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

Date of Notification (1) 06/27/12 Ch#2141 $200

Name of Building Owner/Operator (2) Brick Township Board of Education

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

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

Street Address 101 Hendrickson Avenue
City, State, Zip Code Brick, New Jersey 08724

Name of Contact Jim Edwards
Telephone Number

FACILITY INFORMATION

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

Square Feet 20,000
# of Floors 2
Bldg. Age 55+

Name of Facility Where Abatement is Taking Place (3) Brick Township High School

County Code (7) (STATE USE ONLY)

Current Use (Prior to being demolished) High School

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

Name of Abatement Contractor (9) Lilich Corporation

Street Address 1805 Atlantic Avenue
City, State, Zip Code Manasquan, New Jersey

Telephone No. 732-223-2225

License No. 973-225-8400 01104

Project Manager for Monitoring Firm Jason Hooper

Start Date (10) 07/09/12
Scheduled Completion Date (11) 08/09/12

Occupancy Status During Abatement (Check Only One)
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other - Describe: Occupied (2nd shift if necessary)

Scope of Work (Check All That Apply)
- 250 sf or 250
- 1500 sf or 2000 sf
- Renovation
- Demolition
- Non-Exempted (*) and Non-Friable Procedure

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

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

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

Description of Asbestos-Containing Material (ACM)

Amount (Specify SF or LF)

Abatement Type

- Location Normally Used Solely by Maintenance/Custodial Staff? (12)
- Lab Table Tops NON FRIABLE
- 140 SF x

- Ground Floor Science Rooms
- FITtileCoveBaseMasticNON FRIABLE
- 5,900 SF x

- Ground Floor Science Rooms
- Pipe Insulation NON FRIABLE
- 125 LF x

- Ground Floor Science Rooms
- TrnstTmsm&FumeHoodPanNON
- 60 SF x

Name of Registered Waste Hauler Lilich Corporation
NJDEP Waste Hauler ID No. 18724

Disposal Date 08/10/12
City, State Morrisville, Pennsylvania

Completed by Tatiana Kalenikova Title Vice President

Signature ____________________________ Date 06/27/12

* Do not use this form for asbestos licensure exempted activities.
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

State of New Jersey

Date of Notification (1) 8/2/12

Name of Building Owner/Operator (2) Sue Ellen McCarthy

Agencies Notified

- [ ] EPA
- [ ] DEP
- [X] DOL
- [X] DOH
- [ ] DCA

Type of Notification

- [X] Initial Notification
- [ ] Amended Notification
- [ ] Cancellation

Street Address 67 Main St.

City, State, Zip Code Lincoln park, NJ 07035

Name of Contact Sue Ellen McCarthy

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Residence

Street Address 67 Main St.

City (5) Lincoln Park

County (6) Morris

County Code (7) (STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner N/A

ASCM No.

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

Street Address 3 Lynn Court

City, State, Zip Code Lincoln Park, NJ 07035

Telephone Number 973-709-0200

License Number 00852

Name of OSHA Monitor J & S Environmental Laboratories, LLC

Street Address 2333 Route 22 West

City, State, Zip Code Union, NJ 07083

Square Feet 1000

# of Floors 1

Bidg. Age ~ 60

Current Use (Prior if being demolished) Armory

School (K-12)

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

Occupancy Status During Abatement (Check only one)

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

Scope of Work (Check all that apply)

- [ ] Demolition
- [ ] ≥3 sf or ≥3 lf
- [X] ≥160 sf or ≥260 lf
- [X] Renovation

[X] Full Containment with Negative Pressure
- [ ] Mini – Enclosure
- [ ] Glovebag Procedure
- [ ] Non – Friable Procedure

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

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

Yes No N/A

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

Amount (Specify SF or LF)

Abatement Type

- [X] Removal
- [ ] Encapsulation
- [X] Capture
- [ ] Loss

Furnace room X Pipe insulation 20 LF x

Name of Registered Waste Hauler Jupiter Environmental Services

NJDEP Waste Hauler ID No. 04782

Cubic Yards Of Waste 2

Name of Registered Landfill Minerva Landfill

City, State Lincoln Park, NJ

Disposal Date 8/17/12

City, State Waynesburg, OH

Completed By (Print or Type) Pane Repic

Title General Manager

Signature Date 8/2/12

ASB-41

JUN 95

G4557
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

NAME OF BUILDING (Owner's Name) Cindy P. Toro

AGENCIES NOTIFIED
☐ EPA
☐ DOLWIP
☒ NJAC 6:23-6
☐ DHA
☐ DQA

TYPE OF NOTIFICATION
☒ Initial
☐ Amended
☐ Subchapter B (Other than K-12)
☐ Emergency (including justifiability)
☐ Cancellation

NAME OF FACILITY
27 Jackson Street
City, State, Zip Code
Little Ferry, NJ 07643

FACILITY INFORMATION

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

Square Feet
☐ of Floors
Bldg Age

NAME OF FACILITY WHERE ABATEMENT IS TAKING PLACE
Private home

27 Jackson Street

NAME OF BUILDING OWNER
Cindy P. Toro

COUNTY CODE (STATE USE ONLY)

NAME OF MONITORING FIRM Hired By Building Owner
Gr Tech LLC

ASCM No.

NAME OF ABATEMENT CONTRACTOR
Gr Tech LLC

Street Address
576 Valley Rd #283

City, State, Zip Code
Wayne, NJ 07470

Telephone No.
973-638-1777

LICENSE NO.
01127

NAME OF OSHA MONITOR
Envirovision Consultants, Inc

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

City, State, Zip Code
Fair Lawn, NJ 07410

SCHEDULED COMPLETION DATE
05 / 05 / 12

LOCATION OF

Asbestos-Containing Material (ACM) TO BE ABATED

IN FACILITY

Basement

DESCRIPTION OF

Asbestos-Containing Material (ACM)

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

Amount (Specific SI/FT2/LF)

Location of ACM Normally Used Solely by
Maintenance/Custodial Staff

Yes

EXHAUSTIVE

No

Non-exhaustive (*) and Non-Exempted (**) Procedure

Renaovation

Demolition

[MAX # or >3]

 => 160 or >268

Pipe insulation

170 LF

NAME OF REGISTERED WASTE HAULER
Gr Tech LLC

TBD

Disposal Date

Name of Registered Landfill

TBRF, Inc

City, State

Wayne, NJ 07470

COMPLETED BY (Print or Type)

N. Jevtic

AS911

MAY 11

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

**State of New Jersey**

**Name of Building Owner/Operator:** Rich Ellwood

**Street Address:** 222 Merrick Avenue, Merrick, NY 11566

**Name of Contact:** Rich Ellwood

**Date of Notification:** 8/3/2012

** Agencies Notified:**
- [x] EPA
- [x] DOL
- [ ] DOH
- [ ] DCA

**Type of Notification:**
- [x] Initial Notification
- [x] Emergency (including justification)
- [ ] Cancellation

**Name of Facility Where Abatement is Taking Place:** 251 Strickland Blvd., Chadwick Beach, Ocean County, NJ (STATE USE ONLY)

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

**Square feet (12):**
- 2000 sf

**Bldg. Age:**
- 60 years

**Current Use:**
- Residence

**Name of Abatement Contractor:** Guardian Contracting, Inc.

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

**Telephone Number:** 732-349-9932

**License Number:** 010624

**Name of OSHA Monitor:** E.M.S.L., Analytical

**Street Address:** 1056 Stetson Road, Piscataway, New Jersey 08854

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

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

**Cubic Yards of Waste:**
- 3

**Disposal Date**
- 8/20/12

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

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

**Completed by:** Nicholas Funicola

**Project Manager:**

**Signature:**

**Date:** 8/3/2012

---

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

**Notification of Asbestos Abatement**

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

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<tr>
<th>Date of Notification (1)</th>
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<td>Emergency</td>
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<td>(Including justification)</td>
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**Name of Building Owner/Operator (2)**

STACK RESIDENCE

559 COLLINS AVENUE

City, State, Zip Code

HASBROUCK HEIGHTS, NJ

Name of Contact

STACK RESIDENCE

**FACILITY INFORMATION**

Name of facility where abatement is taking place (3)

STACK RESIDENCE

Street Address

559 COLLINS AVENUE

City

HASBROUCK HEIGHTS

County

BERGEN

County Code (7) (State use only)

**Type of Facility (4)**

- Other (Private/Commercial Buildings, Homes, etc.)

**Name of Abatement Contractor (5)**

D & S RESTORATION, INC.

Street Address

20 California Ave.

City, State, Zip Code

PATERSON, NJ 07503

Telephone Number

973-345-8030

Licence Number

00159

**Name of OSHA Monitor**

D & S Restoration, Inc.

Street Address

20 California Avenue

City, State, Zip Code

PATERSON, NJ 07503

Scope of Work (check all that apply)

- Asbestos-containing material (ACM) to be abated in facility (13)
- Description of ACM
  - Location
  - Description
  - Amount (Specify BF or LF)
  - Type

<table>
<thead>
<tr>
<th>Location</th>
<th>Is location normally used solely by maintenance/occupational staff (12)</th>
<th>Description of ACM</th>
<th>Amount (Specify BF or LF)</th>
<th>R Emov e</th>
<th>Encapsul e</th>
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<td>BASEMENT/CRAWL SPACE</td>
<td>Yes</td>
<td>PIPE INSULATION</td>
<td>143 FT</td>
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<td>BOILER INSULATION</td>
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<td>CHIMNEY PACKING</td>
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Registered Waste Hauler

D & S RESTORATION, INC.

NJDEP Hauler #: 13306

Cubic Yards of Waste: 3 YDS

Name of Registered Landfill

TULLY TOWN, RESOURCE RECOVERY

City, State

PATERSON, NJ 07503

Completed by (Print or Type)

BOGDAN JOLDZIC

Title

PRESIDENT

Signature

07/31/12

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

**STACK RESIDENCE**  
Street Address  
559 COLLINS AVENUE  
HASBROUCK HEIGHTS, NJ

---

**FACILITY INFORMATION**

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

**Type of Facility (4)**  
- School (K - 12)
- Subchapter 8 (Other than K-12)
- Other (Private/Commercial Bldgs./Homes, etc.)

**Square Feet**  
**# of Floors**  
**Bldg. Age**

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

---

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

<table>
<thead>
<tr>
<th>Location of asbestos-containing material (acm) to be abated in facility (13)</th>
<th>Is location normally used solely by maintenance/custodial staff? (12)</th>
<th>Description of asbestos-containing material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Remove</th>
<th>Repair</th>
<th>Encap</th>
<th>Enc LCL</th>
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**Registered Waste Hauler**  
D & S RESTORATION, INC.

**Cubic Yards of Waste**  
3 YDS

**Cubic Yards of Waste**

**Name of Registered Landfill**  
TULLY TOWN, RESOURCES RECOVERY

---

**Completed by (Print or Type)**  
BOGDAN JOLDZIC  
Title  
PRESIDENT  
Signature  
Date  
07/31/12

---

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

Date of Notification (1)  
1/21/12  

Name of Building Owner/Operator (2)  
CARLOS MEDA  

2012 AUG - 7 AM 11:41  

FACILITY INFORMATION  

Name of facility where abatement is taking place (3)  
CARLOS MEDA  

Type of Facility (4)  
- School (K - 12)  
- Subchapter 8 (Other than K-12)  
- Other (Private/Commercial  
  Blgds./Homes, etc.)  

Square Feet  

# of Floors  

Bldg. Age  

Current Use (Prior if being demolished)  

Type of Notification (5)  
- Initial  
- Amended  
- Amendment #  
- Emergency (Including  
  justification)  
- Cancellation  

Name of Monitoring Firm Hired by Bldg. Owner (6)  
ASCN No.  

License No.  

