**State of New Jersey**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 5:520 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>08/02/2013</td>
<td>YIDDI WANG AND LAM CHUN CHENG</td>
</tr>
</tbody>
</table>

<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</td>
</tr>
<tr>
<td>□ DOL</td>
<td>Amendment #</td>
</tr>
<tr>
<td>□ DOH</td>
<td>Emergency (including justification)</td>
</tr>
<tr>
<td>□ DCA</td>
<td>Cancellation</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>621 SHILOH AVE</td>
<td>BRIDGETON, NJ 08302</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Contact</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>WILLIAM PATTERTON</td>
<td></td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Type of Facility (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMMERCIAL BUILDING</td>
<td>□ School (K-12)</td>
</tr>
<tr>
<td></td>
<td>□ Subchapter 8 (Other than K-12)</td>
</tr>
<tr>
<td></td>
<td>□ Other (i.e. private &amp; commercial buildings, homes, etc.)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Square Feet</th>
<th># of Floors</th>
<th>Bldg. Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>5000</td>
<td>1</td>
<td>50</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Current Use (Prior if being demolished)</th>
</tr>
</thead>
<tbody>
<tr>
<td>VACANT</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (6)</th>
<th>ASCM No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>STRATEGIC ENVIRONMENTAL</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>3397 SOUTH DELSEA DRIVE</td>
<td>VINELAND</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>County (5)</th>
<th>County Code (7)</th>
</tr>
</thead>
<tbody>
<tr>
<td>CUMBERLAND</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name of Abatement Contractor (9)</th>
<th>ASSURED ENVIRONMENTAL SERVICES INC.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>570 CLEMS RUN</td>
<td>MULLICA HILL, NJ 08062</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>856-423-5711</td>
<td>01145</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of OSHA Monitor</th>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>EMSL</td>
<td>200 RT. 130 NORTH</td>
<td>CINNAMINSON, NJ 08077</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check Only One)</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Facility Closed/Vacated During Entire Period of Abatement</td>
</tr>
<tr>
<td>□ Abatement Performed Outside of Normal Facility Hours</td>
</tr>
<tr>
<td>□ Other – Describe:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check All That Apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ ≥3 sf or ≥3 if</td>
</tr>
<tr>
<td>□ ≥160 sf or ≥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>□ Glovebag Procedure</td>
</tr>
<tr>
<td>□ Non-Exempted (*) and Non-Friable Procedure</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>BUILDING MAIN FLOOR</th>
<th>BLACK MASTIC</th>
<th>3230 SF</th>
<th>x</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>NJDEP Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASSURED ENVIRONMENTAL SERVICES</td>
<td>0034895</td>
<td>15</td>
<td>ALLIED WASTE, IMPERIAL LANDFILL</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Disposal Date</th>
<th>City, State</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>08/29/2013</td>
<td>IMPERIAL PA</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed by</th>
<th>Title</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>RON SWANSON</td>
<td>PROJECT COORDINATOR</td>
<td></td>
</tr>
</tbody>
</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)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>8/6/13</td>
<td>DeSimone Construction</td>
</tr>
</tbody>
</table>

<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</td>
</tr>
<tr>
<td>DOL</td>
<td>Amendment #</td>
</tr>
<tr>
<td>DOH</td>
<td>Emergency (including justification)</td>
</tr>
<tr>
<td>DCA</td>
<td>Cancellation</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Name of Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>711A Mantua Pike</td>
<td>Bobbie</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Woodbury NJ 08096</td>
<td></td>
</tr>
</tbody>
</table>

### FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement Is Taking Place (3)</th>
<th>Type of Facility (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Koslow Dental Office</td>
<td>- School (K-12)</td>
</tr>
<tr>
<td></td>
<td>- Subchapter 8 (Other than K-12)</td>
</tr>
<tr>
<td></td>
<td>- Other (i.e. private &amp; commercial buildings, homes, etc.)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Square Feet</th>
<th># of Floors</th>
<th>Bldg. Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>1000+</td>
<td>2</td>
<td>35+</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Current Use (Prior if being demolished)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>County Code (7)</th>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>ASCM No.</th>
<th>Name of Abatement Contractor (9)</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N/A</td>
<td></td>
<td>Pernaco Inc.</td>
<td>00727</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Telephone No.</th>
<th>Name of OSHA Monitor</th>
</tr>
</thead>
<tbody>
<tr>
<td>PO Box 329</td>
<td>856-753-9800</td>
<td>Same</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>West Berlin NJ 08091</td>
<td>G.R.O.W.S.</td>
</tr>
</tbody>
</table>

### Project Manager for Monitoring Firm

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Start Date (10) Scheduled Completion Date (11)

<table>
<thead>
<tr>
<th>Start Date</th>
<th>Scheduled Completion Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>8/9/13</td>
<td>8/12/13</td>
</tr>
</tbody>
</table>

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

- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other – Describe: evening hours after 3 pm

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

<table>
<thead>
<tr>
<th>Scope of Work</th>
<th>Full Containment with Negative Pressure</th>
<th>Mini-Enclosure</th>
<th>Glovebag Procedure</th>
<th>Non-Exempted (*) and Non-Friable Procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED</th>
<th>Is Location Normally Used Solely by Maintenance, Custodial Staff?</th>
<th>Description of Asbestos Containing Material (ACM)</th>
<th>Amount (Spacial SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>In Facility</td>
<td>(13)</td>
<td>(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td>800 SF</td>
<td>x</td>
</tr>
</tbody>
</table>

### Name of Registered Waste Hauler

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>NJ/DEP Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>United Containers</td>
<td>22459</td>
<td>3</td>
<td>G.R.O.W.S.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elmh NJ</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed by</th>
<th>Title</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anthony T Perna</td>
<td>President</td>
<td>[Signature]</td>
<td>8/6/13</td>
</tr>
</tbody>
</table>

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

Date of Notification (1)
8/6/13

Name of Building Owner/Operator (2)
Greg Camilleri Private Home

Agencies Notified

- EPA
- DEP
- DOL
- DOH
- DCA

Type Notification

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

Street Address
75 Jeri Ann Drive

City, State, Zip Code
Manahawkin NJ 08050

Name of Contact
Greg

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Greg Camilleri Private Home

Street Address
75 Jeri Ann Drive

City (5)
Manahawkin NJ 08050

County (6)

Ocean

County Code (7)

(STATE USE ONLY)

Current Use (Prior if being demolished)
Home

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

ASCM No.

Name of Abatement Contractor (9)
Pernaco Inc.

Street Address
PO Box 329

City, State, Zip Code
West Berlin NJ 08091

Project Manager for Monitoring Firm

Telephone No.
856-753-9800

License No.
00727

Start Date (10)
8/15/13

Scheduled Completion Date (11)
8/22/13

Name of OSHA Monitor
Same

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 lf
- ≥160 sf or ≥260 lf

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

Yes

No

N/A

Is Location Normally Used Solely by Maintenance/Custodial Staff?

(12)

Description of Asbestos Containing Material (ACM)

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

Amount (Specify SF or LF)

Abatement Type

Removal

Repair

Encapsulation

Endorsement

Exterior Siding

x

Exterior Siding

1200 SF

x

Name of Registered Waste Hauler

United Containers

NJDEP Waste Hauler ID No.
22459

Cubic Yards of Waste
2

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

City, State
Morrisville PA 19067

Disposal Date
8/22/13

City, State
NJ

Completed by
Anthony T Perna

Title
President

Signature

Date
8/5/12

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

**Date of Notification (1)**
8/6/13

**Name of Building Owner/Operator (2)**
Millville Public Schools

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

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

**Name of Facility Where Abatement is Taking Place (3)**
Rieck Ave Elm School

**Street Address**
339 Rieck Ave

**City (5)**
Millville NJ 08332

**County (6)**
Cumberland

**County Code (7)**

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

**ASCM No.**

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

**Street Address**
PO Box 329

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

**Project Manager for Monitoring Firm**

**Telephone No.**

**Square Feet**
1000+

**# of Floors**
2

**Bldg. Age**
35+

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

**Start Date (10)**
8/7/13

**Scheduled Completion Date (11)**
8/12/13

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

**Scheduling 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**

<table>
<thead>
<tr>
<th>Material</th>
<th>Location</th>
<th>Normalized</th>
<th>Used Solely by</th>
<th>Description</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Girls bathroom</td>
<td>X</td>
<td>Yes</td>
<td>Maintenance/Custodial Staff</td>
<td>Floor tile &amp; mastic</td>
<td>250 sf</td>
<td>Removal</td>
</tr>
<tr>
<td>Boys Batroom</td>
<td>X</td>
<td>Yes</td>
<td>Maintenance/Custodial Staff</td>
<td>Floor tile &amp; mastic</td>
<td>250 SF</td>
<td>Removal</td>
</tr>
<tr>
<td>Storage room D231</td>
<td>X</td>
<td>No</td>
<td>Maintenance/Custodial Staff</td>
<td>Floor tile &amp; mastic</td>
<td>200 SF</td>
<td>Removal</td>
</tr>
<tr>
<td>Rooms A208 &amp; B107</td>
<td>X</td>
<td>Yes</td>
<td>Maintenance/Custodial Staff</td>
<td>Floor tile &amp; mastic</td>
<td>total 1600 sf</td>
<td>Removal</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**
United Containers

