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

**Name of Building Owner/Operator (2):** St. Anthony of Padua Parish

**Street Address:** 330 Sixth St.

**City, State, Zip Code:** Jersey City, NJ 07302

**Name of Contact:** Rev. Joseph Urban

---

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3):** St. Anthony of Padua Parish

**Street Address:** 330 Sixth Street

**City:** Jersey City

**County:** Hudson

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

**ASCM No.:**

**Name of Abatement Contractor (9):** Lesco Services Inc.

**Street Address:** 156 Maple Ave.

**City, State, Zip Code:** Wallington NJ, 07057

**Telephone No.:** 973-406-7341

**License No.:** 01107

**Name of OSHA Monitor:** Leslaw Nalodka

**Street Address:** 156 Maple Ave.

**City, State, Zip Code:** Wallington NJ 07057

---

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

- 25 sf or <25 ft
- 100 sf or 250 ft
- Demolition

---

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM)</th>
<th>Is Location Monitored Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>boiler room</td>
<td>Yes</td>
<td>pipe insulation</td>
<td>600 ft</td>
<td>*</td>
</tr>
<tr>
<td>boiler room</td>
<td>No</td>
<td>breaching insulation</td>
<td>600 ft</td>
<td>*</td>
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<tr>
<td>boiler room</td>
<td>No</td>
<td>rope/gasket</td>
<td>850 ft</td>
<td>*</td>
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<tr>
<td>basement</td>
<td>Yes</td>
<td>pipe insulation</td>
<td>850 ft</td>
<td>*</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler:** Newark Carting Inc.

**NJ DEP Waste Hauler ID No.:** 05409

**Cubic Yards of Waste:** 5

**Name of Registered Landfill:** GROWS

**Disposal Date:** 10/24/11

**City, State:** Morrisville PA

**Completed by:** Leslaw Nalodka

**Title:** President

**Signature:** [Signature]

**Date:** 10/07/11
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1):
10/07/11

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

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

Name of Building Owner/Operator (2):
1001 Newark Associates

Street Address:
1001 Elmore Ave.

City, State, Zip Code:
Elizabeth NJ 07202

Name of Contact:
Patty Goldman

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

Street Address:
1000 Elmore Ave.

City (5):
Elizabeth

County Code (7):
Union

Square Feet:
50,000

# of Floors:
2

Bldg. Age:
61

Type of Facility (4):
- School (K-12)
- Sub/chapter 6 (Other than K-12)
- Other (i.e. private & commercial buildings, homes, etc.)

Current Use (Prior if being demolished):
Industrial building

Name of Abatement Contractor (9):
Lesco Services Inc.

Street Address:
156 Maple Ave.

City, State, Zip Code:
Wallington NJ 07057

License No.:
01107

Name of OSHA Monitor:
Leslaw Nalodka

Street Address:
156 Maple Ave.

City, State, Zip Code:
Wallington NJ 07057

Start Date (10):
10/24/11

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

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):
- Demolition
- Full Containment with Negative Pressure

Renovation

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

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

Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous):
- transite panels
- floor tiles
- roofing material

Amount (Specify SF or LF):
- 100sf.
- 600sf.
- 5292sf.

Abatement Type:
- Endorsement

Name of Registered Waste Hauler:
Newark Carting Inc.

NJ/DEP Waste Hauler ID No.:
05409

Cubic Yards of Waste:
60

Disposal Date:
11/09/11

Name of Registered landfill:
GROWS

City, State:
Morrisville PA.

Completed by:
Leslaw Nalodka

Title:
President

Signature:

Date:
10/07/11
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)
10/11/11

Name of Building Owner/Operator
Wick Companies LLC.

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

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

Street Address
100 Woodbridge Center Drive
ASBESTOS CONTROL LICENSING

City, State, Zip Code
Woodbridge NJ 07095

Name of Contact
Ron Morriello

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Strip Mall

Street Address
871/875 King George Rd.

City (5)
Fords

County (6)
Middlesex

County Code (7) (STATE USE ONLY)

Current Use (Prior if being demolished)
Mail

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

Name of Abatement Contractor (9)
Lesco Services Inc.

Street Address
156 Maple Ave

City, State, Zip Code
Wallington NJ 07057

Project Manager for Monitoring Firm

Telephone No.

License No.

Start Date (10)
10/12/11

Scheduled Completion Date (11)
10/14/11

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)
☐ 25 sf or 25 ft
☐ ≥160 sf or ≥250 ft
☐ Renovation
☑ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

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

Is Location Normaly 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)
amasbestos tar
240sf.

Amount (Specify SF or LF)

Abatement Type

Cubic Yards of Waste
1

Name of Registered Waste Hauler
Newark Carting Inc.

City, State
Newark NJ

Completed by
Leslaw Nalodka
Title
President

Name of Registered Landfill
GROWS

City, State
Morrisonville PA.

Disposal Date
10/14/11

Date
10/11/11
<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>11-1-81</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Oператор</td>
<td>L.C. Home Builders, LLC, by JIM FRANKLIN</td>
</tr>
<tr>
<td>Street Address</td>
<td>305 THIRD AVE WEST, Newark, N.J. 07107</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Newark, N.J. 07107</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>JIM FRANKLIN</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>201-797-4543</td>
</tr>
<tr>
<td>Name of Facility Where Abatement is Taking Place</td>
<td>31 ORATION ST</td>
</tr>
<tr>
<td>Type of Facility</td>
<td>School (K-12)</td>
</tr>
<tr>
<td>Square Feet</td>
<td>2000</td>
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<tr>
<td># of Floors</td>
<td>2</td>
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<tr>
<td>Bldg. Age</td>
<td>65</td>
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<tr>
<td>Name of Monitoring Firm Hired by Building Owner</td>
<td>NOVATECH INC</td>
</tr>
<tr>
<td>ASCM No.</td>
<td>806.0X.914</td>
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<tr>
<td>Street Address</td>
<td>31 ORATION ST, Newark, N.J. 07107</td>
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<tr>
<td>Telephone No.</td>
<td>201-797-4543</td>
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<tr>
<td>License No.</td>
<td>73A 083.17500 0096G</td>
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<td>Name of Abatement Contractor</td>
<td>NOVATECH INC</td>
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<tr>
<td>Street Address</td>
<td>31 ORATION ST, Newark, N.J. 07107</td>
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<td>Telephone No.</td>
<td>201-797-4543</td>
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<tr>
<td>License No.</td>
<td>73A 083.17500 0096G</td>
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<tr>
<td>Name of Hazardous Materials Monitor</td>
<td>NOVATECH INC</td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility</td>
<td></td>
</tr>
<tr>
<td>Is Location Normally Used Solely by Maintenance/Custodian Staff?</td>
<td>Yes</td>
</tr>
<tr>
<td>Description of Asbestos-Containing Material (ACM)</td>
<td></td>
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<tr>
<td>X EXTERIOR SIDING 210 SQ FT</td>
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<tr>
<td>X PIPE INSULATION 280 CF</td>
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<td>Name of Registered Waste Handler</td>
<td>NOVATECH INC</td>
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<tr>
<td>NIDEP Waste Handler No.</td>
<td>10</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td>10</td>
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<tr>
<td>Name of Registered Landfill</td>
<td>GRODS</td>
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<tr>
<td>City, State</td>
<td>Old Bridge, N.J. 08857</td>
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<tr>
<td>Date</td>
<td>11-1-81</td>
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</table>