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

Location normally used solely  
by maintenance/custodial  
staff(12)  

Description of asbestos-containing  
material (ACM)  

Amount (Specify SF or LF)  

Removal  

Repair  

Encapsulation  

Enclosure  

Cubic Yards of Waste  

Name of Registered Landfill  

Registered Waste Hauler  

Registered Waste Hauler (14)  

Title  

Signature  

Completed by (Print or Type)  

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)

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
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<td>Date of Notification (1)</td>
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<td>Agencies Notified</td>
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<td>Type Notification</td>
<td>Initial</td>
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<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Peter Toss</td>
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<tr>
<td>Street Address</td>
<td>34 Somerset Place</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Beakley Heights NJ</td>
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<tr>
<td>Name of Contact</td>
<td>Peter Toss</td>
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<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td>Single Family Dwelling</td>
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<tr>
<td>Street Address</td>
<td>34 Somerset Place</td>
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<td>City (5)</td>
<td>Beakley Heights NJ</td>
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<td>County (6)</td>
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<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>Epc. Tech</td>
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<td>ASCM No.</td>
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<td>Name of Abatement Contractor (9)</td>
<td>EPC Technologies</td>
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<tr>
<td>Street Address</td>
<td>P.O. Box 337</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>New Egypt, NJ 08533</td>
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<tr>
<td>Project Manager for Monitoring Firm</td>
<td>Steve Schenken</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>609-758-3265</td>
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<tr>
<td>License No.</td>
<td>00394</td>
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<td>Start Date (10)</td>
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<td>Scheduled Completion Date (11)</td>
<td>8-16-12</td>
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<td>Occupancy Status During Abatement (Check Only)</td>
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<td>Facility Closed/Vacated During Entire Period of Abatement</td>
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<td>Abatement Performed Outside of Normal Facility Hours</td>
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<td>Other – Describe:</td>
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<td>Scope of Work (Check All That Apply)</td>
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<td>930+ sf or more</td>
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<td>2160 sf or more</td>
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<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED</td>
<td>Garage</td>
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<td>In Facility (13)</td>
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<td>Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)</td>
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<td>Yes No N/A</td>
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<td>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td>Air duct Cardboard 50 SF</td>
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<td>EPC Tech</td>
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<td>Name of Registered Landfill</td>
<td>Waste Management</td>
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<td>Disposal Date</td>
<td>8-17-12</td>
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<tr>
<td>Name of Completed by</td>
<td>Steve Schenken</td>
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<tr>
<td>Title</td>
<td>President</td>
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<tr>
<td>Signature</td>
<td>STD Schenken</td>
</tr>
<tr>
<td>Date</td>
<td>8-3-12</td>
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</table>

*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:** 8-3-12  
**Name of Building Owner/Operator:** Justin Spivey  
**Address:** 790 Old York Road  
**City:** East Windsor  
**County:** Mercer  

**Type of Facility:** Single Family Dwelling  
**Square Feet:** 2  
**Bldg. Age:** 80-

**Name of Monitoring Firm HIred by Building Owner:** EPC Tech  
**Address:** P.O. Box 337, New Egypt, NJ 08533  
**Telephone:** 609-758-3956  
**License No:** 084394

**Name of Abatement Contractor:** EPC Technologies  
**Address:** P.O. Box 337, New Egypt, NJ 08533  
**Telephone:** 609-758-3956  
**License No:** 084394

**Start Date:** 8-15-12  
**Scheduled Completion Date:** 8-15-12

**Occupancy Status During Abatement:** Fully Vacated During Entire Period of Abatement

**Scope of Work:**  
- Yes  
- 23 sf or <3 If

**Location of Asbestos-Containing Material (ACM) TO BE ABATED**  
- **Basement/Crawlspace:** Yes

**Description of Asbestos-Containing Material (ACM):**  
- Pipe Insulation

**Name of Registered Waste Hauler:** EPC Tech  
**City:** New Egypt  
**Waste Hauler ID No:** 17000  
**Disposal Date:** 8-16-12  
**Name of Registered Landfill:** Waste Management  
**City:** Manisville  
**State:** PA

**Completed by:** Steve Schenken  
**Title:** President  
**Signature:** [Signature]

**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 8:60 and 12:120)  

**Date of Notification (1):** 8.3.12  
**Name of Building Owner/Operator (2):** Space Savers  
**Street Address:** 265 Route 12  
**City, State, Zip Code:** Raritan, NJ 08822  

**Facility Information:**  
**Name of Facility Where Abatement is Taking Place (3):** Single Family Farm Dwelling  
**Name of Monitoring Firm Hired by Building Owner (8):** EPC Tech  
**Street Address:** P.O. Box 337  
**City, State, Zip Code:** New Egypt, NJ 08533  

- **Type of Facility (4):**  
  - School (K-12)  
  - Subchapter 8 (Other than K-12)  
  - Other (i.e., private & commercial buildings, homes, etc.)  
- **Current Use (Prior to being demolished):** Farm House & Barn  
- **Name of Abatement Contractor (9):** EPC Technologies  
  **Street Address:** P.O. Box 337  
  **City, State, Zip Code:** New Egypt, NJ 08533  

**Start Date (10):** 8.13.12  
**Scheduled Completion Date (11):** 8.14.12  
**License No.:** 00394  
**Telephone No.:** 609.758.3565  
**Telephone No.:** 609.758.3565  

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

**Scope of Work (Check All That Apply):**  
- 23 sf or 23 if  
- 750 sf or 760 if  
- Renovation  
- Demolition  

**Location of Asbestos-Containing Material (ACM) TO BE ABATED IN FACILITY (13):**  
- House  
- Barn "A" wall  
- Siding, Shingles  
- Siding, Shingles  

**Name of Registered Waste Hauler:** EPC Tech.  
**City, State:** NE NJ  
**Waste Management:**  
**Disposal Date:** 8.15.12  
**City, State:** Manahawkin, PA  
**Date:** 8.3.12  

**Amount (Specify SF or LF):**  
- 2000 SF x  
- 6000 SF x  

**Name of Registered Landfill:** Waste Management  
**Cubic Yards of Waste:** 12  
**Disposal Date:** 8.15.12  
**City, State:** Manahawkin, PA  
**Date:** 8.3.12  

*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)**  
July 31, 2012

**Name of Building Owner/Operator (2)**  
Rhodia Inc.

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

**Street Address**  
8 Cedar Brook Drive

**City, State, Zip Code**  
Cranbury, New Jersey 08512

**Name of Contact**  
Mr. Michael Shatynski

### FACILITY INFORMATION

**Name of Facility Where Abatement is Taking Place (3)**  
Rhodia Site Bldg. #77

**Square Feet**  

**# of Floors**  

**Bldg. Age**  

**County (6)**  
Middlesex

**County Code (7)**  

**Current Use (Prior if being demolished)**  
Vacant Bldg.

**Name of Abatement Contractor (9)**  
SLAVCO CONSTRUCTION INC.

**Street Address**  
164 GETTY AVE.

**City, State, Zip Code**  
CLIFTON, NEW JERSEY 07011-1802

**Telephone No.**  
973-478-4848

**License No.**  
00724

---

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

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

---

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

- Interior & Exterior addition to LF

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

- Pipe Insulation 100LF

---

**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 (6)**  
AMEC ENVIRONMENTAL

**Name of Abatement Contractor (9)**  
SLAVCO CONSTRUCTION INC.

**Street Address**  
200 American Metro Blvd.

**City, State, Zip Code**  
Hamilton, NJ 08619

**Telephone No.**  
609-631-2914

**License No.**  

**Name of OSHA Monitor**  
SLAVCO CONSTRUCTION INC.

**Street Address**  
164 GETTY AVE.

**City, State, Zip Code**  
CLIFTON, NEW JERSEY 07011-1802

**Telephone No.**  
973-478-4848

**License No.**  
00724

---

**Completed by**  
Vivian D. Jurcevic

**Title**  
Gen. Mgr.

**Signature**

**Date**  
July 31, 2012

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

(Pursuant to NJAC 8:50 and 12:120)

**Date of Notification (1)**
July 17, 2012

**Name of Building Owner/Operator (2)**
Rhodia Inc.

**Street Address**
8 Cedar Brook Drive

**City, State, Zip Code**
Cranbury, New Jersey 08512

**Name of Contact**
Mr. Michael Shasinsky

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**
Rhodia Site Bldg. #77

**City (5)**
New Brunswick,

**County (6)**
Middlesex

**Type of Facility (4)**

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

**Square Feet**
13000

**# of Floors**
1

**Bldg. Age**
60+

**Current Use (Prior if being demolished)**
Vacant Bldg.

**Name of Abatement Contractor (9)**
SLAVCO CONSTRUCTION INC.

**Street Address**
164 GETTY AVE.

**City, State, Zip Code**
CLIFTON, NEW JERSEY 07011-1802

**Name of OSHA Monitor**
SLAVCO CONSTRUCTION INC.

**Street Address**
164 GETTY AVE.

**City, State, Zip Code**
CLIFTON, NEW JERSEY 07011-1802

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

- □ 3,000 sf or 3,000 sf
- □ 1,000 sf or 1,200 sf
- □ Renovation
- □ Demolition

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

- **In Facility (13)**
  - Yes
  - No
  - N/A

- **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)**
- 150SF
- 300SF
- 80LF
- 200SF

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

- **Front**
  - Vat
  - Roof Flashing
  - Pipe Insulation
  - Transite

- **Roof**
  - N/A

- **Interior & Exterior**
  - N/A

- **Electrical Panel**
  - N/A

**Name of Registered Waste Hauler**
Slavco Construction Inc.

**NJDEP Waste Hauler ID No.**
16508

**Cubic Yards of Waste**

**Disposal Date**
TBD

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

**City, State**
CLIFTON, NEW JERSEY 07011-1802

**Completed by**
Vivian D. Jurecic

**Title**
Gen. Mgr.

**Signature**

**Date**
July 17, 2012

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

**(Pursuant to N.J.A.C. 8:26 and 12:20D)**

<table>
<thead>
<tr>
<th>Agency(ies) Notified</th>
<th>Type Notification</th>
<th>Name of Building Owner/Operator</th>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPD</td>
<td>Initial</td>
<td>Hong Woo Realty LLC</td>
<td>460 Bergen Boulevard</td>
</tr>
<tr>
<td>DEP</td>
<td>Amended</td>
<td></td>
<td>Palisades Park, NJ 07650</td>
</tr>
<tr>
<td>DOL</td>
<td>Amendment</td>
<td></td>
<td></td>
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<tr>
<td>DOH</td>
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<td></td>
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<tr>
<td>DCA</td>
<td></td>
<td></td>
<td></td>
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</table>

**FACILITY INFORMATION**

- **Name of Facility Where Abatement is Taking Place**: Hong
- **Street Address**: 460 Bergen Boulevard
- **City, State, Zip Code**: Palisades Park, NJ 07650
- **County**: Bergen

**Type of Facility**

- **School (K-12)**: Yes
- **Subchapter 3 (Other than K-12)**: No
- **Other (i.e., private & commercial buildings, homes, etc.)**: No

**Square Feet**

- **# of Floors**: 1
- **Bldg. Age**: 54

**Start Date**

- **03/12**

**Scheduled Completion Date**

- **03/12**

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

- **In Facility**: Yes
- **Used Solely by Maintenance/Custodial Staff?**: No
- **Description of ACM**: Pipe insulation, 3" pipe insulation, 150 SF of mastic

**Name of Registered Waste Handler**

- **NJIDES Waste Handler ID No.**: 20735

**Completed by**

- **R. McDonald**

**Signature**

- **Date**: 03/12

---

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

**Date of Notification (1) 08 / 03 / 12**

**Name of Building Owner/Operator (2)** Victor Davson  
2012 AUG 7 AM 11:29

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

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

**Address**  
17 Elm Ct.

**City, State, Zip Code** South Orange, NJ 07079

**Telephone Number**

**Name of Contact** Henry Quattrus

**FACILITY INFORMATION**

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

**Private Home**

**Street Address** 17 Elm Ct.

**City (5)** South Orange

**County (6)** Essex

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

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

**Square Feet**

**# of Floors**

**Bldg. Age**

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

**ASCM No.**

**Name of Abatement Contractor (9)** Gr Tech LLC

**Street Address** 576 Valley Rd #283

**City, State, Zip Code** Wayne, NJ 07470

**Telephone No.**

**License No.** 01127

**Name of OSHA Monitor** Envirovision Consultants, Inc

**Project Manager for Monitoring Firm**

**Start Date (10)** 08 / 12 / 12

**Scheduled Completion Date (11)** 08 / 13 / 12

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

**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 SIP or LF)**

**Abatement Type**

**Removal** ☒

**Encapsulation** ☒

**Endorsement** ☒

**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 (15)**

**Basement** ☒

**Pipe insulation** 95 LF

**Name of Registered Waste Hauler**

**N.J. DEP Waste Hauler ID No.**

**Cubic Yards of Waste**

**Name of Registered Landfill**

**City, State**

**Disposal Date**

**City, State**

**TBD**

**TBD**

**Tullytown, PA**

**Completed By (Print or Type)**

**Title**

**Signature**

**Date** 08/03/2012

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

NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.S.C. 8:69-7 and 13:12-29-7)

Date of Notification (1) 8/2/12
Name of Building Owner/Operator (2) Seth Paraison

Agencies Notified Type Notification
[X] EPA
[X] DOH
[X] DOLE

Street Address 170 Kerrigan Blvd
City, State, Zip Code Newark, NJ 07106

Name of Contact Calvin Jackson

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Private
Street Address 170 Kerrigan Blvd
City, State, Zip Code Newark, NJ 07106

Name of Monitoring Firm hired by Building Owner (4)
[ ] N/A

Street Address 86 Christopher St.
City, State, Zip Code Montclair, NJ 07042

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

Square Feet # of Floors Bldg. Age
2000 1 65

Current Use (Prior if being demolished)

Name of Abatement Contractor (9)
AZTECH MANAGEMENT, Inc.

ASCM No. Name of OSHA Monitor
N/A N/A

Project Manager for Monitoring Firm Telephone Number
N/A (973) 744-8800

License Number
00371

Scheduled Start Date (10) 8/13/12 Sched. Completion Date (11) 8/14/12
Month Day Year Month Day Year

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

Scope of Work (Check all that apply)
[X] 3 sf or 3 1/2
[ ] >160 sf or 260 1/2

[ ] Renovation
[ ] Demolition
[ ] Full Containment with Negative Pressure
[ ] Mini-Enclosure
[ ] Glovebag Procedure
[ ] Non-Friable Procedure

Location of Description of Amount
Asbestos-Containing (Specify
Material (ACH) Asbestos-Containing SF or
TO BE ABATED LF)

- Location Normally Used
[X] Solely By Maintenance/Custodial Staff (12)

Name of Registered Waste Hauler
AZTECH MANAGEMENT, INC.
NJDEP Waste Hauler ID No. 17040

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

Disposal Date 8/15/12
City, State Montclair, NJ 07042

Completed By (Print or Type) Constantine Vivian Title President

Signature Date 8/2/12
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1): 8/3/12

Name of Building Owner/Operator (2): WOODBINE

FACILITY INFORMATION

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

Street Address: 4275 7TH AVE

City: AVALON

County: CAPE MAY

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

Name of Abatement Contractor (9): Klemco INC

Address: 369 S. Spruce Ave.

