**NOTIFICATION OF ASBESTOS ABATEMENT**

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

**State of New Jersey**

**Name of Building Owner/Operator (2):**
Montgomery Township

**Name of Abatement Contractor (9):**
Loznica Management Corporation

---

**Date of Notification (1):**
4-1-2013

**Street Address:**
2261 Van Horn Road - Route 206 North

**City, State, Zip Code:**
Belle Meade, NJ 08502

---

**Name of Facility Where Abatement Is Taking Place (3):**
Pump House

**Square Feet:**

**Type of Facility (4):**

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

**# of Floors:**

**Bldg. Age:**

---

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

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

---

**Name of Monitoring Firm Hired by Building Owner (6):**

**ASCM No.:**

---

**Street Address:**
373-375 Burnt Hill Road

**City (5):**
Skillman

**County (6):**
Somerset

---

**Name of OSHA Monitor:**
Loznica Management Corporation

**Street Address:**
22 Troy Lane

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

---

**Start Date (10):**
4/10/2013

**Scheduled Completion Date (11):**
4/17/2013

---

**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] ≥3 sf or ≥3 if
- [ ] ≥160 sf or ≥260 if
- [ ] Renovation
- [x] Demolition

---

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

**To Be Abated:**

<table>
<thead>
<tr>
<th>Location of ACM</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Roof</td>
<td></td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

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

- [x] Is Location Normally Used Solely by Maintenance/Custodial Staff?
- [ ] (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)

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

**Abatement Type:**

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

---

**Name of Registered Waste Hauler:**
Loznica Management Group

**Name of Registered Landfill:**
GROWS Landfill

**Cubic Yards of Waste:**
TBD

**Disposal Date:**
TBD

**City, State:**
Morrisville, PA 19067

---

**Completed by:**
E. Cirovic

**Signature:**

**Date:**
4/1/2013

---

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>4/2/13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Lorraine Heucke / Private Home</td>
</tr>
<tr>
<td>Agencies Notified</td>
<td></td>
</tr>
</tbody>
</table>
| EPA  
| DEP  
| DOL  
| DOH  
| DCA  |
| Type Notification |
| Initial  
| Amended  
| Amendment #  
| Emergency (including Justification)  
| Cancellation  |
| Street Address | 58 Myrtle Drive |
| City, State, Zip Code | Manahawkin NJ 08050 |
| Name of Contact | Lorraine |

### FACILITY INFORMATION

| Name of Facility Where Abatement is Taking Place (3) | Lorraine Heucke / Private Home |
| Street Address |
| 58 Myrtle Drive |
| City (5) |
| Manahawkin NJ 08050 |
| County (6) |
| Ocean |
| County Code (7) |
| (STATE USE ONLY) |
| Name of Monitoring Firm Hired by Building Owner (8) | N/A |
| ASCM No. |
| Name of Abatement Contractor (9) | Pernaco Inc |
| Street Address | PO Box 329 |
| City, State, Zip Code | West Berlin NJ 08091 |
| Project Manager for Monitoring Firm |
| Telephone No. |
| Start Date (10) | 4/22/13 |
| Scheduled Completion Date (11) | 4/26/13 |
| 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)

- 
- Renovation
- Demolition

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

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

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

- 1200 St

**Amount (Specify SF or LF)**

**Abatement Type**

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

**Name of Registered Waste Hauler**

<table>
<thead>
<tr>
<th>United Containers</th>
</tr>
</thead>
<tbody>
<tr>
<td>NJDEP Waste Hauler ID No.</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
</tr>
</tbody>
</table>

**Completed by**

<table>
<thead>
<tr>
<th>Anthony T Perna</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
</tr>
<tr>
<td>Signature</td>
</tr>
<tr>
<td>Date</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) 4/11/13

Name of Building Owner/Operator (2) COMFORT CONTRACTING

FACILITY INFORMATION

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

Street Address 1441-43 S. HEATON AV.

City (5) OCEAN CITY

County (6) CAYU MAI

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

Name of Ablation Contractor (9) N/E

Type of Facility (4)

□ School (K-12)
□ Subchapter B (Other than K-12)
□ Other (i.e., private & commercial buildings, homes, etc.)

Square Feet 2,000

Current Use (Prior to demolition) VACANT

License No. 056-770-0422 0044

Name of OSHA Monitor JOSEPH KLEMM

Name of Registered Waste Handler KEMCO INC.

Location of Asbestos-Containing Material (ACM)

TO BE ABATED

IN Facility

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

□ Yes □ No N/A

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, VAC, or other miscellaneous)

Material Type

□ 1 - Erection, Removal, Handling
□ 2 - Thermal System Insulation (Surfacing, VAC, etc.)
□ 3 - Other (Exhibit A)

Amount (Specify SF or LF)

□ 1 - 2000 SF X

□ 2 - 2000 LF X

□ 3 - Consumer Goods

Abatement Type

□ 1 - Non-Exempted 1
□ 2 - Non-Exempted 2
□ 3 - Non-Exempted 3
□ 4 - Non-Exempted 4

Name of Registered Landfill C.M.C., M.V.A.

Disposal Date 12/20/04

City, State WOODWALL, N.J.

Name of Owner JOSEPH KLEMM

Date 4/11/4

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

(Pursuant to NJAC 550 and 12:12C)

**DOE - 10 DAY**

**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**

**Date of Notification (T):** 3/29/13

**Agency Notifying:**
- EPA
- DGP
- DOL
- DEP

**Type of Notification:**
- Initial
- Amended
- Emergency (Including Judicial)
- Cancellation

**Name of Building Owner/Operator:**
- M.R. EVANS III

**Address:**
- 237 WALL AVE
- PATERSON, N.J. 07502

**City:**
- PATERSON

**County:**
- PASSAIC

**Name of Property Where Abatement is Taking Place:**
- M.R. EVANS III

**Street Address:**
- 237 WALL AVE

**City:**
- PATERSON

**County:**
- PASSAIC

**Name of Monitoring Firm hired by Building Owner:**
- Best Removal Inc

**Address:**
- 450 S. RIVER ST
- HACKENSACK, N.J. 07601

**Telephone:**
- 201-329-7444
- 00388

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

<table>
<thead>
<tr>
<th>Location of ACM</th>
<th>In Location Normally Used Solely by Occupation of Building</th>
<th>Asbestos Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>Yes</td>
<td>thermal</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Handler:**
- Best Removal Inc

**ID No.:** 17109

**Location:**
- HACKENSACK, N.J. 07601

**Date:** 3/28/13

**Estimator:**
- J. Meiorano

**Revised:**

**Date:** 3/28/13

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

Date of Notification (1) | Name of Building Owner/Operator (2)
-----------------------|-----------------------------------
0 / 4 / 11 / 83 | Eyel Shuster

Agencies Notified Type of Notification
[X] EPA
[ ] DOL
[ ] DOB
[ ] DCA

Name of Facility Where Abatement is Taking Place (3)

Warehouse
360 Ninth Street
Jersey City

FACILITY INFORMATION

Warehouse
360 Ninth Street
City
Jersey City
County
Hudson

Name of Monitoring Firm Hired by Building Owner (8)

ASCM

Name of Abatement Contractor (9)
J.R. Contracting & Environmental Consulting, Inc.

