State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:20 and 12:120)

Date of Notification (1) 3/28/13
Name of Building Owner/Operator (2) Ray Napolitano

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

Street Address
625 Bloomfield Ave
City, State, Zip Code: Nutley, NJ 07110

Name of Facility Where Abatement is Taking Place (3)

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

Square Feet 1400
# of Floors 2
Bldg. Age 50

Current Use (Prior if being demolished) 50/50

Name of Monitoring Firm Hired by Building Owner (6)

ASCM No.

Name of Abatement Contractor (9)
A. MAC Contracting Inc

Street Address
105 Lowell Road
City, State, Zip Code
Glen Rock, NJ 07452

Telephone No.
201-282-9841
License No.
00156

Name of OSHA Monitor
Omega Environmental Services Inc.

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

Start Date (10) 4/9/13
Scheduled Completion Date (11) 5/9/13

Scope of Work (Check All That Apply)
☐ 120 sf or < 230 sf
☐ ≥ 160 sf or 230 sf
☐ Renovation
☐ Demolition

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

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

Amount (Specify SF or LF)

Abatement Type
☐ Removal
☐ Repair
☐ Encapsulate
☐ Encourage

Name of Registered Waste Hauler
Rovic Transport

Waste Hauler ID No. 20785

Cubic Yards of Waste 1

Name of Registered Landfill
IESI PA Bethlehem Landfill Corp.

City, State, Zip Code
 Bethlehem, PA 18015

Disposal Date 4/9/13

Name of Registered Landfill

Signature

Title
Operations

Date 3/28/13

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
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<tr>
<td>March 29, 2013</td>
<td>Buckeye Partners L.P.</td>
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<table>
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<th>Name of Contact</th>
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<tr>
<td>Robert Orischak</td>
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<th>Name of Monitoring Firm Hired by Bldg. Owner (8)</th>
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<td>ASCM No.</td>
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<tr>
<td>Bethlehem, Pennsylvania 18015</td>
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<table>
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<tr>
<th>Project Manager for Monitoring Firm</th>
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<table>
<thead>
<tr>
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<tbody>
<tr>
<td>(610) 691-1800</td>
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<table>
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<th>Occupancy Status During Abatement (Check only one)</th>
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<tr>
<td>(X) Facility Closed/Vacated During Entire Period of Abatement</td>
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<tr>
<td>( ) Abatement Performed Outside of Normal Facility Hours -</td>
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<table>
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<th>Describe</th>
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<table>
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<tr>
<th>Source of Work (Check all that apply)</th>
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<tbody>
<tr>
<td>(X) Demolition ( ) Renovation</td>
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<tr>
<td>( ) Large Proj. (&gt;160 SF or &gt;260 LF ACM) ( ) SM Proj. (&gt;25&lt;160 SF or &gt;10 &lt;260 LF ACM) ( ) Minor Proj. (&lt;25 SF or &lt;10 LF ACM)</td>
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<tr>
<td>( ) Full Containment with Negative Pressure ( ) Mini-Enclosure ( ) Glovebag Procedure</td>
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<tr>
<th>Location of Asbestos-Containing Material (ACM) in Facility (13)</th>
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<tbody>
<tr>
<td>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</td>
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<tr>
<td>YES NO NA</td>
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<table>
<thead>
<tr>
<th>Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell)</th>
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<tr>
<th>Amount (Specify SF or LF)</th>
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<th>Name of Reg. Waste Hauler</th>
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<td>NJDEP Waste Hauler ID #</td>
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<td>Jennifer Strobelt</td>
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<tr>
<td>Contract Administrator</td>
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<th>Mail to:</th>
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<tr>
<td>NJDEP-DSHW-BRRTP</td>
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<tr>
<td>401 E. State St, PO 414</td>
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<tr>
<td>Trenton, NJ 08626-0414</td>
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<th>C:\WORD\MYDOCS\ASBESTOS</th>
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NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 7:25-2.12)

Date of Notification (1)
March 28, 2013

Name of Building Owner/Operator (2)
ICL Performance Products LP

Street Address
500 Roosevelt Avenue

City, State, Zip Code
Carteret, NJ 07008

Name of Contact
Jim Sengubush
Tel. Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
ICL Performance Products LP

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

Sq. Feet 53,136 # of Floors 3

Bldg. Age 67 years
Current Use (if prior to being demolished): Manufacturing

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

ASCM No.

Name of Contractor (9)
Brandenburg Industrial Service Company

Street Address
2217 Spillman Drive

City, State, Zip Code
Bethlehem, Pennsylvania 18015

Project Manager for Monitoring Firm

Telephone Number

License Number

Name of OSHA Monitor
Brandenburg Industrial Service Company

Street Address
2217 Spillman Drive

City, State, Zip Code
Bethlehem, Pennsylvania 18015

Occupancy Status During Abatement (Check only one)

- Abatement Performed Outside of Normal Facility Hours -

Other – Demo will be performed from 12/03/12 though 04/12/13

Source of Work (Check all that apply)

- Demolition
- Renovation
- Large Proj. (>160 SF or >260 LF ACM)
- SM Proj. (>25<160 SF or >10 <260 LF ACM)

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

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

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

Amount (Specify SF or LF)

Abatement Type


Bidg. 1 & 4 X 5

Floor Tile (non-friable) 715 SF + X

Roof Mastic (non-friable) 13,880 SF X

Transite Panel (non-friable) 46 SF X

Brake Shoes 5 SF X

Name of Reg. Waste Hauler
NJDEP Waste Hauler ID #
Freehold Cartage, Inc. 15939

Cubic Yards of Waste
66

Name of Reg. Landfill
G.R.O.W.S., Inc.
(Waste Management)

City, State
Disp. Date
December 3, 2012
Morrisville, PA

Completed by (Print or Type)
Title
Contract Administrator

Signature

Date
03/28/13

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

Telephone 609-984-6620

C:|\WORD\MYDOCS\ASBESTOS
9/18/00
**Date of Notification (1)**

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<tr>
<th>Agency Notified</th>
<th>Type Notification</th>
<th>Amendment #</th>
<th>Name of Building Owner/Operator (2)</th>
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<tbody>
<tr>
<td></td>
<td>Initial</td>
<td></td>
<td>TOM MINDEN</td>
</tr>
</tbody>
</table>

**Facility Information**

- **Street Address**: 66 OVERLOOK ROAD
- **City, State, Zip Code**: MONTCLAIR, NJ 07042
- **Name of Contractor**: TOM MINDEN

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

- **TOM MINDEN**
- **Street Address**: 66 OVERLOOK ROAD
- **City**: MONTCLAIR
- **County**: ESSEX

**Type of Facility (4)**

- School (K - 12)
- Subchapter 8 Other than K-12
- Other (Private/Commercial Buildings, etc.)

**Square Feet**

- **# of Floors**: 1
- **Bldg. Age**: 100
- **Current Use**: (Prior if being demolished)

**Name of Abatement Contractor (9)**

- **D & S RESTORATION, INC.**
- **Street Address**: 20 California Ave.
- **City, State, Zip Code**: Paterson, NJ 07503
- **Telephone Number**: 973-345-8020
- **License Number**: 01619

**Name of OSHA Monitor**

- **D & S Restoration, Inc.**

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

- Facility closed/vacated during entire period of abatement.
- Abatement performed outside of normal facility hours.
- **Other**: Normal

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

- Demolition

**Location of Asbestos-containing Material (ACM) (10)**

- **Location normally used solely by maintenance/custodial staff**: Yes
- **Description of ACM**: PIPE INSULATION
- **Amount**: 18 LF

**Registered Waste Hauler**

- **Name**: D & S RESTORATION, INC.
- **NJDEP Hauler ID#: 13506
- **Cubic Yards of Waste**: 1 YD
- **Name of Registered Landfill**: TULLYTOWN, RESOURCE RECOVERY

**Disposal Date**: 03/28/13

**Completed By (Print or Type)**

- **BOGDAN JOLDZIC**: PRESIDENT

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

**Notification of Asbestos Abatement**
(Pursuant to NJAC 8:60 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>Name of Building Owner/Operator</th>
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<td>justification)</td>
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<td>Cancellation</td>
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**FACILITY INFORMATION**

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<th>Name of facility where abatement is taking place</th>
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<th>City, State, Zip Code</th>
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<tbody>
<tr>
<td>D &amp; S RESTORATION, INC.</td>
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<td>Paterson, NJ 07503</td>
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<td>973-345-8020</td>
<td>01169</td>
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<td>D &amp; S Restoration, Inc.</td>
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<th>Scope of Work</th>
<th>Full Containment/有用 pressure</th>
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<td>renovation</td>
<td>Mini-enclosure</td>
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<td>demolition</td>
<td>Glovebag procedure</td>
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<td>Non-Exempted (*) and Non-friable procedure</td>
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<tr>
<th>Location of asbestos-containing material (ACM) to be abated in facility</th>
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<tbody>
<tr>
<td>Basement/1ST FLOOR</td>
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<tr>
<td>Pipe Insulation</td>
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<tr>
<th>Description of asbestos-containing material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Repair</th>
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<td>PIPE INSULATION</td>
<td>18 LF FT</td>
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<tr>
<th>Registered Waste Hauler</th>
<th>NJ/DEP Hauler ID</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
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<tr>
<td>D &amp; S RESTORATION, INC.</td>
<td>15506</td>
<td>1 YD</td>
<td>TULLY TOWN, RESOURCE RECOVERY</td>
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<th>City, State</th>
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<td>PATTERSON, NJ 07503</td>
<td>03/28/13</td>
<td>TULLY TOWN, PA</td>
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<tr>
<th>Completed by (Print or Type)</th>
<th>Title</th>
<th>Signature</th>
<th>Date</th>
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<tbody>
<tr>
<td>BOGDAN JOLDZIC</td>
<td>PRESIDENT</td>
<td></td>
<td>03/26/13</td>
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*Do not use this form for asbestos licensure exempted activites.*
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 4-1-13
Name of Building Owner/Operator (2) CHRISTIAN BROTHERS ACADEMY OF LINCROFT

Agency Notified Type Notification
EPA Initial
DEP Amended
DOL Amendment #3
DOH Amendment (including justification)
DCA Cancellation

Street Address 850 NEWMAN SPRINGS RD.
City, State, Zip Code LINCROFT, NJ 07738

Name of Contact PERRY NOE

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) CHRISTIAN BROS. ACADEMY
Street Address 850 NEWMAN SPRINGS RD.
City (5) LINCROFT, NJ
County (6) MONMOUTH
County Code (7) [STATE USE ONLY] 017

Name of Monitoring Firm Hired by Building Owner (8) BURDASER SONS, G.P.
ASCM No. 017
Name of Abatement Contractor (9) UNIPRO, INC.

