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

State of New Jersey

Date of Notification (1) 8/14/12

Name of Building Owner/Operator (2) PINELANDS CONSTRUCTION

Agency Notified

- EPA
- ODEP
- DOH
- OCS
- DCA

Type Notification

- Initial
- Amendment
- Emergency
- Amendment

Name of Facility Where Abatement Is Taking Place (3)

RESIDENCE

Street Address

300 77th St.

City, State, Zip Code

Sea Isle City, N.J.

Type of Facility (4)

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

County (5)

Cape May

County Code (7)

(STATE USE ONLY)

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)

- 0 - 25 sq ft or 25 sq ft
- 25 sq ft or 50 sq ft

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

- IN Facility

1st Location Normally Used Solely by Maintenance/Custodial Staff (12)

Yes

No

N/A

Description of Asbestos-Containing Material (ACM)

(Specify SF or LF)

Amount

Removal

Repair

Encapsulation

Disposal

Name of Registered Waste Hauler

Klemco Inc.

Cubic Yards of Waste

1,778

Name of Registered Landfill

C.M.C.M.A.

Disposal Date

Woodbine, N.J.

COMPETED BY

Joseph Klemm

Signature

8/14/12

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

Date of Notification (1) 08/14/2012
Name of Building Owner/Operator (2) IMRM

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

Street Address
745 Atlantic Ave
City, State, Zip Code
Boston MA 02111
Name of Contact
Jim Procter
Telephone Number

FACILITY INFORMATION
Name of Facility Where Abatement is Taking Place (3)
Iron Mountain
Street Address
1179 Magnolia Ave
City (5)
Elizabeth
County (6)
Union
County Code (7)
(State Use Only)
Type of Facility (4)
- School (K-12)
- Subchapter 8 (Other than K-12)
- Other (i.e. private & commercial buildings, homes, etc.)
Square Feet
# of Floors
Bldg. Age
30 plus
Current Use (Prior if being demolished)
Storage

Name of Monitoring Firm Hired by Building Owner (8)
Health & Safety
Street Address
318 12th St.
City, State, Zip Code
Hammonton NJ 08037
Project Manager for Monitoring Firm
Jim Procter
Telephone No.
609-704-8850
Telephone No.
215-970-7030
License No.
01167

Start Date (10)
08-07-12
Scheduled Completion Date (11)
8-16-12
Name of OSHA Monitor
Health & Safety

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 If
- ≥160 sf or ≥260 If
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Description of Asbestos Containing Material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
</tr>
<tr>
<td>Abatement Type</td>
</tr>
<tr>
<td>Removal</td>
</tr>
<tr>
<td>Encapsulate</td>
</tr>
<tr>
<td>Enclose</td>
</tr>
</tbody>
</table>

6 locations
- plaster
- 4000sf
- x

firing range
- pipe
- 50 Lf
- x

Basement Hallway
- pipe
- 12LF
- x

Name of Registered Waste Hauler
waste management
NJ DEP Waste Hauler ID No. 17273
Cubic Yards of Waste
40cy
Name of Registered Landfill
wm-Tullytown Landfill
City, State
Tullytown PA
Disposal Date
08-14-12
Completed by
Thomas Rock
Title
PM
Signature
Date
2-14-12

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

Date of Notification (1)  
August 13, 2012

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

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

Name of Building Owner/Operator (2)  
Jack Green Construction

Street Address  
P O Box 313

City, State, Zip Code  
Ocean Grove, NJ 07756

Name of Contact  
Jack Green

FACILITY INFORMATION

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

Street Address  
91 Cookman Avenue

City  
Ocean Grove

County  
Monmouth

County Code (7) (STATE USE ONLY)  
ASCM No.

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

Street Address  
1889 Rte. 9, Unit 61

City, State, Zip Code  
Toms River, NJ 08755

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

Project Manager for Monitoring Firm  
Nicholas Fernicola

Telephone Number  
732-349-9932

Scheduled Start Date (10)  
8/14/12

Scheduled Completion Date (11)  
8/15/12

Occupancy Status During Abatement (Check only one)  

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

[ ] Abatement Performed Outside of Normal Facility Hours

[ ] Other – Describe

Scope of Work (Check all that apply)  

[ x ] >3sf or >3h

[ ] ≥160sf or ≥260sf

[ x ] Renovation

[ ] Demolition

Type of Facility (4)  
[ ] School (k-12)

[ ] Subchapter 8 (other than k-12)

[ x ] Other (i.e., private & commercial buildings, homes, etc.)

Square feet  
1500 sf

# of Floors  
2

Bldg. Age  
80

Current Use (Prior if being demolished)  
Residence

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

Street Address  
1056 Stelton Road

City, State, Zip Code  
Piscataway, New Jersey 08854

[ x ] Full Containment with Negative Pressure

[ ] Mini-Enclosure

[ ] Glovebag Procedure

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

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

Amount (Specify SF or LF)

Abatement Type

REMOVAL

ENCLOSURE

REPAIR

ENCAPSULE

ENCLOSURE

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

Name of Registered Waste Hauler  
Guardian Contracting, Inc.

NJDEP Waste Hauler ID No.  
20223

Cubic Yards of Waste  
1

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

City, State  
Toms River, New Jersey

Disposal Date  
8/16/12

City, State  
Tullytown, Pennsylvania

Completed by (Print or Type)  
Nicholas Fernicola

Title  
Project Manager

Signature  

Date  
8/13/2012

*Do not use this form for asbestos licensure exempted activities.
<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Notification</td>
<td>8-14-12</td>
</tr>
<tr>
<td>Agency Notified</td>
<td>EPA</td>
</tr>
<tr>
<td>Address</td>
<td>101 Don Cameron Blvd</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Jackson, NJ 0875</td>
</tr>
<tr>
<td>Name of Family Whose Abatement is Taking Place</td>
<td>Jackson High School</td>
</tr>
<tr>
<td>Street Address</td>
<td>101 Don Cameron Blvd</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Jackson, NJ 0875</td>
</tr>
<tr>
<td>Name of Abatement Contractor</td>
<td>PMI LLC</td>
</tr>
<tr>
<td>Street Address</td>
<td>1212 Burlington Ave</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Denville, NJ 07834</td>
</tr>
<tr>
<td>Scheduling Completion Date</td>
<td>9-10-12</td>
</tr>
<tr>
<td>Scope of Work (Please see explanatory note)</td>
<td>150 sq ft or 2,000 sq ft</td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (BCM)</td>
<td>Foyer, stairwell</td>
</tr>
<tr>
<td>Name of Registered Waste Handler</td>
<td>J. Robinson</td>
</tr>
<tr>
<td>City, State</td>
<td>Bellmawr, NJ</td>
</tr>
</tbody>
</table>

