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>12/4/14</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agency Notified</td>
<td>EPA</td>
</tr>
<tr>
<td></td>
<td>DEP</td>
</tr>
<tr>
<td></td>
<td>DOL</td>
</tr>
<tr>
<td></td>
<td>DOH</td>
</tr>
<tr>
<td></td>
<td>DCA</td>
</tr>
<tr>
<td>Type Notification</td>
<td>Initial</td>
</tr>
<tr>
<td></td>
<td>Amended</td>
</tr>
<tr>
<td></td>
<td>Amendment #</td>
</tr>
<tr>
<td></td>
<td>Emergency (including justication)</td>
</tr>
<tr>
<td></td>
<td>Cancellation</td>
</tr>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>P.S.E.G.</td>
</tr>
<tr>
<td>Street Address</td>
<td>4000 HADLEY ROAD</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>SOUTH PLAINFIELD, NJ 07080</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>CHRIS DUDA</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

| Name of Facility Where Abatement is Taking Place (3) | P.S.E.G. |
| Street Address                                       | 333 LAKESIDE AVE. |
| City (5)                                              | ORANGE |
| County (6)                                           | ESSEX |
| Name of Monitoring Firm Hired by Building Owner (8) | ASCM No. 0045 |
| Name of Abatement Contractor (9)                     | UNIQUE SYSTEMS OF AMERICA |

**ENVIRONMENTAL TACTICS**

| Street Address           | 64 BROAD STREET |
| City, State, Zip Code    | MATAWAN, NJ 07747 |
| Telephone No.            | 732-292-2217 |
| License No.              | 01111 |

**OCCUPANCY STATUS DURING ABATEMENT**

| Start Date (10)          | 12/16/14 |
| Scheduled Completion Date (11) | 12/19/14 |

**Scope of Work**

- 23 sq ft or 25 if
- Renovation, Demolition
- Full Containment with Negative Pressure
- Glovebag Procedure
- Non-Exempted (I) and Non-Friable Procedure

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

- Location Normally Used Solely by Maintenance/Custodial Staff? (13)  Yes
- Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)
- Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)
- Name of Registered Waste Hauler
- VEOLIA
- NJDEP Waste Hauler ID No. 08663166
- Cubic Yards of Waste 1
- Landfill
- EQ-WAYNE LANDFILL
- Disposal Date TBD
- City, State BELLEVILLE, N.J.

**_completed by**

- CAROL RAIMO
- Title OFFICE MGR.
- Signature
- Date 12/4/14

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

Date of Notification (1) 12 / 2 / 14
Name of Building Owner/Operator (2) Kathy A. Banks / Job # 1412-1340 CRK # 38445

Agencies Notified
☐ EPA
☐ DOHWD
☐ DHSS
☐ DCA
☐ NJAC 5:23-8

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

Street Address
900 Barneget Blvd. North Unit 1502
City, State, Zip Code
Barneget, NJ 08005

Name of Contact
Katie Blewett
Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement Is Taking Place (3)
Residential Property

Street Address
905 Laurel Blvd.
City (5)
Lanoka Harbor
County (6)
Ocean
County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8) ASCM No.
NA
Name of Abatement Contractor (9)
Asbestos and Mold Services, Corp.

Street Address
3859 Silon Boulevard
City, State, Zip Code
Hainesport, NJ 08036

Project Manager for Monitoring Firm

Telephone No.

Start Date (10)
12 / 11 / 14
Scheduled Completion Date (11)
12 / 12 / 14

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

Time of Abatement: _______ AM-_______ PM/_______ PM-_______ AM

Scope of Work (Check all that apply)
☐ ≥3 sf or ≥3 If
☐ ≥160 sf or ≥250 If
☒ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED
IN FACILITY (13) (12)

Yes No N/A

Exterior
☐ ☐ ☒ Transite Shingles 900 SF

☐ ☐ ☐

☐ ☐ ☐

☐ ☐ ☐

☐ ☐ ☐

Name of Registered Waste Hauler
Freehold Cartage, Inc.
NJDEP Waste Hauler ID No. 02265
Cubic Yards of Waste
GROWS Landfill
Name of Registered Landfill

