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

CHECK #: 7967

Date of Notification (1)
8-27-12

Name of Building Owner/Operator (2)
MIDVALE GOSPEL CHURCH

Name of Contact
JAMES VISBEEN

FACILITY INFORMATION

Address of Facility Where Abatement is Taking Place (3)
451 RINGWOOD AVE
WANAKA

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

Square Feet
2,500

# of Floors
2

Bldg. Age
56

Current Use (Prior if being demolished)
RECEIVED

Name of Monitoring Firm Hired by Building Owner (5)

Name of Abatement Contractor (6)
A. MAC Contracting Inc

Street Address
105 Lowell Road

City, State, Zip Code
Glen Rock, NJ 07452

Telephone No.
201-262-5841

Name of OSHA Monitor
Omega Environmental Services Inc.

Street Address
280 Huyer Street

City, State, Zip Code
Hackensack, NJ 07606

Telephone No.

License No.
00156

Project Manager for Monitoring Firm

Telephone No.

Scope of Work (Check All That Apply)
- Asbestos-Containing Material (ACM)
- Full Containment with Negative Pressure
- TO BE ABATED
- Mini-Enclosure
- In Facility
- Glovebag Procedure
- (13)
- Non-Exempted (*) and Non-Friable Procedure

- Renovation

- Demolition

- Yes

- No

- N/A

- Exterior
- Amount (Specify SF or LF)
2,144 SF

- Siding
- 255 SF

- Kitchen
- 80 SF

- Partially

- Flooring

- Name of Registered Waste Hauler
Rovic Transport

Name of Registered Landfill
IESI PA Bethlehem Landfill Corp.

NJDEP Waste Hauler ID No.
20785

Cubic Yards of Waste

Disposal Date
9-1-12

City, State, Zip Code
Bethlehem, PA 18015

Completed by
R. McDonald

Title
President

Signature

Date
8-27-12

* Do not use this form for asbestos licensure exempted activities.
Date of Notification (1) 8/27/12

Name of Building Owner/Operator (2) Chris Takla

Address: 550 Fairview Avenue - Unit 306

City: Westwood

County: Bergen

Name of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13): 3 rooms

Location Normally Used Solely by Maintenance/Custodial Staff (12): No

Is Location Normally Used Solely by Maintenance/Custodial Staff (12): No

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

Amount (Specify SF or LF): 900 SF

Abatement Type: Removal

Name of Registered Waste Hauler: JUSEP Waste Handler ID No. 20785

City, State, Zip Code: Riverdale, NJ 07457

Name of Registered Waste Hauler: IESI PA Bethlehem Landfill Corp.

City, State, Zip Code: Bethlehem, PA 18015

Disposal Date: 8/26/12

Signature: [Signature]

* Do not use this form for asbestos fire or emergency activities.
<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED</th>
<th>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAC, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
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</thead>
<tbody>
<tr>
<td>2nd Floor Debris</td>
<td>thermal systems insulation, surfacing, VAC, or other miscellaneous</td>
<td>20 cy</td>
<td>x</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler: Atlantic Carting Inc.

N.J. DEP Waste Hauler ID No.: 26085

Cubic Yards of Waste: 30

Name of Registered Landfill: IESE PA Bethlehem Refill 2335 Applebutter Rd.

Disposal Date: 8/29/12

City, State: Bethlehem, PA 10815

Completed by: John Mulca

Title: Project Manager

Signature:

Date: 8-28-12

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

**Date of Notification:** 8-27-12

**Name of Building Owner/Operator:** Voorhees Township

**Street Address:** 920 Voorhees Road
**City, State, Zip Code:** Voorhees N.J. 08069

**Name of Contact:** Larry Spellman

**Telephone Number:**

### FACILITY INFORMATION

- **Facility Where Abatement is Taking Place:** Former Cherry Hill Equipment
- **Type of Facility:** School (K-12)
  - Subchapter 8 (Other than K-12)
  - Other (i.e. private & commercial buildings, homes, etc.)
- **Square Footage:** 25000
- **No. of Floors:** 2
- **Bldg. Age:** 35
- **Current Use (Prior if being demolished):** Warehouse

