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**State of New Jersey**

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

**Date of Notification (1)**
12/05/2011

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

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

**Type Notification**
- Initial
- Amended #
- Emergency (Including Justification)
- Cancellation

**Street Address**
134 Grove Ave

**City, State, Zip Code**
Woodbridge, NJ

**Name of Contact**
Gretchen Rose

**Telephone Number**
732-636-4101

**FACILITY INFORMATION**

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

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

**Street Address**
134 Grove Ave

**Square Feet**
2500

**# of Floors**
2

**Bldg. Age**
70

**County Code (7)**
Middlesex County

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

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

**Name of Abatement Contractor (6)**
Pyramid Contracting Corp.

**Street Address**
76 Fenner Ave

**City, State, Zip Code**
Clifton, NJ 07013

**Project Manager for Monitoring Firm**

**Telephone No.**
973-689-6281

**License No.**
01099

**Start Date (10)**
12/15/2011

**Scheduled Completion Date (11)**
12/16/2011

**Name of OSHA Monitor**

**Occupancy Status During Abatement (Check Only One)**
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other - Describe: 8:00am - 4:30pm

**Scope of Work (Check All That Apply)**
- ≥ 33 sf or ≥ 33 ft
- ≥ 160 sf or ≥ 260 ft
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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<th>To Be Abated</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
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**Name of Registered Waste Hauler**
Pyramid Contracting Corp

**NUDEP Waste Hauler ID No.**
32613

**Cubic Yards of Waste**
1

**Name of Registered Landfill**
GROWS

**City, State**
Clifton, NJ 07013

**Disposal Date**

**Completed by**
Dimo Golcev

**Title**
V. President

**Signature**

**Date**
12/05/2011

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

**Date of Notification (1)**  
1/12/10 5/1/11

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

**Street Address**  
130 CENTRAL AVENUE

**City, State, Zip Code**  
MONTCLAIR, NJ 07042

**Name of Contact**  
DIANE YERMACK

**Telephone Number**  
973-509-2183

**FACILITY INFORMATION**

**Name of facility where abatement is taking place (3)**  
DIANE YERMACK

**Street Address**  
130 CENTRAL AVENUE

**City (5)**  
MONTCLAIR

**County (6)**  
ESSEX

**County Code (7)**  
(State use only)

**Type of Facility (4)**  

- [ ] School (K - 12)
- [ ] Subchapter 8 (Other than K-12)
- [x] Other (Private/Commercial Bldgs., homes, etc.)

**Square Feet**  

**# of Floors**  

**Bldg. Age**  

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

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

**Street Address**  
20 California Ave.

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

**Telephone Number**  
973-345-8020

**License Number**  
00159

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

**Street Address**  
20 California Avenue

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

**Start Date (10)**  
01/04/12

**Scheduled Completion Date (11)**  
01/13/12

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

- [ ] Facility closed/vacated during entire period of abatement.
- [x] Abatement performed outside of normal facility hours.  
  **Describe:**
- [ ] Other-Describe: NORMAL HOURS

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

- [x] Exterior
- [ ] Renovation
- [x] Demolition
- [ ] Other-Describe:  

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

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

**Description of asbestos-containing material (ACM)**  

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount (Specify SF or LF)</th>
<th>Remove</th>
<th>Repair</th>
<th>Encap</th>
</tr>
</thead>
<tbody>
<tr>
<td>BARE HEATING PIPES</td>
<td>136 LF</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PIPE INSULATION</td>
<td>&lt;3 LF</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Registered Waste Hauler**  
D & S RESTORATION, INC.