City, State, NJ Freehold, NJ
Disposal Date
12/12/14
City, State
Morrisville, PA 19067

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

ASB-41
MAY 11

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>11 / 25 / 14</td>
<td>PSE&amp;G Delivery, Projects &amp; Construction / Job #1409-2312 Check #6814</td>
</tr>
</tbody>
</table>

**Agencies Notified**
- ✔ EPA
- ✔ DOL DWD
- ✔ DHSS
- ✔ DCA (NJAC 5:23-8)

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

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>80 Park Plaza</td>
<td>Newark, NJ 07101</td>
</tr>
</tbody>
</table>

**Name of Contact**
Matt Dandurand

**Telephone Number**

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>PSE&amp;G Control House</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 Polhemus Lane</td>
<td>Bridgewater</td>
</tr>
<tr>
<td></td>
<td>Somerset</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>County Code (If STATE USE ONLY)</th>
<th>Current Use (Prior if being demolished)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Somerset</td>
<td>Control House</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (6)</th>
<th>ASCM No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health &amp; Safety Services</td>
<td>ASCM No.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>318 12th Street</td>
<td>Hammonton, NJ 08037</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jim Proctor</td>
<td>609-704-3850</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>12 / 2 / 14</td>
<td>12 / 12 / 14</td>
</tr>
</tbody>
</table>

**Occupancy Status During Abatement (Check only one)**
- □ Facility Closed/Vacated During Entire Period of Abatement
- □ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM- PM- PM- AM

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ ≥ 3 sf or ≥ 3 ft</td>
</tr>
<tr>
<td>☑ ≥ 160 sf or ≥ 200 ft</td>
</tr>
<tr>
<td>☑ Renovation</td>
</tr>
<tr>
<td>☑ Demolition</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>IN Facility (13)</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Exterior</th>
<th>Window Caulk</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
<td>88 LF</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**
Veolia ES Technical Solutions, L.L.C.

<table>
<thead>
<tr>
<th>N/JDEP Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>412852</td>
<td>10</td>
<td>Wayne Disposal Inc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>Disposal Date</th>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flanders, NJ</td>
<td>12/12/14</td>
<td>Belleville, MI</td>
</tr>
</tbody>
</table>

**Completed By (Print or Type)**
Gwendolyn Trumbetti

<table>
<thead>
<tr>
<th>Title</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operations Coordinator</td>
<td>∆p</td>
<td>1/15/14</td>
</tr>
</tbody>
</table>

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

**Date of Notification:** 11 / 25 / 14

**Name of Building Owner/Operator:** Johnson & Johnson  
(1 Job #1409-4823, Check #5765)

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

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

**Street Address:** One Johnson & Johnson Plaza  
City, State, Zip Code: New Brunswick, NJ 08933

**Name of Contact:** Mohamed Hussain

**FACILITY INFORMATION**

**Name of Facility Where Abatement Is Taking Place:** Mercer County Airport  
**Type of Facility:**  
- School (K-12)  
- Subchapter 8 (Other than K-12)  
- Other (i.e., private and commercial buildings, homes, etc.)

**Street Address:**  
1100 Terminal Circle Drive  
City, State, Zip Code: Trenton, NJ 08608

**County Code:** Mercer  
**Square Foot:**  
**© Floors:**  
**Bldg. Age:**

**Name of Monitoring Firm Hired by Building Owner:** Environmental Connection  
**ASCM No.:**

**Name of Abatement Contractor:** AbateTech, Inc.  
**Street Address:**  
30 Maple Ave. PO Box 25  
City, State, Zip Code: Lumberton, NJ 08048

**Telephone No.:** 609-265-2107  
**License No.:** 00529

**Project Manager for Monitoring Firm:** Rick Beach  
**Telephone No.:** 609-392-4200

**Start Date:** 12 / 1 / 14  
**Scheduled Completion Date:** 12 / 12 / 14

**Occupancy Status During Abatement:**  
- Facility Closed/Vacated During Entire Period of Abatement  
- Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM-PM  
- PM-AM 12:30AM

