State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:18)

Date of Notification (1)  6 / 6 / 14
Name of Building Owner/Operator (2) Willingboro Township

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

Type Notification
☐ Initial  ☑ Amended  ☑ Amendment #5-7/29/14  ☑ Emergency (including justification)  ☑ Cancellation

Street Address
1 Rev. Dr. Martin Luther King Drive

City, State, Zip Code
Willingboro, NJ 08046

Name of Facility Where Abatement is Taking Place (3)
JFK Community Center

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

City (5)
Willingboro

County Code (7) [STATE USE ONLY]

County (6)
Burlington

Name of Monitoring Firm Hired by Building Owner (8)
Enviromental Connections, Inc

ASCN No.

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

Street Address
120 N Warren St

City, State, Zip Code
Trenton, NJ 08608

Project Manager for Monitoring Firm
Ryan Broadwater

Telephone No.
609-352-4200

License No.
00509

Start Date (10)  06 / 18 / 14

Scheduled Completion Date (11)  07 / 31 / 14

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

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 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)

K: Yes  N: No  N/A

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

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

Amount (Specify SF or LF)

Abatement Type

<table>
<thead>
<tr>
<th>Facility</th>
<th>Description</th>
<th>Amount</th>
<th>Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kitchen</td>
<td>Floor tile and mastic</td>
<td>472 SF</td>
<td></td>
</tr>
<tr>
<td>Office</td>
<td>Floor tile and mastic</td>
<td>4550 SF</td>
<td></td>
</tr>
<tr>
<td>Exterior</td>
<td>Door/Window caulking</td>
<td>3100 LF</td>
<td></td>
</tr>
<tr>
<td>Banquet</td>
<td>Floor Tile and Mastic</td>
<td>2500 SF</td>
<td></td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
SERVICE TRANSPORT GROUP, INC.

Cubic Yards of Waste

Name of Registered Landfill
MINERVA LANDFILL

City, State
NEW CASTLE, DE 19720

Disposal Date

Completed By (Print or Type)
Brian Scafiro

Title
Estimator

Signature

Date 7/29/14

ASB-41
MAY 11
BS 14017

* Do not use this form for asbestos licensure exempted activities.
**State of New Jersey**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:50 and 5:16)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>6 / 6 / 14</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td><strong>Willingboro Township</strong></td>
</tr>
<tr>
<td>Street Address</td>
<td><strong>1 Rev. Dr. Martin Luther King Drive</strong></td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td><strong>Willingboro, NJ 08046</strong></td>
</tr>
<tr>
<td>Name of Contact</td>
<td><strong>Kerry Ogren</strong></td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
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<tr>
<td>FACILITY INFORMATION</td>
<td></td>
</tr>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td><strong>JFK Community Center</strong></td>
</tr>
<tr>
<td>Street Address</td>
<td><strong>429 JFK Way</strong></td>
</tr>
<tr>
<td>City (5)</td>
<td><strong>Willingboro</strong></td>
</tr>
<tr>
<td>County Code (7)</td>
<td><strong>Burlington</strong></td>
</tr>
<tr>
<td>County Code (7)</td>
<td><strong>STATE USE ONLY</strong></td>
</tr>
<tr>
<td>Current Use (Prior if being demolished)</td>
<td><strong>Bldg. Age</strong></td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td><strong>Environmental Connections, Inc</strong></td>
</tr>
<tr>
<td>ASCM No.</td>
<td></td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td><strong>BRISTOL ENVIRONMENTAL, INC.</strong></td>
</tr>
<tr>
<td>Street Address</td>
<td><strong>1123 BEAVER STREET</strong></td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td><strong>BRISTOL, PA 19007</strong></td>
</tr>
<tr>
<td>Telephone No.</td>
<td><strong>609-392-4200</strong></td>
</tr>
<tr>
<td>License No.</td>
<td><strong>215-786-6040</strong></td>
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<tr>
<td>License No.</td>
<td><strong>BRISTOL ENVIRONMENTAL, INC.</strong></td>
</tr>
<tr>
<td>Telephone No.</td>
<td><strong>1123 BEAVER STREET</strong></td>
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<td>City, State, Zip Code</td>
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</tr>
<tr>
<td>Start Date (10)</td>
<td><strong>06 / 18 / 14</strong></td>
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<tr>
<td>Scheduled Completion Date (11)</td>
<td><strong>ON HOLD</strong></td>
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<tr>
<td>Occupancy Status During Abatement (Check only one)</td>
<td></td>
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<tr>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
<td></td>
</tr>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement:</td>
<td><strong>7:00AM-3:30PM</strong></td>
</tr>
<tr>
<td>Scope of Work (Check all that apply)</td>
<td></td>
</tr>
<tr>
<td>☐ 33 sf or &gt;3 sf</td>
<td>☒ 160 or &lt;260 sf</td>
</tr>
<tr>
<td>☒ Renovation</td>
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<tr>
<td>☒ Demolition</td>
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<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED</td>
<td></td>
</tr>
<tr>
<td>IN Facility</td>
<td><strong>13</strong></td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Kitchen, Service Hallway, Restrooms</td>
<td>☐ ☒ ☐</td>
</tr>
<tr>
<td>Office/Reception area</td>
<td>☐ ☒ ☐</td>
</tr>
<tr>
<td>Exterior and Courtyard</td>
<td>☐ ☒ ☐</td>
</tr>
<tr>
<td>Banquet Hall</td>
<td>☐ ☒ ☐</td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
<td><strong>SERVICE TRANSPORT GROUP, INC.</strong></td>
</tr>
<tr>
<td>NJDEP Waste Hauler ID No.</td>
<td><strong>203900</strong></td>
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<tr>
<td>Cubic Yards of Waste</td>
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<tr>
<td>City, State</td>
<td><strong>NEW CASTLE, DE 19720</strong></td>
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<td>Disposal Date</td>
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<td>Completed By (Print or Type)</td>
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</tr>
<tr>
<td>Title</td>
<td></td>
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</tr>
<tr>
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<td></td>
</tr>
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)

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

Type Notification
☐ Initial
☐ Amended
☐ Amendment #3-5/27/14
☐ Emergency (including justification)
☐ Cancellation

Name of Building Owner/Operator (2)
Willingboro Township

Street Address
1 Rev. Dr. Martin Luther King Drive

City, State, Zip Code
Willingboro, NJ 08046

Name of Contact
Kerry Ogren

Telephone Number

Name of Facility Where Abatement is Taking Place (3)
JFK Community Center

Street Address
429 JFK Way

City (5)
Willingboro

County Code (7)
Burlington

County Code (STATE USE ONLY)

Current Use (Prior if being demolished)

Facility Information

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

ASCM 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
Ryan Broadwater

Telephone No.
609-392-4200

License No.
00509

Start Date (10)
06 / 18 / 14

Scheduled Completion Date (11)
07 / 11 / 14

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- 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

Kitchen, Service Hallway, Restrooms
☐ ☐ ☐ Floor tile and mastic
472 SF
☐ ☐ ☐

Office/Reception Area
☐ ☐ ☐ Floor tile and mastic
4550 SF
☐ ☐ ☐

Exterior and Courtyard
☐ ☐ ☐ Door/Window caulking
3100 LF
☐ ☐ ☐

Banquet Hall
☐ ☐ ☐ Floor Tile and Mastic
2500 SF
☐ ☐ ☐

Name of Registered Waste Hauler
SERVICE TRANSPORT GROUP, INC.

