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

Date of Notification (1)
8-21-13

Name of Building Owner/Operator (2)
Princeton University

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

Street Address
E.A. MacMillian Building

City, State, Zip Code
Princeton, NJ 08544

Name of Contact  Telephone Number
Bob Ortega

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

Street Address
27 MacLean Circle

City (5)
Princeton

County (6)
Mercer

County Code (7) (STATE USE ONLY)

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

Square Feet
3,000

# of Floors
2

Bldg. Age
46 yrs.

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

ASCM No.

Name of Abatement Contractor (9)
Plymouth Environmental Co., Inc.

Project Manager for Monitoring Firm
Alan Lloyd

Telephone No.
856-547-0505

Start Date (10)
9-4-13

Scheduled Completion Date (11)
9-6-13

Name of OSHA Monitor
Plymouth Environmental Co., Inc.

Project Address
515 Grove Street, Suite 1B

City, State, Zip Code
Haddon Heights, NJ 08035

Street Address
923 Haws Avenue

City, State, Zip Code
Norristown, PA 19401

Name of Registered Waste Hauler
Robinson Waste

Cubic Yards of Waste
5

N.J. DEP Waste Hauler ID No.
17304

Name of Registered Landfill
GROWS, Inc.

City, State
Bellmawr, NJ

Disposal Date
9-6-13

City, State
Morristown, PA

Completed by
Timothy E. Bryan  Title
Vice-President

Signature

Date
8-21-13

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

Location Normally Used Solely by Maintenance/Custodial Staff?

Yes  ☒  No  ☐

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

Amount (Specify SF or LF)

Abatement Type

Encapsulation  ☐  Removal  ☐  Full Containment with Negative Pressure  ☐
Mist-Enclosure  ☐  Glovebag Procedure  ☐  Non-Exempted (*) and Non-Friable Procedure  ☐

Basement

☒  VAT & mastic

836 SF  ☒  x

☐  N/A

☐  N/A

Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 5:90 and 12:110)

Date of Notification (1):
Aug. 23, 2013

Name of Building Owner/Operator (2):
Church of the Sacred Heart

Street Address:
260 High Street

City, State, Zip Code:
Mount Holly

Name of Contact:
Jason D'Entremont

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

Name of Facility Where Abatement is Taking Place (5):
Sacred Heart School

Street Address:
250 High Street

City (5):
Mount Holly

County (6):
Burlington

County Code (7):

Name of Monitoring Firm Hired by Building Owner (8):
Rammin Environmental Svcs., Inc.

ASCN No.:

Name of Abatement Contractor (9):
Academy Construction, Inc.

Street Address:
77 Nottingham Rd

City, State, Zip Code:
Fair Lawn, NJ 07410

Phone No.:
201-476-9280

Name of DHS/HA Monitor:
Academy Construction, Inc

Start Date (10):
Aug. 22, 2013

Scheduled Completion Date (11):
Sept. 03, 2013

Name of Registered Waste Hauler:
Newark Carting, Inc.

N.J.DEP Waste Hauler ID No.:
04509

Cubic Yards of Waste:
30

Name of Registered Landfill:
IESI Bethlehem Landfill

City, State:
Bethlehem, PA

Completed by:
Frank Marino

Title:
VP of Operations

* Do not use this form for asbestos license exempted activities.
Date of Notification (1)
Aug. 20, 2013

Name of Building Owner/Operator (2)
Church of the Sacred Heart

Street Address
260 High Street

City, State, Zip Code
Mount Holly

Name of Contact
Jason D'Entremont

Telephone Number

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

Street Address
250 High Street

City (5)
Mount Holly

County (6)
Burlington

County Code (7)
STATE USE ONLY

Type of Facility (4)

School (K-12)

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

Square Feet
40,000

# of Floors
2

Bldg. Age
50 years

Name of Monitoring Firm Hired by Building Owner (5)
Ramm Environmental Svs., Inc.

ASCM No.

Name of Abatement Contractor (9)
Academy Construction, Inc.

Street Address
205 Rt. 46 West, Suite 14

City, State, Zip Code
Totowa, NJ 07512

Project Manager for Monitoring Firm
Roger Hedrick

Telephone No.
201-475-5880

License No.
01155

Name of OSHA Monitor
Academy Construction, Inc.

Street Address

City, State, Zip Code

Scope of Work (Check All That Apply)

- 23 sf or 23 if
- ≥180 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

<table>
<thead>
<tr>
<th>In Facility (13)</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
<th>Floor</th>
<th>Amount</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Class Room &amp; Adjacent Hallway</td>
<td>X</td>
<td></td>
<td></td>
<td>Tile</td>
<td>5,400</td>
<td>X</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
Newark Carting, Inc.

NJDEP Waste Hauler ID No.
04509

Cubic Yards of Waste
30

Name of Registered Landfill
IESI Bethlehem Landfill

City, State
Newark, New Jersey

Completed by
Frank Marino

Title
VP of Operations

Signature

Date
Aug. 20, 2013

* Do not use this form for asbestos licensure exempted activities.
NOTIFICATION OF ASBESTOS APOMENT
(Pursuant to HACD 8:62-9 and 13:120-7)

Emergency Non-Permissible -
Notification Check #: 5530

DOL - 10 DAY

AUG 1, 2013

MANER APPROVED

Date of Notification (a)
08/19/13

Place of Affirmative in Taking Place (b)
Westwood Regional Jr./Sr. High School

Type of Facility

Name of Building Owner/Operator (c)
(T填写)

Address of Building (d)
701 Ridgewood Road

City, State, Zip Code
Township of Washington

Name of Contact
Dean D'Agostino, Director of Buildings and Grounds

Type of Activity (e)

School (K-12)

Building Manager for Monitoring Plan (e)

Telephone Number

Name or Affirmative Contractor (f)
Four Strong Builders, Inc.

Street Address
180 Sergeant Avenue

City, State, Zip Code
Clifton, NJ 07013

License Number
973-655-0377

Number of Each Monitor
00807

Four Strong Builders, Inc.

Street Address
180 Sergeant Avenue

City, State, Zip Code
Clifton, NJ 07013

Description of Abatement Commissary (f)

Name of Registered Hauler
Four Strong Builders, Inc.

City, State
Clifton, NJ

License Date
8/13/13

Name of Registered Hauler
Naumenko Zivkovic

Title
President

Date of Affirmative (a)
08/19/13

Page 1

Aug 13 2013 10:57AM N/A 4623.6463064A
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60 and 12:120)

**Date of Notification (1)**  
Aug. 20, 2013

**Agency(ies) Notified**  
- [x] EPA
- [x] DEP
- [x] DOL
- [x] DOH
- [ ] DCA

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

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

**Street Address**  
6 Knoll Lane

**City, State, Zip Code**  
Cherry Hill, New Jersey 08002

**Name of Contact**  
Glen

**Telephone Number**  
[ ]

**FACILITY INFORMATION**

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

**Street Address**  
6 Knoll Lane

**City (5)**  
Cherry Hill, New Jersey

**Square Feet**  
40,000

**# of Floors**  
2

**Bidg. Age**  
50 years

**County (6)**  
Camden County

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

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

**Name of Monitoring Firm Hired by Building Owner (8)**  
None

**ASCM No.**  
None

**Name of Abatement Contractor (9)**  
Academy Construction, Inc.

**Street Address**  
205 Rt. 46 West, Suite 14

**City, State, Zip Code**  
Totowa, NJ 07512

**Project Manager for Monitoring Firm**  
None

**Telephone No.**  
973-832-4244

**License No.**  
01155

**Start Date (10)**  
Sept. 4, 2013

**Scheduled Completion Date (11)**  
Sept. 15, 2013

**Name of OSHA Monitor**  
Academy Construction, Inc

**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)**

- [ ] ≥3,000 sf or ≥3 If
- [ ] ≥160 sf or ≥260 If
- [x] Renovation
- [ ] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Fireable Procedure

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kitchen</td>
<td>X</td>
<td>Floor Tile</td>
<td>150</td>
<td>X</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**  
Academy Construction, Inc.

**NJDEP Waste Hauler ID No.**  
034422

**Cubic Yards of Waste**  
4

**Name of Registered Landfill**  
IESI Bethlehem Landfill

**City, State**  
Totowa, New Jersey

**Disposal Date**  
9/15/2013

**City, State**  
Bethlehem, PA

**Completed by**  
Frank Marino

**Title**  
VP of Operations

**Signature**  
[Signature]

**Date**  
Aug. 20, 2013

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

**State of New Jersey**

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

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
<td>House</td>
</tr>
<tr>
<td>DEP</td>
<td>Amended</td>
<td>162 Oakland Road</td>
</tr>
<tr>
<td>DOL</td>
<td></td>
<td>Maplewood</td>
</tr>
<tr>
<td>DOH</td>
<td>Emergency (including justification)</td>
<td>Essex</td>
</tr>
<tr>
<td>DCA</td>
<td>Cancellation</td>
<td>County Code (7) (STATE USE ONLY)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City (5)</th>
<th>County Code (7) (STATE USE ONLY)</th>
<th>Current Use (Prior if being demolished)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maplewood</td>
<td>N/A</td>
<td>House</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 Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td></td>
<td>D&amp;S Abatement, Inc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>162 Oakland Road</td>
<td>973-345-8685</td>
<td>#00675</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Totowa, NJ 07512</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

**Square Feet**
N/A

**# of Floors**
N/A

**Bidg. Age**
N/A

**Start Date (10)**
9/04/13

**Scheduled Completion Date (11)**
9/05/13

**Name of OSHA Monitor**
D&S Abatement, Inc.

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

<table>
<thead>
<tr>
<th>Scope of Work (Check All That Apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>≥33 sf or ≥3 fl</td>
</tr>
<tr>
<td>≥160 sf or ≥260 fl</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>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>Disposal Date</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>D&amp;S Abatement, Inc.</td>
<td>TBD</td>
<td>Waste Management of PA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>Disposal Date</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Totowa, NJ</td>
<td>TBD</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed by</th>
<th>Title</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deanna Brusinan</td>
<td>Project Manager</td>
<td>8/19/13</td>
</tr>
</tbody>
</table>

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

Date of Notification (1)
8/19/13

Name of Building Owner/Operator (2)
Ben Levy

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

Type of Notification
- Initial

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

Street Address
1 Beech Terrace

City (5)
Millburn

County (6)
Essex

County Code (7)
N/A (STATE USE ONLY)

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

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

Square Feet
N/A

# of Floors
N/A

Bldg. Age
N/A

Current Use (Prior if being demolished)
House

Name of Monitoring Firm Hired by Building Owner (5)
ASCM No.
N/A

Name of Abatement Contractor (6)
D&S Abatement, Inc.

