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

Date of Notification (1)
4/10/13

Name of Building Owner/Operator (2)
US Army Installation Mangement Command Picatinny Arsenal

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

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

Street Address
Picatinny Arsenal

City, State, Zip Code
Picatinny Arsenal, New Jersey 07806

Name of Contact
Chris Barkocy

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Picatinny Arsenal - 40 Buildings

Street Address
Various Locations on Picatinny Arsenal (see attached table)

City (6)
Picatinny Arsenal

County Code (7) (STATE ONLY)
Morris

Current Use (Prior if being demolished)
Vacant

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

ASCM No.

Name of Abatement Contractor (9)
The Winter Construction Co.

Street Address
250 Bryant Street

City, State, Zip Code
Denver, Colorado 80219

Project Manager for Monitoring Firm
Matt Roberts

Telephone No.
720-283-8974

Telephone No.
404-965-2305

License No.
N/A

Start Date (10)
5/1/13

Scheduled Completion Date (11)
8/30/13

Name of OSHA Monitor
The Winter Construction Co.

Street Address
3350 Green Pointe Parkway, Suite 200

City, State, Zip Code
Norcross, GA 30092

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)
[ ] ≥3 sf or ≥3 if
[ ] ≥160 sf or ≥280 sf

Renovation
Demolition

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

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

see attached table

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

Yes
No
N/A

see attached table

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

see attached table

Amount (Specify SF or LF)

Abatement Type

see attached table

Name of Registered Waste Hauler
Service Transport Group

N.J. DEP Waste Hauler ID No.
2117

Cubic Yards of Waste
4000

Name of Registered Landfill
Stark County Landfill

City, State
58 Pyles Lane, New Castle, Delaware 19720

Disposal Date
5-3 to 8-30-13

City, State
Waynesburg, Ohio

Completed by
Tim Egan

Title
Vice President

Signature

Date
4/10/13

* 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) 3/8/13

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

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

Name of Building Owner/Operator (2) Trap Rock Industries

Street Address
PO Box 419 Laurel Ave

City, State, Zip Code
Kingston, NJ 08528

Name of Contact
Ray Boeckel

Telephone Number


FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Trap Rock Industries

Street Address
2485 E. State Street

City (5) Hamilton, NJ

County (6) Mercer

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

ASCM No.

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

Street Address
PO Box 341

City, State, Zip Code
Crosswicks, NJ 08515

Project Manager for Monitoring Firm
William Weisgarber

Telephone No. (609) 298-4070

Start Date (10) 3/25/13

Scheduled Completion Date (14) 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
- [x] Other - Describe: 8am to 4:30pm

Scope of Work (Check all that apply)
- [x] ≥3 sf or ≥3 ft
- [ ] ≥160 sf or ≥280 ft
- [ ] 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)

Exterior Tanks

Exterior

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

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

- Thermal Tank Heads (4) 400 sf
- Thermal Piping 120 ft

Amount (Specify SF or LF)

Abatement Type
- [ ] Repair
- [ ] Encapsulate
- [x] Removal
- [ ] Envelope

Name of Registered Waste Hauler
Stevens Environmental Services Inc.

NJDEP Waste Hauler ID No. 18292

Cubic Yards of Waste 15 CU

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

City, State
Allentown, NJ

Disposal Date 4/30/13

City State Tullytown, PA

Completed By Mahlon E. Stevens Title Project Manager

Signature Date 4/8/13

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>3/8/13</th>
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<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Trap Rock Industries</td>
</tr>
<tr>
<td>Street Address</td>
<td>PO Box 419 Laurel Ave</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Kingston, NJ 08528</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Ray</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

| Name of Facility Where Abatement is Taking Place (3) | Trap Rock Industries |
| Street Address | 2485 E. State Street |
| City (5) | Hamilton, NJ |
| County (6) | Mercer |
| County Code (7) (STATE USE ONLY) | |
| Name of Monitoring Firm Hired by Building Owner (8) | MECS |
| Name of Abatement Contractor (9) | Stevens Environmental Services, Inc. |
| Street Address | PO Box 341 |
| City, State, Zip Code | Crosswicks, NJ 08515 |
| Project Manager for Monitoring Firm | William Weisgarber |
| Telephone No. | (609) 298-4070 |
| Start Date (10) | 3/25/13 |
| Scheduled Completion Date (11) | 4/12/13 |
| Occupancy Status During Abatement (Check one only) | Other - Describe: 8am to 4:30pm |
| Scope of Work (Check all that apply) | |
| ≥3 sf or ≥3 ft | |
| ≥180 sf or ≥260 ft | |
| Renovation | |
| Demolition | |

| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Exterior Tanks |
| Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | Yes |
| Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Thermal Tank Heads (4) |
| Amount (Specify SF or LF) | 400 sf |
| Abatement Type | Full Containment with Negative Pressure |

**Name of Registered Waste Hauler**

Stevens Environmental Services Inc.

| NJDEP Waste Hauler ID No. | 18292 |
| Cubic Yards of Waste | 15 CU |

**Name of Registered Landfill**

T.R.R.F., Inc. Landfill

| City, State | Tullytown, PA |
| Disposal Date | 4/12/13 |

**Completed By**

Mahlon E. Stevens  
Title: Project Manager  
Signature: **[Signature]**  
Date: 3/8/13

*Do not use this form for asbestos licensure exempted activities.*
## 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>3 / 12 / 13</td>
<td>Princeton University - Office of Design and Construction</td>
</tr>
</tbody>
</table>

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

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

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

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

#### ASCM No.

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

#### Street Address
515 GROVE STREET
HADDON HEIGHTS, NJ 08035

#### Telephone No.
856-547-0505

#### License No.
00509

#### Start Date (10)
3 / 26 / 13

#### Scheduled Completion Date (11)
4 / 8 / 13

#### Occupancy Status During Abatement
- [X] Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PM / 8:00AM-5:00PM

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

#### Description of Asbestos-Containing Material (ACM)
- Floor Tile Sheet Flooring
  - Amount (Specify SF or LF): 1100 SF

#### Location of Asbestos-Containing Material (ACM)
- B-21, B-25, B-27, B-429
- B-21, B-25, B-27, B-429

#### Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility
- Yes
- No
- N/A

#### Name of Registered Waste Hauler
BRISTOL ENVIRONMENTAL, INC.

#### NJDEP Waste Hauler ID No.
18706

#### Cubic Yards of Waste

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

#### City, State
BRISTOL, PA 19007

#### Disposal Date

#### City, State
MORRISVILLE, PA 19067

#### Completed By (Print or Type)
Brian Scarfo

#### Title
Project Manager

#### Signature

#### Date
4/8/13

---

*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 / 12 / 13

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

Agencies Notified
☐ EPA
☐ DOH WD
☐ DHSS
☐ DCA
☐ NJAC 5:23-8
Type Notification
☐ Initial
☐ Amended
☐ Amendment #2/4/13
☐ Emergency (including justiﬁcation)
☐ Cancellation

Street Address
200 Elm Dr
City, State, Zip Code
Princeton, NJ 08544
Name of Contact
Robert Ortega

Telephone Number

FACILITY INFORMATION

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

Type of Facility (4)
☐ School (K-12)
☐ Subchapter 6 (Other than K-12)
☐ Other (i.e., private and commercial buildings, homes, etc.)