### MONITORING FIRM

- **Name of Monitoring Firm:** Manage & Consulting Services Inc.
- **ASCM No.:**

### CONTRACTOR

- **Name of Abatement Contractor:** Tricon Enterprises Inc
- **Street Address:** 322 Beers St
- **City, State, Zip Code:** Keyport N.J. 07735

### OCCUPANCY STATUS DURING ABATEMENT

- **Occupancy Status:** Closed/Vacated During Entire Period of Abatement
- **Abatement Performed Outside of Normal Facility Hours:** Yes
  - Other: Non-friable removable
  - Non-friable removal

### SCOPE OF WORK

- **Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility:** 2nd Floor
- **Renovation:** Debris
  - Yes
  - No
  - N/A

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>2nd Floor</td>
<td>Yes</td>
<td>x</td>
<td>Debris</td>
<td>20 cy</td>
</tr>
</tbody>
</table>

### DISPOSAL

- **Name of Registered Waste Hauler:** Atlantic Carting Inc
- **N.J. DEP Waste Hauler ID No.:** 26085
- **Cubic Yards of Waste:** 30
- **Disposal Date:** 8/29/12
- **Name of Registered Landfill:** IESE PA Bethlehem Landfill 2335 Applebuter Rd

### COMPLETION

- **Completed by:** John Mucka
- **Title:** Project Manager
- **Signature:**

### ENDORSEMENT

- **Date:** 8-27-12

---

*Do not use this form for asbestos licensure exempted activities.*
<table>
<thead>
<tr>
<th>Location of Asbestos Containing Material (ACM) (I.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
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<tbody>
<tr>
<td>Location Normally Used Solely by Maintenance/Custodial Staff (12)</td>
</tr>
<tr>
<td>Refrigeration System</td>
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<tr>
<td>Air Conditioning System</td>
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<td>Duct Work</td>
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<tr>
<td>Insulation</td>
</tr>
<tr>
<td>Paint</td>
</tr>
<tr>
<td>Cleaning</td>
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<tr>
<td>Other</td>
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<tr>
<td>Description of Asbestos-Containing Material (ACM) (I.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
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<tr>
<td>Amount (Specify SF or LF)</td>
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<tr>
<td>Abatement Type</td>
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<tr>
<td>REMOVAL</td>
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<tr>
<td>REPAIR</td>
</tr>
<tr>
<td>ENCAPSULATION</td>
</tr>
<tr>
<td>ENCLOSURE</td>
</tr>
<tr>
<td>Abatement Type</td>
</tr>
<tr>
<td>REMOVAL</td>
</tr>
<tr>
<td>REPAIR</td>
</tr>
<tr>
<td>ENCAPSULATION</td>
</tr>
<tr>
<td>ENCLOSURE</td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
</tr>
<tr>
<td>NJDEP Waste Hauler ID No.</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
</tr>
<tr>
<td>City, State</td>
</tr>
<tr>
<td>Disposal Date</td>
</tr>
<tr>
<td>Signature</td>
</tr>
</tbody>
</table>
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 5:16)

**Date of Notification (1)**  
8 / 29 / 12

**Name of Building Owner/Operator (2)**  
State of New Jersey - Department of Treasury - DPMC

**Street Address**  
30 West State Street - 3rd floor

**City, State, Zip Code**  
Trenton, NJ 08625

**Name of Contact**  
Mike Fitzgerald

**Telephone Number**  

### FACILITY INFORMATION

**Name of Facility Where Abatement is Taking Place (3)**  
Albert Elias Residential Community Home-Carpentry Shed

**Street Address**  
188 Lindberg Road  
Hopewell, Mercer  
City, State, Zip Code  
Trenton, NJ 08608

**County (6)**  
Mercer  
County Code (7)  
(STATE USE ONLY)  

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

**Environmental Connections No. (9)**  
ASCM No.

**Name of Abatement Contractor (9)**  
Controlled Environmental Systems  
Street Address  
1121 N. Bethlehem Pike - Suite 60  
City, State, Zip Code  
Spring House, PA 19477