Street Address
1141 Route 23
Wayne, NJ 07470

State Address

Project Manager for Monitoring Firm

Telephone Number
973 628-9500

License No.
00408

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

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

2nd Floor Offices
[X] VAT

Yes No N/A

2nd Floor Offices

Name of Registered Waste Hauler

NJDEP Waste Hauler ID No.
17819

Cubic Yards of Waste

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

City, State
Wayne NJ 07470

Disposal Date

City, State

Completed by (Print or Type)

Signature

Date
4/1/2013

Jerry Bijelogic

Asst. Manager
165

* Do not use this form for asbestos insulating exempted activities
## NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 60:12-126)

### FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement Is Taking Place</th>
<th>(3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Former Gas Station</td>
<td></td>
</tr>
<tr>
<td>Street Address</td>
<td></td>
</tr>
<tr>
<td>805 Franklin Lakes Road</td>
<td></td>
</tr>
<tr>
<td>City (5)</td>
<td></td>
</tr>
<tr>
<td>County (6)</td>
<td></td>
</tr>
<tr>
<td>Franklin Lakes</td>
<td></td>
</tr>
<tr>
<td>Bergen</td>
<td></td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner</td>
<td>(8)</td>
</tr>
<tr>
<td>ASCM</td>
<td></td>
</tr>
<tr>
<td>Name of Abatement Contractor</td>
<td>(9)</td>
</tr>
<tr>
<td>J.R. Contracting &amp; Environmental Consulting, Inc.</td>
<td></td>
</tr>
<tr>
<td>Street Address</td>
<td></td>
</tr>
<tr>
<td>1141 Route 23</td>
<td></td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td></td>
</tr>
<tr>
<td>Wayne NJ 07470</td>
<td></td>
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</table>

### Project Manager for Monitoring Firm: Telephone Number

<table>
<thead>
<tr>
<th>Telephone Number</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>973-628-5506</td>
<td>090408</td>
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### Planned Work

<table>
<thead>
<tr>
<th>Scheduled State Date (10)</th>
<th>Scheduled Completion Date (11)</th>
</tr>
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<tbody>
<tr>
<td>Week</td>
<td>Day</td>
</tr>
<tr>
<td>0</td>
<td>4</td>
</tr>
</tbody>
</table>

### Type of Facility

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

### Square Feet

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

### Scope of Work

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

### Is Location

- [X] Renovation
- [ ] Demolition

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

- [ ] Asbestos-Containing
- [ ] Material (ACM)
- [ ] Asbestos (Specify SF or LF)
- [ ] Abatement

### Location

- TO BE ABATED in Facility (12)
- Normal Staff
- Custodial

### Roof - Chimney

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

### Disposal Date

<table>
<thead>
<tr>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>4/1/2013</td>
</tr>
</tbody>
</table>

### Name of Registered Waste Hauler

<table>
<thead>
<tr>
<th>NJDEP Waste Hauler ID No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>17819</td>
</tr>
</tbody>
</table>

### Name of Registered Landfill

<table>
<thead>
<tr>
<th>Cubic Yards of Waste</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Registered Landfill</td>
</tr>
<tr>
<td>G.R.O.W.S.</td>
</tr>
</tbody>
</table>

### Completed by

<table>
<thead>
<tr>
<th>Jerry Bijelonic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project Manager</td>
</tr>
</tbody>
</table>

### Asbestos-Containing Material (ACM)

- [ ] Insulation, surfaces, VAT, or other miscellaneous

### *Do not use this term for asbestos licensure exempted activities
STATE OF NEW JERSEY
NOTIFICATION OF ASPEROS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1): 3/25/2013
Name of Building Owner/Operator (2): T&M Contracting Company Inc

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

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

Street Address: 101 Clinton Street
City, State, Zip Code: Hoboken NJ

Name of Contact: Dennis Vaccaro
Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Private Property
Street Address: 706-708 Madison Street
City (5): Hoboken NJ
County (8): Hudson

County Code (7) (STATE USE ONLY)

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

Square Feet: 3900SF
# of Floors: 2
Bldg. Age: +50

Current Use (Prior if being demolished)

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

ASCM No.: N/A

Name of Abatement Contractor (9)
First Phase Group Inc

Street Address: 567-52nd Street Suite #16
City, State, Zip Code: West New York NJ 07093

Telephone No.: 201-758-7158
License No.: 001144

Name of OSHA Monitor
J&S Environmental Corp

Project Manager for Monitoring Firm
N/A

Telephone No.: N/A

Start Date (10): 4/4/2013
Scheduled Completion Date (11): 4/9/2013

Occupancy Status During Abatement (Check Only One)
☒ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☐ Other—Describe: 8 Hours

Scope of Work (Check All That Apply)
☒ ≥230 sf or ≥2.5 if
☒ ≥150 sf or ≥260 sf
☐ Renovation
☒ Demolition
☐ Full Containment with Negative Pressure
☒ Mini-Enclosure
☐ Glovebag Procedure
☒ Non-Exempted (*) and Non-Friable Procedure

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

In Facility (13)

Yes No N/A

Building 706 Roof

Building 708 Roof

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

Amount (Specify SF or LF)

Building 706 Roof

Building 708 Roof

roofing material

roofing material

1600 SF

2300 SF

Abatement Type

Enclose

Remove

Repair

Disposal Date

Cubic Yards of Waste

Name of Registered Landfill

Minerva Enterprises

Name of Registered Waste Hauler

Asbestos Transportation Company
NJ DEP Waste Hauler ID No.: 24310

Disposal Date

City, State

Minerva Enterprises

Shirley NY 11967

Date

3/25/2013

Completed by

Edwin Precilla

Title

Project Manager

Signature

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>3-21-13</td>
<td>American Demolition Corp</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Street Address</th>
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<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
<td>2 Eanglish Lane</td>
</tr>
<tr>
<td>DOH</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Amended #</td>
<td></td>
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<td></td>
<td>Emergency (including justification)</td>
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</tr>
<tr>
<td></td>
<td>Cancellation</td>
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</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>Name of Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Egg Harbor Twp NJ 08234</td>
<td>Bernard S</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
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<table>
<thead>
<tr>
<th>FACILITY INFORMATION</th>
</tr>
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<tbody>
<tr>
<td>Name of Facility Where Abatement Is Taking Place (3)</td>
</tr>
<tr>
<td>Rasident</td>
</tr>
<tr>
<td>Street Address</td>
</tr>
<tr>
<td>114 Fore Castal Dr</td>
</tr>
<tr>
<td>City (5)</td>
</tr>
<tr>
<td>Egg Harbor</td>
</tr>
<tr>
<td>County (6)</td>
</tr>
<tr>
<td>Atlantic</td>
</tr>
<tr>
<td>County Code (7)</td>
</tr>
<tr>
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<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
</tr>
<tr>
<td>ASCM No.</td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
</tr>
<tr>
<td>Ani &amp; Joe LLC</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>1212 Burlington Ave</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delanco NJ 08075</td>
</tr>
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<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>656-824-0971</td>
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<table>
<thead>
<tr>
<th>License No.</th>
<th>Name of OSHA Monitor</th>
</tr>
</thead>
<tbody>
<tr>
<td>07010</td>
<td>self</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check Only One)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ Facility Closed/Vacated During Entire Period of Abatement</td>
</tr>
<tr>
<td>☑ Abatement Performed Outside of Normal Facility Hours</td>
</tr>
<tr>
<td>☑ Other – Describe:</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check All That Apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ ≥3 sf or ≥3 if</td>
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<tr>
<td>☑ ≥160 sf or ≥260 if</td>
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<tr>
<td>☑ Renovation</td>
</tr>
<tr>
<td>☑ Demolition</td>
</tr>
<tr>
<td>☑ Full Containment with Negative Pressure</td>
</tr>
<tr>
<td>☑ Mini-Enclosure</td>
</tr>
<tr>
<td>☑ Glovebag Procedure</td>
</tr>
<tr>
<td>☑ Non-Exempted (*) and Non-Friable Procedure</td>
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</table>

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

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

<table>
<thead>
<tr>
<th>(ACM) siding</th>
</tr>
</thead>
<tbody>
<tr>
<td>2500lf</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
</tr>
</thead>
<tbody>
<tr>
<td>J Robinson Wast</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cubic Yards of Waste</th>
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<tbody>
<tr>
<td>28368</td>
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<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wm of Pa</td>
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</tbody>
</table>

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>TBD</td>
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<table>
<thead>
<tr>
<th>City, State</th>
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<tbody>
<tr>
<td>Bellmawr</td>
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<table>
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<tbody>
<tr>
<td>3-21-13</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Completed by</th>
</tr>
</thead>
<tbody>
<tr>
<td>Joseph T Hill</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>VP</td>
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</tbody>
</table>

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

**State of New Jersey**

**Notification of Asbestos Abatement**
(Pursuant to NJAC 8:58-13)

**Rowan University**

**Name of Building Owner/Operator:**

**Address:**

**RT 322 201 Mullica Hill Rd**

**City State Zip Code:**

Glassboro, NJ 08020

### FACILITY INFORMATION

- **Name of Facility Where Abatement is Taking Place:** Rowan
- **Street Address:** 201 Mullica Hill Rd
- **City:** Glassboro
- **County:** Gloucester
- **Type of Facility:**
  - School (K-12)
  - Subchapter B (Other than K-12)
  - Other (i.e., private & commercial buildings, homes, etc.)