Square Feet
# of Floors
Bldg. Age

City (5)
Princeton
County (6)
MERCIER
County Code (7)

Current Use (Prior if being demolished)

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

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

Street Address
515 GROVE STREET
City, State, Zip Code
HADDON HEIGHTS, NJ 08035

License No.
00509

Project Manager for Monitoring Firm
CRAIG WILSON
Street Address
1123 BEAVER STREET
City, State, Zip Code
BRISTOL, PA 19007
Telephone No.
856-547-0505

Name of OSHA Monitor
BRISTOL ENVIRONMENTAL, INC.

Start Date (10) 3 / 26 / 13
Scheduled Completion Date (11) 4 / 9 / 13

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

Time of Abatement: AM-PM

Scope of Work (Check all that apply)
☐ ≥360 sf or ≥360 If
☐ Renovation
☐ ≥160 sf or ≥250 If
☐ Demolition
☐ Full Containment with Negative Pressure
☐ Glovebag Procedure
☐ Mini-Enclosure
☐ Non-Exempted (*) and Non-Friable Procedure
☐ Non-Exempted (%)

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

Is Location Normally Used Solely by Maintenance 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
Removal
Repair
Encapsulate
Endorse

B-21, B-25, B-27, B-429
Floor Tile Sheet Flooring
1100 SF
☐ ☐ ☐ ☐

B-21, B-25, B-27, B-429
MASTIC
750 SF
☐ ☐ ☐ ☐

Location of Registered Waste Hauler
BRISTOL ENVIRONMENTAL, INC.

NJDEP Waste Hauler ID No.
18706

Amount
(Specify SF or LF)

Abatement Type
Removal
Repair
Encapsulate
Endorse

City, State
BRISTOL, PA 19007
Disposal Date

Name of Registered Landfill
G.R.O.W.S. NORTH LANDFILL
City, State
MORRISVILLE, PA 19067

Completed By (Print or Type)
Brian Scarfio
Title
Project Manager
Signature
Date 4/4/13

ASB-41
MAY 11 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 6:16)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>3</th>
<th>12</th>
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<th>Agencies Notified</th>
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<tr>
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<td>✓ DOLWD</td>
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<td>✓ DHSS</td>
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<td>✓ DCA (NJAC 5:23-6)</td>
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<th>Name of Building Owner/Operator (2)</th>
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<td>Princeton University - Office of Design and Construction</td>
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<tr>
<th>Street Address</th>
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<tr>
<td>200 Elm Dr</td>
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<table>
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<tr>
<th>City, State, Zip Code</th>
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<tbody>
<tr>
<td>Princeton, NJ 08544</td>
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<tr>
<th>Telephone Number</th>
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NAME OF FACILITY WHERE ABATEMENT IS TAKING PLACE (3)
Princeton University - Engineering Quadrangle

<table>
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<tr>
<th>FACILITY INFORMATION</th>
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<tbody>
<tr>
<td>Type of Facility (4)</td>
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<tr>
<td>✓ School (K-12)</td>
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<td>✓ Subchapter 8 (Other than K-12)</td>
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<tr>
<td>✓ Other (i.e., private and commercial buildings, homes, etc.)</td>
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<th>County Code (7)</th>
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<tr>
<td>MERCIER</td>
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<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
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<tbody>
<tr>
<td>PENONI ASSOCIATES INC</td>
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<tr>
<th>Street Address</th>
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<tbody>
<tr>
<td>515 GROVE STREET</td>
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<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
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<tr>
<td>HADDON HEIGHTS, NJ 08035</td>
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<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
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</thead>
<tbody>
<tr>
<td>CRAIG WILSON</td>
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<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
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<td>3 / 26 / 13</td>
<td>4 / 5 / 13</td>
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<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check only one)</th>
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<tbody>
<tr>
<td>✓ Abatement Performed Outside of Normal Facility Hours - Describe</td>
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<tr>
<td>Time of Abatement: AM-PM/00PM-1:00AM (C# 1)</td>
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<tr>
<td>Scope of Work (Check all that apply)</td>
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<tr>
<td>✓ Renovation</td>
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<tr>
<td>✓ Demolition</td>
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<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM)</th>
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</thead>
<tbody>
<tr>
<td>IN Facility (13)</td>
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<tr>
<td>Name of Registered Waste Hauler</td>
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<tr>
<td>BRISTOL ENVIRONMENTAL, INC.</td>
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<table>
<thead>
<tr>
<th>Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
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<tbody>
<tr>
<td>Yes</td>
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<tr>
<td>Floor Tile Sheet Flooring</td>
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<tr>
<td>MASTIC</td>
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<table>
<thead>
<tr>
<th>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
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<tbody>
<tr>
<td>1100 SF</td>
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<tr>
<td>750 SF</td>
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<tr>
<th>Abatement Type</th>
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<tbody>
<tr>
<td>✓ Full Containment with Negative Pressure</td>
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<tr>
<td>✓ Mini-Enclosure</td>
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<tr>
<td>✓ Glovebag Procedure</td>
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<tr>
<td>✓ Non-Exempted (*) and Non-Friable Procedure</td>
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<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
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<tbody>
<tr>
<td>G.R.O.W.S. NORTH LANDFILL</td>
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<table>
<thead>
<tr>
<th>Cubic Yards of Waste</th>
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<tbody>
<tr>
<td>18706</td>
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<th>Disposal Date</th>
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<tr>
<th>City, State</th>
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<tr>
<td>BRISTOL, PA 19007</td>
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<table>
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<tr>
<th>Completed By (Print or Type)</th>
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<tbody>
<tr>
<td>Brian Scarfio</td>
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<table>
<thead>
<tr>
<th>Project Manager</th>
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<table>
<thead>
<tr>
<th>Signature</th>
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<tr>
<th>Date</th>
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<tbody>
<tr>
<td>3/28/13</td>
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* Do not use this form for asbestos licensure exempted activities.