**Name of OSHA Monitor**  
CES

**Start Date (10)**  
9 / 7 / 12

**Scheduled Completion Date (11)**  
9 / 8 / 12

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

**Abatement Performed Outside of Normal Facility Hours - Describe**  
Time of Abatement: 8:00 AM - 3:30 PM - 4:00 AM

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

**Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)**  
- [ ] Main Shed ROOF

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

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

**Name of Registered Waste Hauler**  
Allied Waste  
City, State  
Telford, PA

**NJ/DEP Waste Hauler ID No.**  

**Cubic Yards of Waste**  
2

**Name of Registered Landfill**  
Conestoga Landfill

**City, State**  
Morgantown, PA

**Disposal Date**  
9/8/12

**Abatement Type**

- [X] Removal  
- [ ] Repair  
- [ ] Encapsulate  
- [ ] Endure

**Completed By**  
Patricia Visco  
Title  
Office Manager  
Signature  

**Date Received**

*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) 8/23/12
Name of Building Owner/Operator (2) Diocese of Newark
Street Address 11 Clifton Ave
City, State, Zip Code Newark, NJ
Name of Contact Tom McCue Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
St. Benedict
Street Address 2032 Westfield Ave
City (5) Scotch Plains
County (6) Union
Count Code (7) [STATE USE ONLY]

Name of Monitoring Firm Hired by Building Owner (8) ICC Enviro Inc.
ASCM No.
Name of Abatement Contractor (9)
F. Gonski & Son Inc.
Street Address 513 E 32nd St
City, State, Zip Code Paterson, NJ
City, State, Zip Code
Project Manager for Monitoring Firm
Telephone No.
201-865-7345
Telephone No.
201-323-2222
License No.
# 000 21
License No.

Name of OSHA Monitor Sam

Start Date (10) 8/24/12
Scheduling Completion Date (11) 8/31/12

Occupancy Status During Abatement (Check only one)
Facility Closed/Abandoned During Entire Period of Abatement
Abatement Performed Outside of Normal Facility Hours
Other – Describe: Abatement Performed On Site 8/24/12

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

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

Gymnasium

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, V.A.T., or other miscellaneous)

VAT
Mastic

Amount (Specify SF or LF)

3105 SF
5600 SF

Name of Registered Waste Hauler
Eastern Waste

Cubic Yards of Waste
10

Name of Registered Landfill
TRE Cell 11

City, State

Freehold, NJ

Disposal Date
9/2/12

Signature

Completed by
Frank Gonski

ABATEMENT TYPE

Enclosure

Repair

Removal

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 5:80 and 12:120)

Date of Notification (1) 8/27/12
Name of Building Owner/Operator (2) Mr. John Powers

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

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

Street Address
233 Cedar Lane
City, State, Zip Code
Closter, N.J., 07624

Name of Contact
Mr. Powers

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Mr. J. Powers

City (5)
Closter
County Code (6) (STATE USE ONLY)
Bergen

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

Name of Abatement Contractor (9)
Best Removal Inc
Street Address
450 S. River St
City, State, Zip Code
Hackensack, N.J., 07601

Project Manager for Monitoring Firm

Start Date (Date) 9/1/12
Scheduled Completion Date (11) 9/8/12

Occupancy Status During Abatement (Check only one)
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other - Describe: (12)

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

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

Is Location Normally Used Solely by Maintenance/Custodial Staff? (14)
- Yes
- No
- N/A

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

Amount (Specify SF or LF)
70 LF

Abatement Type
- Repair
- Encapsulate
- Enclosure

Other

Name of Registered Waste Hauler
Best Removal Inc
N.DEP Waste Hauler ID No.
17109

Cubic Yards of Waste

Name of Registered Landfill
Minerva Enterprises
City, State
Waynesburg, Oh
Disposal Date 9/8/12

Completed by
J. Maiorano
Title
Estimator
Signature

ASB-41
* Do not use this form for asbestos license exempted activities.
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:130)

Date of Notification: 8/28/12  
Name of Building Owner/Operator:  
Type of Contracting:  

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

Name of Facility Where Abatement is Taking Place:  
Residence  
City: Ocean City  
County: Cape May  
Address: 328 E. Seaside Ave.  