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

(Pursuant to NJAC 8:60 and 12:12-20)

<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>Name of Building Owner/Operator</th>
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<tbody>
<tr>
<td>1/12/91</td>
<td>C.J. HOME BUILDERS LLC &amp; RO SIM FRANKLIN</td>
</tr>
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**Agencies Notified**
- [ ] EPA
- [ ] DEP
- [ ] DOL
- [ ] DOH
- [ ] DCA

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

**Street Address**
305 THIRD AVE WEST

**City, State, Zip Code**
NEWARK, N.J. 07107

**Name of Facility Where Abatement is Taking Place**
310 SUMMER AVE

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

**Square Feet**
2500

**# of Floors**
3

**Bldg. Age**
20

**County Code**
[ ] (STATE USE ONLY)

**Name of OSHA Monitor**
NOVATECH INC

**Name of Abatement Contractor**
NOVATECH INC

**Start Date**
12/1/91

**Scheduled Completion Date**
12/17/91

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

**Scope of Work**
- [x] 23 sf or 23 lt
- [x] 260 sf or 260 lt

**Location of Asbestos-Containing Material (ACM) to Be Abated**

<table>
<thead>
<tr>
<th>Location</th>
<th>Asbestos-Containing Material</th>
<th>Description</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>PAVEMENT</td>
<td>PIPE INSULATION</td>
<td>600 LF</td>
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</tr>
<tr>
<td>WALL # 5A HOME</td>
<td>HOLE VIE 9x9</td>
<td>150 SF</td>
<td></td>
</tr>
<tr>
<td>EXTERIOR SIDING</td>
<td>EXTERIOR SIDING</td>
<td>2000 SF</td>
<td></td>
</tr>
</tbody>
</table>

**Name of Registered Waste Handler**
NOVATECH INC

**MDEP Waste Quantity**
17-501

**Cubic Yards of Waste**
40

**Name of Registered Landfill**
GROW.

**City, State**
NEW BRIDGE, N.J.

**Completed By**
CARLOS AMEIDA

**Signature**

**Date**
1/12/91

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

**Date of Notification (1):** 11/29/11  
**Name of Building Owner/Operator (2):** MARIA IACVO

**Agencies Notified**  
- EPA (X)  
- DEP  
- DOL (X)  
- DOH  
- DCA  

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

**Street Address:** 108 SANDRA DRIVE  
**City, State, Zip Code:** TOTOWA, NJ 07512  
**Name of Contact:** MARIA IACVO

**FACILITY INFORMATION**

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

- **Square Feet:** 1500  
- **# of Floors:** 2  
- **Bldg. Age:** 50 +/-  

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

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

**Street Address:** 108 SANDRA DRIVE

**City (5):** TOTOWA, NJ 07512

**County Code (6):** PASSAIC

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

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

**Street Address:** 250 RUTHERFORD BLVD.

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

**Telephone No.:** 973-956-8700  
**License No.:** 00494

- **Start Date (10):** 12/10/2011  
- **Scheduled Completion Date (11):** 12/12/2011

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

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

- ≥3 sf or ≥3 ft
- ≥160 sf or ≥260 sf (X)
- Renovation  
- Demolition

| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | Removal | Repair | Encapsulate | Endorse
<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
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<tbody>
<tr>
<td>GARAGE</td>
<td>No</td>
<td>VAT ONLY</td>
<td>140 SF</td>
<td>X</td>
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**Name of Registered Waste Hauler:** TWO BROTHERS CONTRACTING  
**NJDEP Waste Hauler ID No.:** 18743  
**Cubic Yards of Waste:** 1  
**Name of Registered Landfill:** WASTE MANAGEMENT G.R.O.W.S.  
**Disposal Date:** 12/12/2011  
**City, State:** MORRISVILLE, PA

**Completed by:** ELIZABETH MLADENOVIC (SECRETARY)

**Signature:** [Signature]

**Date:** 11/29/2011

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

**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**

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

**Date of Notification (1)**
11/29/11

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

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

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

**Street Address**
316 CASINO AVENUE

**City, State, Zip Code**
CRANFORD, NJ 07016

**Name of Contact**
CAMILLE COSTANZA

**Facility Information**

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

**Street Address**
316 CASINO AVENUE

**City (5)**
CRANFORD

**County (6)**
UNION

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

**Project Manager for Monitoring Firm**

**Start Date (10)**
12/5/2011

**Completion Date (11)**
12/12/2011

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

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

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

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

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

**BASEMENT**

**VAT/MASTIC**

**640SF**

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

**City, State**
CLIFTON, NJ

**Waste Hauler ID No.**
18743

**Cubic Yards of Waste**
2

**Disposal Date**
12/12/2011

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

**City, State**
MORRISVILLE, PA

**Completed by**
MICHELE MLADENOVIC

**Title**
SECRETARY

**Signature**

**Date**
11/29/2011

---

*Do not use this form for asbestos licensure exempted activities.*
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:80 and 12:120)

Date of Notification (1):
11/28/2011

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

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

Name of Building Owner/Operator (2):
Kathy Cantwell

Street Address:
477 Walton Road

City, State, Zip Code:
Maplewood, NJ 07040

Name of Contact:
Kathy Cantwell

Telephone Number:

FACILITY INFORMATION

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

Residence

Street Address:
477 Walton Road

City (5):
Maplewood

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

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

ASCM No.:
N/A

Name of Abatement Contractor (9):
East Coast Haz Mat Removal, Inc.

Street Address:
494 E. 41st Street

City, State, Zip Code:
Patterson, NJ 07504

Project Manager for Monitoring Firm:

Telephone No.:
973-345-0022

License No.:
00507

Start Date (10):
December 10, 2011

Scheduled Completion Date (11):
December 12, 2011

Occupy Status During Abatement (Check Only One):
- Normal Levels
- Abatement Performed Outside of Normal Facility Hours

Other – Describe: Unoccupied Basement

Scope of Work (Check All That Apply):

- 33 sf or 33 lf
- 160 sf or 260 lf
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

In Facility (13):

Yes
No
N/A

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

Pipe Insulation

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

Amount (Specify SF or LF):
70 L.F.

Abatement Type:
- Removal
- Repair
- Encapsulate
- Enclose

Name of Registered Waste Hauler:
East Coast Haz Mat Removal, Inc.