Street Address 173 KARKUS AVE.
City, State, Zip Code WOODBRIDGE, NJ 07095

Project Manager for Monitoring Firm KEVIN BURNS
Telephone No. 732-726-311
License No. 00615

Start Date (10) 3-11-13
Scheduled Completion Date (11) 4-12-13

Occupy Status During Abatement (Check only one)
Facility Closed/Vacated During Entire Period of Abatement
Abatement Performed Outside of Normal Facility Hours
Other - Describe: AREAS OF ABATEMENT UNOCCUPIED

Scope of Work (Check all that apply)
□ 3 of or ≥ 3 ft
□ 160 sf or ≥ 250 sf
□ Renovation
□ Demolition
□ Full Containment with Negative Pressure
□ Mini-Enclosure
□ Glovebag Procedure
□ Non-Exempted (*) and Non-Friable Procedure

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

IN Facility (13)

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)
CAULKING ON 63 WINDOWS + 6 DOORS

Amount (Specify SF or LF) 1,400 LF

Type of Abatement
Removal

Name of Registered Waste Hauler NEWARK CARTING, INC.
NJDEP Waste Hauler ID No. 4509
Cubic Yards of Waste 30
Name of Registered Landfill GROWS, INC.
City, State NEWARK, NJ
Disposal Date 4-12-13
City, State MORRISVILLE, PA
Completed by DAVID T. TOCHIN
Title PRES.
Signature DAVID T. TOCHIN
Date 4-1-13

* 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)**: 1-31-13

**Name of Building Owner/Operator (2)**: CHRISTIAN BROTHERS ACADEMY OF LINCOLNTON

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

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

**Street Address**
850 Newman Springs Rd.

**City, State, Zip Code**
LINCROFT, NJ 07738

**Name of Contact**
Perry E

**Telephone Number**

**Name of Facility Where Abatement is Taking Place (3)**: CHRISTIAN BROS. ACADEMY OF LINCOLNTON

**Square Feet**
2,500

**# of Floors**
2

**Bldg. Age**
50

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

**Name of Abatement Contractor (9)**: UNIPRO, INC.

**Street Address**
173 Karkus Ave.

**City, State, Zip Code**
WOODBRIGE, NJ 07095

**Telephone No.**
(732) 776-3111

**License No.**
00615

**Start Date (10)**: 3-11-13

**Scheduled Completion Date (11)**: 4-1-13

**Current Use (Prior to demolition)**: RESIDENCE

**Occupancy Status During Abatement (Check only one)**
- [ ] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility Hours
- [ ] Other - Describe FACILITY OCCUPANCY DURING ABATEMENT

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

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1ST FLOOR</td>
<td>[x]</td>
<td>PIPE FITTING ASBESTOS</td>
</tr>
<tr>
<td></td>
<td>[x]</td>
<td>FLOOR TILE</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**
NEWARK CARTING, INC.

**NUDEP Waste Hauler ID No.**
4509

**Cubic Yards of Waste**
50 +

**Name of Registered Landfill**
GROWS, INC.

**City, State**
NEWARK, NJ

**Disposal Date**
MORRISVILLE, PA

**Completed by**
DAVID T. TOLCHIN

**Title**
PRES.

**Signature**
DAVID T. TOLCHIN

**Date**
2-27-13

---

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

Date of Notification (1)
03/25/2013

Name of Building Owner/Operator (2)
Tekton Development Corp.

Street Address
97 Bayard Street

City, State, Zip Code
New Brunswick, NJ 08901

Name of Contact
Joel Bartlett

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Fire Museum & Community Center

Street Address
81 Remsen Ave.

City
New Brunswick

County
Middlesex

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

Name of Abatement Contractor (9)
VMC Co. Inc.

Program Number

Square Feet

# of Floors

Bldg. Age

Type of Facility (4)

School (K-12)

Subchapter 8 (Other than K-12)

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

Current Use (Prior to being demolished)

Facility Closed/Vacated During Entire Period of Abatement

Abatement Performed Outside of Normal Facility Hours

Other - Describe:

Start Date (10)
04/08/2013

Scheduled Completion Date (11)
04/13/2013

Occupancy Status During Abatement (Check Only One)

Scope of Work (Check All That Apply)

≥3 sf or ≥3 if

≥160 sf or ≥260 if

Renovation

Demolition

Full Containment with Negative Pressure

Mini-Enclosure

Glovebag Procedure

Non-Exempted (*) and Non-Friable Procedure

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

(13)

In Facility

Is Location Normally Used Solely by Maintenance/Custodial Staff?

(12)

Yes

No

N/A

Description of Asbestos Containing Material (ACM)

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

Amount (Specify SF or LF)

Abatement Type

Location

Removal

Repair

Encapsulate

Endorse

Name of Registered Waste Hauler
Newark Carting Inc.

Cubic Yards of Waste
20y

Name of Registered Landfill
GROWS

Disposal Date
City, State
Newark, NJ

Completed by
Vojteh Roszkowski
Title
President

Signature
Date
03/25/2013

* Do not use this form for asbestos licensure exempted activities.
State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:60-7 and 12:120-7)  
Check #5834  

Date of Notification (1)  
10/11/13  

Name of Building Owner/Operator (2)  
Paul Yanicak  
2013 APR 2 - 12:00  

Agencies Notified  
☐ EPA  ☑ DOL  ☐ DEP  ☐ DOH  ☐ DCA  
Type Notification  
☐ Initial  ☑ Amendment  ☐ Cancellation  

Street Address  
59 Belmohr Street  

City, State, Zip Code  
Belleville, NJ 07109  

Name of Contact  
Paul Yanicak  

FACILITY INFORMATION  

Name of facility where abatement is taking place (3)  
Paul Yanicak  

Street Address  
59 Belmohr Street  

City (6)  
Belleville  

County (8)  
Essex  

County Code (7) (State use only)  
N/A  

Name of Abatement Contractor (9)  
B & G Restoration, Inc.  

Street Address  
105 Ryerson Road  

City, State, Zip Code  
Lincoln Park, NJ 07035  

Telephone Number  
(973) 696-8869  

License Number  
00378  

Type of Facility (4)  
☐ School (K-12)  ☑ Other (Private/Commercial Bldgs./Homes, etc.)  

Square Feet  
N/A  

License No  
N/A  

# of Floors  
N/A  

Bldg. Age  
N/A  

Current Use (Prior to being demolished)  
Residential  

Name of Abatement Contractor’s Phone Number  
N/A  

ASCM No.  
N/A  

Occuancy Status During Abatement (Check only one)  
☑ Facility closed/vacated during entire period of abatement.  
☐ Abatement performed outside of normal facility hours.  
☐ Other – Describe:  

Scheduled Start Date (10)  
04/05/2013  

Sched. Completion Date (11)  
04/06/2013  

Scope of Work (check all that apply)  
☐ Demolition  ☑ Renovation  
☐ Full Containment WNegetive pressure  ☑ Glovebag procedure  
☐ Non-Friable procedure  
☐ Other – Describe:  

Location of asbestos-containing material 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)</th>
<th>Amount (Specify SF or LF)</th>
<th>Remove</th>
<th>Repair</th>
<th>Encaps</th>
<th>Encly</th>
</tr>
</thead>
<tbody>
<tr>
<td>boiler room</td>
<td>☑</td>
<td>pipe insulation</td>
<td>6 if</td>
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<td>☐</td>
<td>☐</td>
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<td>☑</td>
<td>pipe</td>
<td>9 if</td>
<td>☑</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>elec panel rm/storage room</td>
<td>☑</td>
<td>pipe insulation / pipe insulation</td>
<td>15 if / 3 if</td>
<td>☑</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>laundry room</td>
<td>☑</td>
<td>pipe</td>
<td>8 if</td>
<td>☑</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>laundry room</td>
<td>☑</td>
<td>pipe insulation</td>
<td>3 if</td>
<td>☑</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

Registered Waste Hauler  
B & G Restoration, Inc.  

NJDEP Hauler ID#: 19563  
Cubic Yards of Waste: 1  
Name of Registered Landfill  
Tullytown Resource & Recovery Center  

City, State  
Lincoln Park, NJ  

Disposal Date  
04/05/2013  

Completed by (Print or Type)  
Gordana Luna  
Title  
Secretary/Treasurer  
Signature  
Gordana Luna  
Date  
03/26/2013
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>03 / 28 / 13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Building 66 - Phillipsburg Associates</td>
</tr>
<tr>
<td>Street Address</td>
<td>222 Cameron Drive, Suite 110</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Phillipsburg, NJ 08865</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Dave Zimmerman</td>
</tr>
</tbody>
</table>

### FACILITY INFORMATION

| Name of Facility Where Abatement is Taking Place (3) | Building 66 - Phillipsburg Commerce Park |
| Street Address | Center Street |
| City (5) | Phillipsburg, NJ |
| County Code (7) | Warren |

| County Code (7) | STATE USE ONLY |
| Current Use (Prior if being demolished) | |
| Square Feet | 3000 |
| # of Floors | 1 |
| Blg. Age | 50 |

| Name of Monitoring Firm Hired by Building Owner (8) | AET |
| ASCM No. | 00021 |

| Name of Abatement Contractor (9) | Alliance Environmental Systems |
| Street Address | 550 East Union Street |
| City, State, Zip Code | West Chester, PA 129382 |

| Telephone No. | (800) 969-6233 |
| License No. | 00508 |

| Start Date (10) | 04 / 15 / 13 |
| Scheduled Completion Date (11) | 04 / 18 / 13 |

| Name of OSHA Monitor | AET |
| Street Address | 28 N. Pennell Road |
| City, State, Zip Code | Media, PA 19063 |

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

- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure
- Renovation
- Demolition
- ≥3 sf or ≥3 If
- ≥160 sf or ≥260 If

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)</th>
<th>Is Location Normally Maintained Solely by Maintenance/Custodial Staff? (12)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Office Space</th>
<th>Floor Tile</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mastic</td>
<td></td>
</tr>
<tr>
<td>1800 SF</td>
<td></td>
</tr>
<tr>
<td>1800 SF</td>
<td></td>
</tr>
</tbody>
</table>

| Name of Registered Waste Hauler N.T.S. | NJ/DEP Waste Hauler ID No. 16947 |
| Cubic Yards of Waste | 5 |
| Name of Registered Landfill | BFI Imperial |
| City, State | Hazleton, PA |
| City, State | Imperial, PA |

<table>
<thead>
<tr>
<th>Completed By (Print or Type)</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>John Heemer</td>
<td>Estimator</td>
</tr>
</tbody>
</table>

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

**State of New Jersey**

**Date of Notification (1)**
03/26/2013

**Name of Building Owner/Operator (2)**
William R. Goetz

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
<td>Private Residence</td>
</tr>
<tr>
<td>DEP</td>
<td>Amended</td>
<td></td>
</tr>
<tr>
<td>DOL</td>
<td>Amendment #</td>
<td></td>
</tr>
<tr>
<td>DOH</td>
<td>Cancellation</td>
<td></td>
</tr>
</tbody>
</table>

**Street Address**
418 Carter Street

**City, State, Zip Code**
Canaan CT 06840

**Name of Contact**
William Goetz

**Telephone Number**

---

**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**

---

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

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

---

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

**ASCM No.**

**Name of Abatement Contractor (9)**
Kielczewski Corporation

**Street Address**
235 Watchung Ave

**City, State, Zip Code**
West Orange NJ

**Telephone No.**
973-243-9872

**License No.**
01171

**Name of OSHA Monitor**

**Street Address**

**City, State, Zip Code**

---

**Start Date (10)**
04/04/2013

**Scheduled Completion Date (11)**
04/04/2013

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

**Abatement Performed Outside of Normal Facility Hours**

**Other – Describe:**

---

**Scope of Work (Check All That Apply)**
- [ ] ≥3 sf or ≥3 If
- [X] ≥160 sf or ≥220 If
- [X] Renovation Demolition

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

<table>
<thead>
<tr>
<th>Basement</th>
<th>Yes</th>
<th>No</th>
<th>pipe insulation</th>
<th>150LF</th>
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</thead>
</table>