**Abatement Type**

- [ ] Full Demolition
- [ ] Partial Demolition
- [ ] Dry Stamping/Pressure spraying
- [ ] Hand Scraper/Drill

**Amount (if applicable)**

- [ ] 15 Ibs

**Notes**

- Do not use this form for asbestos removal - ABE-41
**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**

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

---

**Date of Notification (1):** 8-13-12  
**Name of Building Owner/Operator (2):** MKJK LLC  
**City, State, Zip Code:** Ewing, NJ 08638  
**Telephone Number:** (609) 758-3365

---

**Name of Facility Where Abatement is Taking Place (3):** Warehouse  
**Street Address:** 1571 6th Street  
**County Code (5):** Mercer

---

**Name of Abatement Contractor (8):** EPC Technologies  
**Address:** P.O. Box 337

---

**Name of OSHA Monitor:** EPC Technologies  
**Address:** P.O. Box 337

---

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

---

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

<table>
<thead>
<tr>
<th>Location of ACM</th>
<th>Normal Use</th>
<th>Description of ACM</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Floor Tile Weave</td>
<td>X</td>
<td>Floor Tires 9184</td>
<td>1650 SF X</td>
<td>Demolition</td>
</tr>
<tr>
<td>Roof Flat</td>
<td>X</td>
<td>Roofing Materials 2000 SF</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

**Name of Registered Waste Hauler:** EPC Technologies  
**Waste Management:** NJDEP Waste Hauler ID No. 17000  
**Disposal Date:** Various Dates

---

**Check # 8246**

---

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

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

**Name of Building Owner/Operator:** Camden City Board Of Ed

**Street Address:** 201 N Front Street

**City, State, Zip Code:** Camden NJ 08102

**Name of Contact:** Steve Nicolella

**Telephone Number:**

## FACILITY INFORMATION

- **Name of Facility Where Abatement is Taking Place:** Whittier Elementary School
- **Street Address:** 740 Chestnut Street
- **City:** Camden NJ 08102
- **County:** Camden

## Monitoring Firm

- **Name of Monitoring Firm Hired by Building Owner:** N/A
- **ASCM No.:** 
- **Name of Abatement Contractor:** Pernaco Inc

## Occupancy Status During Abatement

- **Occupancy Status During Abatement:**
  - Facility Closed/Vacated During Entire Period of Abatement
  - Abatement Performed Outside of Normal Facility Hours
  - Other – Describe: after 4 PM night work

## Project Information

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

## Abatement Schedule

- **Start Date (10):** 8/7/12
- **Scheduled Completion Date (11):** 8/19/12

## Abatement Scope

- **Scope of Work (Check All That Apply):**
  - ≥30 sf or ≥3 lf
  - ≥160 sf or ≥260 lf
  - Renovation
  - Demolition

## Abatement Details

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED</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>Classroom 3</td>
<td>Floor tile / mastic</td>
<td>1050 SF</td>
<td>x</td>
</tr>
<tr>
<td>Classroom 7</td>
<td>Floor tile / mastic</td>
<td>1050 SF</td>
<td>x</td>
</tr>
<tr>
<td>Classroom 29</td>
<td>Floor tile / mastic</td>
<td>1050 SF</td>
<td>x</td>
</tr>
<tr>
<td>Room 6</td>
<td>Floor tile / mastic</td>
<td>1050 SF</td>
<td>x</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler:** A Greener Recycling

**Disposal Date:** 8/13/12

**City:** Hainesport NJ

**State:** NJ

**Disposal Site:** Morrisville PA 19067

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

**Cubic Yards of Waste:** 15

**Waste Hauler ID No.:** 29439

**completed by:** Anthony T Perna

**Title:** President

**Signature:** 

---

*Do not use this form for asbestos licensure exempted activities.*
### NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:129-7)

**Date of Notification (1):** 8/13/12  
**Name of Building Owner/Operator (2):** Adrai Bolden

**Agencies Notified:**  
[X] EPA  
[ ] DEP  
[ ] DOL  
[ ] DOH  
[ ] IDCA  
[ ] Initial Notification  
[ ] Amended Notification  
[ ] Emergency  
[ ] Cancellation

**FACILITY INFORMATION**  
**Name of Facility Where Abatement is Taking Place (3):** Private  
**Street Address:** 180 Chancellor Ave  
**City, State, Zip Code:** Newark, NJ 07112  
**Name of Contact:** Mary Bolden  
**Telephone Number:** 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:** 2200  
**# of Floors:** 3  
**Bldg. Age:** 65  
**Current Use (Prior if being demolished):** N/A

**Name of Monitoring Firm hired by Building Owner (8):** N/A  
**ASCM No.:** N/A  
**Name of Abatement Contractor (9):** AZTECH MANAGEMENT, INC.

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

**Telephone Number:** (973) 744-8800  
**License Number:** 00371

**Name of OSHA Monitor:** N/A  
**Street Address:** N/A  
**City, State, Zip Code:** N/A

**Scheduled Start Date (10):** 8/23/12  
**Month:** 8  
**Day:** 23  
**Year:** 2012  
**Scheduled Completion Date (11):** 8/24/12  
**Month:** 8  
**Day:** 24  
**Year:** 2012

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

**Scope of Work (Check all that apply):**  
[X] 3 sf or < 31 sf  
[ ] 160 sf or < 260 sf  
[X] Demolition  
[ ] Renovation  
[ ] Full Containment with Negative Pressure  
[ ] Mini-Enclosure  
[ ] Glovebag Procedure  
[ ] Non-Friable Procedure

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) To Be Abated</th>
<th>Amount of ACM (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement: X Pipe insulation: 125 LF X</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler:** AZTECH MANAGEMENT, INC.  
**NJDH Waste Hauler ID No.:** 17040  
**Type:** N/A  
**Cubic Yards of Waste:** 1.5  
**Name of Registered Landfill:** G.R.O.W.S.