NJDEP Waste Hauler ID No.:
NJ 419

Cubic Yards of Waste:
1

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

City, State:
Patterson, NJ 07504

Disposal Date:
12/12/2011

Completed by:
James E. Unger

Title:
Project Manager

Signature:

Date:
11/28/2011

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

Date of Notification (1)
11-28-11

Name of Building Owner/Operator (2)
National Railroad Passenger Corp.

Agencies Notified
☐ EPA  □ DEP  ☑ DOL  ☐ DOH  ☐ DCA
Type Notification
☐ Initial  □ Amended  ☑ Amendment #
☐ Emergency (including justification)  □ Cancellation

Street Address
30th and Market Streets

City, State, Zip Code
Philadelphia, PA 19104

Name of Contact
Rich Mohlenhoff

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Amtrak - Fair Tower

Street Address
72 South Clinton Ave.

City (5)
Trenton, NJ 08609

County Code (7)
Mercer

# of Floors
2

Square Feet
<10,000

Bldg. Age
80

Current Use (Prior if being demolished)
Vacant

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

Name of Monitoring Firm Hired by Building Owner (6)
Bureau Veritas North America

ASCM No.

Name of Abatement Contractor (9)
PSC Industrial Outsourcing, LP

Street Address
2337 North Penn Road

City, State, Zip Code
Hatfield, PA 19440

Project Manager for Monitoring Firm
Stephen Vogl

Telephone No.
732-225-6040

License No.
01149

TelephoneNumber
215-997-7550

Start Date (10)
12/13/11

Scheduled Completion Date (11)
12/31/11

Name of OSHA Monitor
Bureau Veritas

Occupy Status During Abatement (Check Only One)
☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☐ Other – Describe: Mon-Fri 7am to 6pm

Scope of Work (Check All That Apply)
□ 23 sf or 23 If
☐ 2160 sf or >280 If
☐ Renovation
☐ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure (9)

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

| In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | Description of Asbestos-Containing Material (ACM)
(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type |
<table>
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<tr>
<th></th>
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<tbody>
<tr>
<td>Fair Tower Bldg.</td>
<td>☑ Yes</td>
<td>Transite shield</td>
<td>300</td>
<td>SF</td>
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<tr>
<td>Fair Tower Bldg.</td>
<td>☐ No</td>
<td>Insulated cable</td>
<td>20</td>
<td>LF</td>
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</tbody>
</table>

Name of Registered Waste Hauler
Republic Environmental Sys (Trans Group)

NJDEP Waste Hauler ID No.
50223

Cubic Yards of Waste
5

Name of Registered Landfill
Grows Landfill

City, State
21 Church Rd., Hatfield, PA 19440

Disposal Date

Completed by
Gene Rane

Title

Signature

Date

* Do not use this form for asbestos licensure exempted activities.
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJ.A.C. 7:26-2.12)

Date of Notification (1)
11/28/2011

Name of Building Owner/Operator (2)
Puratex Corporation

Agencies Notified
(X) EPA
(X) DEP
(X) DOL
( ) DOH
( ) DCA

Notification Type
( ) Initial Notification
( ) Amended Certification
( ) Cancelled

Street Address
1941 Old Cuthbert Rd.

City, State, Zip Code
Cherry Hill, NJ, 08034

Name of Contact
Tel. Number
Tom McIntyre

Name of Facility Where Abatement is Taking Place (3)
Puratex Corporation

Street Address
8030 National Highway

City (5)
Pennsauken

County (6)
Camden

County Code (7)
(State Use Only)

Name of Monitoring Firm Hired by Bldg. Owner (8)
Environmental Management International, Inc.

ASCM No.

Name of Contractor (9)
Neuber Environmental Services, Inc.

Street Address
34 East Germantown Pike, Suite 204

City State Zip Code
East Norriton, PA 19401

Project Manager for Monitoring Firm
Ray Giordano

Telephone Number
610-277-0405

Street Address
42 Ridge Road

City State Zip Code
Phoenixville, PA 19460

Telephone Number
610-933-4332

License Number
838

Name of OSHA Monitor
Neuber Env. Svcs., Inc

Scheduled Start Date (10)
12/14/2011

Scheduled Completion Date (11)
12/16/2011

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

Other - Describe work on roof area not occupied by building personnel
PLEASE NOTE THAT THIS WORK IS WEATHER DEPENDENT.

Source of Work (Check all that apply)
( ) Demolition
(X) Renovation
(X) Large Proj. (>160 SF or >280 LF ACM) ( ) Sm Proj. (>25<160 SF or >10<260 LF ACM)
( ) Minor Proj. (<25 SF or <10 LF ACM)
( ) Full Containment with Negative Pressure
( ) Mini-Enclosure
( ) Glovebox Procedure

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

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

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

Amount (Specify SF or LF)

Abatement Type


Name of Rec. Waste Hauler
Eastern Waste Inc.

Waste Hauler ID #
22253 (A-901)

Cubic Yards of Waste
5

Name of Reg. Landfill
BFI Imperial Landfill

City State
Freehold, NJ

Disp. Date
12/11/2011

Completed by (Print or Type)
Jeffrey A. Larriviere
Title
V.P.

Signature

Date
11/29/2011

Mail to: NJDEP-DSHW-BRTP
401 E. State St., PO 414
Trenton, NJ 08625-0414

Telephone 609-984-6620

C:\WORD\MYDOCS\ASBESTOS
9/18/00
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)
11/30/11

Name of Building Owner/Operator (2)
TJ Fleurh / Residence

Agencies Notified

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

Street Address
1036 B Long Beach Blvd

City, State, Zip Code
North Beach NJ 08008

Name of Contact
TJ

Telephone Number

FACILITY INFORMATION

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

Street Address
1036 B Long Beach Blvd

City (5)
North Beach 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

License No.
00727

Project Manager for Monitoring Firm

Telephone No.
856-753-9800

Name of OSHA Monitor
Pernaco Inc.

Street Address
PO Box 329

City, State, Zip Code
West Berlin NJ 08091

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM)

<table>
<thead>
<tr>
<th>Material</th>
<th>TO BE ABATED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exterior Siding</td>
<td>x</td>
</tr>
</tbody>
</table>

Is Location Normally Used Solely by Maintenance/Custodial Staff?