### Abatement Details

- **Occupancy Status During Abatement:**
  - Facility Closed/Vacated During Entire Period of Abatement
- **Name of Abatement Contractor:** Ani & Joe LLC
- **License No.:** 07010
- **Scheduled Completion Date:** 3-25-13

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

- **Location:** Outside
- **Location Normally Used Solely by Maintenance/Operational Staff:** Yes

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

- **Disposal Method:** ACM Door caulk
- **Amount:** 2000 lbs

### Name of Registered Waste Hauler

- **Name:** J Robinson Waste
- **Waste Hauler ID No.:** 25368

### Disposal Date

- **Disposal Date:** TBD
- **City:** Tullytown

### Certification

- **Completed by:** Joseph T Hill
- **Title:** VP

---

*Do not use this form for asbestos-related non-regulated activities.*
**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)**: PINELANDS CONSTRUCTION

**Street Address**: 300 77TH ST.

**City, State, Zip Code**: Sea Isle City, N.J. 08243

**Name of Contact**: Frank Edmonds

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

**Street Address**: 258 52ND STREET

**City**: Avalon

**County**: Cumberland

**Name of Monitoring Firm Held by Building Owner (6)**: N/A

**Name of Abatement Contractor (8)**: Klemco Inc.

**Street Address**: 369 S. Spruce Ave.

**City, State, Zip Code**: Mays Landing, N.J. 08330

**License No.**: 00474

**Type of Facility (4)**: Residential

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

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

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

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

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

**Amount (Specify SF or LF)**: 2000 LF

**Name of Registered Waste Hauler**: Klemco Inc.

**Waste Hauler ID No.**: 12345

**Cubic Yards of Waste**: 0

**Disposal Date**: 4/22/15

**Name of Registered Landfill**: C.M.C.M.U.A.

**City, State**: Mays Landing, N.J.

**Completed By**: Joseph Klemco

**Date**: 4/1/13

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>4/1/2013</th>
</tr>
</thead>
</table>

**Name of Building Owner/Operator (2):** Legow Management

**Street Address:** 160 South Livingston Ave.

**City, State, Zip Code:** Livingston, NJ 07039

**Name of Contact:** 

**Telephone Number:**

---

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3):** Lalar Gardens Apartment 4 A

**Street Address:** Stenton Court

**City (5):** Hamilton

**County (6):** Mercer

**County Code (7):** n/a

**Name of Monitoring Firm Hired by Building Owner (8):** n/a

**Name of Abatement Contractor (9):** Loznica Management Corporation

**Street Address:** 22 Troy Lane

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

**Project Manager for Monitoring Firm:** n/a

**Telephone No.:** 973-706-7950

**License No.:** 01193

**Start Date (10):** 4/10/2013

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

**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: Sam - 5 pm

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

- [x] ≥3 sf or ≥3 If
- [x] ≥160 sf or ≥260 If
- [ ] Renovation
- [x] Demolition
- [x] 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:**

- Kitchen

**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):** VAT

**Amount (Specify SF or LF):** 96 SF

**Abatement Type:**

**Location of Registered Waste Hauler (13):**

**Name of Registered Waste Hauler:** Loznica Management Corporation

**NJDEP Waste Hauler ID No.:** 0033137

**Cubic Yards of Waste:** TBD

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

**Disposal Date:** TBD

**City, State:** Morrisville, PA 19067

**Completed by:** E. Cirovic.

**Title:** Secretary

**Signature:**

**Date:** 4/1/2013

---

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>3/25/2013</th>
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<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Private Property</td>
</tr>
<tr>
<td>Agencies Notified</td>
<td>Type Notification</td>
</tr>
<tr>
<td>EPA</td>
<td>Initial</td>
</tr>
<tr>
<td>DEP</td>
<td>Amended</td>
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<tr>
<td>DOH</td>
<td>Emergency (including justification)</td>
</tr>
<tr>
<td>DCA</td>
<td>Cancellation</td>
</tr>
<tr>
<td>Street Address</td>
<td>371 Forest hill Way</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Mountanside NJ</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Lory Deegan</td>
</tr>
</tbody>
</table>

FACILITY INFORMATION

| Name of Facility Where Abatement is Taking Place (3) | Private Property |
| Street Address | 371 Forest hill Way |
| City (5) | Mountanside NJ |
| County (6) | Union |
| County Code (7) | (STATE USE ONLY) |
| Square Feet | 800SF |
| # of Floors | 1 |
| Bidg. Age | +50 |
| Name of Monitoring Firm Hired by Building Owner (8) | ASCM No. |
| N/A | N/A |
| Name of Abatement Contractor (9) | First Phase Group Inc |
| Street Address | 567-52nd Street Suite #16 |
| City, State, Zip Code | West New York NJ 07093 |
| Project Manager for Monitoring Firm | N/A |
| Telephone No. | N/A |
| Start Date (10) | 4/6/2013 |
| Scheduled Completion Date (11) | 4/8/2013 |
| Occupancy Status During Abatement (Check Only One) |
| Facility Closed/Vacated During Entire Period of Abatement |
| Abatement Performed Outside of Normal Facility Hours |
| Other – Describe: 8 Hours |
| Scope of Work (Check All That Apply) |
| ≥3 sf or ≥3 If |
| ≥160 sf or ≥2600 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 |
| first floor | X |
| X |

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

<table>
<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
</tr>
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<tbody>
<tr>
<td>800 SF</td>
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</table>

Abatement Type

Name of Registered Waste Hauler

Asbestos Transportation Company

City, State

Shirley NY 11967

Completed by

Edwin Precilla

Title

Project manager

Name of Registered Landfill

Minerva Enterprises

Disposal Date

City, State

Waynesburg OH 44688

Signature

Date

3/25/2013

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:9A and 12:120)

Date of Notification (1)
4-1-2013

Name of Building Owner/Operator (2)
Montgomery Township

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

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

Street Address
2261 Van Horn Road - Route-206 North

Name of Contact
John M

City, State, Zip Code
Belle Meade, NJ 08502

Telephone Number

FACILITY INFORMATION

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

Street Address
1016 County Road

City (5)
Skillman

County (6)
Somerset

County Code (7)

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

Name of Abatement Contractor (9)
Loznica Management Corporation

Street Address
22 Troy Lane

City, State, Zip Code
Lincoln Park, NJ 07035

Project Manager for Monitoring Firm

Telephone No.

License No.
973-706-7950
01193

Start Date (10)
4/10/2013

Scheduled Completion Date (11)
4/17/2013

Name of OSHA Monitor
Loznica Management Corporation

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

Scope of Work (Check All That Apply)
☐ ≥ 3 sf or ≥ 3 l
☐ ≥ 160 sf or ≥ 260 l
☐ 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

Name of Registered Waste Hauler
Loznica Management Group

City, State
Lincoln Park, NJ 07035

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)
Flash ing

Amount (Specify SF or LF)
56 LF/sf

Abatement Type
Endorse

Endorse

Name of Registered Landfill
GROWS Landfill

Disposal Date
TBD

City, State
Morrisville, PA 19067

Completed by
E. Cirovic

Title
Secretary

Signature

Date 4/1/2013

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

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

**Name of Building Owner/Operator:**

| A. FARON |

**Agency Notified:**

| EPA |

**Type Notification:**

| Initial |

**Street Address:**

| 65 HARRINGTON AVENUE |

**City, State, Zip Code:**

| WESTWOOD, N.J. 07675 |

**Name of Contact:**

| A. FARON |

**Facility Information**

| Type of Facility |

| School (K-12) |

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

| A. FARON |

**Street Address:**

| 65 HARRINGTON AVENUE |

**City (5):**

| WESTWOOD |

**County (6):**

| BERGEN |

**Square Feet:**

| 2700 |

**Number of Floors:**

| 2 |

**Year Built:**

| 1965 |

**Name of Monitoring Firm Hired by Building Owner:**

| Best Removal Inc |

**ASCM No.:**

| 2700 |

**Name of Abatement Contractor:**

| Best Removal Inc |

**Street Address:**

| 450 S. River St |

**City, State, Zip Code:**

| Hackensack, N.J. 07601 |

**Project Manager for Monitoring Firm:**

| Omega Environmental Inc |

**Telephone No.:**

| 201-329-7444 |

**License No.:**

| 00838 |

**Start Date (10):**

| 4-12-2013 |

**Scheduled Completion Date (11):**

| 4-13-2013 |

**Name of OSHA Monitor:**

| Omega Environmental Inc |

**Street Address:**

| 280 Huyler St |

**City, State, Zip Code:**

| South Hackensack, N.J. 07606 |

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

- January 3 or a 12 ft |
- January 10 or a 280 ft |
- Renovation |
- Demolition |
- Full Containment with Negative Pressure |
- Mini-Enclosure |
- Glovebag Procedure |
- Non-Exempted () and Non-Respirable Procedure |

