State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:90 and 12:126)

Date of Notification (1)  
04/17/2015

Name of Building Owner/Operator (2)  
Matteo Appicella

Agencies Notified Type Notification

☐ □ EPA  
☐ □ DEP  
☐ □ DOL  
☐ □ DOH  
☐ □ DCA

Name of Contact  
Matteo Appicella

Street Address  
2 East Main St.

City, State, Zip Code  
Clinton NJ 08809

FACILITY INFORMATION

Type of Facility (4)

☐ School (K-12)  
☐ Subchapter 6 (Other, i.e. private & c.

Square Feet  
1500

# of Floors  
2

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

Current Use (Prior, if being

House

n K-12)  
☐ Commercial buildings, homes,

Other (i.e. private & c. etc.)

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

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

Street Address  
265 A Route 46 Suite 3D

City, State, Zip Code  
Totowa, NJ 07512

Start Date (10)  
04/27/2015

Scheduled Completion Date (11)  
04/29/2015

Occupancy Status During Abatement (Check Only One)

☑ Facility Closed/Vacated During  
Entire Period of Abatement

☐ Other — Describe:

Scope of Work (Check All That Apply)

☑ 1000 sf or 1000 sf

☐ 1000 sf or 1000 sf

Yes No N/A

Location of Asbestos-Containing Material (ACM)

TO BE ABATED

Crawlspace  
X

Attic  
X

Yes No N/A

Description of Asbestos-Containing Material (ACM)

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

Amc (Spec SF or )  
5L

Location Normaly  
Yes No N/A

Cubing Yards of Waste  
5

Name of Registered Waste Hauler  
Bako Construction & Restoration Inc

NJDEP Waste Hauler ID No.  
20889

Disposal Date  
04/29/15

City, State, Zip Code  
Totowa, NJ

Completed by  
Damir Valjevac

Title  
Project Manager

Name of Registered Grower  
indfill

Date  
04/17/2015

* The next page hosts forms for education

**Please supervise patented equipment
# Notification of Asbestos Abatement

**State of NJ**

**Notification of Asbestos Abatement**

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

**B & G proj. #:** 2015-73

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>04/11/15</th>
</tr>
</thead>
</table>

**Agencies Notified**

- □ EPA
- □ DEP
- □ DOL
- □ DOH
- □ DCA

**Type Notification**

- □ Initial
- □ Amendment
- □ Cancellation

<table>
<thead>
<tr>
<th>Name of Building Owner/Operator (2)</th>
<th>Clara Maass Medical Center</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>1 Clara Maass Drive</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>Belleville, NJ 07109</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of Contact</th>
<th>Luis Caceres</th>
</tr>
</thead>
</table>

**Telephone Number**

<table>
<thead>
<tr>
<th>FACILITY INFORMATION</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of facility where abatement is taking place (3)</th>
<th>Main Hospital, Entrance (NON SUB 8)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>1 Clara Maass Drive</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>County Code (7)</th>
<th>Essex</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of Abatement Contractor (9)</th>
<th>B &amp; G Restoration, Inc.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>105 Ryerson Road</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>Lincoln Park, NJ 07035</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Telephone Number</th>
<th>(973)696-6869</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>License Number</th>
<th>00378</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Type of Facility</th>
<th>□ School (K - 12)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>□ Site (Other than K-12)</td>
</tr>
<tr>
<td></td>
<td>□ Other (Private/Commercial Buildings, etc.)</td>
</tr>
</tbody>
</table>

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

**Prior if being demolished**

<table>
<thead>
<tr>
<th>Current Use</th>
<th>Hospital</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Prepared by</th>
<th>(Print or Type)</th>
</tr>
</thead>
</table>

- | **Gordana Luna** |

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

<table>
<thead>
<tr>
<th>Location of asbestos-containing material to be abated in facility (13)</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is location normally used solely by maintenance/custodial staff(12)</td>
<td>transite pipe</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Description</td>
<td>400 ft</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Registered Waste Hauler</th>
<th>B &amp; G Restoration, Inc.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>NJDEP Hauler ID#</th>
<th>19563</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Cubic Yards of Waste</th>
<th>7 yards</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
<th>Tullytown Resource Recovery Center</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>Lincoln Park, NJ</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Disposal Date</th>
<th>05/01/2015</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Completed by</th>
<th>(Print or Type)</th>
</tr>
</thead>
</table>

- | **Gordana Luna** |

**Contributor**:

<table>
<thead>
<tr>
<th>Title</th>
<th>Secretary/Treasurer</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Date</th>
<th>04/17/2015</th>
</tr>
</thead>
</table>
State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12:120-7)

B & G proj. #: 2015-66

Date of Notification (1)
1/17/2015

Name of Building Owner/Operator (2)
Barbara Laura

Street Address
167 Ashland Avenue

City, State, Zip Code
Bloomfield, NJ 07003

Name of Contact
Barbara Laura

Telephone Number

ACTIONS

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

Type Notification
Initial

Amendment

Cancellation

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
Barbara Laura

Street Address
167 Ashland Avenue

City (5) County (6) County Code (7) (State use only)
Bloomfield, NJ Essex

Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No.
n/a

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

Street Address
105 Ryerson Road

City, State, Zip Code
Lincoln Park, NJ 07035

Telephone Number
(973) 696-6669

License Number
00378

Name of OSHA Monitor
B & G Restoration, Inc.

Street Address
105 Ryerson Road

City, State, Zip Code
Lincoln Park, NJ 07035

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

Scope of Work (check all that apply)
☒ Renovation
☐ Demolition
☐ >3 sf or >3 if
☐ ≥160 sf or >260 sf
☒ Mini-enclosure
☐ Full Containment w/negative pressure

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

Is location normally used solely by maintenance/custodial staff (12)
Yes ☒ No ☐ N/A ☐

Description of asbestos-containing material (ACM)
pipe insulation

Amo (Spe LF)
93 if

Registered Waste Hauler
B & G Restoration, Inc.

NJ DEP Hauler ID # 19563

Cubic Yards of Waste
1

Name of Registered Landfill
Tullytown Resource Recovery Center

City, State
Lincoln Park, NJ Tullytown, PA

Disposal Date
04/30/2015

Completed by (Print or Type)
Gordana Luna
Title
Secretary/Treasurer

Signature
Gordana Luna

Date
04/17/2015
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)
4 / 17 / 15

Name of Building Owner/Operator (2)
Trustees of Princeton University

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

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

Street Address
E.A MacMillan Building
Princeton, NJ 08544

Name of Contact
Robert Ortega

FACILITY INFORMATION

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

Street Address
5 Ivy Lane
Princeton

County (6)
MERcer

County Code (7)(STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8)
Cardno ATC

ASCM No.

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

Street Address
1123 BEAVER STREET
Burlington

City, State, Zip Code
BRISTOL, PA 19007

Project Manager for Monitoring Firm
Mike Keehn

Telephone No.
609-386-8800

Telephone No.
215-788-6040

Licence No.

Name of OSHA Monitor
BRISTOL ENVIRONMENTAL, INC.

