# 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>4/13/13</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Type Notification</th>
<th>Final Contracting</th>
</tr>
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</table>

**Street Address**

<table>
<thead>
<tr>
<th>Street Address</th>
<th>155 A St, 50</th>
</tr>
</thead>
</table>

**City, State, Zip Code**

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>GREENFIELD, N.J. 08230</th>
</tr>
</thead>
</table>

**Name of Contact**

<table>
<thead>
<tr>
<th>Name of Contact</th>
<th>BRUCE STEVENS</th>
</tr>
</thead>
</table>

**Facility Information**

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

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

<table>
<thead>
<tr>
<th>County Code</th>
<th>USE ONLY</th>
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</table>

**Name of Abatement Contractor (9)**

<table>
<thead>
<tr>
<th>Name of Abatement Contractor</th>
<th>KLEMCO INC.</th>
</tr>
</thead>
</table>

**Telephone**

<table>
<thead>
<tr>
<th>Telephone</th>
<th>856-779-0472</th>
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</table>

**Location of Asbestos-Containing Material (ACM) to be Abated**

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

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

<table>
<thead>
<tr>
<th>Type</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
</table>

**Name of Registered Waste Handler**

<table>
<thead>
<tr>
<th>Name of Registered Waste Handler</th>
<th>KLEMCO INC.</th>
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</table>

**Disposal Site**

<table>
<thead>
<tr>
<th>Disposal Site</th>
<th>TRANSITE</th>
</tr>
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</table>

**Name of Registered Landfill**

<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
<th>C.M.C., M.U.B.</th>
</tr>
</thead>
</table>

**Date**

<table>
<thead>
<tr>
<th>Date</th>
<th>4/13/13</th>
</tr>
</thead>
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*Do not use this form for asbestos incineration exempted activities.*
STATE OF NEW JERSEY  
NOTIFICATION OF ASBESTOS ABATEMENT  
(PURSUANT TO NJAIC 8:60-7 AND 12:120-7)

Date of Notification (1)  
04 / 22 / 13

Name of Building Owner / Operator (2)  
EPISCOPAL DIOCESE

Street Address  
31 MULBERRY STREET

City, State, Zip Code  
NEWARK, NJ 07102

Name of Contact  
DEBRA PERRY

Telephone Number  

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  
ST. JOHN'S CHURCH

Type of Facility (4)  

School (K-12)  

Subchapter 8 (Other than K-12)  

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

Square Feet  
25000 +

# Of Floors  
1 1/2

Building Age  
150 +

VACANT - FORMER CHURCH

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

ASCM NOW

LVI DEMOLITION SERVICES INC.

Street Address  
607 Doolittle Drive

Project Mgr. For Monitoring Firm  
Eric Houseknecht

Telephone Number  
908-218-1108

H City, State, Zip Code  
Bridgewater, NJ 08807

EAST HANOVER, NJ 07936

Telephone Number  
973-772-3660

License Number  
00860

Occupancy Status During Abatement (Check Only 1)  

Facility Closed/Vacated During Entire Period of Abatement  

Abatement Performed Outside of Normal Facility  

Hours - Describe: __ M-F - 7:00AM - 4:00PM

Other - Describe: 

Scope of Work (Check All That Apply)  

Demolition  

Renovation  

Full Containment with Negative Pressure  

Mini - Enclosure  

Glovebag Procedure  

Non-Exempted (*) and Non-Friable Procedure  

Location of Asbestos Containing Material (10)  

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

TO BE ABATED in Facility (13)  

Location  

Asbestos - Containing Material (ACM)  

(Unless, thermal systems, insulation, surfacing, VAT, or other miscellaneous)

Amount (Specify SF or LF)  

Abatement Type  

REMOVAL  

ENCLOSURE  

ENCAPSULATION  

ENCAPSULATION

Name of Registered Waste Hauler  
LVI DEMOLITION

NJDEP Waste Hauler ID No.  

Cubic Yards of Waste  

Name of Registered Landfill  
GROWS / WASTE MGMT

City, State  
EAST HANOVER, NJ

Disposal Date  

City, State  
MORRISVILLE, PA

Completed by (Print or Type)  

JOHN FOLSOM

Project Manager

Signature  

Date  
04/22/13

ASB-41
**State of New Jersey**

**Notification of Asbestos Abatement**
(Pursuant to NJAC 8:60-7 and 12:129-7)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>April 22, 2011</th>
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<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Princeton University</td>
</tr>
<tr>
<td>Agency(ies) Notified</td>
<td>Type Notification</td>
</tr>
<tr>
<td>[ ] EPA</td>
<td>Initial Notification</td>
</tr>
<tr>
<td>[ ] DEP</td>
<td>Emergency Notification</td>
</tr>
<tr>
<td>[X] DOL</td>
<td>Amended Notification #7</td>
</tr>
<tr>
<td>[ ] DOH</td>
<td>Cancellation</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

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

**Hibben & Magie Apartment Complex**

<table>
<thead>
<tr>
<th>Street Address</th>
<th>50 Faculty Road</th>
</tr>
</thead>
<tbody>
<tr>
<td>City (5)</td>
<td>Princeton</td>
</tr>
<tr>
<td>County (6)</td>
<td>Mercer</td>
</tr>
<tr>
<td>County Code (7) (State Use Only)</td>
<td></td>
</tr>
<tr>
<td>Current Use (Prior to being demolished)</td>
<td>Student Housing</td>
</tr>
</tbody>
</table>