**NJDEP Waste Hauler ID No.**
22459

**Cubic Yards of Waste**
4

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

**City, State**
Elm NJ

**Disposal Date**
8/12/13

**City, State**
Morrisville PA 19067

**Completed by**
Anthony T Perna

**Title**
President

**Signature**

**Date**
8/6/13

*Do not use this form for asbestos licensure exempted activities.*
<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>8/16/13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>J.L. KLEEMCO INC.</td>
</tr>
<tr>
<td>Street Address</td>
<td>274 S. SPRUCE AVE.</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>MAPLE SHADE, N.J., 08052</td>
</tr>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td>RESIDENCE</td>
</tr>
<tr>
<td>County (6)</td>
<td>CAPE MAY</td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>J.L. KLEEMCO INC.</td>
</tr>
<tr>
<td>Street Address</td>
<td>274 S. SPRUCE AVE.</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>MAPLE SHADE, N.J., 08052</td>
</tr>
<tr>
<td>Type of Facility (4)</td>
<td>Residential</td>
</tr>
<tr>
<td>Square Feet</td>
<td>1000</td>
</tr>
<tr>
<td>Current Use</td>
<td>Vacant</td>
</tr>
<tr>
<td>Occupancy Status During Abatement</td>
<td>Vacant</td>
</tr>
<tr>
<td>Scope of Work</td>
<td>Renovation</td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)</td>
<td></td>
</tr>
<tr>
<td>SIDING</td>
<td>T-MASAFE</td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
<td>J.L. KLEEMCO INC.</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>MAPLE SHADE, N.J., 08052</td>
</tr>
<tr>
<td>Completed By</td>
<td>JOSEPH KLEMM</td>
</tr>
<tr>
<td>Title</td>
<td>OWNER</td>
</tr>
</tbody>
</table>

Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:90 and 12:120)

Date of Notification: 8-6-13
Name of Building Owner/Operator: Boffi Plumbing & Heating

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

Type Notification:
- Initial
- Amended
- Amendment #
- Emergency (including Judicial)
- Certification

Street Address: 401-403 Knight Ave
City, State, Zip Code: Camden, NJ 08103

FACILITY INFORMATION
Name of Facility Where Abatement is Taking Place:
- Old Wonder Bread Building
- 42 North Black Horse Pike
- Blackwood

City: Blackwood
County: Gloucester
County Code: Only

Name of Monitoring Firm Hired by Building Owner:

ASCM No.:

Name of Abatement Contractor:
- A&J Abatement
- 22 Burlington Ave

License No.:

Telephone No.:

Start Date: 8-17-13
Scheduled Completion Date: 10-17-13

Name of OSHA Monitor:

Sweep of Work (Check all that apply):
- Yes
- No
- N/A

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

In Building

Is Location Normally Used Solely by Maintenance/Contractor/Staff?

Yes
No
N/A

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

Amount (Specified BF or LF):

Abatement Type:

Location of Registered Waste Hauler:

Name of Registered Waste Hauler:

NJ/DEP Waste Hauler ID No.:

Gals. Yards of Waste:

Name of Registered Landfill:

City, State, Zip Code:

Disposal Date:

Completed by:

Name:

Signature:

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

Date of Notification (1): August 5, 2013

Name of Building Owner/Operator (2): CMA Associates, LLC

Address: 180 Tennis Court
City, State, Zip Code: Wall, NJ 07719

Name of Contact: Anthony Megaro
Telephone Number: 22208

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residence
Street Address: 447 Bayside Terrace
City, State, Zip Code: Seaside Heights, Ocean, NJ

Name of Abatement Contractor (9): Guardian Contracting, Inc.
Street Address: 1889 Route 9, Unit 61
City, State, Zip Code: Toms River, New Jersey 08755-1271

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

Square feet: 1200 sf
# of Floors: 1
Bldg. Age: 60
Current Use (Prior to being demolished): Residence

Name of Monitoring Firm Hired by Building Owner (8): N/A
ASCM No.: N/A

Project Manager for Monitoring Firm: 
Telephone Number:
Scheduled Start Date (10): 8/5/13
Scheduled Completion Date (11): 8/6/13

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

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

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

<table>
<thead>
<tr>
<th>Is Location Normally used Solely by Maintenance/Custodial Staff (12)</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>NO</td>
<td>N/A</td>
<td>Asbestos siding</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler: Guardian Contracting, Inc.
NJDEP Waste Hauler ID No.: 20223
Cubic Yards of Waste: 3
Name of Registered Landfill: T.R.R.F.
City, State: Toms River, New Jersey
Disposal Date: 8/7/13

Completed by (Print or Type): Nicholas Fennica
Title: Project Manager
Signature: [Signature]
Date: 8/5/13

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

**NOTIFICATION OF ASBESTOS ABATEMENT**

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

**Date of Notification (1):** August 5, 2013

**Name of Building Owner/Operator (2):** Salvatore Porrovecchio

**Street Address:** 24 14th Avenue

**City, State, Zip Code:** Seaside Park, NJ 08752

**Name of Contact:** Salvatore Porrovecchio

**Telephone Number:**

**AGENCIES NOTIFIED**

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

**Type of Notification**

- [ ] Initial Notification
- [ ] Amended Notification
- [x] Emergency (Including
  justification)
- [ ] Cancellation

**FACILITY INFORMATION**

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

- Residence

**Street Address:** 1408 SW Central Avenue

**City:** Seaside Park

**County (6):** Ocean

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

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

**ASCM No.:**

**Type of Facility (4):**

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

**Square Feet:** 900 sf

**# of Floors:** 1

**Bidg. Age:** 60

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

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

**Street Address:** 1889 Route 9, Unit 61

**City, State, Zip Code:** Tom's River, New Jersey 08755-1271

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

**License Number:** 00624

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

**Street Address:** 1056 Stelton Road

**City, State, Zip Code:** Piscataway, New Jersey 08854

**Square Footage:**

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

**Capacity of Waste: 2 Cubic Yards**

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

- Asbestos siding

**Amount (Specify SF or LF):** 750 sf

**Abatement Type:**

- [x] REMOVAL
- [ ] REPAIR
- [ ] ENCLOSURE
- [ ] ENCAPSULATE

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

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

**Disposal Date:** 8/7/13

**City, State:** Tom's River, New Jersey

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

**Completed by (Print or Type):**

- Nicholas Fernicola

**Title:** Project Manager

**Signature:** Michael Teles

**Date:** 8/5/2013

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

Date of Notification (1)
8/5/13

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

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

Name of Building Owner/Operator (2)
Nick Grieco Private Home

Street Address
80 Lynn Anne Lane

City, State, Zip Code
Manahawkin NJ 08050

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Nick Grieco Private Home

Street Address
80 Lynn Anne Lane

City (5)
Manahawkin NJ 08050

County (6)
Ocean

County Code (7) (STATE USE ONLY)

Current Use (Prior if being demolished)
Home

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

ASCM No.

Name of Abatement Contractor (9)
Pernaco Inc.

Street Address
PO Box 329

City, State, Zip Code
West Berlin NJ 08091

Project Manager for Monitoring Firm

Telephone No.
Telephone No.
856-753-9800

License No.
00727

Start Date (10)
8/14/13

Scheduled Completion Date (11)
12/19/13

Name of OSHA Monitor
Same

Occupancy Status During Abatement (Check Only One)

Facility Closed/Vacated During Entire Period of Abatement

Facility Abatement Performed Outside of Normal Facility Hours

Other – Describe:

Scope of Work (Check All That Apply)

≥3 sf or ≥3 if

≥160 sf or ≥260 if

Renovation

Demolition

Full Containment with Negative Pressure

Mini-Enclosure

Glovebag Procedure

Non-Exempted (*) and Non-Friable Procedure

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

Is Location Normally Used Solely by Maintenance/Custodial Staff?

[ ] Yes
[ ] No

N/A

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

Amount (Specify SF or LF)

Abatement Type

Removal

Repair

Encapsulate

Enclosure

Exterior Siding

Exterior Siding
1200 SF

Exterior Siding

Exterior Siding


Name of Registered Waste Hauler
United Containers

NJ DEP Waste Hauler ID No.
22459

Cubic Yards of Waste
2

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

City, State
Elm NJ

Disposal Date
8/19/13

City, State
Morrisville PA 19067

Completed by
Anthony T Perna

Title
President

Signature

Date
8/5/12

* 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)  
8/5/13  

Name of Building Owner/Operator (2)  
Pat McAndrew Private Home  

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

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

Street Address  
108 N 8th Street  

City, State, Zip Code  
Brigantine NJ 08203  

Name of Contact  
Roy  

Telephone Number:  

Name of Facility Where Abatement is Taking Place (3)  
Pat McAndrew Private Home  

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

Square Feet  
1000  

# of Floors  
1  

Bldg. Age  
35+  

County Code (7)  
Atlantic  

Current Use (Prior if being demolished)  
Home  

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

Name of Abatement Contractor (9)  
Pernico Inc.  