Yes | No | N/A

Yes

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

Exterior Siding 2000 SF

Amount (Specify SF or LF)

Abatement Type

Removal

Repair

Encapsulate

Endorse

Name of Registered Waste Hauler
United Containers

Waste Hauler ID No.
22459

Cubic Yards of Waste
3

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

City, State
Morrisville PA 19067

Disposal Date
12/16/11

City, State
Elm NJ

Completed by
Anthony T Perna

Title
President

Signature

Date
11/30/11

* Do not use this form for asbestos licensure exempted activities.
**State of New Jersey**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:90 and 12:129)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>11/30/11</th>
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</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Degraff/Residence</td>
</tr>
<tr>
<td>Agencies Notified</td>
<td>Type Notification</td>
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<tr>
<td>EPA</td>
<td>Initial</td>
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<tr>
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<tr>
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<tr>
<td>DOH</td>
<td>Emergency (including justification)</td>
</tr>
<tr>
<td>DCA</td>
<td>Cancellation</td>
</tr>
<tr>
<td>Street Address</td>
<td>1917 Atlantic Avenue</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>North Beach Haven NJ 08008</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Sue</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Degraff/Residence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>1917 Atlantic Avenue</td>
</tr>
<tr>
<td>City (5)</td>
<td>North Beach Haven NJ 08008</td>
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<tr>
<td>County (6)</td>
<td>Ocean</td>
</tr>
<tr>
<td>County Code (7) (STATE USE ONLY)</td>
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</tr>
<tr>
<td>Current Use (Prior to being demolished)</td>
<td>Residence</td>
</tr>
<tr>
<td>Square Feet</td>
<td>1000+</td>
</tr>
<tr>
<td># of Floors</td>
<td>2</td>
</tr>
<tr>
<td>Bldg. Age</td>
<td>35+</td>
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</table>

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

<table>
<thead>
<tr>
<th>Name of Abatement Contractor (9)</th>
<th>Pernaco Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>PO Box 329</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>West Berlin NJ 08091</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>656-753-9800</td>
</tr>
<tr>
<td>License No.</td>
<td>00727</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Name of OSHA Monitor</th>
<th>Pernaco Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>PO Box 329</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>West Berlin NJ 08091</td>
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</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>12/9/11</th>
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<tbody>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>12/14/11</td>
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</table>

<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>
<td></td>
</tr>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours</td>
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<tr>
<td>Other – Describe:</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check All That Apply)</th>
<th>Full Containment with Negative Pressure</th>
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</thead>
<tbody>
<tr>
<td>Renovation</td>
<td>Mini-Enclosure</td>
</tr>
<tr>
<td>Demolition</td>
<td>Glovebag Procedure</td>
</tr>
<tr>
<td>Non-Exempted (*) and Non-Fireable Procedure</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exterior Siding</td>
<td>X</td>
<td>Exterior Siding</td>
<td>2000 SF</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>NJDEP Waste Hauler ID No. 22459</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Registered Landfill</td>
<td>G.R.O.W.S.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>Elm NJ</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disposal Date</td>
<td>12/14/11</td>
</tr>
<tr>
<td>City, State</td>
<td>Morrisville PA 19067</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Completed by</th>
<th>Anthony T Perna</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
<td>President</td>
</tr>
<tr>
<td>Signature</td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td>11/30/11</td>
</tr>
</tbody>
</table>

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

## NOTIFICATION OF ASBESTOS ABATEMENT

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

### Emergency Notification

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Notification†</td>
<td>11/29/2011</td>
</tr>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Abraham Weitzman</td>
</tr>
<tr>
<td>Street Address</td>
<td>11 Leitch Place</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Passaic, NJ 07055</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Abraham Weitzman</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
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</table>

### FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td>Private home</td>
</tr>
<tr>
<td>Street Address</td>
<td>11 Leitch Place</td>
</tr>
<tr>
<td>City (6)</td>
<td>Passaic, NJ 07055</td>
</tr>
<tr>
<td>County Code (7) (STATE USE ONLY)</td>
<td></td>
</tr>
<tr>
<td>Current Use (Prior to being demolished)</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Monitoring Firm</td>
<td>Gr Tech LLC</td>
</tr>
<tr>
<td>Street Address</td>
<td>876 Valley Rd #283</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Wayne, NJ 07470</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>973-638-1777</td>
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</table>

### Project Manager for Monitoring Firm

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
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</thead>
<tbody>
<tr>
<td>Name of OSHA Monitor</td>
<td>Envirovision Consultants, Inc</td>
</tr>
<tr>
<td>Street Address</td>
<td>20-21 Wagaraw Road, Bldg. # 34A</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Fair Lawn, NJ 07410</td>
</tr>
</tbody>
</table>

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

- Renovation
- Demolition
- Non-Exempted (I) and Non-Fireproof Procedure
- Abatement Performed Outside of Normal Facility Hours
- Facility Closed/Unoccupied During Entire Period of Abatement
- Full Containment with Negative Pressure
- Mini-Enclosure
- Gloving Procedure

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

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
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</thead>
<tbody>
<tr>
<td>Location</td>
<td>Basement</td>
</tr>
<tr>
<td>Used Safely by Maintenance/ Custodial Staff</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Description of Asbestos-Containing Material (ACM) i.e., thermal systems insulation, surfacing, VAC, or other miscellaneous)</td>
<td>Pipe insulation 6 LF</td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
<td>150 LF</td>
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### Disposal Unit

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
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</thead>
<tbody>
<tr>
<td>Name of Registered Waster Hauler</td>
<td>Gr Tech LLC</td>
</tr>
<tr>
<td>ID No</td>
<td>0033785</td>
</tr>
<tr>
<td>Disposal Unit</td>
<td>T.R.E., Inc.</td>
</tr>
<tr>
<td>City, State</td>
<td>Tullytown, PA</td>
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</table>

### Owner

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
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<tbody>
<tr>
<td>Title</td>
<td></td>
</tr>
<tr>
<td>Signature</td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td>11/29/2011</td>
</tr>
</tbody>
</table>

---

† Do not use this form for asbestos rehabilitation projects.
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:020)

**Date of Notification:** 11/28/11

**Name of Building Owner/Operator:** PINELANDS CONSTRUCTION

**Street Address:**

- **City, State, Zip Code:** Sea Isle City, N.J., 08243

**Name of Contact:** Frank Eduardi

**Telephone Number:**

**FACILITY INFORMATION**

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

**Street Address:** 7800 Landis Ave

**City:** Sea Isle City

**County:** Cape May

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

**Name of Abatement Contractor:** Klemco Inc.

**Street Address:** 369 S Spruce Ave

**City, State, Zip Code:** Maple Shade, N.J., 08052

**License No.:** 00444

**Project Manager for Monitoring Firm:** Joseph Klemm

**Telephone No.:** 856-729-0472

**Date of Abatement:** 11/11/11

**Scheduling Completion Date:** 12/8/11

**Occupancy Status During Abatement:**
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours

**Scope of Work:**
- Demolition
- Renovation
- 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:**

- **Name of Registered Waste Hauler:** Klemco Inc.