NJ DEP Waste Hauler Id No. 20950

Cubic Yards of Waste

Disposal Date

Name of Registered Landfill
MINERVA LANDFILL

City, State
WAYNESBURG, OH 44686

Completed By (Print or Type)
Brian Scafaro

Title
Estimator

Signature

Date
6/27/14
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1) 7/18/14

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

Agencies Notified Type Notification

<table>
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<tr>
<th>Agency</th>
<th>Initial</th>
<th>Amended R#1-7/29/14</th>
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<tbody>
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<td>EPA</td>
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<tr>
<td>DEP</td>
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<tr>
<td>DOL</td>
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<td>DOH</td>
<td>✔</td>
<td></td>
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<tr>
<td>DCA</td>
<td>✔</td>
<td></td>
</tr>
</tbody>
</table>

Street Address 1490 Prospect Street
City, State & Zip Code Trenton, NJ 08638

Name of Contact Mr. Everett O. Collins
Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Woodrow Wilson ES
Street Address 175 Girard Ave

City (5) County (6) County Code (7)
Trenton Mercer

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

Square Feet # of Floors Bldg. Age
70,000 2 60+

Current Use (Prior if being demolished)
School

Name of Monitoring Firm Hired by Building Owner (8)
Environmental Connection
Street Address 120 North Warren Street
City, State & Zip Code Trenton, NJ 08610

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
Richard Beach
Telephone Number 609-392-4200

Name of OSHA Monitor
Bristol Environmental Inc.
Street Address 1123 Beaver Street
City, State & Zip Code Bristol, PA 19007

Scheduled Start Date (10) ON HOLD
Scheduled Completion Date (11)

Occupancy Status During Abatement (Check only one)
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Hours – 7am to 3pm
  Describe: 7 AM to 3:30 PM
- 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 Procedure ❌
- Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)
Yes No N/A

Exterior Windows
- Window Caulk/glazing 4760 LF

Name of Registered Waste Hauler
Bristol Environmental, Inc.
NJDEP Waste Hauler ID No. 718706

Disposal Date 8/2/14
Name of Registered Landfill GROWS Landfill
City, State Bristol, PA Morrisville, PA

Completed By (Print or Type)
Gino Pizzigoni
Title Project Manager
Signature

Date 7/18/14

GI 14148
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1) 7/18/14

Name of Building Owner / Operator (2) Trenton Board of Education
Street Address 1490 Prospect Street
City, State & Zip Code Trenton, NJ 08638

Name of Contact Mr. Everett O. Collins

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Woodrow Wilson ES
Street Address 175 Girard Ave
City (5) Trenton
County (6) Mercer
County Code (7)

Name of Monitoring Firm Hired by Building Owner (8)
Environmental Connection
Street Address 120 North Warren Street
City, State & Zip Code Trenton, NJ 08601

Project Manager for Monitoring Firm Richard Beach
Telephone Number 609-352-4200
Scheduled Start Date (10) 7/28/14
Scheduled Completion Date (11) 8/28/14

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

Scope of Work (Check all that apply)
☐ ≥3 sf or ≥3 If
☒ ≥160 sf ≥260 If
☒ Renovation
☐ Demolition

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

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

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

Amount (Specify SF or LF) 4760 LF

Abatement Type ☒ Complete Removal
☐ Repair
☐ Encapsulation
☐ Enclosure

Exterior Windows ☐ ☐ No ☒ N/A

Name of Registered Waste Hauler Bristol Environmental, Inc.
NJDEP Waste Hauler ID No. 718706
Cubic Yards of Waste 120 cu yds

Name of Registered Landfill GROWS Landfill
Disposal Date 8/2/14
City, State Morrisville, PA

Completed By (Print or Type) Gino Pizzigoni
Title Project Manager
Signature
Date 7/18/14
Date of Notification (1):
7/29/2014

Name of Building Owner/Operator (2):
NEW JERSEY DEPARTMENT OF TRANSPORTATION

Street Address:
1035 PARKWAY AVENUE, P.O. BOX 600

City, State, Zip Code:
TRENTON, NJ 08625

Name of Contact:
HAROLD DIETER

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3):
CSX MAINTENANCE BUILDING

Street Address:
ROUTE 7 WITTPENN BRIDGE, PARCEL 2R43A

City (5):
KEARNY

County (6):
HUDSON

County Code (7):
STACEY USE ONLY

Current Use (Prior if being demolished):

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

Square Feet:
# of Floors:
Bldg. Age:

Name of Monitoring Firm HIred by Building Owner (8):
CARDO ATC

ASCM No.:

Name of Abatement Contractor (9):
TWO BROTHERS CONTRACTING, INC.

Street Address:
250 RUTHERFORD BLVD.

City, State, Zip Code:
CLIFTON, NJ 07014

Project Manager for Monitoring Firm:
JOHN LUTZ

Telephone No.:
609-479-8512

Scheduled Completion Date (11):
8/15/2014

Occupancy Status During Abatement (Check Only One):
☑ ON HOLD

Abatement Performed Outside of Normal Facility Hours:

Scope of Work (Check All That Apply):
☐ ±33 sf or ±33 if
☒ ±160 sf or ±260 if
☐ Renovation
☒ Demolition

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

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

In Facility:

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

Amount (Specify SF or LF):

Removal
Repair
Encapsulation
Closure

Name of Registered Waste Hauler:
TWO BROTHERS CONTRACTING

NJDEP Waste Hauler ID No.
18743

Cubic Yards of Waste:
100 +/-

Name of Registered Landfill:
WM GRAND CENTRAL SANITARY LAND

City, State:
CLIFTON, NJ

Disposal Date:
8/15/2014

City, State:
MORRISVILLE, PA

Completed by:
VIVECA RAMOS

Title:
PROJECT COORDINATOR

Signature:

Date:
7/29/2014

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

State of New Jersey

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

**New Jersey Department of Transportation**

**Name of Building Owner/Operator:**

**NEW JERSEY DEPARTMENT OF TRANSPORTATION**

**Street Address:**

1035 PARKWAY AVENUE, P.O. BOX 600

**City, State, Zip Code:**

TRENTON, NJ 08625

**Name of Contact:**

**Name of Contact:**

**Telephone Number:**

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

CSX Maintenance Building

**Street Address:**

ROUTE 7 WITTPENN BRIDGE, PARCEL 2R48A

**City (5):**

KEARNY

**County (6):**

HUDSON

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

CARDO ATC

**ASCM No.:**

**Name of Abatement Contractor:**

TWO BROTHERS CONTRACTING, INC.

**Street Address:**

250 RUTHERFORD BLVD.

**City, State, Zip Code:**

CLIFTON, NJ 07014

**Project Manager for Monitoring Firm:**

JOHN LUTZ

**Telephone No.:**

609-479-8512

**License No.:**

00484

**Start Date:**

7/31/2014

**Scheduled Completion Date:**

8/15/2014

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

Yes

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

No

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

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

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

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

**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>
<th>Description of Asbestos Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
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</thead>
<tbody>
<tr>
<td>GARAGE</td>
<td>[x] Yes</td>
<td>TRANSITE CEILING PANELS</td>
<td>3,200 SF</td>
<td>X</td>
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<tr>
<td>EXTERIOR</td>
<td>[x] Yes</td>
<td>ROOFING TAR</td>
<td>7,200 SF</td>
<td>X</td>
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<tr>
<td>EXTERIOR</td>
<td>[x] Yes</td>
<td>FLASHING ON BLOCK WALL</td>
<td>20 SF</td>
<td>X</td>
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</table>

**Name of Registered Waste Hauler:**

TWO BROTHERS CONTRACTING

**NJDEP Waste Hauler ID No.:**

18743

**Cubic Yards of Waste:**

100 +/-

**Name of Registered Landfill:**

WM Grand Central Sanitary Landfill

**City, State:**

CLIFTON, NJ

**Completed by:**

**Title:**

PROJECT COORDINATOR

**Signature:**

**Date:**

7/18/2014

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

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

**Date of Notification:** 7/30/14

**Name of Building Owner/Operator:** State of New Jersey (DMPC)

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

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

**Street Address:** 33 West State Street

**City, State, Zip Code:** Trenton, NJ 08625

**Name of Contact:** Joseph Kratochvil

**Telephone Number:**

---

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place:** Liberty State Park Maintenance Facility

**Street Address:** 185 Theodore Conrad Drive

**City:** Jersey City

**County:** Hudson County

**Square Feet:** 10,000

**Current Use (Prior to if being demolished):** Maintenance Facility

**Type of Facility:**
- [ ] School (K-12)
- [X] Subchapter 5 (Other than K-12)
- [X] Other (i.e. private & commercial buildings, homes, etc.)