**Location of Asbestos-Containing Material (ACM) TO BE ABATED (CHECK ALL APPLICABLE):**

| BASEMENT |

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

| ThermaWrap Insulation |

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

| 90 LF |

**Name of Registered Waste Handler:**

| Best Removal Inc |

**ID No.:**

| 17109 |

**Cubic Yards of Waste:**

| 12 YD |

**Name of Registered Landfill:**

| Minerva Enterprises |

**City, State:**

| Hackensack, N.J. 07601 |

**Disposal Date:**

| 4-12-2013 |

**Completed by:**

| J. Maiorano |

**Title:**

| Estimator |

**Signature:**

| R. Baldian |

**Date:**

| 4-1-2013 |

---

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

### Date of Notification
3/27/13

### Name of Building Owner/Operator
St. Ann's Church

### Street Address
321 2nd Ave

### City, State, Zip Code
Garwood, NJ 07026

### Name of Facility Where Abatement is Taking Place
Convent + 234 2nd Ave

### Name of Monitoring Firm Hired by Building Owner
EM SL

### Name of Abatement Contractor
F. Gaise & Son

### License No.

### Start Date
4/6/13

### Scope of Work
- Renovation
- Demolition
- ROOF, MATERIA
- VAT
- WINDOWS

### Location of Asbestos-Containing Material (ACM) TO BE ABATED
- ROOF, MATERIA
- VAT
- WINDOWS

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

### Amount (Specify SF or LF)
- ROOF, MATERIA: 16,000 SF
- VAT: 3,000 SF
- WINDOWS: 800 LF

### Name of Registered Waste Hauler
Eastern Waste

### Cubic Yards of Waste

### Name of Registered Landfill
Emerald Landfi

### Disposal Date

### Completed By
Mark Gausee

---

*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) 4-2-13

Name of Building Owner/Operator (2) Margaret Silva

Street Address 3 Kennedy Road

City, State, Zip Code Monrovia Plains NJ 07105

Name of Contact Margaret Silva

FACILITY INFORMATION

Name of Facility Where Abatement Is Taking Place (3)
Shore House

Street Address 11 Harold Drive

City (5) Manahawkin

County (6) Ocean

Name of Monitoring Firm Hired By Building Owner (8) EPC Technologies

ASCM No. N/A

Name of Abatement Contractor (9) EPC Technologies Inc

Address P.O. Box 337

City, State, Zip Code New Egypt, NJ 08533

Telephone No. 609-758-3365

License No. 00394

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

Square Feet 6000

# of Floors 1

Bidg. Age 60 yr

Current Use (Prior if being demolished) Shore House

Start Date (10) 4-12-13

Scheduled Completion Date (11) 4-12-13

Scope of Work (Check All That Apply)
- 23 sf - 250 sf
- 251 sf - 500 sf
- 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)

Location Normally Used Solely by Maintenance

Custodial Staff (12)

Yes No N/A

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

Siding Shingles

Amount 1000 sf

Abatement Type

Name of Registered Wast Hauler EPC Technologies

NJDEP Waste Hauler ID No. 17000

Cubic Yards of Waste 6

Disposal Date 4-12-13

Name of Registered Landfill Waste Management of PA

City, State Monrovia PA

Completed by Steve Schenker

Title President

Signature

Date 4-2-13

* 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)
3/13/13

Name of Building Owner/Operator (2)
Englewood Hospital

Agencies Notified
EPA
DEP
DOL
DOH
DCA

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

Street Address
350 Engle Street
City, State, Zip Code
Englewood, NJ 07631

Name of Contact
Garfield McFarlane

Telephone Number

Name of Facility Where Abatement is Taking Place (3)
Room 260

City (5)
Englewood

County (6)
Bergen

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

Street Address
1600 Route 22 E
City, State, Zip Code
Union, NJ 07083

Project Manager for Monitoring Firm
Mike Nehlsen

Start Date (10)
3/14/13

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 Facility Hours

Other — Describe:

Scope of Work (Check All That Apply)
3,000 sf or 30 if
≥1600 sf or ≥2500 if
Removal
Demolition

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

Room 260
Room 260

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)

pipe fittings
floor tile

Amount (Specify SF or LF)
30
450 SF

Abatement Type
Removal
Encapsulate
Enclose

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

Street Address
4 E Gate Drive, PO Box 483
City, State, Zip Code
Glenwood, NJ 07418

Telephone No.
973-583-8500
License No.
703

Name of OSHA Monitor

Street Address
City, State, Zip Code

Name of Registered Waste Hauler
Freehold Cartage

NJDEP Waste Hauler ID No.
15539

Cubic Yards of Waste
10

Name of Registered Landfill
GROWS N Landfill

City, State
Morrisville, PA

Complied by
Andrew Scott Higgins
Title
President

Signature
Date
3/13/13

* 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): 3-30-13

Name of Building Owner/Operator (2): T. Vinch + Sons

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

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

Street Address: P.O. Box 5465
City, State, Zip Code: Trenton, NJ 08626

Name of Contact: Gary Vinch

FACILITY INFORMATION

Name of Facility Where Abatement Is Taking Place (3): St. Anthony Convent (Vacant)
Street Address: 26 South Olden Ave
City: Trenton, NJ 08610
County: Mercer

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

Square Feet: 2
# of Floors: 2
Bldg. Age: 75+-

Current Use (Prior if being demolished): Convent Housing

Name of Abatement Contractor (9): EPC Technologies, Inc.
Street Address: P.O. Box 337
City, State, Zip Code: New Egypt, NJ 08533

Name of Abatement Contractor (9): EPC Technologies, Inc.
Street Address: P.O. Box 337
City, State, Zip Code: New Egypt, NJ 08533

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

Telephone No: 609-758-3365
License No: 00394

Name of OSHA Monitor: EPC Technologies Inc.
Street Address: P.O. Box 337
City, State, Zip Code: New Egypt, NJ 08533

Start Date (10): 3-7-13
Scheduled Completion Date (11): 4-30-13

Facility Closed Vacated During Entire Period of Abatement: Yes
Facility Abatement Performed Outside of Normal Facility Hours: Yes
Abatement Work Modifier: None
Scope of Work: Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Fireproof Procedure

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

<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) (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>Basement</td>
<td>Yes</td>
<td>Pipe Insulation</td>
<td>1500 LF</td>
<td>x</td>
</tr>
<tr>
<td>Basement</td>
<td>No</td>
<td>Boiler Insulation</td>
<td>200 SF</td>
<td>x</td>
</tr>
<tr>
<td>2nd Floor</td>
<td>x</td>
<td>Floor Tiles 9&quot;x9&quot;</td>
<td>300 SF</td>
<td>x</td>
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</table>

Name of Registered Waste Hauler: EPC Technologies
NJDEP Waste Hauler ID No: 17000

Cubic Yards of Waste: 30
Name of Registered Landfill: Waste Management of PA
City, State: Various Dates, Mannsville, PA
Disposal Date: 3-30-13

Completed by: Steve Schenker
Title: President
Signature: Steven Schenker
Date: 3-30-13

* 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)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>2-21-13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>J. Vinch &amp; Sons</td>
</tr>
<tr>
<td>Street Address</td>
<td>P.O. Box 5465</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Trenton, NJ 08638</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Gary Vinch</td>
</tr>
<tr>
<td>Telephone Number</td>
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</table>

**FACILITY INFORMATION**

- **Name of Facility Where Abatement is Taking Place (3):** St. Anthony Convent (VACANT)
- **Street Address:** 626 South Olden Ave
- **City (5):** Trenton, NJ 08610
- **County (5):** Mercer
- **Current Use (Prior to being demolished):** Convent Housing
- **Type of Facility (4):** Other (i.e. private & commercial buildings, homes, etc.)