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

ATC Associates

| Name of Abatement Contractor (9) | LVI Demolition Services, Inc. |
| Street Address | 32 Williams Parkway |
| City, State, Zip Code | East Hanover, NJ 07936 |

| Project Manager for Monitoring Firm | Mike Krehn |
| Telephone Number | 609-409-9400 |

| Scheduled Start Date (10) | 10/1/2012 |
| Sched. Completion Date (11) | 5/15/2013 |

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

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

| [] Demolition |
| [] Renovation |
| [] Full Containment with Negative Pressure |
| [X] Mobile-Wasure |
| [X] Glove Bag Procedure & "Wrap & Cut" |
| [X] Non-Friable Procedure |

**Location of Asbestos-Containing Material (ACM) (12)**

<table>
<thead>
<tr>
<th>Is Location Normally Used</th>
<th>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>Building Exterior</td>
<td>X Mastic</td>
<td>Yes</td>
<td>20,000 SF</td>
<td>X</td>
</tr>
<tr>
<td>Throughforth Structure</td>
<td>X Pipe Insulation</td>
<td>Yes</td>
<td>2000 LF</td>
<td>X</td>
</tr>
<tr>
<td>EXTERIOR PIPE TRENCH</td>
<td>X PIPE INSULATION</td>
<td>Yes</td>
<td>535 LF</td>
<td>X</td>
</tr>
<tr>
<td>EXTENSION</td>
<td>X TRANSITE PIPE</td>
<td>Yes</td>
<td>200 LF</td>
<td>X</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Handler**

LVI Demolition Services, Inc.

| Disposal Date | 2/12/2012 |
| City, State | East Hanover, NJ 07936 |

**Completed By (Print or Type)**

<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Waste Management of Pennsylvania</td>
<td>MD/PA/LA/FL/PA/FL/PA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed By (Print or Type)</th>
<th>Ed King</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
<td>President</td>
</tr>
</tbody>
</table>

| Date | April 22, 2013 |
**NOTIFICATION OF ASBESTOS ABATEMENT**

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

**Date of Notification (1)**

04/20/2013

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

JOSEPH PITHA

**Agencies Notified**

- EPA
- DEP
- DOL
- DOH
- DCA

**Type Notification**

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

**Street Address**

30 BEETHOVEN AVE.

**City, State, Zip Code**

WASHINGTON N.J. 07882

**Name of Contact**

JOSEPH PITHA

**Facility Information**

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

PRIVATE HOUSE

**Street Address**

30 BEETHOVEN AVE.

**City (5)**

WASHINGTON N.J. 07882

**County (6)**

N/A

**Current Use (Prior to Being Demolished)**

N/A

**Type of Facility (4)**

- School (K-12)
- Subchapter 8 (Other than K-12)
- Other (i.e. Private & Commercial Buildings, homes, etc.)

**Square Feet**

1,800 SF

**# of Floors**

2 STORIES

**Bldg. Age**

90 YEARS

**Name of Abatement Contractor (9)**

SHARON QUALITY CONSTRUCTION LLC.

**Street Address**

22 VAN ORDEN PL.

**City, State, Zip Code**

HACKENSACK N.J. 07601

**Name of OSHA Monitor**

ENVIRO - PROBE, INC.

**Street Address**

108 LIBERTY STREET

**City, State, Zip Code**

METUCHEN N.J. 08840

**Project Manager for Monitoring Firm**

N/A

**Telephone No.**

201-706-4270

**License No.**

01135

**Start Date (10)**

04/30/2013

**Scheduled Completion Date (11)**

05/01/2013

**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)**

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

Yes

**In Facility (13)**

- BASEMENT

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

**Amount (Specify SF or LF)**

120 sqft

**Abatement Type**

- Removal
- Repair
- Encapsulation
- Endorsement

**Name of Registered Waste Hauler**

SHARON QUALITY CONSTRUCTION LLC.

**NJ/DEP Waste Hauler ID No.**

0033997

**Cubic Yards of Waste**

TDB

**Name of Registered Landfill**

MINERVA ENTERPRISE INC.

**City, State**

HACKENSACK N.J. 07601

**Disposal Date**

TDB

**City, State**

WAYNESBURG, OHIO

**Completed by**

CARLOS ESQUIVEL

**Title**

SAFETY MANAGER

**Signature**

04/20/2013

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

Date of Notification (1)
04 / 20 / 13

Name of Building Owner/Operator (2)
Stanley Mayrowetz

Agencies Notified
□ EPA
□ DOLWD
☒ DHSS (N/JAC 5:23-8)
□ DOA
Type Notification
□ Initial
□ Amended
□ Emergency (including justification)
□ Cancellation

Method of Abatement
□ Thermal Insulation Removal
□ Encapsulation
□ Other

Street Address
8 Brookside Avenue
Caldwell, NJ 07006

Name of Contact
Stanley Mayrowetz

Telephone Number

Name of Facility Where Abatement is Taking Place (3)
Private house
8 Brookside Avenue
Caldwell, NJ 07006

County (6)
Essex

County Code (7) (STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8) ASCM No.
Gr Tech LLC 01127

Name of Abatement Contractor (9)
Envirovision Consultants, Inc.