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

**ASCM No.:**

**Name of Abatement Contractor:** Site Enterprises, Inc.

**Street Address:** 1805 Atlantic Avenue

**City, State, Zip Code:** Manasquan, NJ 08736

**Telephone No.:** 732-223-2225

**License No.:** 01172

**Start Date:** 6/19/2014

**Scheduled Completion Date:** 8/30/14

**Name of OSHA Monitor:** Health & Safety Services, Inc.

**Street Address:** 316 12th Street

**City, State, Zip Code:** Hammonton, NJ 08037

---

**Scope of Work (Check All That Apply):**
- [X] ≥ 23 sf or ≥ 23 if
- [X] ≥ 190 sf or ≥ 260 if
- [X] Renovation
- [X] Demolition
- [ ] Full Containment with Negative Pressure
- [X] Mini-Enclosure
- [X] Glovebag Procedure
- [X] Non-Exempted (*) and Non-Fearable Procedure

---

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

<table>
<thead>
<tr>
<th>In Facility</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Roof</td>
<td>[X]</td>
<td>shingles/asphalt roofing &amp; debris</td>
<td>1200sf x</td>
<td>x</td>
</tr>
<tr>
<td>Pump House #2</td>
<td>[X]</td>
<td>block/window caulk</td>
<td>35lf x</td>
<td>x</td>
</tr>
<tr>
<td>Pump House &amp; Storage Room</td>
<td>[X]</td>
<td>wall stucco</td>
<td>1900sf x</td>
<td>x</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler:** Allserveco Leasing

**NJDEP Waste Hauler ID No.:** 0016220

**Cubic Yards of Waste:** 50 cf

**Name of Registered Landfill:** IESI PA Bethlehem Landfill

**City, State:** Bethlehem, PA

**Disposal Date:**

**Completed by:** Thomas Rock

**Title:** PM

**Date:** 7/30/14

---

* 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: 7/28/14

Name of Building Owner/Operator: GARDEN STATE DREDGING

Address: P.O. Box 863
City, State, Zip Code: P-10 GRANDE, N.J. 08242

Name of Contact: JIM
Telephone Number: (609) 785-6444

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place: RESIDENCE
Street Address: 497 W. BAGEY LN.
City (5): WILDWOOD
County (6): CAPE MAY

Name of Monitoring Firm Hired by Building Owner: N/A
ASCM No.: KLEEMCO INC.

Name of Abatement Contracted/9): KLEEMCO INC.
Street Address: 369 S. SPRUCE AVE.
City, State, Zip Code: MAPLE SHADE, N.J. 08052

License No.: 00444
Name of OSHA Monitor: JOSEPH KLEMM
Street Address: 369 S. SPRUCE AVE.
City, State, Zip Code: MAPLE SHADE, N.J. 08052

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

Scope of Work: Demolition

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

Name of Registered Waste Hauler: KLEEMCO INC.
Waste Hauler ID No.: 17267

Cubic Yards of Waste: 5
Name of Registered Landfill: C.M.C., M.U.

Disposal Date: 7/28/14
City, State: WOODRAINE, N.J.

Completed by: JOSPEH KLEMM Title: OWNER
Signature: JOSEPH KLEMM Date: 7/28/14

* Do not use this form for asbestos license exempted activities.
Date of Notification (1) 7/28/2014  

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

<table>
<thead>
<tr>
<th>Agency Notified</th>
<th>Type Notification</th>
<th>Name of Building Owner/Operator (2)</th>
<th>State of Richard E. Hilton</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
<td>Street Address</td>
<td>192 Locust Drive</td>
</tr>
<tr>
<td>DOL</td>
<td>Amended</td>
<td>City, State, Zip Code</td>
<td>Cranford, NJ 07016</td>
</tr>
<tr>
<td>DOH</td>
<td>Emergency (including justification)</td>
<td>Name of Contact</td>
<td>Peter Mesgleski</td>
</tr>
<tr>
<td>DCA</td>
<td>Cancellation</td>
<td>Telephone Number</td>
<td></td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

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

**Street Address**  
192 Locust Drive  

**City**  
Cranford, NJ 07016  

**Area Code (7)**  

**County Code (7)**  

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

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

**Name of Abatement Contractor (9)**  
EA Services Corporation  

**Street Address**  
426 69th Street  

**City, State, Zip Code**  
Guttenberg, NJ 07093  

**Project Manager for Monitoring Firm**  

**Telephone No.**  

**License No.**  

**Start Date (10)**  
8/8/2014  

**Scheduled Completion Date (11)**  
8/11/2014  

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

**Duration of Normal Facility Hours**  
Other – Describe: Starting 4:00 PM  

**Scope of Work (Check All That Apply)**  
- ≥30 sf or ≥3 if  
- ≥160 sf or ≥260 if  
- Renovation  
- Demolition  
- Full Containment with Negative Pressure  
- Mini-Enclosure  
- Glovebag Procedure  
- Non-Exempted (*) and Non-Privilege Procedure  

**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</th>
<th>Is Location Normally Used Solely by Maintenance/ Custodial Staff?</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>Yes</td>
<td>Floor Tile &amp; Mastic</td>
<td>280 SF</td>
<td>Removal</td>
</tr>
<tr>
<td>Metal HVAC Duct</td>
<td>No</td>
<td>Black Mastic</td>
<td>180 SF</td>
<td>Repair</td>
</tr>
</tbody>
</table>

**Disposal Date**  
City, State, Zip Code  
Morristown, PA 19067  

**Completed by**  
Gina Salvador  
Title: Office Manager  
Signature:  
Date: 7/28/2014  

* Do not use this form for asbestos licensure exempted activities.
Date of Notification (1): 7/25/2014

Name of Building Owner/Operator (2): St Francis of Assisi Church

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

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

Street Address: 125 Park Street

City, State, Zip Code: Ridgefield, NJ 07660

Facility Information

Name of Facility Where Abatement is Taking Place (3): St Francis of Assisi School

Street Address: 110 Mount Vernon Street

City: Ridgefield, NJ 07660

County: Bergen

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

Current Use (Prior to being demolished): School

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

ASCM No.:

Name of Abatement Contractor (9): EA Services Corporation

Street Address: 426 69th Street

City, State, Zip Code: Guttenberg, NJ 07093

Project Manager for Monitoring Firm: Jim Ruff

Telephone No.: 201-394-2746

Start Date (10): 8/7/2014

Scheduled Completion Date (11): 8/15/2014

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

Scope of Work (Check All That Apply):
- 23 sf or ≥23 sf
- ≥160 sf or ≥260 sf
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

In Facility (13):
- Old school Boiler Room & Oil Tank

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 Joint Insulation
- Corrugated Pipe Insulation

Amount (Specify SF or LF):
- 30 LF
- 200 LF

Abatement Type:
- Removal
- Repair
- Encapsulate
- Endorse

Name of Registered Waste Hauler:

Freehold Cartage Inc

NJDEP Waste Hauler ID No.: 15939

Cubic Yards of Waste:

Disposal Date:

tbd

city, State:

PO Box 5010, Freehold, NJ 07728

Completed by:
Gina Salvador

Title: Office Manager

Signature:

Date: 7/25/2014

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

State of New Jersey
(Pursuant to NJAC 8:60 and 12:120)