---

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

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

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

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

**Amount (Specify SF or LF)**
150LF

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

---

**Name of Registered Waste Hauler**
Kielczewski Corporation

**NUDEP Waste Hauler ID No.**

**Cubic Yards of Waste**

**Name of Registered Landfill**
Conestoga Landfill

**Disposal Date**

**City, State**
Morgantown PA

**Completed by**
Slawomir Kielczewski

**Title**
President

**Signature**

**Date**
03/26/2013

---

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

---

**ASB-41 (R-06-08)**
# NOTIFICATION OF ASBESTOS ABATEMENT

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

## Date of Notification
- 3/28/13

## Name of Building Owner/Operator
- Rich Hubble

## Street Address
- 346 N. 4th Ave.

## City, State, Zip Code
- Highland Park, NJ 08904

## Name of Contact
- Rich Hubble

## Telephone Number

## FACILITY INFORMATION

### Name of Facility Where Abatement is Taking Place
- Residence

### Type of Facility
- School (K-12)

### Square Feet
- 2000

### # of Floors
- 2

### Bldg. Age
- 75

### Current Use (Prior if being demolished)
- Residence

## Name of Monitoring Firm Hired by Building Owner
- MECS

## ASCM No.

## Name of Abatement Contractor
- Stevens Environmental Services, Inc.

## Address
- PO Box 322
- Allentown, NJ 08501

## Telephone No.
- (609) 259-9688

## License No.
- 00493

## Name of OSHA Monitor
- MECS

## Street Address
- PO Box 341
- Crosswicks, NJ 08515

## City, State, Zip Code

## Telephone No.
- (609) 298-4070

## License No.

## Name of Registered Waste Hauler
- Stevens Environmental Services Inc.

## Hauler ID No.
- 18292

## Disposal Date
- 4/30/13

## City, State
- Allentown, NJ

## Name of Registered Landfill

## Cubic Yards of Waste
- 1 CU

## Name of Project Manager
- Mahlon E. Stevens

## Title
- Project Manager

## Date
- 3/28/13

---

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

**Date of Notification (1)**  
3/27/13

**Name of Building Owner/Operator (2)**  
PSE+G

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

**Type Notification**  
- Initial

**Street Address**  
4000 HADLEY RD

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

**Name of Contact**  
CHUCK TKACHUK

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

**Street Address**  
341 MT. PLEASANT AVE.

**City (5)**  
WEST ORANGE

**County (9)**  
ESSEX

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

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

**Street Address**  
64 BROAD STREET

**City, State, Zip Code**  
MATAWAN, NJ 07747

**Project Manager for Monitoring Firm**  
TOM GEIGER

**Telephone No.**  
732-290-2217

**License No.**  
01111

**Start Date (10)**  
4/12/13

**Scheduled Completion Date (11)**  
4/12/13

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

**Abatement Performed Outside of Normal Facility Hours**  
OUTDOORS

**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)**  
OUTSIDE

**Description of Asbestos-Containing Material (ACM)**  
TRANSMITTING PIPING 15 LF

**Name of Registered Waste Hauler**  
WASTE MANAGEMENT

**Waste Hauler ID No.**  
1125

**Cubic Yards of Waste**  
20

**Name of Registered Landfill**  
GROWS

**City, State**  
ELIZABETH, NJ

**Disposal Date**  
4/15/13

**Completed by**  
CAROL RAIMO

**Title**  
OFFICE MGR

**Signature**  
CAROL RAIMO

**Date**  
3/27/13
State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:60 and 12:120)

**Date of Notification (1)**

<table>
<thead>
<tr>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
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</thead>
<tbody>
<tr>
<td>[</td>
<td>[</td>
<td>[</td>
<td>[</td>
<td>1</td>
</tr>
</tbody>
</table>

**Agency Notified**
- [ ] EPA
- [ ] DEP
- [x] DOH
- [ ] DCA

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

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

**Street Address**
84 WILDFIELD ROAD

**City, State, Zip Code**
RIDGEWOOD, NJ 07450

**Name of Contact**
TERRY LEVY

**Telephone Number**

---

**FACILITY INFORMATION**

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

**Street Address**
84 WILDFIELD ROAD

**City (5)**
RIDGEWOOD

**County (6)**
BERGEN

**County Code (7)**
(State use only)

**Type of Facility (4)**
- [ ] School (K - 12)
- [ ] Subchapter 8 (Other than K-12)
- [x] Other (Private/Commercial Bldgs./Homes, etc.)

**Square Feet**

**# of Floors**

**Bldg. Age**

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

---

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

**ASCM No.**

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

**Street Address**
20 California Ave.

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

**Telephone Number**
973-345-8020

**License Number**
01169

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

**Street Address**
20 California Avenue

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

---

**Scope of Work (check all that apply)**
- [x] 3 sf or >3 sf
- [ ] 160 sf or >260 sf
- [x] Demolition
- [x] Renovation
- [x] Full Containment winegative pressure
- [ ] Mini-enclosure
- [ ] Glove bag procedure
- [ ] Non-Exempted (*) and Non- сторible procedure

---

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

**Is location normally used solely by maintenance/custodial staff? (12)**
- [x] Yes
- [ ] No
- [ ] N/A

**Description of asbestos-containing material (ACM)**
PIPE INSULATION

**Amount (Specify SF or LF)**
20 L FT

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

**NJDEP Hauler ID#**
13506

**Cubic Yards of Waste**
1 YD

**Name of Registered Landfill**
TULLY TOWN, RESOURCE RECOVERY

**City, State**
PATerson, NJ 07503

**Disposal Date**
04/11/13

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

**Title**
PRESIDENT

**Signature**

**Date**
03/27/13

---

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

---

ASB-41

---
State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)

Name of Building Owner/Operator (2)

MARY GRANT
Street Address
135 LINDY LANE
City, State, Zip Code
LINCROFT, NJ 07738
Name of Contact
MARY GRANT
Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3)

MARY GRANT
Street Address
135 LINDY LANE
City (5)
LINCROFT
County (8)
MONMOUTH
County Code (7)
(State use only)

Type of Facility (4)

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

Square Feet # of Floors Bldg. Age

Current Use (Prior if being demolished)

Name of Abatement Contractor (9)

D & S RESTORATION, INC.
Street Address
20 California Ave.
City, State, Zip Code
Paterson, NJ 07503
Telephone Number
973-345-8020
License Number
01169

Name of OSHA Monitor

D & S Restoration, Inc.
Street Address
20 California Avenue
City, State, Zip Code
Paterson, NJ 07503

Scope of Work (check all that apply)

- Full Containment w/negative pressure
- Mini-enclosure
- Glovebag procedure
- Non-Exempted (*) and Non-Friable procedure

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

Boiler Insulation

Description of asbestos-containing material (ACM)

Amount (Specify SF or LF)

Removal
Repair
Encapsulation
Enclosure

Registered Waste Hauler
D & S RESTORATION, INC.
NUDEP Hauler ID# 13506
Cubic Yards of Waste 1 YD
Name of Registered Landfill
TULLYTOWN, RESOURCE RECOVERY
City, State
PATERSON, NJ 07503
Disposal Date
04/15/13
City, State
TULLYTOWN, PA
Date
03/27/13

Completed by (Print or Type)
BOGDAN JOLDZIC
Title
PRESIDENT
Signature

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>04/01/2013</td>
<td>ANITA &amp; EDWARD DEE</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Name of Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>DOL</td>
<td>Initial</td>
<td>ANITA &amp; EDWARD DEE</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>45 GEORGIAN COURT</td>
<td>ELIZABETH, NJ 07205</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of facility where abatement is taking place (3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ANITA &amp; EDWARD DEE</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>County</th>
</tr>
</thead>
<tbody>
<tr>
<td>45 GEORGIAN COURT</td>
<td>UNION</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City (5)</th>
<th>County (6)</th>
<th>County Code (7)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ELIZABETH</td>
<td>UNION</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Bldg. Owner (8)</th>
<th>ASCM No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>D &amp; S RESTORATION, INC.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>20 California Ave.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Type of Facility (4)</th>
<th>License Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>D &amp; S Restoration, Inc.</td>
<td>01169</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Abatement Contractor (9)</th>
<th>License Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>D &amp; S RESTORATION, INC.</td>
<td>01169</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Sched. Completion Date (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>04/08/13</td>
<td>04/26/13</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Current Use (Prior if being demolished)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

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

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

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

- >3 sf or >3 if Renovation
- >160 sf or >260 if Demolition

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

<table>
<thead>
<tr>
<th>Is location normally used solely by maintenance/custodial staff (12)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>-----</td>
</tr>
<tr>
<td>X</td>
</tr>
</tbody>
</table>

**Description of asbestos-containing material (ACM)**

<table>
<thead>
<tr>
<th>Full Containment w/negative pressure</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

**Amount (Specify SF or LF)**

- 129 L FT

**Registered Waste Hauler**

<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>TULLYTOWN, RESOURCE RECOVERY</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>Disposal Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>PATTERSON, NJ 07503</td>
<td>04/09/13</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Title</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>BOGDAN JOLDZIC</td>
<td>03/25/13</td>
</tr>
</tbody>
</table>

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

**Date of Notification (1)**  
04/11/13

**Name of Building Owner/Operator (2)**  
BEAUGARD FUNERAL HOME

**Street Address**  
869 KINDERKAMACK ROAD

**City, State, Zip Code**  
RIVER EDGE, NJ

**Telephone Number**  

**Name of Contact**  
CLAIRE BEAUGARD

---

**FACILITY INFORMATION**

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

**Street Address**  
869 KINDERKAMACK ROAD

**City, State, Zip Code**  
RIVER EDGE, BERGEN

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

**Type of Facility (4)**  

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

**Square Feet**  

**# of Floors**  

**Bldg. Age**

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

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

**Street Address**  
20 California Ave.

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

**Telephone Number**

- 973-345-8020

- License Number

- 01169

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

**Street Address**  
20 California Avenue

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

---

**Start Date (10)**  
04/11/13

**Sched. Completion Date (11)**  
04/26/13

**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:
  - NORMAL HOURS

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

- □ >3 sf or >3 lF
- □ Renovation
- □ >160 sf or >200 lF
- □ Demolition

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
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<tbody>
<tr>
<td>Basement</td>
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<td></td>
</tr>
<tr>
<td>Basement</td>
<td></td>
<td>X</td>
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**Description of asbestos-containing material (ACM)**

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount (Specify SF or LF)</th>
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</thead>
<tbody>
<tr>
<td>PIPE INSULATION</td>
<td>80 L FT</td>
</tr>
<tr>
<td>BARE HEATING PIPES(RECLEAN)</td>
<td>130 L FT</td>
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</tbody>
</table>

**Registered Waste Hauler**

D & S RESTORATION, INC.

**Hauler ID#**

- 13506

**Cubic Yards of Waste**

- 2 YDS

**Name of Registered Landfill**

TULLYTOWN, RESOURCE RECOVERY

**City, State**  
PATTERSON, NJ 07503

**Disposal Date**  
04/12/13

**City, State**  
TULLYTOWN, PA

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

**Title**

- PRESIDENT

**Signature**

**Date**

- 03/26/13

*Do not use this form for asbestos licensure exempted activities.*
Pursuant to NJAC 8:60 and 12:120

Date of Notification (1) 10/13

Agency Notified

EPA
DEP
DOL
DOH
DCA

Name of Building Owner/Operator (2)

BRINTON BROSICUS

13 APR - 7

Street Address

488 RIDGEWOOD ROAD

City, State, Zip Code

MAPLEWOOD, NJ 07040

Name of Contact

BRINTON BROSICUS

FACILITY INFORMATION

Name of facility where abatement is taking place (3)

BRINTON BROSICUS

Street Address

488 RIDGEWOOD ROAD

City (6)

BSSRX

County (8)

County Code (7)

ASCM No.

Name of Abatement Contractor (9)

D & S RESTORATION, INC.

Street Address

20 California Ave.

City, State, Zip Code

PATERSON, NJ 07503

License Number

973-345-8020

01169

Name of OSHA Monitor

D & S Restoration, Inc.