Street Address
11 Rosengren Avenue

City, State, Zip Code
Totowa, NJ 07512

Project Manager for Monitoring Firm

Telephone No.
973-345-8685

License No.
#00675

Start Date (10)
8/30/13

Scheduled Completion Date (11)
8/31/13

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

Scope of Work (Check All That Apply)
- ≥3 sf or ≥3 if
- ≥160 sf or ≥280 if

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

In Facility

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

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

Amount (Specify SF or LF)
8 LF

Abatement Type

Full Containment with Negative Pressure

Renovation

Demolition

Endorse

Non-Exempted (*) and Non-Friable Procedure

Name of Registered Waste Hauler
D&S Abatement, Inc.

Cubic Yards of Waste
TBD

Name of Registered Landfill
Waste Management of PA

Disposal Date
TBD

City, State
Totowa, NJ

Tullytown, PA

Completed by
Deanna Barkusain

Title
Project Manager

Signature

Date
8/19/13

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

Date of Notification (1)  
08/19/13  CK# 2772  $200

Name of Building Owner/Operator (2)  
Division of Property Management and Construction

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

Street Address  
PO Box 034

City, State, Zip Code  
Trenton, New Jersey 08625

Name of Contact  
Allen Panl

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement Is Taking Place (3)  
NJ DOT Storage Building

Street Address  
15 Arrow Road

City (5)  
Ramsey, New Jersey

County Code (7)  
Bergen  (STATE USE ONLY)

Current Use (Prior to being demolished)  
Storage Building

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

ASCM No.  
X Lilich Corporation

Name of Abatement Contractor (9)  
Lilich Corporation

Street Address  
606 McBride Avenue

City, State, Zip Code  
Woodland Park, New Jersey 07424

Project Manager for Monitoring Firm  
Ryan Broadwater

Telephone No.  
609-392-4200

Start Date (10)  
08/28/13

Scheduled Completion Date (11)  
09/06/13

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

Abatement Performed Outside of Normal Facility Hours

Other – Describe: 7AM-3:30PM

Scope of Work (Check All That Apply)  
X Renovation  
Demolition  
Full Containment with Negative Pressure

Mini-Enclosure

Glovebag Procedure

Non-Exempted (*) and Non-Fireable 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)  
Caulk/Glazing  660 LF

Amount (Specify SF or LF)  

Abatement Type  
Removal  
Repair  
Encapsulate  
Containment

Endorse

Location of Registered Waste Hauler  
Lilich Corporation

NJDW Waste Hauler ID No.  
18724

Cubic Yards of Waste  
5

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

City, State  
Woodland Park, New Jersey 07424

Disposal Date  
09/06/13

City, State  
Morrisville, Pennsylvania

Completed by  
Tatiana Kalenikova  
Title  Vice President

Signature

Date  08/19/13

* 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 8:80 and 12:120)

---

**Date of Notification (1)**
8/23/13

**Name of Building Owner/Operator (2)**
Gay Cannizzro Private Home

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

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

**Street Address**
45 Cedars av

**City, State, Zip Code**
Harvey Cedars NJ 08008

**Name of Contact**
Gay

**Telephone Number**

---

**FACILITY INFORMATION**

**Name of Facility Where Abatement Is Taking Place (3)**
Gay Cannizzro Private Home

**Street Address**
45 Cedars av

**City (5)**
Harvey Cedars NJ 08008

**County (6)**
Ocean

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

**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)**
N/A

**ASCM No.**

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

**Street Address**
PO Box 329

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

**Project Manager for Monitoring Firm**

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

**License No.**
00727

**Start Date (10)**
8/24/13

**Scheduled Completion Date (11)**
8/26/13

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

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

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

**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
- Endure

**Exterior Siding**

**Amount**
1800

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

**In Facility**
(13)

**Yes**
**No**
**N/A**

---

**Name of Registered Waste Hauler**
United Containers

**NJDEP Waste Hauler ID No.**
22459

**Cubic Yards of Waste**
3

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

**City, State**
Elm NJ

**Disposal Date**
8/26/13

**City, State**
Morrilton PA 19067

**Completed by**
Anthony T Perna

**Title**
President

**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)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>8/23/13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Coskun Private Home</td>
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<td>Initial, Emergency (including justification)</td>
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<td>City, State, Zip Code</td>
<td>Long Beach Twp NJ 08008</td>
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<td>Name of Contact</td>
<td>Mr Coskun</td>
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<td>FACILITY INFORMATION</td>
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<td>Coskun Private Home</td>
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<tr>
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<td>319 Pelhem</td>
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<tr>
<td>County Code (7)</td>
<td>(STATE USE ONLY)</td>
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<tr>
<td>Name of Abatement Contractor (9)</td>
<td>Pernaco Inc.</td>
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<tr>
<td>Street Address</td>
<td>PO Box 329</td>
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<tr>
<td>City, State, Zip Code</td>
<td>West Berlin NJ 08091</td>
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<td>Project Manager for Monitoring Firm</td>
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<td>Telephone No.</td>
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<td>Start Date (10)</td>
<td>8/24/13</td>
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<td>Scheduled Completion Date (11)</td>
<td>8/26/13</td>
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<td>Name of OSHA Monitor</td>
<td>Same</td>
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<td>Occupancy Status During Abatement (Check Only One)</td>
<td>Closed/Sealed During Entire Period of Abatement</td>
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<td>Abatement Performed Outside of Normal Facility Hours</td>
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<td>Other – Describe:</td>
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<td>Scope of Work (Check All That Apply)</td>
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<tr>
<td>≥3 sf or ≥3 ft</td>
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<tr>
<td>≥160 sf or ≥260 ft</td>
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<td>Renovation</td>
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<tr>
<td>Demolition</td>
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<tr>
<td>Location of Asbestos-Containing Material (ACM)</td>
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<tr>
<td>TO BE ABATED</td>
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<tr>
<td>in Facility</td>
<td>(13)</td>
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<td>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</td>
<td>Yes</td>
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<td>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
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<td>Amount (Specify SF or LF)</td>
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<td>Abatement Type</td>
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<tr>
<td>Full Containment with Negative Pressure</td>
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<tr>
<td>Mini-Enclosure</td>
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<td>Glovebag Procedure</td>
<td></td>
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<tr>
<td>Non-Exempted (*) and Non-Friable Procedure</td>
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<td>Name of Registered Waste Hauler</td>
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<td>Cubic Yards of Waste</td>
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<tr>
<td>Name of Registered Landfill</td>
<td>G.R.O.W.S.</td>
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<tr>
<td>City, State</td>
<td>Morrisville PA 19067</td>
</tr>
<tr>
<td>Disposal Date</td>
<td>8/25/13</td>
</tr>
<tr>
<td>Completed by</td>
<td>Anthony T Perna</td>
</tr>
<tr>
<td>Title</td>
<td>President</td>
</tr>
<tr>
<td>Signature</td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td>8/23/13</td>
</tr>
</tbody>
</table>

*Do not use this form for asbestos licensure exempted activities.*
Date of Notification: 8/22/2013

Name of Building Owner/Operator: Seminole Construction
Street Address: 128 Bartlett Avenue
City, State, Zip Code: West Creek, NJ 08092
Name of Contact: Joyce Corliss
Telephone Number: [redacted]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place: 138 Elizabeth Avenue
City: Lavallette
County: Ocean (STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner: N/A
ASCM No.: [redacted]

Name of Abatement Contractor: 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 Stelton Road
City, State, Zip Code: Piscataway, New Jersey 08854

Square feet: 2000 sf
# of Floors: 1
Bldg. Age: 60
Current Use (Prior if being demolished): Residence

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

Scope of Work: [x] >3 sf or ≥31 ft
[ ] 160 sf or ≥260 sf
[ ] Demolition

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

Location Normally used Solely by Maintenance/Custodial Staff:
YES NO N/A

Exterior: [x] Asbestos siding 2000 sf

Name of Registered Waste Hauler: Guardian Contracting, Inc.
NUDEP Waste Hauler ID No.: 20223
Disposal Date: 8/26/13
City, State: Toms River, New Jersey
T.R.R.F.

Cubic Yards of Waste: 3

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

Abatement Type: [x] Asbestos-siding

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

Date of Notification (1)  8/21/2013

Name of Building Owner/Operator (2)  JANET PRICE

Street Address  52 PENNINGTON ROAD

City, State, Zip Code  NEW BRUNSWICK, NJ

Name of Contact  DAVID D’ANDREA

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

PRIVATE RESIDENCE

Street Address  52 PENNINGTON ROAD

City (5)  NEW BRUNSWICK, NJ

Square Feet  

County Code (7) (STATE USE ONLY)  

Current Use (Prior if being demolished)  

SOMERSET

County  

Name of Facility Where Abatement is Taking Place (3)  

ASCN No.  

Name of Abatement Contractor (9)  CREAM RIDGE ENVIRONMENTAL INC.

AMERITECH

Street Address  1A S. LAWRENCE AVENUE

City, State, Zip Code  HAMILTON, NJ 08619

License No.  00676

SEASIDE HEIGHTS, NJ 08751

Project Manager for Monitoring Firm  

Telephone No.  609-890-7110

Start Date (10)  9/3/2013

Scheduled Completion Date (11)  9/3/2013

Occupy (Check only one)  
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement performed outside of working hours 5PM-2 AM

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

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

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

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

Amount (Specify SF or LF)  

Abatement Type  

Removal  

Repair  

Encapsulation  

Endoscope  

Elimination  

Name of Registered Waste Hauler  

Name of Registered Landfill  

GROWS

City, State  MORRISVILLE, PA

Disposal Date  9/5/2013

City, State  WEST CREEK, NJ

Completed By  DAVID D’ANDREA

Title  PRESIDENT

Signature  

Date  9/21/2013

ASB-41

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

Date of Notification (1)  8/21/2013

Agencies Notified
- EPA
- DEP
- DOL
- DOH
- NDA

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

Name of Building Owner/Operator (2)
CARRIER CLINIC

Name of Facility Where Abatement is Taking Place (3)
CARRIER CLINIC

Street Address
252 ROUTE 601

City (5)
BELLE MEAD, NJ

County
SOMERSET

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

Street Address
78 E. ATLANTIC WAY

City, State, Zip Code
LAVALLETTE, NJ 08735

Project Manager for Monitoring Firm
ROD MORRIS

Telephone No.
732-664-7788

Start Date (10)
8/22/2013

Scheduled Completion Date (11)

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

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

Name of Monitoring Firm (2)
AMERITECH

Street Address
78 E. ATLANTIC WAY

City, State, Zip Code
LAVALLETTE, NJ 08735

Type of Abatement Contractor (9)
CREAM RIDGE ENVIRONMENTAL INC.