Street Address
1123 BEAVER STREET

City, State, Zip Code
BRISTOL, PA 19007

Start Date (10)
5 / 1 / 15

Scheduled Completion Date (11)
5 / 7 / 15

Occupancy Status During Abatement (Check only one)
☐ Facility Closed/Vacated During Entire Period of Abatement
☒ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PM PM-7:00AM

Scope of Work (Check all that apply)
☐ >3 sf or >=3 if
☐ >160 sf or >=280 if
☒ Renovation
☒ Demolition
☒ Full Containment with Negative Pressure
☒ Mini-Enclosure
☒ Glovebag Procedure
☒ Non-Exempted (*) and Non-Friable

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)

Abatement Type
☐ Removal
☐ Repair
☐ Encapsulate

Waste Disposal
☐ Landfill
☐ ANDFILL

Name of Registered Waste Hauler
BRISTOL ENVIRONMENTAL, INC.

NJDEP Waste Hauler ID No.
18705

Cubic Yards of Waste

Name of Registered LAboratory
G.R.O.W.S. NORTHERN

City, State
BRISTOL, PA 19007

Disposal Date

City, State
MORRISVILLE, PA 19067

Completed By (Print or Type)
Brian Scafiro

Title
Estimator

Signature

Date
4/17/15

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

**Date of Notification (1)**

- Name of Building Owner/Operator (2):
  - CATHY TIMPONE, EXECUTRIX

- Street Address:
  - 18-10 CALEBRESE PLACE

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

- Name of Contact:
  - CATHY TIMPONE, EXECUTRIX

**FACILITY INFORMATION**

- Name of facility where abatement is taking place (3):
  - THE ESTATE OF SUSAN PORTO

- Street Address:
  - 226 EAST RUBY AVENUE

- City (5) County (6) County Code (7)
  - PALISADES PARK BERGEN

- ASCM No. Name of Abatement Contractor (9):
  - D & S RESTORATION, INC

- Address:
  - 20 California Ave.

- City, State, Zip Code:
  - Paterson, NJ 07503

- Telephone Number:
  - 973-345-8020

- License Number:
  - 01169

- Name of OSHA Monitor:
  - D & S Restoration, Inc.

- Street Address:
  - 20 California Avenue

- City, State, Zip Code:
  - Paterson, NJ 07503

- Prior if being demolished:
  - No

- Facility closed/vacated during entire period of abatement (Check only one):
  - No

- Occupancy Status During Abatement:
  - Normal Hours

- Scope of Work (check all that apply):
  - ≥30 sq ft or ≥3 ft
  - ≥160 sq ft or ≥280 ft
  - Renovation
  - Demolition

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

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

- Amount (Spec. L/F):
  - 100 L FT

- REGISTERED WASTE HAULER
  - D & S RESTORATION, INC.
  - NUDPE Hauler ID#: 13506

- Cubic Yards of Waste:
  - 1 yd

- Name of Registered Landfill:
  - TULLYTOWN, RESOURCE

- City, State:
  - TULLYTOWN, PA

- Disposal Date:
  - 04/29/15

- Completed by (Print or Type) Title:
  - BOGDAN JOLDZIC PRESIDENT

- Signature:

- Date:
  - 04/16/2015

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

**Date of Notification (1)** 
- [ ] 1/21/15  
- [ ] 1/22/15  
- [ ] 1/23/15  
- [ ] 1/24/15  
- [X] 1/25/15  
- [ ] 1/26/15  
- [ ] 1/27/15  
- [ ] 1/28/15  
- [ ] 1/29/15  
- [ ] 1/30/15  
- [ ] 1/31/15

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

**Street Address**  
127 INWOOD AVENUE

**City, State, Zip Code**  
MONTCLAIR, NJ 07042

**Name of Contact**  
DAVID SIROTA

**FACILITY INFORMATION**

**Name of facility where abatement is taking place (3)**  
DAVID SIROTA

**Street Address**  
127 INWOOD AVENUE

**City (5)**  
MONTCLAIR

**County (6)**

casco

**County Code (7)**

(State use only)

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

**ASCM No.**

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

**Street Address**  
20 California Ave.

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

**Telephone Number**

973-345-8020

**License Number**

01169

**Name of OSHA Monitor**

D & S Restoration, Inc.

**Street Address**

20 California Avenue

**City, State, Zip Code**

Paterson, NJ 07503

**Start Date (10)**

04/27/15

**Sched. Completion Date (11)**

05/20/15

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

- [X] Normal Hours

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

- [X] Demolition

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

| Basement | Pipe Insulation | 177 LF |

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

**NJDEP Hauler ID#**

13506

**Cubic Yards of Waste**

2 yds.

**Name of Registered Landfill**

TULLYTOWN, RESOURCE

**City, State**

PATERSON, NJ 07503

**Disposal Date**

04/28/15

**Completed by (Print or Type)**

BOGDAN JOLDZIC

**Title**

PRESIDENT

**Date**

04/16/2015

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

**Date of Notification (1)**

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

**JOE CARLOZZO**

**Street Address**

55 EAST SUMMIT AVENUE

City, State, Zip Code

midland park, nj 07432

**Name of Contact**

JOE CARLOZZO

**FACILITY INFORMATION**

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

JOE CARLOZZO

**Street Address**

55 EAST SUMMIT AVENUE

**City (5)**

**County (6)**

**County Code (7)**

BERGEN

(name state use only)

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

ASCN No.

**Name of Abatement Contractor (9)**

D & S RESTORATION, INC.

**Street Address**

20 California Ave.

City, State, Zip Code

Paterson, NJ 07503

**Telephone Number**

973-345-8020

**License Number**

01169

**Type of Facility (10)**

☑ School (K - 12)

☑ Apartment 8 (Other than K-12)

☑ Private/Commercial Homes, etc.

**Square Feet**

**# of Floors**

**Bldg. Age**

**Current Use**

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

☐ Facility closed/vacated during entire period of abatement.

☐ Abatement performed outside of normal facility hours-

Describe:

☐ Other: NORMAL HOURS

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

☐ ≥2 sf or ≥1 ft

☒ Renovation

☐ ≥160 sf or ≥280 sf

☐ Demolition

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

**Is location normally used solely by maintenance/custodial staff (12)**

Yes ☒ No ☐

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

PIPE INSULATION 158 L FT

**Amour (Spec LF)**

**For**

Repair ☒ Replace ☐ Encap ☐ EncL ☐

**and Non-frangible procedure**

**Registered Waste Hauler**

D & S RESTORATION, INC.

**NJDEP Hauler ID#**

13506

**Cubic Yards of Waste**

2 yds.

**Name of Registered Landfill**

TULLYTOWN, RESOURCE

**City, State**

TULLYTOWN, PA

**Disposal Date**

04/27/15

**Completed by (Print or Type)**

BOGDAN JOLDZIC

**Title**

PRESIDENT

**Signature**

**Date**

04/14/2015

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

**State of NJ**  
(Pursuant to NJAC 8:60 and 12:120)

## Date of Notification

| Date          | 01/10/15 |

## Name of Building Owner/Operator

- **JOHN MORRISON**

## Street Address

- **106 MAPLE PLACE**

## City, State, Zip Code

- **CRANFORD, NJ 07016**

## Name of Contact

- **JOHN MORRISON**

## Facility Information

### Name of facility where abatement is taking place

- **JOHN MORRISON**

### Street Address

- **106 MAPLE PLACE**

### City, State, Zip Code

- **CRANFORD, UNION, NJ 07016**

### Name of Monitoring Firm Hired by Bldg. Owner

- **ASCM No.**

### Name of Abatement Contractor

- **D & S RESTORATION, INC.**

### Street Address

- **20 California Ave., Paterson, NJ 07503**

### Telephone Number

- **973-345-8020**

### License Number

- **01169**

### Name of OSHA Monitor

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

### Street Address

- **20 California Avenue, Paterson, NJ 07503**

### Scope of Work

- **Renovation**

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

- **Yes, No, N/A**

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

- **Full Container, Negative Pressure**

### Amour (Special L9)

- **Bld. Enclosure**

### For Recovery

- **TULLYTHON, RESORCE**

### Date

- **04/16/2015**

---

**Note:** 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) 01 / 15 / 14

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

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

Type Notification
☒ Initial
☒ Amended
☐ Amendment #28-4/20/15
☐ Emergency (including justification)
☐ Cancellation

Street Address
200 Elm Dr.