** OFF SITE FRIDAY MARCH 29 2013
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:80 and 8:16)

Date of Notification (1) 3 / 12 / 13

Agencies Notified:
- EPA 50/%
- DOLWLD 50/3
- DHSS 50/7
- DCA 6.655 (NJAC 5:23-6)

Type Notification:
- Initial
- Amended
- Amendment #
- Emergency (Including Justification)
- Cancellation

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

Street Address:
200 Elm Dr

City, State, Zip Code:
Princeton, NJ 08544

Name of Contact:
Robert Ortega

Telephone Number:

FACILITY INFORMATION

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

Street Address:
Olden St

City (5):
Princeton

County (6):
MERCER

County Code (7) (STATE USE ONLY):

Name of Monitoring Firm Hired by Building Owner (8):
PENNONI ASSOCIATES INC

ASCM No.:

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

Street Address:
1123 BEAVER STREET

City, State, Zip Code:
BRISTOL, PA 19007

Telephone No.:
215-788-6040

License No.:
00509

Name of OSHA Monitor:
BRISTOL ENVIRONMENTAL, INC.

Street Address:
1123 BEAVER STREET

City, State, Zip Code:
BRISTOL, PA 19007

Start Date (10):
3 / 28 / 13

Scheduled Completion Date (11):
4 / 5 / 13

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

Time of Abatement: 7:00AM-3:30PM/ 6PM- 9AM

Scope of Work (Check all that apply):
- >=2 sf or >=3 if
- >=160 sf or >=280 if

Location of Asbestos-Containing Material (ACM) TO BE ABATED:
IN Facility (13):
B-21, B-25, B-27, B-429
B-21, B-25, B-27, B-429

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

Floor Tile Sheet Flooring
Mastic

Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, etc.):
Surfacing, VA 750 SF

Amount (Specify SF or LF):

Abatement Type:

Endoscope

Name of Registered Waste Hauler:
BRISTOL ENVIRONMENTAL, INC.

NJDEP Waste Hauler ID No.: 18705

Cubic Yards of Waste:

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

City, State:
BRISTOL, PA 19007

Disposal Date:

City, State:
MORRISVILLE, PA 19067

Signature:

Completed By (Print or Type):
Brian Scarfone

Title:
Project Manager

Signature:

Date:
3/2/13
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)
04/08/2013

Name of Building Owner/Operator (2)
Belleville Public Schools

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

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

Street Address
102 Passaic Avenue

City, State, Zip Code
Belleville NJ 07109

Name of Contact
Vincent Ficella

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Former Residence
58 Bellavista Avenue

City (5)
Belleville

County Code (6)
Essex

Name of Monitoring Firm Hired by Building Owner (8)
RK Occupational & Environmental Analysis Inc.

ASCM No.
090

Name of Abatement Contractor (9)
Bako Construction & Restoration, Inc.

Street Address
403 St. James Avenue

City, State, Zip Code
Phillipsburg, NJ 08865

Project Manager for Monitoring Firm
Jon Gilbert

Telephone No.
908 454 6316

Start Date (10)
04/16/13

Scheduled 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
- Other – Describe:

Scope of Work (Check All That Apply)
- ≥3 sf or ≤3 sf
- ≥160 sf or ≤260 sf
- ≥360 sf or ≤540 sf
- ≥540 sf or ≤1,000 sf
- ≥1,000 sf or ≤2,000 sf
- ≥2,000 sf or ≤5,000 sf
- ≥5,000 sf or ≤10,000 sf
- ≥10,000 sf or ≤50,000 sf
- ≥50,000 sf or ≤100,000 sf
- ≥100,000 sf or ≤200,000 sf
- ≥200,000 sf or ≤500,000 sf
- ≥500,000 sf or ≤1,000,000 sf
- ≥1,000,000 sf or ≤5,000,000 sf
- ≥5,000,000 sf or ≤10,000,000 sf
- ≥10,000,000 sf or ≤25,000,000 sf
- ≥25,000,000 sf or ≤50,000,000 sf
- ≥50,000,000 sf or ≤100,000,000 sf
- ≥100,000,000 sf or ≤250,000,000 sf
- ≥250,000,000 sf or ≤500,000,000 sf
- ≥500,000,000 sf or ≤1,000,000,000 sf
- ≥1,000,000,000 sf or ≤5,000,000,000 sf
- ≥5,000,000,000 sf or ≤10,000,000,000 sf
- ≥10,000,000,000 sf or ≤25,000,000,000 sf
- ≥25,000,000,000 sf or ≤50,000,000,000 sf
- ≥50,000,000,000 sf or ≤100,000,000,000 sf
- ≥100,000,000,000 sf or ≤250,000,000,000 sf
- ≥250,000,000,000 sf or ≤500,000,000,000 sf
- ≥500,000,000,000 sf or ≤1,000,000,000,000 sf
- ≥1,000,000,000,000 sf or ≤2,000,000,000,000 sf
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- ≥10,000,000,000,000,000,000 sf or ≤25,000,000,000,000,000,000 sf
- ≥25,000,000,000,000,000,000 sf or ≤50,000,000,000,000,000,000 sf
- ≥50,000,000,000,000,000,000 sf or ≤100,000,000,000,000,000,000 sf
- ≥100,000,000,000,000,000,000 sf

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

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

Is Location Normally Used Solely by Maintenance/ Custodial Staff?

Yes | No | N/A
Main Floor | x | Wall & Ceiling Plaster | 3000 SF | x

Cubic Yards of Waste
30

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

City, State
Totowa NJ 07512

Disposal Date
04/29/2013

Name of Registered Waste Hauler
Bako Construction & Restoration Inc.

City, State
Totowa NJ

Completed by
Goran Kojic
Title
Project Manager
Signature
04/08/2013

* 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)

Date of Notification (1) 4 / 9 / 13

Name of Building Owner/Operator (2) Monmouth University / Job # 1304-1740: Chk. #3081

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

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

Street Address 400 Cedar Avenue

City, State, Zip Code West Long Branch, NJ 07764

Name of Contact Mr. Timothy R. Orr

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Residential Property (Coach's Residence)

Street Address 400 Norwood Avenue

City (5) West Long Branch

County (6) Monmouth

Current Use (Prior if being demolished)
Residential Property

County Code (?)(STATE USE ONLY)

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

Square Feet 2000

# of Floors 3

Bldg. Age unknown

Name of Monitoring Firm Hired by Building Owner (8)
Birdsall Engineering

ASCM No. Name of Abatement Contractor (9)

Street Address 3859 Sylon Boulevard

City, State, Zip Code Hainesport, NJ 08036

Project Manager for Monitoring Firm
Patrick Guilmette

Telephone No. 732-380-1700

Telephone No. 609-702-0400

License No. 00862

Start Date (10) 4 / 18 / 13

Scheduled Completion Date (11) 4 / 19 / 13

Name of OSHA Monitor
EMSL Analytical, Inc.