Street Address

20 California Avenue

City, State, Zip Code

PATERSON, NJ 07503

Start Date (10)

03/27/13

Scheduled Completion Date (11)

04/16/13

Occupancy Status During Abatement (Check one only)

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

Description

NORMAL HOURS

Other/Describe:

Scope of Work (check all that apply)

>8 sf or >8 ft
Renovation

>160 sf or >200 ft
Demolition

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

GARAGE

Description of asbestos-containing material (ACM)

DUCT INSULATION

Amount

20 SQ FT

Regulated Waste Hauler

D & S RESTORATION, INC.

City, State

PATERSON, NJ 07503

Cubic Yards of Waste

1 YD

Name of Registered Landfill

TULLYTOWN, RESOURCE RECOVERY

City, State

PATERSON, NJ 07503

Disposal Date

03/28/13

Name of inpacted person type

BOGDAN JORDZIC

Title

President

Signature

Date

03/26/13

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

**Date of Notification (1)**

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>○ EPA</td>
<td>Initial</td>
<td>BRINTON BROSCIOUS</td>
</tr>
<tr>
<td>□ DEP</td>
<td>Amended</td>
<td></td>
</tr>
<tr>
<td>□ DOL</td>
<td>Emergency (including justification)</td>
<td></td>
</tr>
<tr>
<td>□ DOH</td>
<td>Cancellation</td>
<td></td>
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</tbody>
</table>

| Street Address     | 488 RIDGEWOOD ROAD |
| City, State, Zip Code | MAPLEWOOD, NJ 07040 |

**FACILITY INFORMATION**

Name of facility where abatement is taking place (3)

BRINTON BROSCIOUS

488 RIDGEWOOD ROAD

MAPLEWOOD, ESSEX

**Type of Facility (4)**

<table>
<thead>
<tr>
<th>School (K - 12)</th>
<th>Subchapter 8 (Other than K-12)</th>
<th>Other (Private/Commercial Bldgs./Homes, etc.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>○</td>
<td>□</td>
<td>□</td>
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</table>

**Square Feet**

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

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

**Name of Abatement Contractor (5)**

D & S RESTORATION, INC.

| Street Address     | 20 California Ave. |
| City, State, Zip Code | PATTERSON, NJ 07503 |

**Telephone Number**

973-345-8020

**License Number**

01169

**Name of OSHA Monitor**

D & S Restoration, Inc.

| Street Address     | 20 California Avenue |
| City, State, Zip Code | PATTERSON, NJ 07503 |

**Start Date (10)**

03/27/13

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

<table>
<thead>
<tr>
<th>Facility closed/vacated during entire period of abatement.</th>
<th>Abatement performed outside of normal facility hours.</th>
</tr>
</thead>
<tbody>
<tr>
<td>○</td>
<td>□</td>
</tr>
</tbody>
</table>

Describes:

**Other-Describe:** NORMAL HOURS

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

- GARAGE
  - DUCT INSULATION: 20 SQ FT

**Registered Waste Hauler**

D & S RESTORATION, INC.

<table>
<thead>
<tr>
<th>NJ DEP Hauler ID</th>
<th>Cubic Yards of Waste</th>
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</thead>
<tbody>
<tr>
<td>13506</td>
<td>1 YD</td>
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</tbody>
</table>

**Name of Registered Landfill**

TULLYTOWN, RESOURCE RECOVERY

<table>
<thead>
<tr>
<th>City, State</th>
<th>Disposal Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>TULLYTOWN, PA</td>
<td>03/28/13</td>
</tr>
</tbody>
</table>

**Completed by (Print or Type)**

BOGDAN JOLDZIC  
Title: PRESIDENT

<table>
<thead>
<tr>
<th>Date</th>
<th>Signature</th>
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</thead>
<tbody>
<tr>
<td>03/26/13</td>
<td></td>
</tr>
</tbody>
</table>

**ASB-41**

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

**State of NJ**

**Notification of Asbestos Abatement**
(Pursuant to NJAC 8:60-7 and 12:120-7)

**B & G proj. #: 2013-68**

### Date of Notification (1)
10/13/2019

### Name of Building Owner/Operator (2)
Jennifer Bartolozzi

### Street Address
41 Ramapo Road

### City, State, Zip Code
Pompton Plains, NJ 07444

### Name of Contact
Jennifer Bartolozzi

### Telephone Number

### Agencies Notified
- EPA
- DOL
- DOH
- DCA

### Type Notification
- Initial
- Amendment
- Cancellation

### Name of facility where abatement is taking place (3)
Jennifer Bartolozzi

### Street Address
41 Ramapo Road

### City (5)
Pompton Plains

### County (6)
Morris

### County Code (7)
(07444)

### Name of Abatement Contractor (8)
B & G Restoration, Inc.

### Street Address
105 Ryerson Road

### City, State, Zip Code
Lincoln Park, NJ 07035

### Type of Facility (4)
- School (K - 12)
- Subchapter 8 (Other than K-12)
- Other (Private/Commercial Bldgs./Homes, etc.)

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

### ASCM No.
N/A

### Name of Monitoring Firm
N/A

### Project Manager for Monitoring Firm
B & G Restoration, Inc.

### Phone Number
(973)696-6869

### License Number
00378

### Scheduled Start Date (10)
04/09/2013

### Sched. Completion Date (11)
04/10/2013

### 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)
- Demolition
- Renovation
- Full Containment w/negative pressure
- Glovebag procedure
- Mini-enclosure
- Non-feltable procedure

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>basement boiler room</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>basement closet A &amp; B</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>laundry room</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>basement main room</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>1st fl dining rm &amp; bathroom</td>
<td></td>
<td>X</td>
<td></td>
</tr>
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</table>

### Description of asbestos-containing material (ACM)

<table>
<thead>
<tr>
<th>Location</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>basement boiler room</td>
<td>pipe insulation</td>
<td>9 lf</td>
</tr>
<tr>
<td>basement closet A &amp; B</td>
<td>pipe insulation</td>
<td>6 lf &amp; 4 lf</td>
</tr>
<tr>
<td>laundry room</td>
<td>pipe insulation / VAT</td>
<td>20 lf / 10 sf</td>
</tr>
<tr>
<td>basement main room</td>
<td>pipe insulation</td>
<td>45 lf</td>
</tr>
<tr>
<td>1st fl dining rm &amp; bathroom</td>
<td>pipe insulation</td>
<td>21 lf</td>
</tr>
</tbody>
</table>

### Name of Registered Landfill
Tullytown Resource & Recovery Center

### City, State
Lincoln Park, NJ

### Disposal Date
04/10/2013

### Completed by (Print or Type)
Gordana Luna

### Title
Secretary/Treasurer

### Signature
Gordana Luna

### Date
03/29/2013
**State of NJ**
**Notification of Asbestos Abatement**
(Pursuant to NJAC 8:60-7 and 12:120-7)

**B & G proj. #:** 2013-67

**Date of Notification (1):** 01/29/2013

**Name of Building Owner/Operator (2):** Tara West

**Street Address:**
29 Howland Circle

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

**Name of Contact:**
Tara West

**FACILITY INFORMATION**

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

**Street Address:**
29 Howland Circle

**City:**
West Caldwell, NJ 07006

**County:**
Essex

**Type of Facility (4):**

- [x] Other (Private/Commercial Bldgs., Homes, etc.)

**Square Feet:**

**# of Floors:**

**Bldg. Age:**

**Name of Abatement Contractor (5):**

**B & G Restoration, Inc.**

**Street Address:**
105 Ryerson Road

**City, State, Zip Code:**
Lincoln Park, NJ 07035

**Telephone Number:**
(973)696-6869

**License Number:**
00378

**Name of OSHA Monitor:**

**B & G Restoration, Inc.**

**Street Address:**
105 Ryerson Road

**City, State, Zip Code:**
Lincoln Park, NJ 07035

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

- [x] Renovation
- [x] Full Containment
- [ ] Non-Friable procedure

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

<table>
<thead>
<tr>
<th>Level</th>
<th>Description</th>
<th>Amount (Specify SF or LF)</th>
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</thead>
<tbody>
<tr>
<td>Lower</td>
<td>Ceramic tile &amp; mastic</td>
<td>470 sf</td>
</tr>
</tbody>
</table>

**Registered Waste Hauler:**

**B & G Restoration, Inc.**

**Disposal Date:**
04/10/2013

**City, State:**
Lincoln Park, NJ

**Name of Registered Landfill:**

**Tullytown Resource & Recovery Center**

**Disposal Date:**
04/10/2013

**City, State:**
Tullytown, PA

**Completed by (Print or Type):**
Gordana Luna

**Title:**
Secretary/Treasurer

**Signature:**
Gordana Luna

**Date:**
03/29/2013
State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1):  04/10/2013

Name of Building Owner/Operator (2):  Cynthia Salzano

Street Address:  378 Forest Avenue

City, State, Zip Code:  Glen Ridge, NJ 07028

Name of Contact:  Cynthia Salzano

FACILITY INFORMATION

Name of facility where abatement is taking place (3):  Cynthia Salzano

Street Address:  378 Forest Avenue

City, State, Zip Code:  Glen Ridge, NJ 07028

Name of Monitoring Firm Hired by Bldg. Owner (8):  N/A

Name of Abatement Contractor (9):  B & G Restoration, Inc.

Street Address:  105 Ryerson Road

City, State, Zip Code:  Lincoln Park, NJ 07035

Schedule Start Date (10):  04/10/2013

Sched. Completion Date (11):  04/11/2013

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] Demolition
- [ ] Renovation
- [ ] Full Containment w/negative pressure
- [x] Glovebag procedure
- [ ] Mini-enclosure
- [ ] Non-friable procedure

Location of asbestos-containing material to be abated:

- [ ] basement

Description of asbestos-containing material (ACM):

<table>
<thead>
<tr>
<th>Location</th>
<th>Is location normally used solely by maintenance/custodial staff?</th>
<th>Description of ACM</th>
<th>Amount (specify SF or LF)</th>
<th>Remove</th>
<th>Repair</th>
<th>Encap</th>
</tr>
</thead>
<tbody>
<tr>
<td>basement</td>
<td>[x]</td>
<td>pipe insulation</td>
<td>17 if</td>
<td>[x]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

Registered Waste Hauler:

B & G Restoration, Inc.  
NJDEP Hauler ID#:  19563  
Cubic Yards of Waste:  1/2

Name of Registered Landfill:

Tullytown Resource & Recovery Center

City, State:  Tullytown, PA

Completed by (Print or Type):  Gordana Luna

Title:  Secretary/Treasurer

Date:  03/29/2013
**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>3/29/13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner / Operator (2)</td>
<td>JCP&amp;L/FirstEnergy Company</td>
</tr>
<tr>
<td>Agencies Notified</td>
<td>Type Notification</td>
</tr>
<tr>
<td>EPA</td>
<td>Initial</td>
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<tr>
<td>DEP</td>
<td>Amended #</td>
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<tr>
<td>DOL</td>
<td>Emergency</td>
</tr>
<tr>
<td>DOH</td>
<td>Cancellation</td>
</tr>
<tr>
<td>DCA</td>
<td></td>
</tr>
<tr>
<td>Street Address</td>
<td>10 Legion Place- Building A</td>
</tr>
<tr>
<td>City, State &amp; Zip Code</td>
<td>Morristown, NJ 07960</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Wayne Jones</td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>AbateTech, Inc.</td>
</tr>
<tr>
<td>Street Address</td>
<td>140 South Village Ave. Suite 130</td>
</tr>
<tr>
<td>City, State &amp; Zip Code</td>
<td>Exton, PA 19341</td>
</tr>
<tr>
<td>ASCM No.</td>
<td></td>
</tr>
<tr>
<td>Telephone Number</td>
<td>610-524-5525</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>609-265-2107</td>
</tr>
<tr>
<td>License Number</td>
<td>00529</td>
</tr>
<tr>
<td>Name of OSHA Monitor</td>
<td>EMSL Analytical</td>
</tr>
<tr>
<td>Street Address</td>
<td>108 Haddon Ave.</td>
</tr>
<tr>
<td>City, State &amp; Zip Code</td>
<td>Westmont, NJ 08108</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

| Name of Facility Where Abatement is Taking Place (3) | JCP&L/FirstEnergy |
| Street Address | 175 Center Street |
| City (6) | Landing |
| County (6) | Morris |
| County Code (7) | | |
| Type of Facility (4) | | |
| School (K-12) | | |
| Subchapter 8 (Other than K-12) | 0 |
| Other (i.e. private & commercial buildings, homes, etc.) | 0 |
| Square Feet | | |
| # of Floors | | |
| Bldg. Age | 50+ |
| Current Use (Prior if being demolished) | 3 |
| Utility Building | | |

| Name of Monitoring Firm Hired by Building Owner (8) | 1 Source Safety & Health |
| Street Address | 140 South Village Ave. Suite 130 |
| City, State & Zip Code | Exton, PA 19341 |
| Project Manager for Monitoring Firm | Brian Havendor |
| Telephone Number | 610-524-5525 |
| Telephone Number | 609-265-2107 |
| License Number | 00529 |

| Occupancy Status During Abatement (Check only one) | | |
| Facility Closed/Vacated During Entire Period of Abatement | | |
| Abatement Performed Outside of Normal Hours – | | |
| Describe: 5PM Start | | |
| Facility Occupied During Abatement | | |