City, State, Zip Code
Princeton, NJ 08544

Name of Contact
Robert Ortega

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Princeton University-Firestone Library

Street Address
Washington Rd

City (5)
Princeton

County (6)
MERGER

County Code (?/STATE USE ONLY)

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

Square Feet # of

Current Use (Prior if being demolished)
Library

Name of Monitoring Firm Hired by Building Owner (8)
ATC Associates Inc.

ASCN No.

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

Street Address
1123 BEAVER STREET

City, State, Zip Code
BRISTOL, PA 19007

Project Manager for Monitoring Firm
Michael Keehn

Telephone No.
609-386-8800

Telephone No.
215-788-6040

Licence No.
009

Start Date (10)
4 / 21 / 15

Scheduled Completion Date (11)
4 / 23 / 15

Name of OSHA Monitor
BRISTOL ENVIRONMENTAL, INC.

Street Address
1123 BEAVER STREET

City, State, Zip Code
BRISTOL, PA 19007

Scope of Work (Check all that apply)

☐ ≥3 sf or ≥3 If
☒ ≥180 sf or ≥260 If
☐ Renovation
☒ Demolition
☐ Full Containment with Negative P
☒ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable

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

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

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

Asbestos Type
SF ☐ SF ☐ SF ☐ Lotus Removal ☐ Repair ☐ Encapsulation ☐

Abatement Type
SF ☐ SF ☐ SF ☐ LANDFILL

Throughout Levels C, B and A ☒ ☐ ☐ ☐ Floor tile and mastic
1,4

Office A-7J ☐ ☐ ☐ ☐ Window Caulk
9

Throughout Levels C, B and A ☐ ☐ ☐ ☐ Duct Work
17

1st Floor Level 1 ☐ ☐ ☐ ☐ Pipe Insulation (Wrap & Cut)
7

Name of Registered Waste Hauler
SERVICE TRANSPORT GROUP INC

NJ DEP Waste Hauler ID No.
20990

Cubic Yards of Waste

Name of Registered L.
G.R.O.W.S. NORT

City, State
NEW CASTLE, DE

Disposal Date

City, State
MORRISVILLE, PA

Completed By (Print or Type)
Brian Scaife

Title
Estimator

Signature
Brian Scaife

Date
4/20/15

* 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>Section (1)</th>
<th>15</th>
<th>14</th>
</tr>
</thead>
<tbody>
<tr>
<td>Notified</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DLWD</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DCA (NJAC 5:23-8)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>OHSS</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Street Address
200 Elm Dr.

City, State, Zip Code
Princeton, NJ 08544

Name of Contact
Robert Ortega

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Princeton University-Firestone Library

Street Address
Washington Rd

City (5)
Princeton

County (6)
MERCER

Type of Facility (4)

Square Feet

Current Use (Prior if demolished)

Functions
Bldg, Age

Name of Monitoring Firm Hired by Building Owner (6)
ATC Associates Inc.

ASCM No.

Name of Abatement Contractor (9)
BRISTOL ENVIRONMENTAL, INC

Street Address
Three Terri Center

City, State, Zip Code
Burlington, NJ 08016

Project Manager for Monitoring Firm
Michael Keehn

Telephone No.
609-386-8800

License No.
215-788-6040

Start Date (10)
4 / 21 / 15

Scheduled Completion Date (11)
4 / 23 / 15

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)

Scope of Work (Check all that apply)

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

<table>
<thead>
<tr>
<th>ACM</th>
<th>Location of Asbestos-Containing Material TO BE ABATED IN Facility (13)</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>B Level</td>
<td>☒ Yes</td>
<td>☐ Floor tile and mastic</td>
</tr>
<tr>
<td></td>
<td>B Level</td>
<td>☐ No</td>
<td>☐ Pipe Insulation (Wrap &amp; Cut)</td>
</tr>
<tr>
<td></td>
<td>Delong Reading Level</td>
<td>☐ Yes</td>
<td>☐ Pipe Insulation (Wrap &amp; Cut)</td>
</tr>
<tr>
<td></td>
<td>C Level Near Vault</td>
<td>☒ Yes</td>
<td>☐ Floor Tile &amp; Mastic</td>
</tr>
<tr>
<td></td>
<td></td>
<td>☐ No</td>
<td>☐ Pipe Insulation (Wrap &amp; Cut)</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
SERVICE TRANSPORT GROUP INC

NJDEP Waste Hauler ID No.
20990

Cubic Yards of Waste

Name of Registered Landfill
G.R.O.W.S. NOR

Disposal Date

City, State
NEW CASTLE, DE

Completed By (Print or Type)
Brian Scafiro

Title
Estimator

Signature

Date
4/30/15

Note: 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)

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

Address
Street Address
200 Elm Dr.

City, State, Zip Code
Princeton, NJ 08544

Name of Contact
Robert Ortega

FACILITY INFORMATION

Name of Facility Where Abatement Is Taking Place (3)
Princeton University-Firestone Library

Street Address
Washington Rd

City (5)
Princeton

County (6)
MERGER

County Code (7)(STATE USE ONLY)

Current Use (Prior if be demolished)
Library

Type of Facility (4)

School (K-12)

Subchapter 8 (Other commercial buildings, homes, etc.)

Square Feet

# of stories

Project Manager for Monitoring Firm
Michael Keehn

Telephone No.
609-386-8800

Start Date (10)
4/21/15

Scheduled Completion Date (11)
4/23/15

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

B LEVEL NORTH CORRIDOR

RMS B-9J & B-12J B LEVEL 1

Name of Registered Waste Hauler
SERVICE TRANSPORT GROUP INC

NJ/DEP Waste Hauler ID No.
20990

Cubic Yards of Waste

Name of Registered Lai
G.R.O.W.S. NORT

City, State
NEW CASTLE, DE

Completed By (Print or Type)
Brian Scafido

Title
Estimator

Signature

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

ASB-41
MAY 11 BS 1 0 0 3 - B
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)  

** Date of Notification:** 4/20/15  
**Name of Building Owner/Operator:** Carotech Contractor  
**Street Address:** 155 RT 50  
**City, State Zip Code:** Piscataway, N.J. 08855  
**Name of Contact:** Bruce Breuning  

**Type of Facility:** Residence  
**County:** Ocean  
**Square Feet:** 1000  
**Current Use:** Vacant  
**If being demolished:** Yes  

**Other than K-12:** School, Subcontractor, Other (i.e., homes, e.g.)  
**# of Floors:** 2  
**Bldg. Age:** 40 yrs  

**Name of Monitoring Firm Hired by Building Owner:** NA  
**Name of Abatement Contractor:** Klemco Inc.  
**Street Address:** 369 S. Spruce  
**City, State Zip Code:** Maple Shade, N.J. 08052  
**License No.:** 00444  

**Occupancy Status During Abatement:** Facility Closed/ Vacated  
**Scheduled Completion Date:** 5/7/05  

**Location of Asbestos-Containing Material (ACM) TO BE ABATED:** Siding, Transite  
**Location Normality:** Used Solely As Maintenance, custodial  
**Description of Asbestos-Containing Material (ACM):** Non-Exempted (*), Piping, Insulation, Building Materials, etc.  