**Name of Registered Landfill:** C.M.C.I.M.U.A.

**Completed By:** Joseph Klemm

**Title:** V.P

**Signature:**

**Disposal Date:**

**City, State:** WOONDALE, N.J.

**Date:** 11/28/11

---

*Do not use this form for asbestos licensure exempted activities.*
**State of NJ**
**Notification of Asbestos Abatement**
(Pursuant to NJAC 8:69-7 and 12:120-7)

***Emergency***

**Date of Notice**

**Name of Building Owner/Operator**
Robin Halk

**Street Address**
173 W 4th Street

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

**Name of Contact**
Robin Halk

**Telephone Number**

**FACILITY INFORMATION**

**Name of Facility where Abatement is Taking Place**
Robin Halk

**Street Address**
173 W 4th Street

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

**County**
Passaic

**County Code (State use only)**

**Type of Facility**

- [ ] School (K-12)
- [X] Subchapter 8 (Other than K-12)
- [ ] Other (Private/Commercial Biogs/Homes, etc.)

**Square Feet**

**# of Floors**

**Building Age**

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

**Residential**

**Named of Contractor**
B & G Restoration, Inc.

**Street Address**
105 Ryerson Road

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

**Telephone Number**
973-696-8869

**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
- [X] Renovation
- [ ] Full Containment/w/negative pressure
- [X] Glovebag procedure
- [ ] Mini-enclosure
- [ ] Non-removable procedure

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

- [ ] Location normally used solely by maintenance/custodial staff
- [X] Yes
- [No]
- [N/A]

**Description of ACM**
pipe insulation

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

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

**NJDEP Hauler ID#**
19563

**Cubic Yards of Waste**
1 yard

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

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

**Disposal Date**
12/2/2011

**Completed by (Print or Type)**
Gordana Luna

**Title**
Treasurer

**Signature**

**Date**
11/29/2011
**Date of Notification (1):** 11/12/2011

**Name of Building Owner/Operator (2):** Robbie Hall

**Street Address:** 173 W 4th Street, Clifton, NJ 07011

**Name of Contact:** Robin Hall

---

**FACILITY INFORMATION**

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

**Square Feet:**

**No. of Floors:**

**Building Age:**

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

**Address:**

105 Ryerson Road, Lincoln Park, NJ 07035

**License Number:** 0378

**Telephone Number:** 973-596-6869

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

**Address:**

105 Ryerson Road, 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
- Other/Describe:

**Scope of Work (check all that apply):**
- Demolition
- Renovation
- >3 ft or >3 ft.
- >160 ft or 2260 ft

---

**Location of Asbestos-containing Materials:**

<table>
<thead>
<tr>
<th>Location</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>Re-</th>
<th>R</th>
<th>RM</th>
<th>R</th>
<th>E</th>
<th>EN</th>
<th>NC</th>
<th>En</th>
<th>L</th>
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</thead>
<tbody>
<tr>
<td>basement</td>
<td></td>
<td>X</td>
<td></td>
<td>pipe insulation</td>
<td>75 ft</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
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</table>

**Registered Waste Hauler:**

B & G Restoration, Inc.

**Hauler ID:** 1201-8

**Yards of Waste:**

1 yard

**Name of Registered Landfill:**

Tullytown Resource & Recovery Center

**City:**

Tullytown, PA

**Date:** 1/29/2011

---

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

Gordana Luna

**Title:** Treasurer

**Signature:**

11/29/2011
State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12:120-7)

*** Emergency ***

Date of Notification (1)

Name of Building Owner/Operator (2)
- Robin Haik

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

Type Notification
- Initial
- Amendment
- Cancellation

Street Address
- 173 W 4th Street
- Clifton, NJ 07011

Name of Contact
- Robin Haik

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
- Robin Haik
- 173 W 4th Street
- Clifton, NJ 07011

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)
- Residential

Name of Abatement Contractor (9)
- B & G Restoration, Inc.
- 105 Ryerson Road
- Lincoln Park, NJ 07035

Scheduled Start Date (10)
- 12/1/2011

Scheduled Completion Date (11)
- 12/1/2011

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)
- Demolition
- Renovation
- ≥3 sf or ≥3 ft
- ≥160 sf or ≥260 ft
- Full Containment w/negative pressure
- Glovebag procedure
- Mini-enclosure
- Non- friable procedure

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

<table>
<thead>
<tr>
<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>Removal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
<td>pipe insulation</td>
</tr>
</tbody>
</table>

Registered Waste Hauler
- B & G Restoration, Inc.

Cubic Yards of Waste
- 1 yard

Name of Registered Landfill
- Tullytown Resource & Recovery Center
- Tullytown, PA

City, State
- Lincoln Park, NJ 07035

Disposal Date
- 12/2/2011

Completed by (Print or Type)

Title

Signature

Date
- 11/29/2011
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:50 and 12:120)

Date of Notification (1)  
11/29/11

Name of Building Owner/Operator (2)  
Hudson Harbour

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

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

Street Address  
1203 River Rd

City, State, Zip Code  
Edge Water, N.J. 07020

Name of Contact  
Mr. Jason ZA LIC

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  
Hudson Harbour

Street Address  
1203 River Rd

City (5)  
Edge Water

County (6)  
Bergen

Square Feet  
95000

# of Floors  
22

Bldg. Age  
1960

Current Use (Prior to being demolished)  
Apartment

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

Best Removal Inc

Name of Abatement Contractor (9)  

Street Address  
450 South River St

City, State, Zip Code  
Hackensack, N.J. 07601

Project Manager for Monitoring Firm  

Telephone No.  
201-329-7444

License No.  
00388

Name of OSHA Monitor  
Omega Environmental Services

Street Address  
280 Huyler St

City, State, Zip Code  
South Hackensack, N.J. 07606

Start Date (10)  
12/12/11

Scheduled Completion Date (11)  
12/13/11

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 x 3 if
- 3 x 3 if
- x Renovation
- Demolition

Location of Asbestos-Containing Material (ACM) To Be Abated  

In Facility (13)

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

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

Amount (Specify SF or LF)  
220 LF

Abatement Type  

<table>
<thead>
<tr>
<th>Full Containment with Negative Pressure</th>
<th>Mini-Enclosure</th>
<th>Glovebag Procedure</th>
<th>Non-Exempted () and Non-Friable Procedure</th>
</tr>
</thead>
</table>

Name of Registered Waste Hauler  
DJM Transport, Inc

NJDEP Waste Hauler ID No.  
22393

Cubic Yards of Waste  
0

Name of Registered Landfill  
Cumberland County Landfill

City, State  
South Kearny, N.J. 07032

Disposal Date  
12/13/11

Newburgh PA, 17242

City, State

Completed by  

J. Maiorano  
Estimator

Signature  

Date  
11/29/11

* Do not use this form for asbestos licensure exempted activities.
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:80 and 12:120)

Date of Notification (1) 11-28-11

Agencies Notified

☐ EPA  ☐ DEP  ☐ DOL  ☐ DOH  ☐ DCA

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

Name of Building Owner/Operator (2) Simon Property Group

Street Address 755 State Route 18

City, State, Zip Code East Brunswick, NJ 08816

Name of Contact Eric Evans

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Brunswick Square Mall

Street Address 755 State Route 18

City (6) East Brunswick

County (8) Middlesex

County Code (7) (STATE USE ONLY) ________

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

ASCM No. Name of Abatement Contractor (9) Plymouth Environmental Co., Inc.