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

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

**IN Facility:**  
**Yes**  
**No**  
**N/A**  
**Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous):**

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

**Abatement Type:**

**Name of Registered Waste Hauler:** AbateTech, Inc.  
**NJDEP Waste Hauler ID No.:** 18750

**Disposal Date:** 12/12/14  
**Name of Registered Landfill:** G.R.O.W.S. Landfill  
**City, State:** Lumberton, NJ  
**Tullytown, PA**

**Mezzanine/Hangar/Storage Area:**

**Pipe Fittings:** 150 each

**Completed By:** Gwendolyn Trumbetti  
**Title:** Operations Coordinator  
**Signature:**  
**Date:** 11/25/14

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

Date of Notification (1)
11 / 25 / 14

Name of Building Owner/Operator (2)
PSE&G Delivery, Projects & Construction

Job #1411-4841

Agency's Name

EPA
DOLWD
DHSS
DCA (NJAC 5:23-8)

Type Notification
Initial
Amended
Amendment #1
Emergency (Including Justification)
Cancellation

Street Address
80 Park Plaza

City, State, Zip Code
Newark, NJ 07101

Name of Contact
Larry Eddinger

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement Is Taking Place (3)
PSE&G Plainfield Substation

Street Address
241 W. 2nd Street

City (5)
Plainfield

County (6)
Union

County Code (7) (STATE USE ONLY)

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8)
Health & Safety Services

ASCM No.

Name of Abatement Contractor (9)
AbateTech, Inc.

Street Address
318 12th Street

City, State, Zip Code
Hammonton, NJ 08037

Project Manager for Monitoring Firm
Jim Proctor

Telephone No.
609-704-8850

Name of OSHA Monitor
EMSL Analytical

Street Address
30 Maple Ave. PO Box 25

City, State, Zip Code
Lumberton, NJ 08048

Start Date (10)
12 / 1 / 14

Scheduled Completion Date (11)
12 / 19 / 14

Occupancy Status During Abatement (Check only)

Facility Closed/Vacated During Entire Period of Abatement

Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM PM PM AM

Scope of Work (Check all that apply)

- ≥3 sf or ≥3 if
- ≥160 sf or ≥280 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

Yes
No
N/A

For the following, please check the appropriate box.

Control House
Office & Bathroom Areas
Throughout
Exterior

Transite floor panels
Floor tiles
Window caulking
Roofing Materials

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

Amount (Specify SF or LF)

Removal
Repair
Encapsulation
Enclosure

Cubic Yards of Waste

Name of Registered Landfill
Wayne Disposal Inc.

City, State
Belleville, MI

Disposal Date
12/19/14

Name of Registered Waste Hauler
Veolia ES Technical Solutions, L.L.C.

NJDEP Waste Hauler ID No.
412852

Cubics Yards of Waste
10

Name of Registered Landfill
Wayne Disposal Inc.

City, State
Belleville, MI

Completed By (Print or Type)
Gwendolyn Trumbetti

Title
Operations Coordinator

Signature

Date
11/25/14

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

**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 8:60 and 6:16)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>11 / 25 / 14</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>PSEG Delivery, Projects &amp; Construction</td>
</tr>
<tr>
<td>Street Address</td>
<td>80 Park Plaza</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Newark, NJ 07101</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Larry Eddinger</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>PSEG Plainfield Substation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>241 W. 2nd Street</td>
</tr>
<tr>
<td>City (5)</td>
<td>Plainfield</td>
</tr>
<tr>
<td>County (5)</td>
<td>Union</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>Health &amp; Safety Services</td>
</tr>
<tr>
<td>ASCM No.</td>
<td>Name of Abatement Contractor (9)</td>
</tr>
<tr>
<td>Phone No.</td>
<td>AbateTech, Inc.</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>609-704-8850</td>
</tr>
<tr>
<td>License No.</td>
<td>00529</td>
</tr>
<tr>
<td>Street Address</td>
<td>30 Maple Ave. PO Box 25</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Lumberton, NJ 08048</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>Jim Proctor</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>609-285-2107</td>
</tr>
<tr>
<td>Name of OSHA Monitor</td>
<td>EMSL Analytical</td>
</tr>
<tr>
<td>Street Address</td>
<td>200 Route 130 North</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Cinnaminson, NJ 08077</td>
</tr>
</tbody>
</table>