**Name of Registered Waste Hauler:** Klemco Inc.  
**NDEP Waste Hauler ID No.:** 57904  
**Cubic Yards of Waste:** 5  
**Name of Registered Wklns. Line:** C M  

**Completed By:** Michael Klemm  
**Signature:**  

*Do not use this form for asbestos-intensified remediated activities*
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:50 and 12:120)

Date of Notification (1):
4/7/15

Name of Building Owner/Operator (2):
KINNEY BUILDING ASSOCIATES

AGENCIES NOTIFIED
☐ EPA
☐ DEP
☐ DOL
☐ DOH
☐ DCA

Type Notification:
☐ Initial
☐ Amended
☐ Amendment of (1)
☐ Emergency (including justification)
☐ Cancellation

Facility Information

Name of Facility Where Abatement Is Taking Place (3):
Commercial Building/ Bank of America

Street Address:
790 BROAD STREET

City:
NEWARK

County:
ESSEX

Name of Monitoring Firm Hired by Building Owner (5):

ASCN No.:

Name of Abatement Contractor:
A. MAC Contracting Inc

Street Address:
185 Vreeland Ave

City, State, Zip Code:
Midland Park, NJ 07432

Project Manager for Monitoring Firm:

Telephone No.:

Start Date (10):
4/7/15

Scheduled Completion Date (11):
5/1/15

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):
☐ ≤ 500 sf or ≤ 500 sf
☐ ≥ 1600 sf or ≥ 2000 sf

☐ Renovation
☐ Demolition

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

<table>
<thead>
<tr>
<th>Location of ACM</th>
<th>Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement 1 Room</td>
<td>☑ (No)</td>
</tr>
<tr>
<td>Basement 2 Room</td>
<td>☑ (No)</td>
</tr>
<tr>
<td>Basement 3 Room</td>
<td>☑ (No)</td>
</tr>
</tbody>
</table>

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

Accessory Equipment:
☐ Spray

Abortment Type:
☐ Total Removal
☐ Partial Removal

Name of Registered Waste Handler:
Newark Carling, Inc

NJDEP Waste Hauler ID No.:

Cubic Yards of Waste:

Name of Registered:

City, State, Zip Code:
Newark, NJ 07105

Completed by:
R. McDonald
Title:
President

Signature:

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

**Project #**

**Date of Notification (1)**
04/17/2015

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

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

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

**Street Address**
1715 Rt. 46

**City, State, Zip Code**
Ledgewood, NJ 07852

**Name of Contact**
Miriam

**Telephone Number**

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**
The Museum at Drakesville Historic Park

**Street Address**
209 Main St

**City (5)**
Ledgewood, NJ

**County (6)**
Morris

**County Code (7)**

**Current Use (Prior if being closed) (8)**

**Type of Facility (4)**
- [ ] School (K-12)
- [ ] Subchapter 8 (Other than K-12)

**Square Feet**

**# of Floors**

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

**Start Date (10)**
04/28/2015

**Scheduled Completion Date (11)**
04/30/2015

**Project Manager for Monitoring Firm**

**Telephone No.**

**Name of OSHA Monitor**
J&S Environmental

**Street Address**
72 Brookside Rd

**City, State, Zip Code**
Randolph, NJ 07869

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

**ASCM No.**

**Name of Abatement Contractor (8)**
Nick Restoration LLC

**Street Address**
Street Address
72 Brookside Rd

**City, State, Zip Code**
Randolph, NJ 07869

**Name of Registered Waste Hauler**
Nick Restoration LLC

**Waste Hauler ID No.**
0033782

**Cubic Yards of Waste**
TBD

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

**Disposal Date**
TBD

**City, State**
Tullytown, PA

**Completed by**
Elvira Mrda

**Title**
President

**Signature**

**Date**
04/17/2015
Date of Notification (1)  
4-15-2015

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

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

Name of Building Owner/Operator (2)  
John Baragone

Street Address  
22 Broad Terrace

City, State, Zip Code  
Bloomfield, NJ 07003

Name of Contact  
John Baragone

Telephone Number

FACILITY INFORMATION

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

Street Address  
22 Broad Terrace

City (5)  
Bloomfield, NJ 07003

County (6)  
Essex

Square Feet  
1048

# of Floors  
2

Current Use (Prior to being designated)  
75+ Bidg. Age

Name of Monitoring Firm Hired by Building Owner (5)  
ASCM No.

Name of Abatement Contractor (9)  
Green Environmental Services LLC

Street Address  
235 Virginia Avenue

City, State, Zip Code  
Jersey City, NJ 07304

Start Date (10)  
4-16-2015

Scheduled Completion Date (11)  
4-16-2015

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

☒ Full Containment with Negative Pressure

☒ Mini-Enclosure

☒ Glovebag Procedure

☒ Non-Exempted (*) and Non-Rirable Procedure

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

☐ In Facility

☐ Used Solely by Maintenance/Custodial Staff

☐ (12)

Is Location Normally Accessible?

☐ Yes

☒ No

N/A

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

Amou (Spec SF or l)

Name of Registered Waste Hauler

Green Environmental Services, LLC

NJ/DEP Waste Hauler ID No.  
0034889

Cubic Yards of Waste  
2

Name of Registered G.R.O.W.S. Nor

Disposal Date  
4-16-2015

City, State  
Jersey City, NJ

Completed by  
Liliana Serrano

Title  
Office Manager

Signature

Date  
4-15-2015

ASB-41 (R-06-08)

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

**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>4/16/15</th>
</tr>
</thead>
</table>

**Name of Building Owner/Operator (2)**
Jade Hackettstown Associates, LLC

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

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

**Street Address**
1200 Sunnyview Oval

**City, State, Zip Code**
Keasbey, NJ 08832

**Name of Contact**
Billy

**Phone Number**

### FACILITY INFORMATION

**Name of Facility Where Abatement is Taking Place (3)**
Former Bergen Machine and Tool Company

**Street Address**
91 Main Street

**City (5)**
Hackettstown

**County Code (7)**
Warren

**Square Feet**
10,000

**# of Floors**
2

**Current Use (Prior to being Tool Company)**
olished

**Bldg. Age**
100+

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

**Name of Abatement Contractor (9)**
Ace Insulation Co., Inc.

**Street Address**
95 Montrose Road

**City, State, Zip Code**
Colts Neck, N.J. 07722

**Telephone No.**
732-294-1757

**License No.**
06 9

**Start Date (10)**
3/23/15

**Scheduled Completion Date (11)**
4/25/15

**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: 12/25/15

**Scope of Work (Check All That Apply)**
- [X] 23 sf or 23 sq
- [X] 210 sf or 260 sq

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

### To be Abated

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
<th>Amoun (Spec SF or 1)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boiler room</td>
<td>[X]</td>
<td>asbestos Cement</td>
<td>400</td>
</tr>
<tr>
<td>boiler room</td>
<td>[X]</td>
<td>pipe insulation</td>
<td>251</td>
</tr>
</tbody>
</table>

### Name of Registered Waste Hauler

Ace Insulation Co., Inc.