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

<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 or 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>Hallway</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Floor tile &amp; Mastic</td>
<td>786 SF</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>NJ/DEP Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>AbateTech, Inc.</td>
<td>18750</td>
<td>12</td>
<td>TRRF Landfill</td>
</tr>
<tr>
<td>City, State</td>
<td>Lumberton, NJ</td>
<td></td>
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<tr>
<td>Disposal Date</td>
<td>4/12/13</td>
<td></td>
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</tr>
<tr>
<td>City, State</td>
<td>Tullytown, PA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Completed By (Print or Type)</td>
<td>Gwen Trumbetti</td>
<td>Title</td>
<td>Signature</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Opps. Coord.</td>
<td></td>
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<tr>
<td>Date</td>
<td>3/29/13</td>
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)
3 / 28 / 13

Name of Building Owner/Operator (2)
West-Ward Pharmaceuticals
Job # 1303-4620 Check #5098

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

Street Address
2 Esterbrook Lane

City, State, Zip Code
Cherry Hill, NJ 08034

Name of Contact
Chris Wallace

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
West-Ward Pharmaceuticals

Street Address
2 Esterbrook Lane

City (5)
Cherry Hill

County (6)
Camden

Name of Monitoring Firm Hired by Building Owner (8)
1 Source Safety & Health

Street Address
140 South Village Ave., Suite 130

City, State, Zip Code
Exton, PA 19341

Project Manager for Monitoring Firm
Brian Hovendorn

Telephone No.
610-524-5525

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

Square Feet

# of Floors

Bidg. Age

Current Use (Prior if being demolished)
Office

Name of Abatement Contractor (9)
AbateTech, Inc.

Street Address
30 Maple Ave. PO Box 25

City, State, Zip Code
Lumberton, NJ 08048

License No.
00528

Name of OSHA Monitor
EMSL Analytical

Start Date (10)
4 / 8 / 13

Scheduled Completion Date (11)
4 / 12 / 13

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

Time of Abatement: ______ AM-______ PM______ PM-______ AM

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

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

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

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

Amount (Specify SF or LF)

Abatement Type

Old Catch & Feed Area Area 1
Circle ☑ ☐ ☐ ☑ ☐ ☐ ☐ ☐
Floor tile & Mastic
180 SF

Old Catch & Feed Area Area 1
Circle ☑ ☐ ☐ ☑ ☐ ☐ ☐ ☐
Floor tile & Mastic (NF)
75 SF

Name of Registered Waste Hauler
AbateTech, Inc.

NJDEP Waste Hauler ID No.
19750

Cubic Yards of Waste

Name of Registered Landfill
TRRF Landfill

Disposal Date
4/12/13

City, State
Lumberton, NJ

Tullytown, PA

Completed By (Print or Type)
Gwendolyn Trumbetti

Title
Operations Coordinator

Signature

Date 3/28/13

* 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) 3/28/13
Name of Building Owner / Operator (2)

Agencies Notified Type Notification

- EPA Initial
- DEP Amended #3
- DOL Emergency
- DOL Cancellation
- DOH
- DCA

Name of Building Owner / Operator (2)

Steele, Samuel Hudman

Housing Authority of Gloucester County

Street Address 100 Pop Moylan Blvd.
City, State & Zip Code Deptford, NJ 08098

Name of Contact Telephone Number

Samuel Hudman

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Colonial park Apartments

Street Address 401 South Evergreen Ave.

City (5) Woodbury County (6) County Code (7) GLE

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

Current Use (Prior if being demolished)
Offices

Name of Monitoring Firm Hired by Building Owner (8) ASCM No.
Health & Safety Services AbateTech, Inc.

Name of Abatement Contractor (9)
AbateTech, Inc.

Street Address PO Box 25
City, State & Zip Code Lumberton, NJ 08048

Project Manager for Monitoring Firm Telephone Number
Jim Proctor 609-704-8850

License Number 00529

Name of EMSL Analytical

Street Address 108 Haddon Ave.
City, State & Zip Code Westmont, NJ 08108

Scheduled Start Date (10) 1/30/12
Scheduled Completion Date (11) 4/30/13

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

Scope of Work (Check all that apply)
- ≥3 ft or ≥3 if
- ≥150 ft or ≥260 ft

Renovation
Demolition

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

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

Throughout (135) Kitchens

Throughout (10) Various Locations

Yes No N/A

Floor tile & Mastic
Floor tile & Mastic

Amount (Specify SF or LF)

Abatement Type
Removal Repair Encapsulation Endosulfate Enclosure

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

20,250 SF total - 160 SF per location

4,350 SF total-435 SF per location

Name of Registered Waste Hauler NJDEP Waste Hauler ID No. 18750
AbateTech, Inc
City, State Lumberton, NJ

Completed By (Print or Type) Gwen Trumbetti

Title Opps. Coord.

Disposal Date 4/30/13

Name of Registered Landfill TRRF Landfill
City, State Tullytown, PA

Completed Date 3/28/13
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to N.J.A.C. 8:60 and 12:120)

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<td>Amended #1</td>
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<td>Emergency</td>
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<td>Cancellation</td>
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<tr>
<td>Name of Building Owner / Operator (2)</td>
<td>Newark Community Health Centers, Inc.</td>
</tr>
<tr>
<td>Street Address</td>
<td>741 Broadway</td>
</tr>
<tr>
<td>City, State &amp; Zip Code</td>
<td>Newark, NJ 07107</td>
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<tr>
<td>Name of Contact</td>
<td></td>
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<tr>
<td>Business Office</td>
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**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3)
Newark Community Health Center
Street Address
741 Broadway
City (5) County (6) County Code (7)
Newark Essex
Name of Monitoring Firm Hired by Building Owner (8)
Environmental Connection, Inc.
Street Address
120 North Warren Street
City, State & Zip Code
Trenton, NJ 08608
Project Manager for Monitoring Firm
Ryan Broadwater
Telephone Number
609-392-4200
Scheduled Start Date (10)
2/19/13
Scheduled Completion Date (11)
4/30/13
Occupancy Status During Abatement (Check only one)
Facility Closed/Vacated During Entire Period of Abatement
Facility Occupied During Abatement
Scope of Work (Check all that apply)
≥ 3 sf or ≥ 3 ft
≥ 160 sf ≥ 2800 ft
Renovation
Demolition

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

<table>
<thead>
<tr>
<th>Phase 3 First &amp; Second Floor</th>
<th>Is Location Normally Used Solely by Maintenance or Custodial Staff?</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
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<tbody>
<tr>
<td>Phase 3 North Bldg.</td>
<td>No</td>
<td>Double Layer floor tile &amp; Mastic</td>
<td>4,600 SF</td>
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<tr>
<td>Phase 1 North Bldg.</td>
<td>No</td>
<td>Double Layer Floor tile &amp; Mastic</td>
<td>1,220 SF</td>
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<tr>
<td>Phase 1 North Bldg.</td>
<td>No</td>
<td>Roof Deck</td>
<td>1,600 SF</td>
<td></td>
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<tr>
<td>Phase 1 North Bldg.</td>
<td>No</td>
<td>Roof Flashing</td>
<td>100 SF</td>
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<tr>
<td>Phase 2 Cellar/Basement Level</td>
<td>Yes</td>
<td>Double Layer Floor tile &amp; Mastic</td>
<td>2,100 SF</td>
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<tr>
<td>Phase 2 Cellar/Basement Level</td>
<td>No</td>
<td>Wall Mounted Tile</td>
<td>72 SF</td>
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<tr>
<td>Phase 2 Cellar/Basement Level</td>
<td>No</td>
<td>Pipe Insulation</td>
<td>235 LF</td>
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</table>

Name of Registered Waste Hauler
AbateTech, Inc.
City, State
Lumberton, NJ
Completed By (Print or Type)
Gwen Trumbetti
Title
Office Coord.
Signature

**Name of Abatement Contractor (9)**
AbateTech, Inc.
Street Address
PO Box 25
City, State & Zip Code
Lumberton, NJ 08048
Telephone Number
609-265-2107
License Number
00529
Name of OSHA Monitor
EMSL Analytical
Street Address
108 Haddon Ave.
City, State & Zip Code
Westmont, NJ 08108

**Full Containment with Negative Pressure**
Mini-Enclosure
Glove Bag Procedures
Non-Exempted and Non-Friable Procedure
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1)  3/28/13  
Name of Building Owner / Operator (2)  
The College of New Jersey  
Address  
PO Box 7718  
City, State & Zip Code  Ewing, NJ 08628  
Name of Contact  Amanda Radosti  

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  
The College of New Jersey  
Street Address  
2000 Pennington Road  
City (5)  Ewing  
County (6)  Mercer  
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  
# of Floors  
Bldg. Age  

Current Use (Prior if being demolished)  
Building  

Name of Monitoring Firm Hired by Building Owner (8)  
TTI Environmental  
Street Address  
1253 North Church Street  
City, State & Zip Code  Moorestown, NJ 08057  
Project Manager for Monitoring Firm  Jim Gullardi  
Telephone Number  856-840-3800  

Scheduled Start Date (10)  
11/8/12  
Scheduled Completion Date (11)  
4/30/13  

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

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

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  

管帽 #3 & #4  
☒  
☐  
☐  
Pipe Insulation  
160 LF  
☐  
☐  
Pipe Insulation  
84 LF  
☐  
☐  
Pipe Insulation (wrap & cut)  
10 LF  
☐  
☐  
Pipe Insulation (glove bag)  
8 LF  

Name of Registered Waste Hauler  
AbateTech, Inc.  
NJDEP Waste Hauler ID No.  18750  
Cubic Yards of Waste  15  
Name of Registered Landfill  
T.R.R.F. Landfill  
Disposal Date  4/30/13  
City, State  Tullytown, PA  

Completed By (Print or Type)  
Gwen Trumbetti  
Title  Opps. Coord.  
Signature  
Date  3/28/13
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1):

| 3 / 25 / 13 |

Name of Building Owner/Operator (2):
Joseph Rodriguez

/ Job # 3303-4612 Check #

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

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

Street Address:
241 21st Avenue
Paterson, NJ 07501

Name of Contact:
Joseph Rodriguez

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3):
Exxon Facility #31337

Street Address:
241 21st Avenue

City (5):
Paterson

County (6):
Passaic

Name of Monitoring Firm Hired by Building Owner (8):
Kleinfielder

ASCM No.:

Name of Abatement Contractor (9):
AbateTech, Inc.

