**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 8:80 and 5:16)

**Date of Notification:** 4 / 24 / 2013

**Name of Building Owner/Operator:** Schneider National, Inc.

**Street Address:** 500 Water Street

**City, State, Zip Code:** Jacksonville, FL 32202

**Name of Contact:** Ryan Gronnert, Facilities Proj. Mgr.

**Telephone Number:**

**FACILITY INFORMATION**

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

**Street Address:** 25 Pennsylvania Avenue

**City:** Kearny

**County:** Hudson

**Square Feet:** 8000

**# of Floors:** 1

**Bldg. Age:** 25+

**Current Use:** Industrial

**Type of Facility:**

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

**Name of Abatement Contractor:** Prism Response, Inc.

**Name of OSHA Monitor:** Shaw Environmental, Inc.

**Start Date:** 5 / 6 / 2013

**Scheduled Completion Date:** 5 / 8 / 2013

**Occupancy Status During Abatement:**

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

**Scope of Work:**

- [ ] ≥ 3 sf or ≥ 3 ft
- [ ] ≥ 160 sf or ≥ 260 ft
- [ ] Renovation
- [ ] Demolition
- [ ] Abatement prior to demolition by others.

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

- **Name of Registered Waste Hauler:** NjDep Waste Hauler ID No. SW1724

**City, State:** Camden, New Jersey

**Disposal Date:** 4/25/2013

**Name of Registered Landfill:** Grand Central Sanitary Landfill

**City, State:** Penn Arth, PA

**Completed By (Print or Type):** Jessica Busch

**Title:** Administrative Support

**Signature:**

**Date:** 4/24/2013

---

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

Date of Notification (1) 4/19/2013
Name of Building Owner/Operator (2)
Schneider National, Inc.

Agencies Notified
- EPA
- DOLWD
- DHSS
- DCA
- NJAC 5:23-8
Type Notification
- Initial
- Amended
- Amendment # 5
- Emergency (including justification)
- Cancellation
Street Address
500 Water Street
City, State, Zip Code
Jacksonville, FL 32202
Name of Contact

FACILITY INFORMATION

Name of Facility Where Abatement Is Taking Place (3)
CSX Intermodal - Schneider National's Modular Building
Street Address
26 Pennsylvania Avenue
City (5)
Kearny
County (6)
Hudson
County Code (7) (STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8)
Shaw Environmental, Inc.
ASCM No.

Name of Abatement Contractor (9)
Prism Response, Inc.
Street Address
102 Technology Lane
City, State, Zip Code
Export, PA 15632

Project Manager for Monitoring Firm
Roy Stancil
Telephone No.
704-331-6334

Telephone No.
724-325-3330
License No.
01121

Start Date (10)
5/6/2013
Scheduled Completion Date (11)
5/13/2013

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

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

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)
- Roofing 800 SF
- Glazing Compound from Windows 9 SF
- Pipe Insulation 80 LF
- VAT 12 SF

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

Name of Registered Waste Hauler
NUDEP Waste Hauler ID No.
Sw1724
Cubic Yards of Waste
Grand Central Sanitary Landfill
Name of Registered Landfill

Waste Management

City, State
Camden, New Jersey
Disposal Date
5/1/2013
City, State
Penn Argyll, PA

Completed By (Print or Type)
Jessica Busch
Title
Administrative Support
Signature
4/19/2013

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>4 / 11 / 2013</th>
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<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Schneider National, Inc.</td>
</tr>
</tbody>
</table>
| Agencies Notified | □ EPA  
□ DOLWD  
□ DHSS  
□ DCA (NJAC 5:23-8)  
□ Emergency (including justification)  
□ Cancellation |
| Type Notification | □ Initial  
□ Amended Amendment # 4  
□ Emergency (including justification)  
□ Cancellation |
| Street Address | 500 Water Street |
| City, State, Zip Code | Jacksonville, FL 32202 |
| Name of Contact | Ryan Gronnet, Facilities Proj. Mgr. |
| TELEPHONE NUMBER |  |
| FACILITY INFORMATION | |
| Name of Facility Where Abatement is Taking Place (3) | CSX Intermodal - Schneider National's Modular Building |
| Street Address | 26 Pennsylvania Avenue |
| City (5) | Kearny |
| County (6) | Hudson |
| Hudson Code (7) | |
| Square Feet | 8000 |
| No. of Floors | 1 |
| Bldg. Age | 25+ |
| Current Use | Industrial |
| Type of Facility (4) | |
| □ School (K-12)  
□ Subchapter 8 (Other than K-12)  
□ Other (i.e., private and commercial buildings, homes, etc.) |
| Name of Monitoring Firm Hired by Building Owner (8) | Shaw Environmental, Inc. |
| ASCM No. |  |
| Name of Abatement Contractor (9) | Prism Response, Inc. |
| Street Address | 102 Technology Lane |
| City, State, Zip Code | Export, PA 15632 |
| Project Manager for Monitoring Firm | Roy Stancil |
| Telephone No. | 704-331-6334 |
| Start Date (10) | 4 / 22 / 2013 |
| Sceduled Completion Date (11) | 4 / 25 / 2013 |
| Name of OSHA Monitor | Shaw Environmental, Inc. |
| Street Address | 128 South Tryon Street, Interstate Tower |
| City, State, Zip Code | Charlotte, NC 28202 |
| Scope of Work (Check all that apply) | |
| □ ≥ 3 ft or ≥3 ft  
□ ≥100 sf or ≥260 ft  
□ Abatement prior to demolition by others.  
□ 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) |
| 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) |
| Roof | Roofing  
800 SF |
| Exterior of Structure | Glazing Compound from Windows  
9 SF |
| Throughout | Pipe Insulation  
80 LF |
| Throughout | VAT  
12 SF |
| Name of Registered Waste Hauler | NJDEP Waste Hauler ID No. SW1724 |
| Waste Management | Grand Central Sanitary Landfill |
| Disposal Date | 4/25/2013 |
| City, State | Penn Argyl, PA |
| Completed By (Print or Type) | Jessica Busch  
Administrative Support |
| Signature | Jessica Busch |
| Date | 4/11/2013 |

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

Date of Notification (1) 3 / 28 / 2013

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

Agencies Notified: EDOU

Name of Facility Where Abatement is Taking Place (3)

CSX Intermodal - Schneider National's Modular Building

Street Address

26 Pennsylvania Avenue

City (5) Kearny

County (6) Hudson

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

ASCM No.

None

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

Street Address

128 S. Tryon Street - Interstate Tower

City, State, Zip Code Charlotte, NC 28202

Project Manager for Monitoring Firm Roy Stancil

Telephone No. 704-331-6334

Scheduled Completion Date (11) 4 / 17 / 2013

Name of OSHA Monitor Shaw Environmental, Inc.