Street Address 5434 King Avenue, Suite 101

City, State, Zip Code Penndauken, NJ 08109

Project Manager for Monitoring Firm Jay Murray

Telephone No. 856-616-9516

Telephone No. 610-239-9920

License No. 00398

Start Date (10) 12/12/11

Scheduled Completion Date (11) 12/23/11

Name of OSHA Monitor Plymouth Environmental Co., Inc.

Street Address 923 Haws Avenue

City, State, Zip Code Norristown, PA 19401

Occupancy Status During Abatement (Check Only One)

☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☒ Other - Describe: work area isolated

Scope of Work (Check All That Apply)

☐ ≥3 sf or ≥3 if  ☐ Demolition
☒ ≥160 sf or ≥260 if  ☐ Demolition
☐ Renovation

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

<table>
<thead>
<tr>
<th>Location of ACM</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>rooms to fill store</td>
<td>x</td>
<td>sheetrock joint compound</td>
<td>3,300 SF</td>
<td>x</td>
</tr>
<tr>
<td>roof</td>
<td>x</td>
<td>black sealant</td>
<td>5 SF</td>
<td>x</td>
</tr>
<tr>
<td>roof</td>
<td>x</td>
<td>roof flashing</td>
<td>140 SF</td>
<td>x</td>
</tr>
<tr>
<td>rooms to fill store</td>
<td>x</td>
<td>cove base mastic</td>
<td>30 SF</td>
<td>x</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler

Newark Carting

NJDEP Waste Hauler ID No. 4509

Cubic Yards of Waste 40

Name of Registered Landfill GROWS, Inc.

City, State Newark, NJ

Disposal Date 12-23-11

City, State Morrisville, PA

Completed by Timothy E. Bryan Title Vice-President

Signature Date 11-28-11

* Do not use this form for asbestos licensure exempted activities.
Date of Notification (1)
11/28/11 Ck:154 $200

Name of Building Owner/Operator (2)
South Orange/ Maplewood Board of Education

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

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

Street Address
25 West Parker Avenue
City, State, Zip Code
Maplewood, New Jersey 07040

Name of Contact
Mr William Kyle
Telephone Number

Name of Facility Where Abatement is Taking Place (3)
Maplewood Middle School
Street Address
17 Burnett Street
City (5)
Maplewood, New Jersey 07040
County (6)
Essex

County Code (7)
(SATE 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
20,000
# of Floors
2
Bldg. Age
55+

Current Use (Prior if being demolished)
School

Name of Monitoring Firm Hired by Building Owner (5)
ACERA Consultants Inc.
Street Address
PO Box 385
City, State, Zip Code
Oceanville, New Jersey 08231

Project Manager for Monitoring Firm
Eric Clarkson
Telephone No.
609-652-1833

License No.
01104

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
Name of OSHA Monitor
J&S Environmental Labs

Start Date (10)
12/23/11
Scheduled Completion Date (11)
12/30/11

Occupy Status During Abatement (Check Only One)
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other - Describe: 7AM

Scope of Work (Check All That Apply)
- ≥36 sq ft or ≥6 if
- ≥160 sq ft or ≥260 sq if
- 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) TO BE ABATED
- In Facility
- (13)

Yes No N/A

Boiler Room entrance stairwell X

Wall Plaster

Amount
96 SF

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

Abatement Type
X Removal

Name of Registered Waste Hauler
Lilich Corporation
City, State
Woodland Park, New Jersey 07424

Disposal Date
01/02/12
City, State
Morrisville, Pennsylvania

Completed by
Tatiana Kalenikova
Title
Vice President
Signature

Date
11/28/11

ASB-41 (R-06-09)

* 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)
11/28/11 Ck:1853 $200

Name of Building Owner/Operator (2)
South Orange/Maplewood Board of Education

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

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

Street Address
25 West Parker Avenue

City, State, Zip Code
Maplewood, New Jersey 07040

Name of Contact
Mr William Kyle

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Columbia High School

Street Address
17 Parker Avenue

City (5)
Maplewood, New Jersey 07040

County Code (7)
Essex

County Code (7) (STATE USE ONLY)

Current Use (Prior to being demolished)
School

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

ASCM No.

Name of Abatement Contractor (9)
Lilich Corporation

Street Address
606 McBride Avenue

City, State, Zip Code
Oceanville, New Jersey 08231

Woodland Park, New Jersey 07424

Telephone No.
609-652-1833

License No.
973-225-8400

Telephone No.
01104

Start Date (10)
12/23/11

Scheduled Completion Date (11)
12/30/11

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

Scope of Work (Check All That Apply)
☐ ≥23 sf or ≥3 if
☐ ≥100 sf or ≥300 ft
☐ ≥23 ft or ≥3 if
☐ Renovation
☐ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM)

TO BE ABATED

In Facility

(13)

Is Location Normally Used Solely by Maintenance/Custodial Staff?

(12)

Yes
No
N/A

Description of Asbestos Containing Material (ACM)

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

Amount (Specify SF or LF)

Abatement Type

Removal
Repair
Encapsulation
Enclosure

Faculty Cafeteria

Wall Plaster
210 SF
X

Faculty Cafeteria
Pipe & Fitting Insulation
12 LF
X

Boys Locker Room
Ceiling Plaster
140 SF
X
X

Name of Registered Waste Hauler
Lilich Corporation

NUDEP 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
01/02/12

City, State
Morrisville, Pennsylvania

Completed by
Tatiana Kalenikova

Title
Vice President

Signature

Date
11/28/11

* 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:** 11/29/11

**Name of Building Owner/Operator:** Mr. Brown

**Street Address:** 331 WESS Excalibur AVE

**City, State, Zip Code:** Ekalbunk, NJ 07631

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

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

**Facility Condition:**
- Occupancy Status During Abatement: Checked
- Facility Closed/Valved During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours

**Type of Work:**
- Renovation
- Demolition

**Location of Asbestos-Containing Material (ACM) TO BE ABATED:**
- Location Normally Used Solely by Maintenance/Contracted Staff?
  - Yes

**Description of Asbestos-Containing Material (ACM):**
- Material: Pipe
- Amount: 65 CF

**Name of Registered Waste Handler:** DJM Transport Inc

**Cubic Yards of Waste:**
- NJDEP Waste Handler ID No.: 29651

**City, State:** Newbury, PA 17242

**completed by:** R. McDonald

**Title:** President

**Signature:**

---

*Do not use this form for asbestos license exempted activities.*
Date of Notification: 11-30-11

State of New Jersey
NOTIFICATION OF ASBESTOS REMOVAL
(Pursuant to DEPAC Title II, N.J.S.A. 52:27-10.1)

Name of Building Owner/Contractor: Mr. Asna

Type of Facility: House

Name of Abatement Contractor: ACE INSULATION LTD.