Project Manager for Monitoring Firm
Street Address
576 Valley Rd #283
Wayne, NJ 07470

City, State, Zip Code

Telephone No.
973-638-1777

License No.

Start Date (10)
04 / 29 / 13

Scheduled Completion Date (11)
04 / 30 / 13

Name of OSHA Monitor

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

Time of Abatement: AM PM PM AM

Scope of Work (Check all that apply)
☐ Clean up and decontamination
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovesbag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

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

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

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

Amount [Specify SF or LF]

Abatement Type

Location

Basement

☐ Yes ☐ No ☐

Pipe insulation

85 LF

☐ AM ☐ PM ☐ PM ☐ AM

☐ YES ☐ NO ☐

Gr Tech LLC
0033785
TBD
T.R.R.F. Inc.

Name of Registered Waste Hauler

Cubic Yards of Waste

Name of Registered Landfill

Diaper Date

City, State

Wayne, NJ 07470

Completed By (Print or Type) Title

Signature

Date

N Jevtic Owner

Tullytown, PA
04/20/2013

* 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
April 19, 2013

### Name of Building Owner/Operator
Sage General Contracting

### Street Address
645 Mizzen Avenue

### City, State, Zip Code
Beachwood, NJ 08722

### Name of Contact
Jack Fernandez

### Telephone Number

#### FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residence</td>
</tr>
</tbody>
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<thead>
<tr>
<th>Street Address</th>
</tr>
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<tbody>
<tr>
<td>605 Bayview Drive</td>
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<table>
<thead>
<tr>
<th>City</th>
<th>County Code</th>
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<tbody>
<tr>
<td>Toms River</td>
<td>Ocean</td>
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<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner</th>
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</thead>
<tbody>
<tr>
<td>ASCM No. N/A</td>
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<table>
<thead>
<tr>
<th>Type of Facility</th>
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<tbody>
<tr>
<td>School (k-12)</td>
</tr>
<tr>
<td>Subchapter 8 (other than k-12)</td>
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<tr>
<td>Other (i.e., private &amp; commercial buildings, homes, etc.)</td>
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<table>
<thead>
<tr>
<th>Square feet</th>
<th># of Floors</th>
<th>Bldg. Age</th>
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<tbody>
<tr>
<td>1500 sf</td>
<td>1</td>
<td>60</td>
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<table>
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<tr>
<th>Current Use (Prior if being demolished)</th>
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<tbody>
<tr>
<td>Residence</td>
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<table>
<thead>
<tr>
<th>Name of Abatement Contractor</th>
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<tbody>
<tr>
<td>Guardian Contracting, Inc.</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Street Address</th>
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<tbody>
<tr>
<td>1889 Route 9, Unit 61</td>
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<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
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<tr>
<td>Toms River, New Jersey 08755-1271</td>
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<table>
<thead>
<tr>
<th>Telephone Number</th>
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<tbody>
<tr>
<td>732-349-9932</td>
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<table>
<thead>
<tr>
<th>License Number</th>
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<tbody>
<tr>
<td>00624</td>
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<table>
<thead>
<tr>
<th>Name of OSHA Monitor</th>
</tr>
</thead>
<tbody>
<tr>
<td>E.M.S.L. Analytical</td>
</tr>
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</table>

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

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

### Scope of Work
- [ ] > 3 sf or ≥ 3 ft
- [x] ≥ 160 sf or ≥ 260 sq ft
- [x] 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)

<table>
<thead>
<tr>
<th>TO BE ABATED</th>
</tr>
</thead>
<tbody>
<tr>
<td>in facility (13)</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Is Location Normally used</th>
</tr>
</thead>
<tbody>
<tr>
<td>Solely by Maintenance/Custodial Staff (12)</td>
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<table>
<thead>
<tr>
<th>Description of Asbestos-Containing Material (ACM)</th>
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<tbody>
<tr>
<td>(i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
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<table>
<thead>
<tr>
<th>Amount</th>
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<tr>
<td>(Specify SF or LF)</td>
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<table>
<thead>
<tr>
<th>Abatement Type</th>
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<tbody>
<tr>
<td>REMOVAL</td>
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<tr>
<td>REPAIR</td>
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<tr>
<td>ENCAPSULATE</td>
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<tr>
<td>ENCLOSURE</td>
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### Location

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

<table>
<thead>
<tr>
<th>Asbestos siding</th>
</tr>
</thead>
<tbody>
<tr>
<td>1250 sf</td>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th>NJDEP Waste Hauler ID No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>20223</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Cubic Yards of Waste</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
</tr>
</tbody>
</table>

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

### Disposal Date
4/23/13

### City, State
Toms River, New Jersey

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

<table>
<thead>
<tr>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project Manager</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Signature</th>
</tr>
</thead>
</table>

4/19/13

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*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) 4-30-13
Name of Building Owner/Operator (2) Brenny Co LLC

Agencies Notified
☐ EPA
☐ DEP
☐ DOH
☐ DCA
☐ Initial
☐ Amended
☐ Emergency (including justification)
☐ Cancellation