Street Address

128 South Tryon Street, Interstate Tower

City, State, Zip Code Charlotte, NC 28202

Start Date (10) 4 / 15 / 2013

License No. 01121

Scope of Work (Check all that apply)

- ≥3 sf or ≥3 if
- ≥160 sf or ≥200 if
- Abatement prior to demolition of other materials
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Flexible Procedure

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

In 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

Roof ☑ ☐ ☐ ☐ Roofing 800 SF ☐ ☐ ☐ ☐

Exterior of Structure ☐ ☐ ☐ ☐ Glazing Compound from Windows 9 SF ☐ ☐ ☐ ☐

Throughout ☐ ☐ ☐ ☐ Pipe Insulation 80 LF ☐ ☐ ☐ ☐

Throughout ☐ ☐ ☐ ☐ VAT 12 SF ☐ ☐ ☐ ☐

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

City, State Disposal Date 4/17/2013

Camden, New Jersey Penn Argyll, PA

City, State Name of Registered Landfill Grand Central Sanitary Landfill

Completed By (Print or Type) Jessica Busch

Title Administrative Support

Signature ☑ 3/28/2013

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>3 / 15 / 2013</th>
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<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Schneider National, Inc.</td>
</tr>
<tr>
<td>Agencies Notified</td>
<td>□ EPA □ DOLWD □ DHSS □ DCA (NJAC 5:23-8)</td>
</tr>
<tr>
<td>Type Notification</td>
<td>□ Initial □ Amended Amendment #2 □ Emergency (including justification) □ Cancellation</td>
</tr>
<tr>
<td>Street Address</td>
<td>500 Water Street</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Jacksonville, FL 32202</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Ryan Gronert, Facilities Proj. Mgr.</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
<tr>
<td>FACILITY INFORMATION</td>
<td></td>
</tr>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td>CSX Intermodal - Schneider National's Modular Building</td>
</tr>
<tr>
<td>Street Address</td>
<td>26 Pennsylvania Avenue</td>
</tr>
<tr>
<td>City (5)</td>
<td>Kearny</td>
</tr>
<tr>
<td>County (6)</td>
<td>Hudson</td>
</tr>
<tr>
<td>County Code (7)</td>
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</tr>
<tr>
<td>Current Use (Prior if being demolished)</td>
<td>Industrial</td>
</tr>
<tr>
<td>Type of Facility (4)</td>
<td>□ School (K-12) □ Subchapter 8 (Other than K-12) □ Other (i.e., private and commercial buildings, homes, etc.)</td>
</tr>
<tr>
<td>Square Feet</td>
<td>8000</td>
</tr>
<tr>
<td># of Floors</td>
<td>1</td>
</tr>
<tr>
<td>Bldg. Age</td>
<td>25+</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>Shaw Environmental, Inc.</td>
</tr>
<tr>
<td>ASCM No.</td>
<td></td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>Prism Response, Inc.</td>
</tr>
<tr>
<td>Street Address</td>
<td>102 Technology Lane</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Export, PA 15632</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>724-325-3330</td>
</tr>
<tr>
<td>License No.</td>
<td>01121</td>
</tr>
<tr>
<td>Name of OSHA Monitor</td>
<td>Shaw Environmental, Inc.</td>
</tr>
<tr>
<td>Street Address</td>
<td>128 South Tryon Street, Interstate Tower</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Charlotte, NC 28202</td>
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<tr>
<td>Schedule Completion Date (11)</td>
<td>4 / 3 / 2013</td>
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<tr>
<td>Start Date (10)</td>
<td>4 / 1 / 2013</td>
</tr>
<tr>
<td>Occupancy Status During Abatement (Check only one)</td>
<td>□ Facility Closed/Vacated During Entire Period of Abatement □ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM PM PM AM</td>
</tr>
<tr>
<td>Scope of Work (Check all that apply)</td>
<td>□ ≥5 sf or ≥3 ft □ ≥160 sf or ≥250 ft</td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)</td>
<td>Roof Exterior of Structure</td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)</td>
<td>Roof Exterior of Structure</td>
</tr>
<tr>
<td>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</td>
<td>Yes □ No □ N/A</td>
</tr>
<tr>
<td>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td>Roofing Glazing Compound from Windows</td>
</tr>
<tr>
<td>Amount (Specify SF or LP)</td>
<td>800 SF 9 SF</td>
</tr>
<tr>
<td>Abatement Type</td>
<td>□ Full Containment with Negative Pressure □ Mini-Enclosure □ Glovebag Procedure □ Non-Exempted (*) and Non-Friable Procedure</td>
</tr>
<tr>
<td>Abatement Type</td>
<td>□ Removal □ Repair □ Encapsulate □ Endorse</td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
<td>NUDIP Waste Hauler ID No. SW1724</td>
</tr>
<tr>
<td>Waste Management</td>
<td>Grand Central Sanitary Landfill</td>
</tr>
<tr>
<td>City, State</td>
<td>Camden, New Jersey Penn Argyl, PA</td>
</tr>
<tr>
<td>Disposal Date</td>
<td>4/3/2013</td>
</tr>
<tr>
<td>Completed By (Print or Type)</td>
<td>Jessica Busch Administrative Support</td>
</tr>
<tr>
<td>Title</td>
<td>3/15/2013</td>
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</tbody>
</table>

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

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

Street Address  
500 Water Street

City, State, Zip Code  Jacksonville, FL 32202

Name of Contact  Ryan Gronnert, Facilities Proj. Mgr.

FACILITY INFORMATION

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

Street Address  
26 Pennsylvania Avenue

City (5)  Kearny

County (6)  Hudson

County Code (?/STATE USE ONLY)  

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

ASCM No.  

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

Street Address  
102 Technology Lane

City, State, Zip Code  Export, PA 15632

Telephone No.  724-325-3330

License No.  01121

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

Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM PM AM PM

Scope of Work (Check all that apply)  
□ ≥ 3 ft² or ≥ 241 ft²  
□ ≥ 160 ft² or ≥ 260 ft²  
□ Renovation  
□ Demolition  
□ Abatement prior to demolition by others.

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

Yes No N/A

Roof

Exterior of Structure

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

Yes No N/A

Roofing

Glazing Compound from Windows

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

Amount (Specify SF or LF)

Abatement Type

Removal  
Repair  
Encapsulate  
Endorse

Abatement Type

Grand Central Sanitary Landfill

Name of Registered Waste Hauler

Waste Management

NJDEP Waste Hauler ID No. SW1724

Disposal Date  3/20/2013

City, State  Penn Argyl, PA

Completed By (Print or Type)  Jessica Busch

Title  Administrative Support

Signature  

Date  2/25/2013

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

**NOTIFICATION OF ASBESTOS ABATEMENT**

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

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<th>Date of Notification (1)</th>
<th>25 / 2013</th>
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<th>Agencies Notified</th>
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<tbody>
<tr>
<td>□ EPA</td>
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<td>□ DOLWD</td>
<td>□ Amended Amendment #1</td>
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<td>□ DHSS</td>
<td>□ Emergency (including justification)</td>
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<td>□ DCA (NJAC 5:23-8)</td>
<td>□ Cancellation</td>
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<tr>
<th>Name of Building Owner/Operator (2)</th>
<th>Schneider National, Inc.</th>
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<tr>
<th>Street Address</th>
<th>500 Water Street</th>
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<table>
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<tr>
<th>City, State, Zip Code</th>
<th>Jacksonville, FL 32202</th>
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<thead>
<tr>
<th>Name of Contact</th>
<th>Ryan Gronert, Facilities Proj. Mgr</th>
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### FACILITY INFORMATION

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<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>CSX-Intermodel - Schneider National's Modular Building</th>
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<tr>
<th>Street Address</th>
<th>26 Pennsylvania Avenue</th>
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<th>City (5)</th>
<th>Kearny</th>
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<th>County (6)</th>
<th>County Code (STATE USE ONLY)</th>
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<th>Square Feet</th>
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<th>Bldg. Age</th>
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<tr>
<th>Type of Facility (4)</th>
<th>□ School (K-12)</th>
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<td>□ Subchapter 8 (Other than K-12)</td>
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<td>□ Other (i.e., private and commercial buildings, homes, etc.)</td>
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<th>Current Use (Prior to being demolished)</th>
<th>Industrial</th>
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<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Roy Stancil</th>
</tr>
</thead>
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<tr>
<th>Telephone No.</th>
<th>704-331-6334</th>
</tr>
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<tr>
<th>Start Date (10)</th>
<th>3 / 18 / 2013</th>
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<tr>
<th>Scheduled Completion Date (11)</th>
<th>3 / 20 / 2013</th>
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### Occupancy Status During Abatement (Check only one)

- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _AM_/ _PM_/ _AM_/ _PM_ |

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

- ≥ 3 sf or ≥ 3 If
- ≥ 160 sf or ≥ 160 If
- Renovation *
- Demolition
- Abatement prior to demolition by others.

