled Completion Date:
9/1/16

Occupancy Status During Abatement:
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Hours – 7am to 3pm
  - Describe: 5 pm – 1:30 am
- Facility Occupied During Abatement

Scope of Work:
- Renovation
- Demolition

Location of Asbestos-Containing Material (ACM):
- Mezzanine
- Basement Hall outside refrigeration rm
- Basement Hall near stair F, Store Room
- Rubbish Store Room, Cable Room
- Basement Hall near stair F, Store Room
- Rubbish Store Room, Cable Room
- Basement - Electric switchboard room
- Name of Registered Waste Hauler:
  - NJDEP Waste Hauler ID No. 20990
  - Minerva Landfill
  - Name of Registered Landfill:

Service Transport Group, Inc.
City, State:
NEW CASTLE, DE 19720
Completed By (Print or Type):
Patrick T. DeCaro
Title:
PROJ. MGR.
Signature:

Cubic Yards of Waste:
Name of Controlled Waste:
MINERVA LANDFILL
Disposal Date:
TBD
City, State:
WAYNESBURG, OH 44688

Note: Off Site Friday 8/19/16
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>7/13/16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agencies Notified</td>
<td></td>
</tr>
<tr>
<td>EPA</td>
<td>Initial</td>
</tr>
<tr>
<td>DEP</td>
<td>Amended #1-8/19/16</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>Name of Building Owner / Operator (2)</td>
<td>Verizon</td>
</tr>
<tr>
<td>Street Address</td>
<td>95 William Street</td>
</tr>
<tr>
<td>City, State &amp; Zip Code</td>
<td>Newark, NJ</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Alex Baylor</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3)
Market Central Office
95 William Street

City (5) | County (6) | County Code (7)
---|---|---
Newark | Essex | |

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

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

Project Manager for Monitoring Firm
Mark Jenkins

TelephoneNumber
215-365-5810

Scheduled Start Date (10) | 7/27/16
Scheduled Completion Date (11) | 8/31/16

Occupancy Status During Abatement (Check only one)
- [ ] Facility Closed/Vacated During Entire Period of Abatement
- [x] Abatement Performed Outside of Normal Hours – 7am to 3pm
  Describe: 5 pm – 1:30 am
- [ ] Facility Occupied During Abatement

Scope of Work (Check all that apply)
- [ ] 23 sf or 23 lf
- [x] 160 sf to 260 lf
- [ ] Renovation
- [ ] Demolition

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

<table>
<thead>
<tr>
<th>Floor</th>
<th>Description</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st Floor Generator Room</td>
<td>Transite Panels</td>
<td>2800 SF</td>
</tr>
<tr>
<td>1st Floor Generator Room</td>
<td>Pipe Insulation</td>
<td>275 LF</td>
</tr>
<tr>
<td>1st Floor Generator Room</td>
<td>Transite Bus Duct</td>
<td>150 SF</td>
</tr>
<tr>
<td>1st FL Hallway Adjacent to Generator</td>
<td>Valve/Mastic</td>
<td>200 SF</td>
</tr>
<tr>
<td>1st FL Corridor adjacent to generator rm</td>
<td>Pipe Insulation</td>
<td>165 LF</td>
</tr>
<tr>
<td>1st Floor switch board room</td>
<td>Valve/mastic</td>
<td>135 SF</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
SERVICE TRANSPORT GROUP, INC.

Cubic Yards of Waste
75

Name of Registered Landfill
MINERVA LANDFILL

City, State
WAYNESBURG, OH 44688

Disposal Date
TBD

Signature
Patrick D. DeCaro

Date
7/13/16

**NOTE: OFF SITE FRIDAY 8/19/16**
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:12O)

Date of Notification (1) 7/13/16

Name of Building Owner / Operator (2)

Verizon

Street Address
95 William Street

City, State & Zip Code
Newark, NJ

Name of Contact
Alex Baylor

AGENCIES NOTIFIED

- EPA
- DEP
- DOL
- DOH
- DCA

Type Notification
Initial
Amended #1-8/19/16
Emergency
Cancellation

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Market Central Office

95 William Street

City (5) Newark

County (6) Essex

County Code (7)