Street Address
15 BLACK FOREST ROAD

City, State, Zip Code
8735

Current Use (Prior if being demolished)

License No.
00676

Name of Abatement Contractor (9)
CREAM RIDGE ENVIRONMENTAL INC.

ASCM No.

Street Address

City, State, Zip Code

License No.

Name of OSHA Monitor
AMERITECH

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

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

MAIN BOILER ROOM

TWO (2) STACKS & BREECHING

Renovation
Demolition

CLEAN-UP ONLY

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

Amount (Specify SF or LF)
468 S.F X

Abatement Type

Removal
Repair
Encapsulate
Enclosure

Name of Registered Waste Hauler
NJDEP Waste Hauler ID No.
21079

Name of Registered Landfill
GROWS

Disposal Date
8/26/2013

City, State, Zip Code
WEST CREEK, NJ 08092

Completed By
DAVID D'ANDREA

Title
PRESIDENT

Signature

Date
9/24/2010

* Do not use this form for asbestos licensure exempted activities
Date of Notification (1) 8/21/2013

Name of Building Owner/Operator (2) BERKELEY MEADOWS CARE CENTER

Agencies Notified

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

Type Notification

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

Street Address

311 SPRINGFIELD AVENUE

City, State, Zip Code BERKELEY HEIGHTS, NJ 07922

Name of Contact DAVID D'ANDREA

Telephone Number

Name of Facility Where Abatement is Taking Place (3) BERKELEY MEADOWS CARE CENTER

Street Address 311 SPRINGFIELD AVENUE

City (5) BERKELEY HEIGHTS, NJ 07922

County UNION County Code (7) (STATE USE ONLY) 00691

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

Street Address 1A S. LAWRENCE AVENUE

Project Manager for Monitoring Firm ROD MORRIS

Telephone No. 732-664-7788

Telephone No. 609-890-7110

License No. 00676

Start Date (10) 8/22/2013

Scheduled Completion Date (11) 8/28/2013

Name of OSHA Monitor N/A

Occupancy Status During Abatement (Check only one)

- [ ] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement performed outside of working hours
- [ ] AFFECTED AREA HAS BEEN CLOSED FOR REPAIRS

Name of Abatement Contractor (9) CREAM RIDGE ENVIRONMENTAL INC.

Street Address 15 BLACK FOREST ROAD

City, State, Zip Code HAMILTON, NJ 08691

Scope of Work (Check all that apply)

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

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

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<thead>
<tr>
<th>Is Location</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>
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<tbody>
<tr>
<td>Yes</td>
<td>JOINT COMPOUND &amp; DRYWALL</td>
<td>2100 SF</td>
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<td>No</td>
<td>N/A</td>
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Name of Registered Waste Hauler TIMSTER TRUCKING

Hauler ID No. 21079

Cubic Yards of Waste 10YD.

Name of Registered Landfill GROWS

City, State WEST CREEK, NJ MORRISVILLE, PA

Completed By DAVID D'ANDREA

Title PRESIDENT

Signature 27-Mar. 8/21/2013

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

D&S Proj. #: 13-300

Name of Building Owner/Operator (2):
Micheal Feehen

Street Address:
225 Columbus Avenue

City, State, Zip Code:
Hasbrouck Heights, NJ 07604

Name of Contact:
Micheal Feehen

FACILITY INFORMATION

Name of facility where abatement is taking place (3):
Private Residence

Street Address:
225 Columbus Avenue

City (5):
Hasbrouck Heights

County (6):
Bergen

County Code (7) (State use only):

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

ASCM No.:

Type of Facility (4):

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

Square Feet:

# of Floors:

Bldg. Age:

Current Use (Prior if being demolished):

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

Street Address:
20 California Ave.

City, State, Zip Code:
Paterson, NJ 07503

Telephone Number:
973-345-8020

License Number:
01169

Name of OSHA Monitor:
D & S Restoration, Inc.

Street Address:
20 California Avenue

City, State, Zip Code:
Paterson, NJ 07503

Occupancy Status During Abatement (Check only one):
Facility closed/vacated during entire period of abatement.
Abatement performed outside of normal facility hours
Other-Describe: NORMAL HOURS

Start Date (10):
08/29/13

Sched. Completion Date (11):
09/12/13

Scope of Work (check all that apply):
>3 sf or >2 lf
Renovation
>160 sf or >260 lf
Demolition

Description of asbestos-containing material (ACM):
Boiler Insulation
Pipe Insulation

Amount (Specify SF or LF):
45 SF
30 LF

Registered Waste Hauler:
D & S RESTORATION, INC.

NJDEP Hauler ID:
13506

Cubic Yards of Waste:
3 CY

Name of Registered Landfill:
TULLYTOWN, RESOURCE RECOVERY

City, State:
PATerson, NJ 07503

Disposal Date:
09/05/13

Date:
8/19/2013

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

D&S Proj. #: 13-300

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<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
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<td>08/11/13</td>
<td>Michael Fechen</td>
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<td>Michael Fechen</td>
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<th>Name of facility where abatement is taking place (3)</th>
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<td>Private Residence</td>
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<td>D &amp; S RESTORATION, INC.</td>
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<td>Paterson, NJ 07503</td>
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<td>Facility closed/vacated during entire period of abatement.</td>
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<th>Scope of Work (check all that apply)</th>
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<td>&gt;3 sf or &gt;3 If</td>
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<tr>
<td>&gt;=160 sf or &gt;=260 If</td>
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<table>
<thead>
<tr>
<th>Location of asbestos-containing material (acm) to be abated in facility (13)</th>
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<tbody>
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<td>Basement</td>
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<tr>
<td>----------</td>
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<td>Boiler Insulation</td>
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<tr>
<td>Pipe Insulation</td>
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<table>
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<tr>
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<tbody>
<tr>
<td>D &amp; S RESTORATION, INC.</td>
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<table>
<thead>
<tr>
<th>NJ DEP Hauler ID#</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
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<td>13506</td>
<td>3 CY</td>
<td>TULLY TOWN, RESOURCE RECOVERY</td>
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<tr>
<th>City, State</th>
<th>Disposal Date</th>
<th>Name</th>
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<td>PATERSON, NJ 07503</td>
<td>09/05/13</td>
<td>TULLY TOWN, PA</td>
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<th>Completed by (Print or Type)</th>
<th>Title</th>
<th>Signature</th>
<th>Date</th>
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<tbody>
<tr>
<td>BOGDAN JOLDZIC</td>
<td>PRESIDENT</td>
<td></td>
<td>8/19/2013</td>
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</table>

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

**D&S Proj #: 2013-279**

<table>
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<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
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<td>10/18/11</td>
<td>DON COLTON BACK</td>
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<th>Agencies Notified</th>
<th>Type Notification</th>
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<td>EPA</td>
<td>Initial</td>
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<td>DEP</td>
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<td>Emergency (including justification)</td>
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<td>DOH</td>
<td>Cancellation</td>
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<table>
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<th>Street Address</th>
<th>City, State, Zip Code</th>
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<tbody>
<tr>
<td>169 STATE STREET</td>
<td>BLOOMFIELD, NJ 07003</td>
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Name of Facility where abatement is taking place (3): DON COLTON BACK

<table>
<thead>
<tr>
<th>Street Address</th>
<th>County Code (6) (State use only)</th>
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<tbody>
<tr>
<td>169 STATE STREET</td>
<td>ESSEX</td>
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Name of Abatement Contractor (9): D & S RESTORATION, INC.

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
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<tbody>
<tr>
<td>20 California Ave.</td>
<td>Paterson, NJ 07503</td>
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Name of Monitor hire by Bldg. Owner (8): ASCM No.

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

Start Date (10): 09/03/13  
Scheduled Completion Date (11): 09/16/13

Occupancy Status During Abatement (Check only one): Facility closed/vacated during entire period of abatement.  
Abatement performed outside of normal facility hours.  
Describe: Normal Hours

<table>
<thead>
<tr>
<th>Scope of Work (check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>&gt;3 sf or &gt;3 Lf</td>
</tr>
<tr>
<td>&gt;160 sf or &gt;260 Lf</td>
</tr>
<tr>
<td>Renovation</td>
</tr>
<tr>
<td>Demolition</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>Yes</td>
</tr>
<tr>
<td>PIPE INSULATION</td>
</tr>
<tr>
<td>BOILER INSULATION</td>
</tr>
</tbody>
</table>

Registered Waste Hauler: D & S RESTORATION, INC.