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Roof</td>
<td>Yes *</td>
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<tr>
<td>Exterior of Structure</td>
<td>No</td>
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### Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)

<table>
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<tr>
<th>Description</th>
<th>Amount (Specify SF or LF)</th>
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</thead>
<tbody>
<tr>
<td>Roofing</td>
<td>800 SF</td>
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<tr>
<td>Glazing Compound from Windows</td>
<td>9 SF</td>
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</tbody>
</table>

### Abatement Type

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

### Waste Management

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>NJDEP Waste Hauler ID No. SW19724</th>
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<thead>
<tr>
<th>Cubic Yards of Waste</th>
<th>Grand Central Sanitary Landfill</th>
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</table>

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

<table>
<thead>
<tr>
<th>City, State</th>
<th>Penn Argyll, PA</th>
</tr>
</thead>
</table>

### Completed By (Print or Type)

<table>
<thead>
<tr>
<th>Jessica Busch</th>
</tr>
</thead>
</table>

### Administrative Support

<table>
<thead>
<tr>
<th>Signature</th>
<th>2/25/2013</th>
</tr>
</thead>
</table>

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

Date of Notification (1) 2 / 15 / 2013

Name of Building Owner/Operator (3)
Schneider National, Inc.

Agencies Notified

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

Street Address
500 Water Street

City, State, Zip Code
Jacksonville, FL 32202

Name of Contact
Ryan Gronert, Facilities Proj. Mgr

FACILITY INFORMATION

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

Street Address
26 Pennsylvania Avenue

City (5)
Kearny

County (9)
Hudson

Square Feet 8000

# of Floors 1

Bldg. Age 25+

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

Current Use (Prior if being demolished)
Industrial

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

ASCM No.

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

Street Address
128 S. Tryon Street - Interstate Tower

City, State, Zip Code
Charlotte, NC 28202

License No. 01121

Telephone No. 724-325-3330

Project Manager for Monitoring Firm
Roy Stancil

Start Date (10) 2 / 25 / 2013

Scheduled Completion Date (11) 2 / 27 / 2013

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

Location of Asbestos-Containing Material (ACM)

TO BE ABATED

IN Facility (13)

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)

Roofing 800 SF

Glazing Compound from Windows 9 SF

Amount (Specify SF or LF)

Abatement Type

Full Containment with Negative Pressure

☐ Mini-Enclosure

☐ Glovebag Procedure

☐ Non-Exempted (*) and Non-Fireable Procedure

Name of Registered Waste Hauler
Waste Management

Cubic Yards of Waste

Name of Registered Landfill
Grand Central Sanitary Landfill

City, State
Camden, New Jersey

Disposal Date 2/27/2013

Penn Argyl, PA

Completed By (Print or Type)
Jessica Busch

Signature

Administrative Support

Date 2/15/2013

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

Date of Notification (1)
04/23/13

Name of Building Owner/Operator (2)
Werner Deconstruction, LLC

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

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

Street Address
919 Minlam St. Suite 2300
Huston, TX 77002

City, State, Zip Code

Name of Contact
Malcolm Carroll

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Werner Generating Station

Street Address
2 Lower Main St.
South Amboy
Middlesex

County Code (7) (STATE USE ONLY)

Square Feet
240,000

# of Floors
7

Bldg. Age
85

Current Use (Prior to being demolished)
Power Plant

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

Name of Monitoring Firm Hired by Building Owner (5)
Accredited Environmental Technologies

ASCM No.

Name of Abatement Contractor (6)
Site Enterprises, Inc.

Street Address
815 12th Street Suite 3
Hammonton, NJ 08037

City, State, Zip Code

Telephone No.
609-567-1250

License No.
01172

Name of OSHA Monitor
AET

Start Date (10)
05/04/13

Scheduled Completion Date (11)
12/31/13

Facility Closed/Vacated During Entire Period of Abatement

Abatement Performed Outside of Normal Facility Hours

Other - Describe:

Occupancy Status During Abatement (Check Only One)
- X Closed

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

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

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

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

Amount (Specify SF or LF)

Abatement Type

(SEE ATTACHED)

Name of Registered Waste Hauler
Weigle Trucking

NJ/DEP Waste Hauler ID No.
SW2912

Cubic Yards of Waste
5,000

Name of Registered Landfill
Minerva Enterprises, LLC.

Disposal Date
05/04/12-31/13

City, State
Waynesburg, Ohio

Completed by
Kati Dinatele
Title
office manager

Signature

Date
04/23/13

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

Date of Notification (1) 4-03-2013
Name of Building Owner/Operator (2) EFG Clermont Terrace, LLC

Agencies Notified Type Notification
☐ EPA ☑ Initial
☐ DEP ☑ Amended
☐ DOH ☑ Amendment #1
☐ DOL ☑ Emergency (including justification)
☐ DCA ☑ Cancellation

Street Address 520 Capital Mall, Suite 200
City, State, Zip Code Sacramento, CA 95841

Name of Contact Chris Miller
Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
National Envelope
Street Address 450 Clermont Terrace
City, State, Zip Code
County (6) Union
County Code (7) (STATE USE ONLY)
Name of Monitoring Firm Hired by Building Owner (8) ASCM No.
ECMS
Name of Abatement Contractor (9) Gramercy Group Inc.
Street Address 10 Filmont Drive
City, State, Zip Code New City, NY 10956
Project Manager for Monitoring Firm Marc Rutstein
Telephone No. 845-838-0640
License No. 01085
Telephone No. 516-876-0020

Start Date (10) 5-06-2013
Scheduled Completion Date (11) 12-31-2013
Name of OSHA Monitor Gramercy Group Inc.
Occuancy Status During Abatement (Check Only One)
☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☐ Other – Describe: Facility scheduled for demolition, No occupancy

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED
In Facility (13) Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)

Throughout X Yes
Throughout X No

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

Amount (Specify SF or LF)

Abatement Type

Name of Registered Waste Hauler Horwith Trucks Inc.
Hauler ID No. 16227
Cubic Yards of Waste 400
Disposal Date 6-30-12
City, State Waynesburg OH

Completed by Robert Lewin Title Environmental Coordinator Signature

Completed Date 4-24-13

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

Date of Notification: 04 / 17 / 13
Name of Building Owner/Operator: Picatinny Arsenal

Agencies Notified:
- EPA
- DEP
- DOL (NJAC 5:16)
- DHSS
- DCA (NJAC 5:23-8)

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

Street Address:
Route 15 North
City, State, Zip Code:
Dover, NJ 07806

Name of Contact:
Kathleen Postol
Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place:
Ballistics Evaluation Center
Street Address:
Bear Swamp Rd. BLDG. 636
City:
Picatinny Arsenal, Dover, NJ
County:
Morris
County Code (STATE USE ONLY):

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

Square Feet: 120
# of Floors: 1
Bldg. Age: 70 years
Current Use (Prior if being demolished):
Vacant

Name of Monitoring Firm Hired by Building Owner:
Langan Engineering & Environ. Services
Langan Engineering & Environ. Services

Name of Abatement Contractor:
SMAC Corp.
SMAC Corp.