**Date of Notification (1)**
7/23/2014

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

**Street Address**
14 DARTMOUTH ROAD

**City, State, Zip Code**
PARKIN, NJ 08859

**Telephone Number**

---

### FACILITY INFORMATION

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

#### Street Address
14 DARTMOUTH ROAD

#### City (5)
PARLIN

#### County (6)
MIDDLESEX

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

#### Name of Abatement Contractor (9)
TWO BROTHERS CONTRACTING, INC.

#### Street Address
259 RUTHERFORD BLVD.

#### City, State, Zip Code
CLIFTON, NJ 07014

#### Start Date (10)
8/9/2014

#### Scheduled Completion Date (11)
8/12/2014

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

#### Scope of Work (Check All That Apply)
- [x] ≥3 sf or ≥3 If
- [x] ≥160 sf or ≥260 If

#### Description of Asbestos-Containing Material (ACM)
- [x] Abatement Performed Outside of Normal Facility Hours

#### 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) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>BASEMENT</td>
<td>[x]</td>
<td>TEE ONLY</td>
<td>539 SF</td>
</tr>
</tbody>
</table>

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

- [x] Basement

#### Name of Registered Waste Hauler
TWO BROTHERS CONTRACTING

- NJDEP Waste Hauler ID No. 18743

#### Cubic Yards of Waste
4

#### Disposal Date
8/12/2014

#### Name of Registered Landfill
WM GRAND CENTRAL SANITARY LANDFILL

#### City, State
CLIFTON, NJ

#### Completed by
VIVECA RAMOS

**Title**: PROJECT COORDINATOR

**Signature**: [Signature]

**Date**: 7/29/2014

---

*Do not use this form for asbestos licensure exempted activities.*
## State of New Jersey
### NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:19 and 12:125)

**Date of Notification:** 7-28-2014

**Home of Building Owner/Operator:** S. ZALE

**Street Address:**
- **City:** WESTFIELD, **NJ:** 07090
- **Length:** 243 WELCH WAY
- **Zip Code:** 07090

**Type of Facility:**
- **School (K-12)**
- **Subchapter B (Other than K-12)**
- **Other (e.g., private & commercial buildings, home, etc.)**

**Name of Facility Where Abatement Is Taking Place:** S. ZALE

**County Code:** UNION

**County Code (State Use Only):**
- **County:** UNION
- **City:** WESTFIELD
- **State:** NJ
- **Zip Code:** 07090

**Name of Registered Waste Handler:** Best Removal Inc
- **ID No.:** 17109

**Name of Registered Landfill:** Minerva Enterprises
- **Disposal Date:** 8-8-14
- **City:** WAYNESBURG, **NJ:** 07601

**Site Manager for Monitoring Firm:**
- **Telephone No.:** 201-329-7444
- **License No.:** 00388

**Name of Monitoring Firm Hired by Building Owner:** Omega Environmental Inc
- **Street Address:** 280 Hyler St
- **City:** Hackensack, **NJ:** 07606

**Manager of Abatement Contractor:**
- **Address:** 450 S.River St
- **City:** Hackensack, **NJ:** 07601

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

**Location:** Kitchen

<table>
<thead>
<tr>
<th>ACM Material</th>
<th>Location</th>
<th>Year</th>
<th>No.</th>
<th>Linoleum</th>
<th>SF</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td>150</td>
<td></td>
</tr>
</tbody>
</table>

**Amount of ACM (SF or L):**
- **Asbestos-Containing Material (ACM):** 150 SF
- **Removal:**
  - **Amount:** 150 SF

**Abatement Type:**
- **Preparation:**
  - **Removal:**
    - **Amount:** 150 SF

<table>
<thead>
<tr>
<th>ACM Material</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Pre-Removal</td>
</tr>
</tbody>
</table>

**Estimated Date of Early Completion:** 8-8-2014

**Scheduled Completion Date:** 8-8-2014

**Target Completion Date:** 8-8-2014

### Notes:
- Do not use this form for asbestos temeporary enclosures activity.

**Estimator:** Rueldran
- **Signature:** R. Veldran
- **Date:** 7-28-14
### State of New Jersey
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:69 and 12:120)

**Date of Notification (1):** 7-28-2014  
**Name of Building Owner/Operator (2):** BASF CORP

<table>
<thead>
<tr>
<th>Agency Notified</th>
<th>Type Notification</th>
<th>Street Address</th>
<th>City, State, Zip Code</th>
<th>Completed by</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
<td>2655 RT 22 WEST</td>
<td>UNION, NJ 07083</td>
<td>RVELDRAN</td>
</tr>
<tr>
<td>EDO</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>DOC</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>DOH</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DCA</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Facility Information**

- **Name of Facility Where Abatement is Taking Place (3):** BASF
- **Street Address:** 2655 RT 22 WEST
- **City:** UNION
- **County:** UNION

<table>
<thead>
<tr>
<th>Current Use (Prior if being demolished)</th>
<th>155000</th>
<th>6.5 VRS</th>
</tr>
</thead>
<tbody>
<tr>
<td>STORAGE / OFFICE</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Building Owner/Operator Information**

- **Name of Building Owner/Operator:** BASF CORP
- **Address:** 2655 RT 22 WEST
- **City:** UNION

**Project Manager for Building Owner**

- **Name:** Best Removal Inc
- **Street Address:** 450 S. River St
- **City, State, Zip Code:** Hackensack, N.J. 07601

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

- **Location of Asbestos-Containing Material (ACM) TO BE REMOVED**
  - Catalyst Store Room
  - X VAT

<table>
<thead>
<tr>
<th>ACM (10)</th>
<th>ACM (12)</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e., thermal system insulation, gutters, VAT, or other miscellaneous)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>VAT</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2150 SF_X</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Handler**

- **Name:** Best Removal Inc
- **ID No.:** 17109

**Disposal Information**

- **City:** Hackensack, N.J. 07601
- **Date:** 8-18-14

**Additional Notes:**
- Do not use this form for asbestos removal excepted activities.
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:18)

Name of Building Owner/Operator (2)
Bustamante Guillermo

Date of Notification (3)
07 / 28 / 14

Agencies Notified
- EPA
- DOLWD
- DHSS
- DCA

Initial
Amended
Emergency (Including justification)
Cancellation

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

Street Address
172 Prospect Street

City, State, Zip Code
Lodi, NJ 07644

County Code (?) (STATE USE ONLY)

Type of Facility (4)
- School (K-12)
- Subchapter 5 (Other than K-12)
- Other (i.e., private and commercial buildings, homes, etc.)

Square Feet # of Floors Bldg. Age

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

ASCM No.
Gr Tech LLC

Name of Abatement Contractor (9)
Envirovision Consultants, Inc

Street Address
576 Valley Rd #283

City, State, Zip Code
Wayne, NJ 07470

License No.
01127

Telephone No.
973-638-1777

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

Start Date (10)
08 / 07 / 14

Scheduled Completion Date (11)
08 / 08 / 14

Name of OSHA Monitor

Time of Abatement: AM AM PM PM AM

OCCUPANCY STATUS DURING ABATEMENT

Scope of Work (Check all that apply)
- <3 sf or >3 sf
- ≥ 160 sf or ≥ 260 sf
- Renovation
- Demolition

Location of Asbestos-Containing Material (ACM)

Location of Asbestos-Containing Material (ACM)

TO BE ABATED
IN Facility

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, V.A.T., or other miscellaneous)

Amount (Specify SIF or LF)

Abatement Type

Clean up and decontamination with negative pressure
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Tent with Negative Pressure
- Non-Exempted (*) and Non-Firable Procedure

Location of Asbestos-Containing Material (ACM)

Name of Registered Waste Hauler
Gr Tech LLC

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

Cubic Yards of Waste
TBD

Disposal Date
TBD

City, State
Tullytown, PA

Completed By (Print or Type)
N. Jevtic

Title
Owner

Signature

Date: 07/28/2014

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

Name of Building Owner/Operator (2)
Elise Kommayer

Date of Notification (1)
07 / 29 / 14

Name of Facility Where Abatement is Taking Place (3)

Private home
Street Address
107 Watson Avenue

City (5)
West Orange, NJ 07052

County (6)
Essex

Name of Abatement Contractor (9)
Gr Tech LLC

Type of Facility (4)

School (K-12)

Other (i.e., private and commercial buildings, homes, etc.)