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

Street Address
8436 Enterprise Avenue

City, State & Zip Code
Philadelphia Pa 19153

Project Manager for Monitoring Firm
Mark Jenkins

Telephone Number
215-365-5810

Scheduled Start Date (10) 7/27/16
Scheduled Completion Date (11) 8/31/16

Occupancy Status During Abatement (Check only one)
- Abatement Performed Outside of Normal Hour - 7am to 3pm
  Describe: 5 pm - 1:30 am

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)
Mezzanine
- Basement Hall outside refrigeration rm
- Basement Hall near stair F, Store Room
- Rubbish Store Room, Cable Room
- Basement Hall near stair F, Store Room
- Rubbish Store Room, Cable Room
- Basement- electric switchboard room

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)
Pipe fittings
Pipe Insulation
Pipe Insulation
Transite Bus Duct
Vat/mastic

Amount (Specify SF or LF)
18SF
60 LF
700 LF
240 SF
400SF

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

NAME OF REGISTERED WASTE HAULER

SERVICE TRANSPORT GROUP, INC.

City, State
NEW CASTLE, DE 19720

Completed By (Print or Type)
Patrick T. DeCaro

Title
PROJ. MGR.

Signature
Patrick DeCaro

NJDEP Waste Hauler ID No. 20990

Cubic Yards of Waste

Name of Registered Landfill
MINERVA LANDFILL

Disposal Date
TBD

City, State
WAYNESBURG, OH 44688

Date
7/13/16
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1) 7/13/16

Name of Building Owner / Operator (2) Verizon

Agencies Notified
- EPA (1) Initial
- DEP Amended
- DOL Emergency
- DOH Cancellation

Street Address
95 William Street

City (5) Newark
County (6) Essex
County Code (7)

Name of Facility Where Abatement is Taking Place (3)
Market Central Office

Square Feet 425000
# of Floors 12
Bldg. Age 70+/-

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

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

Communications
Current Use (Prior if being demolished)

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

Telephone Number 215-788-6040
License Number 00509

Name of OSHA Monitor BRISTOL ENVIRONMENTAL INC
Street Address 1123 BEAVER STREET
City, State & Zip Code BRISTOL, PA 19007

Occupancy Status During Abatement
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Hours - 7am to 3pm
- 5pm - 1:30am
- Facility Occupied During Abatement

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

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st Floor Generator Room</td>
<td>Transite Panels</td>
<td>2800 SF</td>
<td>Full Containment with Negative Pressure</td>
</tr>
<tr>
<td>1st Floor Generator Room</td>
<td>Pipe Insulation</td>
<td>275 LF</td>
<td>Mini-Enclosure</td>
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<tr>
<td>1st Floor Generator Room</td>
<td>Transite Bus Duct</td>
<td>150 SF</td>
<td>Glove Bag Procedures</td>
</tr>
<tr>
<td>1st Floor Generator Room</td>
<td>Vat/Mastic</td>
<td>200 SF</td>
<td>Non-Exempted and Non-Friable Procedure</td>
</tr>
<tr>
<td>1st Floor Generator Room</td>
<td>Pipe Insulation</td>
<td>166 LF</td>
<td></td>
</tr>
<tr>
<td>1st Floor Generator Room</td>
<td>Vat/Mastic</td>
<td>135 SF</td>
<td></td>
</tr>
</tbody>
</table>

RVICE TRANSPORT GROUP, INC.

Waste Hauler ID No. 20990

NJDEP Waste Hauler ID No.

Disposal Date TBD

Name of Registered Landfill
MINERVA LANDFILL

City, State WAYNESBURG, OH 44688

Completed By (Print or Type) rick T. DeCaro

Title PROJ. MGR.

Date 7/13/16

16094
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1)
7/13/16

Name of Building Owner / Operator (2)
Verizon

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

Type of Notification
☐ Initial
☐ Amended
☐ Emergency
☐ Cancellation

Street Address
95 William Street

City, State & Zip Code
Newark, NJ

Name of Contact
Alex Baylor

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Market Central Office

City (5)
Newark

County (6)
Essex

County Code (7)

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

ASCM No.