**Name of Monitoring Firm Hired by Building Owner (8):** EPC Technologies
- **Street Address:** P.O. Box 337
- **City, State, Zip Code:** New Egypt, NJ 08533
- **Telephone No.:** 609.758.3365
- **License No.:** 00394

**Name of Abatement Contractor (9):** EPC Technologies Inc.
- **Street Address:** P.O. Box 337
- **City, State, Zip Code:** New Egypt, NJ 08533
- **Telephone No.:** 609.758.3365
- **License No.:** 00394

**Project Manager for Monitoring Firm:** Steve Schenker
**Telephone No.:** 609.758.3365
- **License No.:** 00394

**Start Date (10):** 3-7-13  
**Scheduled Completion Date (11):** 3-30-13

**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</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>X</td>
<td>Pipe Insulation</td>
<td>1500 SF</td>
</tr>
<tr>
<td>Basement</td>
<td>X</td>
<td>Boiler Insulation</td>
<td>2000 SF</td>
</tr>
<tr>
<td>2nd Floor</td>
<td>X</td>
<td>Floor tiles 9' x 9'</td>
<td>3000 SF</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler:** EPC Technologies
- **NJDEP Waste Hauler ID No.:** 17000
- **Name of Registered Landfill:** Waste Management, PA
- **Cubic Yards of Waste:** 30

**Completed by:** Steve Schenker  
**Title:** President

*Do not use this form for asbestos licensure exempted activities.*
<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>Mr. &amp; Mrs. Harris</td>
</tr>
<tr>
<td>Agencies Notified</td>
<td>Type Notification</td>
</tr>
<tr>
<td>EPA</td>
<td>Initial</td>
</tr>
<tr>
<td>DEP</td>
<td>Amended</td>
</tr>
<tr>
<td>DOL</td>
<td>Amendment #</td>
</tr>
<tr>
<td>DOH</td>
<td>Emergency (including justification)</td>
</tr>
<tr>
<td>DCA</td>
<td>Cancellation</td>
</tr>
<tr>
<td>Street Address</td>
<td>56 Wayside Place</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Montclair, NJ</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Scott Sloan, contractor</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
<tr>
<td>FACILITY INFORMATION</td>
<td></td>
</tr>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td>house</td>
</tr>
<tr>
<td>Street Address</td>
<td>56 Wayside Place</td>
</tr>
<tr>
<td>City (5)</td>
<td>Montclair</td>
</tr>
<tr>
<td>County (6)</td>
<td>Essex</td>
</tr>
<tr>
<td>Current Use (Prior if being demolished)</td>
<td></td>
</tr>
<tr>
<td>Square Feet</td>
<td>2000</td>
</tr>
<tr>
<td># of Floors</td>
<td>2</td>
</tr>
<tr>
<td>Bldg. Age</td>
<td>50</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>ASCM No.</td>
</tr>
<tr>
<td>Street Address</td>
<td></td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td></td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>Telephone No.</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>973-583-8500</td>
</tr>
<tr>
<td>License No.</td>
<td>703</td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>4/8/13</td>
</tr>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>4/15/13</td>
</tr>
<tr>
<td>Occupancy Status During Abatement (Check Only One)</td>
<td></td>
</tr>
<tr>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
<td></td>
</tr>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours</td>
<td></td>
</tr>
<tr>
<td>Other - Describe:</td>
<td></td>
</tr>
<tr>
<td>Scope of Work (Check All That Apply)</td>
<td></td>
</tr>
<tr>
<td>+3 sf or +3 ft</td>
<td>Renovation</td>
</tr>
<tr>
<td>-3 sf or -2 sf</td>
<td>Demolition</td>
</tr>
<tr>
<td>Full Containment with Negative Pressure</td>
<td></td>
</tr>
<tr>
<td>Mini-Enclosure</td>
<td></td>
</tr>
<tr>
<td>Glovebag Procedure</td>
<td></td>
</tr>
<tr>
<td>Non-Exempted (*) and Non-Friable Procedure</td>
<td></td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)</td>
<td></td>
</tr>
<tr>
<td>Asbestos-Containing Material (ACM) Normally Used Solely by Maintenance/Custodial Staff? (12)</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, servicing, 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>
</tr>
<tr>
<td>Removal</td>
<td></td>
</tr>
<tr>
<td>Repair</td>
<td></td>
</tr>
<tr>
<td>Encapsulation</td>
<td></td>
</tr>
<tr>
<td>Endorsement</td>
<td></td>
</tr>
<tr>
<td>2nd floor bathroom</td>
<td>duct insulation</td>
</tr>
<tr>
<td>pipe insulation</td>
<td>20 LF</td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
<td>DODTEP Waste Hauler ID No. 02325</td>
</tr>
<tr>
<td>Tri State Transfer</td>
<td>Cubic Yards of Waste 10</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Minerva Enterprises</td>
</tr>
<tr>
<td>Disposal Date</td>
<td>City, State, Disposal Date TBD</td>
</tr>
<tr>
<td>City, Bronx, NY</td>
<td>Date of Disposal TBD</td>
</tr>
</tbody>
</table>
| Completed by | Andrew Scott Higgins | Signature | 3/29/13 | * 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) 3-19-13

Name of Building Owner/Operator (2)

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

Street Address 142 BLACK POINT ROAD
City, State, Zip Code KUMSON NJ

Name of Contact ERIC PLACKIS

Telephone Number

Name of Facility Where Abatement is Taking Place (3)

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

Square Feet
4,087

# of Floors
1

Bldg. Age 50

Current Use (Prior to being demolished) VACANT SANDY DESTROYED

Name of Monitoring Firm Hired by Building Owner (5)

Name of Abatement Contractor (9)

ASCM No.

Nombre de la empresa contratada

Name of Abatement Contractor (9)
BRICK INDUSTRIES INC.

Street Address 145 NATICK TRAIL

City, State, Zip Code BRICK, NJ, 08724

License No.
01196

Project Manager for Monitoring Firm

Telephone No.
973-849-8702

Name of OSHA Monitor

Start Date (10) 4-9-13

Scheduling Completion Date (11) 4-19-13

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

Scope of Work (Check all that apply)
☐ 23 sf or 23 sf
☐ 160 sf or 260 sf
☐ Demolition
☐ Renovation
☐ Full Containment with Negative Pressure
☐ Min-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

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

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

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

Amount (Specify SF or LF)
1000

Abatement Type

<table>
<thead>
<tr>
<th>Removal</th>
<th>Repair</th>
<th>Encapsulation</th>
<th>Dispose</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
</tr>
</tbody>
</table>

Location of Registered Waste Hauler

BRICK IND. INC.

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

Cubic Yards of Waste 5

Disposal Date 4-26-13

City, State BRICK, N.J.

Completed By ERIC PLACKIS
Title PRES.