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

Time of Abatement: AM PW PM AM

Scope of Work (Check all that apply)
☐ ≥ 3 sf or ≥ 3 if
☐ ≥ 600 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

Basement

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

Description of Amount (Specify SF or LF)

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

350 SF

Abatement Type

Removal
Repairs
Encapsulate
Enclosure

Name of Registered Waste Hauler Horizon Disposal, Inc.

NJDSP Waste Hauler ID No. 22612

Cubic Yards of Waste 5

Name of Registered Landfill GROWS Landfill

City, State Trenton, NJ

Disposal Date 4/19/13

City, State Morrisville, PA 19067

Completed By [Print or Type] Kimberly A. Trumbetti

Title Office Coordinator

Signature

Date 5/19/13

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

## NOTIFICATION OF ASBESTOS ABATEMENT

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

### Date of Notification
- 4 / 9 / 13

### Name of Building Owner/Operator
- Ms. Dorothy Benecke
- Job # 13043-1745; Chk # 3084

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

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

### Street Address
- 114 South Pine Avenue
- City, State, Zip Code: Maple Shade, NJ 08052

### Name of Contact
- Ms. Gail Delany

### FACILITY INFORMATION

#### Name of Facility Where Abatement is Taking Place
- Residential Property

#### Street Address
- 14 South Pine Avenue
- City: Maple Shade
- County: Burlington

#### Square Feet
- 1400

#### # of Floors
- 3

#### Bidg. Age
- 60 +

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

#### Current Use (Prior to being demolished)
- Residential Property

#### 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

#### Time of Abatement
- AM-__PM/____PM-____AM

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

### Scope of Work
- [ ] ≥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

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

#### Amount
- [ ] SF or LF

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

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

<table>
<thead>
<tr>
<th>Basement</th>
<th>Tar Pipe Wrap</th>
<th>15 LF</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>Duct Paper Wrap</td>
<td>1 SF</td>
</tr>
</tbody>
</table>

### Name of Registered Waste Hauler
- Horizon Disposal, Inc.

<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>4/19/13</td>
<td>GROWS Landfill</td>
</tr>
</tbody>
</table>

### Completed By
- Kimberly A. Trumbetti
- Title: Office Coordinator

* 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) 4/9/13

Name of Building Owner/Operator (2) Ms. Debra Bradley / Job # 4304-1746 Chk. #3083

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

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

Street Address
30 Chandler Street

City, State, Zip Code
Browns Mills, NJ 08015

Name of Contact
Mr. Greg Schwartz, Cornerstone

Telephone Number

FACILITY INFORMATION

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

Square Feet
2070

# of Floors
2

Bldg. Age
52

County Code (7) / STATE USE ONLY

County Code
Burlington

Current Use (Prior if being demolished)
Vacant Residential Property

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

ASCM No.

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

Street Address
PO Box 316

City, State, Zip Code
Thorofare, NJ 08086

Project Manager for Monitoring Firm
Dave Flanigan

Telephone No.
856-846-0900

License No.
609-702-0400

Name of OSHA Monitor
EMSL Analytical, Inc.

Start Date (10) 4/23/13

Scheduled Completion Date (11) 5/7/13

Name of Registered Landfill
GROWS Landfill

City, State
Trenton, NJ

Disposal Date
5/7/13

Name of Registered Waste Hauler
Horizon Disposal, Inc.

NJDEP Waste Hauler ID No.
22612

Cubic Yards of Waste

Abatement Type

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

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

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

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

Amount (Specify SF or LF)

Exterior
- Asbestos Siding
- 1,200 SF

Exterior
- Asbestos Debris Pile (Cleanup)
- 30 CY

1st Floor
- Floor Tile & Mastic
- 900 SF

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

* 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>4/9/13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Presbytery of New Brunswick</td>
</tr>
<tr>
<td>Street Address</td>
<td>939 Parkside Avenue</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Trenton, NJ 08618</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Bill Ehret</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

| Name of Facility Where Abatement is Taking Place (3) | Ewing Presbyterian Church |
| Street Address | 101 Scotch Road |
| City (5) | Ewing, NJ |
| County (6) | Mercer |
| County Code (7) (STATE USE ONLY) | |
| Name of Monitoring Firm Hired by Building Owner (8) | MECS |
| ASCM No. | |
| Name of Abatement Contractor (9) | Stevens Environmental Services, Inc. |
| Street Address | PO Box 322 |
| City, State, Zip Code | Allentown, NJ 08501 |
| Telephone No. | (609) 259-9688 |
| License No. | 00493 |
| Name of OSHA Monitor | MECS |
| Street Address | PO Box 341 |
| City, State, Zip Code | Crosswicks, NJ 08515 |

**Project Manager for Monitoring Firm**  
William Weigarder  
(609) 298-4070  

**Start Date (10)**  
4/22/13  
**Scheduled Completion Date (11)**  
5/3/13

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

**Scope of Work (Check all that apply)**  
- [ ] 23 sf or 23 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)

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>Yes</td>
<td>Pipe Insulation</td>
<td>20 LF</td>
<td></td>
</tr>
<tr>
<td>Basement</td>
<td>No</td>
<td>Transite</td>
<td>3575 SF</td>
<td></td>
</tr>
<tr>
<td>1st Fl. Vestibule</td>
<td>N/A</td>
<td>VAT</td>
<td>455 SF</td>
<td></td>
</tr>
<tr>
<td>Basement / Stairwell</td>
<td>N/A</td>
<td>Mastic Daubs</td>
<td>987 SF</td>
<td></td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**  
Stevens Environmental Services, Inc.  
Hauler ID No. 18292  

**Cubic Yards of Waste**  
20 CU  
**Name of Registered Landfill**  
T.R.R.F., Inc. Landfill  

**City, State**  
Allentown, NJ  
**Disposal Date**  
5/3/13  
**City, State**  
Tullytown, PA  
**Completed By**  
Mahlon E. Stevens  
**Title**  
Project Manager  
**Signature**  
Date  
4/9/13

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

Date of Notification (1) 04/04/2013

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

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

Name of Building Owner/Operator (2)
Operator- Atlantic Aviation

Street Address
233 Industrial Ave

City, State, Zip Code
Teterboro NJ

Name of Contact
Joseph Fazio

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Teterboro Airport - Hangar 3

Street Address
177 Industrial Avenue

City (5)
Teterboro

County (6)
Bergen

County Code (7) (STATE USE ONLY)

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

Name of Abatement Contractor (9)
Kielczewski Corporation

Street Address
235 Watchung Ave

City, State, Zip Code
West Orange NJ

Project Manager for Monitoring Firm

Telephone No.