Square Feet

# of Floors

Build. Age

County Code (7) (STATE USE ONLY)

Name of Abatement Contractor (9)

Gr Tech LLC

Street Address
576 Valley Rd #283

City, State, Zip Code
Wayne, NJ 07470

Telephone No.
973-628-1777

License No.
01127

Name of OSHA Monitor
Envirowision Consultants, Inc

Street Address
20-21 Wagaraw Road, Bldg. # 34A

City, State, Zip Code
Fair Lawn, NJ 07410

Scope of Work (Check all that apply)

Renovation Demolition

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

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

Amount (Specify SIF or LF)

Abatement Type

Location of Asbestos-Containing Material (ACM)

Is Location Normally Used Solely by Maintenance/Custodial Staff?

Yes No N/A

Description of Asbestos-Containing Material (ACM)

Must Enclose

Tent with Negative Pressure

Non-Exempted (*) and Non-Friable Procedure

Amount (Specify SIF or LF)

Abatement Type

Yes No N/A

Cubic Yards of Waste

Name of Registered Landfill

T.R.R.F. Inc

Disposal Date

City, State

Wayne, NJ 07470

Completed By (Print or Type)

N. Jevic

Title

Owner

Name of Registered Landfill

T.R.R.F. Inc

Disposal Date

City, State

Wayne, NJ 07470

Completed By (Print or Type)

N. Jevic

Title

Owner

Name of Registered Landfill

T.R.R.F. Inc

Disposal Date

City, State

Wayne, NJ 07470

* 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) 7/18/14

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

Agencies Notified

☐ EPA
☐ DEP
☒ DOL
☒ DOH
☐ DCA

Type Notification

☐ Initial
☒ Amended R2-7/28/14
☐ Emergency
☐ Cancellation

Street Address

1490 Prospect Street
City, State & Zip Code
Trenton, NJ 08638

Name of Contact
Mr. Everett O. Collins

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Woodrow Wilson ES

Street Address
175 Girard Ave

City (5) Trenton County (6) Mercer County Code (7) 08801

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

Square Feet 70,000 # of Floors 2 Bldg. Age 60+

Current Use (Prior if being demolished) School

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

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

License Number 00509

Telephone Number (215)788-6040

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 lf
☐ ≥160 sf ≥260 lf
☒ Renovation
☐ Demolition

Facility Closed/Vacated During Entire Period of Abatement

Facility Occupied During Abatement

Describe: 7 AM to 3:30 PM

Occupancy Status During Abatement (Check only one)

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

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

Yes No N/A

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

Amount (Specify SF or LF) 4780 LF

Abatement Type

Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glove Bag Procedures
☒ Non-Exempted and Non-Friable Procedure

Exterior Windows

Window Caulk/glazing

4780 LF

Name of Registered Waste Hauler
Bristol Environmental, Inc.

NJDEP Waste Hauler ID No. 718706

Cubic Yards of Waste 120 cu yds

Name of Registered Landfill GROWS Landfill

City, State 
Bristol, PA

Disposal Date 8/2/14

City, State 
Morrisville, PA

Completed By (Print or Type)
Gino Pizzigoni

Title Project Manager

Signature 

Date 7/18/14

GI 14148
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1) 7/18/14

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

Street Address 1490 Prospect Street
City, State & Zip Code Trenton, NJ 08638

Name of Contact Mr. Everett O. Collins

Agencies Notified  Type Notification

- □ EPA
- ■ DEP Initial
- □ DOL Amended R#1-7/28/14
- □ DOH Emergency
- □ DCA Cancellation

Name of Facility Where Abatement is Taking Place (3)
Woodrow Wilson ES
Street Address 175 Girard Ave
City (5) Trenton
County (6) Mercer
County Code (7)

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

Square Feet 70,000 # of Floors 2 Bldg. Age 60+

Current Use (Prior if being demolished)
School

Name of Monitoring Firm Hired by Building Owner (8) ASCM No.
Environmental Connection
Street Address 120 North Warren Street
City, State & Zip Code Trenton, NJ 08601
Project Manager for Monitoring Firm Richard Beach
Telephone Number 609-392-4200

Name of Abatement Contractor (9) Bristol Environmental, Inc.
Street Address 1123 Beaver Street
City, State & Zip Code Bristol, PA 19007
License Number 00609

Name of OSHA Monitor
Bristol Environmental Inc.
Street Address 1123 Beaver Street
City, State & Zip Code Bristol, PA 19007

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

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

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

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

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

Amount (Specify SF or LF) 4760 LF

Abatement Type
□ Removal
□ Repair
□ Encapsulate
□ Enclosure

Exterior Windows

□ Window Caulk/glazing

Location

NJDEP Waste Hauler ID No. 718706
Cubic Yards of Waste 120 cu yds
Name of Registered Landfill GROWS Landfill
City, State Disposal Date City, State Morrisville, PA 8/2/14
Bristol, PA

Name of Registered Waste Hauler Bristol Environmental, Inc.

Completed By (Print or Type) Gino Pizzigoni
Title Project Manager
Signature

Date 7/18/14
**State of New Jersey**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:50 and 12:120)

- **Date of Notification**: 7/29/14
- **Name of Building Owner/Operator**: HS JANICE WILLO
- **Street Address**: 10 KATHRYN ST, CLARK, NJ 07066
- **City, State, Zip Code**: CLARK, NJ 07066
- **Name of Contact**: HS JANICE WILLO
- **Telephone Number**: 45

### FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Type of Facility (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>10 KATHRYN ST, CLARK, NJ</td>
<td>□ Staircase (K-42)</td>
</tr>
<tr>
<td>UNION</td>
<td>□ Subchapter B (Other than K-42)</td>
</tr>
<tr>
<td></td>
<td>□ Other (i.e., private &amp; commercial buildings, homes, etc.)</td>
</tr>
<tr>
<td></td>
<td>□ Office</td>
</tr>
</tbody>
</table>

- **Square Feet**: 5,000
- **# of Floors**: 2
- **Bidg. Age**: 80

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

- [X] Renovation
- [X] Demolition
- [X] Full Containment with Negative Pressure
- [X] Silk Removal
- [X] Graffiti Removal
- [X] Non-Sectional (F) and Non-Deletion Procedure

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

<table>
<thead>
<tr>
<th>TO BE ABATED</th>
<th>Not Location Normally Used Solely by Maintenance Custodial Staff?</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>[X] BASEMENT</td>
<td>[X] Yes</td>
<td>[X] SHALL Boiler 240 SF</td>
</tr>
</tbody>
</table>

- **Name of Registered Waste Handler**: NOVA TECH INC
- **MDEP Waste Hauler ID No.**: 18501
- **Cubic Yards of Waste**: 10
- **Name of Registered Landfill**: G.R.O.S.S.
- **City, State, Zip Code**: OID BRIDGE, NJ 08857
- **Disposal Date**: 9/14/14
- **Hazardous Material**: PAPER, PAPER

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

Date of Notification (1)
7/31/14

Agencies Notified
☐ EPA
☐ DEP
☒ DOH
☐ DCA

Type Notification
☐ Initial
☐ Amended #1
☐ Cancellation

Name of Building Owner/Operator (2)
Federal Aviation Administration

Street Address
One Aviation Plaza

City, State, Zip Code
Jamaica, NY 11434

Name of Contact
Michael Mulligan

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Teterboro Air Traffic Control Tower

Street Address
225 Fred Wehman Drive

City (5)
Teterboro

County (6)
Bergen

County Code (7) (STATE USE ONLY) ________

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

Square Feet
5,000

# of Floors
6

Bldg. Age
40 years

Current Use (Prior to if being demolished)
Control Tower

Name of Monitoring Firm Hired by Building Owner (6)
AET

ASCM No.
Name of Abatement Contractor (9)
ecoservices, LLC

Street Address
28 N. Pennell Road

City, State, Zip Code
Media, PA 19063

Project Manager for Monitoring Firm
Eric Houseknecht

Telephone No.
610-891-0114

Start Date (10)
8/12/14

Completion Date (11)
8/22/14

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: After midnight

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)

Elevator Machine Room

Floor tile and mastic

138 SF

Abatement Type

Removal
Repair
Encapsulate
Enclose

Name of Registered Waste Hauler
ecoservices, LLC

NJDEP Waste Hauler ID No.