Street Address:
619 River Drive Center 1 sor.
City, State, Zip Code:
Elmwood Park, NJ 07407

Project Manager for Monitoring Firm:
Vijay Patel
TelephoneNumber:
201-398-4544

Name of OSHA Monitor:
EMSL ANALYTICAL, INC

Street Address:
27 EAST 33rd STREET
City, State, Zip Code:
PATERSON NJ 07514

Start Date (10):
04 / 27 / 13
Scheduled Completion Date (11):
04 / 30 / 13

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

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

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

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

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

Amount (Specify SF or LF):

Abatement Type:
- Removal
- Repair
- Encapsulation
- Enclosure

Location of Registered Waste Hauler:
SMAC Corp
NJDEP Waste Hauler ID No. 18590
Cubic Yards of Waste:
5 Yards
Name of Registered Landfill:
Grows Landfill
City, State:
27 E 33rd Street, Paterson, NJ - 07514
Disposal Date:
04/30/2013
City, State:
Morrisville, PA

Completed By (Print or Type): Borce Gjorsoski
Title: President
Signature: [Signature]
Date: 4/17/2013

* Do not use this form for asbestos licensor exempted activities.
# NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:129)

**Date of Notification:** 4/18/13

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

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

**Name of Building Owner/Operator:** SOPHIE NAFTALOVICH

**Address:**
- Street: 2-7 Louis St.
- City, State, Zip Code: New Brunswick, NJ, 08906

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

**County Code:** MIDDLESEX

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

**Name of Abatement Contractor:** A. Mac Contracting Inc.

**Scheduled Completion Date:** 4/23/13

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

**Scope of Work (Check All That Apply):**
- [ ] 29 sf or less
- [ ] 316 sq ft or 3280 sf
- [ ] Renovation
- [ ] Demolition

**Description of Asbestos-Containing Material (ACM):**
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosures
- [ ] Glovebox Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

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

**Square Feet:** 1690

**Bidg. Age:** 60

**Name of Registered Waste Hauler:**

- Name: N. J. DEP Waste
- Hauler ID No.: 20789
- City, State: Bethlehem, PA 18015

**Completed by:**
- R. McDonald
- Title: President

**Signatures:**

*Do not use this form for asbestos hazardous exempted activities.*
# NOTIFICATION OF ASPEROS ABATEMENT

**Date of Notification:** 4/22/13

**Name of Building Owner/Operator:** Mr. David Nafe

**Address:** 140 Montgomery St, Bloomingfield, NJ 07003

### FACILITY INFORMATION

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

**Street Address:** 140 Montgomery St, Bloomingfield, NJ 07003

**City:** Essey, County Code (7) (State Use Only) - County Code: Essex

**Current Use (Prior to being demolished):** "Asbestos Removal"

**Name of Abatement Contractor:** Best Removal Inc

**Street Address:** 450 S. River St, Hackensack, N.J. 07601

**Telephone No.:** 201-329-7444

**License No.:** 00388

**Name of OSHA Monitor:** Omega Environmental Inc

**Street Address:** 280 Huyler St, South Hackensack, N.J. 07606

**License No.:** 00388

**Name of Registered Waste Hauler:** Best Removal Inc

**ID No.:** 17109

**Cubic Yards of Waste:** 1/2

**Name of Registered Landfill:** Minerva Enterprises

**City, State:** Hackensack, N.J. 07601

**Disposal Date:** 5/9/13

**City, State:** Waynesburg, Ohio

**Completed by:** J. Maiorano

**Title:** Estimator

**Signature:** [Signature]

**Date:** 4/22/13

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

### 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>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>Yes</td>
<td>Thermal Surfacings Wavation</td>
<td>45 SF</td>
</tr>
<tr>
<td>Basement</td>
<td>No</td>
<td>Thermal System Insulation</td>
<td>60 LF</td>
</tr>
</tbody>
</table>

*Note: The form is filled out with specific details about the location, type of asbestos, and the amount to be removed.*

---

*The form includes additional sections for facility details, contractor information, and waste management.*
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:69 and 12:120)

Date of Notification (1) 04/22/13
Name of Building Owner/Operator (2) Felician College

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

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

Street Address
262 South Main Street

City, State, Zip Code
Lodi, NJ 07644

Name of Contact
Richard A. Riccio, Jr., Sen. Dir. of Facilities

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Old Library-Building 7 - Felician College - Rutherford Campus

Street Address
223 Montross Avenue

City (6)
Rutherford

County Code (7)
Bergen

Square Feet
50,000+

# of Floors
3

Bldg. Age
50+

Name of Monitoring Firm Hired by Building Owner (8)
McCabe Environmental Services, LLC

ASCM No.
00118

Name of Abatement Contractor (9)
Pyramid Contracting Corp.

Street Address
163 Sargeant Avenue

City, State, Zip Code
Clifton, NJ 07013

Project Manager for Monitoring Firm
Mr. James Ruff

Telephone No.
201-436-4339

Telephone No.
973-669-6281

License No.
01099

Start Date (10)
05/06/13

Scheduled Completion Date (11)
06/07/13

Name of OSHA Monitor
J&S Environmental Laboratories LLC

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)
□ 320 sf or 236 sf
□ 2160 sf or 2650 sf
□ Renovation
□ Demolition
□ Full Containment with Negative Pressure
□ Mini-Enclosure
□ Glovebag Procedure
□ Non-Exempted (*) and Non-Friable Procedure

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

In Facility (13)

<table>
<thead>
<tr>
<th>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>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
</tr>
<tr>
<td>Ground Floor</td>
<td>X</td>
<td>Floor Tile and Mastic</td>
</tr>
<tr>
<td>1st Floor</td>
<td>X</td>
<td>Floor Tile and Mastic</td>
</tr>
<tr>
<td>2nd Floor</td>
<td>X</td>
<td>Floor Tile and Mastic</td>
</tr>
<tr>
<td>Throughout Building</td>
<td>X</td>
<td>Pipe Joint Insulation</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
Service Transport Group, Inc.

NJ/DEP Waste Hauler ID No.
20090

Cubic Yards of Waste
10

Name of Registered Landfill
Minerva Landfill

City, State
New Castle, Delaware

Disposal Date

City, State
Waverlyburg, Ohio

Completed by
Dimo Golcev

Title
General Manger

Signature

Date
04/22/13

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

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

**Date of Notification:** 4/22/2013

**Name of Building Owner/Operator:** A to Z Site Contractors, Inc.
**Street Address:** 940 Park Avenue
**City, State, Zip Code:** Lakewood, New Jersey 08701

**Name of Contact:** Irving Perlstein
**Telephone Number:**

### FACILITY INFORMATION

**Name of Facility Where Abatement is Taking Place:** Residence
**Street Address:** 43 12th Street
**City:** Lakewood
**County:** Ocean
**County Code:** N/A

**Name of Monitoring Firm Hired by Building Owner:** ASCM No.
**Name of Abatement Contractor:** Guardian Contracting, Inc.

**Street Address:** 1889 Route 9, Unit 61
**City, State, Zip Code:** Toms River, New Jersey 08755-1271

**Project Manager for Monitoring Firm:**
**Telephone Number:** 732-349-9932
**License Number:** 00624

**Name of OSHA Monitor:** E.M.S.L. Analytical
**Street Address:** 1056 Stelton Road
**City, State, Zip Code:** Piscataway, New Jersey 08854

**Occupancy Status During Abatement:** Facility Closed/Vacated During Entire Period of Abatement

**Scheduled Start Date:** 4/22/13
**Scheduled Completion Date:** 4/23/13

**Scope of Work:** Demolition

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

<table>
<thead>
<tr>
<th>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or Lf)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>1200 sf</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler:** Guardian Contracting, Inc.
**NJDEP Waste Hauler ID No.:** 20223
**Cubic Yards of Waste:** 3
**Name of Registered Landfill:** T.R.R.F.

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

**Disposal Date:** 4/24/13
**City, State:** Tullytown, Pennsylvania

**Completed by:** Nicholas Fernicola
**Title:** Project Manager
**Signature:**

---

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

Date of Notification (1) April 22, 2013

Name of Building Owner/Operator (2) Steve Jenkins

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

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

Street Address
27 George Street

City, State, Zip Code
Metuchen, NJ 08840

Name of Contact
Steve Jenkins

Telephone Number

FACILITY INFORMATION

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

Street Address
27 George Street

City
Metuchen

County
Middlesex

County Code (7)
(STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8)
Guardian Contracting, Inc.

ASCM No.

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

Project Manager for Monitoring Firm
Nicholas Fernicola

Telephone Number
732-349-9932

Scheduled Start Date (10)
5/6/13

Scheduled Completion Date (11)
5/7/13

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

Scope of Work (Check all that apply)
[X] >3,000 sq ft or >3,000 lb
[ ] 2,160 sq ft or >2,600 lb
[ ] Renovation
[X] Demolition

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

Is Location Normally Used Solely by Maintenance/Custodial Staff
— NO — N/A

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

Amount (Specify SF or Lb)

Abatement Type
[ ] Removal
[ ] Repair
[ ] Encapsulation
[ ] Enclosure

Asbestos pipe insulation
75 lb

Name of Registered Waste Hauler
Guardian Contracting, Inc.