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

Occupancy Status During Abatement (Check only one):  
- Occupancy Status: Vacant  
- Duration: 9/10/12 to 9/17/12  

Location of Asbestos-Containing Material (ACM)  
- Use Solely by Maintenance/Custodial Staff: Yes  
- Use by General Public: No  
- Use by General Public: N/A  
- Use by General Public:  

Description of Asbestos-Containing Material (ACM):  
- Type of Material: Surfaces  
- Speciality: Other  
- Speciality: N/A  
- Speciality:  

Amount of ACM: 2500 sq. ft.  

Type of Procedure:  
- Full Containment with Negative Pressure  
- Min-Enclosure  
- Glovebag Procedure  
- Non-Enclosed (1) and Non-Friable Procedure  

Name of Registered Waste Hauler: Klemco Inc.  

Name of Registered Landfill: C.M.C., M.U.A.  

Name of Contact Person: Bruce Klemm  
Telephone:  

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

Square Feet: 1000  
# of Floors: 2  
Building Age: 40 yrs.  

Current Use (Prior if being demolished): Vacant  

Location Name: Maple Shade, N.J. 08052  

Received: 8/28/12  

* Do not use this form for asbestos licensed exempted activities
<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>Name of Building Owner/Operator</th>
<th>Street Address</th>
<th>City, State, Zip Code</th>
<th>Name of Contact</th>
<th>Telephone Number</th>
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<tbody>
<tr>
<td>8/28/12</td>
<td>CANTY TECH CONTRACTING</td>
<td>155 N. 50</td>
<td>ANGELO FIELD, N.J. 08230</td>
<td>BRUCE BALEWIC</td>
<td>UNL</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

- **Type of Facility:** Vacant
- **Square Feet:** 1000
- **# of Floors:** 2
- **8th Floor:** Yes

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

<table>
<thead>
<tr>
<th>name of Registered Waste Hauler</th>
<th>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>
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<tbody>
<tr>
<td>Klemco Inc.</td>
<td>Yes</td>
<td>TRANSITE</td>
<td>7004</td>
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**Name of OSHA Monitor:** JOSPEH KLEM

**Name of Registered Landfill:** C.M.C., M.A.

**Completed By:** JOSPEH KLEM

**Date:** 8/28/12

*Do not use this form for asbestos licensure exempted activities.*
<table>
<thead>
<tr>
<th>Agency Notified</th>
<th>Type Notification</th>
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<tbody>
<tr>
<td>EPA</td>
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<td>Amended</td>
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<td>DOL</td>
<td>Emergency (Including Justification)</td>
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<td>DOH</td>
<td>Cancellation</td>
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<td>CCA</td>
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**Name of Building Owner/Operator (1)**

**Name of Contracting Firms (2)**

<table>
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<tr>
<th>Type of Facility (3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vacant</td>
</tr>
</tbody>
</table>