Project Manager for Monitoring Firm
Mark Jenkins

Telephone Number
215-365-5810

Scheduled Start Date (10)
7/27/16

Scheduled Completion Date (11)
8/19/16

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

Square Feet
425000

# of Floors
12

Bldg. Age
70+/-

Current Use (Prior if being demolished)

Communications

Name of Abatement Contractor (9)
BRISTOL ENVIRONMENTAL INC

Street Address
1123 BEAVER STREET

City, State & Zip Code
BRISTOL, PA 19007

License Number
00508

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 Hours - 7am to 3pm
☐ Describes: 5pm – 1:30am
☐ Facility Occupied During Abatement

Scope of Work (Check all that apply)
☐ ±3 sf or ±3 lf
☐ ±160 sf ±260 lf
☐ 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)

Abatement Type

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

Azzanine
basement Hall outside refrigeration rm
basement Hall near stair F, Store Room
Garbage Store Room, Cable Room
basement Hall near stair F, Store Room
basement Hall- electric switchboard room

Name of Registered Waste Hauler

ERVICE TRANSPORT GROUP, INC.

City, State
W CASTLE, DE 19720

Complied By (Print or Type)

Title
Signature

Disposal Date
TBD

Name of Registered Landfill

MINERVA LANDFILL

City, State
WAYNESBURG, OH 44688

Date
7/13/16
Date of Notification (1)

| 8 | 29 | 16 |

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

Street Address
200 Elm Dr
City, State, Zip Code
Princeton, NJ 08544
Name of Contact
Robert Ortego
Telephone Number
609-258-1841

Name of Facility Where Abatement is Taking Place (3)
Princeton University - Engineering Quadrangle

Type of Facility (4)

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

FACILITY INFORMATION

Square Feet

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

County Code (7) (STATE USE ONLY)

Current Use (Prior if being demolished)

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
License No.
00509

Start Date (10)
ON HOLD

Scheduled Completion Date (11)

Name of OSHA Monitor
BRISTOL ENVIRONMENTAL, INC.

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

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

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) |
|---|---|---|

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

Amount (Specify SF or LF)

Abatement Type

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

Name of Registered Waste Hauler
BRISTOL ENVIRONMENTAL, INC.

NJDEP Waste Hauler ID No.
18705

Cubic Yards of Waste

G.R.O.W.S. NORTH LANDFILL

City, State
BRISTOL, PA 19007

Disposal Date

City, State
MORRISVILLE, PA 19067

Completed By (Print or Type)
Brian Scafiro
Title
Estimator
Signature

Date
1/9/16

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

Date of Notification (1)

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ EPA</td>
<td>□ Initial</td>
</tr>
<tr>
<td>□ DOLWD 9485/1</td>
<td>□ Amended</td>
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<td>□ DHSS 824</td>
<td>□ Amendment #</td>
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<tr>
<td>□ DCA (NJAC 5:23-8)</td>
<td>□ Emergency (including justification)</td>
</tr>
<tr>
<td></td>
<td>□ Cancellation</td>
</tr>
</tbody>
</table>

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

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

Name of Contact
Robert Ortego
Telephone Number
609-258-1841

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Princeton University - Engineering Quadrangle

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

Square Feet

Count (7)

Current Use (Prior if being demolished)

County Code (?)(STATE USE ONLY)

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

Time of Abatement: AM-3:30PM/PM-12:30AM

Scope of Work (Check all that apply)
□ ≥30 sf or ≥3 if
□ ≥100 sf or ≥200 if
□ Renovation
□ Demolition
□ Full Containment with Negative Pressure
□ Mini-Enclosure
□ Glovebag Procedure
□ Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crawl space underneath B2 and B3</td>
</tr>
<tr>
<td>Throughout 1968 addition</td>
</tr>
<tr>
<td>B5A, B4 and H121</td>
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</tbody>
</table>

Cubic Yards of Waste

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

City, State
BRISTOL, PA 19007

Disposal Date
9/9/16

Name of Registered Waste Hauler
BRISTOL ENVIRONMENTAL, INC.

City, State
BRISTOL, PA 19007

Disposal Date
9/9/16

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

City, State
MORRISVILLE, PA 19007

Completed By (Print or Type)
Brian Shaffer
Title
Estimator

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

Date of Notification (1) 8/30/16

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

Type Notification
- Initial
- Amended R#1-9/8/16
- Emergency
- Cancellation

Name of Building Owner / Operator (2)

VERIZON COMMUNICATIONS

Street Address
216 LEXINGTON AVENUE
LAKewood, NJ 08701

City, State & Zip Code

Telephone Number
301-583-0048

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

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)

COMMUNICATIONS

Name of Monitoring Firm Assigned for Monitoring (8)
USA ENVIRONMENTAL MANAGEMENT, INC.