Street Address:
3 AAA Drive First Floor
Hamilton, NJ 08691

City, State, Zip Code:

License No.:
609-265-2107
00529

EMSL Analytical

Project Manager for Monitoring Firm:
Reinaldo Aponte

Telephone No.:
215-252-0803

City, State, Zip Code:
Lumberton, NJ 08048

License No.:

Start Date (10):
3 / 26 / 13

Scheduled Completion Date (11):
4 / 12 / 13

Scope of Work (Check all that apply):
- ≥3 sf or ≥6 if
- >160 sf or >260 if
- Demolition

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

Is Location Normally Used Solely by Maintenance/Custodial Staff?:
Yes

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

Location of Asbestos-Containing Material (ACM)

Amount (Specify SF or LF)

Abatement Type

Name of Registered Landfill:
Imperial Landfill
City, State:
Lumberton, NJ

Completed By (Print or Type):
Gwendolyn Trumbetti
Title:
Operations Coordinator

Signature:

Date:
3/25/13

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

Date of Notification (1) 3/25/13

Name of Building Owner / Operator (2)
Princeton University

Agencies Notified Type Notification
[] EPA Initial
[] DEP Amended #1
[] DOL Emergency
[] DOL Cancellation
[] DOH
[] DCA

Street Address
Trustees of Princeton University E.A. MacMillan Bldg.
City, State & Zip Code
Princeton, NJ 08544

Name of Contact
Robert Ortego, P.E.

Telephone Number

FACILITY INFORMATION

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

Street Address
41 Olden Street

City (5) Princeton
County (6) Mercer
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 # of Floors Bldg. Age

Current Use (Prior if being demolished)

Building

Name of Abatement Contractor (9)
AbateTech, Inc.

Project Manager for Monitoring Firm
Pennonl Associates, Inc.

Name by Building Owner (8) ASCM No.

Street Address
515 Grove Street Suite 1B
City, State & Zip Code
Haddon Heights, NJ 08035

Telephone Number
856-547-0505 x2875

License Number
609-265-2107 00529

Name of OSHA Monitor
EMSL Analytical

Occupancy Status During Abatement (Check only one)

Facility Closed/Vacated During Entire Period of Abatement

Abatement Performed Outside of Normal Hours

Describe: 3:30 PM to 12 midnight

Facility Occupied During Abatement

Scope of Work (Check all that apply)

≥3 sf or ≥3 if

≥160 sf ≥260 sf

Renovation

Demolition

Full Containment with Negative Pressure

Mini-Enclosure

Glove Bag Procedures

Non-Exempted and Non-Friable Procedure

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

Rooms B217/219

Floor tile & Mastic 580 SF total

Name of Registered Waste Hauler
AbateTech, Inc.

NJDEP Waste Hauler ID No. 18750

Cubic Yards of Waste 12

Name of Registered Landfill
TRRF Landfill

Disposal Date 4/9/13

City, State Tullytown, PA

Completed By (Print or Type)
Gwen Trumbetti

Title Opps. Coord.

Signature Cjw

Date 3/25/13
# State of New Jersey
## NOTIFICATION of ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

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<table>
<thead>
<tr>
<th>City, State &amp; Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leesburg, NJ 08327</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>John Leibrand</td>
</tr>
</tbody>
</table>

## FACILITY INFORMATION

### Name of Facility Where Abatement is Taking Place (3)
Bayside State Prison, @ Ancora - Spruce Hall

<table>
<thead>
<tr>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>301 Spring Garden Rd.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City (5)</th>
<th>County (6)</th>
<th>County Code (7)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hammonton</td>
<td>Atlantic</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
</tr>
</thead>
<tbody>
<tr>
<td>John Smoyer</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Telephone Number</th>
<th>License Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>609-652-1933</td>
<td>00529</td>
</tr>
</tbody>
</table>

### Schedule Start Date (10) & Completion Date (11)
2/20/13          4/30/13

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

### Scope of Work (Check all that apply)
- ≥23 sf or ≥23 if
- ≥160 sf ≥260 if
- Renovation
- Demolition

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

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Courtyard Vestibule</td>
<td>Acoustical Spray-On Ceiling Insulation 80 SF</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
</tr>
</thead>
<tbody>
<tr>
<td>AbateTech, Inc.</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>NJDEP Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>18750</td>
<td>4</td>
<td>T RRF Landfill</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Disposal Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>4/30/13</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed By (Print or Type)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gwen Trumbetti</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Title</th>
<th>Office Coord.</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>3/25/13</td>
</tr>
</tbody>
</table>
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification: 3/28/13

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

Type Notification: 
- Initial
- Amended #2
- Emergency
- Cancellation

Name of Building Owner / Operator: NJ Turnpike Authority - 6-9 Widening Program Contract 702

Street Address: PO Box 5050
City, State & Zip Code: Woodbridge, NJ 07095
Name of Contact: Dan Crum

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place: NJ Turnpike Interchange 6-9

Street Address: Brick Yard Road @ Turnpike Intersection
City: Cranbury Twp.
County: Middlesex
County Code: 1101

Type of Facility: Other (i.e., private & commercial buildings, homes, etc.)

Square Feet: 950 LF

Exterior

Name of Abatement Contractor: AbateTech, Inc.

Street Address: 49 Orient Way
City, State & Zip Code: Rutherford, NJ 07070

Project Manager for Monitoring Firm: John Chiavello

Telephone Number: 201-438-4839

Occupancy Status During Abatement: Abatement Performed Outside of Normal Hours – Describe: 11PM-7:30AM

Scope of Work: 
- Renovation
- Demolition

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

Is Location Normally Used Solely by Maintenance or Custodial Staff?: Yes

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

Amount (Specify SF or LF): 950 LF

Abatement Type:

Name of Registered Waste Hauler: Freehold Cartage, Inc.

Cubic Yards of Waste: 8

Disposal Date: 4/30/13

Completed By: Gwen Trumpbetti

Title: Office Coord.

Signature: Gnu

Date: 3/28/13
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 3-26-2013
Name of Building Owner/Operator (2) Plainfield Public School

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

Street Address
920 Park Ave
City, State, Zip Code
Plainfield, NJ 07060

Name of Contact
Harold Gee

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Plainfield High School

Street Address
950 Park Avenue
City (5) Plainfield
County (6) Union
County Code (7) (STATE USE ONLY) 125000

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

Name of Abatement Contractor (9)
GL Group, Inc

Street Address
1253 North Church St
City, State, Zip Code Mooresown, NJ 08057

Project Manager for Monitoring Firm
Mary Ellen Leotta

Telephone No.
856-840-8800

License No.
01084

Start Date (10) 3-29-2013
Scheduled Completion Date (11) 4-2-2013

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

Scope of Work (Check All That Apply)
☐ ≥32 ft or ≥35 ft
☐ ≥150 ft 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

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

Is Location

Description of Asbestos-Containing Material (ACM)

Amount

Abatement Type

Classroom 163
Pipe Fitting Insulation 35 LF

Classroom 164
Pipe Fitting Insulation 30 LF

Classroom 165
Pipe Fitting Insulation 24 LF

Name of Registered Waste Hauler
GL Group, Inc

Cubic Yards of Waste
TBD

Name of Registered Landfill
Grows

City, State
Bloomingdale, NJ

Disposal Date
TBD

City, State
Morristown, PA

Completed by
Michael B Solakov

Title
P.M.

Signature

Date 3-26-2013

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>3 / 27 / 13</th>
<th>Name of Building Owner/Operator (2)</th>
<th>Mr. Joseph Scerra / Job # 1303-1737: Chk. #3069</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agencies Notified</td>
<td></td>
<td>Type Notification</td>
<td></td>
</tr>
<tr>
<td>□ EPA</td>
<td></td>
<td>□ Initial</td>
<td></td>
</tr>
<tr>
<td>□ DOLWD</td>
<td></td>
<td>□ Amended</td>
<td></td>
</tr>
<tr>
<td>□ DHSS</td>
<td></td>
<td>□ Amendment #</td>
<td></td>
</tr>
<tr>
<td>□ DCA</td>
<td></td>
<td>□ Emergency (including justification)</td>
<td></td>
</tr>
<tr>
<td>(NJAC 5:23-8)</td>
<td></td>
<td>□ Cancellation</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Street Address</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>491 Orchard Circle</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exton, PA 19341</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name of Contact</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mr. John Caiero, Axis Builders</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Residential Property</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>8 West 13th Street</td>
</tr>
<tr>
<td>City (5)</td>
<td>North Beach Haven</td>
</tr>
<tr>
<td>County (6)</td>
<td>County Code (7) (STATE USE ONLY)</td>
</tr>
<tr>
<td>Ocean</td>
<td>Ocean</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>ASCM No.</td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>Asbestos and Mold Services, Corp.</td>
</tr>
<tr>
<td>Street Address</td>
<td>3859 Sylon Boulevard</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Hainesport, NJ 08036</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>Telephone No.</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>609-702-0400</td>
</tr>
<tr>
<td>License No.</td>
<td>00862</td>
</tr>
<tr>
<td>Name of OSHA Monitor</td>
<td>EMSL Analytical, Inc.</td>
</tr>
<tr>
<td>Street Address</td>
<td>200 U.S. Route 130 North</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Cinnaminson, NJ 08077</td>
</tr>
</tbody>
</table>

| Start Date (10)                                    | 4 / 11 / 13          |
| Scheduled Completion Date (11)                     | 4 / 11 / 13          |
| Occupancy Status During Abatement (Check only one)| Facility Closed/Vacated During Entire Period of Abatement |
| ☒ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM PM AM PM AM |

Scope of Work (Check all that apply)

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

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</td>
</tr>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>Exterior (Garage)</td>
</tr>
<tr>
<td>Transite Siding</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
Horizon Disposal, Inc.

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler Horizon Disposal, Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>22512</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
</tr>
<tr>
<td>3</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
</tr>
<tr>
<td>GROWS Landfill</td>
</tr>
</tbody>
</table>

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

Date
3/27/13

* Do not use this form for asbestos licensure exempted activities.
# State of New Jersey
## NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:80 and 5:16)

### Date of Notification
- 3
- 27
- 13

### Name of Building Owner/Operator
- Township of Commercial
  - Job # 1303-1736: Chk. #3070

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

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

### Street Address
- 1768 Main Street
  - City, State, Zip Code
  - Port Norris, NJ 08349

### Name of Contact
- Ms. Pamela Humphries, CFO

### Telephone Number

### Name of Facility Where Abatement is Taking Place
- Robbinsstown School Library

### Street Address
- 1628 Main Street
  - City:
  - Port Norris
  - County:
  - Cumberland

### County Code (STATE USE ONLY)
- 939

### Current Use (Prior to being demolished)
- Vacant Library

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

### Square Feet
- 939

### # of Floors
- 2

### Bldg. Age
- 185

### Name of Monitoring Firm Hired by Building Owner
- NA

### ASCM No.

### Name of Abatement Contractor
- Asbestos and Mold Services, Corp.

### Street Address
- 3859 Sylon Boulevard
  - City, State, Zip Code
  - Hainesport, NJ 08036

### License No.
- 00862

### Name of OSHA Monitor
- EMSL Analytical, Inc.

### Street Address
- 200 U.S. Route 130 North
  - City, State, Zip Code
  - Cinnaminson, NJ 08077

### Scope of Work (Check all that apply)
- [ ] >3 sf or >3 lf
- [ ] >160 sf or >260 lf
- [x] Renovation
- [ ] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>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>Shingle Siding</td>
<td>300 SF</td>
</tr>
</tbody>
</table>