**Name of Facility Where Abatement is Taking Place (4)**

**RIDGEWOOD**

**Site Address**

**Street Address**

**City**

**County**

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

**ASCM No.**

**Telephone No.**

**Start Date (10)**

**Location (11)**

**Date of Notification (1)**

**Facility Closed During Entire Period of Abatement**

**Facility Demonstration Date (11)**

**Square Feet**

**Current Use (Prior to demolition)**

**City, State, Zip Code**

**Name of Abatement Contractor**

**Address**

**Telephone No.**

**License No.**

**Name of Registered Waste Handler**

**Name of Registered Landfill**

**Cubic Yds. of Waste**

**Disposal Date**

**Name of Landfill**

**City, State**

**Owner**

**Signature**

**Date**

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*Do not use this form for asbestos licensure exempted activities*
### NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:68 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>3/27/12</th>
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<tbody>
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<td>Name of Building Owner/Operator</td>
<td>BASF</td>
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<tr>
<td>Agency Notified</td>
<td>EPA, DOE, DOL, DOH, DCA</td>
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<tr>
<td>Type Notification</td>
<td>Initial</td>
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<tr>
<td>Street Address</td>
<td>25 MIDDLESEX ESSEX T0K</td>
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<tr>
<td>City, State, Zip Code</td>
<td>ISelin, NJ, 08830</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Mr. Tom Seaborg Jr.</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
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<tr>
<td>FACILITY INFORMATION</td>
<td></td>
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<tr>
<td>Name of Facility Where Abatement is Taking Place</td>
<td>MIDDLESEX</td>
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<td>County</td>
<td>MIDDLESEX</td>
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<tr>
<td>Name of Monitoring Firm Hired by Building Owner</td>
<td>ASCM No.</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td></td>
</tr>
<tr>
<td>Telephone No.</td>
<td></td>
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<tr>
<td>Start Date</td>
<td>9/1/12</td>
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<td>Scheduled Completion Date</td>
<td>9/12/12</td>
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<tr>
<td>Occupancy Status During Abatement (Check only one)</td>
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<tr>
<td>Room Closed/Vacated During Entire Period of Abatement</td>
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<tr>
<td>Abatement Performed Outside of Normal Facility Hours</td>
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<tr>
<td>Other – Describe</td>
<td>7 AM TO 5 PM</td>
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<tr>
<td>Scope of Work (Check all that apply)</td>
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<tr>
<td>253 sf or 2 3 #</td>
<td></td>
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<tr>
<td>2460 sf or 2 260 #</td>
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<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED</td>
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<tr>
<td>JIM Facility</td>
<td>(13)</td>
</tr>
<tr>
<td>Is Location Normally Used Solely by Maintenance/Custodial Staff</td>
<td>Yes</td>
</tr>
<tr>
<td>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td>TRANSITE NON-VINYL</td>
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<tr>
<td>Amount (Specify SF or LF)</td>
<td>66 SF</td>
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<tr>
<td>Name of Registered Waste Hauler</td>
<td>Best Removal Inc</td>
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<tr>
<td>NJDEP Waste Hauler ID No.</td>
<td>17109</td>
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<tr>
<td>Cubic Yards of Waste</td>
<td>2 YDS</td>
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<tr>
<td>Name of Registered Landfill</td>
<td>Minerva Enterprises</td>
</tr>
<tr>
<td>City, State</td>
<td>Hackensack, N.J. 07601</td>
</tr>
<tr>
<td>City, State</td>
<td>Hackensack, N.J. 07601</td>
</tr>
<tr>
<td>Date</td>
<td>8/27/12</td>
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* Do not use this form for asbestos licensure exempted activities.
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)

**Date of Notification (1):** 8/27/12  
**Name of Building Owner/Operator:** Fitzgerald / Residence

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

**Type Notification:**  
- [x] Initial  
- [ ] Amended  
- [x] Amendment #

**Street Address:**  
15 North 12 Street  
City, State, Zip Code: Surf City NJ 08008

**Name of Contact:** Tom  
**Telephone Number:**  

**FACILITY INFORMATION**

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

**City (5):**  
Surf City NJ 08008

**County (6):** Ocean  
**County Code (7):**  
**STATE USE ONLY**

**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):** 9/17/12  
**Scheduled Completion Date (11):** 9/21/12  
**Name of OSHA Monitor:** Pernaco Inc  
**Street Address:** PO Box 329  
**City, State, Zip Code:** West Berlin NJ 08091