Street Address
269 Delaware Drive
City, State, Zip Code
Blairstown, NJ 08722

Name of Contact
Mike Tassillo

FACILITY INFORMATION
Name of Facility Where Abatement is Taking Place (3)
Single Family Dwelling
Street Address
15 Barry Drive
City (5)
Marlton, NJ 08053
County (6)
Ocean
Square Feet

Current Use (Prior to being demolished)
Single Family Dwelling

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

ASCM No.
N/A
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)
EPC Technologies
Street Address
P.O. Box 337
City, State, Zip Code
New Egypt, NJ 08533

License No.
007394
Name of OSHA Monitor
EPC Technologies Inc
Street Address
P.O. Box 337
City, State, Zip Code
New Egypt, NJ 08533

Telephone No.
609-758-3365

Project Manager for Monitoring Firm
Steve Schenk

Start Date (10)
May 1, 2013
Scheduled Completion Date (11)
May 3, 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)
☒ 23 sf or 23 sf
☒ 2160 sf or 2260 sf
☒ Demolition
☐ Renovation
☐ 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

Absorbable
No
N/A

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

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

Amount (Specify SF or LF)

Abatement Type
Repair
Encapsulate
Enclose

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

Name of Registered Landfill
Waste Management of PA

City, State
New Egypt, NJ
Disposal Date
5-3-13

Completed by
Steve Schenk
Title
President
Signature

Date
4-20-13

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

**State of New Jersey**
**Notification of Asbestos Abatement**
(Pursuant to N.J.A.C. 5:7A and 17-18)

**Date of Application:** 4-18-13

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

- **Type:** Duplex Residential Dwelling
- **Address:** 35 Cutter Dock Road
- **City:** Woodbridge, NJ
- **Zip Code:** 07095
- **Name:** Titan Demolition, LLC
- **Contact:** 732-751-1050

**Facility Information**

<table>
<thead>
<tr>
<th>Agency Notified</th>
<th>Type of Abatement</th>
</tr>
</thead>
<tbody>
<tr>
<td>FDA, NSF, DOL</td>
<td>Ar-shop Laborer</td>
</tr>
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**Location of Asbestos-Containing Material (ACM) to be Abated**

<table>
<thead>
<tr>
<th>Area</th>
<th>Description of ACM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kitchen</td>
<td>Cathedral roofing, insulation, sealant, fixtures</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Handler**

- **Name:** EPC Technologies
- **Address:** R.O. Box 337
- **City:** New Egypt, NJ
- **Contact:** Steve Schenke, 609-758-3385

**Disposal Date:** 4-22-13

**Note:** Do not use this form for asbestos exempted activities.

---

*Completed by: Steve Schenke, President, 4-18-13*
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>4-18-13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Michelle Zhao</td>
</tr>
<tr>
<td>Street Address</td>
<td>40 Miele Place</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Summit NJ 07901</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Michelle Zhao</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
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</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Single Family Dwelling</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>40 Miele Place</td>
</tr>
<tr>
<td>City (5)</td>
<td>Summit NJ 07901</td>
</tr>
<tr>
<td>County (6)</td>
<td>UNION</td>
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<table>
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<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>EPC Technologies</th>
</tr>
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<tbody>
<tr>
<td>Street Address</td>
<td>P.O. Box 337</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>New Egypt, NJ 08533</td>
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</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Steve Schenkena</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone No.</td>
<td>609-758-3365</td>
</tr>
</tbody>
</table>

| Start Date (10) | 4-30-13 |
| Scheduled Completion Date (11) | 4-30-13 |

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check Only One)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Facility Closed/Vacated During Entire Period of Abatement</td>
<td></td>
</tr>
<tr>
<td>☐ Abatement Performed Outside of Normal Facility Hours</td>
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<tr>
<td>☐ Other – Describe:</td>
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<table>
<thead>
<tr>
<th>Scope of Work (Check All That Apply)</th>
<th></th>
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<tbody>
<tr>
<td>☐ 320 sq ft or 23% If</td>
<td></td>
</tr>
<tr>
<td>☐ 360 sq ft or 25% If</td>
<td></td>
</tr>
<tr>
<td>☒ Demolition</td>
<td></td>
</tr>
<tr>
<td>☑ Renovation</td>
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<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility</th>
<th>Exterior</th>
</tr>
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<tbody>
<tr>
<td>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</td>
<td>Yes</td>
</tr>
<tr>
<td>Description of Asbestos-Containing Material (ACM) (I.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td>Siding, Shingles</td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
<td>1000SF</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>EPC Technologies</th>
</tr>
</thead>
<tbody>
<tr>
<td>NJ/DEP Waste Hauler ID No.</td>
<td>17000</td>
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<table>
<thead>
<tr>
<th>City, State</th>
<th>New Egypt, NJ</th>
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<table>
<thead>
<tr>
<th>Disposal Date</th>
<th>4-30-13</th>
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<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
<th>Waste Management of PA</th>
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<tr>
<td>City, State</td>
<td>Moonville, PA</td>
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</table>

<table>
<thead>
<tr>
<th>Completed by</th>
<th>Steve Schenkena</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
<td>President</td>
</tr>
<tr>
<td>Signature</td>
<td>Steve Schenkena</td>
</tr>
<tr>
<td>Date</td>
<td>4-18-03</td>
</tr>
</tbody>
</table>

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

Date of Notification (1) 4/4/13

Name of Building Owner / Operator (2) Trenton Board of Education

Agency Notified Type Notification
[ ] EPA
[ ] DEP
[ ] DOL, Initial
Amended R#1-4/19/13
[ ] DOH, Emergency
[ ] DCA

Street Address 1490 Prospect Street
City, State & Zip Code Trenton, NJ 08628
Name of Contact Mr. Everett O. Collins

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Trenton Central HS

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

Square Feet 70,000
# of Floors 3
Bldg. Age 60+

Current Use (Prior to being demolished) School

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

ASCM No.