Street Address  
PO Box 329  

City, State, Zip Code  
West Berlin NJ 08091  

Telephone No.  
856-753-9800  

License No.  
00727  

Start Date (10)  
8/14/13  

Scheduled Completion Date (11)  
8/19/13  

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

Scope of Work (Check All That Apply)  
- ≤3 sf or ≤3 if  
- ≥160 sf or ≥260 if  
- Renovation  
- Demolition  

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

<table>
<thead>
<tr>
<th>In Facility</th>
<th>TO BE ABATED</th>
<th>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
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<tbody>
<tr>
<td>Exterior Siding</td>
<td>X</td>
<td>Exterior Siding</td>
<td>1200 SF</td>
<td></td>
</tr>
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</table>

Name of Registered Waste Hauler  
United Containers  

NJDEP Waste Hauler ID No.  
22459  

Cubic Yards of Waste  

Disposal Date  
8/19/13  

City, State  
Morrisville PA 19067  

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

Completed by  
Anthony T Perna  
Title  
President  
Signature  
Date  
8/5/12  

* Do not use this form for asbestos licensure exempted activities.
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:130)

State of New Jersey

Date of Notification (1) 8/13/13

Name of Building Owner/Operator (2) JOHN KELLER

Agencies Notified (3)
- EPA
- DEP
- OOH
- DOL
- OSHA
- Amend
- Amended

Site Address 30 BLUE NELSON DRIVE

City, State, Zip Code CAPE MAY COURT HOUSE, N.J. 08210

Name of Contact SAME

Telephone Number

FACILITY INFORMATION

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

Street Address 692 OLD AVON BOULEVARD

City (5) CAPE MAY

County (6) N/A

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

Street Address N/A

City, State, Zip Code N/A

Project Manager for Monitoring Firm N/A

Telephone No. N/A

Schedule Completion Date (11) 8/12/13

Occupancy Status During Abatement (Check only one)
- Yes
- No
- N/A

Facility Closed/Vacated During Entire Period of Abatement Yes

Abatement Performed Outside of Normal Facility Hours Yes

Scope of Work (Check all that apply)
- Renovation
- Demolition
- Full Containment with Negative Pressure
- CNT-Enclosure
- Glovebag Procedure
- Non-Exempted ( x ) and Non-Fireable Procedure

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)

Amount (Specify SF or LF)

Abatement Type

Name of Registered Waste Hauler KLMCO INC.

Cubic Yards of Waste 5

Disposal Date 8/12/13

City, State WOOD BRIDGE, N.J.

Name of Registered Landfill C.M.C., M.D.

Disposal Date 8/12/13

City, State N/A

Committed By

Signature

Owner

Date 8/13/13

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>8/15/13</th>
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<tr>
<td>Agency Notified</td>
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<tr>
<td>EPA</td>
<td></td>
</tr>
<tr>
<td>DEP</td>
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<tr>
<td>DOL</td>
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<tr>
<td>DOH</td>
<td></td>
</tr>
<tr>
<td>DCA</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Name of Building Owner/Operator (2)</th>
<th>TRANSFORMATION ENTERPRISES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>601 W. CLARKS LAKEVIEW RD</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>EGG HOMESTEAD, NJ, 08219</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Barbara</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>RESIDENCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>102 19TH ST</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>HIGHTSTOWE</td>
</tr>
<tr>
<td>County Code</td>
<td>ATLANTIC</td>
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</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (6)</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASCM No.</td>
<td></td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Name of Abatement Contractor (9)</th>
<th>ICLAMCO INC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>369 S. SPRUCE AVE</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>MAPLE SHADE, NJ, 08052</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of OSHA Monitor (10)</th>
<th>N/A</th>
</tr>
</thead>
</table>

| Start Date (10)          | 8/16/13 |
| Scheduled Completion Date (11) | 8/23/13 |

| Scope of Work (Check all that apply) | |
|--------------------------------------| Renovation Demolition |
| 250 sf or 25 ft                      |                        |
| 1600 sf or 260 ft                    |                        |

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)</th>
<th>SANDING</th>
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</thead>
<tbody>
<tr>
<td>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</td>
<td>Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>TRANSITE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amount (Specify SF or LF)</td>
<td>1500 yd</td>
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<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>ICLAMCO INC</th>
</tr>
</thead>
<tbody>
<tr>
<td>NJDEP Waste Hauler ID No.</td>
<td>17901</td>
</tr>
</tbody>
</table>

<table>
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<tr>
<th>Name of Registered Landfill</th>
<th>ACUA</th>
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</thead>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>MAPLE SHADE, NJ, 08052</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Contact</td>
<td>Barbara</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed By</th>
<th>JOSEPH ULFEN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
<td>OWNER</td>
</tr>
<tr>
<td>Signature</td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td>8/15/13</td>
</tr>
</tbody>
</table>

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:11H)  

**Name of Building Owner/Operator:**  

**Street Address:**  

**City, State, Zip Code:**  

**Name of Contact:**  

**FACILITY INFORMATION**  

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

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

**Square Footage of Floors:**  

**Current Use (Floor B being Demolished):**  

**Name of Abatement Contractor:**  

**Telephone No:**  

**License No:**  

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

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

**Amount:**  

**Name of Responsible Contractor:**  

**Date:**  

*Do not use this form for asbestos license exempted activities*
State of New Jersey - Notification of Asbestos Abatement  
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC Project # 060-13

**Date of Notification (1)**  
August 2, 2013

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

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

**City, State, Zip Code**  
PISCATAWAY, NJ 08854

**Name of Contact**  
MICHAEL SMITH, ENV. HEALTH & SAFETY

** FACILITY INFORMATION **

**Name of Facility Where Abatement is Taking Place (3)**  
STUDENT CENTER, BLDG# 3133

**Street Address**  
COLLEGE AVENUE CAMPUS

**City (5)**  
NEW BRUNSWICK

**County (6)**  
MIDDLESEX

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

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

**ASCM No.**  
0098

**Type of Facility (4)**  
Subchapter 8 (other than K-12)

**SQ. FEET**  
N/A

**# of Floors**  
4

**Bldg. Age**  
50+ years

**Current Use (prior to being demolished)**  
ACADEMIC

**Name of Contractor (9)**  
GREENWOOD ABATEMENT CONSULTANTS, INC.

**Street Address**  
268 MAIN STREET

**City, State, Zip Code**  
BUTLER, NJ 07405

**Telephone Number**  
609-386-8800

**License Number**  
00840

**Project Manager for Monitoring Firm**  
BRIAN KEARNY

**Telephone Number**  
973-492-0474

**Name of CSHA Monitor**  
ENVIROVISION, INC.

**Street Address**  
20-21 WARGAROW ROAD

**City, State, Zip Code**  
FAIRLAWN, NJ

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

**Description**  
Shift Hours: 5:00 PM - 5:00 AM

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

- ≥ 3 sf or ≥ 3 if

- ≥ 160 sf or ≥ 260

- Renovation

- Demolition

- Full Containment with Negative Pressure

- Mini-Enclosure

- Glovebag Procedure

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

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

| Rooms 402, 404, 405, 407, 410 & 454 | VAT | 2100SF |

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

- Abatement Type
  - Remove
  - Repair
  - Encap
  - Enclose

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

**Cubic Yards of Waste**  
20 CY

**Disposal Date**  
08/15/13

**City, State, Zip Code**  
100 New Ford Mill Rd, Morrisville, Pa 19067

**Signature**  
Raymond C. Pedalino

**Date**  
August 2, 2013

---

Copies To: Rutgers, REHS, Attn: Mike Smith  and  Cardno ATC, Attn: Brian Kearney
**State of New Jersey**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60 and 5:16)

**Date of Notification:** 5/24/13

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

**Type of Notification:**
- [X] Abandoned
- [ ] Amendment # 1
- [X] Emergency (including justification)

**Name of Building Owner/Operator:**
The Heller Group

**Address:**
PO Box 700

**City, State, Zip Code:**
Madison, NJ 07940

**Name of Contact:**
Joe Forty

**Telephone Number:**

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place:**
US Postal Service Ironbound Station

**Street Address:**
275 Ferry Street

**City (6):**
Newark, NJ 07105

**County (6):**
Essex

**Square Feet:**
10500

**Current Use (Prior if being demolished):**
Post Office / Retail

**Type of Facility (4):**
- [X] Other (I.e., private & commercial buildings, homes, etc.)

**Name of Abatement Contractor:**
Stevens Environmental Services, Inc.

**Street Address:**
PO Box 322

**City, State, Zip Code:**
Allentown, NJ 08501

**Project Manager for Monitoring Firm:**
William Weisgarber Jr.

**Telephone Number:**
(609) 298-4070

**Project Manager for Monitoring Firm:**
MECS

**Start Date:** 6/10/13

**Scheduled Completion Date:** 9/30/13

**Occupancy Status During Abatement (Check only one):**
- [X] Abatement Performed Outside of Normal Facility Hours

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

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

| Warehouse / Sorting Area | VAT/ Mastic | 5200 sf |

**Name of Registered Waste Hauler:**
Carnevale Disposal

**City, State:**
Hamilton, NJ 08610

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

**Cubic Yards of Waste:**
30 CU

**Name of Registered Landfill:**

**Disposal Date:**
9/30/13

**City, State:**
Tullytown, PA

**Completed By:**
Mahlon E. Stevens

**Title:**
Project Manager

**Signature:**

**Date:** 7/26/13

*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)

Date of Notification (1)
8/1/13

Name of Building Owner/Operator (2)
Paul Adack Private Home

Agencies Notified

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<tr>
<th>Agency</th>
<th>Type Notification</th>
<th>Name</th>
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<tr>
<td>DEP</td>
<td>Amended</td>
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<tr>
<td>DOL</td>
<td>Amendment #</td>
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<tr>
<td>DOH</td>
<td>Emergency (including justification)</td>
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<tr>
<td>DCA</td>
<td>Cancellation</td>
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</tbody>
</table>

Street Address
336 North 5th Street

City, State, Zip Code
Surf City NJ 08008

Name of Contact
Paul

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Paul Adack Private Home

Type of Facility (4)

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

Square Feet
1000

# of Floors
1

Bldg. Age
35+

Current Use (Prior if being demolished)
Home + Shed

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

ASCM No.

Name of Abatement Contractor (9)
Pernaco Inc.