**NJDEP Waste Hauler ID No.**
12096

**Cubic Yards of Waste**
3

**Name of Registered Chirns**

**City, State**
Colts Neck, New Jersey

**Completed by**
Bree McGuire

**Title**
Secretary Treasurer

**Signature**

**Date**
4/17/15

---

*Do not use this form for asbestos sure exempted activities.*
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:59 and 8:16)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>4/9/15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>O'Brien</td>
</tr>
<tr>
<td>Street Address</td>
<td>106 Morningside Drive</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Trenton, NJ 08618</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>John O'Brien</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
</tbody>
</table>

FACILITY INFORMATION

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

Street Address | 106 Morningside Drive |
City (5) | Trenton, NJ 08618 |
County (6) | Mercer |

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

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

Project Manager for Monitoring Firm | Bill Weisgarber |
Telephone No. | (609) 298-4070 |

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

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 4pm

Scope of Work (Check all that apply)
- [X] ≥ 500 sq ft or ≥ 3If
- [X] ≥ 1500 sq ft or ≥ 260 If
- [X] Renovation
- [X] Demolition

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

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

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

Ammon (Spec SF or Lb) | 45 |

Abatement Type
- [X] Encapsulate
- [ ] Removal
- [ ] Repair
- [ ] Non-Exempted (*) and Non-Friable

Cubic Yards of Waste | 1 CU |
Name of Registered Hauler | Stevens Environmental Services, Inc. |
NJDEP Waste Hauler ID No. | 18292 |

Name of Registered Waste Hauler | Stevens Environmental Services, Inc. |
City, State | Allentown, NJ |
Disposal Date | 4/13/15 |

Completed By | Mahlon E. Stevens |
Title | Project Manager |
Signature | |

ASB-44
MAR 00

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

Date of Notification (1)
04/20/15

Name of Building Owner/Operator (2)
JOE MOSCONY

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

Street Address
207 N ROOSEVELT BLVD

City, State, Zip Code
BRIGANTINE, NJ 08203

Name of Contact
JOE

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Type of Facility (4)
[] School (K-12)
[] Subchapter 8 (Other In
[] K-12)
[] Other (i.e. private & co
[] Other buildings, homes, Bldg. Age
[] etc.)
[] Bldg. Age

County Code (7)
ATLANTIC COUNTY

Current Use (Prior if being d
HOME

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

Name of Abatement Contractor (9)
AAA LEAD PROFESSIONALS

Street Address
6 WHITE DOVE COURT

City, State, Zip Code
LAKEWOOD, NJ 08701

Project Manager for Monitoring Firm

Telephone No.

Telephone No.

LIC No.

Start Date (10)
05/04/15

Scheduled Completion Date (11)
05/05/15

Name of OSHA Monitor
AAA LEAD PROFESSIONALS

Street Address
6 WHITE DOVE COURT

City, State, Zip Code
LAKEWOOD, NJ 08701

Facility Closed/Vacated During Entire Period of Abatement
[] Facility Closed/Vacated During Entire Period of Abatement

Abatement Performed Outside of Normal Facility Hours
[] Abatement Performed Outside of Normal Facility Hours

Other – Describe:

Scope of Work (Check All That Apply)
[] ≥3 sf or ≥3 ft
X ≥150 sf or ≥250 ft
[] ≥3 sf or ≥3 ft

Renovation
[] Demolition

X Full Containment with Negative Pressure

Non-Exempted (*) and Notifiable Procedure

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

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

Amort (Spec SF or

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

INTERIOR

JOINT COMPOUND

3000

Abatement Type

Removal
X

Repair

Endorsement

Eliminate

Name of Registered Waste Hauler
NEWARK CARTING

NJDEP Waste Hauler ID No.
04509

Cubic Yards of Waste
10

Name of Registered WASTE HAULER
IESI

Disposal Date
05/05/15

City, State
BETHLEHEM, PA

Completed by
JOSEPH PERLSTEIN
Title
OWNER
Signature

Data
04/20/15

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>April 20, 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Seminole Construction</td>
</tr>
<tr>
<td>Street Address</td>
<td>128 Bartlett Avenue</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>West Creek, NJ 08092</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Joyce</td>
</tr>
<tr>
<td>Telephone</td>
<td></td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Residence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>60 Clarence Drive</td>
</tr>
<tr>
<td>City</td>
<td>Beach Haven West</td>
</tr>
<tr>
<td>County (6)</td>
<td>Ocean</td>
</tr>
<tr>
<td>County Code (7) (STATE USE ONLY)</td>
<td></td>
</tr>
<tr>
<td>Type of Facility (4)</td>
<td>[ ] Schoo 12</td>
</tr>
<tr>
<td>[ ] Subchr</td>
<td>[ ] Other , private &amp; commercial buildings,</td>
</tr>
<tr>
<td>[X ] Other</td>
<td>[ ] Abatement performed</td>
</tr>
<tr>
<td>Square feet</td>
<td>1200 sf</td>
</tr>
<tr>
<td># of Abatement</td>
<td>60</td>
</tr>
<tr>
<td>Current Use (Prior to being contracted)</td>
<td>Residential</td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>Guardian Contracting, Inc.</td>
</tr>
<tr>
<td>Street Address</td>
<td>1889 Route 9, Unit 61</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Toms River, New Jersey 08755-1271</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>732-349-9932</td>
</tr>
<tr>
<td>Name of OSHA Monitor</td>
<td>E.M.S.L. Ana cal</td>
</tr>
<tr>
<td>Street Address</td>
<td>1056 Stenton Blvd</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Piscataway, New Jersey 08854</td>
</tr>
<tr>
<td>Pressure</td>
<td></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>Exterior house</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is Location Normally used Solely by Maintenance/Custodial Staff (12)</td>
<td>X</td>
</tr>
<tr>
<td>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td>Asbestos siding</td>
</tr>
<tr>
<td>At (Spatial SF)</td>
<td>1080</td>
</tr>
</tbody>
</table>

| Name of Registered Waste Hauler (14) | Guardian Contracting, Inc. |
| NJDEP Waste Hauler ID No. | 20223 |
| Cubic Yards of Waste | 3 |
| Name of Registered Land Disposal Date | 4/23/15 |
| City, State | Toms River, New Jersey |
| Completed by (Print or Type) | Nicholas Fernicola |
| Title | Project Manager |

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

**GAC Project # 060-15**

**Date of Notification (1):** April 20, 2015

** Agencies Notified:**
- [X] EPA
- [ ] DCA
- [ ] DOL
- [X] DEP - No Longer REQUIRED
- [ ] DOH

**Notification Type:**
- [ ] Initial Notification
- [X] Amended Notification # 1 – new start and completion dates
- [ ] Emergency (including justification)
- [ ] Canceled

**Name of Building Owner/Operator (2):** RUTGERS, THE STATE UNIVERSITY

**Address:**
- **Street:** ENVIRONMENTAL HEALTH & SAFETY DEPT.
- **City:** PISCATAWAY
- **State:** NJ
- **Zip Code:** 08854

**Facility Information:**
- **Type of Facility (4):**
  - [X] School (K-12)
  - [X] Subchapter 8 (other than K-12)
  - [X] Other (i.e. private & commercial buildings, etc.)
- **Sq. Feet:** N/A
- **# of Floors:** 4