**NJDEP Hauler ID#**  
13506

**Disposal Date**  
01/05/12

**City, State**  
TULLYTOWN, PA

**Name of Registered Landfill**  
TULLYTOWN, RESOURCE RECOVERY

**Registered Waste Hauler Title**  
PRESIDENT

**Signature**  
BOGDAN JOLDZIC

**Date**  
12/05/11

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

Date of Notification (1):

Name of Building Owner/Operator (2):
SUE O'NEIL

Street Address:
22-18 ARCADIA ROAD

City, State, Zip Code:
FAIR LAWN, NJ 07410

Name of Contact:
SUE O'NEIL

Telephone Number:
973-684-6292

FACILITY INFORMATION

Name of facility where abatement is taking place (3):
SUE O'NEIL

Street Address:
22-18 ARCADIA ROAD

City (5):
FAIR LAWN

County (6):
BERGEN

County Code (7):

Name of Monitoring Firm Hired by Bldg. Owner (6):

ASCM No.:

Type of Facility (4):

School (K - 12)

Subchapter 8 (Other than K-12)

Other (Private/Commercial Bldgs./Homes, etc.)

Square Feet:

# of Floors:

Bldg. Age:

Current Use (Prior if being demolished):

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

Street Address:
20 California Ave.

City, State, Zip Code:
Paterson, NJ 07503

Telephone Number:
973-345-8020

License Number:
00159

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

Street Address:
20 California Avenue

City, State, Zip Code:
Paterson, NJ 07503

Start Date (10):
12/16/11

Sched. Completion Date (11):
12/23/11

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

Scope of Work (check all that apply):

>3 sf or >3 if
Renovation

>160 sf or >260 if
Demolition

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

BASEMENT
Pipe Insulation
70 ft

BASEMENT
Bare Heating Pipes
24 ft

Registered Waste Hauler:

D & S RESTORATION, INC.

NJDEP Hauler ID:
13506

Cubic Yards of Waste:
1 YD

Name of Registered Landfill:
TULLYTOWN, RESOURCE RECOVERY

City, State:
PATerson, NJ 07503

Disposal Date:
12/19/11

Completed by (Print or Type):
BOGDAN JOLDZIC

Title:
President

Signature:

Date:
12/05/11

* Do not use this form for asbestos licensure exempted activities.
Date of Notification (1):
11/11/2011

Name of Building Owner/Operator (2):
WERNER DOERFLER

Street Address:
260 SYLVAN ROAD

City, State, Zip Code:
BLOOMFIELD, NJ 07003

Name of Contact:
SERNER DOERFLER

Telephone Number:
973-338-9058

FACILITY INFORMATION

Name of facility where abatement is taking place (3):
WERENER DOERFLER

Street Address:
260 SYLVAN ROAD

City (5):
BLOOMFIELD

County (6):
ESSEX

County Code (7):

ASCN No.

Type of Facility (4):
Other (Private/Commercial Bldgs./Homes, etc.)

Square Feet:

# of Floors:

Bldg. Age:

Current Use (Prior if being demolished):

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

Street Address:
20 California Ave.

City, State, Zip Code:
PATerson, NJ 07503

Telephone Number:
973-345-8020

License Number:
00159

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

Street Address:
20 California Avenue

City, State, Zip Code:
PATerson, NJ 07503

Start Date (10):
12/27/11

Sched. 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. (Describe):
- Other—Describe: NORMAL HOURS

Scope of Work (check all that apply):
- >3 sf or >3 if
- >100 sf or >260 if
- Demolition
- Renovation

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>BASEMENT</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>BASEMENT BOILER</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>PIPE INSULATION</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BOILER INSULATION</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Description of asbestos-containing material (ACM): (Specify SF or LF)
- PIPE INSULATION 20 L FT
- BOILER INSULATION 40 SQ FT

Amount

Removal

Repair

Encapsulation

<table>
<thead>
<tr>
<th>Description</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>PIPE INSULATION</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BOILER INSULATION</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Registered Waste Hauler:
D & S RESTORATION, INC.