Date 4-30-13

* 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)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>4/1/13</th>
</tr>
</thead>
</table>

**Name of Building Owner/Operator (2)**
Linda Harper (Private Home)

**Name of Facility Where Abatement is Taking Place (3)**
Linda Harper (Private Home)

**Street Address**
218 N 6th Street
Surf City NJ 08008

**Name of Contact**
Linda

**FACILITY INFORMATION**

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

**Square Feet**
1000+

**# of Floors**
2

**Bldg. Age**
35+

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

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

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

**ASCM No.**

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

**Street Address**
PO Box 329
West Berlin NJ 08091

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

**License No.**
00727

**Start Date (10)**
4/11/13

**Scheduled Completion Date (11)**
4/17/13

**Name of OSHA Monitor**
Same

**Street Address**

**City, State, Zip Code**

**Occuancy 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)**
- [ ] ≥3 sf or ≥3 ft
- [ ] ≥100 sf or ≥260 ft
- [x] Renovation
- [ ] Demolition
- [x] 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)**

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

**Amount (Specify SF or LF)**

**Abatement Type**

**Endorsement**

**Exterior Siding bottom of house**

**Exterior Siding**

**1300 SF**

**Exterior Siding**

**Name of Registered Waste Hauler**

**United Container**

**NJDEP Waste Hauler ID No.**
22459

**Cubic Yards of Waste**
2

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

**City, State**
Morrisville PA 19067

**Disposal Date**
4/17/13

**Completed by**
Anthony T Perna

**Title**
President

**Signature**

**Date**
4/1/13

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

**Date of Notification (1):** 4/4/13  
**Name of Building Owner/Operator (2):** JC Penney Corporation Inc.

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

**Street Address:** 6501 Legacy Drive  
**City, State, Zip Code:** Plano, TX 75024

**Name of Contact:** Soy Thomas  
**Telephone Number:**

**FACILITY INFORMATION**

- **Name of Facility Where Abatement is Taking Place (3):** Brunswick Square Mall-JC Penney  
- **Street Address:** 775 State Rt. 18 South, Suite 600  
- **City (5):** East Brunswick  
- **County (6):** Middlesex  
- **Name of Monitoring Firm Hired by Building Owner (8):** Hillmann Consulting LLC  
- **ASCM No.:** 62252  
- **Name of Abatement Contractor (9):** JVN Restoration Inc  
- **Street Address:** 1600 Route 22 East  
- **City, State, Zip Code:** Union NJ 07083  
- **Project Manager for Monitoring Firm:** Tom Rubino  
- **Telephone No.:** 908-956-1233  
- **License No.:** 718-606-6256  
- **Current Use (Prior if being demolished):**
  - **County Code (7):** (STATE USE ONLY)

**Square Feet:** 150000  
**# of Floors:** 2  
**Bldg. Age:** 75

**Start Date (10):** 4/16/13  
**Scheduled Completion Date (11):** 5/16/13  
**Name of OSHA Monitor:** Testor Tech

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

**Time of Abatement:** AM PM 10:00 6:00

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

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

<table>
<thead>
<tr>
<th>Level</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st Level Home Streets Dept.</td>
<td>Plaster/Compound</td>
</tr>
</tbody>
</table>

- **Name of Registered Waste Hauler:** Global Waste Industries, Inc.
- **Name of Registered Landfill:** G.R.O.W.S., Inc.
- **Cubic Yards of Waste:** 10
- **Completion Date:** 5/16/13

**Completed By (Print or Type):** John Tardy  
**Title:** Senior Project Manager  
**Signature:** [Signature]  
**Date:** 4/14/13

**Note:** Do not use this form for asbestos licensure exempted activities.
**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 8:50 and 12:129)

**Date of Notification (1)**
4-03-2013

**Name of Building Owner/Operator (2)**
EFG Clermont Terrace, LLC

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

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

**Street Address**
520 Capital Mall, Suite 200

**City, State, Zip Code**
Sacramento, CA 95841

**Name of Contact**
Chris Miller

**Telephone Number**

**FACILITY INFORMATION**

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

**Street Address**
450 Clermont Terrace

**City (6)**
Union

**County (6)**

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

**Square Feet**
265,000

**# of Floors**
2

**Bldg. Age**
55 years

**Current Use (Prior if being demolished)**
Not in use

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

**ASCM No.**

**Name of Abatement Contractor (9)**
Gramercy Group Inc.

**Street Address**
3000 Burns Avenue

**City, State, Zip Code**
Wantagh NY 11793

**License No.**
01085

**Name of OSHA Monitor**
Gramercy Group Inc.

**Project Manager for Monitoring Firm**
Marc Rutstein

**Telephone No.**
845-638-0640

**Scheduled Completion Date (11)**
12-31-2013

**Start Date (10)**
4-18-2013

**Occupancy Status During Abatement (Check Only One)**
- [x] Facility Closed/Vacated During Entire Period of Abatement
- [x] Abatement Performed Outside of Normal Facility Hours
- [ ] Other – Describe: Facility scheduled for demolition. No occupancy

**Scope of Work (Check All That Apply)**
- [ ] ≥3 sf or ≥3 If
- [x] ≥160 sf or ≥260 If
- [ ] Renovation
- [x] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [x] Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>In Facility (13)</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Throughout</td>
<td>Yes</td>
<td>Pipes</td>
<td>4,000 sf</td>
<td>x</td>
</tr>
<tr>
<td>Throughout</td>
<td>X</td>
<td>VAT</td>
<td>26,000 sf</td>
<td>x</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**
Honwith Trucks Inc.

**NJDEP Waste Hauler ID No.**
16227

**Cubic Yards of Waste**
400

**Name of Registered Landfill**
Minerva Enterprises

**City, State**
Northampton, PA 18067

**Disposal Date**
6-30-12

**Name of Registered Landfill**
Minerva Enterprises

**City, State**
Waynesburg OH

**Completed by**
Robert Lewin

**Title**
Environmental Coordinator

**Signature**

**Date**
4-03-13

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

Date of Notification (1) 04/03/2013

Agencies Notified
( X ) EPA  ( X ) DOL  ( X ) DOH  ( ) DCA

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

Name of Building Owner/Operator (2)
Eaton Cooper

Street Address
600 Travis, Suite 5600

City, State, Zip Code
Houston, TX 77002-1001

Name of Contact
Nelson Olavarría

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Cooper Notification Facility

Street Address
273 Branchport Avenue

City (5)  County (6)  County Code (7) (State Use Only)
Long Branch  Monmouth

Name of Monitoring Firm Hired by Bldg. Owner (8)
Precision Environmental, Inc.

ASCM No.

Name of Contractor (9)
NCM Demolition and Remediation, LP

Street Address
36-15 23rd Street

City, State, Zip Code
Long Island City, NY 11106

Project Manager for Monitoring Firm
Michael Parmannas

Telephone Number
718-333-2626

Telephone Number
484-480-8931

License Number
01003

Street Address
395 Turner Industrial Way

City, State, Zip Code
Aston, PA 19014

Scheduled Start Date (10) 03/20/13

Scheduled Completion Date (11) 04/03/2013

Name of OSHA Monitor
Tator Technology, Inc.

Street Address
10-59 Jackson Avenue

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

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

Describe Occupants moved to adjacent area.

Other – Describe

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

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

Is Location Normally Used Solely by Main/Contractor Staff? (12)
YES  NO  NA

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

Amount (Specify SF or LF)

Abatement Type


1st Floor

2nd Floor

Name of Reg. Waste Hauler Service Transport Group
NJDEP Waste Hauler ID # 20090

Cubic Yards of Waste 120

Name of Reg. Landfill
Minerva

City, State
New Castle, DE

Disp. Date 04/09/2013

City, State
Waynesboro, OH

Completed by (Print or Type)
Richard P. Semega, Jr.

Title Branch Manager

Signature

Date 04/03/2013
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 7:25-2.12)

Date of Notification (1)
04/04/2013

Name of Building Owner/Operator (2)
E.I. DuPont De Nemours

Agencies Notified
(X ) EPA
(X ) DOH
(X ) DOH
(X ) DCA

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

Street Address
RI 130

City, State, Zip Code
Deepwater, NJ 08069

Name of Contact
Richard Clarke
Tel. Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Du Pont Chambers Works

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

Sq. Feet 3000
# of Floors 2

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

Bldg. Age 52
Current Use (prior if being demolished) Chemical Manufacturer

Street Address
780 Pulaski Highway
New Castle, DE 19720

NCM Demolition and Remediation, LP

City, State, Zip Code
Aston, PA 19014

Name of Contractor (9)

Street Address
395 Turner Industrial Way

Telephone Number
302-326-2333

License Number
01006

EMSL Analytical

Telephone Number
484-480-8931

Scheduled Start Date (10)
04/29/2013

Name of OSHA Monitor

Scheduled Completion Date (11)
05/06/2013

Street Address
107 Haddon Ave
Westmont, NJ 08108

Source of Work (Check all that apply)