<table>
<thead>
<tr>
<th>NJ/DEP Hauler ID#</th>
<th>Cubic Yards of Waste</th>
</tr>
</thead>
<tbody>
<tr>
<td>13506</td>
<td>1 YD</td>
</tr>
</tbody>
</table>

Name of Registered Landfill: Tullytown, Resource Recovery

<table>
<thead>
<tr>
<th>City, State</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>PATERSON, NJ 07503</td>
<td>08/19/2013</td>
</tr>
</tbody>
</table>

Completed by (Print or Type): BOGDAN JOLDZIC  
Title: PRESIDENT

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

D&S Proj. #: 2013-302

**Name of Building Owner/Operator (2)**
The Estate of grace w. de graaf

**Street Address**
20 BEECH ROAD

**City, State, Zip Code**
HO-HO-KUS, NJ 07423

**Name of Contact**
Sandra M. JOHANSON

**Telephone Number**

**FACILITY INFORMATION**

**Name of facility where abatement is taking place (3)**
The Estate of grace w. de graaf

**Street Address**
20 BEECH ROAD

**City**
HO-HO-KUS

**County**
BERGEN

**Square Feet**

**# of Floors**

**Bldg. Age**

**Number of Absorbed (4)**

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

**ASCN No.**

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

**Street Address**
20 California Ave.

**City, State, Zip Code**
Paterson, NJ 07503

**Telephone Number**
973-345-8020

**License Number**
01169

**Name of OSHA Monitor**
D & S Restoration, Inc.

**Street Address**
20 California Avenue

**City, State, Zip Code**
Paterson, NJ 07503

**Start Date (10)**
08/29/13

**Sched. Completion Date (11)**
09/12/13

**Occupancy Status During Abatement (Check only one)**
- Facility closed/abandoned during entire period of abatement.
- Abatement performed outside of normal facility hours.
- Other: Describe

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

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

<table>
<thead>
<tr>
<th>Location of asbestos-containing material (ACM) to be abated in facility (13)</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>PIPE INSULATION</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Description of asbestos-containing material (ACM)**
175 L FT

**BASEMENT & GARAGE**

<table>
<thead>
<tr>
<th>Registered Waste Hauler</th>
<th>N/JDEP Hauler ID#</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>D &amp; S RESTORATION, INC.</td>
<td>13506</td>
<td>2 YDS</td>
<td>TULLYTOWN, RESOURCE RECOVERY</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>Disposal Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>PATERNOM, NJ 07503</td>
<td>08/19/13</td>
</tr>
</tbody>
</table>

**Completed by (Print or Type)**
BOGDAN JOLDAZIC

**Title**
PRESIDENT

**Signature**

**Date**
08/19/2013

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

**Name of Building Owner/Operator:** EUGENE BUCKLEY  
**Address:** 773 BROAD STREET, BLOOMFIELD, NJ 07003  
**Telephone Number:**  

### FACILITY INFORMATION

- **Name of facility where abatement is taking place:** EUGENE BUCKLEY  
- **Street Address:** 773 BROAD STREET  
- **City:** BLOOMFIELD, **County:** ESSEX  
- **Name of Abatement Contractor:** D & S RESTORATION, INC.  
- **Street Address:** 20 California Ave, Paterson, NJ 07503  
- **Telephone Number:** 973-345-8020  
- **License Number:** 01169  
- **Name of OSHA Monitor:** D & S Restoration, Inc.  
- **Street Address:** 20 California Avenue  
- **City:** Paterson, **State:** NJ, **Zip Code:** 07503  

### Occupancy Status During Abatement
- **Facility closed/vacated during entire period of abatement:** ✗  
- **Abatement performed outside of normal facility hours:** ✗  
- **Describe:** NORMAL HOURS  

### Scope of Work
- **>3 sf or >3 ′:** ✗  
- **≥180 sf or ≥260 ′:** ✗  
- **Renovation:** ✗  
- **Demolition:** ✗  

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

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

- **Location of asbestos-containing material (ACM) to be abated in facility (13):** PIPE INSULATION, BOILER INSULATION  
- **Amount (Specify SF or LF):** 120 LF FT, 36 SQ FT  
- **Description of asbestos-containing material (ACM):** PIPE INSULATION, BOILER INSULATION  

### Registered Waste Hauler
- **Name:** D & S RESTORATION, INC.  
- **Address:**  
- **City, State:** Paterson, NJ 07503  
- **Cubic Yards of Waste:** 2 YDS  
- **Date:** 09/03/13  

**Completed by (Print or Type):** BOGDAN JOLDZIC  
**Title:** PRESIDENT  

*Do not use this form for asbestos licensure exempted activities.*
State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:60-7 and 12:120-7)  
Check # 6069

Date of Notification (1)  
1/13/2013

Name of Building Owner/Operator (2)  
Anne Marie Landrigan

Street Address  
195 Irving Place

City, State, Zip Code  
Rutherford, NJ 07071

Agencies Notified  
☑ DOL  ☑ Initial  
☑ DOH  ☐ Amendment  
☐ EPA  ☐ Cancellation  
☐ DEP

Name of Contact  
Anne Marie Landrigan

FACILITY INFORMATION

Name of facility where abatement is taking place (3)  
Anne Marie Landrigan

Street Address  
195 Irving Place

County (6)  
Bergen

Name of Monitoring Firm Hired by Bldg. Owner (5)  
ASCM No.

City (5)  
Rutherford, NJ 07071

County Code (7) (State use only)  

Current Use (Prior if being demolished)  
residential

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

Square Feet  

# of Floors  

Bldg. Age  

Name of Abatement Contractor (9)  
B & G Restoration, Inc.

Street Address  
105 Ryerson Road

City, State, Zip Code  
Lincoln Park, NJ 07035

Telephone Number  
973-696-6869  
License Number  
0378  

Name of OSHA Monitor  
B & G Restoration, Inc.

Scheduled Start Date (10)  
09/05/2013

Occupancy Status During Abatement (Check only one)  
☑ Facility closed/vacated during entire period of abatement.

☑ Abatement performed outside of normal facility hours-
Describe:  

☑ Other-Describe:

Sched. Completion Date (11)  
09/06/2013

Scope of Work (check all that apply)  
☐ Demolition  
☑ Renovation  
☐ Full Containment w/negative pressure  
☐ Mini-enclosure  
☐ Wrap & cut

☐ >3 sf or >3 ft²  
☐ ≥160 sf or ≥280 ft²

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

<table>
<thead>
<tr>
<th>basement</th>
<th>is location normally used solely by maintenance/custodial staff(12)</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
<th>Description of asbestos-containing material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>R</th>
<th>E</th>
<th>R</th>
<th>E</th>
</tr>
</thead>
<tbody>
<tr>
<td>basement</td>
<td>thin square duct insulation</td>
<td>X</td>
<td></td>
<td></td>
<td>48 sf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>basement</td>
<td>thin &amp; thick round duct insulation</td>
<td>X</td>
<td></td>
<td></td>
<td>93 lf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Registered Waste Hauler  
B & G Restoration, Inc.  
NJDEP Hauler #  
19563  
Cubic Yards of Waste  
2 yards  
Name of Registered Landfill  
Tullytown Resource & Recovery Center  
City, State  
Tullytown, PA  
City, State, Zip Code  
Lincoln Park, NJ 07035  
Disposal Date  
09/09/2013  
Completed by (Print or Type)  
Gordana Luna  
Title  
Secretary/Treasurer  
Signature  
Gordana Luna  
Date  
08/21/2013
State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12:120-7)

Check # 6068

Date of Notification (1)

Name of Building Owner/Operator (2)
Gordon Chin

Street Address
846 Auburn Avenue

City, State, Zip Code
Ridgewood, NJ 07450

Name of Contact:
Gordon Chin

Telephone Number

Agencies Notified

- EPA
- DEP
- DOL
- DOH
- DCA

Type Notification

- Initial
- Amendment
- Cancellation

Name of facility where abatement is taking place (3)
Gordon Chin

Street Address
846 Auburn Avenue

City (5)
Ridgewood, NJ 07450

County (6)
Bergen

County Code (7)
ASCM No.

Name of Monitoring Firm Hired by Bldg. Owner (6)
N/A

Name of Abatement Contractor (9)
B & G Restoration, Inc.

Street Address
105 Ryerson Road

City, State, Zip Code
Lincoln Park, NJ 07035

License Number
0378

Type of Facility (4)

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

Square Foot # of Floors

Current Use (Prior if being demolished)
residential

Bldg. Age

Occupancy Status During Abatement (Check only one)

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

Describe:

Scheduled Start Date (10)
09/04/2013

Occupancy Status During Abatement Date (11)
09/05/2013

Full Containment w/negative pressure

Glovebag procedure

Non-friable procedure

Scope of Work (check all that apply)

- Demolition
- Renovation

- >3 sf or >3 i

- ≥160 sf or ≥60 if

- ≥160 sf or ≥60 if

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

basement boiler room

laundry room

Description of asbestos-containing material (ACM)

- pipe insulation

- pipe insulation

Amount (Specify SF or LF)

40 if

24 if

Name of Registered Landfill
Tullytown Resource & Recovery Center

City, State, Zip Code
Lincoln Park, NJ 07035

Cubic Yards of Waste
1 yard

Disposal Date
09/05/2013

Registered Waste Hauler
B & G Restoration, Inc.

NJDEP Hauler ID
19563

Notice Date
08/21/2013

Name of Registered Landfill
Tullytown Resource & Recovery Center

City, State, Zip Code
Lincoln Park, NJ 07035

Completed by (Print or Type)
Gordana Luna

Title
Secretary/Treasurer

Signature
Gordana Luna

Date
08/21/2013
**State of NJ**
**Notification of Asbestos Abatement**
(Pursuant to NJAC 8:60-7 and 12:120-7)

**Date of Notification (1)**
- 10/18/2111

**Name of Building Owner/Operator (2)**
- Lee Wesley

**Street Address**
- 499 Ridgewood Road

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

**Name of Contact**
- Lee Wesley

**Telephone Number**

### FACILITY INFORMATION

**Name of facility where abatement is taking place (3)**
- Lee Wesley

**Street Address**
- 499 Ridgewood Road

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

**Name of Monitoring Firm Hired by Bldg Owner (5)**
- N/A

**ASCM No.**
- N/A

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

**Square Feet**
- N/A

**# of Floors**
- N/A

**Bldg. Age**
- N/A

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

**Type of Abatement (6)**
- B & G Restoration, Inc.

**Street Address**
- 105 Ryerson Road

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

**Telephone Number**
- 973-696-6869

**License Number**
- 0378

**Name of OSHA Monitor**
- B & G Restoration, Inc.

**Street Address**
- 105 Ryerson Road

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

**Scope of Work (check all that apply)**
- Demolition
- Renovation
- Full Containment
- Mini-enclosure
- Non-tribal procedure

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>basement main area</td>
<td>X</td>
<td>X</td>
<td>N/A</td>
</tr>
<tr>
<td>basement</td>
<td>X</td>
<td>X</td>
<td>N/A</td>
</tr>
<tr>
<td>boiler rm, gas meter closet</td>
<td>X</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

**Registered Waste Handler**
- B & G Restoration, Inc.

**Disposal Date**
- 09/04/2013

**Name of Registered Landfill**
- Tullytown Resource & Recovery Center

**City, State**
- Tullytown, PA

**Complied by (Print or Type)**
- Gordana Luna

**Title**
- Secretary/Treasurer

**Signature**
- Gordana Luna

**Date**
- 08/21/2013
State of NJ  
Notification of Asbestos Abatement  
Pursuant to NJAC 8:50-7 and 12:120-7

Date of Notification (1): 01/18/2013  

Name of Building Owner/Operator (2): Leo Filev

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

Type of Notification: 
- Initial  
- Amendment  
- Cancellation

Street Address: 2 Berkeley Heights Park  

City, State, Zip Code: Bloomfield, NJ 07003

Name of Contact: Leo Filev

Telephone Number: 

FACILITY INFORMATION

Name of facility where abatement is taking place (3): Leo Filev

Street Address: 2 Berkeley Heights Park  

City (5): Bloomfield, NJ 07003  

County (6): Essex  

County Code (7) (State use only): 

Name of Abatement Contractor (9): B & G Restoration, Inc.