NJ DEP Waste Hauler ID No.
20223

Cubic Yards of Waste
3

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

City, State
Toms River, New Jersey

Disposal Date
5/8/13

City, State
Tullytown, Pennsylvania

Completed by (Print or Type)
Nicholas Fernicola

Title
Project Manager

Signature

Date
4/22/2013

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

Date of Notification (1): April 22, 2013

Name of Building Owner/Operator (2): H & D Rosetto

Street Address: 211 North Ocean Avenue
City, State, Zip Code: Seaside Park, NJ 08752

Name of Contact: Denise Rosetto
Telephone Number: 732-349-9932

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

Street Address: 1882 Compass Court
City, State, Zip Code: Toms River, New Jersey 08755-1271

Name of Monitoring Firm Hired by Building Owner (8): N/A
ASCM No.: N/A
Name of Abatement Contractor (9): Guardian Contracting, Inc.
Street Address: 1889 Route 9, Unit 61
City, State, Zip Code: Piscataway, New Jersey 08854

Project Manager for Monitoring Firm: E.M.S.I., Analytical
Telephone Number: 732-349-9932
Name of OSHA Monitor: Full Containment with Negative Pressure
Telephone Number: 00624

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

Scheduled Start Date (10): 4/22/13
Scheduled Completion Date (11): 4/23/13

Scope of Work (Check all that apply)
[ ] >3 sf or ≥3 ft
[ ] ≥160 sf or ≥260 ft
[ ] Renovation
[ ] Demolition
[ ] 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, VLT, or other miscellaneous)

Amount (Specify SF or LF)
Abatement Type

Exterior [X] Asbestos siding 2000 sf [X]

Name of Registered Waste Hauler: Guardian Contracting, Inc.
NJDEP Waste Hauler ID No.: 20223
Cubic Yards of Waste: 2
Name of Registered Landfill: T.R.R.F.
City, State: Toms River, New Jersey
Disposal Date: 4/24/13
City, State: Tullytown, Pennsylvania
Completed by: Nicholas Fernicola
Title: Project Manager
Signature: Nicholas Fernicola
Date: 4/22/2013

*Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:99 and 12:128)

Date of Notification (1) 01/23/13  Name of Building Owner/Operator (2) MEIR NEWHAND

AGENCIES NOTIFIED
☐ DEP  ☐ DOL  ☐ DOH  ☐ DCA

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

ABATEMENT NOTICE
☐ Notification  ☐ Amendment  ☐ Reversal  ☐ Cancellation

Street Address 1019 Monmouth Rd.
City, State, Zip Code Lakewood, NJ 08701

Name of Contact JOSHEK

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) 1019 Monmouth Rd.
Type of Facility (4)
☐ School (K-12)
☐ Subchapter 8 (Other than K-12)
☐ Other (i.e. private & commercial buildings, homes, etc.)

Square Feet 0
# of Floors ______
Built, Age ______

Current Use (Prior to being demolished) House

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

Name of Abatement Contractor (6) Street Address 6 White Ave Ct
City, State, Zip Code Lakewood, NJ 08701

License No. 732-668-0076 01/20

Project Manager for Monitoring Firm Telephone No. 732-668-9476 01/20

Name of CSHA Monitor A.A. Lead Professionals

Start Date (10) 03/02/13  Scheduled Completion Date (11) 05/30/13

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

Scope of Work (Check All That Apply)
☐ 0-3 sf or 0-3 ft
☐ >160 sf or >260 ft
☐ Renovation  ☐ Demolition

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

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

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

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

<table>
<thead>
<tr>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Removal</td>
</tr>
<tr>
<td>Repair</td>
</tr>
<tr>
<td>Encapsulate</td>
</tr>
<tr>
<td>Envelope</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>NJDEP Waste Hauler ID No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>04509</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cubic Yards of Waste</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>EESF</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Disposal Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>05/18/13</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed by</th>
</tr>
</thead>
<tbody>
<tr>
<td>Joseph Eokin</td>
</tr>
<tr>
<td>Owner</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>SIGNED</td>
</tr>
<tr>
<td>Date</td>
</tr>
<tr>
<td>04/23/13</td>
</tr>
</tbody>
</table>

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

### Date of Notification (1)
04-22-2013

### Name of Building Owner / Operator (2)
Ruth C. Wickham

### Street Address
35 Bartram Avenue

### City, State & Zip Code
Mt. Holly, NJ 08060

### Name of Contact
Linda Cashan

### Telephone Number

### FACILITY INFORMATION

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

#### Street Address
35 Bartram Avenue

#### City, State & Zip Code
Mt. Holly, NJ 08060

#### County (6)
Burlington

#### County Code (7)
117

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

#### Square Feet
2,508

#### # of Floors
2

#### Bldg. Age
80 yrs

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

### Name of Abatement Contractor (9)
Resource Management Group, LLC

#### Street Address
2115 Hamilton Ave, Ste 202

#### City, State & Zip Code
Trenton, NJ 08619

#### Telephone Number
609-977-6169

#### License Number
01185

### Name of OSHA Monitor
J&S Environmental Laboratories Inc

#### Street Address
2333 Route 22 West

#### City, State & Zip Code
Union, NJ 07083

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

#### Describe:
7:30 am to 5:30 pm

### Scope of Work (Check all that apply)
- [x] 2 or 2.5 if
- [x] 2 or 2.5 if
- [x] 3 or 3.5 if
- [ ] Renovation
- [ ] Demolition
- [x] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glove Bag Procedures
- [ ] Non-Exempted and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Material</th>
<th>Location Normally Used</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pipe insulation</td>
<td>Maintenance or Custodial Staff?</td>
<td>125 LF</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Floor tile &amp; Mastic</td>
<td></td>
<td>150 SF</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Name of Registered Waste Hauler
Robinson Waste Disposals Service, Inc.

### City, State
Voorhees, NJ

### Completed By (Print or Type)
Mr. Brian Haney

### Title
President

### Signature

### Date
04/23/2013
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)
4/23/13

Name of Building Owner/Operator (2)
Mina Schaffert (Private Home)

Agencies Notified
X EPA
X DEP
X DOL
X DOH
X DOA

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

Street Address
17 West Navasink

City, State, Zip Code
Tuckerton NJ 08087

Name of Contact
Mina

Telephone

Name of Facility Where Abatement is Taking Place (3)
Mina Schaffert (Private Home)

Street Address
17 West Navasink

City (5)
Tuckerton NJ 08087

County (6)
Ocean

County Code (7) (STATE USE ONLY) __________

Current Use (Prior to being demolished)
Home

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

ASCM No.

Name of Abatement Contractor (9)
Pernaco Inc

Street Address
PO Box 329

City, State, Zip Code
West Berlin NJ 08091

Project Manager for Monitoring Firm

Telephone No.

Telephone No.
856-753-9800

License No.
00727

Start Date (10)
5/1/13

Scheduled Completion Date (11)
5/13/13

Name of OSHA Monitor
Same

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

Abatement Performed Outside of Normal Facility Hours

Other – Describe:

Scope of Work (Check All That Apply)

X ≥3 sf or ≥3 If
X ≥180 sf or ≥2250 lf
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?