Street Address
PO Box 329

City, State, Zip Code
West Berlin NJ 08091

Project Manager for Monitoring Firm

Telephone No.
856-753-9800

License No.
00727

Start Date (10)
8/2/13

Scheduled Completion Date (11)
8/5/13

Name of OSHA Monitor
Same

Occupy Status During Abatement (Check Only One)

Facility Closed/Vacated During Entire Period of Abatement

Abatement Performed Outside of Normal Facility Hours

Other - Describe:

Scope of Work (Check All That Apply)

- ≥ 3 sf or ≥ 3 if
- ≥ 100 sf or ≥ 200 if
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

In Facility

Is Location Normally Used Solely by Maintenance/Custodial Staff?

Yes
No
N/A

Description of Asbestos-Containing Material (ACM)

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

Amount (Specify SF or LF)

Abatement Type

- Removal
- Repair
- Encapsulate
- Dispose

Exterior Siding

Exterior Siding
1300 SF

Name of Registered Waste Hauler
United Containers

NJDEP Waste Hauler ID No.
22459

Cubic Yards of Waste
3

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

City, State
Elm NJ

Disposal Date
8/5/13

City, State
Morrisville PA 19067

Completed by
Anthony T Perna

Title
President

Signature

Date
8/1/13

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>8/1/13</th>
<th>Name of Building Owner/Operator (2)</th>
<th>Vincent McDermott Private Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agencies Notified</td>
<td></td>
<td>Type Notification</td>
<td></td>
</tr>
<tr>
<td>EPA</td>
<td>x</td>
<td>Initial</td>
<td></td>
</tr>
<tr>
<td>DEP</td>
<td></td>
<td>Amended</td>
<td></td>
</tr>
<tr>
<td>DOL</td>
<td></td>
<td>Amendment #</td>
<td></td>
</tr>
<tr>
<td>DOH</td>
<td>x</td>
<td>Emergency (including justification)</td>
<td></td>
</tr>
<tr>
<td>DCA</td>
<td></td>
<td>Cancellation</td>
<td></td>
</tr>
<tr>
<td>Street Address</td>
<td>6 Carolina Ave</td>
<td>City, State, Zip Code</td>
<td>Holgate NJ 08008</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Vincent</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement Is Taking Place (3)</th>
<th>Vincent McDermott Private Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>6 Carolina Ave</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Holgate NJ 08008</td>
</tr>
<tr>
<td>County Code (7)</td>
<td>1000</td>
</tr>
<tr>
<td># of Floors</td>
<td>1</td>
</tr>
<tr>
<td>Bldg. Age</td>
<td>35+</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Abatement Contractor (9)</th>
<th>Pernaco Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>PO Box 329</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>West Berlin NJ 08091</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>856-753-9800</td>
</tr>
<tr>
<td>License No.</td>
<td>00727</td>
</tr>
</tbody>
</table>

| Start Date (10) | 8/2/13 |
| Scheduled Completion Date (11) | 8/5/13 |

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check Only One)</th>
<th>Facility Closed/Vacated During Entire Period of Abatement</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check All That Apply)</th>
<th>x</th>
<th>Renovation</th>
</tr>
</thead>
<tbody>
<tr>
<td>≥3 sf or ≥3 if</td>
<td></td>
<td></td>
</tr>
<tr>
<td>≥160 sf or ≥260 lf</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Full Containment with Negative Pressure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mini-Enclosure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Glovebag Procedure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-Exempted (*) and Non-Friable Procedure</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Exterior Siding</th>
<th>x</th>
<th>Exterior Siding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location</td>
<td>900 SF</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>United Containers</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State</td>
<td>Elm NJ</td>
</tr>
</tbody>
</table>

**Disposal Date**

<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
<th>G.R.O.W.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State</td>
<td>Morrisville PA 19067</td>
</tr>
</tbody>
</table>

Completed by | Anthony T. Perna |
Title | President |
Signature | |
Date | 8/1/13 |

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>8-6-13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agency Notified (2)</td>
<td>DEP</td>
</tr>
<tr>
<td>Name of Building Owner/Operator (3)</td>
<td>DENNIS CRABER</td>
</tr>
<tr>
<td>Street Address</td>
<td>220 LAFAYETTE AVE</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>LYN HAVEN PT 07731</td>
</tr>
<tr>
<td>FACILITY INFORMATION</td>
<td></td>
</tr>
<tr>
<td>Name of Facility Where Abatement is Taking Place (4)</td>
<td>CRABER RESIDENCE</td>
</tr>
<tr>
<td>Street Address</td>
<td>220 LAFAYETTE AVE</td>
</tr>
<tr>
<td>City (5)</td>
<td>LYN HAVEN PT</td>
</tr>
<tr>
<td>County (6)</td>
<td>B26624</td>
</tr>
<tr>
<td>Current Use (Prior if being demolished)</td>
<td>RESIDENCE</td>
</tr>
<tr>
<td>Square Feet # of Floors</td>
<td>1800    2</td>
</tr>
<tr>
<td># of Floors</td>
<td>150</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>ACE INSULATION CO. INC</td>
</tr>
<tr>
<td>Street Address</td>
<td>45 MONROSE RD</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>COLTS NECK, N.J. 07722</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>732-294-1757</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td></td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>8/15/13</td>
</tr>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>8/17/13</td>
</tr>
<tr>
<td>Name of Abatement Contractor (5)</td>
<td>ACE INSULATION CO. INC</td>
</tr>
<tr>
<td>Street Address</td>
<td>45 MONROSE RD</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>COLTS NECK, N.J. 07722</td>
</tr>
<tr>
<td>Scope of Work (Check all that apply)</td>
<td></td>
</tr>
<tr>
<td>- Renovation</td>
<td></td>
</tr>
<tr>
<td>- Demolition</td>
<td></td>
</tr>
<tr>
<td>- Asbestos-containing Material (ACM)</td>
<td></td>
</tr>
<tr>
<td>- Location of ACM</td>
<td></td>
</tr>
<tr>
<td>- Location Used</td>
<td></td>
</tr>
<tr>
<td>- Location Normal Use</td>
<td></td>
</tr>
<tr>
<td>- Location Controlled</td>
<td></td>
</tr>
<tr>
<td>- Description of ACM</td>
<td></td>
</tr>
<tr>
<td>- Amount (Specify SF or LF)</td>
<td></td>
</tr>
<tr>
<td>- Abatement Type</td>
<td></td>
</tr>
<tr>
<td>- Exposed Material</td>
<td></td>
</tr>
<tr>
<td>- Non-Exposed Material</td>
<td></td>
</tr>
<tr>
<td>- ACM to be Removed</td>
<td></td>
</tr>
<tr>
<td>Name of Registered Waste Hauler (12)</td>
<td>ACE INSULATION CO. INC</td>
</tr>
<tr>
<td>NJDEP Waste Hauler ID No.</td>
<td>10086</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td>1</td>
</tr>
<tr>
<td>Name of Registered Landfill (13)</td>
<td>IESI</td>
</tr>
<tr>
<td>City, State</td>
<td>COLTS NECK, N.J.</td>
</tr>
<tr>
<td>Disposal Date</td>
<td></td>
</tr>
<tr>
<td>Name of Person Completing (14)</td>
<td>DENNIS CRABER</td>
</tr>
<tr>
<td>Signature</td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td>8-6-13</td>
</tr>
</tbody>
</table>

Do not use this form for asbestos licensure compliance.

#2003
# State of New Jersey
## NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

### Project #

### Check # 2111

#### Date of Notification (1)
08/01/2013

#### Name of Building Owner/Operator (2)
Monmouth University

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

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

#### Street Address
400 Cedar Ave

#### City, State, Zip Code
West Long Branch, NJ 07764

#### Name of Contact
Timothy Orr

#### Telephone Number

### FACILITY INFORMATION

#### Name of Facility Where Abatement is Taking Place (3)
Monmouth University The Bluffs Apartments #6

#### Street Address
500 Ocean Blvd

#### City (5)
Long Branch, NJ 07764

#### County (6)
Monmouth

#### Square Feet
75,000

#### # of Floors

#### Bldg. Age

#### Name of Monitoring Firm Hired by Building Owner (8)
AHERA

#### ASCM No.

#### Name of Abatement Contractor (9)
Nick Restoration LLC

#### Street Address
P.O BOX 385

#### City, State, Zip Code
Oceanville, NJ 08231

#### Telephone No.
(609)652-1833

#### License No.
973-933-2550

#### Start Date (10)
08/08/2013

#### Scheduled Completion Date (11)
08/10/2013

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

#### 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

#### Scope of Work (Check All That Apply)
- [ ] ≥3 sf or ≥3 ft
- [ ] ≥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

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apartment 12 B</td>
<td></td>
<td>joint compound</td>
<td>85 Sf</td>
<td>x</td>
</tr>
<tr>
<td>Apartment 12 B</td>
<td></td>
<td>Flooring</td>
<td>105 Sf</td>
<td>x</td>
</tr>
<tr>
<td>Apartment 12 B</td>
<td></td>
<td>joint compound</td>
<td>240 Sf</td>
<td>x</td>
</tr>
</tbody>
</table>

#### Name of Registered Waste Hauler
ATC

#### NUDEP Waste Hauler ID No.

#### Cubic Yards of Waste
TBD

#### Name of Registered Landfill
Minerva Enterprises

#### City, State
Waynesburg, OH

#### Disposal Date
TBD

#### Completed by
Elvira Mrda

#### Title
President

#### Signature

#### Date
08/02/2013
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)
8/5/13

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

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

Name of Building Owner/Operator (2)
Phil Tisano Private Home

Street Address
12 South Burgee

City, State, Zip Code
Little Egg Harbor NJ 08087

Name of Contact
Phil

Telephone Number

Name of Facility Where Abatement Is Taking Place (3)
Phil Tisano Private Home

Street Address
12 South Burgee

City (6)
Little Egg Harbor NJ 08087

County (6)
Ocean

County Code (7)

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

ASCM No.