Street Address: 105 Ryerson Road  

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

Project Manager for Monitoring Firm: 

Phone Number: 973-696-6659

License Number: 0378

Name of OSHA Monitor: B & G Restoration, Inc.

Street Address: 105 Ryerson Road  

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

Scheduled Start Date (10): 09/05/2013  

Scheduled Completion Date (11): 09/06/2013

Occupancy Status During Abatement (Check only one): 
- Facility closed/vacated during entire period of abatement.
- Abatement performed outside of normal facility hours-
  Describe: 
- Other-Describe:

Scope of Work (check all that apply): 
- Damolition  
- Renovation  
- >3 sf or >2 lf 
- ≥160 sf or ≥260 lf

Location of asbestos-containing material to be abated in facility (12): 

<table>
<thead>
<tr>
<th>Location of asbestos-containing material to be abated in facility (12)</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
<th>Description of asbestos-containing material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>boiler room/sink area</td>
<td></td>
<td></td>
<td>X</td>
<td>pipe insulation</td>
<td>29 lf</td>
</tr>
</tbody>
</table>

Registered Waste Hauler: B & G Restoration, Inc.  

NJ/DEP Hauler ID#: 19563  

Cubic Yards of Waste: 1 yard

Name of Registered Landfill: Tullytown Resource & Recovery Center  

City, State: Tullytown, PA

Disposal Date: 09/06/2013

Completed by (Print or Type): Gordana Luna  

Title: Secretary/Treasurer  

Signature: 

Date: 08/21/2013
**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)**
on hold

<table>
<thead>
<tr>
<th>Agency Notified</th>
<th>Type Notification</th>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
<td>Princeton University - Old Graduate College - Steam lines in Manhole</td>
</tr>
<tr>
<td>DEP</td>
<td>Notification</td>
<td></td>
</tr>
<tr>
<td>DCA</td>
<td>Amended</td>
<td></td>
</tr>
<tr>
<td>DOH</td>
<td>Cancellation</td>
<td></td>
</tr>
</tbody>
</table>

**Street Address**

Near 70 Alexander Road - Manhole

<table>
<thead>
<tr>
<th>City (5)</th>
<th>County (6)</th>
<th>County Code (7) (STATE USE ONLY)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Princeton</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

**ASCM No.**

123

**Type of Facility (4)**

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

**Square Feet**

N/A

**# of Floors**

0

**Bldg. Age**

100+

**Name of Abatement Contractor (9)**
Associated Specialty Contracting

**Street Address**

98 LaGrue Avenue

**City, State, Zip Code**

Glen Mills, PA 19342

**Telephone Number**

610-364-9622

**License Number**

1163

**Name of OSHA Monitor**
Criterion Labs

**Street Address**

337 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
- Renovation
- Full Containment with Negative Pressure
- Mini - Enclosure
- Glovebag Procedure
- Non-Friable Procedure

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

- Insulation, surfacing, VAT, or other miscellaneous

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)</th>
<th>Location Normally Used</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Manhole - near 70 Alexander Road</td>
<td>Yes</td>
<td>Pipe insulation</td>
<td>6 LF</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Horizon Disposal</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>GROWS</td>
</tr>
</tbody>
</table>

**City, State**

Trenton NJ

**Disposal Date**

As needed

**Completed By (Print or Type)**
Mark Goshaw

**Title**
Project Manager

**Signature**

**Date**
8-23-13

**ABS-41**

**JUN 95**
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
Type Notification Initial
DEP Notification
DCA Amended
DOH Notification
Cancellation
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 Across street from Princeton Seminary
City (5) Princeton
County (6) ASCM No.
County Code (7) (STATE USE ONLY)
Name of Monitoring Firm Hired by Building Owner (8)
Pennoni Associates Inc
Street Address 515 Grove Street Suite 1B
City, State, Zip Code Haddon Heights NJ
Project Manager of Monitoring Firm Alan Lloyd
Telephone Number 856-547-9505
Scheduled Start Date (10) ON HOLD
Scheduled Completion Date (11) 11/26/13
Month/Day/Year Month/Day/Year
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
> 3 of or > 3 if
> 160 sf or > 260 if
Renovation
Full Containment with Negative Pressure
Non-Friable Procedure
Glovebag Procedure
Horizon Disposal
City, State Trenton NJ
Name of Registered Waste Hauler NJDEP Waste Hauler ID No.
Cubic Yards of Waste 1
Name of Registered Landfill GROWS

Manhole outside park deck near seminary: x pipe insulation 4 LF

Completed By (Print or Type) Title Signature Date
Mark Goshaw Project Manager Mark Goshaw 8-23-13

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

Month/Day/Year

Name of Building Owner/Operator (2)
Princeton University

Name of Contact
Robert Otego

Agency Notified
EPA
DEP
DCA
DOH

Type Notification
Initial
Amended
Notification
Cancellation

Street Address
P.O. box 2158
City, State, Zip Code
Princeton NJ 08543

Telephone Number

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 (6)

County Code (7)

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

Name of Abatement Contractor (9)
Associated Specialty Contracting

Address
515 Grove Street Suite 1B

Street Address
98 LaCrue Avenue

City, State, Zip Code
Haddon Heights NJ
Glen Mills, PA 19342

Licence Number
1103

Telephone Number
856-547-0505

Telephone Number
610-364-9622

Name of OSHA Monitor
Criterion Labs

Citation

Street Address
3379 Progressive Drive

City, State, Zip Code
Beasalem PA 19020

Occupancy Status During Abatement (Check only 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

Scope of work (Check all that apply)
Demolition

x Renovation

x >3 sf or >3 if

>160 sf or >260 if

Location of Asbestos-Containing Material (ACM)

TO BE ABATED

In Facility

(13)

Description of Asbestos-Containing Material (ACM)

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

Amount

(Specify or SF or LF)

Abatement Type

x Full Containment with Negative Pressure

x Mini - Enclosure

x Glovebag Procedure

Non-Friable Procedure

Location

Manhole - Across st from Seminary

x pipe insulation

6 LF

6 LF

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 Goshaw
Title
Project Manager
Signature

ABS-41
JUN 95

Date

8/24/13

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

Name of Building Owner/Operator  
Princeton University

Agency Notified  
EPA  
DEP  
DCA  
DOH

Type Notification  
Initial  
Notification  
Amended  
Notification  
Cancellation

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  
Near Pyne Hall - manhole

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

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

Project Manager of Monitoring Firm  
Alan Lloyd  
Telephone Number  
856-547-6505

Scheduled Start Date (10)  
ON HOLD
Month/Day/Year  
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 3:30PM

Other - Describe:

Scope of work (Check all that apply)  
Demolition  
Renovation  
Full Containment with Negative Pressure  
Mini - Enclosure  
Glovebag Procedure  
Non-Friable Procedure

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

In Facility (13)

Location  
Normally Used  
Solely

by Maintenance/ Custodial Staff (12)  
Yes  
No  
N/A

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

Amount (Specify)  
SF or LF

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

Manhole - near Pyne Hall  
pipe insulation  
9 LF

Name of Registered Waste Hauler  
NJDEP Waste Hauler ID No.

Cubic Yards of Waste  
1

Name of Registered Landfill  
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  
8-23-2013

ABS-41  
JUN 95

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
Name of Building Owner/Operator (2) Princeton University

Agency Notified
EPA
DEP
DCA
DOH

Type Notification
Initial
Notification
x - # 1 Amended
Notification
Cancellation

Name of Contact Robert Otego

Street Address
P.O. box 2158
City, State, Zip Code
Princeton NJ 08543

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

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

Project Manager of Monitoring Firm Alan Lloyd
Phone Number 856-547-0505

Sched. Start Date (10) 11/26/13
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
x 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)

Location Normally Used
Is Asbestos-Containing Material (ACM)
Solely by Maintenance/Custodial Staff (12)

Manhole - across from parking lot 11

Name of Registered Waste Hauler NJDEP Waste Hauler ID No.

Horizon Disposal
Cubic Yards of Waste 1

City, State Trenton NJ
Disposal Date As needed

Completed By (Print or Type)
Mark Goshew Title Project Manager

Signature

Name of Registered Landfill GROWS

City, State Morrisville PA

Date F2317

ABS-41
JUN 95

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>08/16/13</th>
<th>Name of Building Owner/Operator (2)</th>
<th>Princeton University</th>
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<table>
<thead>
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<th>Street Address</th>
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<td>Amended</td>
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<td>DOH</td>
<td>Notification</td>
<td>Name of Contact</td>
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| Name of Contact | Robert Otero |

<table>
<thead>
<tr>
<th>FACILITY INFORMATION</th>
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<tbody>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
</tr>
<tr>
<td>Princeton University - Old Graduate College - Steam lines in Manhole</td>
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</table>

<table>
<thead>
<tr>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>88 college road west - manhole - beginning of steam lin</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>City (5)</th>
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<th>County Code (7)</th>
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<td>Princeton</td>
<td></td>
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</tr>
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<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>ASCM No.</th>
</tr>
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<tbody>
<tr>
<td>Pennozi Associates Inc</td>
<td>ASCM No.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Abatement Contractor (9)</th>
<th>Associated Specialty Contracting</th>
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</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>515 Grove Street Suite 1B</td>
<td>856-347-0905</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager of Monitoring Firm</th>
<th>Telephone Number</th>
</tr>
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<tbody>
<tr>
<td>Alan Lloyd</td>
<td>856-347-0905</td>
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<table>
<thead>
<tr>
<th>Scheduled Start Date (10)</th>
<th>Sched. Completion Date (11)</th>
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<tbody>
<tr>
<td>ON HOLD</td>
<td>11/26/13</td>
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<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check only one)</th>
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<tbody>
<tr>
<td>Facility Closed / Vacated During Entire Period of Abatement</td>
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<tr>
<td>x Abatement Performed Outside of Normal Facility</td>
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<table>
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<tr>
<th>Hours - Describe</th>
<th>7:00 AM to 3:30PM</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Scope of work (Check all that apply)</th>
<th>Full Containment with Negative Pressure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demolition</td>
<td>x mini - enclosure</td>
</tr>
<tr>
<td>x 3 to 10 ft or &gt; 3 if</td>
<td>x Glovebag Procedure</td>
</tr>
<tr>
<td>&gt; 160 ft or &gt; 200 if</td>
<td></td>
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<table>
<thead>
<tr>
<th>Location of Asbestos - Containing Material (ACM) TO BE ABATED</th>
<th>Is Location</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e. Thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount</th>
<th>Abatement Type</th>
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<tbody>
<tr>
<td>In Facility (13)</td>
<td>Yes</td>
<td>pipe insulation debris</td>
<td>8 SF</td>
<td>E L</td>
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<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>Horizon Disposal</td>
<td>1</td>
<td>1</td>
<td>GROWS</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>Trenton NJ</th>
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<table>
<thead>
<tr>
<th>Disposal Date</th>
<th>As needed</th>
</tr>
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</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>Mark Goshow</td>
<td>Project Manager</td>
<td>MARK GOSHOW</td>
<td>08/31/13</td>
</tr>
</tbody>
</table>

| JUN 95 | G4667 |

**Non-Friable Procedure**
**State of New Jersey**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:66-7 and 12:-120-7)