**Name of Contractor (9):** GREENWOOD ABATEMENT CONS.

**Address:**
- **Street:** 268 MAIN STREET
- **City:** BUTLER
- **State:** NJ
- **Zip Code:** 07405

**Monitoring Firm:**
- **Name:** Cardno ATC
- **ASCN No.:** 0098

**Street Address:**
- **3 TERRI LANE
- **City:** BURLINGTON
- **State:** NJ
- **Zip Code:** 08016

**Project Manager:**
- **Name:** BRIAN KEARNY
- **Telephone Number:** 609-386-8800
- **Telephone Number:** 973-492-0477

**Scheduled Start Date (10):** 05/08/15

**Scheduled Completion Date (11):** 05/11/15

**Occupancy Status During Abatement:**
- [X] Facility Closed/Vacated During Entire Period of Abatement
- [X] Abatement Performed Outside of Normal Facility Hours - Describe
- **Shift Hours:** M-F 5:00 PM - 8:00 AM

**Scope of Work (Check all that apply):**
- [ ] ≥ 3 sf or ≥ 3 if
- [X] ≥ 160 sf or ≥ 260 if
- [X] Demolition
- [X] Renovation
- [ ] Full Containment
- [ ] Mini-Enclosure
- [ ] Bottom Bag Process
- [ ] Non-Exempted (*)

**Location of Asbestos-Containing Material (ACM) in Facility:**
- **Location Normally Used:**
  - [X] Solely by Maint./Custodial Staff
- **Yes:** NO
- **NA:**

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

**Location of Registered Landfill:**
- **J.W.S. North Landfill**
  - **City:** Butler
  - **State:** NJ
  - **Zip Code:** 07405

**Cubic Yards of Waste:**
- **30 CY**

**Disposal Date:**
- **05/11/15**

**Copies To:**
- Rutgers, REHS, Attn: Mike Smith
- Cardno ATC, Attn: Brian Kearney
State of New Jersey - Notification of Asbestos Abatement
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC Project # 060-15

**Date of Notification (1):** March 23, 2015

- **Name of Building Owner/Operator (2):** RUTGERS, THE STATE UNIVERSITY
- **Street Address:** ENVIRONMENTAL HEALTH & SAFETY,
  27 ROAD 1, BLDG 4086, LIVINGSTON,
  PISCATAWAY, NJ 08854

**FACILITY INFORMATION**

- **Name of Facility Where Abatement is Taking Place (3):** BOYDEN HALL, BLDG# 7217
- **City:** NEWARK CAMPUS
- **County:** ESSEX
- **Name of Contractor (9):** GREENWOOD ABATEMENT CON.
  268 MAIN STREET
  BUTLER, NJ 07405

**Monitoring Firm:** Cardno ATC
- **Street Address:** 3 TERRI LANE
- **City:** BURLINGTON, NJ 08016

**Project Manager for Monitoring Firm:** BRIAN KEARNY
- **Telephone Number:** 609-386-8800

**Occupancy Status During Abatement:**
- **Facility Closed/Vacated During Entire Period of Abatement:**
- **Abatement Performed Outside of Normal Facility Hours - Describe:**
  Shift Hours: M-F 5:00 PM - 5:00 AM

**Scope of Work:**
- ≥ 3 sf or ≥ 3 lf
- ≥ 600 sf or ≥ 260 lf
- Renovation
- Demolition

**Location of Asbestos-Containing Material (ACM) in Facility (13):**
- Location Normally Used Solely by Maint./Custodial Staff?
  YES NO NA

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

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

**Rooms 311, 334, 344:** VAT

**Name of Reg. Waste Hauler:** See Hauler Below #1 & 2
- **NJDEP Waste Hauler ID #:** See Below
- **Cubic Yards of Waste:** 30 CY
- **Disposal Date:** 04/27/15

**Hauler #1:** Greenwood Abatement Consultants, Inc. - Butler, NJ 07405
  NJDEP # 28969

**Hauler #2:** S TG - 58 Pyles Lane, New Castle, De 19720
  NJ DEP # 20990

**Completed by (Print or Type):**
- **Title:** SENIOR PROJECT MANAGER
- **Signature:** Raymond C. Pedalino

**Copies To:** Rutgers, REHS, Attn: Mike Smith
**and Cardno ATC, Attn: Brian Kearney**
State of New Jersey - Notification of Asbestos Abatement
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC Project # 060-15

Date of Notification (1) April 20, 2015

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

Agencies Notified
- EPA
- DCA
- DOH
- DEP - No Longer REQUIRED

Notification Type
- Initial Notification
- Amended Notification #
- Emergency (including justification)
- Cancelled

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

City, State, Zip Code
PISCATAWAY, NJ 08854

Name of Contact
MICHAEL SMITH, ENV. HEALTH & SAFETY

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
GRADUATE SCHOOL OF SOCIAL WORK, BLDG# 3008

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

Sq. Feet: N/A # of Floors: 4

Current Use (prior if being demolished):

NAME OF MONITORING FIRM HIRED BY BLDG. OWNER (8)
Cardno ATC

Name of Contractor (9)
GREENWOOD ABATEMENT COMPANY

Street Address
3 TERRI LANE

City, State, Zip Code
BURLINGTON, NJ 08016

Telephone Number
609-386-8800

Name of OSHA Monitor
ENVIROVISION, INC.

Street Address
20-21 WARGARAW ROAD

City, State, Zip Code
FAIRLAWN, NJ

Occupancy Status During Abatement (Check only one)
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours - Describe
- Other - Describe: Shift Hours: 5:00 PM – 5:00 AM (24 hours as needed)

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

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

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

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

Amount (Specify SI or LF)

Room 203 □ VAT 100SF

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

NJDEP Waste Hauler ID # See Below

Cubic Yards of Waste: 5 CY

Disposal Date
05/04/15

Disposal Site
O.W.S. North Landfill

Hauler #1: Greenwood Abatement Consultants, Inc. – Butler, NJ 07405
NJDEP # 28969
Hauler #2: S. T. G. – 58 Pyles Lane, New Castle, De 19720
NJ DEP # 20990

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

Signature
Raymond C. Pedalino

copies To: Rutgers, REHS, Attn: Mike Smith and Cardno ATC, Attn: Brian Kearney
**State of New Jersey - Notification of Asbestos Abatement**