Name of Abatement Contractor (9)
BRISTOL ENVIRONMENTAL INC

Street Address
1123 BEAVER STREET

City, State & Zip Code
BRISTOL, PA 19007

Telephone Number
215-788-6040 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)

- ≥3 sf or ≥3 lfi
- ≥160 sf or ≥260 lfi
- 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)

Abatement Type

BASEMENT BATTERY AREA

- VAT/MASTIC 64 SF

Name of Registered Waste Hauler

NJDEP Waste Hauler ID No. 20990

Cubic Yards of Waste

Name of Registered Landfill

MINERVA LANDFILL

Disposal Date TBD

City, State
WAYNESBURG, OH 44688

Completed By (Print or Type)
PATRICK T. DeCARO

Title
Estimator

Signature

Date 8/30/16
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to N.J.A.C. 8:60 and 12:120)

<table>
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<tr>
<th>Date of Notification (1)</th>
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<tr>
<td>EPA</td>
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<td>DEP</td>
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<td>DOL 11/47</td>
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<td>DOH 1/15</td>
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<td>Amended</td>
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</tr>
<tr>
<td>Emergency</td>
<td></td>
</tr>
<tr>
<td>Cancellation</td>
<td></td>
</tr>
</tbody>
</table>

Name of Building Owner / Operator (2)  
VERIZON COMMUNICATIONS

| Street Address                     | 216 LEXINGTON AVENUE |
| City, State & Zip Code             | LAKEWOOD, NJ 08701   |

Name of Contact                     ALEX BAYLOR

FACILITY INFORMATION

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

| Street Address                      | 216 LEXINGTON AVE |
| City                             | LAKEWOOD          |
| County                          | OCEAN             |
| County Code                     |                  |

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

| Telephone Number                   | 215-385-5810 |
| License Number                     | 00509        |

COMMENTS

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)  

COMMUNICATIONS

Name of Abatement Contractor (9)  
BRISTOL ENVIRONMENTAL INC

| Street Address                     | 1123 BEAVER STREET |
| City, State & Zip Code             | BRISTOL, PA 18007  |

Name of OSHA Monitor  
BRISTOL ENVIRONMENTAL INC

| Street Address                      | 1123 BEAVER STREET |
| City, State & Zip Code             | BRISTOL, PA 18007  |

Scope of Work (Check all that apply)

- ≥3 sf or ≥3 ft
- ≥160 sf ≥260 ft

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

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:  
5:00 PM – 1:30 AM

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

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)  
64 SF

Abatement Type

BASEMENT BATTERY AREA  
VAT/MASTIC  
64 SF

Name of Registered Waste Hauler  
SERVICE TRANSPORT GROUP, INC.

| Telephone Number                   | 20990 |
| Disposal Date                      | TBD   |

City, State  
NEW CASTLE, DE 19720

Completed By (Print or Type)  
PATRICK T. DeCARO

<table>
<thead>
<tr>
<th>Title</th>
<th>Estimator</th>
</tr>
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<tbody>
<tr>
<td>Signature</td>
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</table>

Name of Registered Landfill  
MINERVA LANDFILL

| City                        | WAYNESBURG, OH 44688 |
|                            |                  |

Date  
8/30/16
State of New Jersey - Notification of Asbestos Abatement  
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC Project # 060-16

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>August 29, 2016</th>
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Agencies Notified
- EPA
- DCA
- DOL
- DEP - No Longer REQUIRED
- DOH

<table>
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<tr>
<th>Notification Type</th>
<th>Initial Notification</th>
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<tbody>
<tr>
<td>Amended Notification #</td>
<td>Emergency (including justification)</td>
</tr>
<tr>
<td>Cancellation</td>
<td></td>
</tr>
</tbody>
</table>

Name of Building Owner/Operator (2)
- RUTGERS, THE STATE UNIVERSITY OF NJ

Street Address
- ENVIRONMENTAL HEALTH & SAFETY DEPT.
- 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS

City, State, Zip Code
- PISCATAWAY, NJ 08854

Name of Contact
- MICHAEL SMITH, ENV.
- HEALTH & SAFETY

<table>
<thead>
<tr>
<th>Telephorne Number</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>FACILITY INFORMATION</td>
<td>Licensing</td>
</tr>
</tbody>
</table>

Name of Facility Where Abatement is Taking Place (3)
- DAVIDSON HALL A, BLDG # 3563

Street Address
- BUSCH CAMPUS

City (5) County (6) County Code (7) (State Use Only)
- PISCATAWAY MIDDLESEX

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

<table>
<thead>
<tr>
<th>ASCM No.</th>
<th>0098</th>
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</thead>
</table>

Name of Contractor (9)
- GREENWOOD ABATEMENT CONSULTANTS, INC.

Street Address
- 3 TERRI LANE

City, State, Zip Code
- BURLINGTON, NJ 08016

Project Manager for Monitoring Firm
- BRIAN KEARNY

| Telephone Number | 609-386-8800 |

Scheduled Start Date (10) Scheduled Completion Date (11)
- 09/09/16 09/19/16

Occupancy Status During Abatement (Check only one)
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours - Describe
- Other - Describe: Schedule: 8AM - 5PM (24 HOURS & WEEKENDS AS NEEDED)

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 / Wrap & Cut
- Non-Exempted (*) and Non-Friable Procedure

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

Is Location Normally Used Solely by Maint./Custodial Staff? (12)
- YES
- NO
- NA

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

Throughout Building
- MASTIC

| Cubic Yards of Waste | 15,700SF
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>Abatement Type</td>
<td>Remove, Repair Encap, Enclose</td>
</tr>
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</table>

Throughout Building
- TSI

| X | | |

Name of Reg. Waste Hauler
- See Hauler Below #1 & 2
- See Below

Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405
- NJDEP # 12561

Hauler #2) Newark Carting, Inc., Newark, NJ 07105
- NJ DEP # 4599

Disposal Date
- 09/19/2016

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

Copies To: Rutgers, REHS, Attn: Mike Smith and ATC, Attn: Brian Kearney

Completed by (Print or Type)
- RAYMOND C. PEDALINO
- SENIOR PROJECT MANAGER

Signature
- Raymond C. Pedalino

Date
- August 29, 2016
State of New Jersey - Notification of Asbestos Abatement

(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

**Date of Notification:** September 9, 2016

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

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

**Name of Building Owner/Operator:**
- The Valley Hospital

**Street Address:**
- 223 North Van Dien Avenue

**City, State, Zip Code:**
- Ridgewood, NJ 07450-2736

**Name of Contact:**
- William Stasiak

**Type of Facility:**
- Hospital

**Name of Contractor:**
- GREENWOOD ABATEMENT CONSULTANTS, INC.

**Street Address:**
- 28 Washington Street

**City, State, Zip Code:**
- Ballston Spa, NY 12020

**Project Manager for Monitoring Firm:**
- Jim Milades

**Telephone Number:**
- 347.435.3561

**Scheduled Start Date:**
- September 1, 2016

**Scheduled Completion Date:**
- September 30, 2016

**Occupancy Status During Abatement:**
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours - Describe: 7am-7pm

**Source of Work:**
- ≥ 3 sf or ≥ 3 lf
- ≥ 160 sf or ≥ 260

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

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

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

**Mechanical Room:**
- Pipe & Fittings
- Pipe & Fittings

**Name of Rec. Waste Hauler:**
- Greenwood Abatement Consultants, Inc. – Butler, NJ 07405

**NJDEP Waste Hauler ID #**
- See Below

**Cubic Yards of Waste:**
- 3

**Name of Registered Landfill:**
- Meadowfill Landfill

**Hauler #1:**
- NJ DEP # 12561
- September 30, 2016

**Hauler #2:**
- Newark Carting, Inc. – Newark, NJ 04509, NJ DEP # 19551

**Completed by:**
- Marin Grauer

**Title:**
- SENIOR PROJECT MANAGER

**Signature:**
- Marin Grauer

**Date:**
- September 9, 2016

GAC # 2016-566-003 Please Note: Amendment # 2 - Phase 4 rescheduled by owner for 9/16/2016 start date
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)
9/2/2016