**City, State:** Montclair, NJ 07042  
**Disposal Date:** N/A  
**City, State:** Morrisville, PA 19067

**Completed By (Print or Type):** Constantine Vivian  
**Title:** President  
**Signature:** N/A  
**Date:** 8/13/12
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60 and 12:120)

**State of New Jersey**

**Name of Building Owner/Operator:** Morris Union Jointure Commission Board of Education

**Date of Notification (1):** 08/13/12  
**Ck: 2217 $200**

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

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

**Name of Facility Where Abatement Is Taking Place (3):**
Bridgeland Services Group

**Street Address:**
- **Union:**  
- **County:**  
- **City:** New Providence, New Jersey 07974
- **State:**  
- **Zip Code:**  
- **County Code:**  

**Name of Monitoring Firm Hired by Building Owner (8):**
Birdsall Services Group

**Street Address:** 65 Jackson Drive

**City, State, Zip Code:** Cranford, New Jersey 07016

**Project Manager for Monitoring Firm:**
- **Name:** Mike Krupa
- **Telephone No.:** 908-497-8900

**Start Date (10):** 08/22/12  
**Scheduled Completion Date (11):** 08/23/12

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

**Scope of Work (Check All That Apply):**
- [ ] 250 ft or less
- [ ] 260 ft or more
- [ ] Renovation
- [ ] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Glovebox Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

**Location of Asbestos-Containing Material (ACM) TO BE ABATED (12):**
- **Closet**
  - **Clean-up of ACM** 8 SF  
- **Woman's Bathroom**
  - **Elbows** 3 Each.

**Amount (Specify SF or LF):**
- **Description of Asbestos Containing Material (ACM) (лю, i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous):**
- **Amount:**
  - **Cubic Yards:** 2

**Name of Registered Waste Hauler:** Lilich Corporation

**City, State:** Woodland Park, New Jersey 07424

**Waste Hauler ID No.:** 18724

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

**City, State:** Morristown, Pennsylvania

**Disposal Date:** 08/24/12

**Completed by:** Tatiana Kalenikova  
**Title:** Vice President

**Signature:**

**Date:** 08/13/12

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

**(Pursuant to NJAC 5:12-26 and 12-26.1)**

**Date of Notification (1)**: 8-13-2012

**Name of Roofing Contractor/Operator (2)**: E. Haines

**Address**: 87 Glenwood Road, Englewood, NJ 07631

**Type of Facility (1)**: Residential

**City, State, Zip Code**

**County**: Bergen

**Name of Roofing Contractor/Operator (3)**: E. Haines

**Street Address**: 87 Glenwood Road

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Description</th>
<th>Amount</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>THERMAL INSULATION</td>
<td>35 LF</td>
<td></td>
</tr>
<tr>
<td>Basement</td>
<td>THERMAL INSULATION</td>
<td>48 S.F.</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Description</th>
<th>Amount</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>THERMAL INSULATION</td>
<td>35 LF</td>
<td></td>
</tr>
<tr>
<td>Basement</td>
<td>THERMAL INSULATION</td>
<td>48 S.F.</td>
<td></td>
</tr>
</tbody>
</table>

**Name of Registered Waste Handler**: Best Removal Inc.

**Cubic Yards**: 17109

**City, State**: Hackensack, NJ

**Disposal Date**: 8-24-2012

**Name of Registered Inspector**: Minerva Enterprises Inc.

**City, State**: Wayneburg, OH

**Date of Notification**: 8-13-2012

**Date of Inspection**: 8-24-2012

**Estimator**: R. Veldran

**Date**: 8-13-2012

*Do not use this form for asbestos fibre removal exposed conditions.*
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:9A and 12:1H)

Date of Notification (1)
August 13, 2012

Agencies Notified
DEP
DOH
DOL
DQA

Name of Building Owner/Operator (2)
Bayonna Medical Center

Street Address
29 East 29th Street
City, State, Zip Code
Bayonna, New Jersey 07002

Facility Information
Type of Facility (4)
School (K-12)
Subchapter 2b (Other than K-12)
Other (e.g. private & commercial buildings, farms, etc.)

Current Use (Prior to being demolished)
Hospital Blood Room

Square Feet
50,000

Name of Abatement Contractor (5)
SLAVCO CONSTRUCTION INC.

ACSM No.

Name of Abatement Consultant (6)
Envirovision Consultants, Inc.

Street Address
20-21 Wegeon Road, BMg.534A
City, State, Zip Code
CLIFTON, NEW JERSEY 07011-1802

Name of Project Manager For Monitoring Firm
Willie Morales

Telephone No.
973-615-5480

Name of OSHA Monitor
SLAVCO CONSTRUCTION INC.

Name of MSIC Engineer
SLAVCO CONSTRUCTION INC.

Start Date (10)
August 20, 2012

Scheduled Completion Date (11)
September 7th, 2012

Occupancy Status During Abatement (Check Only One)
Facility Closed/ Vacated during Entire Period of Abatement
Omn. or December: 7:00am-3:00pm Monday – Friday

Slope of Work (Check All That Apply)
- Restoration
- Demolition
- Full Containment with Negative Pressure
- Minimize Emissions
- Shrouding Procedure
- Non-Exempted (*) and Non-Tolerable Procedure

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

<table>
<thead>
<tr>
<th>Location Normally Used Externally by Maintenance/Contractor/Staff (12)</th>
<th>Description of Asbestos Containing Material (ACM) (i.e. thermal system insulation, surfacing, VAT, or other nontolerable)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boiler Room</td>
<td>Boiler Rope</td>
<td>10SF</td>
</tr>
<tr>
<td>Boiler Room</td>
<td>Boiler Door Gasket</td>
<td>5SF</td>
</tr>
<tr>
<td>Boiler Room</td>
<td>Firebrick on Interior Side of Boiler</td>
<td>2000SF</td>
</tr>
</tbody>
</table>

Name of Registered Waste Handler
SLAVCO Construction Inc.

City, State
CLIFTON, NEW JERSEY 07011-1802

Disposal Facility
GROW'S LANDFILL
City, State
MORRISVILLE, PA

Completing by
Vivian D. Jurajovc
Tue. Gen. Mgr.