NJDEP Hauler Id#:
13506

Cubic Yards of Waste:
1 YD

Name of Registered Landfill:
TULLYTOWN, RESOURCE RECOVERY

City, State:
PATerson, NJ 07503

Disposal Date:
12/27/11

City, State:
TULLYTOWN, PA

Completed by (Print or Type):
BOGDAN JOLDZIC

Title:
PRESIDENT

Signature:

Date:
12/05/11

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

**Notification of Asbestos Abatement**

**Date of Notification (1)**

12/1/11

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

LINDA LLOYD JONES

**Street Address**

11 MELMA TERRACE

**City, State, Zip Code**

MAPLEWOOD, NJ 07040

**Name of Contact**

LINDA LLOYD JONES

**Telephone Number**

973-313-9029

**FACILITY INFORMATION**

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

LINDA LLOYD JONES

**Street Address**

11 MELMA TERRACE

**City**

MAPLEWOOD

**County**

ESSEX

**Type of Facility (4)**

 □ School (K - 12)
 □ Subchapter 8 (Other than K - 12)
 □ Other (Private/Commercial, Bridge, Home, etc.)

**Square Feet**


**Name of Abatement Contractor (6)**

D & S RESTORATION, INC.

**Street Address**

20 California Ave.

**City, State, Zip Code**

PATERSON, NJ 07503

**Telephone Number**

973-345-8020

**License Number**

00159

**Name of OSHA Monitor**

D & S Restoration, Inc.

**Street Address**

20 California Avenue

**City, State, Zip Code**

PATERSON, NJ 07503

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

□ 2,000 s or >2000 sf

□ Greater than 250 sq ft

□ Demolition

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

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

**BASEMENT**

**Description of asbestos-containing material (ACM)**

BOILER INSULATION

**Amount (Specify SF or LF)**

40 SQ FT

**Registered Waste Hauler**

D & S RESTORATION, INC.

**NDEP Hauler ID #**

13306

**Cubic Yards of Waste**

1 YD

**Name of Registered Landfill**

TULLY TOWN, RESOURCE RECOVERY

**City, State**

PATERSON, NJ 07503

**Disposal Date**

12/06/11

**Completed by (Print or Type)**

BOGDAN JOLDZIC

**Title**

PRESIDENT

**Signature**

**Date**

02/02/11

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

Date of Notification (1)  
[12/15/11]  

Name of Building Owner/Operator (2)  
CARMEN TWYMAN

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

Type Notification  
- Initial
- Amended
- Emergency
- Cancellation

Amendment #: _

Street Address  
8 SOUTH HARDING DRIVE

City, State, Zip Code  
SO. ORANGE, NJ 07079

Name of Contact  
CARMEN TWYMAN  
973-762-7754

FACILITY INFORMATION

Name of facility where abatement is taking place (3)  
CARMEN TWYMAN

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

Square Foot |

City (5)  
SO. ORANGE

County (6)  
ESSEX

County Code (7)  
(State use only)

# of Floors |

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

Bldg. Age |

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

Name of OSHA Monitor  
D & S Restoration, Inc.

Street Address  
20 California Ave.

License Number  
00159

City, State, Zip Code  
PATERSON, NJ 07503

Telephone Number  
973-345-8020

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

Start Date (10)  
12/06/11

Completion Date (11)  
12/16/11

Scope of Work (check all that apply)  
- >3 sf or >3 If  
- ≥160 sf or ≥280 If  
- Demolition

Location of asbestos-containing material (acm) to be  
abated in facility (13)  
BASEMENT 6 ROOMS  
PIPE INSULATION  
92 L FT

Washington Township Soup Kitchen  
PIPE INSULATION  
36 L F

Registered Waste Hauler  
D & S RESTORATION, INC.  
NJDEP Hauler ID#  
13506

Cubic Yards of Waste  
2 YDS

Name of Registered Landfill  
TULLYTOWN, RESOURCE RECOVERY

City, State  
PATERSON, NJ 07503

Disposal Date  
12/07/11

Completed by (Print or Type)  
BOGDAN JOLDZIC  
PRESIDENT

Signature  
12/05/11
# State of New Jersey NOTIFICATION OF ASPEROS ABATEMENT
(Pursuant to NJAC 8:60 and 6:16)