License No.
973-243-9872
01171

Start Date (10) 04/15/2013
Scheduled Completion Date (11) 05/31/2013

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)
- ≥3 sf or ≥3 if
- ≥160 sf or ≥260 if
- Renovation
- Demolition

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

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)
1,200LF
250LF

Abatement Type
- Removal
- Repair
- Encapsulate
- Endorse

Endorse

Name of Registered Waste Hauler
NJDEP Waste Hauler ID No. 18816

Cubic Yards of Waste

Name of Registered Landfill
Tullytown Resource Facility

City, State
Linden NJ

Completed by
Slawomir Kielczewski
Title President

Signature
Kielczewski Slawomir

Date 04/04/2013

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

Date of Notification (1) Name of Building Owner/Operator (2)
03/26/2013 William R. Goetz

Agencies Notified Type Notification Street Address
- EPA Initial 418 Carter Street
- DEP Amended
- DOL Amendment # 1
- DOH Emergency (including justification)
- DCA Cancellation

City, State, Zip Code Name of Contact Telephone Number
Canaan CT 06840 William Goetz

FACILITY INFORMATION
Name of Facility Where Abatement is Taking Place (3) Type of Facility (4)
Private Residence School (K-12)
Street Address Subchapter 8 (Other than K-12)
8 West Road Other (i.e. private & commercial buildings, homes, etc.)

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

Name of Monitoring Firm Hired by Building Owner (6) Name of Abatement Contractor (9)
ASCM No. Kielczewski Corporation

Street Address 140 Boulevard Street Address
City, State, Zip Code 235 Watchung Ave
Mountain Lakes West Orange NJ

Project Manager for Monitoring Firm Telephone No. Telephone No.
Leonid Shereshovsky 973-588-4821 973-243-9872

Name of OSHA Monitor License No.

Start Date (10) Name of OSHA Monitor License No.
04/04/2013 04/05/2013 01171

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)

- ≥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

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 of Asbestos-Containing Material (ACM) TO BE ABATED

Basement pipe insulation 150LF x

Name of Registered Waste Hauler
Kielczewski Corporation

NJDEP Waste Hauler ID No. Cubic Yards of Waste Name of Registered Landfill

Disposal Date City, State
City, State Morgantown PA

Completed by Title Signature
Siawomir Kielczewski President

04/04/2013

* 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 (1)
04/05/2013

Name of Building Owner/Operator (2)
L’Oreal USA

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

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

Name of Facility Where Abatement is Taking Place (3)
L’Oreal USA

Street Address
222 Terminal Ave

City, State, Zip Code
Clark NJ 07066

Name of Contact
Ted McKeon

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)
Manufacturing

Facility Information

County Code (7) (STATE USE ONLY)

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

ASCM No.

Name of Abatement Contractor (9)
Kielczewski Corporation

Street Address
140 Boulevard

City, State, Zip Code
Mountain Lakes NJ 07046

Name of OSHA Monitor

Telephone No.
973-588-4821

License No.
01171

Start Date (10)
04/08/2013

Project Manager for Monitoring Firm
Leonid Shereshevsky

Telephone No.
973-243-9872

Simulation Date
04/10/2013

Name of Registered Waste Hauler
Kielczewski Corporation

Cubic Yards of Waste

End Date

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

In Facility

Boiler room

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)

Boiler room

Amount (Specify SF or LF)

15sf

Boiler room

breeching

Bldg. Age

24lf

Boiler room

insulation fitting

Name of Registered Landfill
Conestoga Landfill

Name of Registered Waste Hauler ID No.

Disposal Date

City, State
West Orange NJ
Morgtown PA

Completed by
Slawomir Kielczewski
Title
President

Signature

Date
04/05/2013

* 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 (1)
4/6/13

Name of Building Owner/Operator (2)
John Brennan (Private Home)

Agencies Notified

<table>
<thead>
<tr>
<th>Agency</th>
<th>Type Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>X 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 (including justification)</td>
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<tr>
<td>X DOH</td>
<td>Cancellation</td>
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<tr>
<td>DCA</td>
<td></td>
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</table>

Street Address
55 West Ohio Av

City, State, Zip Code
Long Beach Township NJ 08008

Name of Contact
John

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
John Brennan (Private Home)

Street Address
55 West Ohio Av

City (5)
Long Beach Township NJ 08008

County (6)
Ocean

County Code (7) (STATE USE ONLY) ______

Current Use (Prior to if being demolished)
Home

Name of Monitoring Firm Hired by Building Owner (8)

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

Facility Perform Abatement Performance Outside of Normal Facility Hours

Other – Describe: ________________________________

Scope of Work (Check All That Apply)

- $3 or $3
- $160 or $250
- Demolition
- Abatement Performed Outside of Normal Facility Hours
- Other – Describe: ________________________________

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

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

Location of Registered Waste Hauler

NJDEP Waste Hauler ID No.
22459

Cubic Yards of Waste
3

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

City, State
Elm NJ

Disposal Date
4/26/13

City, State
Morrisville PA 19067

Completed by
Anthony T Perna
Title
President

Signature __________________________ Date 4/6/13

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

**Notification of Asbestos Abatement**

**Date of Notification:** 4-5-13

**Name of Person Notifying:** Michael Hilas

**Location:** 8 Denham Road, Springfield, NJ 07081

**Name of Contractor:** Rick Materna

**Name of Facility:** Ye Cottage Inn

**Address:** 149 West Front Street, Keyport, NJ 07735

**County:** Monmouth

**Name of Facility Owner or Manager:** EPC Technologies

**Address:** P.O. Box 337, New Egypt, NJ 08233

**Name of Abatement Contractor:** EPC Technologies Inc

**Address:** P.O. Box 337, New Egypt, NJ 08233

**Scope of Work:**
- 40 ft of 18 ft W x 150 ft of 200 ft L
- Demolition

**Location of Asbestos-Containing Material (ACM):**
- Dining Room
- 2nd Floor Locker Room
- Dining Room

**Amount of ACM:**
- Glue Dots: 40 SF
- 9" x 9" Floor Tiles: 700 SF
- 12" x 12" Floor Tiles: 18 SF

**Waste Management of ACM:**
- EPC Technologies

**Disposal Date:** 4-11-13

**City, State:** Monmouth, NJ

**License No.:** 08.3993

**Telephone No.:** 609-758-3365

**Name of Contractor:** Steve Schenker

**Title:** President

**Date:** 4-5-13

---

*Do not use this form for asbestos literature as noted in the form.*
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1):
04 / 08 / 13