Signature

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

Date of Notification (1)
August 13, 2012

Name of Building Owner/Operator (2)
Bayonne Medical Center

Agencies Notified

☐ EPA
☐ DEP
☐ DOL
☐ DOH
☐ DCA

Type Notification

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

Street Address
29 East 29th Street

City, State, Zip Code
Bayonne, New Jersey 07002

Name of Contact
Nick Verducci

TelephoneNumber

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Bayonne Medical Center

Street Address
29 East 29th Street

City (5)
Bayonne

County (6)
Hudson

County Code (7)

Square Feet
50,000

# of Floors
3

Bldg. Age
50+

Type of Facility (4)(8)

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

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.

Telephone No.
973-478-4648

License No.
00724

Start Date (10)
August 20, 2012

Scheduled Completion Date (11)
September 7th, 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: 7:00am-3:30pm Monday - Friday

Scope of Work (Check All That Apply)

☐ 43 sf or 23 if
☐ 2160 sf or 260 if
☐ Renovation
☐ Demolition

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

In Facility (13)

Boiler Room

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)

Boiler Rope
10SF

Boiler Door Gasket
5SF

Firebrick on Interior Side of Boiler
2000SF

Name of Registered Waste Hauler
Slavco Construction Inc.

NJDEP Waste Hauler ID No.
18508

Cubic Yards of Waste

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

City, State
CLIFTON, NEW JERSEY 07011-1802

Disposal Date
TBD

City, State
MORRISVILLE, PA

Completed by
Vivian D. Jurcevic

Title
Gen. Mgr.

Signature

Date
August 13, 2012

* Do not use this form for asbestos licensure exempted activities.
Date of Notification (1) 07-27-2012

Name of Building Owner/Operator (2)  Ewing Township School District

Type Notification
- Initial
- Amended
- Amendment #2
- Emergency (including justification)
- Cancellation

Street Address  2099 Pennington Road

City, State, Zip Code  Ewing, NJ 08618

Name of Contact  Ryan Broadwater

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

Telephone Number

Name of Facility Where Abatement is Taking Place (3)
Ryan Administration Building-Frank O'Brien Academy

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

Square Feet  22,500
# of Floors  2
Bldg. Age  75

Current Use (Prior if being demolished)
Academy

County Code (7)  (STATE USE ONLY)
Mercer

License No.  00842

Name of Abatement Contractor (9)  Shade Environmental, LLC

Street Address  47 S. Lippincott Ave

City, State, Zip Code  Trenton, NJ 08608

Telephone No.  609-392-4200

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

Telephone No.  856-755-0099

Start Date (10)  July 16, 2012

Scheduled Completion Date (11)  Oct. 31, 2012

Project Manager for Monitoring Firm  Ryan Broadwater

Name of OSHA Monitor

EMS

Street Address  107 Haddon Ave

City, State, Zip Code  Westmont, New Jersey 08108

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

<table>
<thead>
<tr>
<th>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Floor Tile and Mastic</td>
<td>2446 SF</td>
<td>X</td>
</tr>
<tr>
<td>Breeching</td>
<td>25 SF</td>
<td>X</td>
</tr>
<tr>
<td>Fire Brick</td>
<td>30 SF</td>
<td>X</td>
</tr>
<tr>
<td>Fire Door</td>
<td>1</td>
<td>X</td>
</tr>
</tbody>
</table>

Name of Registered Waste hauler  Jack Robinson Waste

Hauler ID No.  17304

Cubic Yards of Waste  30

Name of Registered Landfill  Grows Landfill

City, State  Bellmawr, NJ

Disposal Date  8-21-2012

Completed by  William Lynch

Title  Owner

Signature  [Signature]

Date  07-27-2012

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

Date of Notification (1)  
07-27-2012  

Page 2 of 2  

Name of Building Owner/Operator (2)  
Ewing Township School District  

Street Address  
2099 Pennington Road  

City, State, Zip Code  
Ewing, NJ 08618  

Name of Contact  
Ryan Broadwater  

Telephone Number  

FACILITY INFORMATION  
Name of Facility Where Abatement Is Taking Place (3)  
Ryan Administration Building-Frank O'Brien Academy  

Street Address  
1331 Lower Ferry Road  

City (5)  
Ewing  

County (6)  
Mercer  

Current Use (Prior if being demolished)  
Academy  

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

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

Street Address  
120 North Warren Street  

City, State, Zip Code  
Trenton, NJ 08608  

Telephone No.  
609-392-4200  

License No.  
08642  

Start Date (10)  
July 16, 2012  

Scheduled Completion Date (11)  
Oct 31, 2012  

Name of OSHA Monitor  
EMSL  

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  

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

See page 1 for Additional ACM  

Interior and Exterior Windows  
XX  

Caulk  
320 LF  

X  

Throughout Exterior  
XX  

Clad Panels  
204 SF  

X  

Break Room  
XX  

Sink Mastic  
6 SF  

X  

Business Office and Board Room  
XX  

Wood paneling Mastic  
TBD  

X  

Name of Registered Waste Hauler  
Jack Robinson Waste  

NJ/DEP Waste Hauler ID No.  
17304  

Cubic Yards of Waste  
30  

Name of Registered Landfill  
Grows Landfill  

City, State  
Bellmawr, NJ  

Disposal Date  
8-21-2012  

City, State, Zip Code  
Tullytown, PA  

Completed by  
William Lynch  

Title  
Owner  

Signature  

Date  
07-27-2012  

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

**Name of Building Owner/Operator:** Ryan Broadwater

**Street Address:** 2099 Pennington Road

**City, State, Zip Code:** Ewing, NJ 08618

---

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

**Type Notification:**
- [X] Initial
- [X] Amended
- [ ] Amendment #1
- [ ] Emergency (including justification)
- [ ] Cancellation