City: Belmar

County: Monmouth

Street Address: 110 8th Ave

City, State, Zip Code: Belmar, NJ 07719

County Code: 94

Type: HOUSE

Days of Completion: 12-12-11 - 12-17-11

Occupancy Status: During Abatement

Scope of Work: 7AM - 7PM

Location of Asbestos-Containing Material (ACM): OUTDOORS

Type of ACM: CEILING INSULATION

Cubic Yards of Waste: 1800

Name of Registered Waste Handler: R. W. Consulting

Date of Disposal: 12-20-11

Disposal Site: GROW'S

Name of Registered Landfill: GROW'S

Title: M. Asna

* Do not use this form for asbestos locations 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>11-30-11</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>James Burns</td>
</tr>
<tr>
<td>Street Address</td>
<td>2401 Penn Ave</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Phila, PA 19130</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>James Burns</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

| Name of Facility Where Abatement is Taking Place (3) | Single Family Dwelling |
| Street Address | 1603 River Road |
| City (5), County (6) | Belmar, NJ 07719 Monmouth |
| Square Feet | 2 |
| # of Floors | 607 |
| Bldg. Age | |

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

**Name of Monitoring Firm Hired by Building Owner (8)**  
EPC TECHNOLOGIES, INC

**Name of Abatement Contractor (9)**  
EPC TECHNOLOGIES, INC

**Street Address**  
P.O. BOX 337
NEW EGYPY, NJ 08533

**Telephone No.**  
609-758-3365

**License No.**  
00394

**Name of Project Manager for Monitoring Firm**  
STEVE SCHENKER

**Start Date (10)**  
12-13-11

**Scheduled Completion Date (11)**  
12-13-11

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

**Scope of Work (Check All that Apply)**  
- □ Renovation
- □ Demolition
- □ Full Containment with Negative Pressure
- □ Mini-Enclosure
- □ Glovebag Procedure
- □ Non-Exempted (*) and Non-Friable Procedure

**Location of Asbestos-Containing Material (ACM) TO BE ABATED (Check Only One)**  
- □ In Facility

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

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

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

**Abatement Type**  
- □ Removal
- □ Repair
- □ Seal
- □ Encapsulate

**Location of Registered Waste Hauler**  
EPC TECHNOLOGIES, INC

**Waste Hauler ID No.**  
17000

**Disposal Date**  
12-14-11

**Name of Registered Landfill**  
WASTE MANAGEMENT OF PA

**City, State**  
MORRISVILLE, PA

**Completed by**  
STEVE SCHENKER  
Title: PRESIDENT

*Do not use this form for asbestos licensure exempted activities.*
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:80 and 12:120)

Date of Notification (1) 11-23-11
Name of Building Owner/Operator (2) Michael

Agencies Notified

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

Street Address 50 Gaston Ave

City, State, Zip Code Raritan, NJ 08869

Name of Contact Michael Mayor

Facility Information

<table>
<thead>
<tr>
<th>Description</th>
<th>Value</th>
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</thead>
<tbody>
<tr>
<td>Name of Facility Where Abatement Is Taking Place (3)</td>
<td>Single Family Dwelling</td>
</tr>
<tr>
<td>Street Address</td>
<td>50 Gaston Ave</td>
</tr>
<tr>
<td>City (5)</td>
<td>Raritan, NJ 08869</td>
</tr>
<tr>
<td>County (6)</td>
<td>Somerset</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>EPC TECHNOLOGIES, INC</td>
</tr>
<tr>
<td>Phone Number</td>
<td>609-758-3365</td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>EPC TECHNOLOGIES, INC</td>
</tr>
<tr>
<td>Street Address</td>
<td>P.O. BOX 337</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>NEW EGYPT, NJ 08533</td>
</tr>
</tbody>
</table>

Start Date (10) Dec 15, 2011

Occupancy Status During Abatement (Check Only One)

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

Scheduled Completion Date (11) Dec 16, 2011

Scope of Work (Check All That Apply)

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

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>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Description of Asbestos Containing Material (ACM)

- Pipe Insulation 100 LF

EPC TECHNOLOGIES, INC

WASTE MANAGEMENT OF PA

Name of Registered Waste Hauler

EPC TECHNOLOGIES, INC

NJ DEP Waste Hauler ID No. 17000

Disposal Date 12-16-11

City, State MORRISVILLE, PA

Completed by

STEVE SCHENKER

Title PRESIDENT

Signature

Date 11-23-11

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

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>11-23-11</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Michael</td>
</tr>
<tr>
<td>Street Address</td>
<td>50 Gaston Ave</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Raritan, NJ 08869</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Michael Mayer</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td>Single Family Dwelling</td>
</tr>
<tr>
<td>Street Address</td>
<td>50 Gaston Ave</td>
</tr>
<tr>
<td>City (5)</td>
<td>Raritan, NJ 08869</td>
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<tr>
<td>County (8)</td>
<td>Somerset</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>EPC TECHNOLOGIES, INC</td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>EPC TECHNOLOGIES, INC</td>
</tr>
<tr>
<td>Street Address</td>
<td>P.O. BOX 337</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>NEW EGYPT, NJ 08533</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>609-758-3365</td>
</tr>
<tr>
<td>License No.</td>
<td>00394</td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>Dec 15, 2011</td>
</tr>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>Dec 16, 2011</td>
</tr>
<tr>
<td>Name of OSHA Monitor</td>
<td>EPC TECHNOLOGIES, INC</td>
</tr>
<tr>
<td>Street Address</td>
<td>P.O. BOX 337</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>NEW EGYPT, NJ 08533</td>
</tr>
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</table>

**Facility Information**

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<tr>
<th>Agency</th>
<th>Type Notification</th>
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<td>Emergency</td>
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<tr>
<td>DCA</td>
<td>Cancellation</td>
</tr>
</tbody>
</table>

**Type of Facility**

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

<table>
<thead>
<tr>
<th>Square Feet</th>
<th>2</th>
</tr>
</thead>
<tbody>
<tr>
<td># of Floors</td>
<td>2</td>
</tr>
<tr>
<td>Bldg Age</td>
<td>65+</td>
</tr>
<tr>
<td>Current Use (Prior to being demolished)</td>
<td></td>
</tr>
<tr>
<td>Occupancy Status During Abatement (Check Only One)</td>
<td></td>
</tr>
<tr>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
<td></td>
</tr>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours</td>
<td></td>
</tr>
</tbody>
</table>

**Scope of Work**

- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure
- [ ] Renovation
- [ ] Demolition
- [ ] N/A

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

- [ ] Basement x
- [ ] Pipe Insulation 100 LF x

**Amount (Specify SF or LF)**

- [ ] 100 LF

**Abatement Type**

- [ ] Demolition

**Name of Registered Waste Hauler**

EPC TECHNOLOGIES, INC

**City, State**

NEW EGYPT, NJ 08533

**Disposal Date**

12-16-11

**Name of Registered Landfill**

WASTE MANAGEMENT OF PA

**City, State**

MORRISVILLE, PA

**Completed by**

STEVE SCHENKER

**Title**

PRESIDENT

**Signature**

[Signature]

**Date**

11-23-11

*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) November 29, 2011

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

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

Name of Building Owner/Operator (2)
Trinity Construction, Inc.