Name of Abatement Contractor (9)
Pernaco Inc.

Street Address
PO Box 329

City, State, Zip Code
West Berlin NJ 08091

Telephone No.
856-753-9800

License No.
00727

Name of OSHA Monitor
Same

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

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

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

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

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

Amount (Specify SF or LF)
1200 SF

Abatement Type

Exterior Siding

Exterior Siding

Name of Registered Waste Hauler
United Containers

NJ/DEP Waste Hauler ID No.
224459

Cubic Yards of Waste
2

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

Disposal Date
8/22/13

City, State
Morrisville PA 19067

Completed by
Anthony T Perna
Title
President

Signature

Date
8/5/12

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:69 and 12:120)

Date of Notification (1)
8/5/13

Name of Building Owner/Operator (2)
Roy Fish Private Home

Agencies Notified
EPA
DEP
DOL
DON
DOH
DCA

Type Notification
Initial
Amended
Emergency (including
justification)
Cancellation

Street Address
110 N 8th Street

City, State, Zip Code
Brigantine NJ 08203

Name of Contact
Roy

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement Is Taking Place (3)
Roy Fish Private Home

Street Address
110 N 8th Street

City (5)
Brigantine NJ 08203

County (6)
Atlantic

County Code (7)
1000

Square Feet
1000

Bldg. Age
35+

Current Use (Prior to being demolished)
Home

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

ASCM No.

Name of Abatement Contractor (9)
Pernaco Inc.

Street Address
PO Box 329

City, State, Zip Code
West Berlin NJ 08091

Project Manager for Monitoring Firm

Telephone No.
856-753-9800

License No.
00727

Start Date (10)
8/14/13

Scheduled Completion Date (11)
8/19/13

Name of OSHA Monitor
Same

Occupancy Status During Abatement (Check Only One)

Facility Closed/Vacated During Entire Period of Abatement

Abatement Performed Outside of Normal Facility Hours

Other – Describe:

Scope of Work (Check All That Apply)

- Renovation
- Demolition

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

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

Amount (Specify SF or LF)

Abatement Type

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

In Facility

Exterior Siding

Exterior Siding
1200 SF

x

Name of Registered Waste Hauler
United Containers

NJDEP Waste Hauler ID No.
22459

Cubic Yards of Waste
2

Disposal Date
8/19/13

City, State
Morrisville PA 19067

Completed by
Anthony T Perna

Title
President

Signature

Date
8/5/12

* Do not use this form for asbestos licensure exempted activities.
Date of Notification (1)
8/5/2013

Name of Building Owner/Operator (2)
CONGREGATION B'NAI JESHURUN

Agencies Notified Type Notification
[ ] EPA [ ] Initial
[ ] DEP [ ] Amended
[ ] DOL [ ] Amendment #
[ ] DOH [ ] Emergency (including
[ ] DCA [ ] justification)
[ ] Cancellation

Street Address
1025 SOUTH ORANGE AVENUE

City, State, Zip Code
SHORT HILLS, NJ 07078

Name of Contact
ALICE LUTWAK

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
TEMPLE B'NAI JESHURUN

Street Address
1025 SOUTH ORANGE AVENUE

City (5)
SHORT HILLS

County (6)
ESSEX

County Code (7) (STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8)
ENVIRONMENTAL CONNECTION, INC.

ASCM No.

Name of Abatement Contractor (9)
TWO BROTHERS CONTRACTING

Street Address
250 RUTHERFORD BLVD.

City, State, Zip Code
CLIFTON, NJ 07014

Project Manager for Monitoring Firm
ROLAND C. JONES

Telephone No.
212-952-7300

Start Date (10)
8/9/2013

Scheduled Completion Date (11)
8/10/2013

Occupancy Status During Abatement (Check Only One)
[ ] Facility Closed/Vacated During Entire Period of Abatement
[ ] Abatement Performed Outside of Normal Facility Hours
[ ] Occupied

Scope of Work (Check All That Apply)
[ ] ≤25 sf or ≤25 sf
[ ] ≤60 sf or ≤250 sf
[ ] Renovation
[ ] Demolition
[ ] Full Containment with Negative Pressure
[ ] Mini-Enclosure
[ ] Glovebag Procedure
[ ] Non-Exempted (*) and Non-Friable Procedure

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

Yes No N/A

Description of Asbestos-Containing Material (ACM)

Amount (Specify SF or LF)

Abatement Type

Location of

Asbestos-Containing

Material (ACM)

TO BE ABATED

IN FACILITY

(13)

YOUTH LOUNGE

CEILING PLASTER

1000 SF

Name of Registered Waste Hauler
TWO BROTHERS CONTRACTING

NJDEP Waste Hauler ID No.
18743

Disposal Date
8/10/2013

City, State
CLIFTON, NJ

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

Name of Registered Landfill

City, State

MORRISVILLE, PA

Completed by
VIVECA RAMOS

Title
PROJECT COORDINATOR

Signature

Date
8/5/2013

* Do not use this form for asbestos licensure exempted activities.
# REMEMBER - MAIL IN HARD COPY  
**DOL - 10 DAY**  
**WAIVER APPROVED**

## Date of Notification (1)  
08/06/2013

## Name of Building Owner/Operator (2)  
CONGREGATION B'NAI JESHURUN

## Street Address  
1025 SOUTH ORANGE AVENUE

## City, State, Zip Code  
SHORT HILLS, NJ 07078

## Name of Contact  
ALICE LUTWAK

## Telephone Number  

## Name of Facility Where Abatement is Taking Place (3)  
TEMPLE B'NAI JESHURUN

## Street Address  
1025 SOUTH ORANGE AVENUE

## City  
SHORT HILLS

## County  
ESSEX

## Name of Monitoring Firm Hired by Building Owner (4)  
ENVIRONMENTAL CONNECTION, INC.

## ASCM No.  

## Name of Abatement Contractor (5)  
TWO BROTHERS CONTRACTING

## Street Address  
120 NORTH WARREN STREET

## City, State, Zip Code  
TRENTON, NJ 08608

## Project Manager for Monitoring Firm  
ROLAND C. JONES

## Telephone No.  
212-652-7300

## Scaled Completion Date (11)  
8/10/2013

## Name of OSHA Monitor  
SAME AS (9) ABOVE

## Scope of Work (Check All That Apply)  

### FULL CONTAINMENT WITH NEGATIVE PRESSURE

### NON-EXHAUSTIVE (1) AND NON-PERMANENT PROCEDURE

### RENOVATION DEMOLITION

### GLOVEBOG PROCEDURE

## Description of Asbestos-Containing Material (ACM) (i.e. thermal insulations, pipe wrapping, etc.)

## Amount (Specify 6P or LP)  

## Abatement Type

## Name of Registered Waste Hauler  
TWO BROTHERS CONTRACTING

## City, State  
CLIFTON, NJ

## Name of Registered Landfill  
WASTE MANAGEMENT G.R.O.W.S.

## City, State  
MORRISVILLE, PA

## Compiled by  
VIVIANA RAMOS

## Title  
PROJECT COORDINATOR

## Disposal Date  
8/10/2013

### IMPORTANT NOTICE:  
This form is for non-licensed asbestos activities.

---

*Do not use this form for asbestos license required activities.*
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:129)  

Date of Notification (1)  07/29/2013  
Name of Building Owner/Operator (2)  Asbury Park School District  

Agencies Notified  Type Notification  
[ ] EPA    [ ] Initial  
[ ] DEP    [ ] Amended  
[ ] DOL    [ ] Amendment #  
[ ] DOH    [ ] Emergency (including justification)  
[ ] DCA    [ ] Cancellation  

Address (3) 603 Mattison Ave  
City, State, Zip Code Asbury Park, NJ 07712  

Name of Contact  Lewis Griffin  
Telephone Number  

Name of Facility Where Abatement is Taking Place (4)  Barac H. Obama Building  
Street Address 1300 Bangs Ave  
City (5) Asbury Park, NJ  
County (6) Monmouth County  
County Code (7) N/A  

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

Square Feet  
# of Floors  
Bldg. Age  

Current Use (Prior if being demolished)  

Name of Monitoring Firm Hired by Building Owner (8)  
AHERA  
Street Address P.O BOX 365  
City, State, Zip Code Oceanville, NJ 08231  
Project Manager for Monitoring Firm John Smoyer  
Telephone No. (609)662-1633  

Name of Abatement Contractor (9)  Nick Restoration LLC  
Street Address 72 Brookside Rd  
City, State, Zip Code Randolph, NJ 07869  
License No. 973-933-2550  

Name of OSHA Monitor J&S Environmental  
Street Address 2333 RT 22  
City, State, Zip Code Union, NJ 07083  

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  

Scope of Work (Check All That Apply)  
[ ] ≥3 sf or ≥3 ft  
[ ] ≥100 sf or ≥286 ft  
[ ] Renovation  
[ ] Demolition  
[ ] Full Containment with Negative Pressure  
[ ] Mini-Enclosure  
[ ] Glovebag Procedure  
[ ] Non-Exempted (*) and Non-Friable Procedure  

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

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

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

Amount (Specify SF or LF)  

Abatement Type  
{ Remove  
{ Repair  
{ Encapsulate  
{ Endorse  

First Floor Holloway  

Floor tiles & mosaic  
1,500 SF  

Name of Registered Waste Hauler  
Nick Restoration LLC  
NJDEP Waste Hauler ID No. 33782  
Cubic Yards of Waste TBD  
Name of Registered Landfill G.R.O.W.S  
Disposal Date TBD  
City, State Tullytown, PA  