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type 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>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
<td>Steve Moore</td>
<td>P.O. Box 197</td>
<td>Port Morris, NJ 08349</td>
<td></td>
<td>(856) 785-0532</td>
</tr>
<tr>
<td>DEP</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DOH</td>
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<tr>
<td>DCA</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement Is Taking Place</th>
<th>Type of Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residence</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>County Code (STATE USE ONLY)</th>
<th>Name of Abatement Contractor</th>
</tr>
</thead>
<tbody>
<tr>
<td>1612 Main Street</td>
<td>Cumberland</td>
<td>Stevens Environmental Services, Inc.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>PO Box 341</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Crosswicks, NJ 08515</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>William Weissgarber Jr.</td>
<td>(609) 298-4070</td>
<td>00493</td>
</tr>
</tbody>
</table>

**Start Date** 12/15/11  **Scheduled Completion Date** 12/16/11

**Scope of Work (Check all that apply)**
- Less than 3 sf or up to 2 if
- 160 sf or up to 260 sf

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</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>basement/crawlspace</td>
<td>X</td>
<td>pipe insulation</td>
<td>146 LF</td>
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</table>

**Name of Registered Waste Hauler**

<table>
<thead>
<tr>
<th>Stevens Environmental Services Inc.</th>
<th>NJDEP Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>18292</td>
<td>2 CU</td>
<td>T.R.R.F., Inc.</td>
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**City, State**

<table>
<thead>
<tr>
<th>Allentown, NJ</th>
<th>Disposal Date</th>
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<tbody>
<tr>
<td></td>
<td>12/16/11</td>
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**Completed By**

<table>
<thead>
<tr>
<th>Mahlon E. Stevens</th>
<th>Title</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Project Manager</td>
<td>12/6/11</td>
</tr>
</tbody>
</table>

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

Date of Notification (1)  
12/10/2011  

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

Type Notification  
☒ Initial  
☐ Amendment  
☐ Cancellation  

Name of Building Owner/Operator (2)  
Anastasia Zeliso  

Street Address  
18 Marshall Street  

City, State, Zip Code  
West Caldwell, NJ 07006  

Name of Contact  
Anastasia Zeliso  

Telephone Number  
973-228-1631  

FACILITY INFORMATION  

Name of facility where abatement is taking place (3)  
Anastasia Zeliso  

Street Address  
18 Marshall Street  

City (5)  
West Caldwell  

County (6)  
Essex  

County Code (7)  
(Not applicable)  

Name of Abatement Contractor (8)  
B & G Restoration, Inc.  

Street Address  
105 Ryerson Road  

City, State, Zip Code  
Lincoln Park, NJ 07035  

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

ASCM No.  
B & G Restoration, Inc.  

Square Feet  
# of Floors  
Bldg. Age  

Current Use (Prior to being demolished)  
Residential  

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

Scheduled Start Date (10)  
12/16/2011  

Sched. 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:  

Scope of Work (check all that apply)  
☐ Demolition  
☒ Renovation  
☐ ≥2 sf or >3 if  
☐ ≥160 sf or ≥250 if  
☒ Mini-enclosure  
☐ Full Containment wire negative pressure  
☒ Glovebag procedure  
☐ Non-friable procedure  

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

<table>
<thead>
<tr>
<th>Location of asbestos-containing material</th>
<th>Is 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>
<th>Repair</th>
<th>Encap</th>
<th>EncL</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>basement</td>
<td>N/A</td>
<td>pipe insulation</td>
<td>140 if</td>
<td>☒</td>
<td>☒</td>
<td>☒</td>
<td>☒</td>
<td></td>
</tr>
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<td></td>
</tr>
</tbody>
</table>

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  
12/19/2011  

City, State  
Tullytown, PA  

Completed by (Print or Type)  
Gordana Luna  

Title  
Treasurer  

Signature  
Gordana Luna  

Date  
12/6/2011
## State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

### Date of Notification (1)
12-6-11

### Name of Building Owner/Operator (2)
Chuck Ross

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

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

### Address Information
- **Name of Facility Where Abatement is Taking Place (3)**
  - Single Family Dwelling
  - 28 Cypress Street
  - Millburn, NJ 07041