Yes

No

N/A

(12)

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

Amount (Specify SF or LF)

Abatement Type

Removal

Encapsulation

Enclosure

Bedroom areas

x

Floor Tile

500 SF

Signature

Date

3/18/13

5/13/13

Anthony T Perna

Title
President

Completed by

City, State
Elm NJ

Disposal Date
5/13/13

Name of Registered Waste Hauler
United Containers

City, State
Morrisville PA 19067

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

Cubic Yards of Waste
2

ASB-41 (R-06-08)

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

**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to N.J.A.C. 8:60 and 12:129)

---

**Date of Notification (1)**
3/12/13

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

- **Hanover Acquisitions, LLC**
- **Hanover Ridge, LLC**

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

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

**Street Address**

- **153 Fort Lee Road**
- **Teaneck, NJ 07666**

**City, State, Zip Code**

- **Teaneck, NJ 07666**

**Name of Contact**

- **Marc Schlussel**

---

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

- **FORMALLY BERLEX LABS**

**Street Address**

- **110 East Hanover Ave.**

**City (5)**

- **Cedar Knolls**

**County (6)**

- **Morris**

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

- **LAB/Demolition**

**Type of Facility (4)**

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

**Square Feet**

- **84,000**

**# of Floors**

- **2**

**Bldg. Age**

- **60**

**Name of Abatement Contractor (9)**

- **A. Mac Contracting Inc.**

**Telephone No.**

- **201-282-5841**

**License No.**

- **001456**

**Name of OSHA Monitor**

- **Omega Environmental Services Inc.**

**Street Address**

- **280 Huyler Street**

**City, State, Zip Code**

- **Hackensack, NJ 07606**

---

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

- ASCM No.

**Project Manager for Monitoring Firm**

- Telephone No.

---

**Start Date (10)**

- **3/24/13**

**Scheduled Completion Date (11)**

- **5/26/13**

**Occupancy Status During Abatement (Check Only One)**

- [ ] Facility Closed/Vacated During Entire Period of Abatement
- [x] Abatement Performed Outside of Normal Facility Hours
- [ ] Other - Describe:

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

- [x] 23 sf or less
- [ ] 160 sf or less
- [ ] 220 sf or less

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

**TO BE ABATED**

- **In Facility**

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

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

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

- **Thermal systems insulation, surfacing, VAT, or other miscellaneous**

**Amount (Specify SF or L) (13)**

- **Pipe Elbows**
  - **2740 SF**
- **Lab Hoods**
  - **946 SF**
- **Roofing**
  - **69 SF**
- **Boiler**
  - **300 SF**

**Name of Registered Waste Hauler**

- **Rovic Transport**

**Name of Registered Landfill**

- **IESI PA Bethlehem Landfill Corp.**

**City, State**

- **Riverdale, New Jersey 07457**

**Cubic Yards of Waste**

- **SEE PAGE 2**

**Disposal Date**

- **3/24/13**

**City, State**

- **Bethlehem, PA 18015**

**Completed by**

- **R. McDonald**

**Title**

- **President**

**Signature**

- **[Signature]**

**Date**

- **4/18/13**

---

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

**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:59 and 12:120)

**Date of Notification:** 3/12/13

**Name of Building Owner/Operator:** HANOVER ACQUISITIONS, LLC / RIDEBALE, LLC

**Address:**
- 153 FORT LEE ROAD
- Street Address
- 110 EAST HANOVER AVE.

**City, State, Zip Code:**
- TEANECK, N J. 07666

**Name of Contact:** MARC SCHLUSSEL

**Name of Facility Where Abatement is Taking Place:** FORMALLY BERLEK LABS

**Street Address:** 110 EAST HANOVER AVE.

**City:** CEDAR KNOLLS

**County:** MORRIS

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

**ACSM No.:**

**Name of Abatement Contractor:** A. Mac Contracting Inc.

**Street Address:** 105 Lowell Road

**City, State, Zip Code:**
- Glen Rock, N.J. 07452

**Project Manager for Monitoring Firm:**

**Telephone No.:**
- 201-282-5841

**License No.:** 00158

**Name of OSHA Monitor:**
- Omega Environmental Services Inc.

**Street Address:** 280 Huyler Street

**City, State, Zip Code:**
- Hackensack, NJ 07606

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

**Start Date:** 3/26/13

**Scheduled Completion Date:** 5/26/13

**Scopes of Work (Check All That Apply):**
- Demolition

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

<table>
<thead>
<tr>
<th>Description of Asbestos-Containing Material (ACM) (i.e., thermal system insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>WINDOW CAULK</td>
<td>306 SF</td>
<td>X</td>
</tr>
<tr>
<td>PIPE</td>
<td>387 LF</td>
<td>X</td>
</tr>
<tr>
<td>FLOOR TILE</td>
<td>16,646 SF</td>
<td>X</td>
</tr>
<tr>
<td>MASTIC</td>
<td>7,490 SF</td>
<td>X</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler:** IESI PA Bethlehem Landfill Corp.

**City, State:** Bethlehem, PA 18015

**Completed by:** R. McDonald

**Title:** President

**Signature:**

**Check #: 5116**

---

*Do not use this form for asbestos licensure exempted activities.*
Date of Notification (1): 3/12/13

Name of Building Owner/Operator (2): HANOVER ACQUISITIONS, LLC/HANOVER RIDFEDALE, LLC

Street Address: 153 FORT LEE ROAD
City, State, Zip Code: TEANECK, N.J. 07666

Name of Contact: MARC SCHLUSSEL

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): FORMALLY BERLAX LABS
Street Address: 110 EAST HANOVER AVE.
City: CEDAR KNOLLS
County: MORRIS

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

Square Feet: 8,400# of Floors: 2
Bldg Age: 60

Current Use (Prior if being demolished): LAB/DEMOLITION

Name of Abatement Contractor (6): A. Mac Contracting Inc.
Street Address: 105 Lowell Road
City, State, Zip Code: Glen Rock, N.J. 07452

Name of OSHA Monitor: Omega Environmental Services Inc.
Street Address: 280 Huyler Street
City, State, Zip Code: Hackensack, NJ 07606

Scope of Work (Check All That Apply):
□ 23 sf or ≥ 3 if
□ ≥160 sf or ≥2250 if
□ Renovation
□ Demolition
□ Full Containment with Negative Pressure
□ Mini-Enclosure
□ Glovebag Procedure
□ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED
In Facility (19):

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e. thermal system insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>PIPE ELBOWS</td>
<td>X</td>
<td>2203 SF</td>
<td></td>
<td>Removal</td>
</tr>
<tr>
<td>LAB HOODS</td>
<td>X</td>
<td>110 SF</td>
<td></td>
<td>Repair</td>
</tr>
<tr>
<td>ROOFING</td>
<td>X</td>
<td>69.5 SF</td>
<td></td>
<td>Desease</td>
</tr>
<tr>
<td>BOILER</td>
<td>X</td>
<td>300 SF</td>
<td></td>
<td>Eradicate</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler:
Rovic Transport
NJ/DEP Waste Hauler ID No.: 207355

Cubic Yards of Waste: 3.0

Name of Registered Landfill:
IESI PA Bethlehem Landfill Corp.
City, State: Bethlehem, PA 18015

Disposal Date: 3/12/13

Completed by: R. McDonald
Title: President

Signature: [Signature]
Date: 3/12/13

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

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

**Date of Notification (1): 3/12/13**

**Name of Building Owner/Operator (2): HANOVER ACQUISITIONS LLC/HANOVER RIVERDALE, LLC**

**Street Address:**

153 FORT LEE ROAD

**City, State, Zip Code:**

TEANECK, NJ 07666

**Name of Contact:**

MARC SCHLUSSER

**Telephone Number:**

(201) 227-1800

---

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

FORMALLY BERLEX LABS

**Street Address:**

110 EAST HANOVER AVE.

**City:**

CEDAR KNOLLS

**County:**

MORRIS

**Type of Facility (4):**

LAB / DEMOLITION

**Square Feet:**

84,000

**# of Floors:**

2

**Bldg. Age:**

60

---

**Name of Monitoring Firm Hired by Building Owner (9):**

ACSM No.

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

A. Mac Contracting Inc.

**Street Address:**

105 Lowell Road

**City, State, Zip Code:**

GLEN ROCK, N.J. 07452

**Telephone No.**

201-262-5841

**License No.:**

00156

**Name of OSHA Monitor:**

Omega Environmental Services Inc.