Cubic Yards of Waste

Name of Registered Landfill
GROWS Landfill

City, State
Exton, PA

Disposal Date
TBD

City, State
Morrisville, PA

Completed by
Jack Bally

Title
Sr. Project Manager

Signature

Date
7/31/14

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 NJAC 8:50-7 and 12:120-7)

Date of Notification (1): 07/15/14
Name of Building Owner / Operator (2): AAK

Agencies Notified: DOH
Type of Notification: Amendment #3
Street Address: 499 Thornall Street, 5th Floor
City, State, Zip Code: Edison, NJ 08817

Name of Contact: Kevin Doyle

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): AAK
Street Address: 131 Marsh Street

City (5): Port Newark
County (6): Essex
County Code (7): 

Square Feet: 8,000
# Of Floors: 10
Building Age: 40+

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

Current Use (Prior if being demolished): Food Process

Name of Monitoring Firm Hired by Bldg. Owner (8): CARDNO ATC
ASCM NO: 

Name of Abatement Contractor (9): LVI Demolition Services Inc.
Street Address: 104 E 25TH Street
City, State, Zip Code: NEW YORK, NY

Project Mgr. For Monitoring Firm: PATRICK SISK
Telephone Number: 212-353-8280

Schedued Start Date (10): 08/05/14
Sched. Completion Date (11): 09/05/14

Telephone Number: 973-884-8682
License Number: 00860

Occupancy Status During Abatement (Check Only 1):
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours - Describe: __5:00AM-1:30PM-MON-FRI__
- Other - Describe: 

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

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Is</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>MAIN/BOILER ROOF</td>
<td>YES</td>
<td>ROOF FLASHING</td>
<td>REMOVAL</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler:
LVI Demolition Services Inc.

Hauler ID No.: 30534

Cubic Yards of Waste: 2,200 SF

Name of Registered Landfill:
GROWS

City, State:
East Hanover, NJ

Disposal Date:
.spring

Completed by (Print or Type):
STEVEN STILES
Title: PROJECT MANAGER

Signature:
Date: 07/31/14
**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>07   / 29 / 14</th>
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**Name of Building Owner/Operator (2)**
Verizon Communications / Job #1407-4798 Check #6499

**Street Address**
100 Greenwood Avenue
Jenkintown, PA 19046

**Name of Contact**
Alex Baylor

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Verizon Market CO</td>
</tr>
</tbody>
</table>

**Street Address**
95 William Street
Newark, Essex

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

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
</tr>
</thead>
<tbody>
<tr>
<td>USA Environmental</td>
</tr>
</tbody>
</table>

**Telephone No.**
215-365-5810

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

**Square Feet**

**# of Floors**

**Bldg. Age**

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

**Facility Information**

<table>
<thead>
<tr>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>AbateTech, Inc.</td>
</tr>
</tbody>
</table>

**Street Address**
30 Maple Ave. PO Box 25
Lumberton, NJ 08048

**Name of OSHA Monitor**
EMSL Analytical

**Street Address**
200 Route 130 North
Cinnaminson, NJ 08077

**License No.**
00529

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

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

**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
- Endurant

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

<table>
<thead>
<tr>
<th>TO BE ABATED</th>
</tr>
</thead>
<tbody>
<tr>
<td>IN Facility</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Elevator Landing, 4, 5, 7 &amp; 8</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elevator Landing Doors</td>
</tr>
<tr>
<td>32 each</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Elevators 2-8</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elevator Brake Pads</td>
</tr>
<tr>
<td>14 each</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**
AbateTech, Inc.
Lumberton, NJ

**Name of Registered Landfill**
G.R.O.W.S. Landfill
Tullytown, PA

**Disposal Date**
8/14/14

**Name of Registered Waste Hauler ID No.**
18750

**Cubic Yards of Waste**
40

**Date**
7/30/14

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>7/22/2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Mediterranean Towers west</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), Cancellation</td>
</tr>
<tr>
<td>Street Address</td>
<td>555 North Av</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Fort Lee, New Jersey 07024</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Stephen Sdeo</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

| Name of Facility Where Abatement is Taking Place (3) | Mediterranean Towers West Unit 11c |
| Street Address | 555 North Ave |
| City (5) | Fort Lee |
| County (6) | Bergen |
| County Code (7) | |
| Current Use (Prior if being demolished) | 2200, 2, 40 |
| Name of Monitoring Firm Hired by Building Owner (8) | SKY enviromental services |
| ASCM No. | |
| Name of Abatement Contractor (9) | ATC Construction LLC |
| Street Address | 140 Boulevard |
| City, State, Zip Code | MT Lakes, NJ 07046 |
| Square Feet | 2200 |
| # of Floors | 2 |
| Bldg. Age | 40 |

**Type of Facility (4)**

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

| Project Manager for Monitoring Firm | Sky |
| Street Address | 140 Broadway |
| City, State, Zip Code | West New York, New Jersey 07093 |
| Telephone No. | 973-588-4821 |
| Name of OSHA Monitor | J S Enviromental |
| License No. | 01210 |

| Start Date (10) | 07/24/14 |
| Scheduled Completion Date (11) | 07/31/14 |

**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 ≥280 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**

<table>
<thead>
<tr>
<th>In Facility (12)</th>
<th>unit 11c</th>
<th>x</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location Normally Used Solely by Maintenance/Custodial Staff?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td>cleaning</td>
<td></td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
<td>1100 sf</td>
<td></td>
</tr>
<tr>
<td>Abatement Type</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Name of Registered Waste Hauler | S & R Waste Hauling |
| Hauler ID No. | 22430 |
| Cubic Yards of Waste | 5 |
| Name of Registered Landfill | medowlands |
| Disposal Date | 8/14 |
| City, State | Kearny, New Jersey |
| Completed by | Leticia Torres |
| Title | President |
| Signature | |
| Date | 07/22/14 |

*Do not use this form for asbestos licensure exempted activities.*
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:20-6 and 12:120)

Date of Notification (1)
7/28/2014

Name of Building Owner/Operator (2)
Scotch Plains-Fanwood Board of Education/Deborah S. Sandelski

Name of Contact
Anthony Miranda

AGENCIES NOTIFIED

EPA  X
DEP  X
DOL  X
DOH  X
DCA  

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

FACILITY INFORMATION

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

Street Address
1311 Terrill Rd.

City (6)
Scotch Plains

County (6)
Union

County Code (7)  

State Use Only

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.

Name of Abatement Contractor (9)
Unicorn Contracting Corp.

Street Address
1087 Pleasant Valley Way

City, State, Zip Code
West Orange, NJ 07052

Project Manager for Monitoring Firm

Telephone No.
973-333-9176

License No.
01232

Start Date (10)
7/30/2014

Scheduled Completion Date (11)
7/31/2014

Name of OSHA Monitor
Enviromvision Consultants Inc.