### Facility Information
- **City (5)**: Millburn
- **State**: NJ
- **Zip Code**: 07041

#### Current Use (Prior if being demolished)
- **# of Floors**: 2
- **Bldg. Age**: 80 t

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

#### ASCM No.
N/A

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

#### Street Address
P.O. BOX 337

#### City, State, Zip Code
NEW EGYPT, NJ 08533

### Project Manager for Monitoring Firm
STEVE SCHENKER

#### Telephone No.
609-758-3365

### Start Date (10)
12-19-11

### Scheduled Completion Date (11)
12-20-11

### 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)
- [ ] 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)
- **Basement**: Yes

#### 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)
- Pipe Insulation
- 60 LF

### Name of Registered Waste Hauler
EPC TECHNOLOGIES, INC

#### NJ DEP Waste Hauler ID No.
17000

### Cubic Yards of Waste
2

### Name of Registered Landfill
WASTE MANAGEMENT OF PA

#### Disposal Date
12-20-11

### City, State
MORRISVILLE, PA

### Completed by
STEVE SCHENKER

#### Title
PRESIDENT

### Signature

### Date
12-6-11

---

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

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

**State of New Jersey**

**Date of Notification (1)**
12/05/2011

**Name of Building Owner/Operator (2)**
Anne Cecile Heibel

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

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

**Street Address**
1509 Pine Grove Ave

**City, State, Zip Code**
Westfield, NJ 07013

**Name of Contact**
Anne Cecile Heibel

**Telephone Number**
908-954-1417

**FACILITY INFORMATION**

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

**Street Address**
1509 Pine Grove Ave

**City (5)**
Westfield, NJ 07013

**Square Feet**
2500

**# of Floors**
2

**Bldg. Age**
70

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

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

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

**Name of Abatement Contractor (9)**
Pyramid Contracting Corp.

**Street Address**
78 Fenner Ave

**City, State, Zip Code**
Clifton, NJ 07013

**Telephone No.**
973-699-6281

**License No.**
01099

**Start Date (10)**
12/14/2011

**Scheduled Completion Date (11)**
12/15/2011

**Name of OSHA Monitor**
Street Address

**City, State, Zip Code**

**Occupancy Status During Abatement (Check Only One)**
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other -- Describe: 8:00am - 4:00pm

**Scope of Work (Check All That Apply)**
- ≥3sf 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 (13)**

**Yes**

**Baseline**

**Pipe Insulation**
80 LF

**Amount (Specify SF or LF)**

**Abatement Type**

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

**Non-Exempted Waste**

**Cubic Yards of Waste**
1

**Name of Registered Landfill**
GROWS

**City, State**
Clifton, NJ 07013

**Disposal Date**
City, State
Morristown, PA

**Completed by**
Dimo Golcev

**Title**
V. President

**Signature**

**Date**
12/05/2011

* 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)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>11 / 14 / 11</th>
<th>Name of Building Owner/Operator (2)</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td>Cape Regional Health System, Inc</td>
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</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Street Address</th>
<th>City, State, Zip Code</th>
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</thead>
<tbody>
<tr>
<td>☑ EPA</td>
<td>Initial</td>
<td>2 Stone Harbor Blvd</td>
<td>Cape May Courthouse, NJ</td>
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<tr>
<td>☑ DOLWD</td>
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<tr>
<td>☑ DHSS</td>
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<tr>
<td>☐ DCA</td>
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<td>(NJAC 5:23-8)</td>
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<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
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<tr>
<td>Cape Regional Medical Center</td>
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<tr>
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<td>County (6)</td>
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<table>
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<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>ASCM No.</th>
<th>Name of Abatement Contractor (9)</th>
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</thead>
<tbody>
<tr>
<td>Criterion Labs, Inc</td>
<td></td>
<td>BRISTOL ENVIRONMENTAL, INC.</td>
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<table>
<thead>
<tr>
<th>Street Address</th>
<th>3370 Progress Dr</th>
<th>Bensalem, PA 19020</th>
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<tr>
<td>City, State, Zip Code</td>
<td>Bensalem, PA</td>
<td>19020</td>
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<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
</tr>
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<tbody>
<tr>
<td>Mike Panapresso</td>
<td>215-244-1300</td>
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<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>11 / 28 / 11</th>
<th>Scheduled Completion Date (11)</th>
<th>12 / 2 / 11</th>
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<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check only one)</th>
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<tbody>
<tr>
<td>☑ Facility Closed/Vacated During Entire Period of Abatement</td>
</tr>
<tr>
<td>☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM/PM/1:00PM-5:00PM</td>
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</table>