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>April 20, 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Agency</strong></td>
<td><strong>Name of Building Owner/Operator (2)</strong></td>
</tr>
<tr>
<td>EPA</td>
<td>RUTGERS, THE STATE UNIVERSITY</td>
</tr>
<tr>
<td>DCA</td>
<td></td>
</tr>
<tr>
<td>DOL</td>
<td></td>
</tr>
<tr>
<td>DEP - No Longer REQUIRED</td>
<td></td>
</tr>
<tr>
<td>DOH</td>
<td></td>
</tr>
<tr>
<td><strong>Notification Type</strong></td>
<td><strong>Street Address</strong></td>
</tr>
<tr>
<td>Initial Notification</td>
<td>ENVIRONMENTAL HEALTH &amp; SAFETY DEPT.</td>
</tr>
<tr>
<td>Amended Notification #</td>
<td>27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS</td>
</tr>
<tr>
<td>Emergency (including justification)</td>
<td>PISCATAWAY, NJ 08854</td>
</tr>
<tr>
<td>Cancelled</td>
<td></td>
</tr>
<tr>
<td><strong>FACILITY INFORMATION</strong></td>
<td><strong>City</strong></td>
</tr>
<tr>
<td><strong>Name of Facility Where Abatement is Taking Place (3)</strong></td>
<td>NEW BRUNSWICK</td>
</tr>
<tr>
<td>MILLEDOLER HALL, BLDG# 3010</td>
<td></td>
</tr>
<tr>
<td><strong>Street Address</strong></td>
<td><strong>County</strong></td>
</tr>
<tr>
<td>COLLEGE AVENUE CAMPUS</td>
<td>MIDDLESEX</td>
</tr>
<tr>
<td><strong>City</strong></td>
<td><strong>County Code (7)</strong></td>
</tr>
<tr>
<td>NEW BRUNSWICK</td>
<td>(State Use Only)</td>
</tr>
<tr>
<td><strong>Name of Monitoring Firm Hired by Bldg. Owner (8)</strong></td>
<td>ASCM No.</td>
</tr>
<tr>
<td>Cardno ATC</td>
<td>0098</td>
</tr>
<tr>
<td><strong>Name of Contractor (9)</strong></td>
<td>GREENWOOD ABATEMENT CONSULTANTS, INC.</td>
</tr>
<tr>
<td><strong>Street Address</strong></td>
<td>3 TERRI LANE</td>
</tr>
<tr>
<td>268 MAIN STREET</td>
<td></td>
</tr>
<tr>
<td><strong>Telephone Number</strong></td>
<td>BUTLER, NJ 07405</td>
</tr>
<tr>
<td>609-386-8800</td>
<td></td>
</tr>
<tr>
<td><strong>Telephone Number</strong></td>
<td>973-492-0477</td>
</tr>
<tr>
<td></td>
<td>00</td>
</tr>
<tr>
<td><strong>Name of OSHA Monitor</strong></td>
<td>ENVIROVISION, INC.</td>
</tr>
<tr>
<td><strong>Street Address</strong></td>
<td>20-21 WARGARAW ROAD</td>
</tr>
<tr>
<td>FAIRLAWN, NJ</td>
<td>City, State, Zip Code</td>
</tr>
<tr>
<td><strong>Occupancy Status During Abatement (Check only one)</strong></td>
<td>BURLINGTON, NJ 08016</td>
</tr>
<tr>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
<td></td>
</tr>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours - Describe</td>
<td></td>
</tr>
<tr>
<td>Other - Describe: Shift Hours: 5:00 PM - 5:00 AM (24 hours as needed)</td>
<td></td>
</tr>
<tr>
<td><strong>Type of Work (Check all that apply)</strong></td>
<td><strong>Location of Asbestos-Containing Material (ACM) in Facility (13)</strong></td>
</tr>
<tr>
<td>≥ 3 sf or ≥ 30 sf</td>
<td>Location Normally Used Solely by Maint./Custodial Staff? (12)</td>
</tr>
<tr>
<td>≥ 160 sf or ≥ 260 sf</td>
<td>YES</td>
</tr>
<tr>
<td>Renovation</td>
<td></td>
</tr>
<tr>
<td>Demolition</td>
<td></td>
</tr>
<tr>
<td>Full Containment</td>
<td></td>
</tr>
<tr>
<td>Mini-Enclosure</td>
<td></td>
</tr>
<tr>
<td>Glovebag Procedure</td>
<td></td>
</tr>
<tr>
<td>Non-Exempted (11)</td>
<td></td>
</tr>
<tr>
<td>Non-Friable Procedure</td>
<td></td>
</tr>
<tr>
<td>Repair, Removal, Encapsulate</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Room</strong></td>
<td><strong>Location of Registered Landfill</strong></td>
</tr>
<tr>
<td>213</td>
<td>D.W.S. North Landfill</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Name of Reg. Waste Hauler</td>
<td><strong>Cubic Yards of Waste:</strong></td>
</tr>
<tr>
<td>See Hauler Below</td>
<td>5 CY</td>
</tr>
<tr>
<td>See Below</td>
<td></td>
</tr>
<tr>
<td><strong>Hauler #1</strong></td>
<td><strong>Disposal Date</strong></td>
</tr>
<tr>
<td>Greenwood Abatement Consultants, Inc. - Butler, NJ 07405</td>
<td>05/04/15</td>
</tr>
<tr>
<td>Hauler #2</td>
<td><strong>City</strong></td>
</tr>
<tr>
<td>5 TC - 58 Pyle Lane, New Castle, De 19720</td>
<td>100 New Ford Mill</td>
</tr>
<tr>
<td>NJ DEP # 20990</td>
<td>Rd. Morrisville, Pa</td>
</tr>
<tr>
<td></td>
<td>19067</td>
</tr>
<tr>
<td></td>
<td>215-736-1700</td>
</tr>
<tr>
<td><strong>Completed by (Print or Type)</strong></td>
<td><strong>Signature</strong></td>
</tr>
<tr>
<td>RAYMOND C. PEDALINO</td>
<td>Raymond C. Pedalino</td>
</tr>
<tr>
<td>Title</td>
<td>SENIOR PROJECT MANAGER</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Copies To: Rutgers, REHS, Attn: Mike Smith and Cardno ATC, Attn: Brian Kearney
State of New Jersey
NOTIFICATION ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)  4/15/15

Name of Building Owner/Operator (2)  Earl Wojciechowski

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

Type Notification  Initial

Street Address  530 Howard Road

City, State, Zip Code  Cherry Hill, NJ 08034

Name of Contact  Earl Wojciechowski

FACILITY INFORMATION

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

Street Address  530 Howard Road

City, State, Zip Code  Cherry Hill, NJ 08034

County Code (7) (STATE USE ONLY)  N/A

Square Feet  2300

Current Use (Prior if building demolished)  Home

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

ASCN No.  AEI2, LLC

Name of Abatement Contractor (9)  AEI2, LLC

Street Address  300 S. Lenola Road

City, State, Zip Code  Maple Shade, NJ 08052

License No.  006

Start Date (10)  4/25/15

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

Project Manager for Monitoring Firm  AEI2, LLC

Telephone No.  609-481-2122

Name of OSHA Monitor  AEI2, LLC

Scheduled Completion Date (11)  5/2/15

Occupancy Status Performed Outside of Normal Facility Hours  No

Scope of Work (Check all that apply)  
- 3 or more than 3 if 800 sf or more than 800 sf

Renovation Demolition

Type of Abatement

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

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

Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)  Floor Tile  840sf

Amount (SF of ACM)  

Abatement Type

Name of Registered Waste Hauler  AEI2, LLC

NJDEP Waste Hauler ID No.  21376

Cubic Yards of Waste  2

Name of Registered Disposal Site  TBD

Cubed Yards of Waste  TBD

Deposit Date  TBD

City, State  Maple Shade, NJ

Completed By  Wm. Minnick

Title  Program Mgr.

---

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)
04/16/2015

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

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

Name of Building Owner/Operator (2)
Bolin Associates, Inc.

Street Address
707 Summit Avenue

City, State, Zip Code
Union City, NJ 07087

Name of Contact
Felisa Salamanca

Telephone

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Angels's World Day Care

Street Address
708 West Street

City (5)
Union City

County (6)
Hudson

County Code (7)
0079

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

Square Feet

# of Floors

Current Use (Prior to being dem
Day Care

Name of Monitoring Firm Hired by Building Owner (8)
Envirospection Consultants, Inc.