Name of Abatement Contractor (9)
Bristol Environmental, Inc.

Street Address
1123 Beaver Street
City, State & Zip Code Bristol, PA 19007

Name of Project Manager for Monitoring Firm
Jim Frisbee

Telephone Number 609-392-4200

Name of OSHA Monitor
Bristol Environmental Inc.

Street Address
1123 Beaver Street
City, State & Zip Code Bristol, PA 19007

Scheduled Start Date (10) 4/17/13
Scheduled Completion Date (11) 4/19/13 (ON HOLD)

Occupancy Status During Abatement (Check only one)
[ ] Facility Closed/Vacated During Entire Period of Abatement
[ ] Abatement Performed Outside of Normal Hours – 7am to 3pm
Describe: 4:00 PM to 1:30 AM
[ ] Facility Occupied During Abatement

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

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

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

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

Amount (Specify SF or LF) 280 SF

Abatement Type

Name of Registered Waste Hauler
Bristol Environmental, Inc.

NJ DEP Waste Hauler ID No. 18706

cubic Yards of Waste 1 Cu Yd

Name of Registered Landfill
GROWS Landfill

City, State
Bristol, PA

Completed By (Print or Type)
Gino Pizzigoni

Title Project Manager

Signature

Date 4/4/13
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1) 4/4/13

Name of Building Owner / Operator (2) Trenton Board of Education

Agencies Notified

☐ EPA
☐ DEP
☐ DOL.736  
☐ DOH.59%  
☐ DCA

Type Notification

☐ Initial
☐ Amended
☐ Emergency
☐ Cancellation

Street Address

1490 Prospect Street

City, State & Zip Code

Trenton, NJ 08638

Name of Contact

Mr. Everett O. Collins

Telephone Number


FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Trenton Central HS

Street Address

400 Chambers Street

City (5)

Trenton

County (6)

Mercer

County Code (7)


Type of Facility (4)

☐ School (K-12) NON SUB-CHAPTER 8
☐ Subchapter 8 (Other than K-12)
☐ Other (i.e. private & commercial buildings, homes, etc.)

Square Feet

70,000

# of Floors

3

Bldg. Age

60+

Current Use (Prior if being demolished)

School

Name of Abatement Contractor (6)

Bristol Environmental, Inc.

Street Address

1123 Beaver Street

City, State & Zip Code

Bristol, PA 19007

Telephone Number

(215) 788-6040

License Number

00509

Name of OSHA Monitor

Bristol Environmental Inc.

Street Address

1123 Beaver Street

City, State & Zip Code

Bristol, PA 19007

Occupancy Status During Abatement (Check only one)

☐ Facility Closed/Vacated During Entire Period of Abatement
☒ Abatement Performed Outside of Normal Hours – 7am to 3pm

Describe: 4:00 PM to 1:30 AM

Facility Occupied During Abatement

Scope of Work (Check all that apply)

☐ ≥3 sf or ≥3 lf
☐ ≥160 sf ≥280 lf

☒ Renovation

☒ Demolition

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

C-112

A-215

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

Yes No N/A

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

Nail Create

Nail Create

Amount (Specify SF or LF)

280 SF

420 SF

Full Containment with Negative Pressure

Mini-Enclosure

Glove Bag Procedures

Non-Exempted and Non-Friable Procedure

Abatement Type

Name of Registered Waste Hauler

Bristol Environmental, Inc.

NJDEP Waste Hauler ID No.

18706

Cubic Yards of Waste

1 Cu Yd

Name of Registered Landfill

GROWS Landfill

City, State

Bristol, PA

Disposal Date

4/19/13

City, State

Morrisville, PA

Completed By (Print or Type)

Gino Pizzigoni

Title

Project Manager

Signature

Date

4/4/13

GT 18050
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) 04 / 19 / 13
Name of Building Owner/Operator (2) Sandy Lee

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

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

Street Address
405 Melrose Avenue
City, State, Zip Code
Middlesex, NJ 08846

Name of Contact
Sandy Lee

(1) Telephone Number

FACILITY INFORMATION
Name of Facility Where Abatement is Taking Place (3)
Private house
Street Address
405 Melrose Avenue
City (5)
Middlesex, NJ 08846
County Code (7) (STATE USE ONLY) County (5)

Name of Monitoring Firm Hired by Building Owner (6)
ASCM No.
Name of Abatement Contractor (9)
Gr Tech LLC
Gr Tech LLC

Street Address
576 Valley Rd #283
Wayne, NJ 07470

City, State, Zip Code
City, State, Zip Code

Project Manager for Monitoring Firm
Telephone No.
Wayne, NJ 07470

Start Date (10) 04 / 28 / 13
Scheduled Completion Date (11) 04 / 29 / 13

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

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

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

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

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 SI/Ft or LF)