**Name of Facility Where Abatement is Taking Place:**
Ryan Administration Building-Frank O'Brien Academy

**Street Address:** 1331 Lower Ferry Road

**City:** Ewing

**County Code:** Mercer

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

**Name of Monitoring Firm Hired by Building Owner:**
Environmental Connection, Inc.

**Name of Abatement Contractor:** Shade Environmental, LLC

**Street Address:** 47 S. Lippincott Ave

**City, State, Zip Code:** Maple Shade, NJ 08052

---

**Project Manager for Monitoring Firm:**
Ryan Broadwater

**Telephone No.:** 609-392-4200

**Project Manager for Monitoring Firm:**
Ryan Broadwater

**Telephone No.:** 609-392-4200

**Licensor No.:** 00842

**Name of OSHA Monitor:** EMSL

**Telephone No.:** 856-755-0099

**Street Address:** 107 Haddon Ave

**City, State, Zip Code:** Westmont, New Jersey 08108

---

**Start Date:** July 16, 2012

**Scheduled Completion Date:** Aug. 21, 2012

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

**Scope of Work (Check All That Apply):**
- [X] 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?**

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

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

**Abatement Type:**
- [X] Removal
- [X] Repair
- [X] Encapsulate
- [ ] Endorse

---

**Name of Registered Waste Hauler:**
Jack Robinson Waste

**Disposal Date:** 8-21-2012

**Name of Registered Landfill:**
Grows Landfill

**City, State:** Tullytown, PA

---

**Completed by:** William Lynch

**Title:** Owner

**Signature:** [Signature]

**Date:** 07-25-2012

---

*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)**
07-25-2012

**Name of Building Owner/Operator (2)**
Ewing Township School District

**Street Address**
2099 Pennington Road

**City, State, Zip Code**
Ewing, NJ 08618

**Name of Contact**
Ryan Broadwater

**Telephone Number**

---

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**
Ryan Administration Building-Frank O'Brien Academy

**Street Address**
1331 Lower Ferry Road

**City (5)**
Ewing

**County (6)**
Mercer

**County Code (7)**

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

**ASCN No.**

**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**
Ryan Broadwater

**Telephone No.**
609-392-4200

**License No.**
00842

**Start Date (10)**
July 16, 2012

**Scheduled Completion Date (11)**
Aug. 21, 2012

**Name of OSHA Monitor**
EMSL

**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 ≥ 8 ft²
- ≥ 100 sf or ≥ 1000 ft²
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebox Procedure
- Non-Exempted (*) and Non-Finable Procedure

---

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

**In Facility (13)**

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM)</th>
<th>IsLocation 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>Interior and Exterior Windows</td>
<td>XX</td>
<td>Caulk</td>
<td>320 LF</td>
<td>x</td>
</tr>
<tr>
<td>Throughout Exterior</td>
<td>XX</td>
<td>Clad Panels</td>
<td>204 SF</td>
<td>x</td>
</tr>
<tr>
<td>Break Room</td>
<td>XX</td>
<td>Sink Mastic</td>
<td>6 SF</td>
<td>x</td>
</tr>
<tr>
<td>Business Office and Board Room</td>
<td>XX</td>
<td>Wood paneling Mastic</td>
<td>TBD</td>
<td>x</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**
Jack Robinson Waste

**NJDEP Waste Hauler ID No.**
17304

**Cubic Yards of Waste**
30

**Name of Registered Landfill**
Grows Landfill

**City, State**
Belmar, NJ

**Disposal Date**
8-21-2012

**Name of Registered Landfill**
Grows Landfill

**City, State**
Tullytown, PA

**Completed by**
William Lynch

**Title**
Owner

**Signature**

**Date**
07-25-2012

---

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

**NOTIFICATION OF ASBESTOS ABATEMENT**

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

**Date of Notification (1)**
07-03-2012

**Page 1 of 2**

**Name of Building Owner/Operator (2)**
Ewing Township School District

**Statewide Permit # (2)**
2012 A-409 Block # 4814

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

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

**Street Address**
2099 Pennington Road

**City, State, Zip Code**
Ewing, NJ 08618

**Name of Contact**
Ryan Broadwater

**Telephone Number**

---

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**
Ryan Administration Building-Frank O'Brien Academy

**Street Address**
1331 Lower Ferry Road

**City**
Ewing

**County**
Mercer

**Square Feet**
22,500

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

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

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

**# of Floors**
2

**Bldg. Age**
75

**SSCM No.**

**Name of Abatement Contractor (9)**
Shade Environmental, LLC

**Street Address**
47 S. Lippincott Ave

**City, State, Zip Code**
Maple Shade, NJ 08052

**Telephone No.**
856-755-0099

**License No.**
00842

**Name of OSHA Monitor**
EMSL

**Street Address**
107 Haddon Ave

**City, State, Zip Code**
Westmont, New Jersey 08108

**Start Date (10)**
July 16, 2012

**Scheduled Completion Date (11)**
Aug. 21, 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:

**Scope of Work (Check All That Apply)**
- ≥3 sf or ≥3 ft
- ≥100 sf or ≥250 ft
- Renovations
- 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**

<table>
<thead>
<tr>
<th>Location of ACM</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of ACM (i.e., thermal systems, insulation, surfacing, V/T, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Multiple Offices</td>
<td>XX</td>
<td>Floor Tile and Mastic</td>
<td>2446 SF</td>
<td>X</td>
</tr>
<tr>
<td>Boiler Room</td>
<td>XX</td>
<td>Breeching</td>
<td>25 SF</td>
<td>X</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**

**Freehold Cartage**

**NJDEP Waste Hauler ID No.**

**Cubic Yards of Waste**

**Name of Registered Landfill**

**Grows Landfill**

**City, State**
Freehold, NJ

**Disposal Date**

**Complied By**
William Lynch

**Title**
Owner

**Signature**

**Date**
07-03-2012

---

*Do not use this form for asbestos licensure exempted activities.*
Date of Notification (1)  07-03-2012

Page 2 of 2

Name of Building Owner/Operator (2)  Ewing Township School District

Agencies Notified

- EPA
- DEP
- DOL
- DOH
- DCA

Type Notification

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

Street Address  2099 Pennington Road

City, State, Zip Code  Ewing, NJ 08618

Name of Contact  Ryan Broadwater

Telephone Number

FACTORIL INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Ryan Administration Building-Frank O'Brien Academy

Street Address  1331 Lower Ferry Road

City (5)  Ewing

County (6)  Mercer

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

Name of Abatement Contractor (9)
Shade Environmental, LLC

Project Manager for Monitoring Firm  Ryan Broadwater

Start Date (10)  July 16, 2012

Scheduled Completion Date (11)  Aug. 21, 2012

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 sf

- Renovation
- Demolition

Type of Facility (4)

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

Square Feet  22,500

Bldg. Age  75

County Code (7)

Current Use (Prior if being demolished)

Academy

License No.  00842

Name of OSHA Monitor  EMSL

Street Address  47 S. Lippincott Ave

City, State, Zip Code  Trenton, NJ 08608

Street Address  120 North Warren Street

City, State, Zip Code  Trenton, NJ 08608

Project Manager for Monitoring Firm  Ryan Broadwater

Telephone Number  609-392-4200

License No.  00842

Name of OSHA Monitor  EMSL

Street Address  47 S. Lippincott Ave

City, State, Zip Code  Trenton, NJ 08608

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

See page 1 for Additional ACM

- Interior and Exterior Windows
- Throughout Exterior
- Break Room
- Business Office and Board Room

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)

- Caulk  320 LF
- Clad Panels  204 SF
- Sink Mastic  6 SF
- Wood paneling Mastic  TBD

Amount (Specify SF or LF)

Abatement Type

- Removal
- Repair
- Encapsulate
- Endorse

Location of Registered Waste Hauler
Freehold Cartage

NJDEP Waste Hauler ID No.