<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 ≥260 ft</td>
</tr>
<tr>
<td>☑ Renovation</td>
</tr>
<tr>
<td>☑ Demolition</td>
</tr>
<tr>
<td>☑ Full Containment with Negative Pressure</td>
</tr>
<tr>
<td>☑ Mini-Enclosure</td>
</tr>
<tr>
<td>☑ Glovebag Procedure</td>
</tr>
<tr>
<td>☑ Non-Exempted (*) and Non-Friable Procedure</td>
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</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)</th>
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<tbody>
<tr>
<td>2nd Floor Finance Room</td>
</tr>
<tr>
<td>1st Floor Medical Records</td>
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<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>NJ/DEP Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
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</thead>
<tbody>
<tr>
<td>SERVICE TRANSPORT GROUP, INC.</td>
<td>20990</td>
<td></td>
<td>MINERVA LANDFILL</td>
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<table>
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<tr>
<th>City, State</th>
<th>NEW CASTLE, DE 19720</th>
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<table>
<thead>
<tr>
<th>Completed By (Print or Type)</th>
<th>Title</th>
<th>Signature</th>
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</thead>
<tbody>
<tr>
<td>Brian Scafiro</td>
<td>Estimator</td>
<td>[Signature]</td>
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</table>

<table>
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<tr>
<th>ASB-41</th>
<th>MAY 11</th>
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* Do not use this form for asbestos license exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:80 and 12:20)

Date of Notification (1)  
12/5/2011

Agency Notified Type Notification

- EPA Initial
- DEP Amended
- DOL Amendment # 7
- DOH Emergency (including justification)
- DCA Cancellation

Name of Building Owner/Operator (2)  
INTERNATIONAL PAPER

GeORGIA PACIFIC

Street Address  
6400 POPULAR AVE.

MEMPHIS, TN 38197

City, State, Zip Code  
NEWARK, NJ 07105

Name of Contact  
Roger SchumerlP, Paul Montney/SP

Telephone Number  
901.418.3957, 908.672.4008

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  
CURTIS SPECIALITY PAPER

Street Address  
404 FRENCH TOWN RD.

City (5)  
MILFORD

County (6)  
Hunterdon

County Code (7)  
(STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8)  
ARCADIS US

ASCM No.  
000141

Name of Abatement Contractor (9)  
ROYAL ENVIRONMENTAL, INC

Street Address  
35 COLUMBIA RD

BRANCHBURG, NJ 08876

City, State, Zip Code  
ROCHESTER, NY 14613

Project Manager for Monitoring Firm  
William C. Mener

Telephone No.  
908.526.1000

Telephone No.  
585-254-1840

License No.  
01068

Start Date (10)  
5/16/2011

Scheduled Completion Date (11)  
1/27/2012

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

Scope of Work (Check All That Apply)  
- 23 sf or 25 if
- 2150 sf or 2260 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 N/A No

THROUGHOUT FACILITY  
X PIPE

LOCATION OF ASBESTOS-CONTAINING MATERIAL (ACM) (I.E. THERMAL SYSTEMS, SURFACING, VAT OR OTHER MISCELLANEOUS)  

39500 LF

45400 SF

46300 SF

28500 SF

Name of Registered Waste Hauler  
R&B DEBRIS LLC

NJDEP Waste Hauler ID No.  
NJ-801

Cubic Yards of Waste  
3500

Name of Registered Landfill  
GROWS LANDFILL

City, State  
HAINSEPORT NJ

Disposal Date  
VARIOUS

City, State  
MORRISVILLE, PA

Completed by  
PETER BREEN

Title  
PROJECT MANAGER

Signature  

Date  
12/5/2011

ASB-41 (R-06-08)

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

**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:20 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
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<tbody>
<tr>
<td>12/5/2011</td>
<td>INTERNATIONAL PAPER, GEORGIA PACIFIC</td>
</tr>
</tbody>
</table>

**Agencies Notified**

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

**Type Notification**

- [ ] Initial
- [x] Amended
- [ ] Amendment # 7
- [ ] Emergency (including justification)
- [ ] Cancelation

**FACILITY INFORMATION**

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

- CURTIS SPECIALITY PAPER

**Street Address**

- 404 FRENCHTOWN RD.