Abatement Type
Removal
Repair
Encapsulate
Endorse

Location of Asbestos-Containing Material (ACM)

Basement

☐ ☐ ☒ Pipe insulation 105 LF

Location of Asbestos-Containing Material (ACM)

Name of Registered Waste Hauler
Gr Tech LLC

Cubic Yards of Waste
TBD

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

Disposal Date
TBD

City, State
Wayne, NJ 07470

Title Owner
N. Jevtic

Signature

Date
04/19/2013

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

Date of Notification (1)
April 04, 2013

Name of Building Owner/Operator (2)
P&O NY & NJ

Agency Notified
☐ EPA
☐ DOL
☐ DOH
☐ DCA
☐ Admin. Amended
☐ Amendments # 01
☐ Emergency (including
justification)
☐ Cancellation

Street Address
51 Port Terminal Boulevard
City, State, Zip Code
Bayonne, NJ 07002-5014

Name of Contact
Ken Woodruff

Name of Facility Where Abatement is Taking Place (3)
Kinder-Morgan Building

County Code (7) (STATE USE ONLY)
Essex

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

Square Feet
3500

# of Floors
2

Bidg. Age
40 +/-

Current Use (Prior if being demolished)

Education

Name of Monitoring Firm Hired by Building Owner (3)
McCabe Environmental Services, L.L.C.

Street Address
464 Valley Brook Avenue
City, State, Zip Code
Lyndhurst, NJ 07071-1998

Project Manager for Monitoring Firm
Ellen McCabe

Telephone No.
201-438-4839

Start Date (10)
April 29, 2013

Scheduled Completion Date (11)
June 30, 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 ft
☐ ≥ 160 sf or ≥ 260 lb

☐ 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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM)</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>
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</thead>
<tbody>
<tr>
<td>GC Bathroom</td>
<td></td>
<td>Ceramic Tile Mastic &amp; wall mastic</td>
<td>48 sq ft</td>
</tr>
<tr>
<td>Locker Room</td>
<td></td>
<td>VAT</td>
<td>44 sq ft</td>
</tr>
<tr>
<td>Storage Room 1 &amp; 2</td>
<td></td>
<td>VAT</td>
<td>445 sq ft</td>
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<tr>
<td>Outside Work</td>
<td></td>
<td>Window &amp; AC Caulking &amp; 1 louver</td>
<td>145 LF &amp; 1 each</td>
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</table>

Name of Registered Waste Hauler
B&N&K Restoration Co., Inc.

Cubic Yards of Waste
20

Name of Registered Landfill
Minerva Enterprises, Inc.

City, State, ZIPCode
Clifton, NJ 07071 / Bronx, NY

Disposal Site
Waynesburg, PA

Complted by
Alessandar Kuridza
Title
Vice-President

Date
4/19/2013

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

**Date of Notification:** 4/16/2013

**Name of Building Owner/Operator:** METRO RAHWAY URBAN RENEWAL, LLC

**Street Address:** 111 MAGEE AVENUE

**City, State, Zip Code:** LAVALLETTE, NJ 08735

**Name of Contact:** GHANE SORRANO

### FACILITY INFORMATION

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

**Street Address:** 1442 CAMPBELL STREET

**City:** RAHWAY

**County:** UNION

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

**AGCM No.:** 00110

**Name of Abatement Contractor:** TWO BROTHERS CONTRACTING

**Street Address:** 260 RUTHERFORD BLVD.

**City, State, Zip Code:** CLIFTON, NJ 07014

**Name of OSHA Monitor:** SAME AS (9) ABOVE

**Street Address:**

**City, State, Zip Code:**

### SCOPe OF WORK (Check All That Apply)

- [ ] indoors or as ii
- [ ] 1800 sf or 12000 sf

- Renovation
- Demolition

### LOCATION OF ASBESTOS-CONTAINING MATERIAL (ACM) TO BE ABATED

<table>
<thead>
<tr>
<th>Location</th>
<th>Year</th>
<th>No</th>
<th>NA</th>
<th>Description</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
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<tbody>
<tr>
<td>BASEMENT</td>
<td>X</td>
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<td></td>
<td>PIPE INSULATION (WRAP &amp; CUT)</td>
<td>160 LF</td>
<td>x</td>
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<tr>
<td>1ST FL &amp; 2ND FL BEDROOM</td>
<td>X</td>
<td></td>
<td></td>
<td>VAT</td>
<td>650 SF</td>
<td>x</td>
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### Other - Location: VACANT

**Name of Registered Waste Handler:** TWO BROTHERS CONTRACTING

**New Jersey Waste Handler ID No.:** 16743

**Name of Registered Lessor:** WASTE MANAGEMENT G.R.O.W B.

**City, State:** CLIFTON, NJ

**Disposal Date:** 4/27/2013

**City, State:** MORRISVILLE, PA

**Completed by:** VIVECA RAMOS

**Date:** 4/16/2013

---

*Do not use this form for asbestos management exempted activities.*
Date of Notification (1): 4/16/2013
Name of Building Owner/Operator (2): METRO RAHWAY URBAN RENEWAL, LLC

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

Street Address: 111 MAGEE AVENUE
City, State, Zip Code: LAVALLETTE, NJ 08735
Name of Contact: SHANE SORRANO