City, State, Zip Code: MAPLE SHADE, NJ 08052

Telephone: 856-779-0472

License No: 00444

Name of OSHA Monitors: JOSEPH KLEMM

Address: 369 S. Spruce Ave.

City, State, Zip Code: MAPLE SHADE, N.J. 08052

Scope of Work (Check all that apply)

- 2,500 ft or 2,600 ft
- Siding

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

IN Facility (11)

- Transite

Amount (Specify SF or LF): 2,500 ft

Name of Registered Waste Hauler: Klemco INC

Name of Registered Landfill: C.M.C., N.J.

City, State: MAPLE SHADE, N.J. 08052

Disposal Date: 8/3/12

Complied By: JOSEPH KLEMM

Title: OWNER

Signature: JOSEPH KLEMM

Date: 8/3/12

* 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>August 2, 2012</th>
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<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Tom Dooner</td>
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<tr>
<td>Agency (3)</td>
<td>EPA</td>
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<td>Type Notification</td>
<td>Initial</td>
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<tr>
<td>Street Address</td>
<td>2600 Wesley Ave</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Ocean City, NJ 08226</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Tom Dooner</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

| Name of Facility Where Abatement is Taking Place (3) | Residence |
| Street Address | 2600 Wesley Ave |
| City (5) | Ocean City |
| County (6) | Cape May |
| Current Use (Prior if being demolished) | Residence |

| Name of Monitoring Firm Hired by Building Owner (8) | MECS |
| Telephone No. | 609-298-4070 |

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

| Square Feet | 2800 |
| # of Floors | 2 |
| Bldg. Age | 70 |

| Name of Abatement Contractor (9) | Shade Environmental, LLC |
| Street Address | 47 S. Lippincott Ave |
| City, State, Zip Code | Maple Shade, NJ 08052 |

| Project Manager for Monitoring Firm | Bill Weisgarber |
| Telephone No. | 856-755-0099 |
| License No. | 00842 |

| Start Date (10) | Aug 25, 2012 |
| Scheduled Completion Date (11) | Aug 31, 2012 |

| Occupancy Status During Abatement (Check Only One) | Facility Closed/Vacated During Entire Period of Abatement |
| Other – Describe: | |

| Scope of Work (Check All That Apply) | Renovation |
| Demolition |
| Full Containment with Negative Pressure |
| Mini-Enclosure |
| Gloves Procedure Wrap n Cut |
| Non-Exempted (*) and Non-Friable Procedure |

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

<table>
<thead>
<tr>
<th>Location</th>
<th>(13)</th>
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<tbody>
<tr>
<td>In Facility</td>
<td>Basement</td>
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<tr>
<td>Location Normally Used Solely by Maintenance/Custodial Staff?</td>
<td>Yes</td>
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<tr>
<td>Description of Asbestos Containing Material (ACM)</td>
<td>Pipe Insulation</td>
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<td>Amount (Specify SF or LF)</td>
<td>300 LF</td>
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</table>

| Name of Registered Waste Hauler | NJ DEP Waste Hauler ID No. 222853 |
| City, State | Freehold Mount Holly, New Jersey 08060 |
| Date of Disposal | 8-31-2012 |

**Completed by**  
William Lynch  
**Title**  
Owner  
**Signature**  
William Lynch  
**Date**  
Aug. 2, 2012

*Do not use this form for asbestos licence exempted activities.*
<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>8/2/12</th>
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<td>Agencies Notified</td>
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<tr>
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<tr>
<td>DEP</td>
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<td>DCA</td>
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<td>Amended Amendment #</td>
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<td>Emergency (Indicating</td>
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<td>Cancellation</td>
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<tr>
<td>Street Address</td>
<td>644 SHADOWLAWN DRIVE</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>WESTFIELD, NJ 07090</td>
</tr>
<tr>
<td>Name of Contractor</td>
<td>FRANK</td>
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<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>MR. PEZZOLANO</td>
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<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td>PEZZOLANO</td>
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<tr>
<td>Type of Facility (4)</td>
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<td>School (K-12)</td>
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<td>Subcontractor (Other than K-12)</td>
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<td>Other (i.e. private &amp; commercial buildings, homes, etc.)</td>
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<tr>
<td>Square Feet</td>
<td>1652</td>
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<tr>
<td>Bldg, Age</td>
<td>57</td>
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<td>Current Use (Prior to being demolished)</td>
<td>RES</td>
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<td>Name of Monitoring Firm Hired by Building Owner (5)</td>
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<tr>
<td>Name of Abatement Contractor (6)</td>
<td>A. Mac Contracting Inc.</td>
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<tr>
<td>Start Date (10)</td>
<td>8/2/12</td>
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<td>Scheduled Completion Date (11)</td>
<td>8/3/12</td>
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<td>Ocupancy Status During Abatement (Check Only One)</td>
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<td>Facility Closed/ Vacated During Entire Period of Abatement</td>
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<tr>
<td>Abatement Performed Outside of Normal Facility Hours</td>
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<td>Scope of Work (Check All That Apply)</td>
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<td>38 ft or 39 W</td>
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<td>2169 ft or 2260 ft</td>
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<tr>
<td>Mini-Enclosure</td>
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<td>Glovebag Procedure</td>
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<td>Non-Exempted (*) and Non-Friable Procedure</td>
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<td>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td>PIPE</td>
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<td>Amount (Specify SF or LF)</td>
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<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED</td>
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<tr>
<td>in Facility (12)</td>
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<tr>
<td>Name of Registered Waste Handler</td>
<td>Rovic Transport</td>
</tr>
<tr>
<td>Name of Registered LANATA</td>
<td>IESI PA Bethlehem Lanfill Corp.</td>
</tr>
<tr>
<td>Completed by</td>
<td></td>
</tr>
<tr>
<td>R. McDonald</td>
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* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:50 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
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<tbody>
<tr>
<td>8/13/12</td>
<td>MS. JUDY REZNIK</td>
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Agency Notified
- EPA
- DEP
- DOL
- DOH
- DCA

Type Notification
- Initial

Street Address
424 MOUNTAIN VIEW RD
ENGLEWOOD, NJ 07631

Name of Contact
MS. REZNIK

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
MS. REZNIK

Street Address
424 MOUNTAIN VIEW RD

City (5)
ENGLEWOOD

County (6)
BERGEN

Current Use (Prior if being demolished)
RESIDENCE

Square Feet
2000

# of Floors
2

Bidg. Age
80 YRS

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

Name of Abatement Contractor (9)
Best Removal Inc

Street Address
450 South River St
Hackensack, N.J. 07601

Telephone No.
201-329-7444

License No.
00388

Name of OSHA Monitor
Omega Environmental

Street Address
280 Huysler St
Hackensack, N.J. 07606

Scope of Work (Check all that apply)
- Demolition

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Location Used Solely by Maintenance/Custodial Staff</th>
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</thead>
<tbody>
<tr>
<td>Basement</td>
<td>Thermal Insulation</td>
</tr>
</tbody>
</table>

Amount (Specify SF or LF)
500 LF

Name of Registered Waste Hauler
BEST REMOVAL INC

Cubic Yards of Waste
1709

Name of Registered Landfill
MINSWA ENTERPRISES

Disposal Date
8/17/12

City, State
HACKENSACK, NJ

Completed by
J. Maiorano
Title
Estimator

Signature
Maiorano
Date
8/13/12

* Do not use this form for asbestos license exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:68 and 12:120)

Date of Notification (1)
August 2, 2012

Name of Building Owner/Operator (2)
Princeton University

Agencies Notified

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

Street Address
E.A. Macmillian Building
City, State, Zip Code
Princeton NJ 08544

Name of Contact
Robbert Ortega

Facility Information

Name of Facility Where Abatement is Taking Place (3)
22 Chambers St.

Street Address
22 Chambers St.

City (5)
Princeton

County (6)
Mercer

County Code (7) (STATE USE ONLY)

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

ASCM No.
00102

Name of Abatement Contractor (9)
Luzon Inc.

Street Address
550 Grove Street

City, State, Zip Code
Haddonfield NJ 08035

Project Manager for Monitoring Firm
Alan Lloyd

Telephone No.
856-547-0505

Start Date (10)
August 20, 2012

Scheduled Completion Date (11)
August 29, 2012

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)

- 30 ft or 30 ft
- 160 ft or 260 ft
- Demolition

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

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

- Rear Stairwell
  - Mastic & Glue
  - 150 SF
- Front Stairwell
  - Mastic & Glue
  - 150 SF

Waste Management

NJDEP Waste Hauler ID No.
2089890

Cubic Yards of Waste
5

Name of Registered Landfill
Growes Landfill

City, State
Tullytown Pa.

Completed by
Piyush Patel
Title
Program Manager

Signature

Date
August 2, 2012

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

**Date of Notification (1):** 08 / 01 / 12  
**Name of Building Owner/Operator (2):** Sara Jansma

### FACILITY INFORMATION

**Name of Facility Where Abatement is Taking Place (3):**  
**Private home**  
**Street Address:** 83 Dawson Avenue  
**City (5):** Boonton, NJ 07005  
**County (6):** Morris  
**County Code (7) (STATE USE ONLY):** ( )

**Name of Monitoring Firm Hired by Building Owner (8):** Gr Tech LLC  
**Street Address:** 576 Valley Rd #283  
**City, State, Zip Code:** Wayne, NJ 07470  
**Name of Abatement Contractor (9):** Envirovision Consultants, Inc  
**Street Address:** 20-21 Wagawar Road, Bldg #34A  
**City, State, Zip Code:** Fair Lawn, NJ 07410

**Start Date (10):** 08 / 10 / 12  
**Scheduled Completion Date (11):** 08 / 11 / 12  
**Type of Facility (4):**  
**Other (i.e., private and commercial buildings, homes, etc.)**

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

**Envelope Closure**

**Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13):** Boiler insulation  
**Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous):** 20 SF

**Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13):**  
**Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous):**

**Name of Registered Waste Hauler:** Gr Tech LLC  
**Cubic Yards of Waste:** TBD  
**Name of Registered Landfill:** T.R.R.F. Inc  
**City, State:** Wayne, NJ 07470  
**Disposal Date:** TBD  
**City, State:** Tullytown, PA

**Completed By (Print or Type):** N. Jevtic  
**Title:** Owner  
**Signature:**  
**Date:** 08/1/2012

*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) 8/2/12

Name of Building Owner / Operator
PSE & G

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

Type Notification
☑ Initial
☐ Amended #
☐ Emergency
☐ Cancellation

Street Address
80 Park Plaza
Newark, NJ 07101

City Address
ASBESTOS CONTROL & LICENSING

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
PSE & G Cuthbert Substation
721 Cuthbert Blvd.

City (5)
Cherry Hill

County (6)
Camden

County Code (7)

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

ASCM No.
00120

Street Address
280 Huyler Street
South Hackensack, NJ

Project Manager for Monitoring Firm
Larry Zaccherio

Telephone Number
201-489-8700

Scheduled Start Date (10)
8/15/12

Scheduled Completion Date (11)
8/31/12

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

Abatement Type

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

Conference Room 2, 2nd Fl. Open Area, 2nd Fl. Office, 1st Fl. Stairwell, 1st Fl. Restroom

1st Floor Mechanical/Electrical Room

1st Floor Mechanical/Electrical Room

Name of Registered Waste Hauler
NJDEP Waste Hauler ID No.
1125

Cubic Yards of Waste
40

Name of Registered Landfill
GROWS North Landfill

City, State
Camden, NJ

Disposal Date
8/31/12

City, State
Morrisville, PA

Completed By (Print or Type)
Gwen Trumbetti

Title
Office Coord.

Signature

Date
8/2/12
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:69 and 12:120)

Date of Notification (1)
08/02/12

Name of Building Owner/Operator (2)
Michael Curcio

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

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

Street Address
1 harvest lane

City, State, Zip Code
Kinnelon, NJ, 07405

Name of Contact
Michael Curcio

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
166 Midland Ave

Street Address

City (5)
Saddlebrook

County (6)
Bergen

County Code (7)
(STATE USE ONLY)_______

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

ASCN No.

Name of Abatement Contractor (9)
Indian Arrow Industries INC

Street Address
655 west Shore Trail

City, State, Zip Code
Sparta, NJ, 07871

Project Manager for Monitoring Firm
William S. Kerbel

Telephone No.
973-729-5649

Telephone No.
201-790-0539

License No.
1183

Start Date (10)
08/18/12

Scheduled Completion Date (11)
08/18/12

Name of OSHA Monitor
Scott Bluth

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

Scope of Work (Check All That Apply)
☐ ≥3 sf or ≥3 ft
☐ ≥160 sf or ≥260 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

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Description of Asbestos Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>basement</td>
<td>x</td>
<td>cement board column</td>
<td>545 sf</td>
</tr>
<tr>
<td>2nd floor bedroom</td>
<td>x</td>
<td>floor tile mastic</td>
<td>176 sf</td>
</tr>
<tr>
<td>1st floor hall and kitchen</td>
<td>x</td>
<td>floor tile mastic</td>
<td>248 sf</td>
</tr>
<tr>
<td>garage floor</td>
<td>x</td>
<td>pipe insulation</td>
<td>15 sf</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
NRDEP Waste Hauler ID No. 17819

Cubic Yards of Waste
10-20

Name of Registered Landfill
Waste Management

City, State
1141 RT 23 Wayne NJ 07470

Disposal Date
09/18/12

Completed by
Goran Igev

Title
VP

Signature

Date
08/02/12

ASB-41 (R-06-08)

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

Date of Notification (1)
7/31/12

Name of Building Owner / Operator
Princeton University

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

Type Notification
- Initial
- Amended #12
- Emergency
- Cancellation

Street Address
Trustees of Princeton University - E. A. MacMillan Bldg.
City, State & Zip Code
Princeton, NJ 08544

Name of Contact
Robert Ortega, P.E.