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

- **Scope of Work (Check all that apply):**
  - ≥3 of or ≥3 if
  - ≥160 sf or ≥260 if
  - Renovation
  - Demolition
  - Full Containment with Negative Pressure
  - Mini-Enclosure
  - Glovebag Procedure
  - Non-Exempted (*) and Non-Fireable Procedure

- **Location of Asbestos-Containing Material (ACM) TO BE ABATED IN FACILITY:**
  - Yes
  - No
  - N/A

- **Control House**
  - Fire Doors
  - 6 each

- **Name of Registered Waste Hauler**
  - Veolia ES Technical Solutions, L.L.C.
  - NJDEP Waste Hauler ID No. 412852
  - Cubic Yards of Waste: 10
  - Wayne Disposal Inc.
  - Disposal Date: 12/19/14
  - City, State: Belleville, MI

- **Completed By (Print or Type):**
  - Gwendolyn Trumpet
  - Title: Operations Coordinator
  - Signature: [Signature]
  - Date: 11/25/14

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

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

**Date of Notification (1):** 11/28/14  
**Name of Building Owner/Operator (2):** Carl Ning

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

**Type Notification:**  
- [ ] Initial  
- [ ] Amended

**Street Address:** 327 10th Ave.  
**City, State, Zip Code:** Haddon Heights, NJ 08035

**Name of Contact:** Carl Ning

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Type of Facility (4)</th>
<th>Subchapter 8 (Other than K-12)</th>
<th>Other (i.e., private &amp; commercial buildings, homes, etc.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>School (K-12)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Square Feet:** 2000  
**# of Floors:** 2  
**Bldg Age:** 30 yrs

**County Code:** USE ONLY  
**Current Use:** (Prior to being demolished)

**City:** Haddon Heights  
**State:** NJ  
**Zip Code:** 08035  
**Residence:**

**Name of Facility Where Abatement Is Taking Place (4):**

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>327 10th Ave.</td>
<td>609-481-2122</td>
<td>00689</td>
</tr>
</tbody>
</table>

**Name of Building Owner/Monitoring Firm:**

<table>
<thead>
<tr>
<th>Name</th>
<th>ASCM No.</th>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>AEI2, LLC</td>
<td>AEI2, LLC</td>
<td>AEI2, LLC</td>
</tr>
</tbody>
</table>

**Project Manager for Monitoring Firm:**

<table>
<thead>
<tr>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>609-481-2122</td>
<td>00689</td>
</tr>
</tbody>
</table>

**Start Date (10):** 12/10/14  
**Scheduled Completion Date (11):** 12/13/14

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

- [ ] Facility Open/Operated During Entire Period of Abatement
- [x] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Other - Describe: [ ]

**Abatement Performed Outside of Normal Facility Hours:** [ ]

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

- [x] 2 or > 3 if
- [x] 150 if or > 260 if
- [ ] Renovation Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Gevebagg Procedure
- [ ] Non-Exempted (*) and Non-Frisable Procedure

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Used Solely by Maintenance/Grounds Staff (12)</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attic</td>
<td>Yes</td>
<td>Vermiculite 50 CF</td>
</tr>
</tbody>
</table>

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

**Abatement Type:**

- [x] R | R |

**Location of Registered Waste Disposal:**

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>Number of Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
</tr>
</thead>
<tbody>
<tr>
<td>AEI2, LLC</td>
<td>21376</td>
<td>TBD</td>
</tr>
</tbody>
</table>

**Completed By:**

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wm. Minnick</td>
<td>Program Mgr.</td>
</tr>
</tbody>
</table>

**Date:** 11/28/14

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