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)

≥3,000 sf or ≥3f
≥160 sf or ≥250 sf  X
Renovation  
Demolition  X

Location of Asbestos-Containing Material (ACM)

TO BE ABATED

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

Yes  X
No  
N/A  

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

Name of Registered Waste Hauler

Freehold Cartage  
NJDEP Waste Hauler ID No. 15939

Cubic Yards of Waste 6

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

City, State  
Morrisville, Pennsylvania

Freehold, New Jersey

Disposal Date TBD

Complied by

Blagica Nikolaov
Title  President
Signature  

Date  07/28/2014

* Do not use this form for asbestos licensure exempted activities.
Date of Notification: 07/25/14

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:110-7)

Name of Building Owner/Operator: Newark Public School District
Street Address: 2 Cedar Street
City, State, Zip Code: Newark, NJ 07102

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place: Arts High School
Street Address: 550 Dr. Martin Luther King Jr. Boulevard
City: Newark
County: Essex
County Code: 05 (State Use Only)

Newark

Name of Monitoring Firm Hired by Building Owner: Whitman
Street Address: 7 Pleasant Hill Road

CRANBURY TOWNSHIP, NJ 08512

KEVIN LOVELY
Project Manager for Monitoring Firm
Telephone Number: 732-390-5858

Scheduled Date (10)

Month / Day / Year

[0] 08 / [0] 04 / [1] 14

Occupancy Status During Abatement (Check only one)

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

[X] Abatement Performed Outside of Normal Facility

[X] Other - Describe: 7:00 a.m. - 3:30 p.m.

Scope of Work (Check all that apply)

[X] Demolition

[X] Renovation

[X] ≥ 3 SF or ≥ 3 LF

[X] ≥ 100 SF or ≥ 200 LF

In Location Normally Used

Description of Asbestos-Containing Material (ACM)

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

Yes No N/A

Auditorium

Pipe Insulation

300 LF

X

Radiator Back Panel Insulation

24 SF

X

X

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

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

City, State: Wayne, NJ 07470

Disposal Date: 07/25/14

City, State: Morrisville PA

Completed by (Print or Type)

JERRY BIEJELONIC
Title: Project Manager

Signature: [Signature]

Date: 07/25/14
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 7/29/14
Name of Building Owner/Operator (2) DONALD WERNER PROPERTY

Agencies Notified
☐ EPA
☐ DEP
☐ DOL
☐ DOH
☐ DCA
☒ Initial
☐ Amended
☐ Amendment #
☐ Emergency (including justification)
☐ Cancellation

Street Address 744 BROAD STREET
City, State, Zip Code NEWARK, NJ 07102

Name of Contact DONALD WERNER

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) DONALD WERNER PROPERTY
Street Address 124 EAST TEXAS ROAD
City (5) LONG BEACH TOWNSHIP
County (6) OCEAN
County Code (7) (STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8) N/A
ASCM No.
Name of Abatement Contractor (9) Finishing Touch Asbestos Abatement Corp., Inc.

Street Address 580 Broadway, Unit A
City, State, Zip Code Long Branch, NJ 07740

Project Manager for Monitoring Firm
Telephone No. 732.222.8372
License No. 00040

Start Date (10) 7/31/14
Scheduled Completion Date (11) 8/1/14
Name of OSHA Monitor N/A

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

Scope of Work (Check All That Apply)
☒ ≥ 3 sf or ≥ 3 If
☒ ≥ 150 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? (14)
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
Endorsement

EXTERIOR SIDING X AC SIDING 2000 SF x

Name of Registered Waste Hauler Finishing Touch Asbestos Abatement Corp., Inc.
NJDEP Waste Hauler ID No. 12058
Cubic Yards of Waste 5 cy
Name of Registered Landfill TRRF LANDFILL
Disposal Date 8/1/14
City, State TULLYTOWN, PA

Completed by JOSEPH P. MILLER
Title PRESIDENT
Signature
Date 7/29/14

□ Hurricane Sandy Waiver
**NOTIFICATION OF ASBESTOS ABATEMENT**

**Date of Notification:** 7-25-14

**Agency Notified:**
- EPA
- DEP
- DCL
- DOH
- DCA

**Type of Notification:**
- Initial
- Amended
- Reopened
- Cancellation

**Name of Building Owner/Operator:** Board of Education

**Street Address:**

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jackson</td>
<td>NJ</td>
<td>08527</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name of Facility</th>
<th>City</th>
<th>County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jack High School</td>
<td>Jackson</td>
<td>Jackson</td>
</tr>
</tbody>
</table>

**Type of Facility:**
- School (K-12)
- Subcontractor
- Other (e.g., private & commercial buildings, homes, etc.)

**Square Feet:**

| Number of Floors | 
|------------------|---|
| Total: | 0 |

**Current Use (Prior or Being Demolished):**

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

<table>
<thead>
<tr>
<th>Name of Firm</th>
<th>ASCM No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1124 Burlington Ave</td>
<td>1212 Burlington Ave</td>
</tr>
</tbody>
</table>

**Name of Asbestos Contractor:** Deanco NJ

**Telephone No.:**

<table>
<thead>
<tr>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>0844-004-971</td>
<td>01070</td>
</tr>
</tbody>
</table>

**Occupancy Status During Abatement:**

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

**Scopes of Work:**

- All

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

| Leveling | Location Normaly Used Solely by Architectural/Construal/ 
|----------|---------------------------------------------------------|
|          | Maintenance/Construal/ 
|          | (12) | 
|          | Yes | No | N/A |
| Strip well A | FLOOR TILE | 50 SF |
| Strip well B | FLOOR TILE | 50 SF |
| Strip well C | FLOOR TILE | 50 SF |

**Name of Registered Waste Handler:**

<table>
<thead>
<tr>
<th>Name of Waste Handler</th>
<th>City</th>
<th>State</th>
</tr>
</thead>
<tbody>
<tr>
<td>1124 Burlington Ave</td>
<td>Deanco NJ</td>
<td>NJ</td>
</tr>
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</table>

**Complanted by:**

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

**Signatures:**

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

*Do not use this term for asbestos license examiner solution.*
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:69 and 12:120)

Date of Notification: 7-29-14
Name of Building Owner/Operator: Jackson Carpet & Cleaning

Agency Notified: EPA
Type Notification: Amendment
Street Address: 101 Don Connor Blvd
City, State, Zip Code: Jackson, NJ 08526

Name of Facility Where Abatement is Taking Place: Holman School
Street Address: 101 Don Connor Blvd
City: Jackson

Name of Contractor: Mike B
Telephone Number: 1212. Burlington Ave

Facility Information

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

Square Foot: N/A
Aging Age: N/A

Scheduling of Abatement:
- Start Date: 8-14-14
- Completion Date: 9-14-14

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

Scope of Work:
- Demolition
- Other: Negative Pressure

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Amount (SF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>RM 401</td>
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<tr>
<td>RM 404</td>
<td></td>
</tr>
<tr>
<td>Floor 11</td>
<td>1200</td>
</tr>
<tr>
<td>Floor 11</td>
<td>1200</td>
</tr>
</tbody>
</table>

Name of Registered Waste Handler: An Joe LLC
Waste Disposal Facility ID No.: 28360
Cumulative Yards of Waste: 25
Name of Registered Contact: WM of PA

Date: 7-29-14

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

**Date of Notification (1)**
07/25/14

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

**Street Address**
406 VICTORIA ST

**City, State, Zip Code**
RARPAN NJ

**Name of Contact**

**Telephone Number**

---

**FACILITY INFORMATION**

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

**Type of Facility (4)**

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

**Square Feet**
800

**# of Floors**
1

**Bldg. Age**

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

**Telephone No.**
732-668-9078

**License No.**
1200

**Name of OSHA Monitor**
AAA LEAD PROFESSIONALS

**Street Address**
6 WHITE DOVE COURT

**City, State, Zip Code**
LAKEWOOD, NJ 08701

---

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

- ≥23 sf or ≥23 If
- ≤150 sf or ≤250 sf
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

---

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

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

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

**Amount (Specify SF or LF)**
1000SF

**Abatement Type**
X

---

**Name of Registered Waste Hauler**
NEWARK CARTING

**NJDEP Waste Hauler ID No.**
04509

**Cubic Yards of Waste**
4

**Name of Registered Landfill**
IESI

**City, State**
BETHLEHEM PA

**Disposal Date**
07/29/14

**Completed by**
JOSEPH PERLSTEIN

**Title**
OWNER

**Signature**

**Date**

---

* 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)

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

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  John levance Private Home
Street Address  364 King Fisher
City (6)  Tuckerton NJ 08070
County (8) Ocean
Name of Monitoring Firm Hired by Building Owner (8) N/A
Name of Abatement Contractor (9) Pernaco Inc.