FACILITY INFORMATION

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

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

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

Street Address
Bromley Corporate Center 3 Terri Lane, Suite 12
Burlington, NJ 08016

Project Manager for Monitoring Firm
Mike Keen

Telefon Number
609-386-8800

Scheduled Start Date (10)
10/17/11
Scheduled Completion Date (11)
8/31/12

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

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

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

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

Cubic Yards of Waste
4

Name of Registered Landfill
TRRF Landfill

City, State
Lumberton, NJ

Completed By (Print or Type)
Gwen Trumbetti

Title
Opps. Coord.

Signature

Date
7/31/12
# Notification of Asbestos Abatement

**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>7/31/12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner / Operator (2)</td>
<td>Princeton University</td>
</tr>
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<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ EPA</td>
<td>Initial</td>
</tr>
<tr>
<td>☑ DEP</td>
<td>Amended #12</td>
</tr>
<tr>
<td>☑ DOL</td>
<td>Emergency</td>
</tr>
<tr>
<td>☑ DOH</td>
<td>Cancellation</td>
</tr>
<tr>
<td>☑ DCA</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Princeton University – Firestone Library</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>One Washington Road</td>
</tr>
<tr>
<td>City (5)</td>
<td>Princeton</td>
</tr>
<tr>
<td>County (6)</td>
<td>Mercer</td>
</tr>
<tr>
<td>County Code (7)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>ATC Associates, Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>Bromley Corporate Center 3 Terri Lane, Suite 12</td>
</tr>
<tr>
<td>City, State &amp; Zip Code</td>
<td>Burlington, NJ 08016</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>Mike Kehoe</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>609-386-3800</td>
</tr>
<tr>
<td>Scheduled Start Date (10)</td>
<td>10/17/11</td>
</tr>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>8/31/12</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check only one)</th>
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<tbody>
<tr>
<td>☑ Facility Closed/Vacated During Entire Period of Abatement</td>
</tr>
<tr>
<td>☑ Abatement Performed Outside of Normal Hours</td>
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<tr>
<td>Describe:</td>
</tr>
<tr>
<td>☑ Facility Occupied During Abatement</td>
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</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
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</thead>
<tbody>
<tr>
<td>☑ ≥3 sf or ≥3 If</td>
</tr>
<tr>
<td>☑ ≥160 sf ≥260 If</td>
</tr>
<tr>
<td>☑ Renovation</td>
</tr>
<tr>
<td>☑ Demolition</td>
</tr>
<tr>
<td>☑ Full Containment with Negative Pressure</td>
</tr>
<tr>
<td>☑ Mini-Enclosure</td>
</tr>
<tr>
<td>☑ Glove Bag Procedures</td>
</tr>
<tr>
<td>☑ Non-Exempted and Non-Friable Procedure</td>
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</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level 1- Trustees Reading Room (WA#9, 10 &amp; 11)</td>
</tr>
<tr>
<td>Level B- West Core Book Stack Area</td>
</tr>
<tr>
<td>Level 3- IAS Room 3-6-D (WA#13)</td>
</tr>
<tr>
<td>Level 3- IAS Room 3-6-D (WA#13)</td>
</tr>
<tr>
<td>Level 1- Main Lobby (platform area WA#14)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>AbateTech, Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State</td>
<td>Lumberton, NJ</td>
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<tr>
<td>Name of Registered Landfill</td>
<td>TRRF Landfill</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cubic Yards of Waste</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disposal Date</td>
<td>8/31/12</td>
</tr>
<tr>
<td>City, State</td>
<td>Tullytown, PA</td>
</tr>
<tr>
<td>Completed By (Print or Type)</td>
<td>Gwen Trumbetti</td>
</tr>
<tr>
<td>Title</td>
<td>Opps. Coord.</td>
</tr>
<tr>
<td>Signature</td>
<td>[Signature]</td>
</tr>
<tr>
<td>Date</td>
<td>7/31/12</td>
</tr>
</tbody>
</table>
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1) 7/31/12

Name of Building Owner / Operator (2) Princeton University

AGENCIES NOTIFIED
- EPA
- DEP
- DOL
- DOH
- DCA
- Initial
- Amended #12
- Emergency
- Cancellation

Name of Contact
Robert Ortego, P.E.

FACILITY INFORMATION

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

Street Address
One Washington Road

City (5) Princeton
County (6) Mercer
County Code (7) [Not specified]

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

Street Address
Bromley Corporate Center 3 Terri Lane, Suite 12

City, State & Zip Code Burlington, NJ 08016

Project Manager for Monitoring Firm Mike Keehn

Scheduled Start Date (10) 10/17/11
Scheduled Completion Date (11) 8/31/12

Occupancy Status During Abatement (Check only one)
☒ Facility Closed/Vacated During Entire Period of Abatement
☒ Abatement Performed Outside of Normal Hours
☐ Describe: ☒ 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)
Level 3-1AS Rooms 3-6-D/3-7-C (WA#13A)
Level 3-1AS Rooms 3-6-D/3-7-C (WA#13A)

Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)
Level 3-1AS Rooms 3-6-D/3-7-C (WA#13A)

Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)
Level 3-1AS Rooms 3-6-D/3-7-C (WA#13A)

Amount (Specify SF or LF)
Level 3-1AS Rooms 3-6-D/3-7-C (WA#13A)

Abatement Type
Level 3-1AS Rooms 3-6-D/3-7-C (WA#13A)

Abatement Date
Level 3-1AS Rooms 3-6-D/3-7-C (WA#13A)

Name of Registered Waste Hauler
AbateTech, Inc.

Cubic Yards of Waste
4

Disposal Date
8/31/12

Name of Registered Landfill
TRRF Landfill

City, State Lumberton, NJ Tullytown, PA

Completed By (Print or Type)
Gwen Trumbetti

Title
Opps. Coord.

Signature

Date 7/31/12
**State of New Jersey**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to N.J.A.C. 8:60 and 12:120)

**Date of Notification (1)**
8/1/12

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

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

**Type Notification**
- Initial
- Amended #3
- Emergency
- Cancellation

**Street Address**
2083 Lawrenceville Road

**City, State & Zip Code**
Lawrenceville, NJ 08648

**Name of Contact**
Phil Voorhees

**Facility Information**

**Name of Facility Where Abatement is Taking Place (3)**
Rider University – Fine Arts Building

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

**Square Feet**

**# of Floors**

**Bldg. Age**

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

**Name of Monitoring Firm Hired by Building Owner (8)**
Pennon Associates, Inc.

**Name of Abatement Contractor (9)**
AbateTech, Inc.

**Street Address**
516 Grove Street Suite 1B

**City, State & Zip Code**
Haddon Heights, NJ 08035

**Telephone Number**
856-547-0508

**Haddon Heights, NJ 08035**

**Project Manager for Monitoring Firm**
Alan Lloyd

**Telephone Number**
609-265-2107

**License No.**
00529

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

**Describe:**

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

- [ ] 3 sf or 3 sf
- [ ] 160 sf or 260 sf
- [ ] Renovation
- [ ] Demolition

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

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

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

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

**Amount (Specify SF or LF)**

**Abatement Type**

- [ ] 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)**

**Mechanical Room**

<table>
<thead>
<tr>
<th>Vibration Collars</th>
<th>200 SF</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pipe Insulation</td>
<td>7 LF</td>
</tr>
</tbody>
</table>

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

**Cubic Yards of Waste**
8

**Name of Registered Landfill**
TRRF Landfill

**Disposal Date**
8/31/12

**City, State**
Tullytown, PA

**Completed By (Print or Type)**
Gwen Trumbetti

**Title**
Off. Coord.

**Date**
8/1/12
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1): 7/30/12

Name of Building Owner / Operator (2): JC Penney Corporation
Street Address:
6501 Legacy Drive
Plano, TX 75024

Name of Contact:
Richard Marnik

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3):
JC Penney
Street Address:
260 Wayne Town Center
City (5):
Wayne
County (6):
Passaic
County Code (7):

Name of Monitoring Firm Hired by Building Owner (8):
Hillman Consulting, LLC
Street Address:
1600 Route 22 East
City, State & Zip Code:
Union, NJ 07083-1597

Project Manager for Monitoring Firm:
Thomas Rubino
Telephone Number:
908-688-7800

Scheduled Start Date (10):
6/13/12
Scheduled Completion Date (11):
8/31/12

Occupancy Status During Abatement (Check only one):
☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Hours
Describe:
10PM - 8AM
☐ Facility Occupied During Abatement

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

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance or Custodial Staff?</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lower Level Near Elevators Arizona</td>
<td>☐</td>
<td>Floor tile &amp; Mastic</td>
<td>800 SF</td>
<td>☒</td>
</tr>
<tr>
<td>Lower Level Levis</td>
<td>☒</td>
<td>Floor tile &amp; Mastic</td>
<td>830 SF</td>
<td>☒</td>
</tr>
<tr>
<td>1st Floor Ladies Arizona</td>
<td>☒</td>
<td>Mastic</td>
<td>500 SF</td>
<td>☒</td>
</tr>
<tr>
<td>JCP Shops</td>
<td>☒</td>
<td>Floor tile &amp; Mastic</td>
<td>2,250 SF</td>
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<tr>
<td>IZOD</td>
<td>☒</td>
<td>Floor tile &amp; Mastic</td>
<td>1,000 SF</td>
<td>☒</td>
</tr>
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</table>

Name of Registered Waste Hauler:
AbateTech, Inc.
City, State:
Lumberton, NJ

Name of Registered Landfill:
TRRF Landfill
City, State:
Tullytown, PA

Completed By (Print or Type):
Gwen Trumbetti
Title:
Opps. Coord.
Signature:

Date:
7/30/12
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1) 7/30/12

Agencies Notified

<table>
<thead>
<tr>
<th>Agency</th>
<th>Notification Type</th>
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<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
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<tr>
<td>DEP</td>
<td>Amended #3</td>
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<tr>
<td>DOL</td>
<td>Emergency</td>
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<tr>
<td>DOH</td>
<td>Cancellation</td>
</tr>
<tr>
<td>DCA</td>
<td></td>
</tr>
</tbody>
</table>

Name of Building Owner / Operator

JC Penney Corporation

Street Address
6501 Legacy Drive
Plano, TX 75024

Name of Contact
Richard Marmik

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
JC Penney- Store # 487

Street Address
305 Mt. Hope Avenue

City (5) County (6) County Code (7)
Rockaway Morris

Name of Monitoring Firm Hired by Building Owner (8)
Hillman Consulting, LLC

Street Address
1600 Route 22 East
Union, NJ 07083-1597

Project Manager for Monitoring Firm
Thomas Rubino

Telephone Number 908-688-7800

Scheduled Start Date (10) 8/13/12
Scheduled Completion Date (11) 8/31/12

Occupancy Status During Abatement (Check only one)
☑ Facility Closed/Vacated During Entire Period of Abatement
☑ Abatement Performed Outside of Normal Hours
Described: 10PM - 8AM
❑ 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

<table>
<thead>
<tr>
<th>Level</th>
<th>Item</th>
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</thead>
<tbody>
<tr>
<td>2nd</td>
<td>Arizona JCP Shops</td>
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</table>

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
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<tbody>
<tr>
<td>Floor tile &amp; Mastic</td>
<td>105 SF</td>
<td></td>
<td></td>
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<tr>
<td>Floor tile &amp; Mastic</td>
<td>1,000 SF</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Floor tile &amp; Mastic</td>
<td>1,000 SF</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Amount (Specify SF or LF)

Location of Registered Waste Hauler
AbateTech, Inc.
City, State Lumberton, NJ

Name of Registered Landfill
TRRF Landfill
City, State Tullytown, PA

Completed By (Print or Type) Gwen Trumbetti
Title Opps. Coord.

Date 7/30/12
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT Check # 4394
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1) 8/1/12

<table>
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<tr>
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<tbody>
<tr>
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<td>Amended</td>
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<tr>
<td></td>
<td>Emergency</td>
</tr>
<tr>
<td></td>
<td>Cancellation</td>
</tr>
</tbody>
</table>

Name of Building Owner / Operator (2)
Yale School

Street Address
2127 Church Rd.

City, State & Zip Code
Cherry Hill, NJ 08043

Name of Contact
Scott Klenk

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Yale School

Street Address
2127 Church Rd.

City (5) County (6) County Code (7)
Cherry Hill Camden

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

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

Square Feet # of Floors Bldg. Age
Current Use (Prior if being demolished)
School

Name of Abatement Contractor (9)
AbateTech, Inc.

Street Address
PO Box 26

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

Telephone Number
Telephone Number
609-265-3207

License Number
00529

Name of OSHA Monitor
EMSL Analytical

Street Address
108 Haddon Ave.

City, State & Zip Code
Westmont, NJ 18108

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

Describe:

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)
Abatement Type

Rooms 224, 223, 226, 221
☒ ☐ ☐ Floor tile & Mastic 2,855 SF

Room 200
☒ ☐ ☐ Floor tile & Mastic 336 SF

Room 122
☒ ☐ ☐ Floor tile & Mastic 225 SF

(2) Storage Closets
☒ ☐ ☐ Mastic 120 SF

(2) Stage Foyers
☒ ☐ ☐ Floor tile & Mastic 72 SF

Name of Registered Waste Hauler
AbateTech, Inc.