Street Address
2290 West County Line Road, Suite 202

City, State, Zip Code
Jackson, NJ 08527

Name of Contact
David Kiessling

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
New Lisbon Development Center-Holly Cottage

Street Address
130 Route 72

City
New Lisbon

County (6)
Burlington

County Code (7) (STATE USE ONLY)

Square feet
6000 sf

# of Floors
1

Bldg. Age
50

Cottages

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

ASCM No.

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

Street Address
116 Tice's Lane, Unit B1

City, State, Zip Code
East Brunswick, NJ 08816

Telephone Number
732-390-5858

License Number
00624

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

Street Address
1056 Stetton Road

City, State, Zip Code
Piscataway, New Jersey 08854

Occupancy Status During Abatement (Check only one)

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

Scope of Work (Check all that apply)

- >3 sf or 23 ft
- ≥160 sf or ≥2400 ft
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Encapsulation
- Glovebox Procedure
- Non-Exempted (*) and NonFriable Procedure

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

Location Normally used Solely by Maintenance/Custodial Staff

YES NO N/A

13

Is Location

Description of

Amount

Abatement Type

Removal

Repair

Encapsulation

Enclosure

Attic

Asbestos elbows & joints

110 lf

X

Name of Registered Waste Hauler
Guardian Contracting, Inc.

NJDEP Waste Hauler ID No.
20223

Cubic Yards of Waste
1

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

City, State
Toms River, New Jersey

Disposal Date
9/13/11

City, State
Tullytown, Pennsylvania

Completed by (Print or Type)
Nicholas Fernicola

Title
Project Manager

Signature

Date
11/29/2011

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

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

---

### FACILITY INFORMATION

**Name of Facility Where Abatement is Taking Place:** New Lisbon Development Center-Pine Cottage

- **Street Address:** 130 Route 72
- **City:** New Lisbon
- **County:** Burlington
- **Name of Monitoring Firm:** Whitman
- **Type of Facility:** Cottages
- **Square feet:** 6000 sf
- **# of Floors:** 1
- **Bldg. Age:** 50

---

**Name of Abatement Contractor:** Guardian Contracting, Inc.

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

---

**Scope of Work:**
- >3 sf or ≥3 l f
- Demolition
- Renovation

---

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

<table>
<thead>
<tr>
<th>Attic</th>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attic</td>
<td>X</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- **Asbestos elbows & joints:** 110 l f

---

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

- 110 l f

---

**Date of Notification:** November 29, 2011

---

**Name of Building Owner/Operator:** Trinity Construction, Inc.

- **Street Address:** 2290 West County Line Road, Suite 202
- **City, State, Zip Code:** Jackson, NJ 08527
- **Name of Contact:** David Kiessling

---

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

---

**Type of Facility:**
- [X] School (k12)
- [X] Other (i.e., private & commercial buildings, homes, etc.)

---

**Asbestos Removal Time:**

- 12/07/11

---

**Scheduled Completion Date:** 12/08/11

---

**Project Manager for Monitoring Firm:**

- Whitman
- Telephone Number: 732-390-5858

---

**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

---

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

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

---

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

- **Disposal Date:** 12/09/11
- **City, State:** Toms River, New Jersey

---

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

- **Title:** Project Manager
- **Name:** Nicholas Fernicola

---

**Signature:**

---

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

Date of Notification (1)
11/1/11

Name of Building Owner/Operator (2)
NJ SDA

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

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

Street Address
1 West State Street

City, State, Zip Code
Trenton, NJ 08625

Name of Contact
Bruce Leiblich

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Former Bank Building

Street Address
391 MLK Drive

City (5)
Jersey City, NJ 07305

County (6)
Hudson

County Code (7) (STATE USE ONLY)

Name of Firm Hired to Perform Abatement (8)
Environmental Tactics, Inc.

ASCM No.
00045

Name of Abatement Contractor (9)
ALKAT Construction LLC

Street Address
PO Box 503

City, State, Zip Code
Woodland Park, NJ 07424

Project Manager for Monitoring Firm
Tom Geiger

Telephone No.
973.893.7005

License No.
01097

Start Date (10)
12/1/11

Scheduled Completion Date (11)
12/15/11

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)
☒ <$2 sf or <$2 if
☒ $1650 sf or $2600 if
☐ Renovation
☐ Demolition
☒ Full Containment with Negative Pressure
☒ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

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

Yes
No
N/A

Main Floor
Main Floor
Mezzanine/combine area
Roof

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)

Ceiling and wall plaster
Filer paper
VAT
Roofing Material

Amount (Specify SF or LF)
9900 SF
200 SF
4235 SF
4000 SF

Abatement Type
Removal
Repair
Encapsulate

Endorse

Name of Registered Waste Hauler
ATLANTIC CARTING LLC

NUDEP Waste Hauler ID No.
26085

Cubic Yards of Waste
40 +

Name of Registered Landfill
IESI Bethlehem, PA

City, State
Bethlehem, PA

Completed by
Uros Spasic

Title
GM

Signature

Disposal Date

City, State
Bethlehem, PA

Date
11/28/11

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

Date of Notification: November 29, 2011

Name of Building Owner/Operator: Trinity Construction, Inc.

Street Address: 2290 West County Line Road, Suite 202
City, State, Zip Code: Jackson, NJ 08527

Name of Contact: David Kiessling
Telephone Number:________________________

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place: New Lisbon Development Center-Vine Cottage

Street Address: 130 Route 72
City: New Lisbon
County: Burlington

Type of Facility: School (k-12)

Current Use (Prior if being demolished): Cottages

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 Stetson Road
City, State, Zip Code: Piscataway, New Jersey 08854

Occupancy Status During Abatement: Facility Closed/Vacated During Entire Period of Abatement

Scope of Work: [x] Renovation
[x] Demolition

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

Attic: [x] Asbestos elbows & joints

Amount (Specify SF or LF): 110 lf

Abatement Type: [x] Encapsulation

Cubic Yards of Waste: 1

Name of Registered Waste Hauler: Guardian Contracting, Inc.
NJDEP Waste Hauler ID No.: 20223

Disposal Date: 12/19/11

City, State: Tullytown, Pennsylvania

Completed by (Print or Type): Nicholas Fernicola
Title: Project Manager
Signature:________________________

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