Name of Building Owner/Operator (2):
John Placko

Street Address:
16 Palm Street

City, State, Zip Code:
Westwood, NJ 07675

Name of Contact:
John Placko

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
Built Age

NAME OF FACILITY WHERE ABATEMENT IS TAKING PLACE (3)

Private house

Street Address:
16 Palm Street

City:
Westwood, NJ 07675

County:
Bergen

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

Name of Abatement Contractor (9):
Gr Tech LLC

Street Address:
576 Valley Rd #283

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

Project Manager for Monitoring Firm:

Telephone No.:
973-638-1777

License No.:
01127

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

Start Date (10):
04 / 17 / 13

Scheduled Completion Date (11):
04 / 19 / 13

Scope of Work (Check all that apply):
☐ >3 sf or >3 Lf
☐ 160 sf or >280 Lf
☒ Renovation
☒ Demolition

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

DESCRIPTION OF ASBESTOS CONTAINING MATERIAL (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous):

Amount (Specify Sf or Lf):
130 LF

Abatement Type:
☒ Removal
☐ Repair
☐ Enclosure

Location of Name of Registered Waste Hauler (13):

Name of Registered Landfill (14):
T.R.R.F. Inc

Cubic Yards of Waste:
TBD

Disposal Date:
TBD

City, State:
Tullytown, PA

04/08/2013

Title:
Owner

Signature:

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

Nevic

MAY 11
# Notification of Asbestos Abatement

**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**

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

---

**Date of Notification (1)**

4/8/13

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

William Tyson (Private Home)

---

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Name of Building Owner/Operator (2)</th>
<th>Street Address</th>
<th>City, State, Zip Code</th>
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<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
<td>William</td>
<td>23 90th Street</td>
<td>Peahala Park NJ 08008</td>
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**Name of Facility Where Abatement is Taking Place (3)**

William Tyson (Private Home)

---

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City (5)</th>
<th>County (6)</th>
<th>County Code (7) (STATE USE ONLY)</th>
<th>Type of Facility (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>23 90th Street</td>
<td>Peahala Park NJ</td>
<td>Ocean</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

**Square Feet**

1000+

**# of Floors**

2

**Bldg. Age**

35+

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

Private Home

---

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

N/A

**Name of Abatement Contractor (9)**

Pernaco Inc.

---

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
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<tbody>
<tr>
<td>PO Box 329</td>
<td>West Berlin NJ 08091</td>
</tr>
</tbody>
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---

**Telephone No.**

856-753-9800

**License No.**

00727

---

**Name of OSHA Monitor**

Same

---

**Start Date (10)**

4/18/13

**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)**

- 160 ft² or 250 ft²
- Abatement Performed Outside of Normal Facility Hours

---

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

- Exterior Siding

---

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

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

---

**Amount (Specify SF or LF)**

1500 SF

---

**Name of Registered Waste Hauler**

United Containers

---

**Cubic Yards of Waste**

3

---

**Name of Registered Landfill**

G.R.O.W.S.

---

**City, State**

Elm NJ

---

**Disposal Date**

4/26/13

**City, State**

Morrsville PA 19067

---

**Completed by**

Anthony T Perna

**Title**

President

---

**Signature**

4/8/13

---

*Do not use this form for asbestos licensure exempted activities.*
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:30 and 12:130)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>4/9/13</th>
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<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Sean Maxwell (Private Home)</td>
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<tr>
<td>Agencies Notified</td>
<td>EPA, DEP, DOL, DOH, DCA</td>
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<tr>
<td>Type Notification</td>
<td>Initial, Amended, Amendment #</td>
</tr>
<tr>
<td>Street Address</td>
<td>79 Jerri Ann Drive, Manahawkin NJ 08050</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Manahawkin NJ 08050</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Sean</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>609-971-5255</td>
</tr>
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</table>

**FACILITY INFORMATION**

| Name of Facility Where Abatement is Taking Place (3) | Sean Maxwell (Private Home) |
| Street Address | 79 Jerri Ann Drive |
| City (5) | Manahawkin NJ 08050 |
| County (6) | Ocean |
| Name of Monitoring Firm Hired by Building Owner (8) | ASCM No. |
| Street Address | |
| City, State, Zip Code | |
| Name of Abatement Contractor (9) | Pernaco Inc. |
| Street Address | PO Box 329, West Berlin NJ 08092 |
| City, State, Zip Code | West Berlin NJ 08092 |
| Telephone No. | 856-753-9800 |
| License No. | 00727 |
| Name of OSHA Monitor | Same |
| Street Address | |
| City, State, Zip Code | |

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

- 23 sf or 23 if
- 1600 sf or 2600 if

- Renovation
- Demolition

- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (1) and Non-Friable Procedure

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

- TO BE ABATED
- In Facility
- Exteriar Siding
- 2000 SF

**Name of Registered Waste Hauler**

- United Containers
- NJDEP Waste Hauler ID No. 22459
- Cubic Yards of Waste 4
- Name of Registered Landfill G.R.O.W.S.
- Disposal Date 5/1/13
- City, State Morrisville PA 19067

**Completed by**

- Anthony T. Perna
- Title President

**Signature**

4/9/13

*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)

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<thead>
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<th>Date of Notification (1)</th>
<th>4/9/13</th>
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<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>City Of Vineland</td>
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<td>Agencies Notified</td>
<td>Type Notification</td>
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<tr>
<td>EPA</td>
<td>Initial</td>
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<td>DEP</td>
<td>Amended</td>
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<td>DOL</td>
<td>Amendment #</td>
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<td>DOH</td>
<td>Emergency (including Justification)</td>
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<td>DCA</td>
<td>Cancellation</td>
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<tr>
<td>Street Address</td>
<td>640 East Wood Street</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Vineland NJ 08362</td>
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FACILITY INFORMATION

| Name of Facility Where Abatement is Taking Place (3) | Vacant House / City Of Vineland |
| City (5) | Vineland, NJ 08362 |
| County (6) | Cumberland |
| County Code (7) | |

Project Manager for Monitoring Firm

| Name of Monitoring Firm Hired by Building Owner (8) | ASCM No. |
| Street Address | PO Box 329 |
| City, State, Zip Code | West Berlin NJ 08092 |

| Start Date (10) | 4/24/13 |
| Scheduled Completion Date (11) | 5/1/13 |

Scope of Work (Check All That Apply)

- [ ] ≥3sf or ≥3 lf
- [x] ≥160 sf or ≥260 lf
- [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 (13) | Name of Registered Waste Hauler |
| Name of Registered Landfill |

- [ ] Exterior Siding
- [ ] Exteriør Siding

| Amount (Specify SF or LF) |
| Abatement Type |

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

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

| City, State |
| Elm NJ |

Completed by

| Anthony T Perna |
| President |

Signature Date

| 4/9/13 |

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

Date of Notification (1): 4/9/13
Name of Building Owner/Operator (2): Earthtech Contracting

Agencies Notified:
- EPA
- DOL
- COM
- DCA
- DEF
- OSHA

Type of Notification:
- In situ

Street Address: 155 E. 7th St.
City, State, Zip Code: Greenfield, N.J.