Cubic Yards of Waste
20

Name of Registered Landfill
TRRF Landfill

City, State
Lumberton, NJ

Disposal Date
8/31/12

City, State
Tullytown, PA

Completed By (Print or Type)
Gwen Trumbetti

Title Office Coord.

Signature

Date 8/1/12
# Notification of Asbestos Abatement

**State of New Jersey**
**Notification of Asbestos Abatement**
(Pursuant to N.J.A.C. 8:60 and 12:120)

## Date of Notification

<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>8/2/12</th>
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</table>

## Name of Building Owner / Operator

<table>
<thead>
<tr>
<th>Name of Building Owner / Operator</th>
<th>PSE&amp;G</th>
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## Agencies Notified

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>EPA</th>
<th>DEP</th>
<th>DOL</th>
<th>DOH</th>
<th>DCA</th>
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<tr>
<td>Type Notification</td>
<td>Initial</td>
<td>Amended #</td>
<td>Emergency</td>
<td>Cancellation</td>
<td></td>
</tr>
</tbody>
</table>

## FACILITY INFORMATION

### Name of Facility Where Abatement is Taking Place

- **PSE&G Cuthbert Substation**
  - Street Address: 721 Cuthbert Blvd.
  - City: Cherry Hill
  - County: Camden

### Type of Facility

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

### Current Use (Prior if being demolished)

- Substation

### Name of Monitoring Firm Hired by Building Owner

- **Omega Environmental**
  - ASCM No.: 00120
  - Street Address: 280 Huyler Street
  - City, State & Zip Code: South Hackensack, NJ

### Project Manager for Monitoring Firm

- **Larry Zaccherio**
  - Telephone Number: 201-489-8700

### Scheduled Start Date

- 8/13/12

### Scheduled Completion Date

- 8/31/12

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

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

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

- 3 sf or 3 ft
- 160 sf or 260 ft
- Renovation
- Demolition

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

- Conference Room #1 & #2, 2nd Floor Open Area, 1st Floor Office
- Roof
- Roof
- 2nd Fl. Interior wall btw. Original & Addition, Exterior South Wall
- 1st Fl. Garage 1, 1st Fl. Closet, 1st Fl. Under Stairwell Office
- First Floor Garage 3

### Is Location Normally Used Solely by Maintenance or Custodial Staff?

- Yes
- No
- N/A

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

<table>
<thead>
<tr>
<th>Description of Asbestos-Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Window Caulk</td>
<td>300 LF</td>
<td></td>
</tr>
<tr>
<td>Black Tar</td>
<td>20 SF</td>
<td></td>
</tr>
<tr>
<td>AC Pitch Pocket</td>
<td>6 SF</td>
<td></td>
</tr>
<tr>
<td>Siding Shingles</td>
<td>2,400 SF</td>
<td></td>
</tr>
<tr>
<td>Window Glazing</td>
<td>100 LF</td>
<td></td>
</tr>
<tr>
<td>Window caulking</td>
<td>16 LF</td>
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</table>

### Name of Registered Waste Hauler

- NJDEP Waste Hauler ID No.: 1125

### Waste Management

- Disposal Date: 8/31/12
- Name of Registered Landfill: GROWS North Landfill

### Completed By

- **Gwen Trumbetti**
  - Title: Office Coord.
  - Signature: [Signature]
  - Date: 8/2/12
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 7:26-2.12)

Date of Notification (1) 08/02/2012

Name of Building Owner/Operator (2)
Home Properties, LP

List of Agencies Notified
(X) EPA
(X) DOL
(X) DOH
( ) DCA

Notification Type
(X) Initial Notification
( ) Amended Notification
( ) Cancelled

Street Address
25 Commerce Drive

City, State, Zip Code
Cranford, NJ 07016

Name of Contact
Craig Marschke

Name of Facility Where Abatement is Taking Place (3)
Pleasure Bay Apartments – Building # 10 (217-234)

Street Address
245 Atlantic Avenue

City (5)

Long Branch

County (6)
Monmouth

County Code (7) (State Use Only)

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

Sq. Feet: 16,960 SF  No. of Floors: 2

Bldg. Age: 48 years
Current Use (prior to being demolished): Residential Apartments

Name of Monitoring Firm/Hired by Bldg. Owner (8)
Environmental Health Investigations, Inc

ASCM No.
00140

Name of Contractor (9)
Superior Abatement, Inc.

Street Address
655 West Shore Trail

City, State, Zip Code
Sparta, NJ 07871

Project Manager for Monitoring Firm
JP Von Doehren

Telephone Number
(973) 729-5649

Scheduled Completion Date (11)
9/12/2012

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 will be performed while building is occupied.
Construction barriers will be placed to isolate the work areas from the Occupied portion of the building.

Source of Work (Check all that apply)
( ) Demolition  (X) Renovation
( ) Large Project (>180 SF or >260 LF ACM)  ( ) SM Project (>25<180 SF or >10 <260 LF ACM)
( ) Minor Project (<25 SF or <10 LF ACM)
( ) Full Containment with Negative Pressure  (X) Mini-Enclosure (X) Glovebag Procedure
( ) Non-Friable Procedure for Asbestos Roof Removal

Name of ASCM
(C) M. Jan Callo

Name of OSHA Monitor
Superior Abatement, Inc.

Street Address
2 Henderson Drive, Ste A

City, State, Zip Code
West Caldwell, NJ 07006

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) in Facility (13)</th>
<th>Location Normally Used Solely by Maint/Custodial Staff (12)</th>
<th>Description of 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>Boiler Room, Laundry Room, Storage Room, Electrical Meter Room, Crawl Spaces</td>
<td>X</td>
<td>Air Cell and Elbows</td>
<td>1,330 LF</td>
<td>NA</td>
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<tr>
<td>Boiler Room, Laundry Room, Storage Room</td>
<td>X</td>
<td>Pipe Elbows</td>
<td>72 Ea</td>
<td>X</td>
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<td>Boiler Room</td>
<td>X</td>
<td>Tank Insulation</td>
<td>10 SF</td>
<td>X</td>
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<td>Boiler Room</td>
<td>X</td>
<td>Flue Packing</td>
<td>4 SF</td>
<td>X</td>
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<tr>
<td>Crawlspaces</td>
<td>X</td>
<td>Pipe Insulation Debris</td>
<td>350 SF</td>
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Name of Req. Waste Hauler
Service Transport Group, Inc.

NJDEP Waste Hauler ID #
SW2117

Cubic Yards of Waste
50

Name of Reg. Landfill
Minerva Landfill

City, State
New Castle, DE

Disp. Date
9/12/2012

900 Minerva Road
Waynesburg OH 44688

Completed by (Print or Type)
Nick Petrovski

Title
President

Signature

Date
08/02/2012

C:\WORD\MYDOCS\ASBESTOS 9/18/00
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to N.J.A.C. 7:26-2.12)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
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<tr>
<td>08/02/2012</td>
<td>Home Properties, LP</td>
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<tr>
<th>Agencies Notified</th>
<th>Notification Type</th>
<th>Street Address</th>
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<tr>
<td>(X) EPA</td>
<td>(X) Initial Notification</td>
<td>25 Commerce Drive</td>
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<td>(X) DOL</td>
<td>( ) Amended Notification</td>
<td>Cranford, NJ 07016</td>
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<tr>
<td>(X) DOH</td>
<td>( ) Cancelled</td>
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<td>( ) DCA</td>
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<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
<th>Name of Contractor (5)</th>
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<tbody>
<tr>
<td>245 Atlantic Avenue</td>
<td>Long Branch, Monmouth</td>
<td>Superior Abatement, Inc., 655 West Shore Trail Sparta, NJ 07871</td>
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<thead>
<tr>
<th>City (6)</th>
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<tr>
<th>Name of Environmental Firm</th>
<th>ASCM No.</th>
<th>Name of Contractor (5)</th>
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<tbody>
<tr>
<td>Environmental Health Investigations, Inc.</td>
<td>00140</td>
<td>Superior Abatement, Inc.,</td>
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<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone Number</th>
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<tbody>
<tr>
<td>JP Von Doehren</td>
<td>(973) 729-5649</td>
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<tr>
<th>Street Address</th>
<th>Telephone Number</th>
<th>License Number</th>
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<tbody>
<tr>
<td>West Caldwell, NJ 07006</td>
<td>(973) 698-1916</td>
<td>00411</td>
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<table>
<thead>
<tr>
<th>Street Address</th>
<th>City State, Zip Code</th>
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<tbody>
<tr>
<td>2 Henderson Drive, Ste. A</td>
<td>West Caldwell, NJ 07006</td>
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<tr>
<th>Name of OSHA Monitor</th>
<th>Street Address</th>
<th>Name of Contractor (5)</th>
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<tr>
<td>Superior Abatement, Inc.</td>
<td>2 Henderson Drive, Ste. A</td>
<td>Superior Abatement, Inc.,</td>
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<table>
<thead>
<tr>
<th>Occupancy Status During Abatement</th>
<th>Scheduled Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
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<tbody>
<tr>
<td>( ) Facility Closed/Vacated During Entire Period of Abatement</td>
<td>8/28/2012</td>
<td>9/12/2012</td>
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<tr>
<td>( ) Abatement Performed Outside of Normal Facility Hours -</td>
<td></td>
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<tr>
<td>(X) Other - Describe: Work will be performed while building is occupied. Construction barriers will be placed to isolate the work areas from the Occupied portion of the building.</td>
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<td></td>
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<table>
<thead>
<tr>
<th>Source of Work (Check all that apply)</th>
<th>Demolition</th>
<th>Renovation</th>
<th>Major Proj. (&gt;160 SF or &gt;260 LF ACM)</th>
<th>SM Proj. (&gt;25&lt;160 SF or &gt;10 &lt;260 LF ACM)</th>
<th>Minor Proj. (&lt;25 SF or &lt;10 LF ACM)</th>
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<tbody>
<tr>
<td></td>
<td>( )</td>
<td>(X)</td>
<td>( )</td>
<td>(X)</td>
<td>( )</td>
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<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) in Facility (13)</th>
<th>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</th>
<th>Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boiler Room, Old Laundry Room, Pool Storage Room, Electrical Meter Room, Crawl Spaces</td>
<td>X</td>
<td>Air Cell and Elbows</td>
<td>1,375 LF</td>
</tr>
<tr>
<td>Boiler Room, Old Laundry Room, Pool Storage Room</td>
<td>X</td>
<td>Pipe Elbows</td>
<td>51 Ea.</td>
</tr>
<tr>
<td>Boiler Room</td>
<td>X</td>
<td>Tank Insulation</td>
<td>80 SF</td>
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<tr>
<td>Boiler Room</td>
<td>X</td>
<td>Flue Packing</td>
<td>4 SF</td>
</tr>
<tr>
<td>Crawlspace</td>
<td>X</td>
<td>Pipe Insulation Debris</td>
<td>210 SF</td>
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<table>
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<tr>
<th>Name of Reg. Waste Hauler Service Transport Group, Inc.</th>
<th>N.J. DEP Waste Hauler ID #</th>
<th>Cubic Yards of Waste</th>
<th>Name of Reg. Landfill</th>
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</thead>
<tbody>
<tr>
<td>Minerva Landfill</td>
<td>SW2117</td>
<td>50</td>
<td>Minerva Landfill</td>
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</table>

<table>
<thead>
<tr>
<th>Completed by (Print or Type)</th>
<th>Title</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nick Petrovski</td>
<td>President</td>
<td>08/02/2012</td>
</tr>
</tbody>
</table>
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to N.J.A.C. 7:26-2.12)

**Date of Notification (1)**  
08/02/2012

**Name of Building Owner/Operator (2)**  
Home Properties, LP

**Street Address**  
25 Commerce Drive

**City, State, Zip Code**  
Cranford, NJ 07016

**Name of Contact**  
Craig Marschke

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**  
Pleasure Bay Apartments – Building #11 (199-216)

**Address**  
245 Atlantic Avenue

**City (5)**  
Long Branch

**County (8)**  
Monmouth

**County Code (7)**  
(State Use Only)

**Notification Type**  
(X) Initial Notification

**Type of Facility (4)**  
(X) Other (i.e. private & commercial bidg., homes, etc.)

**Sq. Feet**  
16,880 SF

**No. of Floors**  
2

**Bldg. Age**  
48 years

**Current Use (prior if being demolished)**  
Residential Apartments

**Name of Monitoring Firm Hired by Bldg. Owner (8)**  
Environmental Health Investigations, Inc

**ASCM No.**  
00140

**Name of Contractor (9)**  
Superior Abatement, Inc.

**Street Address**  
2 Henderson Drive, Ste A

**City State, Zip Code**  
West Caldwell, NJ 07006

**Telephone Number (973) 729-5649**

**License Number**  
00411

**Scheduled Start Date (10)**  
8/23/2012

**Scheduled Completion Date (11)**  
9/05/2012

**Occupancy Status During Abatement**  
( ) Abatement Performed Outside of Normal Facility Hours –
( ) Other – Describe: Work will be performed while building is occupied.