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

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

East of Bldg. #1156

YES NO NA

Tank Insulation
280 SF

Pipe Gaskets
10 LF


Name of Reg. Waste Hauler
NJ/DEP Waste Hauler ID# 909-022

Cubic Yards of Waste

Name of Reg. Landfill
Du Pont Chambers Works

City, State
Deepwater, NJ

Completed by (Print or Type)
Russell King

Title Project Manager

Signature

Date 04/04/2013

Disp. Date 05/06/2013

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 / 3 / 13</td>
<td>Reade Manufacturing</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>DHSS</td>
<td>Initial</td>
<td>2590 Ridgeway Blvd.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>Name of Contact</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Manchester Township, NJ 08759</td>
<td>Mr. John Reether</td>
<td></td>
</tr>
</tbody>
</table>

FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Type of Facility (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reade Manufacturing</td>
<td></td>
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</table>

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

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Horizon Environmental</td>
<td>Asbestos and Mold Services, Corp.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>P.O. Box 316</td>
<td>656-648-0800</td>
<td>00862</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 / 16 / 13</td>
<td>4 / 17 / 13</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ ≥3 sf or ≥3 ft</td>
</tr>
<tr>
<td>☑ ≥160 sf or ≥260 if</td>
</tr>
<tr>
<td>☑ Exterior Cleanup</td>
</tr>
<tr>
<td>☑ Asbestos debris including transite, 30 CY</td>
</tr>
<tr>
<td>☑ floor tile and transite pipe</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM)</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
</tr>
</tbody>
</table>

Abatement Type

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

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler Disposal Site</th>
</tr>
</thead>
<tbody>
<tr>
<td>Horizon Disposal, Inc.</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>22612</td>
<td>30</td>
<td>GROWS Landfill</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>Disposal Date</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trenton, NJ</td>
<td>4/17/13</td>
<td>Morrisville, PA 19067</td>
</tr>
</tbody>
</table>

Completed By (Print or Type) Name of Contact

<table>
<thead>
<tr>
<th>Kimberly A. Trumbetti</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office Coordinator</td>
<td></td>
</tr>
</tbody>
</table>

Signature Date

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>4-3-13</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 5:16)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>4/3/13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Central Paint</td>
</tr>
<tr>
<td>Street Address</td>
<td>121 S. Olden Ave.</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Trenton, NJ 08609</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Alison Hyman</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

| Name of Facility Where Abatement is Taking Place (3) | Warehouse |
| Street Address | 121 S. Olden Avenue |
| City (5) | Trenton, NJ 08609 |
| County (6) | Mercer |
| County Code (7) |  |

| Name of Monitoring Firm Hired by Building Owner (8) | MECS |
| Street Address | PO Box 341 |
| City, State, Zip Code | Crosswicks, NJ 08515 |
| Project Manager for Monitoring Firm | William Weisgarber Jr. |
| Telephone No. | (609) 298-4070 |

| Start Date (10) | 4/12/13 |
| Scheduled Completion Date (11) | 4/15/13 |

| Occupancy Status During Abatement (Check only one) |
| Facility Closed/Vacated During Entire Period of Abatement |
| Abatement Performed Outside of Normal Facility Hours |
| Other - Describe: 8AM - 4:30PM |

| Scope of Work (Check all that apply) |
| 2 or 3 ft or 2 or 3 ft |
| 100 or 200 ft or 2 or 200 ft |

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

| Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) |
| Thermal Pipe Insulation 60 ft |
| Boiler Insulation 80 sf |
| Transite Wall Board 40 sf |

| Name of Registered Waste Hauler | Stevens Environmental Services Inc. |
| NDEP Waste Hauler ID No. | 18292 |
| Cubic Yards of Waste | 3 CU |

| Name of Registered Landfill | T.R.R.F., Inc. |
| City, State | Allentown, NJ |

| Completed By | Mahlon Stevens |
| Title | Project Manager |
| Signature |  |
| Date | 4/3/13 |

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

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

### Date of Notification (1)

- 4 / 4 / 13

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

- Parkwood Condo

### Agencies Notified

- ☒ EPA
- ☐ DEP
- ☐ DCA (NJAC 5:16)
- ☐ DHSS
- ☐ DCA (NJAC 5:23-8)

### Type Notification

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

### Street Address

- 29 N COOLIDGE AVE

### City, State, Zip Code

- Margate City, NJ 08402

### Name of Contact

- Wayne Shiflett

### Telephone Number

- 

## FACILITY INFORMATION

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

- Parkwood Condo

### Street Address

- 29 N COOLIDGE AVE

### City, State, Zip Code

- Margate City, NJ 08402

### County (6)

- Atlantic

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

- 

### Current Use (Prior to being demolished)

- Residential

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

- ASCM No.

### Name of Abatement Contractor (9)

- Controlled Environmental Systems

### Street Address

- 1121 N. Bethlehem Pike - Suite 60

### City, State, Zip Code

- Spring House, PA 19477

### Project Manager for Monitoring Firm

- Telephone No.

### Telephone No.

- 215-542-7000

### License No.

- 00847

### Start Date (10)

- 4 / 15 / 13

### Scheduled Completion Date (11)

- 4 / 22 / 13

### Name of OSHA Monitor

- CES

### 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: 8:00AM - __PM/3:00PM - __AM

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

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

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

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

- ☐ Yes
- ☐ No
- ☐ N/A

### Exterior of building

- ☐ Asbestos Transite Siding

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

- 7500 SF

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

- 

### Amount (Specify SF or LF)

- 

### Abatement Type

- 

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

### Name of Registered Waste Hauler

- Allied

### NJDEP Waste Hauler ID No.

- 

### Cubic Yards of Waste:

- 4

### Name of Registered Landfill

- Conestoga Landfill

### City, State

- Telford, PA

### Disposal Date

- 4/22/13

### City, State

- Morgantown, PA

### Completed By (Print or Type)

- Patricia Visco

### Title

- Office Manager

### Signature

- Patricia Visco

### Date

- 4/4/13

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

---

**Note:** The form includes all necessary information for the notification of asbestos abatement, including locations, dates, contacts, and descriptions of the work to be done. It also includes standard forms for the location of asbestos-containing materials and the methods to be used for their removal.
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>4 / 4 / 13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Maverick Management Corp</td>
</tr>
<tr>
<td>Street Address</td>
<td>1000 Pennsylvania Ave</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Brooklyn, NY 11207</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Jerald Goldfine</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3)

Former Woolworth Building

Street Address

117 E State Street

City (5)

Trenton, NJ

County (6)

Trenton

Name of Monitoring Firm Hired by Building Owner (8)

Ally Services Co

ASCM No.

Name of Abatement Contractor (9)

Controlled Environmental Systems

Street Address

57 E Durham St

City, State, Zip Code

Phila PA 19119

Project Manager for Monitoring Firm

Andy Miller

Telephone No.

215 498 7538

Start Date (10)

4 / 6 / 13

Scheduled Completion Date (11)

4 / 7 / 13

Occupy 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-3:00 FridayPM-8:00 SundayPM-

Scope of Work (Check all that apply)

- ≥3 sf or ≥3 if
- ≥160 sf or ≥250 if
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Location</th>
<th>lower level</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

- Yes
- No
- N/A

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

Pipe insulation (wrap & cut)

Amount (Specify SF or LF) (12)

14 LF

Abatement Type

- Removal
- Repair
- Encapsulate
- Endorse

Name of Registered Waste Hauler

Allied

NJDEP Waste Hauler ID No.