**Date of Notification** (1)
08/16/13

**Month/Day/Year**

<table>
<thead>
<tr>
<th>Agency Notified</th>
<th>Type Notification</th>
<th>Name of Building Owner/Operator</th>
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<tbody>
<tr>
<td>EPA</td>
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<td>Princeton University</td>
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<tr>
<td>DEP</td>
<td>Notification</td>
<td></td>
</tr>
<tr>
<td>DCA</td>
<td>Amended</td>
<td></td>
</tr>
<tr>
<td>DOH</td>
<td>Notification</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Cancellation</td>
<td></td>
</tr>
</tbody>
</table>

**Street Address**
City, State, Zip Code
P.O. Box 2158
Princeton NJ 08543

**Name of Contact**
Robert Otego

**Facility Information**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place</th>
<th>Type of Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Princeton University - Old Graduate College - Steam lines in Manhole</td>
<td>School (K12)</td>
</tr>
<tr>
<td>Street Address</td>
<td>Subchapter 8 (Other than K12)</td>
</tr>
<tr>
<td>Near College Road West - manhole</td>
<td>x Other (i.e. Private &amp; commercial buildings, homes, etc.)</td>
</tr>
</tbody>
</table>

**City (5)**
Princeton

**County Code (7)**

<table>
<thead>
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<th>County Code (6)</th>
<th>County (6)</th>
<th>County Code (7)</th>
</tr>
</thead>
</table>

**Name of Monitoring Firm Hired by Building Owner**
Pennoni Associates Inc

**Telephone Number**
856-547-9505

**Scheduled Start Date (10)**
ON HOLD

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

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

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM)</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Manhole - near college road west</td>
<td>Asbestos insulation</td>
</tr>
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</table>

**Name of Registered Waste Hauler**
Horizon Disposal

**Cubic Yards of Waste**
1

**Name of Registered Landfill**
GROWS

**Completed By**
Mark Goshow

**Signature**
Mark Goshow

**Date**
08/26/13

**G46667**
**State of NJ**
**Notification of Asbestos Abatement**
(Pursuant to NJAC 8:60-7 and 12:120-7)

---

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

**Street Address**
400 Cedar Avenue

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

**Name of Contact**
Timothy Orr

---

**FACILITY INFORMATION**

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

**Square Feet**
75,000

**# of Floors**
30+

**Bldg. Age**
Dorm

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

---

**Name of facility where abatement is taking place (3)**
The Bluffs Apartments, Apartment 29A

**Street Address**
590 Ocean Avenue

**City (5)**
Long Branch

**County (6)**
Monmouth

**County Code (7)**
(006)

**ASCN No.**
00057

**Name of Monitoring Firm Hired by Bldg. Owner (8)**
AHERA Consultants Inc.

**Name of Abatement Contractor (9)**
B & G Restoration, Inc.

**Street Address**
105 Ryerson Road

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

**Telephone Number**
973-696-6869

**License Number**
0378

**Name of QSHAA Monitor**
B & G Restoration, Inc.

**Street Address**
105 Ryerson Road

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

---

**Occupancy Status During Abatement (Check only one)**
- [ ] Facility closed/abandoned during entire period of abatement
- [ ] Abatement performed outside of normal facility hours-
- [x] Other
- [ ] Occupied

**Scheduled Start Date (10)**
08/22/2013

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

**Location of asbestos-containing material to be abated in facility (13)**
- [x] X

---

**Location normally used solely by maintenance/custodial staff (12)**
- [ ] Yes
- [ ] No
- [ ] N/A

**Description of asbestos-containing material (ACM)**
Sheetrock / joint compound

**Amount**
220 sf

---

**Registered Waste Hauler**
B & G Restoration, Inc.

**Disposal Date**
08/26/2013

**Name of Registered Landfill**
Tullytown Resource & Recovery Center

**City, State**
Tullytown, PA

**Date**
08/21/2013

---

**Completed by (Print or Type)**
Gordana Luna
**State of NJ**

**Notification of Asbestos Abatement**

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

---

**Facility Information**

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

The Bluffs Apartments, Apartment 28A

**Street Address:**

590 Ocean Avenue

**City:**

Long Branch

**County:**

Monmouth

**Name of Monitoring Firm Hired by Bldg. Owner (4):**

AHERA Consultants Inc.

**ASCM No.:**

00057

**Name of Abatement Contractor (5):**

B & G Restoration, Inc.

**Street Address:**

105 Ryerson Road

**City:**

Lincoln Park, NJ 07035

---

**Type of Facility (4):**

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

**Square Feet:**

75,000

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

**Bldg. Age:**

30+

---

**Location of Asbestos-Containing Material to Be Abated in Facility (13):**

- **Location:**
  - Sheetrock / Joint Compound: 220 sf

---

**Disposal Information:**

- **Disposal Date:**
  - 08/26/2013

**Name of Registered Landfill:**

Tallytown Resource & Recovery Center

**Cubic Yards of Waste:**

4 yards

---

**Signature:**

Gordana Lomas

**Date:**

08/21/2013
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60-7 and 12:120-7)

**Date of Notification (1):** 8-20-13

**Name of Building Owner/Operator (2):** Mrs. Robinson
**Street Address:** 34 Dogwood Drive, west Orange, NJ, 07052
**City, State, Zip Code:**
**Name of Contact:** Mrs. Robinson

### FACILITY INFORMATION

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

**Street Address:**

<table>
<thead>
<tr>
<th>City (5)</th>
<th>County (6)</th>
<th>County Code (7)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Essex</td>
<td></td>
<td></td>
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</table>

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

**Square Feet:** 1800
**# of Floors:** 2
**Bldg. Age:** 60
**Current Use:** (Prior if being demolished)

**Name of Monitoring Firm hired by Building Owner (5):** N/A
**ASCM No.:**

**Name of Abatement Contractor (9):** AZTECH MANAGEMENT, INC.
**Street Address:** 86 Christopher St.
**City, State, Zip Code:** Montclair, NJ 07042

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

**Name of OSHA Monitor:** N/A

**Project Manager for Monitoring Firm:**

**Telephone Number:** N/A

**Scheduled Start Date (10):** 8-31-2013
**Sched. Completion Date (11):** 9-3-13
**Month** | **Day** | **Year**
----------|--------|--------
8          | 31     | 2013   
9          | 3      | 2013   

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

**Scope of Work (Check all that apply):**
- [X] 2 Sf or >3lf
- [ ] 260 sf or >260lf
- [X] Renovation
- [ ] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [X] Glovebag Procedure
- [ ] Non-Frisabe Procedure

### LOCATION OF ASBESTOS-CONTAINING MATERIAL (ACM)

<table>
<thead>
<tr>
<th>Location</th>
<th>Location</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
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<tbody>
<tr>
<td>Basement</td>
<td>X Pipe Insulation</td>
<td>(i.e., thermal systems insulation, surfacing, V&amp;T, or other miscellaneous)</td>
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**Amount:** 80 lf

**Name of Registered Waste Hauler:**
AZTECH MANAGEMENT, INC.

<table>
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<tr>
<th>NUEP Waste Hauler ID No.:</th>
<th>Cubic Yards of Waste:</th>
<th>Name of Registered Landfill:</th>
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<tbody>
<tr>
<td>17040</td>
<td>1.5</td>
<td>G.R.O.W.S.</td>
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</table>

**City, State:** Montclair, NJ 07042

**Disposal Date:** 9-4-13
**City, State:** Morrisville, PA 19067

**Completed By (Print or Type):** Constantine Vivian
**Title:** President
**Signature:**
**Date:** 8-20-13
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1) 8-12-13

Name of Building Owner/Operator (2) Cyndi Sonnabend

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Same as above

Street Address 86 Greenwood Drive

City, State, Zip Code Millburn, NJ, 07041

Name of Contact Cyndi Sonnabend

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

City (5) County (6) Essex County Code (7) (STATE USE ONLY) 1700

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

Square Feet 1700 

# of Floors 2

Bldg. Age 80

Current Use (Prior if being demolished)

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

Street Address 86 Christopher St.

City, State, Zip Code Montclair, NJ 07042

Telephone Number (973) 744-8800 License Number 00371

Name of OSHA Monitor N/A

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

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

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Location Normally Used Solely By Maintenance/Custodial Staff (12)</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
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<tbody>
<tr>
<td>Basement</td>
<td>X</td>
<td>Pipe Insulation</td>
<td>12 LF</td>
<td></td>
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</table>

Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.