**Construction barriers will be placed to isolate the work areas from the Occupied portion of the building.**

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

( ) Demolition  
( ) Renovation
( ) Large Proj. (>180 SF or >260 LF ACM)  
( ) SM Proj. (>25<160 SF or >10 <260 LF ACM)  
( ) Minor Proj. (<25 SF or <10 LF ACM)
( ) Full Containment with Negative Pressure  
( ) Mini-Enclosure

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maint/Custodial Staff? (12)</th>
<th>Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boiler Room, Maintenance Shop, Bathroom, Hallway &amp; Laundry Room, Electrical Meter Room, Crawl Spaces</td>
<td>X</td>
<td>Air Cell and Elbows</td>
<td>1,350 LF</td>
<td>X</td>
</tr>
<tr>
<td>Boiler Room, Maintenance Shop, Hallway &amp; Storage Rooms</td>
<td>X</td>
<td>Pipe Elbows</td>
<td>72 Ea.</td>
<td>X</td>
</tr>
<tr>
<td>Boiler Room</td>
<td>X</td>
<td>Tank Insulation</td>
<td>80 SF</td>
<td>X</td>
</tr>
<tr>
<td>Boiler Room</td>
<td>X</td>
<td>Flue Packing</td>
<td>4 SF</td>
<td>X</td>
</tr>
<tr>
<td>Boiler Room</td>
<td>X</td>
<td>Pipe Insulation Debris</td>
<td>430 SF</td>
<td>X</td>
</tr>
</tbody>
</table>

**Name of Reg. Waste Hauler**  
Service Transport Group, Inc

**NJDEP Waste Hauler ID #**  
SW2117

**Cubic Yards of Waste**  
50

**Name of Reg. Landfill**  
Minerva Landfill

**City, State**  
New Castle, DE

**Disp. Date**  
9/05/2012

**9000 Minerva Road**  
Waynesburgh OH 44688

**Completed by (Print or Type)**  
Nick Petrovski

**Title**  
President

**Signature**

**Date**  
08/02/2012

C:\WORD\MYDOCS\ASBESTOS.91900
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to N.J.A.C. 7:26-2.12)

Date of Notification (1)  
08/02/2012

Name of Building Owner/Operator (2)  
Home Properties, LP

Name of Reg. Landfill  
Minerva Landfill

FACILITY INFORMATION

Agencies Notified  
(X) EPA  
(X) DOL  
(X) DOH  
( ) DCA

Street Address  
25 Commerce Drive

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

Boiler Room, Maintenance Shop, Hallway & Storage Rooms, Electrical Meter Room, Crawl Spaces  
X

Name of Monitoring Firm Hired by Bldg. Owner (8)  
Environmental Health Investigations, Inc

Air Cell and Elbows  
1,325 LF

Name of Contractor (9)  
Superior Abatement, Inc.

Description of ACM (i.e. Thermal systems insulated surfacing, VAT, or other miscell.)

Amount (Specify SF or LF)  
Abatement Type


Cubic Yards of Waste  
50

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

Boiler Room, Maintenance Shop, Hallway & Storage Rooms  
X

Binary Insulation Debris  
210 SF

Disp. Date  
9/05/2012

Name of OSHA Monitor  
Superior Abatement, Inc.

Pipe Insulation Debris  
4 SF

Name of Certifying Authority  
OHI

Pipe Elbows  
53 Ea.

License Number  
00411

Street Address  
2 Henderson Drive, Ste A

Mobile No.  
732-5649

Phone  
(973) 729-5649

Pipe Insulation Debris  
210 SF

Street Address  
655 West ShoreTrail

Pipe Elbows  
53 Ea.

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 will be performed while building is occupied.

Occupied portion of the building.

City, State, Zip Code  
Sparta, NJ 07871

City, State, Zip Code  
West Caldwell, NJ 07006

Project Manager for Monitoring Firm  
JP Von Dohren

Telephone Number  
(973) 808-1616

Cell Phone  
(973) 808-1616

Name of Reg. Waste Hauler  
Service Transport Group, Inc

Name of Building Owner/Operator (2)  
Home Properties, LP

Name of Contractor (9)  
Superior Abatement, Inc.

Name of OSHA Monitor  
Superior Abatement, Inc.

Name of Certifying Authority  
OHI

Name of Reg. Waste Hauler  
Service Transport Group, Inc

Name of Building Owner/Operator (2)  
Home Properties, LP

Location of Asbestos-Containing Material (ACM) in Facility (13)  
Is Location Normally Used Solely by Maint./Custodial Staff (12)  
( ) NA  
( ) YES  
( ) NO

Boiler Room, Maintenance Shop, Hallway & Storage Rooms, Electrical Meter Room, Crawl Spaces  
X

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

Boiler Room, Maintenance Shop, Hallway & Storage Rooms  
X

Name of OSHA Monitor  
Superior Abatement, Inc.

Name of Certifying Authority  
OHI

Name of Reg. Waste Hauler  
Service Transport Group, Inc

Cubic Yards of Waste  
50

Disp. Date  
9/05/2012

Name of Reg. Landfill  
Minerva Landfill

Name of Reg. Waste Hauler  
Service Transport Group, Inc

Disp. Date  
9/05/2012

Name of Contractor (9)  
Superior Abatement, Inc.

Name of OSHA Monitor  
Superior Abatement, Inc.

Name of Certifying Authority  
OHI

Name of Reg. Landfill  
Minerva Landfill

City, State  
New Castle, DE

City, State  
Waysenburgh OH 44658

Completed by (Print or Type)  
Nick Petrovski  
Title  
President

Completed by (Print or Type)  
Nick Petrovski  
Title  
President

Completed by (Print or Type)  
Nick Petrovski  
Title  
President

Completed by (Print or Type)  
Nick Petrovski  
Title  
President
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 7:26-2.12)

Date of Notification (1)
08/02/2012

Agencies Notified
(X) EPA
(X) DOL
(X) DOH
(X) DCA

Notification Type
(X) Initial Notification
( ) Amended Notification
( ) Canceled

Name of Building Owner/Operator (2)
Home Properties, LP

Street Address
25 Commerce Drive
City, State, Zip Code
Cranford, NJ 07016

Name of Contact
Craig Marschke

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

Sq. Feet: 16,960 SF  No. of Floors: 2

Bldg. Age: 48 years
Current Use (prior if being demolished): Residential Apartments

Name of Monitoring Firm Hired by Bldg. Owner (8)
Environmental Health Investigations, Inc
ASCM No.
00140

Name of Contractor (9)
Superior Abatement, Inc.

Street Address
655 West Shore Trail
City, State, Zip Code
Sparta, NJ 07871

Project Manager for Monitoring Firm
JP Von Doehren
Telephone Number
(973) 728-5549

Name of OSHA Monitor
Superior Abatement, Inc.
Street Address
2 Henderson Drive, Ste. A
City, State, Zip Code
West Caldwell, NJ 07006

Scheduled Start Date (10)
8/20/2012

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 will be performed while building is occupied.

Source of Work (Check all that apply)
(X) Demolition  ( ) Renovation
(X) Large Proj. (>180 SF or >260 LF ACM)  ( ) SM Proj. (>25<160 SF or >10 <260 LF ACM)
( ) Minor Proj. (<25 SF or <10 LF ACM)
(X) Full Containment with Negative Pressure  (X) Mini-Enclosure  (X) Glovebox Procedure
( ) Non-Viable Procedure for Asbestos Roof Removal.

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

<table>
<thead>
<tr>
<th>Location Normally Used Solely by Maint/Custodial Staff? (12)</th>
<th>Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td>Air Cell and Elbows</td>
<td>1,340 LF</td>
<td>X</td>
</tr>
<tr>
<td>X</td>
<td>Pipe Elbows</td>
<td>66 Ea.</td>
<td>X</td>
</tr>
<tr>
<td>X</td>
<td>Tank Insulation</td>
<td>80 SF</td>
<td>X</td>
</tr>
<tr>
<td>X</td>
<td>Flue Packing</td>
<td>4 SF</td>
<td>X</td>
</tr>
<tr>
<td>X</td>
<td>Pipe Insulation Debris</td>
<td>370 SF</td>
<td>X</td>
</tr>
</tbody>
</table>

Name of Reg. Waste Hauler
Service Transport Group, Inc.
NJDEP Waste Hauler ID #
SW2117

Cubic Yards of Waste
50

Name of Reg. Landfill
Minerva Landfill

City, State
New Castle, DE

Disp. Date
8/30/2012

Date
09/02/2012

Completed by (Print or Type)
Nick Petrovski
Title
President

C:\WORD\MYDOC\ASBESTOS 9/18/00
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to N.J.A.C. 7:26-2.12)

Date of Notification (1)...

Agency Notified:
(X) EPA  
(X) DOL  
(X) DOH  
( ) DCA

Notification Type:
(X) Initial Notification  
( ) Amended Notification  
( ) Cancelled

Name of Building Owner/Operator (2):
Home Properties, LP  
2012 AUG-7  AM12:02

Street Address:
25 Commerce Drive

City, State, Zip Code:
Cranford, NJ 07016

Name of Contractor:
Craig Marschke

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3):
Pleasure Bay Apartments – Building # 12 (181-198)

Street Address:
245 Atlantic Avenue

City (5):
Long Branch  
County (6):
Monmouth  
County Code (7): (State Use Only)

Name of Monitoring Firm Hired by Bldg. Owner (8):
Environmental Health Investigations, Inc
ASCM No.
09149

Name of Contractor (9):
Superior Abatement, Inc.

Street Address:
2 Henderson Drive, Ste A

City State, Zip Code:
West Caldwell, NJ 07006

Project Manager for Monitoring Firm:
JP Von Doehren

Telephone Number:
(973) 729-5649  
(973) 808-1616

License No.:
00411

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

Sq. Feet: 16,000 SF  
No. of Floors: 2

Bldg. Age: 48 years  
Current Use (prior to being demolished): Residential Apartments

Name of OSHA Monitor:

Street Address:
2 Henderson Drive, Ste. A

City, State, Zip Code:
West Caldwell, NJ 07006

Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscel.)

Amount (Specify SF or LF)

Boiler Room, Laundry Room, Storage Room, Electrical Meter Room, Crawlspace:

<table>
<thead>
<tr>
<th>Location Normally Used Solely by Maint./Custodial Staff? (12)</th>
<th>NA</th>
<th>Y</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Air Cell and Elbows:
1,350 LF

Pipe Elbows:
48 Ea.

Tank Insulation:
80 SF

Flue Packing:
4 SF

Pipe Insulation Debris:
430 SF

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

Rem.  
Rem.  
Rem.  
Rem.  
Rem.  
Rem.  