Name of Contact: Bruce Breunig

Facility Information
- Type of Facility: Vacant
- Current Use: Vacant
- County Code: Atlantic
- Square Feet: N/A
- # of Floors: N/A
- Building Age: N/A

Name of Asbestos Contractor (8): KleenCo Inc.
Street Address: 369 S. Spruce Ave.
City, State, Zip Code: Maple Shade, N.J.
License No.: 00444

Name of Abatement Contractor (9): KleenCo Inc.
Street Address: 369 S. Spruce Ave.
City, State, Zip Code: Maple Shade, N.J.
License No.: 00444

Start Date (10): 4/22/13
Scheduled Completion Date (11): 4/29/13

Occupancy Status During Abatement (Check only one):
- In use
- Closed: Vacated
- Abatement Performed Outside of Normal Factory Hours
- Other: Descriptive

Scope of Work (Check all that apply):
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted 1 and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) to Be Abated

<table>
<thead>
<tr>
<th>Location</th>
<th>Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Siding</td>
<td>No</td>
<td>Transite</td>
<td>1200sf</td>
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</table>

Name of Registered Waste Hauler: KleenCo Inc.
NJDEP Waste Hauler ID No.: 17904
Disposal Date: N/A
City, State: Pleasantville, N.J.
Signature: Joseph Kleen
Date: 4/9/13

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

**Date of Notification:** April 8, 2013

**Name of Building Owner/Operator:** DNA Demolition

**Street Address:** 2156 Campain Road

**City, State, Zip Code:** Hillsborough, NJ 08844

**Name of Contact:** Antonio Dimuzio

## FACILITY INFORMATION

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

**Residence**

**Street Address:** 404 Hialeah Drive

**City:** Chatham

**County:** Ocean

**County Code:** ASCM No.

**Type of Facility:** School (k:12)

**Square feet:** 1000 sf

**# of Floors:** 1

**Bldg. Age:** 60

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

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

**Telephone Number:**

**Project Manager for Monitoring Firm:**

**Telephone Number:**

**Occupancy Status During Abatement:**

- **Facility Closed/Vacated During Entire Period of Abatement**
- **Abatement Performed Outside of Normal Facility Hours**

**Scope of Work:**

- **>3 sf or 3 sf**
- **≥160 sf or ≥250 sf**
- **Demolition**

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

- **Exterior:** X Asbestos siding

**Amount (Specify SF or LF):** 750 sf

**Abatement Type:** X

**Name of Registered Waste Hauler:** Guardian Contracting, Inc.

**NJDEP Waste Hauler ID No.:** 20223

**Cubic Yards of Waste:** 3

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

**City, State:** Toms River, New Jersey

**Disposal Date:** 4/10/13

**City, State:** Tullytown, Pennsylvania

**Completed by (Print or Type):** Nicholas Fernicola

**Title:** Project Manager

**Signature:**

**Date:** 4/8/2013

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

Date of Notification (1): April 8, 2013

<table>
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<td>[ ] DEP</td>
<td>[ ] Amended Notification</td>
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<td>[x] DOL</td>
<td>Amendment #</td>
</tr>
<tr>
<td>[x] DOH</td>
<td>Emergency (including justification)</td>
</tr>
<tr>
<td>[ ] DCA</td>
<td>[ ] Cancellation</td>
</tr>
</tbody>
</table>

Name of Building Owner/Operator (2): DnA Demolition

Street Address: 2156 Camplain Road
City, State, Zip Code: Hillsborough, NJ 08844

Name of Contact: Antonio Dimuzio
Telephone Number: [Redacted]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residence
Street Address: 106 West Sandpiper Way
City: Ocean Beach II
County: Ocean
County Code (7) (STATE USE ONLY): ASCM No.

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

Square feet: 600 sf
# of Floors: 1
Bldg. Age: 60
Current Use (Prior if being demolished): Residence
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

Project Manager for Monitoring Firm: N/A
Telephone Number: N/A

Scheduled Start Date (10): 4/08/13
Scheduled Completion Date (11): 4/09/13

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

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</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>YES</td>
<td>NO</td>
<td>N/A</td>
<td>500 sf</td>
</tr>
</tbody>
</table>

Exterior: X
Asbestos siding

Name of Registered Waste Hauler: Guardian Contracting, Inc.
NJDEP Waste Hauler ID No.: 20223
Cubic Yards of Waste: 3
Name of Registered Landfill: T.R.R.F.
City, State: Toms River, New Jersey
Disposal Date: 4/10/13

City: Tullytown, Pennsylvania
Completed by (Print or Type):
Title: Project Manager
Signature: [Redacted]
Date: 4/8/2013

*Do not use this form for asbestos license exempted activities.*
Date of Notification: 4/18/12

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

Agency Notified: EPA, DOL, DOM, DCA
Type of Notification: Initial

Name of Building Owner/Operator: SAME TECH CONTRACTING
Street Address: 155 Mt. So.
City, State, Zip Code: OCEAN CITY, N.J. 08230

Name of Contact: DAVID MURPHY
Facility Information:
- Name of Facility Where Abatement is Taking Place: RESIDENCE
- Street Address: 1708 WEST AVE.
- City: OCEAN CITY
- County: CAYUGA
- Name of Monitoring Firm Hired by Building Owner: N/A
- Name of Abatement Contractor: KLEMCO INC.
- Street Address: 369 S. SPRUCE AVE.
- City, State, Zip Code: MAPLE SHADE, N.J. 08052
- Telephone No.: 856-779-0422
- License No.: 00444
- Name of OSHA Monitor: JOSEPH KLEMM
- Street Address: 369 S. SPRUCE AVE.
- City, State, Zip Code: MAPLE SHADE, N.J. 08052