Cubic Yards of Waste

1

Name of Registered Landfill

Conestoga Landfill

City, State

Telford, PA

Disposal Date

4/22/13

City, State

Morgantown, PA

Completed By (Print or Type)

Patricia Visco

Title

Office Manager

Signature

Patricia Visco

Date

4/4/13

* 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)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>4/1/13</th>
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</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Rebecca Rice (Private Home)</td>
</tr>
</tbody>
</table>
| Agencies Notified | EPA

| Type Notification | Initial
<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>Street Address</td>
<td>144 S. Captains Dr.</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Tuckerton NJ 08087</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Rebecca</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

| Name of Facility Where Abatement Is Taking Place (3) | Rebecca Rice (Private Home) |
| Street Address | 144 S. Captains Dr. |
| City (5) | Tuckerton NJ 08087 |
| Square Feet | 1000+ |
| # of Floors | 1 |
| Bidg. Age | 35+ |
| County Code (7) | County Code (STATE USE ONLY) |

**Name of Monitoring Firm Hired by Building Owner (6) | ASCM No. | Name of Abatement Contractor (9) | Pernaco Inc |
| Street Address | PO Box 329 |
| City, State, Zip Code | West Berlin NJ 08091 |

**Project Manager for Monitoring Firm**

| Telephone No. | 856-753-8800 |
| License No. | 00727 |

**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

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)</th>
<th>Exterior Siding bottom of house</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is Location, Normally Used Solely by Maintenance/Custodial Staff? (12)</td>
<td>Yes, No</td>
</tr>
<tr>
<td>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td>Exterior Siding 1000 SF</td>
</tr>
<tr>
<td>Amount (Specific SF or LP)</td>
<td>1000 SF</td>
</tr>
<tr>
<td>Abatement Type</td>
<td>Full Containment with Negative Pressure</td>
</tr>
</tbody>
</table>

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

- Exterior Siding bottom of house

**Name of Registered Waste Hauler**

| United Containers | NJDEP Waste Hauler ID No. 22459 |
| City, State | Elm NJ |
| Disposal Date | 4/17/13 |
| City, State | Morrilton AR 72110 |

**Completed by**

Anthony T Perna

**Title**

President

**Signature**

Date 4/1/13

*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)  April 1, 2013

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

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

Name of Building Owner/Operator (2)
Esposito Construction

Street Address
253 Main Street, Suite 383

City, State, Zip Code
Matawan, NJ 07747

Name of Contact
Mike Esposito

Telephone Number

FACILITY INFORMATION

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

Street Address
399 Tennant Road

City
Marlboro

County (5)
Monmouth

County Code (7)
STATE USE ONLY

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

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

Street Address
1889 Route 9, Unit 61

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

Project Manager for Monitoring Firm
Telephone Number

Scheduled Start Date (10)
4/01/13

Scheduled Completion Date (11)
4/02/13

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)
[ X ] 3 sf or ≥ 3 if
[ ] ≥ 160 sf or ≥ 260 if

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

Is Location Normally used Solely by Maintenance/Custodial Staff

YES NO N/A

NO

Name of Registered Waste Hauler
Guardian Contracting, Inc.

NI/DEP Waste Hauler ID No.
20223

Cubic Yards of Waste
3

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

City, State
Toms River, New Jersey

Disposal Date
4/03/13

City, State
Tullytown, Pennsylvania

Completed by (Print or Type)
Nicolas Fernicola

Title
Project Manager

Signature

Date
4/1/2013

Type of Facility (4)
[ ] School (6-12)
[ ] Subchapter 8 (other than 12)
[ X ] Other (i.e., private & commercial buildings, homes, etc.)

Square feet
1500 sf

# of Floors
1

Hldg. Age
60

Current Use (Prior if being demolished)
Residence

E.M.S.L. Analytical

Street Address
1056 Stelton Road

City, State, Zip Code
Piscataway, New Jersey 08854

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

Name of OSHA Monitor

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

Amount
150 sf

Abatement Type

X

Asbestos siding

*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):
April 1, 2013

Name of Building Owner/Operator (2):
Old School Construction

Name of Contact:
John Whitaker

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

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

Street Address:
192 Mizzen Avenue

City, State, Zip Code:
Manahawkin, NJ 08050

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

City:
Beach Haven West

County:
Ocean

County Code (7) (STATE USE ONLY):

Type of Facility (4):
[ ] School (k-12)
[ ] Subchapter 8 (other than k12)
[ X] Other (i.e., private & commercial buildings, homes, etc.)

Square feet:
1200 sf

# of Floors:
1

Bldg. Age:
60

Current Use (Prior if being demolished):
Residence

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

ASCM No.:

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

Street Address:
1889 Route 9, Unit 61

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

Telephone Number:
732-349-9932

License Number:
00624

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

Street Address:
1056 Stelton Road

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

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

Scope of Work (Check all that apply):
[ X] >3 sf or ≥12 ft
[ ] ≥160 sf or ≥260 ft
[ X] Renovation
[ X] 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:

Exterior

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):

Amount (Specify SF or LBF):
1000 sf

Abatement Type:

Removal
Repair
Encapsulation
Enclosure

Name of Registered Waste Hauler:
Guardian Contracting, Inc.

NJ/DEP Waste Hauler ID No.:
20223

Cubic Yards of Waste:
3

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

City, State:
Toms River, New Jersey

Disposal Date:
4/04/13

City, State:
Tullytown, Pennsylvania

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

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)

## Date of Notification
April 1, 2013

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

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

### Name of Building Owner/Operator
Bayshore Community Hospital

### Street Address
727 North Beers Street

### City, State, Zip Code
Holmdel, NJ 07733

### Name of Contact
Janos Angeli

### Telephone Number

<table>
<thead>
<tr>
<th>FACILITY INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Facility Where Abatement is Taking Place</td>
</tr>
<tr>
<td>Bayshore Community Hospital</td>
</tr>
<tr>
<td>Street Address</td>
</tr>
<tr>
<td>727 North Beers Street</td>
</tr>
<tr>
<td>City</td>
</tr>
<tr>
<td>Holmdel</td>
</tr>
<tr>
<td>County (6)</td>
</tr>
<tr>
<td>Monmouth</td>
</tr>
<tr>
<td>ASCM No.</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Type of Facility</td>
</tr>
<tr>
<td>[ ] School (≤12)</td>
</tr>
<tr>
<td>[ ] Subchapter 8 (other than ≤12)</td>
</tr>
<tr>
<td>[x] Other (i.e., private &amp; commercial buildings, homes, etc.)</td>
</tr>
<tr>
<td>Square feet</td>
</tr>
<tr>
<td>500,000 sf</td>
</tr>
<tr>
<td># of Floors</td>
</tr>
<tr>
<td>5</td>
</tr>
<tr>
<td>Bldg. Age</td>
</tr>
<tr>
<td>50</td>
</tr>
<tr>
<td>Current Use (Prior if being demolished)</td>
</tr>
<tr>
<td>Hospital</td>
</tr>
<tr>
<td>Name of Abatement Contractor</td>
</tr>
<tr>
<td>Guardian Contracting, Inc.</td>
</tr>
<tr>
<td>Street Address</td>
</tr>
<tr>
<td>1889 Route 9, Unit 61</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
</tr>
<tr>
<td>Toms River, New Jersey 08755-1271</td>
</tr>
<tr>
<td>Telephone Number</td>
</tr>
<tr>
<td>732-349-9932</td>
</tr>
<tr>
<td>License Number</td>
</tr>
<tr>
<td>00624</td>
</tr>
<tr>
<td>Name of OSHA Monitor</td>
</tr>
<tr>
<td>E.M.S.L. Analytical</td>
</tr>
<tr>
<td>Street Address</td>
</tr>
<tr>
<td>1056 Stelton Road</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
</tr>
<tr>
<td>Piscataway, New Jersey 08854</td>
</tr>
</tbody>
</table>

### Project Manager for Monitoring Firm
Tom Geiger

### Telephone Number
732-290-2217

### Scheduled Start Date
4/01/13

### Occupancy Status During Abatement
- [x] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility Hours
- [ ] Other – Describe

### Scope of Work
- [ ] >3 sf or ≥3 if
- [x] ≥160 sf or ≥260 sf
- [x] Renovation
- [x] Demolition

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

TO BE ABATED
in facility

- [ ] 4 West

- [ ] Fireproofing

- [ ] 4600 sf

- [ ] X

### Amount (Specify SF or LT)

| Description of Asbestos-Containing Material (ACM) |
| (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) |
| Amount (Specify SF or LT) |
| Abatement Type |
| REMOVAL |
| REPAIR |
| ENCAPSULATION |
| ENCLOSURE |

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

### NJDEP Waste Hauler ID No
20223

### Cubic Yards of Waste
15

### Name of Registered Landfill
T.R.R.P.

### City, State
Toms River, New Jersey

### Completed by (Print or Type)
Nicholas Ferminola

### Title
Project Manager

### Signature

### Date
4/01/13

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