Name of Reg. Waste Hauler:
Minerva Landfill

Disposal Date:
08/30/2012

Name of Reg. Landfill:
Minerva Landfill

Disp. Date:
8/30/2012

City, State:
New Castle, DE

Name of Reg. Landfill:
Minerva Landfill

Cubic Yards of Waste:
50

Name of Reg. Landfill:
Minerva Landfill

Disp. Date:
8/30/2012

City, State:
New Castle, DE

Name of Reg. Landfill:
Minerva Landfill

Cubic Yards of Waste:
50

Name of Reg. Landfill:
Minerva Landfill

Disp. Date:
8/30/2012

City, State:
New Castle, DE

Name of Reg. Landfill:
Minerva Landfill

Cubic Yards of Waste:
50

Name of Reg. Landfill:
Minerva Landfill

Disp. Date:
8/30/2012

City, State:
New Castle, DE

Name of Reg. Landfill:
Minerva Landfill

Cubic Yards of Waste:
50

Name of Reg. Landfill:
Minerva Landfill

Disp. Date:
8/30/2012

City, State:
New Castle, DE

Name of Reg. Landfill:
Minerva Landfill

Cubic Yards of Waste:
50

Name of Reg. Landfill:
Minerva Landfill

Disp. Date:
8/30/2012

City, State:
New Castle, DE

Name of Reg. Landfill:
Minerva Landfill

Cubic Yards of Waste:
50

Name of Reg. Landfill:
Minerva Landfill

Disp. Date:
8/30/2012

City, State:
New Castle, DE

Name of Reg. Landfill:
Minerva Landfill

Cubic Yards of Waste:
50

Name of Reg. Landfill:
Minerva Landfill

Disp. Date:
8/30/2012

City, State:
New Castle, DE

Name of Reg. Landfill:
Minerva Landfill

Cubic Yards of Waste:
50

Name of Reg. Landfill:
Minerva Landfill

Disp. Date:
8/30/2012

City, State:
New Castle, DE

Name of Reg. Landfill:
Minerva Landfill

Cubic Yards of Waste:
50

Name of Reg. Landfill:
Minerva Landfill

Disp. Date:
8/30/2012

City, State:
New Castle, DE

Name of Reg. Landfill:
Minerva Landfill

Cubic Yards of Waste:
50

Name of Reg. Landfill:
Minerva Landfill

Disp. Date:
8/30/2012

City, State:
New Castle, DE

Name of Reg. Landfill:
Minerva Landfill

Cubic Yards of Waste:
50

Name of Reg. Landfill:
Minerva Landfill

Disp. Date:
8/30/2012

City, State:
New Castle, DE

Name of Reg. Landfill:
Minerva Landfill

Cubic Yards of Waste:
50

Name of Reg. Landfill:
Minerva Landfill

Disp. Date:
8/30/2012

City, State:
New Castle, DE

Name of Reg. Landfill:
Minerva Landfill

Cubic Yards of Waste:
50

Name of Reg. Landfill:
Minerva Landfill

Disp. Date:
8/30/2012

City, State:
New Castle, DE

Name of Reg. Landfill:
Minerva Landfill

Cubic Yards of Waste:
50

Name of Reg. Landfill:
Minerva Landfill

Disp. Date:
8/30/2012

City, State:
New Castle, DE

Name of Reg. Landfill:
Minerva Landfill

Cubic Yards of Waste:
50

Name of Reg. Landfill:
Minerva Landfill

Disp. Date:
8/30/2012

City, State:
New Castle, DE

Name of Reg. Landfill:
Minerva Landfill

Cubic Yards of Waste:
50

Name of Reg. Landfill:
Minerva Landfill

Disp. Date:
8/30/2012

City, State:
New Castle, DE

Name of Reg. Landfill:
Minerva Landfill

Cubic Yards of Waste:
50

Name of Reg. Landfill:
Minerva Landfill

Disp. Date:
8/30/2012

City, State:
New Castle, DE

Name of Reg. Landfill:
Minerva Landfill

Cubic Yards of Waste:
50

Name of Reg. Landfill:
Minerva Landfill

Disp. Date:
8/30/2012

City, State:
New Castle, DE

Name of Reg. Landfill:
Minerva Landfill

Cubic Yards of Waste:
50

Name of Reg. Landfill:
Minerva Landfill

Disp. Date:
8/30/2012

City, State:
New Castle, DE

Name of Reg. Landfill:
Minerva Landfill

Cubic Yards of Waste:
50

Name of Reg. Landfill:
Minerva Landfill

Disp. Date:
8/30/2012

City, State:
New Castle, DE

Name of Reg. Landfill:
Minerva Landfill

Cubic Yards of Waste:
50

Name of Reg. Landfill:
Minerva Landfill

Disp. Date:
8/30/2012

City, State:
New Castle, DE

Name of Reg. Landfill:
Minerva Landfill

Cubic Yards of Waste:
50

Name of Reg. Landfill:
Minerva Landfill

Disp. Date:
8/30/2012

City, State:
New Castle, DE

Name of Reg. Landfill:
Minerva Landfill

Cubic Yards of Waste:
50

Name of Reg. Landfill:
Minerva Landfill

Disp. Date:
8/30/2012

City, State:
New Castle, DE

Name of Reg. Landfill:
Minerva Landfill

Cubic Yards of Waste:
50

Name of Reg. Landfill:
Minerva Landfill

Disp. Date:
8/30/2012

City, State:
New Castle, DE

Name of Reg. Landfill:
Minerva Landfill

Cubic Yards of Waste:
50

Name of Reg. Landfill:
Minerva Landfill

Disp. Date:
8/30/2012

City, State:
New Castle, DE

Name of Reg. Landfill:
Minerva Landfill

Cubic Yards of Waste:
50

Name of Reg. Landfill:
Minerva Landfill

Disp. Date:
8/30/2012

City, State:
New Castle, DE

Name of Reg. Landfill:
Minerva Landfill

Cubic Yards of Waste:
50

Name of Reg. Landfill:
Minerva Landfill

Disp. Date:
8/30/2012

City, State:
New Castle, DE

Name of Reg. Landfill:
Minerva Landfill

Cubic Yards of Waste:
50

Name of Reg. Landfill:
Minerva Landfill

Disp. Date:
8/30/2012

City, State:
New Castle, DE

Name of Reg. Landfill:
Minerva Landfill

Cubic Yards of Waste:
50

Name of Reg. Landfill:
Minerva Landfill

Disp. Date:
8/30/2012

City, State:
New Castle, DE

Name of Reg. Landfill:
Minerva Landfill

Cubic Yards of Waste:
50

Name of Reg. Landfill:
Minerva Landfill

Disp. Date:
8/30/2012

City, State:
New Castle, DE

Name of Reg. Landfill:
Minerva Landfill

Cubic Yards of Waste:
50

Name of Reg. Landfill:
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 7:26-2.12)

Date of Notification (1) 08/02/2012

Agencies Notified
(X) EPA
(X) DOL
(X) DOH
( ) DCA

Notification Type
(X) Initial Notification
( ) Amended Notification
( ) Cancelled

Name of Building Owner/Operator (2)
Home Properties, LP

Street Address
25 Commerce Drive
City, State, Zip Code
Cranford, NJ 07016

Name of Contact
Craig Marschke

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Pleasure Bay Apartments – Building # 15 (127-144)

Street Address
245 Atlantic Avenue

City (5) Long Branch
County (6) Monmouth
County Code (7) (State Use Only) ASCM No. 00140

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

Sq. Ft: 16,860 SF No. of Floors: 2

Bldg. Age: 48 years
Current Use (prior if being demolished) Residential Apartments

Name of Monitoring Firm Hired by Bldg, Owner (8)
Environmental Health Investigations, Inc

ASCM No. 00140

Name of Contractor (9)
Superior Abatement, Inc.

Street Address
655 West Shore Trail
City, State, Zip Code Sparta, NJ 07871

Project Manager for Monitoring Firm
JP Von Doehren

Telephone Number (973) 729-5649

Scheduled Start Date (10) 8/13/2012
Scheduled Completion Date (11) 8/24/2012

Name of OSHA Monitor
Superior Abatement, Inc.

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 will be performed while building is occupied.

Construction barriers will be placed to isolate the work areas from the
Occupied portion of the building.

Source of Work (Check all that apply)
( ) Demolition (X) Renovation
( ) Large Proj. (>160 SF or >260 LF ACM) ( ) SM Proj. (>25<160 SF or >10,<260 LF ACM) ( ) Minor Proj. (<25 SF or <10 LF ACM)
( ) Full Containment with Negative Pressure ( ) Mini-Enclosure ( ) Ockebag Procedure ( ) Non-friable Procedure for Asbestos Roof Removal.

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

<table>
<thead>
<tr>
<th>Location Normaly Used</th>
<th>Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boiler Room, Telecom, Bathroom &amp; Hallway, Laundry Room, Storage Room, Electrical Meter Room, Crawlspace</td>
<td>Air Cell and Elbows</td>
<td>1,355 LF</td>
<td>X</td>
</tr>
<tr>
<td>X</td>
<td>Pipe Elbows</td>
<td>45 Ea.</td>
<td>X</td>
</tr>
<tr>
<td>X</td>
<td>Tank Insulation</td>
<td>80 SF</td>
<td>X</td>
</tr>
<tr>
<td>X</td>
<td>Flue Packing</td>
<td>4 SF</td>
<td>X</td>
</tr>
<tr>
<td>X</td>
<td>Pipe Insulation Debris</td>
<td>270 SF</td>
<td>X</td>
</tr>
</tbody>
</table>

Name of Reg. Waste Hauler
Service Transport Group, Inc.

NJDEP Waste Hauler ID # SW2117

Cubic Yards of Waste 50

Disp. Date 8/24/2012
Name of Reg. Landfill Minerva Landfill

City, State New Castle, DE

Completed by (Print or Type) Nick Petrovski
Title President
Signature
Date 08/02/2012

C:\WORD\MYDOCS\ASBESTOS 9/18/00
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to N.J.A.C. 7:26-2.12)

**Date of Notification (1)**
08/02/2012

**Name of Building Owner/Operator (2)**
Home Properties, LP

**Street Address**
25 Commerce Drive
Cranford, NJ 07016

**Name of Contact**
Craig Marschke

### FACILITY INFORMATION

**Name of Facility Where Abatement is Taking Place (3)**
Pleasure Bay Apartments – Building # 14 (145–162)

**Street Address**
245 Atlantic Avenue

**City (5)**
Long Branch

**County (6)**
Monmouth

**County Code (7)**
(State Use Only)

<table>
<thead>
<tr>
<th>ASCM No.</th>
<th>00140</th>
</tr>
</thead>
</table>

**Name of Monitoring Firm Hired by Bldg. Owner (8)**
Environmental Health Investigations, Inc

**Street Address**
655 West Shore Trail
Sparta, NJ 07871

**Project Manager for Monitoring Firm**
JP Von Doehren

**Telephone Number**
(973) 729-5649

**Scheduled Start Date (10)**
8/13/2012

**Scheduled Completion Date (11)**
8/24/2012

**Type of Facility (4)**
School (K-12)

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

<table>
<thead>
<tr>
<th>Facility Closed/Vacated During Entire Period of Abatement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours</td>
</tr>
<tr>
<td>Other – Describe: Work will be performed while building is occupied. Construction barriers will be placed to isolate the work areas from the Occupied portion of the building.</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Demolition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Renovation</td>
</tr>
<tr>
<td>Large Proj. (&gt;160 SF or &gt;260 LF ACM)</td>
</tr>
<tr>
<td>SM Proj. (&gt;25&lt;160 SF or &gt;10 &lt;260 LF ACM)</td>
</tr>
<tr>
<td>Minor Proj. (&lt;25 SF or &lt;10 LF ACM)</td>
</tr>
<tr>
<td>Full Containment with Negative Pressure</td>
</tr>
<tr>
<td>Enclosure</td>
</tr>
<tr>
<td>Glovebag Procedure</td>
</tr>
<tr>
<td>Non-Friable Procedure for Asbestos Roof Removal</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used</th>
<th>Description of ACM</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boiler Room, Laundry Room, Storage Room, Electrical Meter Room, Crawl Spaces</td>
<td>X</td>
<td>Air Cell and Elbows</td>
<td>1,370 LF</td>
<td>X</td>
</tr>
<tr>
<td>Boiler Room, Laundry Room, Storage Room</td>
<td>X</td>
<td>Pipe Elbows</td>
<td>32 Ea.</td>
<td>X</td>
</tr>
<tr>
<td>Boiler Room</td>
<td>X</td>
<td>Tank Insulation</td>
<td>80 SF</td>
<td>X</td>
</tr>
<tr>
<td>Boiler Room</td>
<td>X</td>
<td>Flue Packing</td>
<td>4 SF</td>
<td>X</td>
</tr>
<tr>
<td>Crawlspace</td>
<td>X</td>
<td>Pipe Insulation Debris</td>
<td>270 SF</td>
<td>X</td>
</tr>
</tbody>
</table>

**Name of Reg. Waste Hauler**
Service Transport Group, Inc.

**Cubic Yards of Waste**
50

**Name of Reg. Landfill**
Minerva Landfill

**CITY, STATE**
New Castle, DE

**Disp. Date**
8/24/2012

**9000 Minerva Road**
Waynesburgh OH 44688

**Completed by (Print or Type)**
Nick Petrovski

**Title**
President

**Signature**

**Date**
08/02/2012
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1) 8/2/12

Name of Building Owner / Operator (2)
Active Remediation Services
203 Main Street, #332
Flemington, NJ 08822
Jim McPherson or Karen Slimmer

FACILITY INFORMATION

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

Street Address
90 Hasley Reed Road

City (5) Cranbury
County (6) Middlesex
County Code (7) 2000

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

Square Feet # of Floors Bldg. Age
2000 2 100 +

Current Use (Prior if being demolished)
Residential Property

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

Street Address
16 West Elizabeth Avenue
Linden, NJ 07036

Project Manager for Monitoring Firm
Kelly Walton

Telephone Number
908-852-4301

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

Street Address
3859 Sylon Blvd.
Hainesport, NJ 08036

License Number
00862

Name of OSHA Monitor
EMSL Analytical

Street Address
107 Haddon Ave.
Westmont, NJ 08108

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

Describe:
Isolated Area

Scope of Work (Check all that apply)

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)
Full Containment with Negative Pressure
Mini-Enclosure
Wrap & Cut Methods
Non-Exempted and Non-Friable Procedure

Abatement Type
Removal
Repair
Encapsulation
Enclosure

Name of Registered Waste Hauler
Horizon Disposal
NJDEP Waste Hauler ID No. 22812

Cubic Yards of Waste
4

Name of Registered Landfill
GROWS

City, State
Trenton, NJ

Disposal Date
8/15/12

City, State
Morrisville, PA

Completed By (Print or Type)
Kim Trumbetti
Title Admin.

Signature

Date 8/2/12
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1)
7/17/12

Name of Building Owner / Operator (2)
Springpoint @ the Atrium, Inc.

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

Type Notification
- Initial
- Amended #1
- Emergency
- Cancellation

Name of Contact
Mr. Vince Celenza, C&C Construction Mgmt.

Address Information

Name of Facility Where Abatement is Taking Place (3)
The Atrium
40 Riverside Avenue

City (5)
Red Bank
County (6)
Monmouth
County Code (7)

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

Square Feet
140,000

# of Floors
14

Bldg. Age
1960

Occupancy Status During Abatement (Check only one)
- Facility Closed/Vacated During Entire Period of Abatement
- Construction or Removal Performed Outside of Normal Hours
- Isolate Area
- Isolated Area

Description of Asbestos-Containing Material (ACM)
- Insulation, surfacing, VAM, or other miscellaneous

Scope of Work (Check all that apply)
- ≥3 sf or ≥3 lf
- ≥160 sf or ≥250 lf
- Renovation
- Demolition

Location of Asbestos-Containing Material (ACM)

Yes
No
N/A

C&C Project Office
Elbows/Fittings
16 each

Name of Registered Waste Hauler
Horizon Disposal

City, State
Trenton, NJ

Disposal Date
8/1/12

Name of Registered Landfill
GROWS

City, State
Morrisville, PA

Completed By (Print or Type)
Kim Trumbetti
Title
Admin.