Completed by Elvira Mrda  
Title President  
Signature  
Date 07/29/2013
## State of New Jersey
### NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:50 and 12:120)

### Date of Notification (1)
07/25/13

### Name of Building Owner/Operator (2)
WYCKOFF BOARD OF EDUCATION

### Address Information
- **Street Address:** 241 MORSE AVE.
- **City, State, Zip Code:** WYCKOFF, NJ 07481

### Facility Information
- **Type of Facility:** School (K-12)
- **Size:** 58,375 square feet
- **Bldg. Age:** 46 yrs.

### Name of Abatement Contractor (9)
LESCO SERVICES INC.

### Monitoring Firm
- **Name:** PENNOVI ASSOCIATES INC.
- **Telephone:** 856-547-0505

### Project Manager
- **Name:** JOSEPH ANELLO
- **Telephone:** 973-406-1341

### Start Date (10)
08/05/13

### End Date (11)
08/16/13

### Scope of Work
- **Renovation**
- **Demolition**

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

<table>
<thead>
<tr>
<th>Location of ACM</th>
<th>Used Solely by Maintenance/Custodial Staff?</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</td>
<td>√</td>
<td>TANK INSULATION</td>
<td>200 SF</td>
<td>Removal</td>
</tr>
<tr>
<td>BOILER ROOM</td>
<td>√</td>
<td>BOILER BREACING</td>
<td>300 SF</td>
<td>Self Encapsulate</td>
</tr>
<tr>
<td>BOILER ROOM</td>
<td>√</td>
<td>HARD FITTIT</td>
<td>70 LF</td>
<td>Non-Fireable Procedure</td>
</tr>
</tbody>
</table>

### Name of Registered Waste Hauler
- **Name:** NEWARK CARTING INC.
- **Telephone:** 05405

### Disposal Date
08/17/13

### Other Information
- **Name of Contact:** MR. ALAN C. REIFFE
- **Telephone Number:** 732-928-1838

### Footer
*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>07/25/13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>DOVER BOARD OF EDUCATION</td>
</tr>
</tbody>
</table>
| Agencies Notified | EPA  
|                   | DEP  
|                   | DOL  
|                   | DCH  
|                   | DCA  |
| Type Notification | Initial  
| Amendment # |  
| Emergency (including justification) | Cancelation  
| Street Address | 100 GRACE ST. |
| City, State, Zip Code | DOVER, NJ 07801 |
| Name of Contact | ROBERT GOMES |
| Type of Facility (4) |  
| School (K-12) |  
| Subchapter 8 (Other than K-12) |  
| Other (i.e. private & commercial buildings, homes, etc.) |  
| Square Feet | 134,000 |
| # of Floors | 1 |
| Bldg Age | 53 yrs |
| Name of Facility Where Abatement is Taking Place (3) | DOVER HIGH SCHOOL |
| Street Address | 100 GRACE ST. |
| City, State, Zip Code | DOVER, NJ 07801 |
| County Code (7) | MORRIS |
| Name of Monitoring Firm Hired by Building Owner (8) | OMEGA ENVIRONMENTAL |
| ASCM No. | 00120 |
| Name of Abatement Contractor (9) | LESCO SERVICES INC. |
| Street Address | 156 MAPLE AVE. |
| City, State, Zip Code | WALLINGTON, NJ 07057 |
| Project Manager for Monitoring Firm | GEISER FAJARDO |
| Telephone No. | 201-498-8700 |
| License No. | 973-406-7341 |
| Name of OSHA Monitor | LESLAW NALOOKA |
| Start Date (10) | 07/29/13 |
| Scheduled Completion Date (11) | 08/06/13 |
| Occupancy Status During Abatement (Check Only One) |  
| Yes |  
| No |  
| N/A |  
| Facility Closed/Vacated During Entire Period of Abatement |  
| Abatement Performed Outside of Normal Facility Hours |  
| Other – Describe: OCCUPIED BUILDING |
| Scope of Work (Check All That Apply) |  
| Yes |  
| No |  
| N/A |  
| ≥3 sf or ≥3 sf |  
| ≥160 sf or ≥200 sf |  
| Renovation |  
| Demolition |  
|  
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) |  
| Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | Yes  
| No | N/A |
| Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | TANK INSULATION 260 SF.  
| ELBOW INSULATION 5 ELBOWS |
| Amount (Specify SF or LF) |  
| Abatement Type |  
| Removal |  
| Hepatitis |  
| Encapsulate |  
| Enclose |  
| Name of Registered Waste Hauler | NEWARK CARTING INC. |
| NJDEP Waste Hauler ID No. | 05408 |
| Cubic Yards of Waste | 5 |
| Name of Registered Landfill | G. R. O. S. |
| City, State | WALLINGTON, NJ 07057 |
| Disposal Date | 08/06/13 |
| Completed by | LESLAW NALOOKA |
| Title | PRESIDENT |
| Signature |  
| Date | 07/25/13 |

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

**Pursuant to NJAC 8:60 and 12:120**

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>07/24/13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>DOVER BOARD OF EDUCATION</td>
</tr>
<tr>
<td>Agencies Notified</td>
<td>EPA, DEP, DOL, DOH, DCA</td>
</tr>
<tr>
<td>Type Notification</td>
<td>□ Initial, □ Amended, □ Emergency (including justification)</td>
</tr>
<tr>
<td>Street Address</td>
<td>100 GRACE ST.</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>DOVER, NJ 07801</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>ROBERT GOMES</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td>DOVER HIGH SCHOOL</td>
</tr>
<tr>
<td>Street Address</td>
<td>100 GRACE ST.</td>
</tr>
<tr>
<td>City (5)</td>
<td>DOVER, NJ 07801</td>
</tr>
<tr>
<td>County (6)</td>
<td>Morris</td>
</tr>
<tr>
<td>County Code (7)</td>
<td>(STATE USE ONLY)</td>
</tr>
<tr>
<td>Type of Facility (4)</td>
<td>□ School (K-12), □ Subchapter 6 (Other than K-12), □ Other (i.e. private &amp; commercial buildings, homes, etc.)</td>
</tr>
<tr>
<td>Square Feet</td>
<td>134,000</td>
</tr>
<tr>
<td># of Floors</td>
<td>1</td>
</tr>
<tr>
<td>Bldg. Age</td>
<td>53 yrs</td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>LESCO SERVICES INC.</td>
</tr>
<tr>
<td>Street Address</td>
<td>136 MAPLE AVE.</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>WALLINGTON, NJ 07057</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>GARDEN STATE ENVIRONMENTAL INC.</td>
</tr>
<tr>
<td>ASCM No.</td>
<td>00127</td>
</tr>
<tr>
<td>Name of OSHA Monitor</td>
<td>LESLAW NALODILA</td>
</tr>
<tr>
<td>Street Address</td>
<td>136 MAPLE AVE.</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>WALLINGTON, NJ 07057</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>BRUCE WOLF</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>201-652-1118</td>
</tr>
<tr>
<td>License No.</td>
<td>973-406-5438</td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>07/29/13</td>
</tr>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>08/06/13</td>
</tr>
<tr>
<td>Occupancy Status During Abatement</td>
<td>□ Facility Closed/Vacated During Entire Period of Abatement, □ Abatement Performed Outside of Normal Facility Hours, □ Other – Describe: OCCUPIED BUILDING</td>
</tr>
<tr>
<td>Scope of Work (Check All That Apply)</td>
<td>□ 300 sq. ft. or &lt; 260 sq. ft., □ Renovation, □ Demolition, □ Full Containment with Negative Pressure, □ Mini-Enclosure, □ Glovebag Procedure, □ Non-Exempted (*) and Non-Friable Procedure</td>
</tr>
</tbody>
</table>

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

| Location | BOILER ROOM, BOILER ROOM |
|———|———|
| Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | Yes |
| Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | TANK INSULATION, ELBOW INSULATION |
| Amount (Specify SF or LF) | 260 ST, 5 ELBOWS |
| Name of Registered Waste Hauler | Newark Carting Inc. |
| NUDER Waste Hauler ID No. | 05408 |
| Cubic Yards of Waste | 5 |
| Name of Registered Landfill | GROWS |
| Disposal Date | 08/07/13 |
| City, State | Newark, NJ |
| Completed by | LESLAW NALODILA |
| Title | President |
| Signature | |
| Date | 07/24/13 |

---

*Do not use this form for asbestos licensure exempted activities.*
<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>07/25/13</td>
<td>EIA Constructors, Inc.</td>
</tr>
</tbody>
</table>

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

Name of Contact: Kyle R. Hanson, Project Manager

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3):
Our Lady of the Most Holy Rosary

Street Address:
625 Florida Grove Road
City (5): Hopelawn
County (6): Middlesex

Name of Monitoring Firm Hired by Building Owner (8):
Karl & Associates, Inc.

P.O. Box 645
City: State: Zip Code: Shillington, PA 19607

Project Manager for Monitoring Firm:
Michael Krisher
Telephone Number:
610-856-7700

Name of Abatement Contractor (9):
Four Strong Builders, Inc.

Street Address:
180 Sargeant Avenue
City: State: Zip Code: Clifton, NJ 07013-1935

License Number:
973-614-0377
Name of OSHA Monitor:

Four Strong Builders, Inc.

Street Address:
180 Sargeant Avenue
City: State: Zip Code: Clifton, NJ 07013

Scope of Work (Check all that apply):
- [X] Renovation
- [X] Demolition
- [X] Other - Describe: 160 sf to 2280 sf

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boiler Room</td>
<td>Pipe Insulation 5 LF</td>
</tr>
<tr>
<td>Boiler Room</td>
<td>Pipe Fitting Insulation 27 each</td>
</tr>
</tbody>
</table>

Amount (Specify SF or LF):

- 5 LF
- 27 each

Location Normally Used Solely by Maintenance/Custodial Staff:
Yes No [X] No

Name of Registered Waste Hauler:
Four Strong Builders, Inc.