City, State Montclair, NJ 07042

Disposal Date 8-27-13

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

Morrisville, PA 19067

Completed By (Print or Type) Constantine Vivian Title President
**NOTIFICATION OF ASBESTOS ABATEMENT**

**State of New Jersey**

**Date of Notification:** 8/26/2013  
**Type Notification:** Initial  
**Agency Notified:** EPA  
**Name of Building Owner/Operator:** Sean Huffman  
**St. Address:** 49 Armory Pkwy  
**City, State, Zip Code:** Mahwah, N.J. 07495  
**Telephone Number:**  

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place:** House  
**Street Address:** 49 Armory Pkwy.  
**City:** Mahwah  
**County:** Bergen  
**Name of Monitoring Firm Hired by Building Owner:** ASCM No.  
**Type of Facility:** House  
**Square Feet:** 1,200  
**% of Floors:** 100%  
**Building Age:** 50  
**Current Use (Prior to being demolished):**  

**Scope of Work (Check All That Apply):**  
- [ ] Renovation Demolition  
- [X] Full Containment with Negative Pressure  
- [X] OSHA Permit Procedures  
- [X] Non-Exempted ([] and Non-Friable Procedure  

**Location of Asbestos-Containing Material (ACM) To be Abated in Facility:**  
- [X] Basement  
- [X] Duct Insulation  

**Name of Registered Waste Hauler:**  
**Rouviere Transportation:**  
**HUDPE Waste Hauler ID No.:** 20785  
**Cubic Yards of Waste:** 1  
**Name of Registered Landfill:**  
**IESI PA Bethlehem Landfill Corp.:**  

**Disposal Date:** 8/21/13  
**City, State:** Bethlehem, PA 18015  
**Completed by:** Joseph Vocature  
**Title:** Operations  
**Signature:**  
**Date:** 8/21/13

*Do not use this form for asbestos linoleum exempted activities.*
<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Notification (9)</td>
<td>8/19/13</td>
</tr>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>OL &amp; JIM VISCIO</td>
</tr>
<tr>
<td>Name of Facility Where Abatement Is Taking Place (3)</td>
<td>COMMERCIAL</td>
</tr>
<tr>
<td>Street Address</td>
<td>250 B Livingston St</td>
</tr>
<tr>
<td>City (5)</td>
<td>NORTHVALE, NJ 07647</td>
</tr>
<tr>
<td>County (6)</td>
<td>Bergen</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>N/A</td>
</tr>
<tr>
<td>ASOM No.</td>
<td>A.Mae Contracting Inc.</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td></td>
</tr>
<tr>
<td>Telephone No.</td>
<td>(201)282-5841</td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>8/20/13</td>
</tr>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>9/20/13</td>
</tr>
<tr>
<td>Occupancy Status During Abatement (Check Only One)</td>
<td>COMMERCIAL</td>
</tr>
<tr>
<td>Scope of Work (Check All That Apply)</td>
<td>Demolition, Renovation</td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (12)</td>
<td>.Office: VAT 180 sf, Bathroom: VAT 25 sf, Roof: Parging Flashing 3.518 sf, Exterior Windows: CRACK 14 LF</td>
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<tr>
<td>Name of Registered Waste Hauler</td>
<td>NDEP Waste Hauler ID No. 20785</td>
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<tr>
<td>Name of Regulated Landfill</td>
<td>ESI PA Bethlehem Landfill Corp.</td>
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<tr>
<td>Completed by</td>
<td>Joseph Viscio</td>
</tr>
<tr>
<td>Title</td>
<td>Operations</td>
</tr>
</tbody>
</table>

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

**Name of Building Owner/Operator:** Merck Sharp & Dohme Corp.

**Street Address:**

556 MORRIS AVENUE

**City, State, Zip Code:** Summit, NJ 07901

**Name of Contact:** Kevin Ruta

**Telephone Number:**

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

MERCK - Building S 5

**Street Address:**

556 MORRIS AVENUE

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

**Type of Facility:**

- School (K-12)
- Sub-Chapter 8 (Other than K-12)
- Other (i.e. private & Commercial buildings, homes, etc.)

**SF of Bldg.:** 10000

**# Floor:** 3

**Age of Bldg.:** 50+

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

**Name of Abatement Contractor:** ACM CONSULTING CORP.

**Street Address:** 2150 STANLEY TERRACE

**City, State, Zip Code:** UNION, NJ 07083

**Project Manager for Monitoring Firm:**

**Telephone No.:** 908-687-1008

**License Number:** 00675

**TO BE DETERMINED**

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

- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Outside Normal Facility Hours
- Other - Describe: 4:00PM TO 4:00AM

**Street Address:**

307 WEST 38TH STREET

**City, State, Zip Code:** NEW YORK, NY 10118

**Name of OSHA Monitor:** EMSL ANALYTICAL

**Scope of Work (Check Only One):**

- Demolition
- >3sf or >33f
- >150sf or >260lf
- Renovation

**Abatement Method:**

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

**Is Location Normally Used by Custodial Staff:**

- Yes
- No
- N/A

**Description of ACM to be Removed:**

- Pipe Insulation

**Amount to be Removed (Specify SF/LF):** 40LF

**Abatement Type:**

**Name of Registered Waste Hauler:**

Clean Harbors Env. Services, Inc.

**Clean Harbors Waste ID No.:** NUDPE 16666

**Cubic Yds waste:** 5

**Name of Registered Landfill:**

Clean Harbors Lone Mountain, LLC

**City, State:**

Norwell, MA

**Disposal Date:**

TBD

**City, State of Registered Landfill:**

Waynoka, Oklahoma

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

TIMOTHY RYAN

**Title:** GENERAL MANAGER

**Signature:**

**Date:** 8/20/2013
# Notification of Asbestos Abatement

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

**Date of Notification (1)**  
8/22/2013

**Name of Building Owner/Operator (2)**  
US DEPT. OF THE INTERIOR - NATIONAL PARK SERVICE

**Street Address**  
DENVER SVC CENTER - P.O. BOX 25282, AUG 2 6 2013

**City, State, Zip Code**  
DENVER, CO 80225-0287

**Name of Contact**  
SEAN LOOAN

### FACILITY INFORMATION

**Name of Facility Where Abatement is Taking Place (3)**  
GATEWAY NATIONAL RECREATION AREA - SANDY HOOK UNIT

**Street Address**  
BLDG 144A&B - CANFIELD ROAD

**City (5)**  
HIGHLANDS

**County (6)**  
MONMOUTH

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

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

**Street Address**  
7 PLEASANT HILL ROAD

**City, State, Zip Code**  
CRANBURY, NJ 08512

**Telephone No.**  
732-390-9496

**Telephone No.**  
973-956-8700

**License No.**  
00494

**Project Manager for Monitoring Firm**  
KEVIN LOVELY

**Start Date (10)**  
9/3/2013

**Scheduled Completion Date (11)**  
9/24/2013

**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)

- [x] 23 sf or ≤33 sf
- [ ] 33 sf or ≥160 sf or ≥260 sf
- [x] Renovation
- [x] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

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

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

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

**In Facility (13)**

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

**BASEMENT**

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

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

**Amount (Specify SF or LF)**

| 315 SF | X |

### Name of Registered Waste Hauler

**TWO BROTHERS CONTRACTING**

**City, State**  
CLIFFTON, NJ

**NJDEP Waste Hauler ID No.**  
18743

**Cubic Yards of Waste**  
10

**Disposal Date**  
9/24/2013

**City, State**  
MORRISVILLE, PA

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

**Completed by**  
VIVECA RAMOS

**Title**  
PROJECT COORDINATOR

**Signature**  

**Date**  
8/22/2013

---

* 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)**  
8/22/2013

**Name of Building Owner/Operator (2)**  
US DEPT. OF THE INTERIOR - NATIONAL PARK SERVICE

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

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

**Street Address**  
DENVER SVC CENTER - P.O. BOX 25227  
DENVER, CO 80225-0287

**Name of Contact**  
SEAN LOONAN

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**  
GATEWAY NATIONAL RECREATION AREA - SANDY HOOK UNIT

**Street Address**  
BLDG 145B- CANFIELD ROAD  
HIGHLANDS

**County (6)**  
MONMOUTH

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

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

**Square Feet**  

**# of Floors**  

**Bldg. Age**  

**Name of Monitoring Firm Hired by Building Owner (5)**  
WHITMAN COMPANIES

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

**Street Address**  
7 PLEASANT HILL ROAD  
CRANBURY, NJ 08512

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

**Telephone No.**  
732-390-9496  
973-956-8700

**License No.**  
00494

**Project Manager for Monitoring Firm**  
KEVIN LOVELY

**Scheduled Completion Date (11)**  
9/24/2013

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

**Start Date (10)**  
9/3/2013

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

**Other – Describe:**  

**Scope of Work (Check All That Apply)**  
- [x] Renovation  
- [ ] Demolition  
- [x] 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>Area</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
<th>Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
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</thead>
<tbody>
<tr>
<td>BASEMENT</td>
<td>[x]</td>
<td></td>
<td></td>
<td>PIPE INSULATION</td>
<td>16 LF</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>PLASTER</td>
<td>32 SF</td>
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</table>

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

**NJDEP Waste Hauler ID No.**  
18743

**Disposal Date**  
9/24/2013

**Name of Registered Landfill**  
CLIFTON, NJ  
WASTE MANAGEMENT G.R.O. W.S.

**City, State**  
CLIFTON, NJ  
MORRISVILLE, PA

**Completed by**  
VIVECA RAMOS  
PROJECT COORDINATOR

**Signature**  
VIVECA RAMOS  
8/22/2013

* 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) 8/22/2013
Name of Building Owner/Operator (2) US DEPT. OF THE INTERIOR - NATIONAL PARK SERVICE
Agencies Notified Type Notification
EPA Initial
DEP Amended
DOL Amendment #
DOH Emergency (including justification)
DCA Cancellation
Street Address DENVER SVC CENTER - P.O. BOX 25287
City, State, Zip Code DENVER, CO 80225-0287
Name of Contact SEAN LOONAN

FACILITY INFORMATION
Name of Facility Where Abatement is Taking Place (3)
GATEWAY NATIONAL RECREATION AREA - SANDY HOOK UNIT
Street Address BLDG 75 - MERCER ROAD
City (5) HIGHLANDS
County (6) MONMOUTH
Name of Monitoring Firm Hired by Building Owner (8)
WHITMAN COMPANIES
ASCN No.
Name of Abatement Contractor (9)
TWO BROTHERS CONTRACTING, INC.
Street Address 250 RUTHERFORD BLVD.
City, State, Zip Code CLIFTON, NJ 07014
Project Manager for Monitoring Firm KEVIN LOVELY
Telephone No. 732-380-9496
License No. 00494
Name of OSHA Monitor SAME AS (9) ABOVE

Start Date (10) 9/3/2013
Scheduled Completion Date (11) 9/24/2013

Scope of Work (Check All That Apply)
- ≥ 360 sf or ≥ 36 if
- ≥ 160 sf or ≥ 260 if
- Demolition

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

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

Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)
Siding 90 LF

Amount (Specify SF or LF) 5

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

Name of Registered Waste Hauler TWO BROTHERS CONTRACTING
City, State CLIFTON, NJ
Disposal Date 9/24/2013
Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.S.
City, State MORRISVILLE, PA