**City (5)**

- MILFORD

**County (6)**

- Hunterdon

**County Code (7)**

- [STATE USE ONLY]

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

- ARCADIS US

**ASCM No.**

- 000141

**Name of Abatement Contractor (9)**

- ROYAL ENVIRONMENTAL, INC

**Street Address**

- 35 COLUMBIA RD

**City, State, Zip Code**

- BRANCHBURG, NJ 08876

**Project Manager for Monitoring Firm**

- William C. Meiner

**Telephone No.**

- 908.526.1000

**Start Date (10)**

- 5/16/2011

**Scheduled Completion Date (11)**

- 1/27/2012

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

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

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

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

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

- In Facility

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

- Yes

**N/A**

**Location**

- THROUGHOUT FACILITY

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

- VAT

**Amount (Specify SF or LF)**

- 56000 SF

**Miscellaneous**

- 13000 SF

**Name of Registered Waste Hauler**

- R&B DEBRIS LLC

**NJDEP Waste Hauler ID No.**

- NJ-801

**Cubic Yards of Waste**

- 3500

**Name of Registered Landfill**

- GROWS LANDFILL

**City, State**

- HAINSEPORT NJ

**Disposal Date**

- VARIOUS

**Name of Registered Landfill**

- CITY OF MORRISVILLE, PA

**Completed by**

- PETER BREEN

**Title**

- PROJECT MANAGER

**Signature**

- ____________________________

**Date**

- 12/5/2011

*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) December 5, 2011

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

Type Notification
☐ Initial
☐ Amended
☐ Amendment #
☐ Cancellation

Name of Building Owner / Operator (2)
White Castle Management Company

Street Address
555 West Goodale Street

City, State & Zip Code
Columbus, OH 43215

Name of Contact
Jeff Miller

Telephone Number
732-381-4343

RECEIVED
DEC 8 2011

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
White Castle System, Inc.

Street Address
245 E. Inman Avenue

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

Square Feet
5,576

# of Floors
1

Bldg. Age
50

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8)
Arcadis U.S., Inc.

ASCM No.

Name of Abatement Contractor (9)
Synatech, Inc.

Street Address
35 Columbia Road
Branchburg, NJ 08876

Project Manager for Monitoring Firm
Synatech, Inc.

Telephone Number
908-526-1000

License Number
00817

Scheduled Start Date (10)
December 15, 2011

Scheduled Completion Date (11)
December 19, 2011

Name of OSHA Monitor
Synatech, Inc.

Street Address
829 Radio Road
Little Egg Harbor, NJ 08087

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

Scope of Work (Check all that apply)
☐ ≥ 100 LF or ≥ 25 sf
☒ ≥ 160 sf or ≥260 if
☐ Renovation
☒ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Endosure
☐ Glovebag Procedure
☒ Non-Exempted(*) and Non-Friable Procedure

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

Is Location Normally Used
Yes No N/A

Soledy by Maintenance or Custodial Staff?
Floor Tile and Associated Mastic
675 SF

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

Main Retail Area

Back Area

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

Cubic Yards of Waste
17

Name of Registered Landfill
Grows Landfill

City, State
Little Egg Harbor, NJ 08087

Disposal Date
December 20, 2011

Morristown, PA

Completed By
Diane Aloia
Executive Administrator

Signature
Date
December 15, 2011

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

Date of Notification (1)

11/1/2011

Name of Building Owner/Operator (2)
Newark Public Schools

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

Type Notification
[ ] Initial Notification
[ ] Amended Notification
[ ] Cancellation

Street Address
2 Cedar Street

City, State, Zip Code
Newark, NJ 07102

Name of Contact
Benjamin Olagademyo, Bus. Admin.