Cubic Yards of Waste

Name of Registered Landfill  Grows Landfill

City, State  Freehold, NJ

Disposal Date

Completed by  William Lynch

Title  Owner

Signature

Date  07-03-2012

* Do not use this form for asbestos licensure exempted activities.
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:69-7 and 12:129-7)

Date of Notification (1)
7/11/12

Name of Building Owner/Operator (2)
Diane Terhune

Agencies Notified

<table>
<thead>
<tr>
<th>Agency</th>
<th>Type of Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial Notification</td>
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<tr>
<td>[X]</td>
<td></td>
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<td>[ ]</td>
<td>DEP</td>
</tr>
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<td>[X]</td>
<td>DOL</td>
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<td>[X]</td>
<td>DOH</td>
</tr>
<tr>
<td>[ ]</td>
<td>DCA</td>
</tr>
</tbody>
</table>

Street Address
74 Old Chester Road

City, State, Zip Code
Essex Fells, NJ 07021

Name of Contact
Diane Terhune

Type of Abatement
[ ] Demolition
[ ] ≥3 sf or ≥3 lft
[X] ≥160 sf or ≥260 lft

Location of Asbestos - Containing Material (ACM)

<table>
<thead>
<tr>
<th>To Be Abated</th>
<th>Normally Used Solely by Maintenance/Custodial Staff</th>
<th>Is Location in Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>In Facility</td>
<td>(13)</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Attic and other areas

[X] Blown-in insulation

3000 SF

Name of Registered Waste Hauler
Jupiter Environmental Services

NJDEP Waste Hauler ID No.
04782

Cubic Yards Of Waste
40

Name of Registered Landfill
Minerva Landfill

City, State
Lincoln Park, NJ

Disposal Date
8/30/12

Waynesburg, OH

Complete By (Print or Type)
AsB-41

General Manager
Pane Repic

Signature

ASB-41
JUN 95

State of New Jersey
2012 AUG 16 PH 2:57

FACILITY INFORMATION

Type of Facility
School (K-12)
Subchapter 3 (Other than K-12)
Other (i.e., private and commercial buildings, homes, etc.)

Current Use (Prior to being demolished)
Single family residence

Scope of Work (Check all that apply)

[ ] Demolition
[ ] ≥3 sf or ≥3 lft
[X] ≥160 sf or ≥260 lft

Renovation

Full Containment with Negative Pressure

Mini - Enclosure

Glovebag Procedure

Non - Friable Procedure

Amount (Specify SF or LF)

Abatement Type

REMOVAL

ENCLOSURE
State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1) 8/10/12

Name of Building Owner/Operator (2) Mercer County Community College

Street Address 1200 Old Trenton Road

City, State, Zip Code West Windsor, NJ 08550

Name of Contact Fred Carella

AGENCIES NOTIFIED
[X] DOL
[X] DOH
[ ] DCA

Type of Notification
[ ] Initial Notification
[ ] Amended Notification
[ ] Cancellation

FACILITY INFORMATION

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

Street Address 102 North Broad St.

City (6) Trenton County (8) Mercer County Code (7) (STATE USE ONLY)

ASCM No. 00110

Name of Monitoring Firm Hired by Building Owner Whitman Companies, Inc.

Telephone Number 732-390-5858

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 22W

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 – Describe:
[ ] Other – Describe: partially vacant

Scope of Work (Check all that apply)

Demolition
[ ] Renovation
Full Containment with Negative Pressure

Yes No N/A

VAT and mastic

Name of Registered Waste Hauler Jupiter Environmental Services

Hauler ID No. 04782

Cubic Yards Of Waste 1

Name of Registered Landfill Minerva Landfill

City, State Lincoln Park, NJ Waynesburg, OH

Disposal Date 8/17/12

Completed By (Print or Type) Pane Repic Title General Manager

Signature

Date 8/10/12
### Notification of Asbestos Abatement

- **Date of Notification:** 8/10/12
- **Name of Building Owner/Operator:** Mercer County Community College
  - **Street Address:** 1200 Old Trenton Road
  - **City, State, Zip Code:** West Windsor, NJ 08550
  - **Contact Name:** Fred Carella

### Facility Information
- **Name of Facility Where Abatement is Taking Place:** Kearny Center
  - **Street Address:** 102 North Broad St.
- **City:** Trenton
  - **County:** Mercer
  - **County Code:** 00110
- **Name of Monitoring Firm HIred by Building Owner:** Whitman Companies, Inc.
  - **Telephone Number:** 732-390-5858
- **Street Address:** 116 Tices Lane, Unit B-1
  - **City, State, Zip Code:** East Brunswick, NJ 08816
- **Project Manager for Monitoring Firm:** Kevin Looby
  - **Telephone Number:** 973-709-0200
  - **License Number:** 00852
  - **Name of OSHA Monitor:** J & S Environmental Laboratories, LLC
  - **Street Address:** 2333 Route 22W
    - **City, State, Zip Code:** Union, NJ 07083

### Scope of Work
- **Facility Closed/Vacated During Entire Period of Abatement:** [ ]
- **Abatement Performed Outside of Normal Facility Hours:** [ ]
- **Describe:**

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

- **Description of ACM:**
  - Insulation, surfacing, VAT, or other miscellaneous.
- **Amount:**
  - **SF or LF:** 80 SF

### Disposal of ACM
- **Cubic Yards of Waste:** 1
- **Disposal Date:** 8/17/12

### Disposal Site
- **Name of Registered Landfill:** Minerva Landfill
  - **City, State:** Wayneburg, OH

---

**Table:**

<table>
<thead>
<tr>
<th>Location Normally Used Solely by Maintenance/Custodial Staff (12)</th>
<th>Description of ACM - Containing Material (ACM) (i.e., thermal systems, insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Insulation, surfacing, VAT, or other miscellaneous.</td>
<td>80 SF</td>
</tr>
<tr>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>N/A</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Abatement Type:**

- **Full Containment with Negative Pressure**
- **Mini - Enclosure**
- **Glovebox Procedure**
- **Non - Firable Procedure**
**State of New Jersey**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60 and 12-120)

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

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

**Type of Facility (4)**
- School (K-12)
- Subchapter 3 (Other than K-12)
- Other (i.e., private & commercial buildings, homes, etc.)