**Street Address:**

280 Huyler Street

**City, State, Zip Code:**

HACKENSACK, NJ 07606

---

**Start Date (10):**

3/26/13

**Scheduled Completion Date (11):**

5/26/13

**Occupancy Status During Abatement (Check Only One):**

Facility Closed/Vacated During Entire Period of Abatement

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

Other - Describe:

---

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

- 300 sf or 3 x 3
- 160 sf or 2 x 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: (12)**

- Window Caulking
- Pipe
- Floor Tile
- Mastic

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

- 306 sf
- 155 sf
- 10,070 sf
- 7,490 sf

---

**Name of Registered Waste Hauler:**

ROVIC TRANSPORT

**HUDAP Waste Hauler ID No.:**

20785

**Disposal Date:**

3/26/13

---

**Name of Registered Landfill:**

IESI PA Bethlehem Landfill Corp.

---

**Completed by:**

R. McDonald

**Title:**

President

**Signature:**

[Signature]

**Date:**

3/13/13

---

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

Date of Notification (1) 3-22-13

Name of Building Owner / Operator (2) Comcast Cable / c/o Sabre Industries (Ced.Sumner 317-501-0925)

Agencies Notified (3) EPA

Name of Contact Bill Rosenberger, Ops Mgr., ENRC

Type of Notification Initial

Facility Information

Name of Facility Where Abatement is Taking Place (3) Comcast Cable (same)

Street Address 451 Ridge Road

City, State & Zip Code Lyndhurst, NJ 07071

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

Type of Facility (4)

Current Use (Prior if being demolished) None

Square Foot 5000

ACSM No. NA

No. of Floors 2

Name of Abatement Contractor (9) Mid Atlantic Abatement, LLC

Bldg. Age Unknown

Street Address PO Box 1314

License Number 01187

City, State & Zip Code Cherry Hill, NJ 08003

Project Manager for Monitoring Firm

Telephone Number 609-567-0950

EMSL Analytical

Scheduled Start Date (10) 3-22-13

Name of OSHA Monitor

Scheduled Completion Date (11) 3-25-13

Street Address 107 Haddon Ave.

Occupancy Status During Abatement (Check only one)

City, State & Zip Code Westmont, NJ 08108

☑ Abatement Performed Outside of Normal Hours - 7am to 3pm

Describe:

☐ Facility Occupied During Abatement

Scope of Work (Check all that apply)

☐ ≥3 sf or ≥3 if

☐ ≥160 sf ≥260 if

☐ Renovation

☐ Demolition

☐ Full Containment with Negative Pressure

☐ Mini-Enclosure

☐ Glove Bag Procedures

☐ Non-Exempted and Non-Friable Procedures

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

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

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

Amount (Specify SF or LF) 54 sf

Abatement Type

1st Floor Main room Additional Linoleum & mastic

Name of Registered Waste Hauler NJDEP Waste Hauler ID No.

Cubic Yards of Waste 1 cu.yds.

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

Freehold Cartage

City, State Freehold, NJ

Completed By (Print or Type) Theodore S. Budzynski

Title Gen. Mgr.

Disposal Date 4-5-13

City, State Morrisville, PA

Date 3-22-13
**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 8:68 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>4-23-13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>PENELLOPE GNESIN</td>
</tr>
<tr>
<td>Street Address</td>
<td>1501 OCEAN AVE - UNIT 2501</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>ASBURY PARK, NJ 07712</td>
</tr>
<tr>
<td>Name of Contractor</td>
<td>AEC INSULATION CO. INC.</td>
</tr>
<tr>
<td>Street Address</td>
<td>95 MUNROSE RD</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>COLTS NECK, NJ 07722</td>
</tr>
<tr>
<td>Name of Registered Waste Handler</td>
<td>AEC INSULATION CO. INC.</td>
</tr>
<tr>
<td>City, State</td>
<td>COLTS NECK, NJ 07722</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

| Name of Facility Where Abatement is Taking Place (3) | PENELLOPE GNESIN |
| Street Address | 1444 ROCK VIEW AVE |
| City (8) | NORTH PLAINFIELD |
| County (9) | UNION |
| Name of Monitoring Firm/Person Responsible for Monitoring | AEC INSULATION CO. INC. |
| Telephone No. | 201-454-1757 |

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>Pipes covering</td>
</tr>
</tbody>
</table>

**Amount (Specify SF or LF) | 160 LF |

**Abatement Type**

*Do not use this form for asbestos licensed 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><strong>4-22-13</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td><strong>MARYANNE BONARDI</strong></td>
</tr>
<tr>
<td>Street Address</td>
<td><strong>21 TRAVELER WAY</strong></td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td><strong>BAYVILLE</strong></td>
</tr>
<tr>
<td>FACILITY INFORMATION</td>
<td></td>
</tr>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td><strong>MARYANNE BONARDI</strong></td>
</tr>
<tr>
<td>Street Address</td>
<td><strong>21 TRAVELER WAY</strong></td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td><strong>BAYVILLE</strong></td>
</tr>
<tr>
<td>Name of Abatement Contractor (5)</td>
<td><strong>ACE INSULATION INC</strong></td>
</tr>
<tr>
<td>Street Address</td>
<td><strong>95 MONTROSE RD</strong></td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td><strong>COLTS NECK NJ 07722</strong></td>
</tr>
<tr>
<td>Scope of Work (Check all that apply)</td>
<td></td>
</tr>
<tr>
<td>Full Containment with Negative Pressure</td>
<td><strong>Yes</strong></td>
</tr>
<tr>
<td>Non-Enclosure</td>
<td><strong>Yes</strong></td>
</tr>
<tr>
<td>Non-Exempted (*3) and Non-Verifiable Procedure</td>
<td><strong>Yes</strong></td>
</tr>
<tr>
<td>Description of Asbestos Containing Material (ACM) (i.e., thermal insulation, surfacing, VAT, or other miscellaneous)</td>
<td><strong>SIDING</strong></td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
<td><strong>1000</strong></td>
</tr>
<tr>
<td>Name of Registered Waste Handler</td>
<td><strong>GROEWS</strong></td>
</tr>
<tr>
<td>City, State</td>
<td><strong>COLTS NECK NJ 07722</strong></td>
</tr>
<tr>
<td>Disposal Date</td>
<td><strong>5-9-13</strong></td>
</tr>
<tr>
<td>Signature</td>
<td><strong>Jack C. M. B.</strong></td>
</tr>
<tr>
<td>Date Completed</td>
<td><strong>5-22-13</strong></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>4/21/13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Ralph Zaccone (Private Home)</td>
</tr>
<tr>
<td>Agencies Notified</td>
<td>EPA, DEP, DOL, DOH, DCA</td>
</tr>
<tr>
<td>Type Notification</td>
<td>Initial, Amended, Emergency (including justification)</td>
</tr>
<tr>
<td>Street Address</td>
<td>606 S Green Street</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Tuckerton NJ 08087</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Ralph</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

| Name of Facility Where Abatement is Taking Place (3) | Ralph Zaccone (Private Home) |
| Street Address | 606 S Green Street |
| City, State, Zip Code | Tuckerton NJ 08087 |
| County, Ocean | Ocean |
| County Code | (STATE USE ONLY) |
| # of Floors | 1 |
| Bldg. Age | 35+ |
| Current Use (Prior if being demolished) | Home |
| Name of Monitoring Firm Hired by Building Owner (6) | N/A |
| ASCM No. | Name of Abatement Contractor (8) | Pernaco Inc |
| Street Address |  |
| City, State, Zip Code | PO Box 329 |
| City, State, Zip Code | West Berlin NJ 08091 |
| Project Manager for Monitoring Firm |  |
| Telephone No. |  |
| Street Address |  |
| City, State, Zip Code |  |
| Telephone No. | License No. | 856-739-9800 | 00727 |
| Name of OSHA Monitor | Same |
| Occupancy Status During Abatement (Check One Only) | Facility Closed/Vacated During Entire Period of Abatement |
| Abatement Performed Outside of Normal Facility Hours | Other – Describe: |
| Scope of Work (Check All That Apply) |  |
| 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 |
| Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) |  |
| Amount | Specify SF or LF |
| Abatement Type |  |
| Design |  |
| Location |  |
| Exterior Siding | Exterior Siding | 500 SF |  |