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

Square Feet  1000
# of Floors  1
Bldg. Age  35+
Current Use (Prior if being demolished) Home

Start Date (10)  7/28/14
Scheduled Completion Date (11)  7/31/14

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

Scope of Work (Check All That Apply)  

- ≥3 sf or ≥24 if
- ≥100 sf or ≥260 if
- Renovation
- Demolition

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

Yes  No  N/A

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

- Yes  No  N/A

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

Amount (Specify SF or LF)  500 SF

Abatement Type  

- Removal
- Repair
- Encapsulate
- Endeavor

Name of Registered Waste Hauler United Containers

City, State  Elm NJ

Completed by  Anthony T Perna
Title  President

Signature  
Date  7/28/14

* 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)  
7/28/14

Name of Building Owner/Operator (2)  
Scott Frieder Private Home

Street Address
72 Jeffrey Drive

City, State, Zip Code  
Manahawkin NJ 08050

Name of Contact  
Scott

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement Is Taking Place (3)  
Scott Frieder Private Home

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

Street Address
72 Jeffrey Drive

Square Feet  
1000

# of Floors  
2

Bldg. Age  
35+

County Code (7)  
(State Use Only)

Current Use (Prior to being demolished)
House

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.  
856-753-9800

License No.  
00727

Start Date (10)  
7/29/14

Scheduled Completion Date (11)  
8/1/14

Name of OSHA Monitor  
Same

Occuancy Status During Abatement (Check Only One)

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

Scope of Work (Check All That Apply)

afen

Renovation
Demolition

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

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

Name of Registered Waste Hauler  
United Containers

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)
1900 SF

Abatement Type

Removal
Repair
Encapsulate
End Cap

Exterior siding  

Exterior Siding  

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

City, State
Morrisville PA 19067

Disposal Date  
8/1/14

City, State

Elm NJ

Complied by  
Anthony T Perna

Title
President

Signature

Date  
7/28/14

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

**Date of Notification (1)**
7/28/14

**Name of Building Owner/Operator (2)**
Deborah Biegalski Private Home

**AOCIES Notified**
- EPA
- DOL
- DOH
- DCA

**Type Notification**
- Initial
- Amended
- Amendment No.
- Emergency (Including Justification)
- Cancellation

**Street Address**
283 West 7th St.

**City, State, Zip Code**
Ship Bottom NJ 08008

**Name of Contact**
Teladron

**Name of Facility Where Abatement is Taking Place (3)**
Deborah Biegalski Private Home

**Square Feet**
1000

**# of Floors**
1

**Bldg. Age**
35+

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

**Current Use (Prior if being demolished)**
House & garage

**Name of Monitoring Firm Hired by Building Owner (9)**
N/A

**ASCM No.**

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

**Street Address**
PO Box 329

**City, State, Zip Code**
West Berlin NJ 08091

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

**License No.**
00727

**Name of OSHA Monitor**
Same

**Start Date (10)**
7/29/14

**Scheduled Completion Date (11)**
8/1/14

**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)**
- 20 ft or less
- 2000 ft or more
- 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

**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)**
1600 LF

**Abatement Type**

**Name of Registered Waste Hauler**
United Containers

**NJDEP Waste Hauler ID No.**
22459

**Cubic Yards of Waste**

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

**City, State**
Morrisville PA 19067

**Disposal Date**
8/1/14

**Completed by**
Anthony Perna

**Title**
President

**Signature**

**Date**
7/28/14

*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) 7/26/14

Name of Building Owner/Operator (2) Mt laurel Development LLC

Agencies Notified Type Notification
EPA Initial
DEP Amended
DOL Amendment #
DOH
DCA Cancellation

Street Address 204 Harding Ave.
City, State, Zip Code Bellmawr NJ 08031

Name of Contact Mike Esposito Telephone Number

FACILITY INFORMATION

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

Street Address 623 Fellowship Road
City (5) Mount Laurel NJ 08054
County (6) Burlington

County Code (7) (STATE USE ONLY) ______

Current Use (Prior if being demolished) Home

Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Pernaco Inc.

Street Address PO Box 329
City, State, Zip Code West Berlin NJ 08091

Project Manager for Monitoring Firm Telephone No. 856-753-9800 License No. 00727

Start Date (10) 8/8/14 Scheduled Completion Date (11) 8/13/14

Occupancy Status During Abatement (Check Only One)

Facility Closed/Vacated During Entire Period of Abatement
Other – Describe:

Scope of Work (Check All That Apply)

≥20 sq or ≥3 if
≥160 sf or ≥250 if
Renovation
Demolition
Full Containment with Negative Pressure
Mini-Enclosure
Glovebag Procedure
Non-Exempted (*) and Non-Friable Procedure

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

Exterior siding

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) 700 SF

Abatement Type

Name of Registered Waste Hauler N.J.D.E.P Waste Hauler ID No. 22459

United Containers Cubic Yards of Waste 2

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

City, State Disposal Date
Elm NJ 8/13/14

City, State Disposal Date
City Morrisville PA 19067

Completed by Anthony T Perna Title President

Signature Date 7/28/14

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>7/30/14</td>
<td>Susan Carbine</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Street Address</th>
<th>City, State, Zip Code</th>
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</thead>
<tbody>
<tr>
<td>[ ] EPA</td>
<td>Initial</td>
<td>301 Newport Ave</td>
<td>Ocean Gate, New Jersey, NJ 07740</td>
</tr>
<tr>
<td>[ ] DEP</td>
<td>Amended</td>
<td></td>
<td></td>
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<tr>
<td>[ ] DOL</td>
<td>Emergency (including justification)</td>
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<tr>
<td>[ ] DOH</td>
<td>Amended #</td>
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</tr>
<tr>
<td>[ ] DCA</td>
<td>Cancellation</td>
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**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement Is Taking Place (3)</th>
<th>Type of Facility (4)</th>
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<tbody>
<tr>
<td>Carbine Residence</td>
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<thead>
<tr>
<th>Street Address</th>
<th>City (5)</th>
<th>County Code (6)</th>
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</thead>
<tbody>
<tr>
<td>301 Newport Ave</td>
<td>Ocean Gate</td>
<td>Ocean</td>
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</table>

<table>
<thead>
<tr>
<th>County Code (6)</th>
<th>County Code (7) (STATE USE ONLY)</th>
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<tbody>
<tr>
<td>Ocean</td>
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</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (5)</th>
<th>Name of Abatement Contractor (8)</th>
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</thead>
<tbody>
<tr>
<td>ASCM No.</td>
<td>Ace Insulation Co., Inc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
<th>License No.</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td>732-294-1757</td>
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<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
<th>Occupancy Status During Abatement (Check Only One)</th>
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</thead>
<tbody>
<tr>
<td>8/15/14</td>
<td>8/15/14</td>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check All That Apply)</th>
<th>Occupancy Status During Abatement Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] ≥ 3 sf or ≥ 3 if</td>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
</tr>
<tr>
<td>[ ] ≥ 160 sf or ≥ 280 sf</td>
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</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Yes</td>
<td>[ ] No</td>
</tr>
</tbody>
</table>

<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>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] (Specify SF or LF)</td>
<td>2000</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>NJDEP Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ace Insulation Co., Inc.</td>
<td>12086</td>
<td>3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>Disposal Date</th>
<th>Name of Registered Landfill</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colts Neck, New Jersey</td>
<td>8/15/14</td>
<td>Chrins</td>
<td>7/30/14</td>
</tr>
</tbody>
</table>

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