NDEP Waste Hauler ID No.:
12809

Cubic Yards of Waste:

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

Disposal Date:
Clifton, NJ

Completed By (Print or Type) Title:
Bilyana Kulakovska Office Administrator

Date:
7/25/13

Initial Friable Notification Check #: 5513

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)
State of New Jersey - Notification of Asbestos Abatement  
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>July 31, 2013</th>
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<tbody>
<tr>
<td>Agencies Notified</td>
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<tr>
<td>☑ EPA</td>
<td></td>
</tr>
<tr>
<td>☑ DCA</td>
<td></td>
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<tr>
<td>☑ DOG</td>
<td></td>
</tr>
<tr>
<td>☒ DEP - No Longer REQUIRED</td>
<td></td>
</tr>
<tr>
<td>☑ DOH</td>
<td></td>
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<tr>
<td>Notification Type</td>
<td></td>
</tr>
<tr>
<td>☑ Initial Notification</td>
<td></td>
</tr>
<tr>
<td>☑ Amended Notification</td>
<td></td>
</tr>
<tr>
<td>☑ Emergency (including justification)</td>
<td></td>
</tr>
<tr>
<td>☑ Cancelled</td>
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<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>RUTGERS, THE STATE UNIVERSITY OF NJ</td>
</tr>
<tr>
<td>Street Address</td>
<td>ENVIRONMENTAL HEALTH &amp; SAFETY DEPT.</td>
</tr>
<tr>
<td></td>
<td>27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>MICHAEL SMITH, Env. HEALTH &amp; SAFETY</td>
</tr>
<tr>
<td>Telephone Number</td>
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</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>PHYSICS LECTURE HALL, BLDG# 3562</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>BUSCH CAMPUS</td>
</tr>
<tr>
<td>City (5)</td>
<td>PISCATAWAY</td>
</tr>
<tr>
<td>County (6)</td>
<td>MIDDLESEX</td>
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<tr>
<td>County Code (7)</td>
<td></td>
</tr>
<tr>
<td>(State Use Only)</td>
<td></td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Hid. Owner (8)</td>
<td>ATC ASSOCIATES</td>
</tr>
<tr>
<td>ASCM No.</td>
<td>0098</td>
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</table>

**Type of Facility (4)**

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

<table>
<thead>
<tr>
<th>Sq. Feet</th>
<th># of Floors</th>
<th>Bldg. Age</th>
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</thead>
<tbody>
<tr>
<td>N/A</td>
<td>1</td>
<td>50+ years</td>
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</table>

<table>
<thead>
<tr>
<th>Current Use (prior if being demolished):</th>
<th>ACADEMIC</th>
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</thead>
</table>

**Project Manager for Monitoring Firm**

- BRIAN KEARNY

<table>
<thead>
<tr>
<th>Telephone Number</th>
<th>609-368-8800</th>
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</table>

**Occupancy Status During Abatement**

- ☑ Facility Closed/Vacated During Entire Period of Abatement
- ☑ Abatement Performed Outside of Normal Facility Hours
- ☒ Other – Describe: Shift Hours: 5:00 PM – 5:00 AM

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
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<tbody>
<tr>
<td>☑ ≥ 3 sf or ≥ 3 if</td>
</tr>
<tr>
<td>☒ ≥ 160 sf or ≥ 260</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>☒ Glovebag Procedure</td>
</tr>
<tr>
<td>☒ Non-Exempted (*) and Non-Friable Procedure</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) in Facility (13)</th>
<th>Is Location Normally Used Solely by Maitn./Custodial Staff (12)</th>
<th>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscall.)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Reg. Waste Hauler</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>See Hauler Below #1 &amp; 2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NIDEP Waste Hauler ID #</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>See Below</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cubic Yards of Waste: 10 CY</td>
<td>Name of Registered Landfill</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>G.R.O.W.S. North Landfill</td>
<td></td>
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<td></td>
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</table>

<table>
<thead>
<tr>
<th>Disposal Date</th>
<th>08/19/13</th>
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</thead>
<tbody>
<tr>
<td>City, State</td>
<td>100 New Ford Mill Rd. Morrisville, Pa 19067</td>
</tr>
<tr>
<td></td>
<td>215-735-1700</td>
</tr>
</tbody>
</table>

**Completed by (Print or Type)**

- RAYMOND C. PEDALINO
  - Title: SENIOR PROJECT MANAGER

<table>
<thead>
<tr>
<th>Signature</th>
<th>Raymond C. Pedalino</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date</td>
<td>July 31, 2013</td>
</tr>
</tbody>
</table>

Copies To:  Rutgers, REHS, Attn: Mike Smith  and  ATC, Attn: Brian Kearney
Date of Notification (1) 08-01-2013

Agency Notified

- EPA  
- DEP  
- DOH  
- DCA  
- Initial  
- Amended  
- Emergency (Including Justification)  
- Amendment #  
- Cancellation

Type Notification

- Initial  
- Amended  
- Amendment #  
- Emergency (Including Justification)  
- Cancellation

Name of Building Owner/Operator

Huge Goodspeed

Street Address

130 LORRINE AVE

City, State, Zip Code

PLAINFIELD N.J. 07062

Name of Contact

Huge

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place

PRIVATE

Street Address

SAY

City (5)

County (6)

County Code (7) (STATE USE ONLY)

Current Use (Prior to being demolished)

Type of Facility

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

Square Feet

# of Floors

Bldg. Age

Name of Monitoring Firm Hired by Building Owner

N/A

ASCm No.

N/A

Name of Abatement Contractor

SHARON QUALITY CO LLC

Street Address

22-VAN ORDEN PL

City, State, Zip Code

HACKENSACK N.J. 07601

Telephone No.

201-008-4207

License No.

01135

Name of OSHA Monitor

CMSL Analytical Inc.

Street Address

307 west 38th street.

City, State, Zip Code

NEW YORK N.Y. 10018

Project Manager for Monitoring Firm

N/A

Telephone No.

N/A

Start Date (10)

08-10-2013

Scheduled Completion Date (11)

08-11-2013

Occupancy Status During Abatement (Check Only One)

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

Scope of Work (Check All That Apply)

- >=3 sf or >=3 if 
- >=160 sf or >=260 if 
- Renovation
- Demolition 
- Full Containment with Negative Pressure 
- Mini-Enclosure 
- Glovebag Procedure 
- Non-Exempted (*) and Non-Friable Procedure

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

Basement

In Facility (13)

Location Normally Used Solely by Maintenance/Custodial Staff?

Yes

Is Location Normally Used Solely by Maintenance/Custodial Staff?

No

N/A

Description of Asbestos-Containing Material (ACM)

Pipe Insulation

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

Amount

140 LF

Abatement Type

Removal

Repair

Innovate

Endorse

Name of Registered Waste Hauler

SHARON QUALITY CONSTRUCT

NUDEP Waste Hauler D No.

0030987

Cubic Yards of Waste

TBD

Name of Registered Landfill

Hilltop
tera Enterprise, Inc.

Disposal Date

TBD

City, State

WAYNESBORO, OHIO

Completed by

CARLOS ESQUIVEL

Title

SAFETY MANAGER

Signature

08-01-2013

*Do not use this form for asbestos licensure exempted activities.
Date of Notification (1): 05-28-2013

Name of Building Owner/Organizer: KEITH M. CUNNING
Address: 1827 SLEEPY HOLLOW LANE, PLAINFIELD N.J. 07080
Name of Contact: Huge; Goodspeed
Telephone Number: [Redacted]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Private
Street Address: 1827 SLEEPY HOLLOW LANE
City (5): PLAINFIELD
County (6): N.J.
Name of Monitoring Firm Hired by Building Owner (8): N/A
Type of Facility (4):
  - School (K-12)
  - Subchapter 8 (Other than K-12)
  - Other (i.e., private & commercial buildings, homes, etc.)

Square Feet: 1800
Floors: 1
Bldg. Age: 72

Name of Abatement Contractor (9): SHARON QUALITY CO. LLC
Street Address: 22-VAN ORDEN PL
City, State, Zip Code: HACKENSACK N.J. 07601
Telephone No.: 201-708-4270
License No.: 01135

Name of OSHA Monitor: [Redacted]
Street Address: 307 WEST 38TH STREET
City, State, Zip Code: NEW YORK N.Y. 10018

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Floor</td>
<td>No</td>
<td>PIPE INSULATION (35)</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Basement</td>
<td>Yes</td>
<td>PIPE INSULATION (92)</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler: SHARON QUALITY CONSTRUCTION
City, State: HACKENSACK N.J.
Waste Hauler ID No: 0033467

Completed by: CARLOS ESQUIVEL
Title: SAFETY MANAGER
Signature: [Redacted]
Date: 08-01-2013