**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):**  
- [ ] ≥ 500 sf or ≥ 3 if  
- [ ] ≥ 100 sf or ≥ 260 sf

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

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

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

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

**Abatement Type:**  
- [x] Removal  
- [ ] Repair  
- [ ] Encapsulation  
- [ ] Endorse

**Name of Registered Waste Hauler:** United Containers  
**NJDEP Waste Hauler ID No.:** 22459  
**Cubic Yards of Waste:** 2

**Disposal Date:** 9/21/12  
**Name of Registered Landfill:** G.R.O.W.S.  
**City, State:** Morrisville PA 19067

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

**Completed by:** Anthony T Perna  
**Title:** President  
**Signature:**

[

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2012 AUG 30

ASB-41 (R-06-08)
**State of New Jersey**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60 and 12:120)

**Date of Notification (1)**
August 28, 2012

**Name of Building Owner/Operator (2)**
The ELM Group, Inc.

**Street Address**
218 Wall Street
Princeton, NJ 08540

**Type of Facility (4)**

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

**Square Feet**

**# of Floors**

**Bldg. Age**

**Name and Address of Operating Facility**

**Name of Contact**
EDWARD CLAYPOOLE

**FACILITY INFORMATION**

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

**City (5)**
Springfield

**County (6)**
Union

**County Code (7)**
0021

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

**ASCM No.**
0021

**Name of Abatement Contractor (9)**
The MACK Group, LLC

**Street Address**
1500 Kings HWY N, STE 209
Cherry Hill, NJ 08034

**Telephone No.**
(973) 759 - 5000
License No.
00781

**Name of OSHA Monitor**
The MACK Group, LLC.

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

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

**Start Date (10)**
9/12/12

**Scheduled Completion Date (11)**
9/16/12

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

<table>
<thead>
<tr>
<th>Description</th>
<th>2.3 sf or 2.3 if</th>
<th>150 sf or 280 sf</th>
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</thead>
<tbody>
<tr>
<td>Renovation</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Demolition</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

**In Facility**
(tbd)

**Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)**
No

**Name of Registered Waste Hauler**
NJ DEP Waste Hauler ID No.
4509

**Cubic Yards of Waste**
0.1

**Description of Asbestos Containing Material (ACM)**
(floor tile)

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

**Removal**

**Encapsulate**

**Enclosure**

**Abatement Method**

**Abatement Type**

**Name of Registered Landfill**
Cumberland County Landfill

**City, State**
Newburg, PA

**Disposal Date**
9/16/12

**Completed by**
Mike Cooper

**Title**
President

**Signature**

**Date**
3/28/12

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**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:80 and 12:120)

**RECEIVED ON** 8/27/12

**Name of Building Owner/Operator (2)**
EFI Global, Inc.

**Name of Contact**
Rob Racicot

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

**Street Address**
17000 Hornet Way

**City**
NT. LAUREL

**County (6)**
BURLINGTON

**ASCM No.**

**Type of Abatement Contractor (9)**
A. MAC Contracting Inc

**Name of Abatement Contractor (9)**
Omega Environmental Services Inc.

**Street Address**
105 Lowell Road

**City, State, Zip Code**
Glen Rock, NJ 07452

**Telephone No.**
201-262-3941

**License No.**
00156

**Scheduled Completion Date (11)**
9/11/12

**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>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Exterior</strong></td>
<td>Waterproofing</td>
<td>19000</td>
</tr>
</tbody>
</table>

**City, State, Zip Code**
Hackensack, NJ 07606

**Project Manager for Monitoring Firm**

**Scope of Work (Check All That Apply)**
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Frisable Procedure

**Name of Registered Waste Hauler**

**Rovic Transport**

**City, State, Zip Code**
Riverdale, NJ 07457

**Disposal Date**
9/11/12

**Name of Registered Lendili**
IESI PA Bethlehem Landfill Corp.

**City, State, Zip Code**
Bethlehem, PA 18015

**Disposal Date**
9/11/12

**Date**
8/27/12

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