**Square Foot** 1600
**# of Floors** 2
**Bldg. Age** 50 +/-

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

**Name of Monitoring Firm Hired by Building Owner**
EMSL Analytical, Inc.

**Name of Abatement Contractor (9)**
B&N&K Restoration Co., Inc.

**Street Address**
289 Main Ave
Stirling, NJ 07980

**City, State, Zip Code**
Stirling, NJ 07980

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

**Name of OSHA Monitor**
McCabe Environmental Services, L.L.C.

**Street Address**
223 Randolph Avenue
Clifton, NJ 07011

**City, State, Zip Code**
Clifton, NJ 07011

**Project Manager for Monitoring Firm**
Scott Ross

**Telephone No.**
856-858-4800 ext 2538

**Name of Registered Waste Haulor**
B&N&K Restoration Co., Inc.

**Cubic Yards of Waste**
2

**Name of Registered Landfill**
Minerva Enterprises, Inc.

**Disposal Date**
8/28/12

**City, State**
Clifton, NJ 07011

**Completed by**
Aleksandar Kuridza

**Title**
Vice - President

**Signature**

---

*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>8-13-2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agencies Notified</td>
<td></td>
</tr>
<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>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Township of Union</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td>Hoffman House Building # 3</td>
</tr>
<tr>
<td>Street Address</td>
<td>28 Baptist Church Road</td>
</tr>
<tr>
<td>City (5)</td>
<td>Union</td>
</tr>
<tr>
<td>County (6)</td>
<td>Hunterdon</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>RK Occupational Environmental Analysis Inc.</td>
</tr>
<tr>
<td>ASCM No.</td>
<td>0090</td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>Jadar Contracting, LLC</td>
</tr>
<tr>
<td>Street Address</td>
<td>22 Troy Lane</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Lincoln Park, NJ 07035</td>
</tr>
<tr>
<td>Name of OSHA Monitor</td>
<td>Jadar Contracting, LLC</td>
</tr>
<tr>
<td>Street Address</td>
<td>22 Troy Lane</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Lincoln Park, NJ 07035</td>
</tr>
<tr>
<td>Scope of Work (Check All That Apply)</td>
<td></td>
</tr>
<tr>
<td>≥23 sf or ≥3 lf</td>
<td>Renovation</td>
</tr>
<tr>
<td>≥160 sf or ≥260 lf</td>
<td>Demolition</td>
</tr>
<tr>
<td>Full Containment with Negative Pressure</td>
<td></td>
</tr>
<tr>
<td>Mini-Enclosure</td>
<td></td>
</tr>
<tr>
<td>Glovebag Procedure</td>
<td></td>
</tr>
<tr>
<td>Non-Exempted (*) and Non-Friable Procedure</td>
<td></td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)</td>
<td></td>
</tr>
<tr>
<td>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</td>
<td>No</td>
</tr>
<tr>
<td>Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td></td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
<td>375 SF</td>
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<tr>
<td>Abatement Type</td>
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</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
<td>Jadar Contracting, LLC</td>
</tr>
<tr>
<td>Hauler ID No.</td>
<td>0033137</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td>TBD</td>
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<tr>
<td>Disposal Date</td>
<td>TBD</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>G.R.O.W.S. Landfill</td>
</tr>
<tr>
<td>City, State</td>
<td>Lincoln Park, NJ 07035</td>
</tr>
<tr>
<td>Completed by</td>
<td>Lillie Lazarevich</td>
</tr>
<tr>
<td>Title</td>
<td>Secretary</td>
</tr>
</tbody>
</table>

*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)**
8-13-2012

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

**Street Address**
1976 Morris Ave.

**City, State, Zip Code**
Union, NJ 07083

**Name of Contact**
Joe Giannetti

**Telephone Number**

### FACILITY INFORMATION

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

**Street Address**
28 Baptist Church Road

**City (5)**
Union

**County (6)**
Hunterdon

**County Code (7)**
06

**Square Feet**

**# of Floors**

**Bldg. Age 50+**

**Type of Facility (4)**

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

**Current Use (Prior if being demolished)**
House for Demolition

**Name of Monitoring Firm Hired by Building Owner (8)**
RK Occupational Environmental Analysis Inc.

**ASCM No.**
0090

**Name of Abatement Contractor (9)**
Jadar Contracting, LLC

**Street Address**
22 Troy Lane

**City, State, Zip Code**
Lincoln Park, NJ 07035

**Telephone No.**
656-768-8414

**License No.**
973-706-7950

**Name of OSHA Monitor**
Jadar Contracting, LLC

**Start Date (10)**
8-27-2012

**Scheduled Completion Date (11)**
9-17-2012

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

- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other - Describe: 9 am - 9 pm

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

- 30 sf or ≥30 if
- 160 sf or ≥260 if
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

**In Facility (13)**

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/ Custodial Staff?</th>
<th>Description of Asbestos Containing Material (ACM) (i.e. thermal insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>No</td>
<td>Asbestos Pipe Insulation</td>
<td>325 LF</td>
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<tr>
<td>Basement</td>
<td></td>
<td>Transite Board</td>
<td>2650 SF</td>
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<tr>
<td>Attic, 2nd Fl. Chase</td>
<td></td>
<td>Transite Flue Pipe</td>
<td>120 SF</td>
<td></td>
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<tr>
<td>Exterior</td>
<td></td>
<td>Window Glazing</td>
<td>100 LF</td>
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</table>