Name of Building Owner/Operator (2)
Sleepy Hallow Fleet Developers URE

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

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

Street Address
80 S Jefferson Rd Suite 202

City, State, Zip Code
Whippany NJ 07981

Name of Contact
Dave Clark

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement Is Taking Place (3)
Private property

Street Address
[Redacted]

City (5)
Plainfield NJ

County (6)
Union

County Code (7) (STATE USE ONLY)

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

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
N/A

Telephone No.
N/A

Telephone No.
973-491-0877

License No.
01240

Start Date (10)
9/12/2016

Scheduled Completion Date (11)
10/10/2016

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)
☒ ≤30 sf or ≤30 lf
☐ >30 sf or >300 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)

Is Location Normally Used Solely by Maintenance/Custodial Staff?

Yes
No
N/A

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

Amount
(Specify SF or LF)

Abatement Type

Removal
Repair
Encapsulation
Enclosure

Location

See Attachment

See Attachment

Name of Registered Waste Hauler
Newark Carting Inc

NJDEP Waste Hauler ID No.
04509

Cubic Yards of Waste

Name of Registered Landfill
ISES Bethlehem Rd Landfill

City, State
2335 Applebutter Rd Bethlehem PA

Disposal Date
City, State

Completed by
Carlos Gomes

Title
President

Signature

Date
9/2/2016

Do not use this form for asbestos licensure exempted activities.
Date of Notification (1) 8 / 11 / 16

Name of Building Owner/Operator (2) Verizon

Street Address 15 East Montgomery Place, Lower Level
City, State, Zip Code Pittsburgh, PA 15212

Name of Contact Anthony Porta
Telephone Number 412-633-4021

FACILITY INFORMATION

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

Street Address 393 Mercer St.
City (5) Hightstown
County (6) Mercer

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

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

Street Address 1253 N. Church St
City, State, Zip Code Moorestown, NJ 08057
Project Manager for Monitoring Firm Harold Baldwin
Telephone No. 856-840-8800

Start Date (10) 8 / 25 / 16
Scheduled Completion Date (11) ON HOLD
Name of OSHA Monitor
BRISTOL ENVIRONMENTAL, INC.

Occupancy Status During Abatement (Check only one)

Scope of Work (Check all that apply)

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

Amount (Specify SF or LF)

Abatement Type

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>NJDEP Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>BRISTOL ENVIRONMENTAL INC</td>
<td>18706</td>
<td></td>
<td>GROWS LANDFILL</td>
</tr>
</tbody>
</table>

City, State BRISTOL, PA
Disposal Date
City, State MORRISVILLE, PA

Completed By (Print or Type)
Brian Scafiro
Title Estimator
Signature
Date 9/1/16

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

**State of New Jersey**

Date of Notification (1)
8 / 11 / 16

Name of Building Owner/Operator (2)
Verizon

Street Address
15 East Montgomery Place, Lower Level
Pittsburgh, PA 15212

Name of Contact
Anthony Porta
Telephone Number
412-633-4021

**FACILITY INFORMATION**

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

Street Address
393 Mercer St.
Hightstown
Mercer

County Code (7) (STATE USE ONLY)

Current Use (Prior if being demolished)
Office

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

ASCM No.

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

Street Address
1253 N. Church St
Moorstown, NJ 08057

City, State, Zip Code
BRISTOL, PA 19007

Telephone No.
856-540-8800

License No.
215-788-6040
00509

Start Date (10)
8 / 25 / 16
Scheduled Completion Date (11)
9 / 2 / 16

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)

- Abatement Performed Outside of Normal Facility Hours - Describe
  Time of Abatement: _AM 5:00PM_ _PM 1:30AM_

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 (13)

- Yes
- No
- N/A

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

- Duct insulation
- Floor tile and mastic

Amount (Specify SF or LF)

400 SF

600 SF

Abatement Type

- Removal
- Repair
- Encapsulate
- Enclosure

Name of Registered Waste Hauler:
BRISTOL ENVIRONMENTAL INC

NJDEP Waste Hauler ID No.
18706

Cubic Yards of Waste

Name of Registered Landfill
GROWS LANDFILL

City, State
BRISTOL, PA

Disposal Date

City, State
MORRISVILLE, PA

Completed By (Print or Type)
Brian Scafiro

Title
Estimator

Signature

Date 8/11/16

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