Signature

Date
7/31/12
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1)
7/31/12

Name of Building Owner / Operator (2)
General Growth Properties

Street Address
110 North Wacker Drive
City, State & Zip Code
Chicago, IL 60606

Name of Contact
Mr. Jim Bereheiko

Name of Facility Where Abatement is Taking Place (3)
Boscov's (Former Fortunoff Annex)

City (5)
Woodbridge

County (6)
Middlesex

County Code (7)

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

Square Feet
150,000

# of Floors
2

Bldg. Age
34

Current Use (Prior if being demolished)
Vacant

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

Street Address
3859 Sylon Blvd.
City, State & Zip Code
Hainesport, NJ 08036

Telephone Number
609-702-0400

License Number
00862

Name of OSHA Monitor
EMSL Analytical

Street Address
107 Haddon Ave.
City, State & Zip Code
Westmont, NJ 08108

Name of Monitoring Firm Hired by Building Owner (8)
Asbestos Laboratories

Criterion Laboratories

Street Address
3370 Progress Drive, Suite J
City, State & Zip Code
Bensalem, PA 19020

Project Manager for Monitoring Firm
Mike Panapresso

Telephone Number
215-244-1300 x26

Scheduled Start Date (10)
8/2/12

Scheduled Completion Date (11)
8/3/12

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

Describe:

Isolated Area

Scope of Work (Check all that apply)

General (3D or 2D) Asbestos Containment (ACM)

Renovation Demolition

≥3 sf or ≥3 if

≥160 sf or ≥260 if

Location of Asbestos-Containing Material (ACM)

Location of Asbestos-Containing Material (ACM)

12

Description of Asbestos-Containing Material (ACM)

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

Amount (Specify SF or LF)

Abatement Type

Removal Repair Encapsulation Endorsement

Name of Registered Waste Hauler
Horizon Disposal

City, State
Trenton, NJ

Completed By (Print or Type)
Kim Trumbetti

Title
Admin.

Date
7/31/12
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to N.J.A.C. 8:60 and 12:120)  

**Date of Notification (1)**  
8/2/12  

**Name of Building Owner / Operator (2)**  
Colonial Pipeline Company, Inc.  

**Name of Contact**  
Mr. William K. Gilroy  

**FACILITY INFORMATION**  

**Name of Facility Where Abatement is Taking Place (3)**  
Colonial Pipeline Company-Eagle Point  

**Street Address**  
US Highway 30 & US Highway 2  

**City (5)**  
Westville  

**County (6)**  
Camden  

**County Code (7)**  
ASCN No.  

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

**Street Address**  
PO Box 316  
Thorofare, NJ 08086  

**City, State & Zip Code**  
Horizon Environmental  

**Project Manager for Monitoring Firm**  
Dave or Steve Flanagan  

**Telephone Number**  
856-848-0800  

**Scheduled Start Date (10)**  
8/16/12  

**Scheduled Completion Date (11)**  
8/17/12  

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

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

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

- ≥3 sf or ≥3 lf  
- ≥160 sf or ≥260 li  
- Renovation  
- Demolition  

**Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (12)**  
Throughout  

**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)**  
Floor Tile & Mastic  

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

**Abatement Type**  

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

**Name of Registered Waste Hauler**  
Horizon Disposal  

**City, State**  
Trenton, NJ  

**Waste Hauler ID No.**  
22612  

**Cubic Yards of Waste**  
4  

**Name of Registered Landfill**  
GROWS  

**City, State**  
Morrisville, PA  

**Disposal Date**  
8/17/12  

**Completed By (Print or Type)**  
Kim Trumbetti  

**Title**  
Admin.  

**Signature**  

**Date**  
8/2/12
Date of Notification (1): 7/30/12

Name of Building Owner/Operator (2): Mr. Terry McDermott

Street Address: 60 Pavilion Avenue
City, State, Zip Code: Long Branch, NJ 07740

Name of Contact: Terry McDermott

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residence
Street Address: 60 Pavilion Ave.
City: Long Branch
County: Monmouth

Type of Facility (4): Residence

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

PO Box 341
Crosswick, NJ 08515

License No.: 00493

Name of OSHA Monitor: MECS

Street Address: PO Box 322
City, State, Zip Code: Allentown, NJ 08501

License No.: (609) 259-9688

Name of Monitoring Firm Hired by Building Owner (8): Stevens Environmental Services Inc.

PO Box 341
Crosswicks, NJ 08515

Telephone No.: (609) 298-4070

Hired by Building Owner (8): MECS

Telephone No.: (609) 259-9688

Project Manager for Monitoring Firm: William Weisgarber Jr

Start Date (10): 8/20/12
Scheduled Completion Date (11): 8/21/12

Occupancy Status During Abatement (Check only one): X Other - Describe: 8AM - 4:30PM

Scope of Work (Check all that apply): X Renovation
X Demolition

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

basement and crawlspace

Pipe insulation: 190 LF

Name of Registered Waste Hauler: Stevens Environmental Services Inc.

Waste Hauler ID No.: 18292

Cubic Yards of Waste: 2 CU

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

City, State: Allentown, NJ

Disposal Date: 8/21/12

Signature: Mahlon E. Stevens

Title: Project Manager

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

Date of Notification (1)
12/1/13

Name of Building Owner/Operator (2)
MARY DELA HUNT

Street Address
343 WALNUT STREET

City, State, Zip Code
NUTLEY, NJ 07110

Name of Contact
MARY DELA HUNT

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
MARY DELA HUNT

Street Address
343 WALNUT STREET

City (5)
NUTLEY

County (6)
ESSEX

County Code (7)

ASOM No.

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

Street Address
20 California Ave

City, State, Zip Code
PATERSON, NJ 07503

Telephone Number
973-349-8020

License Number
00159

Name of OSHA Monitor
D & S Restoration, Inc.

Street Address
20 California Avenue

City, State, Zip Code
PATERSON, NJ 07503

Start Date (10)
08/01/12

Scheduled Completion Date (11)
08/10/12

Occupancy Status During Abatement (Check only one)

- Facility closed/wasted during entire period of abatement.
- Abatement performed outside of normal facility hours.

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

D & S RESTORATION, INC.

Street Address
20 California Ave

City, State, Zip Code
PATERSON, NJ 07503

Type of Facility (4)

- School (K-12)
- Subchapter 8 (Other than K-12)
- Other (Private/Commercial Bldgs., Homes, etc.)

Sqaure Feet

# of Floors

Bldg. Age

Full Containment where required

Mini-contained

Gloved procedure

Non-exempted (*) and Non-friable procedure

Renovation

Demolition

Scope of Work (check all that apply)

- >30 sf or >3 if

- >160 sf or >200 if

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

- Basement

- Basement Boiler

- Pipe Insulation

- Boiler Insulation

- 1041.1 FT

- 40 SQ FT

Registered Waste Hauler

D & S RESTORATION, INC.

Disposal Date
08/2/12

City, State
PATERSON, NJ 07503

TULLY TOWN, RESOURCE RECOVERY

Disposal Date
07/31/12

City, State
TULLY TOWN, PA

Completed by (Print or Type)
BOGDAN JOLDZIC
Title
PRESIDENT

Signature

ADO-11

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

**Date of Notification (1)**
- 01/13/11

**Name of Building Owner/Operator (2)**
- MARY DELA HUNT

**Address**
- 343 WALNUT STREET
- NUTLEY, NJ 07110

**Telephone Number**

**FACILITY INFORMATION**

**Name of facility where abatement is taking place (3)**
- MARY DELA HUNT

**Street Address**
- 343 WALNUT STREET

**City (5)**
- NUTLEY

**County (6)**
- ESSEX

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

**Type of Facility (4)**
- Other (Private/Commercial Bldgs./Homes, etc.)

**Square Feet**

---

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

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

**Start Date (10)**
- 08/01/12

**Sched. Completion Date (11)**
- 08/10/12

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

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

**Description of asbestos-containing material (ACM)**
- PIPE INSULATION 104 LF
- BOILER INSULATION 40 SQ FT

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

**Name of Registered Landfill**
- TULLY TOWN, RESOURCE RECOVERY

**Completed by (Print or Type)**
- BOGDAN JOLDZIC

**Title**
- PRESIDENT

**Signature**

**Date**
- 07/31/12

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**Do not use this form for asbestos licence exempted activities.**
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:20/NJ.A.C. 7:26-2.12)

State of New Jersey

Date of Notification (1): 08/03/12
Name of Building Owner/Operator (2): School Wayne

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

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

Street Address:
45 Reinhardt Road

City, State, Zip Code:
Wayne, NJ 07470

Name of Contact:
Chris

Telephone Number:

ASBESTOS CONTROL
ENLICENSING

FACILITY INFORMATION

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

Street Address:
45 Reinhardt Road

City/ (5):
Wayne

County (6):
County Code (7):
07470

Name of Monitoring Firm Hired by Building Owner:
Safenir Environmental Services, Inc.

ASCM No.:

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

Square Feet:

# of Floors:

Bldg. Age:

Current Use:
School

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

Street Address:
358 Broadway

City, State, Zip Code:
Newark, NJ 07104

Telephone No.:
(973) 732-6225

License No.:
01017

Name of OSHA Monitor:
AmeriSci

Street Address:
117 East 30th Street

City, State, Zip Code:
New York, New York, 10016

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

Other

Describe:

Scope of Work (Check all that apply):
☐ Renovation
☐ Demolition
☐ New Construction
☐ Full Containment with Negative Pressure
☐ Mint-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

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

Is Location Normally Used Solely by Maintenance/Custodial/Staff?
Yes ☐ No ☑ N/A ⬇️ 1stfloor

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

Amount (Specify SF or LF):

Abatement Type:

Window Panel
200 SQ

Removal ☛ Repair ☛ Encapsulant ☛ Endorsement:

Name of Registered Waste Hauler:
Newark Carting

NJDEP Waste Hauler ID No.:
4506

Cubic Yards of Waste: 10

Name of Registered Landfill:
Tullytown Re. Facility

City, State:
Newark, NJ 07102 / Environmental Services Inc.

Disposal Date:

Completed By:
Sam Illunah

Title:
Project Manager

Signature:

Date: 08/03/12
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60 and 12:20/N.J.A.C. 7:26-2.12)

**Date of Notification (1):** 08/03/12
**Name of Building Owner/Operator (2):** Newark Public School

**Name of Facility Where Abatement is Taking Place (3):** Maple Avenue Annex
**Street Address:** 100 Lyons Avenue
**City:** Newark
**State:** NJ
**Zip Code:** 07102

**Name of Monitoring Firm Hired by Building Owner:** Whitman Environmental
**ASCM No.:** 00110

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

**Square Feet:** 240,000
**# of Floors:**
**Bldg. Age:** 62 yrs
**Current Use:** School

**Name of Abatement Contractor (9):** Envirocare Enterprises, Inc
**Street Address:** 358 Broadway
**City:** Newark
**State:** NJ
**Zip Code:** 07104

**License No.:** 01017

**Name of OSHA Monitor:** AmeriSci
**Street Address:** 117 East 30th Street
**City:** New York
**State:** NY
**Zip Code:** 10016

**Occupancy Status During Abatement (Check only one):**
- [V] Facility Closed/vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility Hours

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

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

<table>
<thead>
<tr>
<th>Location</th>
<th>ACM Material</th>
<th>Boiler Room</th>
<th>Name of Registered Waste Hauler</th>
<th>Disposal Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boiler</td>
<td>Yes</td>
<td>X</td>
<td>Newark Carting 4506</td>
<td>08/03/12</td>
</tr>
<tr>
<td>X</td>
<td></td>
<td></td>
<td>Tullytown Re. Facility</td>
<td></td>
</tr>
</tbody>
</table>

**Cubic Yards of Waste:** 3
**Name of Registered landfill:** Tullytown Re. Facility

**Amount (Specify SF or LF):** 100 LF

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

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount (SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boiler</td>
<td>100 LF</td>
</tr>
</tbody>
</table>

**Title:** Project Manager
**Signature:** [Signature]
**Date:** 08/03/12
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:20/N.J.A.C. 7:26-2.12)

Date of Notification (1): 08/03/12
Name of Building Owner/Operator (2): Newark Public School

Agencies Notified:
- DEP
- DOL
- DOH
- DCA

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

Street Address: 2 Cedar Street
City, State, Zip Code: Newark, NJ 07102
Name of Contact: Benjamin T. Olagade
Telephone Number: 973-332-4012

State of New Jersey

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3):
Rich Street Elementary School

Street Address:
- 735 Rich Street
- 1233 North Church Street

City/ (5):
- Newark

County (6):
- Essex

County Code (7):
- 07104

Name of Monitoring Firm Hired by Building Owner:
- TT1 Environmental Incorporated

ASCM No.:

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

Square Feet: 6000 # of Floors:

Bldg. Age:

Current Use:

Name of Abatement Contractor (9):
- Envirocure Enterprises, Inc

Street Address:
- 358 Broadway
- 117 East 30th Street

City, State, Zip Code:
- Newark, NJ 07104
- New York, New York, 10016

Project Manager for Monitoring Firm:
- James A. Guilardi

Telephone No.:
- 856-840-8800

Name of OSHA Monitor:
- AmeriSci

License No.:
- 01017

Start Date (10): 08/13/12
Scheduled Completion Date (11): 08/20/12

Occuany 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):
- □ 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):

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):
- VAT & Mastic

Amount (Specify SF or LF): 1500 SF

Abatement Type:
- X

Name of Registered Waste Hauler:
- NJDEC Waste Hauler ID No.: 4506
- Cubic Yards of Waste: 3
- Name of Registered Landfill:
- Tullytown Re. Facility

City, State:
- Newark NJ 07102 / Envirocure

Disposal Date:
- 08/03/12

Completed By:
- Sam Ilounneh

Title:
- Project Manager

Signature:

Date: