**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 8:60-7 and 12:1-120-7)

Date of Notification (1): 08/15/13

Agency notified:
- EPA
- DEP
- DCA
- DOH

Name of Building Owner/Operator (2):

Princeton University - 99 Alexander Street

Street Address:

99 Alexander Street

City, State, Zip Code:

Princeton, NJ 08543

Name of Contractor:

Robert Dief

Type of Facility (6):

School (K-12)

Subchapter: Other than K-12

Other (i.e., Private & Commercial building, homes, etc.)

Current Use (Prior to being demolished):

University

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

Princeton University - 99 Alexander Street

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

PEMME Asbestos Inc.

Telephone Number:

609-647-0909

Name of Abatement Contractor (9):

Associated Specialty Contracting

Telephone Number:

610-164-9621

Name of OSHA Monitor:

Criterion Labs

Telephone Number:

610-164-9621

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

Table:

<table>
<thead>
<tr>
<th>Location</th>
<th>Location Normalcy Used</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e., Thermal Insulation, surfacing, etc.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Front door layer area</td>
<td>16 SF</td>
<td></td>
</tr>
</tbody>
</table>

Amount (Specify SF or LF):

Total: 16 SF

Abatement Type:

Removal, Encapsulation, Repair, and Replacement

Name of Registered Waste Hauler:

Hines Disposal

City, State:

Princeton, NJ

Completion By (Print or Type):

Mark Godfrey

Title:

Project Manager

Date:

8/15/2013

G4467
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>8/13/13</th>
</tr>
</thead>
</table>

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

**Street Address**  
2369 Morris Avenue  
City, State & Zip Code  
Union, NJ

**Name of Contact**  
Mr. Tom Wiggins

**RECEIVED**  
AUG 1 9 2013

**ASBESTOS CONTROL & LICENSING**

**FACILITY INFORMATION**

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

**Street Address**  
2369 Morris Avenue

**City (5)**  
Union

**County (5)**  
Hunterdon  
**County Code (7)**

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

**Street Address**  
120 North Warren Street  
City, State & Zip Code  
Trenton, NJ 08610

**Project Manager for Monitoring Firm**  
Dominick Darcel

**Telephone Number**  
609-392-4200

**Scheduled Start Date (10)**  
8/23/13

**Scheduled Completion Date (11)**  
8/28/13

**Occupancy Status During Abatement (Check only one)**  
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Hours – 7am to 3pm

**Describe:**  
- Facility Occupied During Abatement

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

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

**Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)**  
Yes No N/A  
VAT & Mastic  
2,760 SF

**Name of Registered Waste Hauler**  
Service Transport Inc.

**City, State**  
New Castle, DE

**Completed By (Print or Type)**  
Gino Pizzigoni

**Title**  
Project Manager

**Name of Registered Landfill**  
Minerva Landfill

**Cubic Yards of Waste**  
15 Cu Yds

**Disposal Date**  
8/28/13  
City, State  
Waynesburg, OH

**Date**  
8/13/13

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

**Square Feet**  
70,000

**# of Floors**  
2

**Bldg. Age**  
60+

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

**School**  
Bristol Environmental, Inc.

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

**License Number**  
00509

**Telephone Number**  
(215) 788-6040

**Name of OSHA Monitor**  
Bristol Environmental Inc.

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

**Full Containment with Negative Pressure**  
- Mini-Enclosure

- Glove Bag Procedures

- Non-Exempted and Non-Friable Procedure

**Abatement Type**  
- Removal

- Repair

- Encapsulate

- Endorcise

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

**Amount (Specify SF or LF)**  
2,760 SF
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:68 and 12:129)

Date of Notification (1)
8-14-2013

Attendees Notified
X EPA
X DOH
DOL
DEP

Type Notification
X Initial
X Emergency (including justification)

Name of Building Owner/
Commissioner
Troy Hills

Address Address
1001 Parsippany Blvd
City, State, Zip Code:
Parsippany, NJ 07054

Name of Contact
Joe Giannetti

Facility Information

Name of Facility Where Abatement is Taking Place (5)
House for Demo

Street Address
125 River Road

City (5)
Lake Hiawatha, NJ

County Code (6)
Morris

Name of Monitoring Firm Hired by Building Owner (8)

ABCM No.
n/a

Name of Abatement Contractor (9)
Lomnica Management Corporation

Street Address
22 Troy Lane

City, State, Zip Code
Lincoln Park, NJ 07035

Current Use (Prior to being demolished)
House For Demo

Project Manager for Monitoring Firm

Telephone No.
n/a

Start Date (10)
8-15-2013

Scheduled Completion Date (11)
8-26-2013

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

Abatement Performed Outside of Normal Facility Hours

Scope of Work (Check All That Apply)

X Full Containment with Negative Pressure
X Minisucker

Non-Exempted (*) and Non-Perishable Procedure

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

Description of Asbestos-Containing Material (ACM)

<table>
<thead>
<tr>
<th>Room Description</th>
<th>Percentage of ACM</th>
<th>Type of ACM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kitchen &amp; Living Room</td>
<td>0%</td>
<td>X VCT Tile &amp; Mastic</td>
</tr>
<tr>
<td>Windows</td>
<td>60%</td>
<td>X Gray Window Caulking</td>
</tr>
<tr>
<td>Roof</td>
<td>0%</td>
<td>X Black Roof Flashing</td>
</tr>
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</table>

Amount (Specify SF or LF)

500 LF

Abatement Type

Removal

Endeveuse

Endeveuse

Endeveuse

Name of Registered Waste Handler

Rovic

Name of Registered Landfill

GROWS Landfill

City, State
Morristown, PA 19067

Disposal Date
TBD

August 9, 2013

3:15 PM

Telephone Number

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

Date of Notice 8/13/13

Name of Building Owner / Operator (2)
New Lisbon Developmental Center

Street Address
104 Route 72
City, State & Zip Code
New Lisbon, NJ 08088

Name of Contact
Rocco Tortorice

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Street Address</th>
<th>City, State &amp; Zip Code</th>
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<tbody>
<tr>
<td>EPA</td>
<td>Emergency Notification</td>
<td>104 Route 72</td>
<td>New Lisbon, NJ 08088</td>
</tr>
<tr>
<td>DEP</td>
<td>Initial Notification</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DOL</td>
<td>Amended Notification</td>
<td></td>
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<tr>
<td>DOH</td>
<td>Cancellation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DCA</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Dogwood Cottage

104 Route 72

City (5) County (6) County Code (7)
New Lisbon Burlington

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

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

Square Feet # of Floors Bldg. Age
16,000 1 60

Current Use (Prior it being demolished)
Residence

Name of Abatement Contractor (9)
Global Abatement Services, LLC

Street Address
443 Schoolhouse Road
City, State & Zip Code
Monroe Township, NJ 08831

Telephone Number
732-605-9062
License Number
00714

Name of OSHA Monitor
Global Abatement Services, LLC

Street Address
443 Schoolhouse Road
City, State & Zip Code
Monroe Township, NJ 08831

Scheduled Start Date (10) Scheduled Completion Date (11)
8/24/13 8/26/13

Occupancy Status During Abatement (Check only one)
X Facility Closed/Vacated During Entire Period of Abatement
Performing Outside of Normal Facility Hours
Describe: Area Isolated During Abatement

Scope of Work (Check all that apply)
Demolition
Renovation
Large Project
X Other: Non-friable

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

Is Location Normally Used Solely by Maintenance or Custodial Staff?

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

Amount (Specify Square Feet or Linear Feet)

Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure)

Roof N/A Roof flashing 36 SF Removal

Name of Registered Waste hauler Freehold Cartage

NJDEP Waste Hauler ID # 18893

Cu. Yds. of Waste 3

Name of Registered Landfill TRRF

Disposal Date 8/26/13
City, State Tullytown, Pa

Completed By (Print or Type) Dominick Tringali

Title Project Manager

Signature Dominick Tringali

Date 8/24/13

ASB-41 JUN 95 G4667
**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 8:60-7 and 12:126-7)

<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>Name of Building Owner/Operator</th>
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<tbody>
<tr>
<td>08/16/13</td>
<td>Princeton University</td>
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<table>
<thead>
<tr>
<th>Agency Notified</th>
<th>Type Notification</th>
<th>Name of Contact</th>
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</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Notification</td>
<td>Robert Otego</td>
</tr>
<tr>
<td>DEP</td>
<td>Amended</td>
<td></td>
</tr>
<tr>
<td>DCA</td>
<td>Notification</td>
<td></td>
</tr>
<tr>
<td>DOH</td>
<td>Cancellation</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
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<tbody>
<tr>
<td>F.O. box 2158</td>
<td>Princeton NJ 08543</td>
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**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place</th>
</tr>
</thead>
<tbody>
<tr>
<td>Princeton University - Old Graduate College -Steam lines in Manhole</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Telephone Number</th>
<th>Licence Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Near 70 alexander road - manhole</td>
<td>856-547-9065</td>
<td>1103</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>County Code</th>
<th>Name of Monitoring Firm Hired by Building Owner</th>
</tr>
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<tbody>
<tr>
<td>(STATE USE ONLY)</td>
<td>Pennoni Associates Inc</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager of Monitoring Firm</th>
<th>Telephone Number</th>
<th>Licence Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alex Lloyd</td>
<td>856-547-9065</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement</th>
<th>Scheduled Start Date</th>
<th>Sched. Completion Date</th>
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</thead>
<tbody>
<tr>
<td>x Abatement Closed/Vacated</td>
<td>08/26/13</td>
<td>11/26/13</td>
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</table>

<table>
<thead>
<tr>
<th>Scope of work</th>
<th>Full Containment with Negative Pressure</th>
</tr>
</thead>
<tbody>
<tr>
<td>x Renovation</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM)</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e. Thermal systems, insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maubole - near 70 alexander road</td>
<td>pipe insulation</td>
<td>6 LF</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>NJDEP Waste Hauler ID No.</td>
<td>GROWS</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Horizon Disposal</th>
<th>Cubic Yards of Waste</th>
<th>Disposal Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Horizon Disposal</td>
<td>1</td>
<td>As needed</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed By (Print or Type)</th>
<th>Title</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mark Gosbow</td>
<td>Project Manager</td>
<td>Mark Gosbow</td>
</tr>
</tbody>
</table>

**Date**

8-16-13
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1)
08/16/13

Name of Building Owner/Operator (2)
Princeton University

Agency Notified
EPA
DEP
DCA
DOH

Type Notification
x Notification
Amended
Notification
Cancellation

City, State, Zip Code
Princeton NJ 08543

Name of Contact
Robert Otero

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Princeton University - Old Graduate College - Steam lines in Manhole

Street Address
Near Pyne Hall - manhole

City (5)
Princeton

County Code (6)

County (6)

County Code (7)

STATE USE ONLY

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

Name of Abatement Contractor (9)
Associated Specialty Contracting

Street Address
515 Grove Street Suite 1B

City, State, Zip Code
Haddon Heights NJ

Telephone Number
856-547-0505

Other - Describe:

Scheduled Start Date (10)
08/16/13

Sched. Completion Date (11)
11/26/13

Occupancy Status During Abatement (Check only one)

Facility Closed/Vacated During Entire Period of Abatement

Abatement Performed Outside of Normal Facility

Hours - Describe: 7:00 AM to 3:30 PM

Other - Describe:

Scope of work (Check all that apply)

Demolition
x Renovation

Full Containment with Negative Pressure

x Mini - Enclosure

x Glovebag Procedure

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 pipe insulation

Name of Registered Waste Hauler
NJDEP Waste Hauler ID No.

Cubic Yards of Waste

Name of Registered Landfill

Horizon Disposal
GROWS

City, State
Trenton NJ

Disposal Date
As needed

City, State
Morristown PA

Completed By (Print or Type)
Mark Goshow

Title
Project Manager

Signature

Date
8/16/13
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:-126-7)

Date of Notification (1)
08/16/13

Name of Building Owner/Operator (2)
Princeton University

Agency Notified
EPA
DEP
DCA
DOH

Type Notification
X Initial
Amended
Notification
Cancellation

Street Address
P.O. box 2158

City, State, Zip Code
Princeton NJ 08543

Name of Contact
Robert Oehgo

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Princeton University - Old Graduate College -Steam lines in Manhole

Street Address
Near College Road West - manhole

City (5)
Princeton

County (6)

County Code (7)

(State Use Only)

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

ASCM No.

Name of Abatement Contractor (9)
Associated Specialty Contracting

Street Address
98 LaCrae Avenue

City, State, Zip Code
Gleas Mills, PA 19342

Telephone Number
610-364-9622

Licence Number
1103

Name of OSHA Monitor
Criterion Labs

Project Manager of Monitoring Firm
Alan Lloyd

Telephone Number
856-547-0505

Scheduled Start Date (10)
08/26/13

Month/Day/Year

Sched. Completion Date (11)
11/26/13

Month/Day/Year

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

x Abatement Performed Outside of Normal Facility

Hours - Describe: 7:00 AM to 3:30 PM

Other - Describe:

Scope of work (Check all that apply)
Demolition

x Renovation

x Full Containment with Negative Pressure

x Mini - Enclosure

x Glovebox Procedure

Non-Friable 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)

Location of

Name of Registered Waste Hauler

NJDEP Waste Hauler ID No.

Cubic Yards of Waste

Name of Registered Landfill

Horizon Disposal

1

GROWS

City, State

Trenton NJ

Disposal Date

As needed

City, State

Morrisville PA

Completed By (Print or Type)
Mark Goshow

Title
Project Manager

Signature

Date

G4667
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:-120-7)

Date of Notification (1) 08/16/13

Agency Notified
EPA
DEP
DCA
DOH

Type Notification
Initial
Amended
Notification
Cancellation

Name of Building Owner/Operator (2)
Princeton University

Street Address
P.O. box 2158
City, State, Zip Code
Princeton NJ 88543

Name of Contact
Robert Otego

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Princeton University - Old Graduate College -Steam lines in manhole

Street Address
Across from parking lot 11

City (5) County (6) County Code (7) (STATE USE ONLY)
Princeton

Name of Monitoring Firm Hired by Building Owner (9)
Pennoni Associates Inc

ASCM No.

Name of Abatement Contractor (9)
Associated Specialty Contracting

Street Address
98 LaCrue Avenue
City, State, Zip Code
Glen Mills, PA 19342

Telephone Number
856-547-9505

Telephone Number
610-364-9622

Licence Number
1103

Name of OSHA Monitor
Criterion Labs

Street Address
3370 Progressive Drive
City, State, Zip Code
Bensalem PA 19020

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

Scope of work (Check all that apply)
Demolition:
>3 sf or >3 if:
>160 sf or >260 if:

Renovation:

x Mini - Enclosure:

x Glovebag Procedure:

Non-Friable Procedure:

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

In Facility:

(13)

Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)

Amount (Specify SF or LF):

Abatement Type:

Full Containment with Negative Pressure:

E

E

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Name of Registered Waste Hauler
NJDEP Waste Hauler ID No.
Cubic Yards of Waste
Name of Registered Landfill

Horizon Disposal

Disposal Date
As needed
City, State
Morrisville PA

Completed By (Print or Type)
Mark Goshaw

Title
Project Manager

Signature

Date
8/16/13

G4667
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:126-7)

Date of Notification (1)
08/16/13

Month/Day/Year

Type Notification
x Initial
Notification
Amended
Amendment
Cancellation

Name of Building Owner/Operator (2)
Princeton University

Street Address
P.O. box 2158

City, State, Zip Code
Princeton NJ 08543

Name of Contact
Robert Osego

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Princeton University - Old Graduate College -Steam lines in Manhole

Street Address
Across street from Princeton Seminary

City (5)
Princeton

County Code (6)
[STATE USE ONLY]

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

ASCN No.

Name of Abatement Contractor (9)
Associated Specialty Contracting

Street Address
98 LaCrue Avenue

City, State, Zip Code
Glen Mills, PA 19342

Telephone Number
610-364-9622

Licence Number
1103

Name of OSHA Monitor
Criterion Labs

Street Address
3370 Progressive Drive
City, State, Zip Code
Bensalem PA 19020

Occupancy Status During Abatement (Check only one)
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility
- Hours - Describe: 7:00 AM to 3:30PM

Other - Describe:

Scope of work (Check all that apply)
- Demolition
- >3 sf or >3 if
- >160 sf or >260 sf
- x Renovation

Abatement Type
- Full Containment with Negative Pressure
- x Mini - Enclosure
- x Glovebag Procedure
- Non-Friable Procedure

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

In Facility
(x)

Location
Normally Used
Solely by Maintenance/ Custodial Staff

Yes No N/A

Location
Pipe insulation

4 LF

Amount (Specify SF or LF)

Name of Registered Waste Hauler
NJDEP Waste Hauler ID No.
Cubic Yards of Waste
Name of Registered Landfill
Horizon Disposal

GROWS

City, State
Trenton NJ

Disposal Date
As needed

City, State
Morrisville PA

Completed By (Print or Type)
Mark Goshaw

Title
Project Manager

Signature

Date
8/16/13

ABS-41
JUN 95

G4667
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:12-7)

<table>
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<th>Date of Notification (1)</th>
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<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Princeton University</td>
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<tr>
<td>Street Address</td>
<td>P.O. box 2158</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Princeton NJ 08543</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Robert Otuge</td>
</tr>
<tr>
<td>Telephone Number</td>
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</tbody>
</table>

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Princeton University - Old Graduate College - Steam lines in Manhole

Street Address
Across street from Princeton Seminary

City (5) | County (6) | County Code (7) (STATE USE ONLY)
--- | --- | ---
Princeton | | |

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

Name of Abatement Contractor (9)
Associated Specialty Contracting

Type of Facility (4)
School (K12) |
Subchapter 8 (Other than K12) |
Other (i.e. Private & commercial buildings, homes, etc.)

Square Feet | # of Floors | Bldg. Age
--- | --- | ---
N/A | 0 | 100

Current Use (Prior if being demolished)
University

Name of OSHA Monitor Criteria Labs

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

Scheduled Start Date (10) | Sched. Completion Date (11) | Month/Day/Year
--- | --- | ---
08/26/13 | 11/26/13 | |

Scope of work (Check all that apply)

Demolition

x Renovation

x Full Containment with Negative Pressure

x Mini - Enclosure

x Glovebox Procedure

x Non-Friable Procedure

Location of Asbestos-Containing Material (ACM)

<table>
<thead>
<tr>
<th>TO BE ABATED</th>
</tr>
</thead>
<tbody>
<tr>
<td>In Facility (13)</td>
</tr>
</tbody>
</table>

Location Normally Used

Yes | No | N/A
--- | --- | ---

Solitary by Maintenance/Custodial Staff (12)

Description of Asbestos-Containing Material (ACM)

(of Thermal systems insulation, surfacing, VAT, or other miscellaneous)

Amount (Specify SF or LF)

Cubic Yards of Waste

Name of Registered Landfill

GROWS

Horizonal Disposal

City, State
Morristown NJ

Completed By (Print or Type)
Mark Goshaw

Title
Project Manager

Signature

Date
8/16/13
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1)
08/16/13

Month/Day/Year

Agency Notified
EPA
DEP
DCA
DOH

Type Notification
Initial
Amended
Cancellation

Name of Building Owner/Operator (2)
Princeton University

Street Address
P.O. box 2158

City, State, Zip Code
Princeton NJ 08543

Name of Contact
Robert Otego

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Princeton University - Old Graduate College - Steam lines in Manhole

Street Address
88 college road west - manhole - beginning of steam line

City (5)
Princeton

County (6)

County Code (7)

(State use only)

Type of Facility (4)

School (K12)
Subchapter 8 (Other than K12)
Other (i.e. Private & commercial buildings, homes, etc.)

Square Feet
# of Floors
Bldg. Age

N/A
0
100+

Current Use (Prior if being demolished)
University

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

ASCM No.

Name of Abatement Contractor (9)
Associated Specialty Contracting

Street Address
515 Grove Street Suite 1B

City, State, Zip Code
Haddon Heights NJ

Telephone Number
856-547-8505

Name of OSHA Monitor
Criterion Labs

Street Address
3370 Progressive Drive

City, State, Zip Code
Beaumont PA 19020

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

Hours - Describe:
7:00 AM to 3:30PM

Other - Describe:

Scope of work (Check all that apply)
Demolition
x Renovation

x >3 sf or >3 if
>160 sf or >250 If

Non-Friable Procedure

Full Containment with Negative Pressure

x Mini - Enclosure
x Glovebag Procedure

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

In Facility

Location
Location

Description of
Asbestos-Containing
Material (ACM)

Material

(ie. Thermal systems
insulation, surfacing, VAT, or other miscellaneous)

Amount

(Specify
SF or
LF)

Location

is

Manhole - Old Graduate College

x pipe insulation debris

8 SF

Abatement Type

Non-Friable Procedure

x

Name of Registered Waste Hauler
NJDEP Waste Hauler ID No.
Cubic Yards of Waste
Name of Registered Landfill
Horizon Disposal
1
GROWS

City, State
Trenton NJ

Disposal Date
As needed

City, State
Morrisville PA

Completed By (Print or Type)
Mark Gosnow

Title
Project Manager

Signature
Mark Gosnow

Date
5/16/13

ABS-41
JUN 95

G4667
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Check # 8267

Date of Notification (1)
August 16, 2013

Name of Building Owner / Operator (2)
International Paper Company

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

Type Notification
☑ Initial
☑ Amended
☐ Amendment #_
☐ Cancellation

Street Address
6400 Poplar Avenue,
City, State & Zip Code
Memphis, TN 38197

Name of Contact
Brian Jones

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Curtis Specialty Papers

Street Address
404 Frenchtown Road,
City (5)
Millwood,
County (5)
Hunterdon

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

Square Feet
150
# of Floors
1
Bldg. Age
80

Current Use (Prior if being demolished)
Vacant Building

Name of Monitoring Firm Hired by Building Owner (8)
Arcadis US Inc.

Name of Abatement Contractor (9)
Synatech, Inc.

Address
35 Columbia Road
City, State & Zip Code
Branchburg, NJ 08875

Street Address
829 Radio Road
City, State & Zip Code
Little Egg Harbor, NJ 08087

Project Manager for Monitoring Firm
Kathleen Romaine

Telephone Number
609-860-0590

Telephone Number
609-296-6916

License Number
00817

Name of OSHA Monitor
Synatech, Inc.

Scheduled Start Date (10)
September 3, 2013
Scheduled Completion Date (11)
October 4, 2013

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

Scope of Work (Check all that apply)
☒ ≥ 3 sf or ≥ 50 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 or Custodial Staff? (12)
Yes
No
N/A

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

Amount (Specify SF or LF)

Building # 117 – Well Pump House 5
X
T21-Tara Sealtant between concrete floor & metal wall base
34 LF

Building # 117 – Well Pump House 5
X
T22-Tara Sealtant between upper wall & roof panel
34 LF

Name of Registered Waste hauler
Synatech, Inc.

Cubic Yards of Waste
3

Name of Registered Landfill
Grows Landfill

City, State
Little Egg Harbor, NJ 08087

Disposal Date
October 5, 2013
City, State
Morrisville, PA

Completed By
Rachel Andrea
Title
Administrative Assistant

Signature
August 16, 2013
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Check # 8267

Date of Notification (1) August 16, 2013

Name of Building Owner / Operator (2) International Paper Company

Street Address
6400 Poplar Avenue,
City, State & Zip Code Memphis, TN 38197

Name of Contact
Brian Jones

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Curtis Specialty Papers

City (5) Millford,

County (6) Hunterdon

Type of Facility (4) DOL

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

Square Feet 150 # of Floors 1 Bldg. Age 80

Current Use (Prior if being demolished) Vacant Building

Name of Monitoring Firm Hired by Building Owner (8) Arcadis US Inc.

Name of Abatement Contractor (9) Synatech, Inc.

Street Address
35 Columbia Road
City, State & Zip Code Branchburg, NJ 08876

Telephone Number 609-850-0580

License Number 00817

Scheduled Start Date (10) September 3, 2013
Scheduled Completion Date (11) October 4, 2013

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

Scope of Work (Check all that apply)
□ ≥3 sf or ≥ 50 ft
□ ≥150 sf or ≥260 ft
□ Renovation
□ Demolition
□ Full Containment with Negative Pressure
□ Mini-Enclosure
□ Glovebag Procedure
□ Non-Exempted(*) and Non-Friable Procedure

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

IN Facility (13)

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

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

Amount (Specify SF or LF)

Building # 116 - Well Pump House 4
C21-Ext. Caulk around Window X 50 LF

Building # 116 - Well Pump House 4
T23-Tar Sealant between concrete pad & metal wall base X 34 LF

Name of Registered Waste Hauler (14) Synatech, Inc.

Name of Registered Landfill Grows Landfill

City, State Little Egg Harbor, NJ 08087

Disposal Date October 5, 2013

Completed By Rachel Andreala

Title Administrative Assistant

Signature

Date August 16, 2013
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)
August 16, 2013

Name of Building Owner / Operator (2)
International Paper Company

Street Address
6400 Poplar Avenue,

City, State & Zip Code
Memphis, TN 38197

Name of Contact
Brian Jones

AGENCIES NOTIFIED

☐ EPA  ☐ DEP  ☒ DOL
☐ DOH  ☐ DCA

Type Notification
☒ Initial  ☐ Amended  ☒ Amendment #_{
☐ Cancellation

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Curtis Specialty Papers

Street Address
404 Frenchtown Road,

City (5)
Millford,

County (6)
Huntingdon

County Code (7) USE ONLY

Name of Monitoring Firm Hired by Building Owner (8)
Arcadis US Inc.

Street Address
35 Columbia Road

City, State & Zip Code
Branenburg, NJ 08786

Project Manager for Monitoring Firm
Kathleen Romane

Telephone Number
690-860-0590

Scheduled Start Date (10)
September 3, 2013

Scheduled Completion Date (11)
October 4, 2013

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

Facility Occupied During Abatement

Scope of Work (Check all that apply)
☐ ≥3 sf or ≥ 50 lf
☐ ≥160 sf or ≥260 lf
☒ Renovation
☒ Demolition

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

IN Facility

(13)

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

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

Amount (Specify SF or LF)

Building # 115 – Locker House
X C22-Interior Window Caulk 100 LF

Building # 115 – Locker House
X C23-Caulk between metal frame & glass block window 100 LF

Building # 115 – Locker House
X WG25-Interior Window Glaze 100 LF

Location of Registered Waste Hauler
NJDEP Waste Hauler ID No. 27429

Cubic Yards of Waste
3

Name of Registered Landfill
Grows Landfill

Disposal Date
October 5, 2013

City, State
Little Egg Harbor, NJ 08087

City, State
Morrisville, PA

Completed By
Rachel Andreala

Administrative Assistant

Signatures
Rachel Andreala

Date
August 16, 2013

Abatement Type
Removal ☒ Repair ☐ Encapsulate ☐ Enclosure ☐

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

**Date of Notification (1):** August 16, 2013  
**Name of Building Owner / Operator (2):** International Paper Company  
**Street Address:** 6400 Poplar Avenue,  
**City, State & Zip Code:** Memphis, TN 38197

### FACILITY INFORMATION

**Name of Facility Where Abatement is Taking Place (3):** Curtis Specialty Papers  
**Street Address:** 404 Frenchtown Road,  
**City (5):** Millford,  
**County (6):** Hunterdon  
**Name of Monitoring Firm Hired by Building Owner (8):** Arcadis US Inc.  
**ASCM No.:**  
**Name of Abatement Contractor (9):** Synatech, Inc.  
**Street Address:** 829 Radio Road  
**City, State & Zip Code:** Little Egg Harbor, NJ 08087  
**Telephone Number:** 609-286-9916  
**License Number:** 00817  
**Name of OSHA Monitor:** Synatech, Inc.  
**Street Address:** 829 Radio Road  
**City, State & Zip Code:** Little Egg Harbor, NJ 08087

**Scheduled Start Date (10):** September 3, 2013  
**Scheduled Completion Date (11):** October 4, 2013

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

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

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

<table>
<thead>
<tr>
<th>Description of Asbestos-Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>WPG24-Interior Cream Window Glaze</td>
<td>175 LF</td>
</tr>
<tr>
<td>TP7-Transite Pipe</td>
<td>1 LF</td>
</tr>
</tbody>
</table>

| Building # 114 - Equipment House                  |   |   |   |   |   |
| Building # 114 - Equipment House Ext. B          |   |   |   |   |   |

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler:</th>
<th></th>
<th>Cubic Yards of Waste</th>
<th></th>
<th>Name of Registered Landfill:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Synatech, Inc.</td>
<td>3</td>
<td></td>
<td></td>
<td>Grows Landfill</td>
<td></td>
</tr>
</tbody>
</table>

**City, State:** Little Egg Harbor, NJ 08087  
**Disposal Date:** October 5, 2013  
**City, State:** Morrisville, PA  
**Completed By:**  
**Title:** Administrative Assistant  
**Date:** August 16, 2013
**NOTIFICATION OF ASBESTOS ABATEMENT**

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

**State of New Jersey**

**Date of Notification (1)**

| 08 | 15 | 13 |

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

New Jersey Turnpike Authority

**Agency Notified**

- [X] EPA
- [X] DEP
- [X] DCA (NJAC 5:15)
- [ ] DHSS
- [X] DCA (NJAC 5:23-8)

**Type Notification**

- [X] Initial
- [ ] Amended
- [ ] Amendment #
- [ ] Emergency (including justification)
- [ ] Cancellation

**Street Address**

581 Main Street

**City, State, Zip Code**

Woodbridge, NJ 08863

**Name of Contact**

Jon Barger

**Telephone Number**

**FACILITY INFORMATION**

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

Bridge Str. 58.10 over the NJ Turnpike

**Street Address**

Yardville Allentown Road

**City (5)**

Hamilton Township

**County (6)**

Mercer

**County Code (7)**

STATE USE ONLY

**Square Feet**

20,000

**# of Floors**

50+

**Bldg. Age**

**Public Road**

**Type of Facility (4)**

- [ ] School (K-12)
- [ ] Subchapter 3 (Other than K-12)
- [X] Other (i.e., private & commercial buildings, homes, etc.)

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

Envirospection Consultants, Inc

**ASCM No.**

0079

**Name of Abatement Contractor (9)**

Diamond Huntbach Construction Corporation

**Street Address**

20-21 Wagraw Rd. Bldg. 34 A

**City, State, Zip Code**

Fairlawn, NJ 07410

**Project Manager for Monitoring Firm**

Mark Stern

**Telephone No.**

973-636-9145

**Telephone No.**

215-739-8186

**License No.**

00548

**Start Date (10)**

09 / 05 / 13

**Scheduled Completion Date (11)**

09 / 24 / 13

**Name of OSHA Monitor**

SAME AS ABOVE

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

- [ ] Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7AM-4PM/6PM-8AM

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

- [ ] ≥3 sf or ≥3 fj
- [X] ≥160 sf or ≥260 sf
- [X] Renovation
- [ ] Demolition
- [X] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [X] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

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

IN Facility (13)

| Yes | No | N/A |

**Location of Asbestos-Containing Material (ACM) Used Solely by Maintenance/Custodial Staff?**

(12)

| Under Bridge Structure | Transite Conduit Pipe |

2,900 LF

**Name of Registered Waste Hauler**

Freehold Cartage

**NJDEP Waste Hauler ID No.**

02265

**Cubic Yards of Waste**

28

**Name of Registered Landfill**

Grows Landfill

**City, State**

Freehold, NJ

**Disposal Date**

09/30/13

**City, State**

North Tullytown, Pa

**Completed By (Print or Type)**

Charles F. Imbimbo

**Title**

Project Manager

**Signature**

05/15/13

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

**State of New Jersey**

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

<table>
<thead>
<tr>
<th>EPA</th>
<th>DEP</th>
<th>DOL</th>
<th>DOH</th>
<th>DCA</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Street Address**

4000 HADLEY ROAD

**City, State, Zip Code**

SOUTH PLAINFIELD, NJ 07080

**Name of Contact**

SANDRA BRUMBY

**Facility Information**

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

- **Square Feet**
  - 14,320

- **# of Floors**
  - 3

- **Bldg. Age**
  - Appx 50 yrs

- **Current Use (Prior if being demolished)**
  - Sub Station

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

PSG

**Street Address**

981 SPRINGFIELD AVE.

**City (5)**

IRVINGTON

**County (6)**

ESSEX

**Name of Abatement Contractor (9)**

UNIQUE SYSTEMS OF AMERICA

**Street Address**

396 WHITEHEAD AVE

**City, State, Zip Code**

SOUTH RIVER, NJ 08882

**Date of Notification (1)**

8/16/13

**Start Date (10)**

8/13/13

**Scheduled Completion Date (11)**

8/13/13

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

- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other - Describe: Occupied by necessary operator only as needed

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

- 23 sf or 23 if
- 200 sf or 200 if
- Renovation
- Demolition
- Non-Exempted (*) and Non-Firable Procedure
- Full Container with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure

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

- *BASEMENT*
- ACM WIRE Sock 15 LF

**Name of Registered Waste Hauler**

VEOLIA ES TECHNICAL

**City, State**

FLANDERS, NJ

**Name of Registered Landfill**

CWM CHEMICAL

**City, State**

MODEL CITY, NY

**Disposal Date**

8/16/13

**Signature**

CAROL RAIMO

**Title**

Office Use

**Date**

8/16/13

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

**Date of Notification (1):** 7-30-2013

**Name of Building Owner/Operator (2):** PSE & G

**Agencies Notified**
- [ ] EPA
- [ ] DEP
- [ ] DOL
- [ ] DOH
- [ ] DGA

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

**Street Address**
- **City, State, Zip Code:** HOOD HADLEY ROAD, SOUTH PLAINFIELD, NJ 07080
- **Name of Contact:** SANDA BRUMARI
- **Telephone Number:**

**FACILITY INFORMATION**

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

**Street Address:** 981 SPRINGFIELD AVE., IRVINGTON, ESSEX

**County Code (7):** 0045

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

**Square Feet:** 11,320
**# of Floors:** 3
**Bldg. Age:** 50 years

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

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

**ASCM No.:** 0045

**Name of Abatement Contractor (9):** UNIQUE SYSTEMS OF AMERICA INC

**Street Address:** 396 WHITEHEAD AVE.

**City, State, Zip Code:** SOUTH RIVER, NJ 08882

**Telephone No.:** 732-432-8350

**License No.:** 01111

**Project Manager for Monitoring Firm:** TOM GEIGER

**Street Address:** 64 BROAD STREET

**City, State, Zip Code:** MATAWAN, NJ 07747

**Telephone No.:** 732-290-2217

**Start Date (10):** 8/13/13
**Scheduled Completion Date (11):** 8/16/13

**Occupancy Status During Abatement (Check Only One):**
- [ ] Facility Closed/Vacated During Entire Period of Abatement
- [x] Abatement Performed Outside of Normal Facility Hours
- [ ] Other — Describe: noprotected by necessary operators only

**Scope of Work (Check All That Apply):**
- [ ] < 25 sf or < 25 ft
- [ ] 25 sf or > 25 ft
- [x] Renovation Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Gluebag 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)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st Floor</td>
<td>[x]</td>
<td>TRANSIT RELAY PANELS</td>
<td>364 SF X</td>
</tr>
<tr>
<td>Basement</td>
<td>[x]</td>
<td>ACM WIRE SOX</td>
<td>15 LF X</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler:**

**WASTE MANAGEMENT**

**NJDEP Waste Hauler ID No.:** 1125

**Cubic Yards of Waste:** 10

**Name of Registered Landfill:**

**GROWS NORTH**

**City, State:** ELIZABETH, NJ

**Disposal Date:** 8/16/13

**City, State:** MORRISVILLE, PA

**Completed by:** CAROL RAIMO
**Title:** OFFICE MGR.

**Signature:**

**Date:** 7-30-2013

*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) 8/19/13  (Orig. 9/30/13)  
Name of Building Owner/Operator (2) PSE&G  
Agencies Notified Type Notification  
EPA  Initial  
DEP  
DOL  
DOH  
DCA  
Street Address  
4000 Hadley Road  
City, State, Zip Code SOUTH PLAINFIELD, NJ 07080  
Name of Contact  SANTA BRUMARU  
FACILITY INFORMATION  
Name of Facility Where Abatement is Taking Place (3) PSE&G  
Street Address 981 Springfield Ave.  
City (5) IRVINGTON  
County (6) ESSEX  
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS  
ASCM No. 0045  
Name of Abatement Contractor (9) UNIQUE SYSTEMS OF AMERICA INC  
Street Address 396 Whitehead Ave.  
City, State, Zip Code SOUTH RIVER, NJ 08882  
License No. 01111  
Telephone No. 732-342-8350  
Start Date (10) 8/19/13  
SCHEDULED COMPLETION DATE (11) 8/1/13  
Occupancy Status During Abatement (Check Only One)  
Facility Closed/Vacated During Entire Period of Abatement  
Scope of Work (Check All That Apply)  
≥250 sf or ≥3 t  
≥180 sf or ≥260 t  
ACM Wire Sock 15 LF  
Location of Asbestos-Containing Material (ACM) TO BE ABATED  
LOCATION DESCRIPTION  
Name of Registered Waste Hauler  
WASTE MANAGEMENT  
NJ DEP Waste Hauler ID No. 1125  
Cubic Yards of Waste  
Name of Registered Landfill  
GROWS NORTH  
City, State  ELIZABETH, NJ  
Disposal Date 8/14/13  
City, State  MORRISVILLE, PA  
Completed by  CAROL RAIMO  
Title OFFICE MGR.  
Signature  
Date 9/13  

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)
8-15-2013

Name of Building Owner/Operator (2)
Township of Parsippany / Troy Hills

Agencies Notified

- EPA
- DEP
- DOL
- DOH
- DCA

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

Street Address
1001 Parsippany Blvd

City, State, Zip Code
 Parsippany, NJ 07054

Name of Contact
Joe Giannetti

Telephone Number

FACILITY INFORMATION

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

Street Address
7 Chesapeake

City
Lake Hiawatha, NJ

County
Morris

County Code

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
50+

Current Use (Prior if being demolished)
House For Demo

Name of Monitoring Firm Hired by Building Owner (5)
n/a

ASCM No.
n/a

Name of Abatement Contractor (9)
Loznica Management Corporation

Street Address
22 Troy Lane

City, State, Zip Code
Lincoln Park, NJ 07035

Name of Project Manager for Monitoring Firm
n/a

Telephone No.
n/a

License No.
01193

Start Date (10)
8-24-2013

Scheduled Completion Date (11)
8-27-2013

Name of OSHA Monitor
Loznica Management Corporation

Street Address
22 Troy Lane

City, State, Zip Code
Lincoln Park, NJ 07035

Occupancy Status During Abatement (Check Only One)

- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other - Describe: 8am - 5pm

Scope of Work (Check All That Apply)

- ≥3 sf or ≥3 ft
- ≥160 sf or ≥260 ft

Removal

Demolition

Full Containment with Negative Pressure

Mini-Enclosure

Glovebag Procedure

Non-Exempted (*) and Non-Friable Procedure

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

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

Yes
No
N/A

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

Amount
(Specify SF or LF)

Abatement Type

Window Caulking

12 Windows

Windows

x

Name of Registered Waste Hauler
Rovic

NJDEP Waste Hauler ID No.
20785

Cubic Yards of Waste
TBD

Name of Registered Landfill
GROWS Landfill

Disposal Date
TBD

City, State
Kearny, NJ

Completed by
E. Cirovic
Title
Secretary

Signature

Date
8-15-2013

* Do not use this form for asbestos licensure exempted activities.
### Type of Notification (check one) and Date Submitted

- Initial [✓]
- Amended [ ]
- Cancellation [ ]
- Emergency (must include justification) [ ]

**Date of Notification:** 8/13/13

### Building Information

**Name of Building Owner/Operator:** DIANE SCALERA & LAWRENCE EVANGELISTA

**Street Address:** 815 REMMOS AVE  
**City:** UNION  
**State:** NJ  
**Zip:** 07083

**Name of Contact:** DIANE OR LAWRENCE

### Facility Information

**Name of Facility Where Work Activity is to Take Place:** HOUSE

**Describe Facility Use:** BASEMENT CLOSET

**Street Address:** 815 REMMOS AVE  
**City:** UNION  
**State:** NJ  
**Zip:** 07083

**County Name:** UNION  
**County Code (state use only):**

**Scheduled Start Date:** 8/21/13  
**Scheduled Completion Date:** 8/31/13

### Occupancy Status During Activity (check only one):

- [ ] Facility Closed/Vacated During Entire Activity
- [ ] Activity Performed Outside Normal Facility Hours—Describe:
- [✓] Other—Describe:

### Scope of Work (check all that apply):

- [✓] Floor Tile  
  **Square Footage:** 10  
  **Percentage Asbestos:** 29%
- [ ] Mastic  
  **Square Footage:**
- [ ] Other  
  **Square Footage:**

### Contractor Information

**Company Name:** ABS ENVIRONMENTAL SERVICES, LLC  
**Telephone No.:** 973-764-3276

**Street Address:** 42 E. GATE DR., PO BOX 483  
**City:** GLENWOOD  
**State:** NJ  
**Zip:** 07418

**New Jersey Asbestos License Number (if applicable):** 703

**Monitoring Firm (if applicable):**

**Telephone No.:**

### Signature

**Completed By (type or print legibly):** ANDREW HIGGINS  
**Title:** OWNER  
**Date:** 8/13/13

**Signature:**
### 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>08/12/13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>LCOR Incorporated</td>
</tr>
<tr>
<td>Street Address</td>
<td>One Penn Plaza, Suite 1801</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>New York, NY 10119</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Joseph Casillo</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
</tbody>
</table>

### FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Centro Verde @ Montclair</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>654 Bloomfield Avenue</td>
</tr>
<tr>
<td>City (5)</td>
<td>Montclair</td>
</tr>
<tr>
<td>County (6)</td>
<td>Essex</td>
</tr>
<tr>
<td>County Code (7)</td>
<td></td>
</tr>
<tr>
<td>Square Feet</td>
<td>11,500</td>
</tr>
<tr>
<td># of Floors</td>
<td>1</td>
</tr>
<tr>
<td>Bldg. Age</td>
<td>50 ↔</td>
</tr>
<tr>
<td>Current Use (Prior if being demolished)</td>
<td>Vacant Building</td>
</tr>
</tbody>
</table>

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

### Name of Abatement Contractor (9)
Stanmark Contractors, LLC

| Street Address | 27 Eadsall Drive |
| City, State, Zip Code | Sussex, NJ 07461 |
| Telephone No. | 973-864-2022 |
| License No. | 01137 |

### Project Manager for Monitoring Firm
Amersci

| Street Address | 117 East 30th Street |
| City, State, Zip Code | New York, NY 10016 |

### Start Date (10) | 08/15/13
| Scheduled Completion Date (11) | 08/31/13 |

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

- 23% or ≥3% if ≥160 sf or ≥2960 if
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebox Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (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>Boiler Room</td>
<td>x</td>
<td>boiler jacket insulation</td>
<td>300 S.F.</td>
<td>x</td>
</tr>
<tr>
<td>Meeting Room</td>
<td>x</td>
<td>wall panel glue</td>
<td>300 S.F.</td>
<td>x</td>
</tr>
<tr>
<td>Roof #3, #4</td>
<td>x</td>
<td>flashing and mastice</td>
<td>2,000 S.F.</td>
<td>x</td>
</tr>
<tr>
<td>Parts Department, Service Area</td>
<td>x</td>
<td>window glazing</td>
<td>240 L.F.</td>
<td>x</td>
</tr>
</tbody>
</table>

### Name of Registered Waste Hauler
Atlantic Carting

| NJ/DEP Waste Hauler ID No. | 26085 |
| Cubic Yards of Waste | 50 |
| Name of Registered Landfill | G.R.O.W.S. |

### City, State
Wayne, NJ

### Completed by
Marko Stankovic

<table>
<thead>
<tr>
<th>Title</th>
<th>President</th>
</tr>
</thead>
</table>

### Signature
Mario R. Franceschi

| Date | 08/13/13 |

* Do not use this form for asbestos licensure exempted activities.*
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:58 and 12:20)

**Date of Notification:** 08/12/13  
**Name of Building Owner/Operator:** LCOR Incorporated

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

**Street Address:** One Penn Plaza, Suite 1801  
**City, State, Zip Code:** New York, NY 10119  
**Name of Contact:** Joseph Casillo  
**Telephone Number:**

**Name of Facility Where Abatement is Taking Place:** Centroverde @ Montclair  
**Street Address:** 34 Valley Road  
**City:** Montclair  
**County:** Essex  
**County Code:** (STATE USE ONLY)

**Name of Monitoring Firm Hired by Building Owner:** N/A  
**Name of Abatement Contractor:** Stanmark Contractors, LLC  
**Street Address:** 27 Edsall Drive  
**City, State, Zip Code:** Sussex, NJ 07461

**Project Manager for Monitoring Firm:**  
**Telephone No.:** 973-864-2022  
**License No.:** 01137  
**Name of OSHA Monitor:** AmeriSci

**Start Date:** 08/15/13  
**Scheduled Completion Date:** 08/31/13  
**Occupancy Status During Abatement:** Facility Closed/Vacated During Entire Period of Abatement

**Scope of Work:**  
- 23 sf or 23 ft  
- 160 sf or 2260 if

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
<th>Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st Fl., Mezzanine Fl.</td>
<td>x</td>
<td></td>
<td></td>
<td>Floor tiles</td>
<td>2,200 S.F.</td>
</tr>
<tr>
<td>Roof #1, #2, #3</td>
<td></td>
<td></td>
<td></td>
<td>Flashing &amp; mastict</td>
<td>2,690 S.F.</td>
</tr>
<tr>
<td>Roof #2a</td>
<td>x</td>
<td></td>
<td></td>
<td>Pitch pocket flashing</td>
<td>15 L.F.</td>
</tr>
<tr>
<td>Roof #2c</td>
<td></td>
<td></td>
<td></td>
<td>HVAC duct mastict</td>
<td>70 S.F.</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler:** NJ/DEP Waste Hauler ID No. 25085  
**Cubic Yards of Waste:** 60  
**Name of Registered Landfill:** G.R.O.W.S.

**City, State:** Wayne, NJ  
**Disposal Date on completion:**

**Completed by:** Marko Stankovic  
**Title:** President  
**Signature:**

**Print Form**

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

Date of Notification (1)
08/13/2013

Name of Building Owner/Operator (2)
Shakib Shayegh

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

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

Street Address
34 Oakdene Terrace

City, State, Zip Code
Edgewater, NJ 07020

Name of Contact
Shakib Shayegh

Facility Information

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

Street Address
34 Oakdene Terrace - Basement

City (5)
Edgewater, NJ

County (6)
Bergen

County Code (7)
(State Use Only)

Name of Monitoring Firm Hired by Building Owner (8)
J&S Environmental Lab, LLC

ASCM No.

Name of Abatement Contractor (9)
SUPER, LLC

Street Address
168 Arundel Rd

City, State, Zip Code
Paramus, NJ 07652

Project Manager for Monitoring Firm
J&S Environmental

Telephone No.
(908) 206-0073

Telephone No.
(201) 336-0477

License No.
001195

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

Start Date (10)
08/26/2013

Scheduled Completion Date (11)
09/03/2013

Scope of Work (Check All That Apply)
- ≥3 sf or ≥3 lf
- >160 sf or ≥260 sf

Renovation
Demolition

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

In Facility
(13)

Location
Basement

Is Location
Used Solely by
Maintenance/
Custodial Staff?
Yes
No
N/A

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

Amount
60 LF

Abatement Type

Completion Date
TBD

Name of Registered Waste Hauler
SUPER, LLC

NJDEP Waste Hauler ID No.
034893

Cubic Yards of Waste

Name of Registered Landfill
GROWS Landfill

City, State
Paramus, NJ

Disposal Date
TBD

City, State
Monsville, PA

Completed by
Tailor Dominguez

Title
Project Manager

Signature

Date
08/13/13

* 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)**
08/13/2013

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

**Type Notification**
- EPA
- DEP
- DOL
- DOH
- DCA
- Initial
- Amended
- Amendment #
- Emergency (including Justification)
- Cancellation

**Street Address**
176 Trotta Drive

**City, State, Zip Code**
New Milford, NJ 07646

**Name of Contact**
Carol Sprague

**FACILITY INFORMATION**

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

**Street Address**
176 Trotta Drive, Basement

**City**
New Milford, NJ 07646

**County**
Bergen

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

**ASCN No.**

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

**Square Feet**

**# of Floors**

**Bldg. Age**

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

**Name of Abatement Contractor (9)**
SUPER, LLC

**Street Address**
168 Arundel Rd

**City, State, Zip Code**
Paramus, NJ 07652

**Name of OSHA Monitor**
Testor Tech

**Telephone No.**
(201) 336-0477

**License No.**
001195

**Project Manager for Monitoring Firm**
Carmelo Almonte

**Telephone No.**
(201) 864-6583

**Start Date (10)**
08/23/2013

**Scheduled Completion Date (11)**
09/03/2013

**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)**
- 23 sf or 23 If
- >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)**

<table>
<thead>
<tr>
<th>TO BE ABATED</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>X</td>
<td>VAT / Mastic</td>
<td>220 SF</td>
<td>X</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**
SUPER, LLC

**NJDEP Waste Hauler ID No.**
034893

**Cubic Yards of Waste**

**Name of Registered Landfill**
GROWS Landfill

**City, State**
Paramus, NJ

**Disposal Date**
TBD

**City, State**
Morrisville, PA

**Completed by**
Tailor Dominguez

**Title**
Project Manager

**Signature**

**Date**
08/13/13

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

**Date of Notification**: 8 / 1 / 13  
**Name of Building Owner/Operator**: Brixmor Old Bridge, LLC  
**Street Address**: One Fayette Street, Suite 700  
**City, State, Zip Code**: Conshohocken, PA 19428  
**Name of Contact**: Mr. Jerry McMullen  
**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place**: Old Bridge Gateway Shopping Center - Space 1016  
**Street Address**: 100-1074 Route 9  
**City**: Old Bridge  
**County**: Middlesex  
**County Code**: 00  
**Type of Facility**: Vacant

**Name of Monitoring Firm Hired by Building Owner**: Accredited Environmental Technologies  
**ASCM No.**: 00021  
**Project Manager for Monitoring Firm**: Dave Turotay  
**Telephone No.**: 610-831-0114  
**Square Feet**: 235,995  
**# of Floors**: 1  
**Bldg. Age**: 1950

**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>
<th>Endorse</th>
</tr>
</thead>
<tbody>
<tr>
<td>Floor tile and mastic</td>
<td>2,000 SF</td>
<td>Full Containment with Negative Pressure</td>
<td></td>
</tr>
<tr>
<td>Floor tile and mastic</td>
<td>1,600 SF</td>
<td>Minit-Enclosure</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Glovebag Procedure</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Non-Exempted (*) and Non-Friable Procedure</td>
<td></td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**: Freehold Cartage, Inc.  
**NJDEP Waste Hauler ID No.**: 02285  
**Disposal Date**: 8/23/13  
**Name of Registered Landfill**: GROWS Landfill  
**City, State**: Morrisville, PA 19067  
**Completed By**: Kimberly A. Trumbetti  
**Title**: Office Coordinator  
**Signature**: [Signature]

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

State of New Jersey

Date of Notification (1) 7 / 17 / 13

Name of Building Owner/Operator (2) 48 North Broad Street, Urban Renewal LLC, Job # 1507-1785: Chk. #NA

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

Type Notification
☐ Initial
☐ Amended
Amendment #01
☐ Emergency (including justification)
☐ Cancellation

Street Address 48 North Broad Street

City, State, Zip Code Woodbury, NJ 08096

Name of Contact Mr. Scott Corley, Guild Builders

ASBESTOS CONTROL LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Old Masonic Temple

Street Address 48 North Broad Street

City (5) Woodbury

County (6) Camden

County Code (7) (STATE USE ONLY)

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

Square Feet 13,200

# of Floors 3

Bldg. Age 1926

Current Use (Prior if being demolished)
Vacant Building

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

ASCM No.

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

Project Manager for Monitoring Firm
Dave or Steve Flanagan

Telephone No. 856-684-0800

Telephone No. 609-702-0400

Name of OSHA Monitor EMSL Analytical, Inc.

Street Address 3859 Sylon Boulevard

City, State, Zip Code Hainesport, NJ 08036

Street Address 200 U.S. Route 130 North

City, State, Zip Code Cinnaminson, NJ 08077

Start Date (10) 7 / 31 / 13

Scheduled Completion Date (11) 8 / 21 / 13

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

Scope of Work (Check all that apply)
☐ >=3 sf or >=3 If
☐ >=160 sf or >=260 If
☒ Renovation
☐ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

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

IN Facility (15)

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)

Full Name of Registered Waste Hauler Freehold Cartage, Inc.

Name of Registered Landfill GROWS Landfill

City, State Freehold, NJ

Disposal Date 8/21/13

City, State Morrisville, PA 19067

Completed By (Print or Type) Kimberly A. Trumbetti

Title Office Coordinator

Signature

Date 8-13-13

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

**Date of Notification:** 1/28/13

**Name of Building Owner / Operator:**

- **Name:** Johns Manville
- **Street Address:** 717 17th Street
- **City:** Denver, CO 80202

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

- **Name:** Johns Manville- Penbryn Plant
- **Street Address:** 437 North Grove Street

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

- **Name:** One Source Safety & Health
- **Street Address:** 140 South Village Avenue-Suite 130
- **City:** Exton, PA 19341

**Project Manager for Monitoring Firm:**

- **Name:** Brian Hovendon
- **Telephone Number:** 610-524-5525

**Scheduled Start Date:** 11/19/12

**Scheduled Completion Date:** 9/18/13

**Occupancy Status During Abatement:**

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

**Scope of Work:**

- Renovation
- Demolition

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

- **"H" Roof:**
  - Transite Deck Panels: 2,400 SF
  - Roof Field: 17,400 SF

**Name of Registered Waste Hauler:**

- **Name:** Horizon Disposal
- **Waste Hauler ID No.:** 22612

**Name of Registered Landfill:**

- **Name:** GROWS Landfill
- **City:** Morrisville, PA

**Completed By:**

- **Name:** Kim Trumbetti
- **Title:** Admin.

**Date:** 8/13/13
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 5:16)  

**Date of Notification (1)**  
8 / 14 / 13  

**Name of Building Owner/Operator (2)**  
Mr. Jeff Willey  
Job # 1307-2885 Chk. # 3295  

**Agency Notified**  
- [ ] EPA  
- [ ] DOLWD  
- [ ] DHSS  
- [ ] DCA (NJAC 5:23-8)  

**Type Notification**  
- [ ] Initial  
- [ ] Amended  
- [ ] Amendment # (Include justification)  
- [ ] Cancellation  

**Street Address**  
111 Metcalf Street  

**City, State, Zip Code**  
Bay Head, NJ 08742  

**Name of Contact**  
Jeff Willey  

**Facility Information**  

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Bay Head Yacht Club</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Street Address</strong></td>
<td>111 Metcalf Street</td>
</tr>
<tr>
<td><strong>City (5)</strong></td>
<td>Bay Head</td>
</tr>
<tr>
<td><strong>County (6)</strong></td>
<td>Ocean</td>
</tr>
<tr>
<td><strong>County Code (7) (State Use Only)</strong></td>
<td></td>
</tr>
</tbody>
</table>

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

**ASCM No.**  

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

**Street Address**  
3859 Sylon Boulevard  

**City, State, Zip Code**  
Hainesport, NJ 08036  

**Telephone No.**  
609-702-0400  

**License No.**  
00862  

**Project Manager for Monitoring Firm**  
Kelly Walton  
Telephone No. 908-862-4301  

**Start Date (10)**  
8 / 28 / 13  

**Scheduled Completion Date (11)**  
8 / 29 / 13  

<table>
<thead>
<tr>
<th><strong>Occupancy Status During Abatement</strong></th>
<th>Check only one</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Facility Closed/Vacated During Entire Period of Abatement</td>
<td></td>
</tr>
<tr>
<td>[ ] Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM AM PM PM</td>
<td></td>
</tr>
</tbody>
</table>

**Scope of Work (Check all that apply)**  
| [ ] 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>Floor</th>
<th>[ ]</th>
<th>[ ]</th>
<th>[ ]</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Floor Tile and Mastic</th>
<th>90 SF</th>
</tr>
</thead>
</table>

| [ ] | [ ] | [ ] | [ ] | [ ] | [ ] | [ ] | [ ] |
|--------------------------------|-------|

**Name of Registered Waste Hauler**  
Freehold Cartage, Inc.  
NJDEP Waste Hauler ID No. 02265  

**Cubic Yards of Waste**  
5  

**Disposal Date**  
8/29/13  

**Name of Registered Landfill**  
GROWS Landfill  
City, State  
Morrisville, PA 19067  
|

**Completed By (Print or Type)**  
Kimberly A. Trumbetti  
Title  
Office Coordinator  
Signature  

**Date**  
8/14/13  

* 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)  
8-15-2013  

Name of Building Owner/Operator (2)  
Clyde Goffe  

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

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

Street Address  
194 Stone Street  

City, State, Zip Code  
Maywood NJ  

Name of Contact  
Clyde Goffe  

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

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

Square Feet  
1500  

# of Floors  
2  

Bldg. Age  
50+  

County Code (7)  
Bergen  

Current Use (Prior if being demolished)  
House  

Name of Monitoring Firm Hired by Building Owner (8)  
n/a  

ASCN No.  
n/a  

Name of Abatement Contractor (9)  
Loznica Management Corporation  

Street Address  
22 Troy Lane  

City, State, Zip Code  
Lincoln Park, NJ 07035  

Project Manager for Monitoring Firm  
n/a  

Telephone No.  
973-706-7950  

License No.  
01193  

Start Date (10)  
8-24-2013  

Scheduled Completion Date (11)  
8-25-2013  

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

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

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

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

Amount  
(Specify SF or LF)  

Abatement Type  
☐ Removal  
☐ Repair  
☐ Encapsulate  
☐ Endosule  

Location  
Basement  

VAT no Mastic  
450 SF  

Name of Registered Waste Hauler  
Loznica Management Corporation  

NJDEP Waste Hauler ID No.  
33137  

Cubic Yards of Waste  
TBD  

Name of Registered Landfill  
GROWS Landfill  

Disposal Date  
TBD  

City, State  
Lincoln Park, NJ 07035  

Completed by  
E. Cirovic  

Title  
Secretary  

Signature  

Date  
8-15-2013  

* 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)**
8/14/2013

**Name of Building Owner/Operator (2)**
St Augustine Church

**Street Address**
3900 New York Avenue
City, State, Zip Code
Union City, NJ 07087

**Name of Contact**
Damian De Armas

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>St Augustine School</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>3900 New York Avenue</td>
</tr>
<tr>
<td>City (5)</td>
<td>Union City, NJ 07087</td>
</tr>
<tr>
<td>County (6)</td>
<td>Hudson</td>
</tr>
<tr>
<td>County Code (7) (STATE USE ONLY)</td>
<td>ASCM No.</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>EA Services Corporation</td>
</tr>
<tr>
<td>Street Address</td>
<td>426 69th Street</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Guttenberg, NJ 07093</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>Phone No.</td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>8/15/2013</td>
</tr>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>8/16/2013</td>
</tr>
<tr>
<td>Occupancy Status During Abatement (Check Only One)</td>
<td></td>
</tr>
<tr>
<td>□ Facility Closed/Vacated During Entire Period of Abatement</td>
<td></td>
</tr>
<tr>
<td>□ Abatement Performed Outside of Normal Facility Hours</td>
<td></td>
</tr>
<tr>
<td>Other – Describe: Starting 5:00 PM</td>
<td></td>
</tr>
<tr>
<td>Scope of Work (Check All That Apply)</td>
<td></td>
</tr>
<tr>
<td>□ ≥50 sf or ≥50 ft</td>
<td></td>
</tr>
<tr>
<td>□ ≥150 sf or ≥260 ft</td>
<td></td>
</tr>
<tr>
<td>□ Renovation Demolition</td>
<td></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>□ Abatement Type</td>
<td></td>
</tr>
<tr>
<td>□ Removal</td>
<td></td>
</tr>
<tr>
<td>□ Repair</td>
<td></td>
</tr>
<tr>
<td>□ Encapsulate</td>
<td></td>
</tr>
<tr>
<td>□ Endorse</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Kitchen Area</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pipe Insulation</td>
<td>8 LF</td>
<td>x</td>
<td></td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**
Freehold Carting

**Title**
Office Manager

**Signature**
[Signature]

**Date**
8/14/2013

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

**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**

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

**Date of Notification (1):** August 14, 2013

**Name of Building Owner/Operator (2):** T & H Homes

**Street Address:** 70 East Water Street, 5B

**City, State, Zip Code:** Toms River, New Jersey 08753

**Name of Contact:** Bill Hoermann

**Telephone Number:** AS

### FACILITY INFORMATION

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

**Street Address:** 217 Mallard Lane

**City:** Toms River Twp.

**County:** Ocean

**County Code (STATE USE ONLY):** N/A

**Name of Monitoring Firm Hired by Building Owner (8):** ASCM No.

**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

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

**License Number:** 00624

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

**Street Address:** 1056 Stetton Road

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

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

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

**Scheduled Start Date (10):** 8/14/13

**Scheduled Completion Date (11):** 8/15/13

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

- [ ] >3 sf or ≥3 if
- [x] ≥160 sf or ≥260 if
- [ ] Renovation
- [x] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Enclosure
- [ ] Glovebag Procedure
- [x] Non-Exempted (*) and NonFriable Procedure

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

<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>Exterior</td>
<td>YES</td>
<td>Asbestos siding</td>
<td>800 sf</td>
<td>X</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:** 8/16/13

**City, State:** Tullytown, Pennsylvania

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

**Title:** Project Manager

**Signature:**

**Date:** 8/14/2013

*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) 8/13/13

Name of Building Owner/Operator (2) CHOA KUW YU

Agencies Notified

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

Street Address
578 ELM AVE

City, State, Zip Code
RIVER EDGE, NJ 07661

ASBESTOS CONTROL & LICENSING

Name of Contact
TERRY MURPHY

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
578 ELM AVE

City (5)
RIVER EDGE

County (6)
BERGEN

Current Use (Prior to being demolished)

Type of Facility (4)

<table>
<thead>
<tr>
<th>Facility Type</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>School (K-12)</td>
<td></td>
</tr>
<tr>
<td>Subchapter 8 (Other than K-12)</td>
<td></td>
</tr>
<tr>
<td>Other (i.e. private &amp; commercial buildings, homes, etc.)</td>
<td></td>
</tr>
</tbody>
</table>

Square Feet
1,650

# of Floors
2

Bldg. Age
60

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

Name of Abatement Contractor (9)
A. Mac Contracting Inc.

Street Address
105 Lowell Road

City, State, Zip Code
Glen Rock, N.J. 07452

Telephone No.
201-282-5841

License No.
00158

Name of OSHA Monitor
Omega Environmental Services Inc.

Street Address
280 Huyler Street

City, State, Zip Code
Hackensack, NJ 07606

Start Date (10)
8/22/13

Scheduled Completion Date (11)
8/33/13

Occupancy Status During Abatement (Check Only One)

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

Scope of Work (Check All That Apply)

- ≥ 3 sf or ≥ 3 if
- ≥ 160 sf or ≥ 260 sf

- Renovation
- Demolition

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

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

In Facility

- 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

Name of Registered Waste Hauler
Rovic Transport

NJDEP Waste Hauler ID No.
20785

Cubic Yards of Waste

Name of Registered Landfill
IESI PA Bethlehem Landfill Corp.

City, State
Riverdale, New Jersey 07457

Disposal Date
8/13/13

Completed by
R. MCDONALD

Title
President

Signature

Date
8/13/13

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

**State of New Jersey**

**Date of Notification:** August 14, 2013

**Name of Building Owner/Operator:** Margaret Barson

**Type Notification:** Inlet Amended

**Address:** 812 Broad Street

**City:** Shrewsbury, NJ 07702

**Name of Contractor:** Margaret Barson

**FACILITY INFORMATION ASBESTOS CONTROL & REMEDIATION**

- **Type of Use:** Residence, School (K-12), Subchapter 4 (Other than K-12)
- **Current Use:** Prior (if being demolished)
- **Square Foot:** 3,500
- **No. of Floors:** 2
- **Bldg. Age:** 120

- **Name of Facility Where Abatement is Taking Place:** Borden Residence
- **Street Address:** 912 Broad Street
- **City:** Shrewsbury
- **County:** Monmouth
- **County Code:** 06 (STATE USE ONLY)
- **License No.:** 00842

**Manager for Monitoring Film:** Shade Environmental, LLC

**Street Address:** 623 Cutler Ave.

**City:** Mapletown, NJ 08062

**Telephone No.:** 609-650-7277

**Name of OBIA Monitor:** EMIL

**Scope of Work:**
- **Emergency Status:** Facility Closed/Warranted During Entire Period of Abatement, Abatement Performed Outside of Normal Facility Hours

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Yes</th>
<th>No</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Throughout</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Basement</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>

**Removal:**
- **Description of ACM:** Tile, Pipe Insulation and Fittings
- **Cubic Yards of Waste:** 470 SF, 380 LF
- **Name of Registered Waste Hauler:** NJDEP Waste Hauler's D No. 22893
- **Name of Registered Landfill:** Groves Landfill
- **City, State:** Shrewsbury, NJ 07702
- **Disposal Date:** 8/20/2013

**Operations Manager:** Christina Lynch

**Disposal Date:** August 14, 2013

---

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

**NOTIFICATION OF ASBESTOS ABATEMENT**

(Permits to R1AC 0100 and 12-125)

**Date of Notification (1)**
08-19-2013

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

**Street Address**
36-46 RT 46 N.E., Lodi, N.J., 07644

**Name of Contact**
Michael Bonadio

**Name of Facility Where Abatement Is Taking Place (3)**
PRIVATE

**Street Address**
8 Shrewsbury Way

**City (5)**
Sea Bright, N.J.

**County (6)**

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

**ASCAD No.**

**Name of Abatement Contractor (9)**
SHARON QUALITY CO LLC

**Street Address**
22 VAN ORDEN PL

**City, State, Zip Code**
HACKENSACK, N.J., 07601

**Type of Facility (4)**

**Project Manager for Monitoring Firm**

**Telephone No.**

**Scheduled Completion Date (11)**
08-24-2013

**Start Date (10)**
08-23-2013

**Facility Closd/Enclosed During Entire Period of Abatement**

**Abatement Performed Outside of Normal Facility Hours**

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

**Name of CSHBA Monitor**
EMSL Laboratory

**Street Address**
307 West N.Y. N.Y.

**City, State, Zip Code**
New York

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

<table>
<thead>
<tr>
<th>Location</th>
<th>ACM in Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exterior Siding</td>
<td>Yes</td>
</tr>
<tr>
<td>Shingles Siding</td>
<td>No</td>
</tr>
</tbody>
</table>

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

**Location Normally Used by Maintenance / Custodial Staff?**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

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

**Name of Registered Waste Hauler**
Sharon Quality Construction, 0033967

**Cubic Yards of Waste**
TB

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

**Complete by**
Carlos Esquivel

**Title**
Safety Manager

**Signature**

**Completed**

**Printer**

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

Date of Notification (1): 8-12-2012

Agencies Notified: E/A

Name of Building Owner/Operator: Township of Parsippany / Toby Hills

Street Address: 1001 Parsippany Blvd

City, State, Zip Code: Parsippany, NJ 07054

Name of Contractor: Joe Giannelli

Name of Facility Where Abatement Is Taking Place: House for Demo

Street Address: 40 Lake Shore Drive

City: Lake Hiawatha, NJ

County Code (7): Morris

Name of Monitoring Firm Hired by Building Owner: n/a

ASCM No.: n/a

Name of Abatement Contractor: Loznica Management Corporation

Street Address: 22 Troy Lane

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

Project Manager for Monitoring Firm: n/a

Telephone No.: n/a

Telephone No.: 973-706-7950

License No.: 01198

Start Date (10): 8-14-2013

Scheduled Completion Date (11): 8-21-2013

Occupancy Status During Abatement: None

Scope of Work: (Check All That Apply)

- 20% or 25% of Facility
- Demolition
- Other - Demolition: n/a

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

- Exterior: n/a
- Living Room: X

Description of Asbestos-Containing Material (ACM):

- Transite Shingles: 1000 SF
- White Joint Compound: 400 SF

Name of Registered Waste Hauler:

Rovic

NUDEP Waste Hauler ID No.: 20785

Cable Yard of Waste: TBD

Name of Registered Landfill: GROWS Landfill

City, State: Morrisville PA 19067

Disposal Date: TBD

Completion by: E. Cirovic

This Secretary: n/a

Signature: n/a

Date: 8-12-2013

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

**Name of Building Owner/Operator:**
New Jersey Department of Military Affairs

**Street Address:**
101 Eggerts Crossing Road

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

**Name of Contact:**
William McBride

### FACILITY INFORMATION

**Name of Facility Where Abatement is Taking Place (3):**
West Orange Armory – CSMS Building

**Street Address:**
1315 Pleasant Valley Road

**City (5):**
West Orange

**County (6):**
Essex

**Apartment Code (7) (STATE USE ONLY):**
00110

**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

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

- [ ] Demolition
- [ ] Renovation
  - [x] Full Containment with Negative Pressure
  - [x] MRT – Enclosure
  - [ ] Glovebag Procedure
  - [ ] Non – Flammable Procedure

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

<table>
<thead>
<tr>
<th>Location Normally Used Solely by Maintenance/Custodial Staff (12)</th>
<th>Description of Asbestos – Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Throughout (including boilerroom)</td>
<td>Piping insulation removal and &quot;wrap &amp; cut&quot;</td>
<td>2500 LF</td>
<td>REveniently</td>
</tr>
<tr>
<td>Boiler room</td>
<td>Boiler and breeching insulation</td>
<td>1000 SF</td>
<td>REveniently</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler:**
Jupiter Environmental Services

**Waste Hauler ID No.:**
04782

**Disposal Date:**
9/20/13

**Date:**
8/13/13

**Pan Repic:**
General Manager

**Signature:**

---

8/13/13: Amendment #1 – Completion date has moved to the 9/20/13 for the boilerroom portion of the work.
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>08 / 14 / 13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Melissa Sullivan</td>
</tr>
<tr>
<td>Type Notification</td>
<td>Initial</td>
</tr>
<tr>
<td>Agencies Notified</td>
<td>EPA, DOHSH, DOA</td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>Gr Tech LLC</td>
</tr>
<tr>
<td>Type of Facility (4)</td>
<td></td>
</tr>
<tr>
<td>Private house</td>
<td></td>
</tr>
<tr>
<td>Street Address</td>
<td>21 Eastwood Place</td>
</tr>
<tr>
<td>City (5)</td>
<td>Cedar Grove, NJ 07009</td>
</tr>
<tr>
<td>County (6)</td>
<td>Essex</td>
</tr>
<tr>
<td>Current Use (Prior if being demolished)</td>
<td></td>
</tr>
<tr>
<td>Occupation Status During Abatement (Check only one)</td>
<td></td>
</tr>
<tr>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
<td>X</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>&gt;3 sq ft or &gt;3 if</td>
<td>X</td>
</tr>
<tr>
<td>&gt; 160 sq ft or &gt;250 if</td>
<td></td>
</tr>
<tr>
<td>Demolition</td>
<td></td>
</tr>
<tr>
<td>Clean up and decontamination</td>
<td></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>Tent with Negative Pressure</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>Yes No N/A</td>
</tr>
<tr>
<td>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td></td>
</tr>
<tr>
<td>Amount (Specify SIF or LF)</td>
<td>100 LF</td>
</tr>
<tr>
<td>Abatement Type</td>
<td>X</td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
<td>Gr Tech LLC</td>
</tr>
<tr>
<td>N.J. Waste Hauler ID No.</td>
<td>0033785</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td>TBD</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>T.R.R.F. Inc</td>
</tr>
<tr>
<td>City</td>
<td>Wayne, NJ 07470</td>
</tr>
<tr>
<td>Tullytown, PA</td>
<td></td>
</tr>
<tr>
<td>Completed By (Print or Type)</td>
<td>N.Jevtic</td>
</tr>
<tr>
<td>Title</td>
<td>Owner</td>
</tr>
<tr>
<td>Signature</td>
<td>John Johnson</td>
</tr>
<tr>
<td>Date</td>
<td>08/14/2013</td>
</tr>
</tbody>
</table>

* Do not use this form for asbestos license exempt activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 5:29 and 5:29A)

Date of Notification (1)

Name of Building Owner (2)
Eleanor Rizzo
2-1229th Street
Fair Lawn, NJ 07410

Name of Facility Where Abatement is Taking Place (3)
Private house
2-12 29th Street
Fair Lawn, NJ 07410

County (6)
Bergen

County Code (7) (STATE USE ONLY)
ASCM No.
Name of Abatement Contractor (9)
Gr Tech LLC

Name of Monitoring Firm Hired by Building Owner (8)
Street Address
576 Valley Rd #283

City, State, Zip Code
Wayne, NJ 07470

Project Manager for Monitoring Firm
Telephone No.
973-638-1777

Start Date (10)
08/14/13

Scheduled Completion Date (11)
08/15/13

License No.
01127

Name of OSHA Monitor
Envirovision Consultants, Inc

Street Address
20-21 Wagaraw Road, Bldg. A, 35 E
Fair Lawn, NJ 07410

Scope of Work (Check all that apply)
- 33 or 49 if
- 2-160 sf or 260 sf
- Demolition
- Abatement Performed Outside of Normal Facility Hours - Describe
- Time of Abatement: AM

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

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

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

Amount (Specify SIF or LP)

Abatement Type

Basement
- [ ]
- [ ]
- [ ]
- [ ]

Pipe insulation
85 LF

Name of Registered Hauler
Luretta Matthews, Inc.

Cubic Yards of Waste
TBD

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

Disposal Date
TBD

City, State
Tullytown, PA

Completed By (Print or Type)
N. Jevtic

Title
Owner

Signature

Date
08/13/2013

* Do not use this form for asbestos release, remediation or cleaning activities.

Aug 13 2013 09:42AM NJ asbestos contract 10943360.pdf

Page 1
<table>
<thead>
<tr>
<th><strong>Date of Notification (1)</strong></th>
<th>8/16/13</th>
<th><strong>Name of Building Owner/Operator (2)</strong></th>
<th>Rick Schuck Private Home</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Agencies Notified</strong></td>
<td></td>
<td><strong>Type Notification</strong></td>
<td></td>
</tr>
<tr>
<td>EPA</td>
<td>Initial</td>
<td></td>
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<tr>
<td>DEP</td>
<td>Amended</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DOL</td>
<td>Amendment #</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DOH</td>
<td>Emergency (including justification)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DCA</td>
<td>Cancellation</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Street Address</strong></td>
<td>9 West 13th Street</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>City, State, Zip Code</strong></td>
<td>North Beach Haven NJ 08008</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Name of Contact</strong></td>
<td>Rick</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Telephone Number</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

| **Name of Facility Where Abatement is Taking Place (3)** | Rick Schuck Private Home |
| **Street Address** | 9 West 13th Street |
| **City (5)** | North Beach Haven NJ 08008 |
| **County Code (7) (STATE USE ONLY)** | |
| **Ocean** | |
| **Square Feet** | 1000+ |
| **# of Floors** | 1+ |
| **Bldg. Age** | 35+ |
| **Current Use (Prior if being demolished)** | Home |
| **Name of Monitoring Firm Hired by Building Owner (6)** | ASCM No. |
| **N/A** | 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)** | 8/30/13 |
| **Scheduled Completion Date (11)** | 9/6/13 |
| **Name of OSHA Monitor** | Same |
| **Street Address** | |
| **City, State, Zip Code** | |

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

- x Renovation Demolition
- x Full Containment with Negative Pressure
- x Glovebag Procedure
- x Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th><strong>Location</strong></th>
<th><strong>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</strong></th>
<th><strong>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</strong></th>
<th><strong>Amount (Specify SF or LF)</strong></th>
<th><strong>Abatement Type</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Exterior Siding</td>
<td>x</td>
<td>Exterior Siding</td>
<td>1200 SF</td>
<td>x</td>
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</table>

| **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. |
| **Disposal Date** | 9/6/13 |
| **City, State** | Morrisville PA 19067 |

**Completed by**

<table>
<thead>
<tr>
<th><strong>Anthony T. Perna</strong></th>
<th><strong>Title</strong></th>
<th><strong>President</strong></th>
<th><strong>Signature</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Date</strong></td>
<td>8/16/13</td>
<td></td>
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* Do not use this form for asbestos licensure exempted activities.
**State of New Jersey**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>8/6/13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>CAN-FEX TECH CONTRACTING</td>
</tr>
<tr>
<td>Agency Notified</td>
<td>Type Notification</td>
</tr>
<tr>
<td>EPA</td>
<td>Linear</td>
</tr>
<tr>
<td>DEP</td>
<td>Amended</td>
</tr>
<tr>
<td>OOL</td>
<td>Amendment 2</td>
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<td>OOM</td>
<td>Emergency</td>
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<tr>
<td>CCA</td>
<td>Justification</td>
</tr>
<tr>
<td>Cancellation</td>
<td></td>
</tr>
<tr>
<td>Street Address</td>
<td>155 N. 50</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>GREENFIELD, N.J. 08230</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>DAVE MEUNIC</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

| Name of Facility Where Abatement Is Taking Place (3) | RESIDENCE |
| Site Address | 20 1/2 ROYALDALE ROAD |
| County Code (4) | CAPE MAY |
| Facility Type | VACANT |
| Name of Abatement Contractor (5) | KLEMCO INC. |
| Address | 369 S. SPRUCE AVE. |
| City, State, Zip Code | SUPREME, N.J. 08052 |
| Square Feet | 1000 |
| Bldg Age | 40+ |
| Current Use (Prior to being demolished) | |

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

**Project Manager for Monitoring Firm**

<table>
<thead>
<tr>
<th>Name</th>
<th>Telephone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>JOSEPH KLEM</td>
<td>856-779-0422</td>
</tr>
<tr>
<td>License No.</td>
<td>001294</td>
</tr>
</tbody>
</table>

**Schedule of Completion Date (11)**

| Start Date (10) | 8/3/13 |
| Scheduled Completion Date (11) | 8/10/13 |

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

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

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

<table>
<thead>
<tr>
<th>Site</th>
<th>Demolition</th>
</tr>
</thead>
<tbody>
<tr>
<td>2100 ft or 2260 ft</td>
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</table>

**Description of Asbestos Containing Material (ACM) (12)**

<table>
<thead>
<tr>
<th>Type</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</td>
<td>YES</td>
</tr>
<tr>
<td>Description of ACM (i.e., normal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td>TRANSITE 1000+</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**

<table>
<thead>
<tr>
<th>KLEMCO INC.</th>
</tr>
</thead>
</table>

**Name of Registered Landfill**

<table>
<thead>
<tr>
<th>C.M.C., M.U.A.</th>
</tr>
</thead>
</table>

**Disposal Date**

| City, State | WOODRIDGE, N.J. | Date | 8/16/13 |

**Complianced By**

| JOSEPH KLEM | OWNER |

---

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

**Date of Notification:** 8-15-13

**Name of Building Owner/Operator:** Colker

**Street Address:** 32 Hickory Dr

**City, State, Zip Code:** Maplewood NJ 07040

**Name of Contact:** B. J.

**FACILITY INFORMATION**

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

- **Square Feet:** 2000
- **# of Floors:** 2
- **Bldg. Age:** 100
- **County Code (7) [STATE USE ONLY]:** ESSEX
- **Current Use (Prior to being demolished):** RESIDENCE

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

**ASC.1 No.:**

**Name of Abatement Contractor (9):**

**Street Address:** 45 Montrose Rd

**City, State, Zip Code:** Colts Neck, N J 07722

**Telephone No.:** 732-294-1757

**License No.:** 000029

**Name of OSHA Monitor:**

**Street Address:** 45 Montrose Rd

**City, State, Zip Code:** Colts Neck, N J 07722

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

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN FACILITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
</tr>
<tr>
<td>Precious Stones</td>
</tr>
</tbody>
</table>

**Amount (Specify SF or LF):** 1500 SF

**Name of Registered Waste Hauler:**

**NJD EP Waste Hauler ID No.:** 12006

**Cubic Yards of Waste:** 2

**Name of Registered Landfill:** IESI

**Disposal Date:** 8-31-13

**City, State:** Bethlehem, PA

**Date:** 8-31-13

**Title of Person Signed:** President

**Signature:**

[Note: Do not use this form for asbestos license duped purposes]
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to N.J.A.C. 8:60 and 12:23)  

Name of Building Owner/Operator:  
MICHAEL CETRUO  

FACILITY INFORMATION  

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

Name of Facility Where Abatement Is Taking Place:  
CETRUO  

Street Address:  
72 Main Street  

City:  
MIDDLETOWN  

County:  
MORRIS  

County Code:  
(MOR  

Square Feet:  
3000  

# of Floors:  
2  

Building Age:  
60  

Type of Abatement Contractor:  
A. MAC Contracting Inc.  

Street Address:  
105 Lowell Road  

City:  
GLEN ROCK  

State:  
N.J.  

Zip Code:  
07452  

Name of OSHA Monitor:  
Omega Environmental Services Inc.  

Street Address:  
280 Huyler Street  

City:  
HACKENSACK  

State:  
N.J.  

Zip Code:  
07606  

License No.:  
00168  

Scheduled Completion Date:  
5/16/13  

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

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

Name of Registered Waste Hauler:  
N.J.D.E.P. WASTE Hauler ID No.  
207865  

Cubic Yards of Waste:  
20  

Name of Registered Landfill:  
IESI PA Bethlehem Landfill Corp.  

City:  
BETHLEHEM  

State:  
PA  

Zip Code:  
18015  

Completed by:  
R. MCDONALD  

Time:  
8:14/13  

* Do not use this form for asbestos incineration exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 5:88 and 12:12B)

Name of Building Owner/Operator (2):
EXXON MOBIL ENVIRONMENTAL SERVICES CO.

Name of Contactor (3):
RAY VAUGHN

Name of Facility Where Abatement Is Taking Place (5):
EXXON FACILITY #7-39784

Street Address:
1 AVENUE E

City, State, Zip Code:
BOWLING, NJ 08021

Facility Information:

Type of Facility (4):

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

Square Feet:
2000

Current Use (Proposed or being demolished):
CARPEAE/GAS

Name of Abatement Contractor (6):
A. Mac Contracting Inc.

Street Address:
105 Lawrence Road

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

Scope of Work (Check All That Apply):

Renovation
Demolition

Occupancy Status During Abatement (Check Only One):

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

Other – Describe:

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

Location of

Asbestos-Containing Material (ACM)
LOCATION

In Facility (13):

Name of Registered Waste Hauler:
Rovic Transport

Name of Registered Landfill:
IESI PA Bethlehem Landfill Corp.

Name of Registered Landfill:

Cubic Yards of Hazardous Waste:
3.5

Complete by:
R. McDonald
Title:
President

Date:
8/13/13

* 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):
August 15, 2013

Name of Building Owner/Operator (2):
Aggressive Contracting

Name of Facility Where Abatement is Taking Place (3):
1631 Mayfair Court

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

Street Address:
1631 Mayfair Court
City:
Point Pleasant
County:
Ocean

County Code (7) (STATE USE ONLY):

Name of Monitoring Firm Hired by Building Owner (8):
ASCM No.:
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:
1000 sf

Bldg. Age:
60

Current Use (Prior if being demolished)
Residence

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

City, State, Zip Code:
Toms River, New Jersey 08755-1271

Telephone Number:
732-349-9932

License Number:
00624

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

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

Scheduled Start Date (10):
8/15/13

Scheduled Completion Date (11):
8/16/13

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

Scope of Work (Check all that apply):
[ ] >3 sf or ≥11 ft
[ ] ≥160 sf or ≥260 if
[ ] 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):

Amount (Specify SF or LF):
850 sf

Abatement Type:

Name of Registered Waste Hauler:
Guardian Contracting, Inc.

NIDEP Waste Hauler ID No.:
20223

Cubic Yards of Waste:
2

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

City, State:
Toms River, New Jersey

Disposal Date:
8/19/13

Completed by (Print or Type):
Nicholas Femicola

Title:
Project Manager

Signature:

*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) 8/15/2013

Name of Building Owner/Operator (2) Seminole Construction 22270

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

Type of Notification
[ ] Initial Notification
[ ] Amended Notification
[ ] Amendment #
[ x ] Emergency (including juridification)
[ ] Cancellation

Street Address 128 Bartlett Avenue
City, State, Zip Code West Creek, NJ 08092

Name of Contact Joyce
Telephone Number

FACILITY INFORMATION

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

Street Address 914 Shore Avenue

City Ship Bottom
County (6) Ocean
County Code (7) (STATE USE ONLY) ASCM No.

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

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

Telephone Number 732-349-9932
License Number 00624

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

Street Address 1056 Stilson Road
City, State, Zip Code Piscataway, New Jersey 08854

Scheduled Start Date (10) 8/16/13
Scheduled Completion Date (11) 8/19/13

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)
[ ] >3 sf or ≥3 ft
[ ] ≥160 sf or ≥160 ft
[ x ] Renovation
[ ] Demolition
[ ] Non-Exempted (*) and Non-Friable Procedure

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

Is Location Normally used Solely by Maintenance/Custodial Staff (12)
[ YES ] [ NO ] [ N/A ]

Asbestos siding 1200 sf

Exterior

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

Disposal Date 8/2/2013
City Tullytown, Pennsylvania

Completed by (Print or Type) Nicholas Fernicola

Title Project Manager

Signature

*Do not use this form for asbestos licensure exempted activities.
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:18)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>08 / 15 / 13</td>
<td>Theresa Barone</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>§ EPA</td>
<td>Initial</td>
<td>Gr Tech LLC</td>
</tr>
<tr>
<td>X DOLWD</td>
<td>Amended</td>
<td></td>
</tr>
<tr>
<td>X DHSS</td>
<td>Amendment #</td>
<td></td>
</tr>
<tr>
<td>DCA</td>
<td>Emergency (including justification)</td>
<td></td>
</tr>
<tr>
<td>(NJAC 5/23-5)</td>
<td>Cancellation</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>7701 4th Avenue</td>
<td>North Bergen, NJ 07047</td>
</tr>
</tbody>
</table>

<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>Private house</td>
<td>School (K-12)</td>
</tr>
<tr>
<td></td>
<td>Subchapter 8 (Other than K-1 2)</td>
</tr>
<tr>
<td></td>
<td>Other (i.e., private and 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></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>County Code (7) (STATE USE ONLY)</th>
<th>Current Use (Prior if being demolished)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hudson</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>ASCM No.</th>
<th>Name of OSHA Monitor</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASCM</td>
<td>01127</td>
<td>Envirospection, Inc.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>576 Valley Rd #283</td>
<td>Wayne, NJ 07470</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>973-638-1777</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>08 / 24 / 13</td>
<td>08 / 25 / 13</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check only one)</th>
</tr>
</thead>
<tbody>
<tr>
<td>X 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-AM</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>X Clean up and decontamination</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>[ ] Tent with Negative Pressure</td>
</tr>
<tr>
<td>[ ] Non-Exempted (*) and Non-Friable Procedure</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfing, VAT, or other miscellaneous)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pipe insulation 150 LF</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Amount (Specify SIF or LF)</th>
<th>Abatement Type</th>
<th>Repair</th>
<th>Removal</th>
<th>Encapsulate</th>
<th>Secure</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>NJDEP Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gr Tech LLC</td>
<td>0033785</td>
<td>TBD</td>
<td>T.R.R.F. Inc</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>Disposal Date</th>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wayne, NJ 07470</td>
<td>TBD</td>
<td>Tullytown, PA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed By (Print or Type)</th>
<th>Title</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>N. Jevtic</td>
<td>Owner</td>
<td></td>
<td>08/15/2013</td>
</tr>
</tbody>
</table>

* Do not use this form for asbestos licensure exempted activities.*
**EMERGENCY REQUEST FOR WAIVER OF 10 DAY NOTICE**

**STATE OF NEW JERSEY**

**NOTIFICATION OF ASBESTOS ABATEMENT**

(Permitted to BIAAS 0030 and 27215)

<table>
<thead>
<tr>
<th>Date of Notification (10)</th>
<th>Name of Notifying Party (25)</th>
</tr>
</thead>
<tbody>
<tr>
<td>8-14-2013</td>
<td>M. GABRIEL</td>
</tr>
</tbody>
</table>

**Address**

500 ELMWOOD AVENUE

BOGOTA, NJ 07603

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Responsible Officer (J)</th>
<th>Address (P)</th>
</tr>
</thead>
<tbody>
<tr>
<td>M. GABRIEL</td>
<td>500 ELMWOOD AVENUE</td>
</tr>
</tbody>
</table>

**Scopes of Work**

- 1800 sq ft
- 2 years
- 73 yrs

**Removal Company**

Best Removal Inc

450 S. River St

Hackensack, N.J. 07601

**Contractor's Name**

Omega Environmental Inc

280 Hawley St

South Hackensack, N.J. 07606

**Equipment**

- DPF Ventilator with Negative Pressure
- Vacuum Pump
- Sealed Filter Bag
- Closed Loop Containment
- Self-Contained Respirators

**Description of Activity**

Asbestos-containing Material (ACM)

**Best Removal Inc**

17109

Lay Out

Kinara Enterprises

Waynesburg, Oh

8-14-2013
**NOTIFICATION OF ASBESTOS ABATEMENT**

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>8-14-2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>N. SMITH</td>
</tr>
<tr>
<td>Address</td>
<td>84 HILLSIDE AVENUE</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>CRESSKILL, NJ 07626</td>
</tr>
</tbody>
</table>

**Facility Information**

| Name of Facility Where Abatement is Taking Place (3) | N. SMITH |
| Address | 84 HILLSIDE AVENUE |
| City (5) | CRESSKILL |
| County (6) | BERGEN |

**Type of Facility (4)**
- School (K-12)
- Subcontractor (Other than K-12)
- Other (e.g., private or commercial buildings, tunnels, etc.)

| Square Feet | 2300 |
| Number of Floors | 2 |
| Age, Years | 82 yrs |

**Resource Use**
- Current Use (For Filing Information Only)

**Monitoring Firm Hired by Building Owner**

| Name of Monitoring Firm Hired by Building Owner (7) | Best Removal Inc |
| Address | 450 S.River St |
| City, State, Zip Code | Hackensack, N.J. 07601 |

**Contractor**

| Name of Abatement Contractor (8) | Omega Environmental Inc |
| Street Address | 280 Huyler St |
| City, State, Zip Code | South Hackensack, N.J. 07606 |

**Abatement Type**
- Thermal Insulation

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

| Location | Attic |
| Insulation | X Thermal Insulation |
| Quantity | 20 sq ft |

**Disposal Site**

| Name of Registered Waste Handler | Best Removal Inc |
| ID No. | 17109 |
| Company | Minerva Enterprises |
| Address | Waynesburg, Oh |
| Disposal Date | 8-13-13 |

**Signature**

| Estimator | R. Holderman |
| Date | 8-14-13 |
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:58 and 12:120)

Date of Notification (1)
8/16/13

Name of Building Owner/Operator (2)
Barbar Rex Private Home

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

Type Notification
- Initial
- Amended
- Amendment 
- Emergency (excluding justification)
- Cancellation

Street Address
1064 Mill Creek
City, State, Zip Code
Manahawkin NJ 08050

Name of Contact
Barbar
Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Barbar Rex Private Home

Street Address
1064 Mill Creek
City (6)
Manahawkin NJ 08050

County (8)
Ocean

Square Feet
1000+
# of Floors
1
Bldg. Age
35+

Current Use (Prior to being demolished)
Home

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

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)
8/29/13
Scheduled Completion Date (11)
9/6/13

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

Scope of Work (Check All That Apply)

Renovation
Demolition

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

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

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

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
Endorsement

Exterior Siding

Exterior Siding
1200 SF

Name of Registered Waste Hauler
United Containers

Cubic Yards of Waste
3

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

Disposal Date
9/6/13
City, State
Morrisville PA 19067

Complied by
Anthony T Perna
Title
President

Signature
Date
8/16/13

* 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)
8/16/13

Name of Building Owner/Operator (2)
Rodger Papale Private Home

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

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

Street Address
126 East Navasink

City, State, Zip Code
Little Egg Harbor NJ 08087

Name of Contact
Roger

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Rodger Papale Private Home

Street Address
126 East Navasink

City (5)
Little Egg Harbor NJ 08087

County Code (7)
Ocean

County Code (7)
(State Use Only)

Current Use (Prior to being demolished)
Home

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

ASCM No.

Name of Abatement Contractor (9)
Pernaco Inc.

Street Address
PO Box 329

City, State, Zip Code
West Berlin NJ 08091

Project Manager for Monitoring Firm

Telephone No.

Telephone No.
856-753-9800

License No.
00727

Start Date (10)
8/29/13

Scheduled Completion Date (11)
9/6/13

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

Scope of Work (Check All That Apply)
☒ ≥5 sf or ≥5 l
☐ ≥160 sf or ≥260 l

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

Yes No N/A

Extending Siding

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

Amount (Specify SF or LF)

Abatement Type

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

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
Morrisville PA 19067

Disposal Date
9/6/13

Completed by
Anthony T Perna

Title
President

Signature

Date
8/16/13

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

**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**

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

**Date of Notification (1)**
8/16/13

**Name of Building Owner/Operator (2)**
Amy & Michael Stivala Private Home

** Agencies Notified**
- [x] EPA
- [x] DEP
- [x] DOL
- [x] DOH
- DGA

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

**Street Address**
40 West Alabama ave

**City, State, Zip Code**
Long Beach Twp NJ 08008

**Name of Contact**
Michael

**Telephone Number**

### FACILITY INFORMATION

**Name of Facility Where Abatement is Taking Place (3)**
Amy & Michael Stivala Private Home

**Street Address**
40 West Alabama ave

**City (5)**
Long Beach Twp NJ 08008

**County (6)**
Ocean

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

**Square Feet**
1000+

**# of Floors**
2

**Bldg. Age**
35+

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

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

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

**Start Date (10)**
8/29/13

**Scheduled Completion Date (11)**
9/6/13

**Scope of Work (Check All That Apply)**
- [x] ≥3 sf or ≥3 If
- [x] ≥150 sf or ≥260 If
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

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

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

**Amount (Specify SF or LF)**
1800 SF

**Abatement Type**

**Endorse**

**Name of Registered Waste Hauler**
United Containers

**United Containers ID No.**
22459

**Cubic Yards of Waste**
3

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

**City, State**
Morrisville PA 19067

**Disposal Date**
9/6/13

**Completed by**
Anthony T Perna

**Title**
President

**Signature**

**Date**
8/16/13

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