### Name of Registered Waste Hauler
- Horizon Disposal, Inc.
- NJDEP Waste Hauler ID No.: 22812

### Cubic Yards of Waste
- 5

### Name of Registered Landfill
- GROWS Landfill

### City, State
- Trenton, NJ

### Disposal Date
- 4/12/13

### City, State
- City, State
  - Morrisville, PA 19067

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

### Signature

### Date
- 3-27-13

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

**Date of Notification (1)**
March 28, 2013

**Name of Building Owner/Operator (2)**
Viasant, LLC

**Street Address**
105 Chesley Dr.

**City, State, Zip Code**
Media, PA 19063

**Telephone Number**

#### FACILITY INFORMATION

**Former Yates Foil**

**Street Address**
88 Rte 130 South

**City (5)**
Bordentown, NJ

**County Code (7)**
Burlington

**County Code (STATE USE ONLY)**

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

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

**ASCM No.**
0021

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

**Street Address**
1500 Kings HWY N, STE 209

**City, State, Zip Code**
Bridgewater, NJ 08807

**Project Manager for Monitoring Firm**
Eric Houseknecht

**Telephone No.**
(908) 218-1108

**Start Date (10)**
2/21/13

**Scheduled Completion Date (11)**
12/31/13

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

**Abatement Performed Outside of Normal Facility Hours**
No

**Other - Describe:**

**Scope of Work (Check All That Apply)**
- ≥3 sf or ≥3 If
- ≥100 sf or ≥260 If
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

**In Facility (13)**
see attached

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

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

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

**Amount (Specify SF or LF)**

**Abatement Type**

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

**Cubic Yards of Waste**
TBD

**Name of Registered Landfill**
Cumberland Co / BFI / GROWS / TRRF

**City, State**
Freehold / Newark / Riverdale, NJ

**Disposal Date**
12/31/13

**City, State**
Newburg / Imperial / Morrisville, PA

**Completed by**
Mike Cooper

**Title**
President

**Signature**
3/28/13

*Do not use this form for asbestos licensure exempted activities.*
Date of Notification (1): February 12, 2013

Name of Building Owner/Operator (2): Viesant, LLC

Agencies Notified: 
- [X] EPA
- [X] DEP
- [ ] DOL
- [X] DOH
- [ ] DCA

Type of Notification: 
- [X] Initial
- [ ] Amended
- [ ] Amendment # ___
- [ ] Emergency (including justification)
- [ ] Cancellation

Street Address: 105 Chesley Dr.
City, State, Zip Code: Media, PA 19063

Name of Contact: PM

FACILITY INFORMATION

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

Former Yates Foil

Street Address: 88 Rte 130 South
City (5): Bordentown, NJ

County (6): Burlington
County Code (7): 0021

Burlington

Name of Monitoring Firm Hired by Building Owner (8): AET, Inc.
ASCM No.: 0021

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

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

Telephone No.: (908) 218-1108
License No.: 00781

Project Manager for Monitoring Firm: Eric Houseknecht
Telephone No.: (973) 759 - 5000

Start Date (10): 2/21/13
Scheduled Completion Date (11): 3/31/13

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED (Check All That Apply)
- [X] In Facility

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

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

Amount (Specify SF or LF): see attached

Abatement Type:
- [X] Enclosure
- [ ] Repair
- [ ] Removal
- [ ] Encapsulate

Endorsements:
- [ ] Full
- [ ] Partial

Endorsement Number:

Name of Registered Waste Hauler: Freehold / Newark Carting / Rovic
Hauler ID No.: 4509

Cubic Yards of Waste: TBD

Name of Registered Landfill: Cumberland Co./ BFI / GROWS / TRRF

Freehold: 3/31/13
Newark / Riverdale, NJ
City, State: Newburg / Imperial / Morrisville, PA

Completed by: Mike Cooper
Title: President

Signature: 2/12/13

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

Date of Notification (1)
3 / 28 / 2013

Name of Building Owner/Operator (2)
Schneider National, Inc.

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

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

Street Address
500 Water Street

City, State, Zip Code
Jacksonville, FL 32202

Name of Contact
Ryan Grinnert, Facilities Proj. Mgr

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
CSX Intermodal - Schneider National's Modular Building

Street Address
26 Pennsylvania Avenue

City (5)
Kearny

County (6)
Hudson

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

ASCM No.

Name of Abatement Contractor (9)
Prism Response, Inc.

Street Address
128 S. Tryon Street - Interstate Tower

City, State, Zip Code
Charlotte, NC 28202

Project Manager for Monitoring Firm
Roy Stancil

Telephone No.
704-331-6334

Name of OSHA Monitor
Shaw Environmental, Inc.

Start Date (10)
4 / 15 / 2013

Scheduled Completion Date (11)
4 / 17 / 2013

Square Feet
8000

Current Use (Prior to being demolished)
Industrial

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

# of Floors
1

Eldig. Age
25+

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

Time of Abatement: AM AM PM PM

Scope of Work (Check all that apply)
☐ ≥ 3 sf or ≥ 1 sf
☐ ≥ 100 sf or ≥ 200 sf
☐ Renovation
☐ Demolition
☐ Full Containment with Negative Pressure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

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

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

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

Amount (Specify SF or LF)

Abatement Type
☐ Removal
☐ Repair
☐ Encapsulate
☐ Endorse

Location
Roof
Exterior of Structure
Throughout

Glazing Compound from Windows
Pipe Insulation
VAT

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

Name of Registered Landfill
Grand Central Sanitary Landfill

Disposal Date
4/17/2013

City, State
Camden, New Jersey

Disposal Date
4/17/2013

City, State
Penn Argyl, PA

Completed By (Print or Type)
Jessica Busch

Title
Administrative Support

Signature
Jessica Busch

Date
3/28/2013

ASR-41
MAY 11

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

Date of Notification (1): 3 / 15 / 2013

Name of Building Owner/Operator (2):
Schneider National, Inc.

Address:
500 Water Street
Jacksonville, FL 32202

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3):
CSX Intermodal - Schneider National's Modular Building

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

Street Address:
26 Pennsylvania Avenue
Kearny, New Jersey

City (5):
Kearny

County (6):
Hudson

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

Name of Abatement Contractor (9):
Prism Response, Inc.

Street Address:
128 S. Tryon Street - Interstate Tower
Export, PA 15632

City, State, Zip Code:
Charlotte, NC 28202

Current Use (Prior to being demolished):
Industrial

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

Square Feet: 8000

# of Floors: 1

Bldg. Age: 25+

Time of Abatement: AM

Start Date (10):
4 / 1 / 2013

Scheduled Completion Date (11):
4 / 3 / 2013

License No.:
01121

Name of OSHA Monitor:
Shaw Environmental, Inc.

Street Address:
128 South Tryon Street, Interstate Tower
Charlotte, NC 28202

City, State, Zip Code:
Charlotte, NC 28202

Scope of Work (Check all that apply):
□ ≥3 sf or ≥25 ft
□ ≥160 sf or ≥260 ft
□ Renovation
□ Demolition

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

□ Roof
□ Exterior of Structure

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

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

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

Cubic Yards of Waste:

Name of Registered Landfill:
Grand Central Sanitary Landfill

Disposal Date:
4/3/2013

City, State:
Camden, New Jersey
Penn Argyl, PA

Completed By (Print or Type):
Jessica Busch

Administrative Support

Signature:

Date: 3/15/2013

* Do not use this form for asbestos liable for 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>2 / 25 / 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Schneider National, Inc.</td>
</tr>
<tr>
<td>Street Address</td>
<td>500 Water Street</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Jacksonville, FL 32202</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Ryan Gronnert, Facilities Proj. M</td>
</tr>
<tr>
<td>Phone Number</td>
<td></td>
</tr>
</tbody>
</table>

#### FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>CSX Intermodal - Schneider National's Modular Building</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>26 Pennsylvania Avenue</td>
</tr>
<tr>
<td>City (5)</td>
<td>Kearny</td>
</tr>
<tr>
<td>County (6)</td>
<td>Hudson</td>
</tr>
<tr>
<td>Current Use (Prior if being demolished)</td>
<td>Industrial</td>
</tr>
<tr>
<td>Square Feet</td>
<td>8000</td>
</tr>
<tr>
<td># of Floors</td>
<td>1</td>
</tr>
<tr>
<td>Bidg. Age</td>
<td>25+</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>Shaw Environmental, Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>Prism Response, Inc.</td>
</tr>
<tr>
<td>Street Address</td>
<td>102 Technology Lane</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Export, PA 15632</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>724-325-3330</td>
</tr>
<tr>
<td>License No.</td>
<td>01121</td>
</tr>
<tr>
<td>Name of OSHA Monitor</td>
<td>Shaw Environmental, Inc.</td>
</tr>
<tr>
<td>Street Address</td>
<td>128 South Tryon Street, Interstate Tower</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Charlotte, NC 28202</td>
</tr>
</tbody>
</table>

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

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

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

- [ ] ≥ 2,000 sf or ≥ 3000 sf
- [ ] ≥ 1600 sf or ≥ 2600 sf
- [ ] ≥ 2,000 sf or ≥ 3,000 sf
- [ ] ≥ 1600 sf or ≥ 2,600 sf
  - *Abatement prior to demolition by others.

| Location of Asbestos-Containing Material (ACM) TO BE ABATED
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>IN Facility (13)</td>
</tr>
<tr>
<td>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</td>
</tr>
<tr>
<td>Yes</td>
</tr>
</tbody>
</table>

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

- [ ] Roofing
- [ ] Glazing Compound from Windows
- [ ] Exothermic Cements

#### Name of Registered Waste Hauler

<table>
<thead>
<tr>
<th>Waste Management</th>
<th>NJDEP Waste Hauler ID No. SW1724</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Registered Landfill</td>
<td>Grand Central Sanitary Landfill</td>
</tr>
<tr>
<td>City, State</td>
<td>Wilmington, DE</td>
</tr>
</tbody>
</table>

#### Completion Date

<table>
<thead>
<tr>
<th>Date</th>
<th>3/20/2013</th>
</tr>
</thead>
</table>

**ASB-41**

**MAY 11**

*Do not use this form for asbestos licensure exempted activities.*
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:18)

Date of Notification (1) 2 / 25 / 2013

Name of Building Owner/Operator (2) Schneider National, Inc.

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

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

Street Address
500 Water Street

City, State, Zip Code
Jacksonville, FL 32202

Name of Contact
Ryan Gronnert, Facilities Proj. Mg

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
CSX Intermodal - Schneider National's Modular Building

Street Address
26 Pennsylvania Avenue

City (5)
Kearny

County (6)
Hudson

Square Feet
8000

No of Floors
1

Bldg. Age
25+

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

Current Use (Prior if being demolished)
Industrial

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

ASCN No.

Name of Abatement Contractor (9)
Prism Response, Inc.

Street Address
102 Technology Lane

City, State, Zip Code
Export, PA 15632

Project Manager for Monitoring Firm
Roy Stancil

Telephone No.
704-331-6334

License No.
724-325-3330

01121

Name of OSHA Monitor
Shaw Environmental, Inc.