Name of Facility Where Abatement is Taking Place (3):
ABANDONED HOUSE
Street Address: 1442 CAMPBELL STREET
City (5): RAHWAY
County (6): UNION

County Code (7): [STATE USE ONLY]

Name of Monitoring Firm Hired by Building Owner (8):
WHITMAN COMPANIES
ASCM No: 00110

Name of Abatement Contractor (9):
TWO BROTHERS CONTRACTING
Street Address: 250 RUTHERFORD BLVD.
City, State, Zip Code: CLIFTON, NJ 07042
Telephone No: 973-954-8700
License No: 00494

Name of OSHA Monitor:
SAME AS (9) ABOVE

Start Date (10): 4/20/2013
Scheduled Completion Date (11): 4/27/2013

Occupancy Status During Abatement (Check Only One):
[ ] Abatement Performed Outside of Normal Facility Hours
[ ] Facility Closed/Vacated During Entire Period of Abatement
[ ] Full Containment with Negative Pressure
[ ] Mini-Enclosure
[ ] Glovesbag Procedure
[ ] Non-Exempted (*) and Non-Friable Procedure

Scope of Work (Check All That Apply):
[ ] ≥2 sf or ≥2 ft
[ ] ≥160 sf or ≥260 ft
[ ] Renovation
[ ] Demolition

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>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>BASEMENT</td>
<td>[X]</td>
<td>PIPE INSULATION (WRAP &amp; CUT)</td>
<td>150 LF</td>
<td>[ ] Removal</td>
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<tr>
<td></td>
<td></td>
<td>VAT</td>
<td>650 SF</td>
<td>[X] Repair</td>
</tr>
<tr>
<td>1ST FL &amp; 2ND FL BEDROOM, 2ND FL KITCHEN</td>
<td>[X]</td>
<td></td>
<td></td>
<td>[ ] Encapsulate</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler:
TWO BROTHERS CONTRACTING
NJDEP Waste Hauler ID No: 13745
City, State: CLIFTON, NJ
Disposal Date: 4/27/2013
Name of Registered Landfill:
WASTE MANAGEMENT G.R.O.W.S.
City, State: MORRISVILLE, PA

Completed by:
VIVECA RAMOS
Title: SECRETARY
Signature: [Signature]
Date: 4/18/2013

* 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 (11)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>4/17/13</td>
<td>ELIZABETH BOE</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Name of Contact</th>
<th>Telephone Number</th>
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<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
<td>73122453222</td>
<td></td>
</tr>
<tr>
<td>DPW</td>
<td>Amended</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DOL</td>
<td>Emergency (including justification)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DOH</td>
<td>Cancellation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DCA</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Type of Facility (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>MAPLE HOLLOW SCHOOL #5</td>
<td>School (K-12)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>650 BAYWAX AVE</td>
<td>ELIZABETH</td>
</tr>
<tr>
<td></td>
<td>NJ</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>County (6)</th>
<th>Name of Monitoring Firm Hired by Building Owner (7)</th>
</tr>
</thead>
<tbody>
<tr>
<td>UNION</td>
<td>DETAIL ASSOCIATES</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Abatement Contractor (9)</th>
<th>Telephone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>GRISEZ</td>
<td>973-2345-2222</td>
</tr>
<tr>
<td>TONI VALENTINE</td>
<td>201-569-6708</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>License No.</th>
<th>Name of OSHA Monitor</th>
</tr>
</thead>
<tbody>
<tr>
<td>0000021</td>
<td>SAME</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)</th>
<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>1st Floor chase</td>
<td>Pipe Insulation</td>
<td>300 LF</td>
<td>Demolition</td>
</tr>
<tr>
<td>RM 226</td>
<td>Repair Plaster</td>
<td>10 SF</td>
<td></td>
</tr>
<tr>
<td>RM 226</td>
<td>Repair VAT</td>
<td>12 SF</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waage Hauler</th>
<th>NDEP Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>EASTERN WASTE</td>
<td></td>
<td></td>
<td>305-4 IMPERIAL PA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>Disposal Date</th>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>FREEHOLD, NJ</td>
<td>4/17/13</td>
<td>IMPERIAL, PA</td>
</tr>
</tbody>
</table>

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

- [x] 23 ft or >3 ft  
- [ ] 2160 sf or >2600 sf  
- [ ] Renovation  
- [ ] Demolition  
- [ ] Full Containment with Negative Pressure  
- [ ] Mini-Enclosure  
- [ ] Other - Describe:  

*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) 4/18/2013  Check #2401

Name of Building Owner/Operator (2) Trinitas Regional Medical Center

Agencies Notified

<table>
<thead>
<tr>
<th>Agency</th>
<th>Notification Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
</tr>
<tr>
<td>DEP</td>
<td>Amended</td>
</tr>
<tr>
<td>DOL</td>
<td>Emergency (including justification)</td>
</tr>
<tr>
<td>DOH</td>
<td>Cancellation</td>
</tr>
</tbody>
</table>

Street Address
225 Williamson Street

City, State, Zip Code
Elizabeth, NJ 07202

Name of Contact
William Strahan

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Trinitas Regional Medical Center

Street Address
225 Williamson Street

City (5)
Elizabeth, NJ 07202

County (6)
UNION

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
60,000

# of Floors
8

Bldg. Age
66+

Current Use (Prior if being demolished)
Hospital

Name of Monitoring Firm Hired by Building Owner (6)
Omegas Environmental

ASCM No.

Name of Abatement Contractor (9)
EA Services Corporation

Street Address
426 69th Street

City, State, Zip Code
Guttenberg, NJ 07093

Project Manager for Monitoring Firm

Telephone No.
201-489-8700

License No.
01074

Start Date (10)
4/18/2012

Scheduled Completion Date (11)
4/19/2013

Name of OSHA Monitor
Same as above

Occupancy Status During Abatement (Check Only One)

- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other – Describe: Starting at 8:00 PM

Scope of Work (Check All That Apply)

- Renovation
- Demolition

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

<table>
<thead>
<tr>
<th>Category</th>
<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>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement-Mechanical Room-N.Bld</td>
<td>x</td>
<td></td>
<td>Elbows</td>
<td>6 LF</td>
<td>x</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
Freehold Carting

Waste Hauler ID No.
15939

Cubic Yards of Waste

Name of Registered Landfill
Waste Management

City, State
PO Box 5010

Disposal Date

City, State
Tullytown, PA

Completed by
Gina Salvador

Title
Office Manager

Signature

Date
4/18/2013

ASB-41 (R-05-08)

* 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)  
4-19-2013

Name of Building Owner/Operator (2)  
Emerita Urban Renewal LLC.

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

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

Street Address  
744 Broad St. Suite 406

City, State, Zip Code  
Newark NJ 07102

Name of Contact  
Mosses T.

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  
Commercial Building.

Street Address  
744 Broad St.

City (5)  
Newark NJ.

County (6)  
Essex

County Code (7)  
(SATE USE ONLY)

Square Feet  
566400

# of Floors  
10

Bldg. Age  
80+

Current Use (Prior if being demolished)

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

Name of Abatement Contractor (9)  
Green Environmental Services. LLC.

Street Address  
235 Virginia Ave.

City, State, Zip Code  
Jersey City NJ. 07304

Project Manager for Monitoring Firm

Telephone No.

Telephone No.

License No.

201-333-8855

201-333-8855

01174

Start Date (10)  
4-29-2013

Scheduled Completion Date (11)  
6-10-2013

Name of OSHA Monitor

Bioterra Solutions.

Occupancy Status During Abatement (Check Only One)

☒ Facility Closed/Vacated During Entire Period of Abatement

☒ Abatement Performed Outside of Normal Facility Hours

☐ Other – Describe: From 6pm to 4am

Street Address  
P.O. Box 1224

City, State, Zip Code  
Union NJ. 08841.

Scope of Work (Check All That Apply)

☒ ±33 sf or ±33 sf

☒ ±180 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)

Is Location Normally Used Solely by Maintenance/Custodial Staff?

Yes ☑ No ☒ N/A

Location

Is Location Normally Used Solely by Maintenance/Custodial Staff?

Yes ☑ No ☒ N/A

Sub-basement

Sub-basement

Boiler #2 Insulation.

Boiler #3 Insulation.

Amount (Specify SF or LF)

3100SF.

3100SF.

Abatement Type

☐ Removal

☐ Rectifying

☐ Encapsulation

☐ Endoskeleton

Name of Registered Waste Hauler

Tri-state Transfer Associate

NJDEP Waste Hauler ID No. 2A456

NJDEP Waste Hauler ID No. 2A456

Cubic Yards

40

Cubic Yards

40

Name of Registered Landfill

Minerva Enterprises.

Minerva Enterprises.

Disposal Date

5-10-2013

Disposal Date

5-10-2013

City, State

City, State

Bronx New York.

Wynessburg-Ohio.

Completed by

Tiffany Nunez

Title

Office Manager.

Signature

Date

4-19-2013.

ASB-41 (R-06-08)

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

**State of New Jersey**

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

---

**Date of Notification (1)**
04/19/2013

**Name of Building Owner/Operator (2)**
ANGEL RANDALL KING

**Street Address**
1530 - MORRIS DRIVE

**City, State, Zip Code**
HILLSIDE N.J. 07205

---

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

**Street Address**
1530 MORRIS DRIVE

**City**
HILLSIDE

**Zip Code**
07205

---

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

**Name of Abatement Contractor (9)**
SHARON QUALITY CONSTRUCTION LLC.

**Street Address**
22 VAN ORDEN PL.

**City, State, Zip Code**
HACKENSACK N.J. 07601

---

**Start Date (10)**
04/19/2013

**Scheduled Completion Date (11)**
04/19/2013

---

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

---

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

---

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Description</th>
<th>Location Normally Used Solely by Maintenance/Custodial Staff?</th>
</tr>
</thead>
<tbody>
<tr>
<td>BASEMENT</td>
<td>PIPE INSULATION</td>
<td>X</td>
</tr>
</tbody>
</table>

**Amount (Specify SF or LF)**
70 LF.

**Abatement Type**
X

---

**Name of Registered Waste Hauler**
SHARON QUALITY CONSTRUCTION LLC.

**City, State**
HACKENSACK N.J. 07601

---

**Name of Registered Landfill**
MINERVA ENTERPRISE INC.

**Disposal Date**
TBD

**City, State**
WAYNESBURG, OHIO

---

**Completed by**
CARLOS ESQUIVEL

**Title**
SAFETY MANAGER

**Signature**

---

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