Completed by VIVECA RAMOS Title PROJECT COORDINATOR
Signature Date 8/22/2013

* Do not use this form for asbestos licensure exempted activities.
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:58 and 12:120)

**Date of Notification (1)**
8/21/13

**Name of Building Owner/Operator (2)**
Guttenberg Housing Authority

---

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

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

**Street Address**
6900 Broadway

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

---

**Name of Facility Where Abatement Is Taking Place (3)**
Guttenberg Housing Authority

**Square Feet**
1000+

**# of Floors**
1+

**Bldg. Age**
35+

---

**County Code (7)**

**County (8)**
Hudson

---

**Name of Monitoring Firm Hired by Building Owner (6)**
TTI

**Telephone No.**
856-840-8800

**License No.**
00727

---

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

**Street Address**
PO Box 329

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

---

**Start Date (10)**
8/26/13

**Scheduled Completion Date (11)**
9/3/13

---

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

---

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

**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)**
2000 SF

---

**Name of Registered Waste Hauler**
United Containers

**Cubic Yards of Waste**
4

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

---

**City, State**
Elm NJ

**Disposal Date**
9/3/13

**Name of Contact**
Fatima S Becerril Facility Director

**Telephone Number**

---

**Completed by**
Anthony T Perna

**Title**
President

**Signature**

---

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

State of New Jersey

Date of Notification (1) 8-20-13
Name of Building Owner/Operator (2) Theresa Holden

 Agencies Notified Type Notification
[X] EPA Initial Notification
[X] DEP Amended Notification
[X] DOL Emergency Notification
[X] DCA Cancellation

FACILITY INFORMATION
Name of Facility Where Abatement is Taking Place (3) Same as above
Street Address

City (5) County (6) Essex County Code (7) (STATE USE ONLY) 2100

Name of Monitoring Firm hired by Building Owner (8) N/A
Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc.
Street Address 86 Christopher St.

City, State, Zip Code
Montclair, NJ 07042

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

License Number 00371

Current Use (Prior if being demolished) 80

Name of OSHA Monitor N/A

Street Address

City, State, Zip Code

Occupy Status During Abatement (Check only one)
[X] Facility Closed/Vacated During Entire Period of Abatement
[


Scope of Work (Check all that apply)
[X] 3 sf or 3 sq ft
[X] Renovation
[X] Demolition

Location of Asbestos-Containing Material (ACM)

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

Basement X Pipe Insulation 80 LF X

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

Cubic Yards of Waste 1.5

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

City, State Montclair, NJ 07042

Disposal Date 9-3-13

City, State Morrisville, PA 19067

Complated By (Print or Type) Constantine Vivian Title President

Signature Date 8-20-13
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 8/23/13

Name of Building Owner/Operator (2) Frank Strugibenetti Private Home

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

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

Street Address 123 East Sail Drive
City, State, Zip Code Little Egg Harbor NJ 08087

Name of Contact Richie

FACILITY INFORMATION

Name of Facility Where Abatement Is Taking Place (3) Richie Tevere Private Home

City (5) Little Egg Harbor NJ 08087

County (9) Ocean

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

Name of Abatement Contractor (9) Pernaco Inc.

Project Manager for Monitoring Firm

Telephone No. 856-840-8800

Start Date (10) 8/23/13
Scheduled Completion Date (11) 8/27/13

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

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

<table>
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<tr>
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<tbody>
<tr>
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Exterior Siding

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

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Abatement Type

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<th>Encapsulate</th>
<th>Endscope</th>
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</thead>
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<td>x</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler

United Containers

Name of Registered Landfill

G.R.O.W.S.

Completed by

Anthony T Perna
Title President

Signature

Focused on Date 8/22/13

ASB-41 (R-06-08)

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

**Date of Notification (1)**
8/21/13

**Name of Building Owner/Operator (2)**
Richie Tevere Private Home

**Agencies Notified (3)**
- [x] EPA
- [ ] DEP
- [ ] DOL
- [x] DOH
- [ ] DCA

**Type Notification (4)**
- [x] Initial
- [ ] Amended
- [ ] Amendment #
- [ ] Emergency (including justification)
- [ ] Cancellation

**Street Address (5)**
15 Kevin Lane

**City, State, Zip Code (6)**
Manahawkin NJ 08050

**Name of Contact (7)**
Richie

### FACILITY INFORMATION

**Name of Facility Where Abatement is Taking Place (3)**
Richie Tevere Private Home

**Street Address (5)**
15 Kevin Lane

**City (6)**
Manahawkin NJ 08050

**County Code (7)**
N/A

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

**Square Feet (8)**
1000+

**# of Floors (9)**
1

**Bldg. Age (10)**
35+

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

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

**ASCM No. (9)**
N/A

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

**Street Address (5)**
PO Box 329

**City, State, Zip Code (6)**
West Berlin NJ 08091

**Telephone No. (10)**
856-840-8800

**License No. (11)**
00727

**Start Date (10)**
9/4/13

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

**Name of OSHA Monitor (12)**
Same

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

**Scope of Work (Check All That Apply)**
- [x] ≤3 sf or ≤3 ft
- [ ] ≥160 sf or ≥560 ft
- [x] Renovation Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [x] Non-Exempted (*) and Non-Friable Procedure

**Location of Asbestos-Containing Material (ACM) TO BE ABATED**
- [ ] In Facility
- [ ] In Air, Water, or Earth

**Is Location, Normally Used Solely by Maintenance/Custodial Staff?**
- [ ] Yes
- [ ] No
- [ ] N/A

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

**Amount (Specify SF or LF)**
1200 SF

**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**
9/13/13

**City, State**
Morrisville PA 19067

**Completed by**
Anthony T Perna, President

**Signature**

**Date**
8/22/13

---

*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 21, 2013

Agencies Notified

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

Type of Notification

[ X ] Initial Notification
[ ] Amended Notification
[ ] Emergency (including
justification)
[ ] Cancellation

Name of Building Owner/Operator (2)
D & J Mazza

Street Address
P O Box 536

City, State, Zip Code
Oakhurst, NJ 07755

Name of Contact
D & J Mazza

FACILITY INFORMATION

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

Street Address
559 Central Avenue

City
Bound Brook

County
Somerset

County Code
STATE USE ONLY

Type of Facility (4)

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

Square feet
2000 sf

# of Floors
2

Bldg. Age
60

Current Use (Prior if being demolished)
Residence

Name of Abatement Contractor (5)
Guardian Contracting, Inc.

Street Address
1889 Rte. 9, Unit 61

City, State, Zip Code
Toms River, NJ 08755

Project Manager for Monitoring Firm
Nicholas Fernicola

Telephone Number
732-349-9932

Scheduled Start Date (10)
9/4/13

Scheduled Completion Date (11)
9/6/13

Occupancy Status During Abatement (Check only)

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

[ ] Renovation

[ ] 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)

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)
65 lf

Abatement Type
RENEWAL
REPAIR
ENCAPSULE
ENCLOSURE

Name of Registered Waste Hauler
Guardian Contracting, Inc.

NJDEP Waste Hauler ID No.
202223

Cubic Yards of Waste
3

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

City, State
Toms River, New Jersey

Disposal Date
9/9/13

City, State
Tullytown, Pennsylvania

Completed by (Print or Type)
Nicholas Fernicola

Title
Project Manager

Signature

Date
8/21/2013

*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 8/19/13

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Name of Building Owner / Operator</th>
</tr>
</thead>
<tbody>
<tr>
<td>X EPA</td>
<td>Emergency Notification</td>
<td>Jane Todisco</td>
</tr>
<tr>
<td>X DEP</td>
<td>Initial Notification</td>
<td>142 Prospect Street</td>
</tr>
<tr>
<td>X DOL</td>
<td>Amended Notification</td>
<td>South River, NJ 08882</td>
</tr>
<tr>
<td>X DOH</td>
<td>Cancellation</td>
<td>Name of Contact</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Jane Todisco</td>
</tr>
</tbody>
</table>

FACILITY INFORMATION

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

142 Prospect Street

City (5): South River
County (6): Middlesex
County Code (7):

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

Street Address: 64 Broad Street
City, State & Zip Code: Matawen, NJ 07747

Project Manager for Monitoring Firm: Tom Geiger
Telephone Number: 732-290-2217

Scheduled Start Date (10): 8/30/13
Scheduled Completion Date (11): 8/30/13

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

Other - Describe:
Area Isolated During Abatement

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

X Quantity is ≥ 3 SF or ≥ 3 LF ACM
Quantity is ≥ 160 SF or ≥ 260 LF ACM

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

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

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)

Full Containment with Negative Pressure
Mini-Enclosure
X Glovebag Procedure
Other: Non-friable

Name of Registered Waste Hauler:
Freehold Cartage
NJDEP Waste Hauler ID # 18693

Cu. Yds. of Waste: 8
Name of Registered Landfill TRRF

City, State: Freehold, NJ
Disposal Date: 8/30/13
City, State: Tullytown, Pa

Completed By (Print or Type):
Dominick Tringali
Title: Project Manager
Signature: Dominick Tringali
Date: 8/19/13
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:15)

Date of Notification (1) 08 / 21 / 13

Name of Building Owner/Operator (2)
Carolyne Healey

Street Address
443 Prospect Street
City, State, Zip Code
Glen Rock, NJ 07452

Name of Contact
Carolyne Healey

FACILITY INFORMATION

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

Street Address
443 Prospect Street
City (5)
Glen Rock, NJ 07452
County (6)
Bergen

County Code (7) (STATE USE ONLY)

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

Square Foot # of Floors Bldg. Age

Name of Abatement Contractor (9)
Gr Tech LLC

Gr Tech LLC
Street Address
576 Valley Rd #283
City, State, Zip Code
Wayne, NJ 07470

Name of OSHA Monitor
Envirovision Consultants, Inc
Street Address
20-21 Wagagar Road, Bldg. #35 E
City, State, Zip Code
Fair Lawn, NJ 07410

Scope of Work (Check all that apply)

- [ ] 250 sf or >50 sf
- [ ] >600 sf or >2600 sf
- [ ] Demolition

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

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

Description of Asbestos-Containing Material (ACM)

Amount (Specify SF or LF)

Abatement Type

Removal
Repair
Encapsulate
Enclose

Name of Registered Waste Hauler
Gr Tech LLC

Cubic Yards of Waste
TBD

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

Disposal Date
TBD

Tullytown, PA

Complete By (Print or Type)
N. Jevtic

Title
Owner

Signature

Date
08/21/2013

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