ASCM No.
0079

Name of Abatement Contractor (9)
VMC Company, Inc.

Street Address
20-21 Wagraw Rd.

City, State, Zip Code
Fair Lawn, NJ 07410

Telephone No.
973-636-9145

Telephone No.
973-253-8828

Licent No.
0070

Name of OSHA Monitor
VMC Company, Inc.

City, State, Zip Code

Start Date (10)
05/01/2015

Scheduled Completion Date (11)
05/02/2015

Occupancy Status During Abatement (Check Only One)
☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☐ Other - Describe: Fri.9:00pm-Sat. 3:00pm

Scope of Work (Check All That Apply)
☐ ≥3 sf or ≥3 if
☐ ≥100 sf or ≥2260 sf
☒ Renovation
☒ Demolition
☐ Full Containment with Negat
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-

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

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

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

Amount
(Specify SF or LF)

No.

Restroom
Yes

Pipe Insulation
9 LF

Yes

Name of Registered Waste Hauler
Newark Carting, Inc.

NJDEP Waste
05409

Cubic Yards
of Waste

Name of Registered Lai
IESI

Disposal Date
City, State
Bethlehem, PA

Completed by
Voytek Roszkowski

Title
President

Signature

Date
4/16/2015

* Do not use this form for asbestos lic
exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:50 and 12:120)

Date of Notification (1)
04/16/2015

Name of Building Owner/Operator (2)
Mount Holly Township BOE

Agendas Notified
EPA
DEP
DOL
DCA

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

Street Address
331 Levis Drive

City, State, Zip Code
Mount Holly, NJ 08060

Name of Contact
Jack Soltesz

Name of Facility Where Abatement is Taking Place (3)
Gertrude C. Folwell Elementary School

Street Address
455 Jacksonville Road

City (5)
Mount Holly

County (6)
Burlington

County Code (7)

Current Use (Prior to being der School

Name of Monitoring Firm Hired by Building Owner (8)
M&ECs, Inc.

AsCM No.

Name of Abatement Contractor (9)
VMC Company, Inc.

Street Address
208 Piaget Avenue

City, State, Zip Code
Clifton, NJ 07011

Project Manager for Monitoring Firm
William Weisgarber

Telephone No.
609-298-4070

License No.
973-253-8828

Start Date (10)
05/04/2015

Scheduled Completion Date (11)
05/22/2015

Occupy Status During Abatement (Check One)

Facility Closed/Vacated During Entire Period of Abatement

Abatement Performed Outside of Normal Facility Hours

Other – Describe
4:00 PM-12:30 AM

Scope of Work (Check All That Apply)

Renovation
Demolition

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

In Facility

Is Location Normally Used Solely by Maintenance/Custodial Staff?

Yes
No
N/A

Crawlspace
x

Pipe/fitting insulation "wrap&cut"
1,740 L

Crawlspace
x

Pipe/fitting insulation
100 LF

1st Floor Hallway
x

Transite panels
128 SF

Amount

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

Name of Registered Waste Hauler
Freehold Cartage, Inc.

NJDEP Waste Hauler ID No.
15939

Cubic Yards

Name of Registered Landfill
Western Berks Landfill

City, State
Disposal Date
Birdsboro, PA

Completed by
Voytek Roszkowski

Title
President

Signature

Abatement Type

Encapsulate

Envelop

End

Amount

Expiration

End Date

1/2016

* Do not use this form for asbestos lice exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 5:30 and 12:120)

Date of Notification (1) 04-17-15

Name of Building Owner/Operator (2)
Port Authority of NY & NJ

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

Type Notification
□ Initial
□ Amended
□ Emergency (including
Justification)
□ Cancellation

Street Address
913 Frank E. Rogers Boulevard South

City, State, Zip Code
Harrison, NJ 07029

Name of Contact
Robert May

Telephone

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Harrison Path Station

Street Address
600 Guyon Avenue

City (5)
Harrison

County Code (7) Hudson

County Code (STATE USE ONLY)

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

Name of Abatement Contractor (9)
Pinnacle Environmental Corp

Street Address
200 Broad Street

City, State, Zip Code
Carlstadt, NJ 07072

Project Manager for Monitoring Firm

Telephone No.
201-939-6565

Lic No.
007

Start Date (10)
(1)Project Postponed(5)04-23-15
12-31-14(4)06-30-15

Scheduled Completion Date (11)

Name of OSHA Monitor
Even-Air Inc.

Occupancy Status During Abatement (Check Only One)

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

Other – Describe:

Scope of Work (Check All That Apply)
□ 23 sf or <25 sf
□ 180 sf or <280 sf

□ Renovation
□ Demolition

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

Asbestos-Containing Material (ACM) TO BE ABATED

In Facility

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

Yes No N/A

Canopy Roof x Roofing 2,420 lbs

Canopy Walls x Tar Coated Metal Panels 2,174 lbs

Name of Registered Waste Hauler
ATC, Inc. / JBT (50071)

NJDEP Waste Hauler ID No.
24310

Cubic Yards of Waste
TBD

Name of Registered Ли
Minerva Enterprise

City, State
Waynesburg, OH 688

Disposal Date
TBD

Completed by
Joseph Patrick

Title
Project Manager

Signature

Date 04-17-15

* Do not use this form for asbestos license exempted activities.
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:66 and 12:120)

**Date of Notification (1)**
04-20-15

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

**Type Notification**
- Initial
- Amended
- Amendment #3
- Emergency (including justification)

**Agency Name**
Johnson & Johnson

**Street Address**
1 Johnson & Johnson Plaza

**City, State, Zip Code**
New Brunswick, NJ 08901

**Name of Contact**
Nandita Kamdar

**Telephone Number**
(732) 8-2560

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Kilmer House (J&amp;J Museum)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>501 George Street</td>
</tr>
<tr>
<td>City (5)</td>
<td>New Brunswick</td>
</tr>
<tr>
<td>County (6)</td>
<td>Middlesex</td>
</tr>
<tr>
<td>County Code (7) <strong>(STATE USE ONLY)</strong></td>
<td></td>
</tr>
<tr>
<td>Current Use (Prior to being de Listed)</td>
<td>Museum</td>
</tr>
<tr>
<td>Occupancy Status During Abatement (Check Only One)</td>
<td>Facility Closed/ Vacated</td>
</tr>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours</td>
<td></td>
</tr>
<tr>
<td>Other - Describe</td>
<td></td>
</tr>
</tbody>
</table>

**Start Date (10)**
(1) Project Postponed (2) 03-25-15

**Scheduled Completion Date (11)**
06-30-15 (3) Project Completed

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

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

<table>
<thead>
<tr>
<th>TO BE ABATED In Facility (13)</th>
<th>1st Floor Perimeter Walls</th>
<th>1,080S</th>
<th>ACM Wall Plaster</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement Stairwell</td>
<td>x</td>
<td>90S</td>
<td>ACM Ceiling Plaster</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**
Environmental Transport Group Inc.

**NJDEP Waste Hauler ID No.**

<table>
<thead>
<tr>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Liability</th>
</tr>
</thead>
<tbody>
<tr>
<td>TBD</td>
<td>GROWS Landfill</td>
</tr>
</tbody>
</table>

**Committed by**
Richard Doran

**Title**
Project Manager

**Signature**

**Date**
04-20-15

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