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>7/25/2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Hackettstown Board of Education</td>
</tr>
<tr>
<td>Agencies Notified</td>
<td>Notification Type</td>
</tr>
<tr>
<td>X EPA</td>
<td>□ Initial</td>
</tr>
<tr>
<td>X DEP</td>
<td>□ Amended # 1</td>
</tr>
<tr>
<td>X DOL</td>
<td>□ Emergency (including justification)</td>
</tr>
<tr>
<td>□ DOH</td>
<td>□ Cancellation</td>
</tr>
<tr>
<td>X DCA</td>
<td>□</td>
</tr>
<tr>
<td>Street Address</td>
<td>315 Washington Street</td>
</tr>
<tr>
<td>City</td>
<td>Hackettstown, NJ 07840</td>
</tr>
<tr>
<td>Name of Facility Where Abatement is Taking Place (5)</td>
<td>Hatcherry Hill Elementary School</td>
</tr>
<tr>
<td>Street Address</td>
<td>398 5th Avenue</td>
</tr>
<tr>
<td>City</td>
<td>Hackettstown</td>
</tr>
<tr>
<td>County</td>
<td>Warren</td>
</tr>
<tr>
<td>Name of Contractor (9)</td>
<td>MTM Metro Corporation</td>
</tr>
<tr>
<td>Street Address</td>
<td>135-137 McBride Ave</td>
</tr>
<tr>
<td>City</td>
<td>Paterson, NJ 07501</td>
</tr>
<tr>
<td>Name of Contractor (9)</td>
<td>MTM Metro Corporation</td>
</tr>
<tr>
<td>Street Address</td>
<td>135-137 McBride Ave</td>
</tr>
<tr>
<td>City</td>
<td>Paterson, NJ 07501</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>8610-431-7545</td>
</tr>
<tr>
<td>License Number</td>
<td>973 742 5030</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>Philip Conte</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>8610-431-7545</td>
</tr>
<tr>
<td>License Number</td>
<td>973 742 5030</td>
</tr>
<tr>
<td>Name of OSHA Monitor</td>
<td>MTM Metro Corporation</td>
</tr>
<tr>
<td>Street Address</td>
<td>135-137 McBride Ave</td>
</tr>
<tr>
<td>City</td>
<td>Paterson, NJ 07501</td>
</tr>
<tr>
<td>Name of Reg. Landfill</td>
<td>Tullytown</td>
</tr>
<tr>
<td>City</td>
<td>Paterson, NJ 07501</td>
</tr>
<tr>
<td>Disp. Date</td>
<td>8/05/13</td>
</tr>
<tr>
<td>Completed by (Print or Type)</td>
<td>Elizabeth Maslakova</td>
</tr>
<tr>
<td>Title</td>
<td>Business Administrator</td>
</tr>
<tr>
<td>Signature</td>
<td>Elizabeth Maslakova</td>
</tr>
<tr>
<td>Date</td>
<td>7/25/2013</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>08-05-13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>John Exadaktilos</td>
</tr>
<tr>
<td>Agencies Notified</td>
<td>EPA</td>
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<tr>
<td>Type Notification</td>
<td>Initial</td>
</tr>
<tr>
<td>Street Address</td>
<td>2400 Atlantic Ave</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Atlantic City NJ 08401</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>John Exadaktilos</td>
</tr>
<tr>
<td>FACILITY INFORMATION</td>
<td></td>
</tr>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td>residence</td>
</tr>
<tr>
<td>Street Address</td>
<td>130 S. kingston Ave</td>
</tr>
<tr>
<td>City (5)</td>
<td>Atlantic City</td>
</tr>
<tr>
<td>County (6)</td>
<td>Atlantic</td>
</tr>
<tr>
<td>County Code (7) (STATE USE ONLY)</td>
<td></td>
</tr>
<tr>
<td>Square Feet</td>
<td># of Floors</td>
</tr>
<tr>
<td>Current Use (Prior if being demolished)</td>
<td>2</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>ASCM No.</td>
</tr>
<tr>
<td>Site Enterprises</td>
<td>815 12TH ST.</td>
</tr>
<tr>
<td>Street Address</td>
<td>Hammonton NJ 08037</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>609-567-1250</td>
</tr>
<tr>
<td>License No.</td>
<td>001172</td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>Site Enterprises</td>
</tr>
<tr>
<td>Street Address</td>
<td>313 12TH ST.</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Hammonton nj 08037</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>Telephone No.</td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>07/29/13</td>
</tr>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>08/12/13</td>
</tr>
<tr>
<td>Occupancy Status During Abatement (Check only one)</td>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
</tr>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM-PM/ PM-AM</td>
<td></td>
</tr>
<tr>
<td>Scope of Work (Check all that apply)</td>
<td></td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED</td>
<td>IN Facility</td>
</tr>
<tr>
<td>Location Normally Used Solely by Maintenance/Custodial Staff? (12)</td>
<td>Yes</td>
</tr>
<tr>
<td>outside</td>
<td></td>
</tr>
<tr>
<td>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td>3000 SF</td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
<td>30</td>
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<tr>
<td>Abatement Type</td>
<td>Encapsulate</td>
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<tr>
<td>Name of Registered Waste Hauler</td>
<td>NJDEP Waste Hauler ID No. 17273</td>
</tr>
<tr>
<td>Waste Management</td>
<td>Disposal Date</td>
</tr>
<tr>
<td>City, State</td>
<td>Tullytown landfill</td>
</tr>
<tr>
<td>Camden NJ</td>
<td>City, State</td>
</tr>
<tr>
<td>Completed By (Print or Type)</td>
<td>Thomas Rock</td>
</tr>
<tr>
<td>Signature</td>
<td>Date</td>
</tr>
</tbody>
</table>
GAC Project # 400-13

State of New Jersey - Notification of Asbestos Abatement
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

Date of Notification (1)

August 1, 2013

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

Notification Type
☐ Initial Notification
☒ Amended Notification #1
☐ additional material
☐ Emergency (including justification)
☐ Cancelled

Name of Building Owner/Operator (2)
FAIRLEIGH DICKINSON UNIVERSITY

Street Address
10 WOODBRIDGE AVENUE

City, State, Zip Code
HACKENSACK, NJ 07601

Name of Contact
Mr. Dick Frick

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
FAIRLEIGH DICKINSON UNIVERSITY - METRO CAMPUS - BECTON HALL

Street Address
1000 RIVER ROAD

City (5)
TEANECK
County (6)
BERGEN

Name of Monitoring Firm Hired by Bldg. Owner (8)
ENVIRONMENTAL DESIGN, INC.

Name of Contractor (9)
GREENWOOD ABATEMENT CONSULTANTS, INC.

Street Address
5434 KING AVENUE - SUITE 101

City, State, Zip Code
PENNSAUKEN, NJ 08109

Project Manager for Monitoring Firm
JAY MURRAY

Telephone Number
609-221-0073

Scheduled Start Date (10)
08/02/13

Scheduled Completion Date (11)
08/04/13

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

Name of OSHA Monitor
ENVIROVISION, INC.

Street Address
20-21 WARGARAW ROAD

City, State, Zip Code
FAIRLAWN, NJ

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

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

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

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

Amount (Specify SF or LF)

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

3rd Floor Hallway

T SI - PIPE FITTING & HANGER SADDLE INSULATION

98 LF

Name of Reg. Waste Hauler
Newark Carting, Inc.
Newark, NJ 04509

NJ DEP Waste Hauler ID #
NJ DEP # 4509

Cubic Yards of Waste:
5 CY

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

Disposal Date
08/04/13

City, State
100 New Ford Mill Rd.
Morristown, Pa 19067
215-736-1700

Notes:
None

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

Signature
Raymond C. Pedalino

Date
August 1, 2013

Copies To: EDI, Attn: Jay Murray
### State of New Jersey - Notification of Asbestos Abatement

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

**GAC Project # 400-13**

**Date of Notification (1)**

July 17, 2013

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

FAIRLEIGH DICKINSON UNIVERSITY

**Street Address**

10 WOODBRIDGE AVENUE

**City, State, Zip Code**

HACKENSACK, NJ 07601

**Name of Contractor (9)**

GREENWOOD ABATEMENT CONSULTANTS, INC.

**Street Address**

5434 KING AVENUE – SUITE 101

**City, State, Zip Code**

PENNSAUKEN, NJ 08109

**Type of Facility (4)**

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

**Sq. Feet**

120,000 approx. # of Floors: 4 Bldg. Age: 50+ years

**Current Use (prior if being demolished):**

ACADEMIC CLASSROOMS & ADMINISTRATIVE OFFICES

---

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

FAIRLEIGH DICKINSON UNIVERSITY – METRO CAMPUS – BECTON HALL

**Street Address**

1000 RIVER ROAD

**City (5)**

TEANECK

**County (6)**

BERGEN

**County Code (7)**

0260

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

ENVIRONMENTAL DESIGN, INC.

**Name of ASCM No.**

0095

---

**Name of Project Manager for Monitoring Firm**

JAY MURRAY

**Telephone Number**

609-221-0073

**Telephone Number**

268 MAIN STREET

**City, State, Zip Code**

BUTLER, NJ 07405

**License Number**

973-492-0477

00840

**Name of OSHA Monitor**

ENVIROVISION, INC.

**Street Address**

20-21 WARGAROW ROAD

**City, State, Zip Code**

FAIRLAWN, NJ

---

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

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

**Describe:**

- Facility Occupied During Entire Period of Abatement

**Hours MON 7AM - SAT 12 MID (24 Hrs as needed)**

---

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

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

---

**3rd Floor Hallway**

TSI - PIPE FITTING INSULATION

38 LF

---

**Name of Regulated Waste Hauler**

Newark Carting, Inc.

Newark, NJ 04509

**NJDEP Waste Hauler ID #**

NJ DEP # 4509

**Cubic Yards of Waste:**

5 CY

**Name of Registered Landfill**

G.R.O.W.S. North Landfill

**Disposal Date**

08/04/13

**City, State**

160 New Ford Mill Rd.

Montville, PA 19067

215-736-1700

---

**Copies To:**

EDI, Attn: Jay Murray

---

**Completed by (Print or Type)**

RAYMOND C. PEDALINO

Title

SENIOR PROJECT MANAGER

Signature

Raymond C. Pedalino

Date

July 17, 2013