**Name of Registered Waste Hauler**
Jadar Contracting, LLC

**NJDEP Waste Hauler ID No.**
0033137

**Cubic Yards of Waste**
TBD

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

**City, State**
Lincoln Park, NJ 07035

**Disposal Date**
TBD

**Completed by**
Lillie Lazarevich

**Title**
Secretary

**Signature**

**Date**
8-13-2012

* 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)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>8 / 3 / 12</th>
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<tbody>
<tr>
<td>Agencies Notified</td>
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</tr>
<tr>
<td>□ EPA</td>
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<td>□ DOT</td>
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<tr>
<td>□ DHSS</td>
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<tr>
<td>□ DCA (NJAC 5:23-8)</td>
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<tr>
<td>Type Notification</td>
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<tr>
<td>□ Initial</td>
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<tr>
<td>□ Amended</td>
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<tr>
<td>□ Amendment #1-8-10-12</td>
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<td>□ Emergency (including</td>
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<tr>
<td>justification)</td>
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</tr>
<tr>
<td>□ Cancellation</td>
<td></td>
</tr>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>EWING TOWNSHIP BOARD OF EDUCATION</td>
</tr>
<tr>
<td>Street Address</td>
<td>2099 PENNINGTON ROAD</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>EWING, NJ 08618-1107</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>MILTON SHAW</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

- **Name of Facility Where Abatement is Taking Place (3):** FRANCIS LORE ELEMENTARY SCHOOL
- **Street Address:** 13 WESTWOOD DRIVE
- **City:** EWING, NJ 08628
- **County:** MERCER

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>ASCM No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>ENVIRONMENTAL CONNECTION INC</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Street Address</th>
<th>120 NORTH WARREN STREET</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State, Zip Code</td>
<td>TRENTON, NJ 08608</td>
</tr>
</tbody>
</table>

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

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

**EDUCATIONAL FACILITY**

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

**Scope of Work (Check all that apply):**
- [ ] 3 sf or ≥ 3 sf
- [ ] 100 sf or ≥ 200 sf

<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) (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>ROOMS 12 &amp; 13</td>
<td>☑</td>
<td>FLOOR TILE &amp; MASTIC</td>
<td>1200 SF</td>
<td>☑</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>BRISTOL ENVIRONMENTAL INC</th>
</tr>
</thead>
<tbody>
<tr>
<td>NJDEP Waste Hauler ID No.</td>
<td>18706</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td></td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>MINERVA LANDFILL</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>BRISTOL, PA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disposal Date</td>
<td>8/10/12</td>
</tr>
<tr>
<td>City, State</td>
<td>WAYNESBURG, OH</td>
</tr>
</tbody>
</table>

**Completed By (Print or Type):** BRIAN SCAFIO  
**Title:** ESTIMATOR  
**Signature:** 
**Date:** 8/10/12  

*Do not use this form for asbestos licensure exempted activities.
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:69 and 5:16)

Date of Notification (1)  
8 / 3 / 12

Name of Building Owner/Operator (2)  
EWING TOWNSHIP BOARD OF EDUCATION

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

Type Notification  
☐ Initial  
☐ Amended

Amendment #  
☐ Emergency (including justification)

☐ Cancellation

Name of Facility Where Abatement is Taking Place (3)  
FRANCIS LORE ELEMENTARY SCHOOL

Street Address  
13 WESTWOOD DRIVE

City (5)  
EWING, NJ 08628

County (6)  
MERCIER

County Code (7)(STATE USE ONLY)  

Type of Facility (4)  
☒ 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 Monitoring Firm Hired by Building Owner (8)  
ENVIRONMENTAL CONNECTION INC

ASCM No.  

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

Street Address  
1123 BEAVER STREET

City, State, Zip Code  
TRENTON, NJ 08608

Telephone No.  
609-392-4200

License No.  
08509

Name of OSHA Monitor  
BRISTOL ENVIRONMENTAL, INC.

Street Address  
1123 BEAVER STREET

City, State, Zip Code  
BRISTOL, PA 19007

Start Date (10)  
8 / 6 / 12

Scheduled Completion Date (11)  
8 / 10 / 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: 7:00AM-3:30PM, PM, AM

Scope of Work (Check all that apply)  
☐ ≥3 sf or ≥3 ft

☐ ≥160 sf or ≥260 ft

☐ Renovation

☐ Demolition

☐ Full Containment with Negative Pressure

☐ Mini-Enclosure

☐ Glovebag Procedure

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

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

Yes  No  N/A

ROOMS 12 & 13  

FLOOR TILE & MASTIC  
1200 SF

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  
BRISTOL ENVIRONMENTAL INC

NJDEP Waste Hauler ID No.  
18706

Cubic Yards of Waste  

Name of Registered Landfill  
MINERVA LANDFILL

City, State  
BRISTOL, PA

Disposal Date  
8/10/12

City, State  
WAYNESBURG, OH

Completed By (Print or Type)  
BRIAN SACIFRO

Title  
ESTIMATOR

Signature  

Date  
8/13/12

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

**Date of Notification:** 8/8/12

**Name of Building Owner/Tenant:** Joe Egan

**Address:** 13 Jefferson Ave

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

**Name of Contractor:** LEEER

**FACILITY INFORMATION**

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

Joe Egan

**Street Address:** 50 Bartlett St

**City:** New Brunswick

**County:** Middlesex

**Name of Monitoring Firm/Person:**

**ASTM No.:**

**Name of Abatement Contractor:**

ACE INSULATION INC.

**Address:** 95 Montrose Rd

**City:** Colts Neck, NJ 07922

**Telephone No.:** (732) 794-1787

**License No.:** 000-09

**Name of ORHA Monitor:**

ACE INSULATION INC.

**Site Address:** 95 Montrose Rd

**City:** Colts Neck, NJ 07922

**Telephone No.:** (732) 794-1787

**License No.:** 000-09

**Occupancy Status During Abatement:**

Facility Closed/Empty During Entire Period of Abatement

**Scheduled Completion Date:** 4-1-12

**Region of Work:**

Yes

**Abatement Type:**

Removal

**Amount (120 sf or 1.2)***

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

**Name of Registered Waste Handler:**

ACE INSULATION INC.

**Address:**

**City:** Colts Neck, NJ 07922

**Telephone No.:**

**License No.:**

**Name of Registered Landfill:**

CHRIS LANDFILL

**City, State:**

**Telephone No.:**

**License No.:**

**Compliance Date:** 8/13/12

---

*Do not use this form for asbestos removal - exempted activities.*