Street Address
128 South Tryon Street, Interstate Tower

City, State, Zip Code
Charlotte, NC 28202

Start Date (10) 3 / 18 / 2013

Scheduled Completion Date (11) 3 / 20 / 2013

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

Scope of Work (Check all that apply)
- [ ] 3 or 3+ ft
- [ ] 1600 sf or 2600 sq ft
- [ ] Renovation
- [ ] Demolition
- [ ] Abatement prior to demolition by others.
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify $F or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Roof</td>
<td>Yes</td>
<td>Roofing</td>
<td>800 SF</td>
</tr>
<tr>
<td>Exterior of Structure</td>
<td>No</td>
<td>Glazing compound from Windows</td>
<td>9 SF</td>
</tr>
</tbody>
</table>

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

Name of Registered Landfill
Grand Central Sanitary Landfill

Cubic Yards of Waste

Disposal Date
3/20/2013

City, State
Penn Argyl, PA

Completed By (Print or Type) Jessica Busch

Title Administrative Support

Signature

Date 2/25/2013

* Do not use this form for asbestos license exempted activities.
# State of New Jersey
## NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 5:80 and 5:16)

### Date of Notification (1)
2 / 15 / 2013

### Name of Building Owner/Operator (2)
Schneider National, Inc.

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

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

### Street Address
500 Water Street

### City, State, Zip Code
Jacksonville, FL 32202

### Name of Contact
Ryan Gronnert, Facilities Proj. Mgr

### Telephone Number

### FACILITY INFORMATION

#### Name of Facility Where Abatement is Taking Place (3)
CSX Intermodal - Schneider National’s Modular Building

#### Street Address
26 Pennsylvania Avenue

#### City (6)
Kearny

#### County (6)
Hudson

#### County Code (7)

#### Current Use (Prior to being demolished)
Industrial

### Name of Monitoring Firm Hired by Building Owner (6)
Shaw Environmental, Inc.

### ASCM No.

### Name of Abatement Contractor (9)
Prism Response, Inc.

### Street Address
102 Technology Lane

### City, State, Zip Code
Export, PA 15632

### Project Manager for Monitoring Firm
Roy Stancil

### Telephone No.
704-331-6334

### Telephone No.
724-325-3330

### License No.
01121

### Name of OSHA Monitor
Shaw Environmental, Inc.

### Street Address
128 South Tryon Street, Interstate Tower

### City, State, Zip Code
Charlotte, NC 28202

### Start Date (10)
2 / 25 / 2013

### Scheduled Completion Date (11)
2 / 27 / 2013

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

### Time of Abatement: AM - PM / AM - PM

### Scope of Work (Check all that apply)
- [ ] >200 sf or >2000
- [ ] ≥150 sf or ≥250
- [ ] Renovation*
- [ ] Demolition

*Abatement prior to demolition by others.

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

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

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

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

### Amount (Specify SF or LF)

### Abatement Type

#### Roofing
- [ ] Roofing
  600 SF

#### Glazing Compound from Windows
- [ ] Glazing Compound from Windows
  9 SF

### Name of Registered Waste Hauler
NJDEP Waste Hauler ID No. SW1734

### Cubic Yards of Waste

### Name of Registered Landfill
Grand Central Sanitary Landfill

### City, State
Camden, New Jersey

### Disposal Date
2/27/2013

### Penn Argyl, PA

### Completed By (Print or Type)
Jessica Busch

### Title
Administrative Support

### Date
2/15/2013

---

*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)
1-3-11 25 12-13

Agencies Notified
\[ \checkmark \text{EPA} \]
\[ \checkmark \text{DEP} \]
\[ \text{DOL} \]
\[ \text{DOH} \]
\[ \text{DCA} \]

Type Notification
\[ \checkmark \text{Initial Notification} \]
\[ \text{Amended Notification} \]
\[ \text{Cancellation} \]

Name of Building Owner/Operator (2)
Phillips 66 Trembler Pt Terminal

Street Address
4001 South Wood Ave

City, State, Zip Code
Lincoln, NJ 07036

Name of Contact
Marc Kaminiski

Telephone Number

NAME OF FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Phillips 66 Terminal Ternble Pt

Type of Facility (4)
\[ \checkmark \text{School (K-12)} \]
\[ \text{Other (i.e., private & commercial buildings, homes, etc.)} \]

Square Feet
4000

# of Floors
1

Bldg. Age
40

Current Use (Prior to being demolished)
Offices

NAME OF MONITORING FIRM HIRED BY BUILDING OWNER (5)

Name of Monitoring Firm
M/A

ASCM No.

Name of Building Owner

Name of Abatement Contractor (6)
New States Contracting, LLC

Address
3400 Main St Extension Suite 10

City, State, Zip Code
Sayreville, NJ 08872

Telephone Number
732-275-0100

License Number


NAME OF OSHA MONITOR

Name of OSHA Monitor
Tiger Environmental

Street Address
234 20th Ave

City, State, Zip Code
Brick, NJ 08724

PROJECT MANAGER FOR MONITORING FIRM

Telephone Number

SCHEDULED START DATE (10)
04/14/11

SCHEDULED COMPLETION DATE (11)
04/14/13

Occupancy Status During Abatement (Check only one)
\[ \checkmark \text{Abatement Performed Outside of Normal Facility Hours - Describe:} \]

Scope of Work (Check all that apply)
\[ \checkmark \text{Renovation} \]
\[ \checkmark \text{Demolition} \]
\[ \checkmark \text{3 SF or 3 LF} \]
\[ \checkmark \text{600 SF or 60 LF} \]

LOCATION OF
Asbestos-Containing
Material (ACM)
TO BE ABATED

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

Amount
(Specify SF or LF)

Abatement Type

<table>
<thead>
<tr>
<th>Location Normally Used</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>VAT</td>
<td></td>
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</table>

FLOOR END OF BUILDING

X


NAME OF REGISTERED WASTE HAULER

Horizon Disposal

City, State
235 Gisgod Ave Trenton, NJ

NUDEP Waste Hauler ID No.
22612

Cubic Yards of Waste
6

Name of Registered Landfill
Grows Lomoff

Disposal Date
8-12-13

City, State
Merrisville, PA

COMPLETED BY (Print or Type)
Title
Richard Baptist - Vice President

Signature

Date
3-26-13

G4667
# Notification of Asbestos Abatement

(\textit{Pursuant to NJAC 8:50 and 12:120})

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA, DEP, DOL, DOH, DCA</td>
<td>Initial</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Building Owner/Operator</th>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reckitt Benckiser</td>
<td>799 U.S. 206</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>Name of Facility Where Abatement is Taking Place</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hillsborough NJ 08844</td>
<td>Reckitt Benckiser</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>County</th>
<th>County Code</th>
<th>Current Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Somerset</td>
<td>ASCM No.</td>
<td>Pharmaceutical</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner</th>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pennoni Associates Inc.</td>
<td>856-547-0505</td>
<td>(973) 759-5000</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date</th>
<th>Scheduled Completion Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>4/8/13</td>
<td>4/8/14</td>
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</table>

<table>
<thead>
<tr>
<th>Occupancy Status</th>
<th>Facility CLOSED/Vacated During Entire Period of Abatement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>≥25 sf or ≥25 if</td>
<td>Full Containment with Negative Pressure</td>
</tr>
<tr>
<td>≥160 sf or ≥260 if</td>
<td>Mini-Enclosure</td>
</tr>
<tr>
<td>Demolition</td>
<td>Glovebag Procedure</td>
</tr>
<tr>
<td>Non-Exempted (*) and Non-Friable Procedure</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(13)</td>
<td>(12)</td>
<td>(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Quality Assurance Lab Office Area</th>
<th>Transite Fume Hood</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td>40 s/f</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>NJ DEP Waste Hauler ID No. 4509</td>
<td>0.4</td>
<td>Cumberland Co./BFI/GROWS/TRRF</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>Disposal Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Freehold / Newark Carting / Rovic</td>
<td>4/8/14</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Freehold / Newark / Riverdale, NJ</td>
<td>3/28/13</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mike Cooper</th>
<th>President</th>
</tr>
</thead>
</table>

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

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>3/25/2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Waldwick Board of Education</td>
</tr>
<tr>
<td>Street Address</td>
<td>155 Summit Avenue</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Waldwick, NJ 07463</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Mr. John Rand</td>
</tr>
<tr>
<td>Total Number</td>
<td></td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Waldwick High School</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>155 Wyckoff Avenue</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Waldwick, PA 07463</td>
</tr>
</tbody>
</table>

| Name of Monitoring Firm Hired by Bldg. Owner (8) | Westchester Environmental LLC |
| ASCM No. | 00127 |

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Matt Abraham</td>
<td>610-431-7545</td>
</tr>
</tbody>
</table>

| Scheduled Start Date (10) | 4/05/2013 |
| Scheduled Completion Date (11) | 04/12/2013 |

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check only one):</th>
<th>☒ Facility Closed/Vacated During Entire Period of Abatement</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Source of Work (Check all that apply):</th>
<th>☒ Renovation</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ &gt; 3 sf or &gt; 3 if</td>
<td></td>
</tr>
<tr>
<td>☒ &gt; 160 sf or &gt; 260 if</td>
<td></td>
</tr>
<tr>
<td>☐ Demolition</td>
<td></td>
</tr>
<tr>
<td>☐ Other-Describe:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) in Facility (13):</th>
<th>Is Location Normally Used Solely by Maint./Custodial Staff? (12):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boiler Room</td>
<td>☒ YES</td>
</tr>
<tr>
<td>Boiler Room</td>
<td>☒ YES</td>
</tr>
<tr>
<td>Boiler Room</td>
<td>☒ YES</td>
</tr>
<tr>
<td>Description of ACM (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td></td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
<td></td>
</tr>
<tr>
<td>Abatement Type</td>
<td></td>
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<table>
<thead>
<tr>
<th>Name of Reg. Waste Hauler</th>
<th>MTM Metro Corporation</th>
</tr>
</thead>
<tbody>
<tr>
<td>NJDEP Waste Hauler ID #</td>
<td>26552</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cubic Yards of Waste</th>
<th>30</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Completed by (Print or Type)</th>
<th>Elizabeth Maslakov</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
<td>Business Administrator</td>
</tr>
<tr>
<td>Signature</td>
<td>Elizabeth Maslakov</td>
</tr>
<tr>
<td>Date</td>
<td>3/26/2013</td>
</tr>
</tbody>
</table>

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

Date of Notification (1):
12-14-12

Agencies Notified:
☒ EPA
☒ DEP
☒ DOL
☒ DOH
□ DCA

Notification Type:
☐ Initial
☒ Amended
☐ Amendment 1
☐ Emergency (Including Justification)
☐ Cancellation

Name of Building Owner/Operator (2):
Dupont Namours Company

Street Address:
Rt 130 South

City, State, Zip Code:
Deepwater, NJ 08023

Name of Contact:
Richard Clarke

Telephone Number:

FACILITY INFORMATION

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

Street Address:
Rt 130 South

City (5):
Deepwater

County (6):
Salem

County Code (7) (STATE USE ONLY):

County Environmental

Name of Monitoring Firm Hired by Bldg. Owner (8):
Harvard Environmental

ASCM No.:

Name of Contractor (9):

County Environmental

Street Address:
761 Pulaski Hwy

City, State, Zip Code:
Bear, De

Project Manager for Monitoring Firm:
Wesly Morrison

Telephone No.:
302-326-2333

Telephone Number:
(302) 322-8946

License Number:
00578

Scheduled Start Date (10):
1-2-13

Scheduled Completion Date (11):
6-30-13

Name of OSHA Monitor:
County Environmental
(12-003A)

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

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

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

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

Yes
No
N/A

Thermal Systems
x
x
Thermal coverings throughout area
22000LF
X

Thermal Systems
x
x
Thermal coverings throughout area
2000SF
X
X

Floor Tile / Mastic
x
x
Floor tile and mastic throughout area
1800SF
X

Name of Reg. Waste Hauler:
NJDDEP Waste Hauler

ID No.:
03217

Cubic Yards of Waste:
>30

Name of Reg. Landfill:
Constoga

City, State, Zip Code:
Woodstown, NJ

Disposal Date:
TBD

City, State:
Morgantown, PA

Completed by:
Evelyn Walsh
Title:
Office Manager

Signature:

Date:
4-1-12