**Name of Registered Waste Hauler**  
United Containers  
NJDEP Waste Hauler ID No. 22459

| Cubic Yards of Waste | 1 |
| Name of Registered Landfill | G.R.O.W.S.  
City, State | Morrisville PA 19067  
Disposal Date | 5/10/13  
City, State |  
Completed by | Anthony T Perna  
Title | President  
Signature |  
Completed Date | 4/21/13

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>4-22-13</th>
<th>Name of Building Owner/Operator (2)</th>
<th>Kathy Merola</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agencies Notified</td>
<td></td>
<td>Type Notification</td>
<td>Initial</td>
</tr>
<tr>
<td>EPA</td>
<td></td>
<td>Amended</td>
<td>No</td>
</tr>
<tr>
<td>DOH</td>
<td></td>
<td>Amendment #</td>
<td>No</td>
</tr>
<tr>
<td>DOL</td>
<td></td>
<td>Justification</td>
<td>No</td>
</tr>
<tr>
<td>DCA</td>
<td></td>
<td>Cancellation</td>
<td>No</td>
</tr>
<tr>
<td>Street Address</td>
<td>153 Giles Ave</td>
<td></td>
<td></td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Middlesex, NJ 08846</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Kathy Merola</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Name of Facility Where Abatement is Taking Place (3)  
Single Family Dwelling  
Street Address:  
153 Giles Ave  
City (5)  
Middlesex  
State: NJ  
ZIP: 08846  
County (6): Middlesex  
County Code (7): |

Type of Facility (4):  
School (K-12)  
Subchapter B (Other than K-12)  
Other (i.e. private & commercial buildings, homes, etc.)  
Square Feet: 800  
# of Floors: 2  
Bldg. Age: 60+  
Current Use (Prior if Being Demolished): |

Name of Management Firm Hired by Building Owner (8)  
EPC Technologies  
ASCM No: N/A  
Name of Abatement Contractor (9)  
P.O. Box 337  
New Egypt, NJ 08533  
Telephone No. 609 758-3365  
License No. 00394  
Name of OSHA Monitor  
EPC Technologies Inc  
P.O. Box 337  
New Egypt, NJ 08533  
Start Date (10): 5-3-13  
Scheduled Completion Date (11): 5-3-13  
Occupancy Status During Abatement (Check Only One):  
Facility Closed/Vacated During Entire Period of Abatement  
Abatement Performed Outside of Normal Facility Hours  
Other – Describe: |

Scope of Work (Check All That Apply):  
X 23 sf or 23 if  
D 160 sf or 2260 sf  
Renovation  
Demolition  
Full Containment with Negative Pressure  
Mini-Enclosure  
Glovebag Procedure  
Non-Exempted (*) and Non-Friable Procedure |

Location of Asbestos-Containing Material (ACM)  
LOCATION OF 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):  
Pipe Insulation  
Amount (Specify SF or LF): 100 LF X  
Abatement Type  
Removal  
Encapsulate  
Emulsify |

Name of Registered Waste Hauler  
EPC Technologies  
NJ DEP Waste Hauler ID No. 17000  
Cubic Yards of Waste: 2  
Name of Registered Landfill  
Waste Management of PA  
City, State  
Mooresville, PA  
Disposal Date 5-3-13  
Completed by  
Steve Schenker  
Title  
President  
Signature  
Date 4-22-13  

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)  
April 23, 2013

Name of Building Owner/Operator (2)  
Straga Brothers Inc.  
Check # 5790

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

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

Street Address  
PO Box 216

City, State, Zip Code  
Glassboro, NJ 08028

Name of Contact  
Dennis Straga

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  
Bayside State Prison

Street Address  
4293 Route 47

City (5)  
Leesburg

County (6)  
Cumberland

County Code (7)  (STATE USE ONLY)  

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

ASCM No.  

Name of Abatement Contractor (6)  
Shade Environmental, LLC

Street Address  
623 Cutler Ave.

City, State, Zip Code  
Maple Shade, NJ 08052

Telephone No.  
856-840-8800

License No.  
00842

Project Manager for Monitoring Firm  
Michael Stocku

Telephone No.  
(856)755-0099

Name of OSHA Monitor  
EMSL

Start Date (10)  
May 14, 2013

Scheduled Completion Date (11)  
June 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: Work being performed in vacant areas of the building

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

Location of Asbestos-Containing Material (ACM)  

TO BE ABATED  
In Facility  
(13)

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>ACM</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>Electric Shop</td>
<td>XXX</td>
<td>No</td>
<td>N/A</td>
<td>Transite Panels</td>
<td>100 SF</td>
</tr>
<tr>
<td>Electric Shop</td>
<td>XXX</td>
<td>No</td>
<td>N/A</td>
<td>Pipe Insulation/Fittings</td>
<td>9 LF</td>
</tr>
<tr>
<td>Elec. Shop/Storage/Health Office</td>
<td>XXX</td>
<td>No</td>
<td>N/A</td>
<td>Pipe Insulation</td>
<td>38 LF</td>
</tr>
<tr>
<td>2nd Fl. Library/Stage</td>
<td>XXX</td>
<td>No</td>
<td>N/A</td>
<td>12x12 Olive Tile</td>
<td>600 SF</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler  
Freehold

NJDEP Waste Hauler ID No.  
22253

Cubic Yards of Waste  
10

Name of Registered Landfill  
Grows Landfill

City, State  
Mount Holly, New Jersey 08060

Disposal Date  
6-3-13

Completed by  
Christina Lynch  
Title  
Office Manager

Date  
April 23, 2013

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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:20/N.J.A.C. 7:26-2.12)

Date of Notification (1):
03/30/11

Name of Building Owner/
Newark Board of Education

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

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

Street Address:
2 Cedar Lane

City, State, Zip Co/
Newark, NJ 07152

Name of Contact:

Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Street Address:
300 West Kinney Street

City/ (5):
Newark

County (6):
Essex

County Code (7):
07102

Name of Monitoring Firm Hired by Building Owner:
Whitman Company

ASCM No.:

Name of Abatement Contractor (9):
Envirocare Enterprises, Inc

Street Address:
358 Broadway, Suite 202

City, State, Zip Code:
Newark, NJ 07104

Telephone No.:
732-390-5858

License No.:
01017

Bldg. Age:

Name of OSHA Monitor:
AmeriSci

Project Manager for Monitoring Firm:
Kevin T Lovely

Start Date (10):
04/25/13

Scheduled Completion Date (11):
04/30/13

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

Describe:

Other:

Scope of Work (Check all that apply):
☐ ≤ 3 sf or ≥ 3 ft
☐ ≥ 160 sf or ≥ 260 ft

☐ Renovation
☐ Demolition

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

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial/Staff (12)</th>
<th>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>basement</td>
<td>X</td>
<td>ceiling plastic</td>
<td>24 sq feet</td>
<td>X</td>
</tr>
<tr>
<td>basement</td>
<td>x</td>
<td>Pipe insulation</td>
<td>6 to 9 ft</td>
<td>x</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler:
Newark Carting

NJDEP Waste Hauler ID No.: 4506

Cubic Yards of Waste: 30

Name of Registered Landfill:
Tullytown Re, Facility

City, State:
Tullytown, PA

Completed By:
Samuel Ilounah

Title: President

Signature: [Signature]

Disposal Date:

City, State:

Name of Registered Landfill:

Completed By:

Title:

Signature:

Date:
4/24/13