Occupancy Status During Abatement: Vacant
Scope of Work:
- Renovation
- Demolition

Location of Asbestos-Containing Material (ACM) TO BE ABATED:
- Name of Registered Waste Handler: KLEMCO INC.
- NDEP Waste Handler ID No.: 12588
- Cubic Yards of Waste: 5
- Name of Registered Landfill: C.M.C., M.U.A.
- City, State: MAPLE SHADE, N.J. 08052

Complited By: JOSEPH KLEMM

Signature: JOSEPH KLEMM
Date: 4/18/13

* Do not use this form for asbestos licensure exempted activities
**State of New Jersey**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60 and 11:12H)

**Date of Notification (1)**: 4/18/13  
**Name of Building Owner/Operator (2)**: AMERICAN CONTRACTOR SERVICES

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**Street Address**: 2547 Fine Road, Dun, N.J. 08110  
**City, State, Zip Code**: Eagan Township, N.J., 08234

**Name of Contact**  
**Telephone Number**: Donna

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>RESIDENCE</th>
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</thead>
</table>

**Address**: 20N, Madison Ave.  
**City**: MARGATE  
**County Code**: ATLANTIC

**Name of Abatement Contractor (9)**: Kiemco Inc.

| Address | 810 S. St., Dun, N.J. 08110  
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>City, State, Zip Code</td>
<td>MARGARET N.J., 08110</td>
</tr>
<tr>
<td>Telephone No</td>
<td>856-374-0722</td>
</tr>
<tr>
<td>License No</td>
<td>N/A</td>
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</table>

| Name of GSHA Worker | Joseph Kiemko  
|---------------------|----------------|
| Address | 810 S. St., Dun, N.J. 08110  
| City, State, Zip Code | MARGARET N.J., 08110 |

**Scheduled Completion Date (11)**: 4/23/13  
**Actual Completion Date (11)**: 4/29/13

**Status During Abatement (Check only)**

( ) Completed  
( ) Demolished

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

<table>
<thead>
<tr>
<th>Material</th>
<th>Location</th>
<th>Normal Use</th>
<th>Amount</th>
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<td>FLOORING</td>
<td>X TRANSITE</td>
<td>1500 sq ft</td>
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**Disposal of Asbestos-Containing Material (ACM)**

- **Name of Asbestos Disposal Facility**: Kiemco Inc.
- **Name of Responsible Person**: ACM, N.J.

**Disposal Date**

- **Date of Disposal**: 4/18/13

| Name of Responsible Person | Joseph Kiemko  
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State, Zip Code</td>
<td>MARGARET N.J., 08110</td>
</tr>
</tbody>
</table>

**Signature**

- **Signature**: John Kiemko
- **Date**: 4/18/13

---

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

(Pursuant to NJAC 8:56B and 521:20D)

**Date of Notification (1):** 4-9-13

**Name of Building Occupancy:**

**Address:** S 21 12th St, Lake Wood, NJ

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

**Name of Contractor:**

**Address:** S 521 12th St, Lake Wood, NJ

**City, State, Zip Code:**

**County Code (7):** DFGN

**Cost:**

**Hours:**

**Name of OSHA Monitor:**

**Address:**

**City, State, Zip Code:**

**Name of Abatement Contractor:**

**Address:**

**City, State, Zip Code:**

**Schedule Completion Date (11):** 4-26-13

**Licence No.:** 73L 2941 175

**Type of Facility (4):**
- School (K-12)
- Public Building (Other than K-12)
- Other (i.e., private & commercial buildings, homes, etc.)

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

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

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

**Abatement Type:**

**Do not use this form for abatements occurring in unoccupied facilities.
State of New Jersey
NOTIFICATION OF ABATEMENT OF ASBESTOS

Date of Notification (1) 4-8-13

Name of Building Owner/Operator (2) FOX WORTH BUILDING CO

Street Address 56 WASHINGTON AVE

City, State, Zip Code SOUTHAMPTON, NY 11968

County (6) MONMOUTH

Name of Abatement Contractor (10) ACE INSULATION CO. LTD

Street Address 95 MONROE AVE

City, State, Zip Code LINDTNECK, N.J. 07742

Project Manager for Monitoring Firm ACE INSULATION CO. LTD

Telephone No. 1-973-286-1757

Licence No. 0722029

Name of asbestos-Containing Material (ACM) SANDING

Amount 2000 SQ FT

Abatement Type 1

Name of Registered Waste Handler ACE INSULATION CO. LTD

City, State COLTS NECK, N.J. 07722

Complied By: Jack SMALL

Signature: 4-8-13

* Do not use this form for asbestos licensure exempted activities.
<table>
<thead>
<tr>
<th>Agency (s) Notified</th>
<th>Type Notification</th>
<th>Name of Building Owner/Operator (2)</th>
<th>City</th>
<th>State, Zip Code</th>
<th>Name of Contact</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>DEP</td>
<td>Initial</td>
<td>Chad Glenn</td>
<td>Palmyra</td>
<td>NJ 08065</td>
<td>Chad Glenn</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>Residence</td>
<td>□ School (K-12)</td>
</tr>
<tr>
<td>Street Address</td>
<td>□ Subchapter 8 (Other than K-12)</td>
</tr>
<tr>
<td>737 Garfield Ave.</td>
<td>□ Other (i.e., private 8 commercial buildings, homes, etc.)</td>
</tr>
<tr>
<td>City (s)</td>
<td></td>
</tr>
<tr>
<td>Palmyra</td>
<td></td>
</tr>
<tr>
<td>County Code (5)</td>
<td></td>
</tr>
<tr>
<td>Camden</td>
<td></td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (6)</td>
<td></td>
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<tr>
<td>N/A</td>
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</table>

**Abatement Information**

<table>
<thead>
<tr>
<th>Name of Abatement Contractor (9)</th>
<th>Phone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>AEi2, LLC</td>
<td>609-481-2122</td>
</tr>
</tbody>
</table>

**Project Manager for Monitoring Firm**

**Start Date (10)**

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
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<tbody>
<tr>
<td>4/20/2013</td>
<td>4/20/2013</td>
</tr>
</tbody>
</table>

**Occupancy Status During Abatement**

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

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

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

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

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

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

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

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

<table>
<thead>
<tr>
<th>Description of Asbestos Containing Material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
</tr>
<tr>
<td>15 LF</td>
</tr>
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</table>

**Amount of Waste**

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>NJDEP Waste Hauler ID No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>AEi2, LLC</td>
<td>21376</td>
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</tbody>
</table>

**Disposal Date**

<table>
<thead>
<tr>
<th>Disposal Date</th>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>TBD</td>
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