Telephone Number
973-332-4012

North South Street

151 South Street

CITY (5)
Essex

County (6)

County Code (7)

(SAME USE ONLY)

6500

Square Feet # of Floors

64

Current Use (Prior to being demolished)

School

Name of Facility Where Abatement is Taking Place (3)

South Street School

Address

151 South Street

Newark, NJ 07114

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

ASCM No.
00003

Street Address
1250 North Church Street

City, State, Zip Code

Clifton, NJ 07013

Name of Abatement Contractor (9)
Four Strong Builders, Inc.

Street Address
180 Sargeant Avenue

City, State, Zip Code

Clifton, NJ 07013

License Number
00807

Telephone Number
973-614-0377

Name of OSHA Monitor
Four Strong Builders, Inc.

Street Address
180 Sargeant Avenue

City, State, Zip Code

Clifton, NJ 07013

Jordi Guillardi

Project Manager for Monitoring Firm

Telephone Number
866-840-8800

Scheduled Start Date (10)
11/12/2011

Scheduled Completion Date (11)
11/12/2011

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

[X] Other - Describe:

Scope of Work (Check all that apply)

[X] Demolition
[X] Renovation
[ ] Full Containment with Negative Pressure
[ ] Mini-Enclosure
[ ] Glovebag Procedure
[ ] Non-Friable Procedure

Location of Asbestos-Containing Material (ACM)

Location Normally Used

Location of Asbestos-Containing Material (ACM)

Description of Asbestos-Containing Material (ACM)

Amount (Specify ft² or ft³)

Abatement Type

[X] Abatement

Ground Floor Teacher's Lounge

Pipe Insulation

35 LF

Name of Registered Waste Hauler

MOHDP Waste of Waste

Name of Registered Landfill

G.R.O.W.S., Inc.

Clifton, NJ

Disposal Date

Name of Registered Waste Hauler

MOHDP Waste Hauler ID No.

12609

City, State

Clifton, NJ

Completed By (Print or Type)

Bilyana Kulakowska

Title
Office Administrator

Signature

Date
11/30/11

ASB-41
JUN 95
STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:106)

Check # 1247
Date of Notification (1)
12/05/2011

Agency Notified
[ ] EPA
[ ] DEP
[ ] DOH
[ ] DOL
[ ] DCA
[ ] Initial
[ ] Amended
[ ] Amendment # [ ] Emergency (including [ ] Notification)
[ ] Cancellation

Name of Building Owner/Operator (3)
Diane Murray

Address
102 Bailey Avenue
City, State, Zip Code
Hillside, NJ 07205

Name of Contact
Diane Murray
Telephone Number
908-447-0209

Name of Facility Where Abatement is Taking Place (9)
Private home

Street Address
102 Bailey Avenue
City (8)
Hillside, NJ 07205
County (6)

Type of Facility (4)
[ ] School (K-12)
[ ] Subchapter 6 (Other than K-12)
[ ] Other (i.e. private & commercial buildings, homes, etc.)

Square Feet

[ ] Of Floors
[ ] Building Age

County Code (7) (STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner(8)

Name of Abatement Contractor (6)
Gr Tech LLC

376 Valley Rd #283
Wayne, NJ 07470

License No.
073-638-1777
01127

Name of OSHA Monitor
Envirowatch Consultants, Inc

Project Manager for Monitoring Firm

Telephone No.
073-638-1777

Date

Start Date (10)
12/06/2011

Scheduled Completion Date (11)
12/07/2011

Occuancy 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)
[ ] 3,000 sf or 3 if
[ ] 1,000 sf or 2 SF

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

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

[ ] YES
[ ] NO
[ ] NA

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

Amount
(Specify SF or LF)

Alteration Type
[ ] Full Containment with Negative Pressure
[ ] Mini-Enclosure
[ ] Covering Procedure
[ ] Non-Encapsulated (C) and Non-Friable Procedure

Endorsement

Endorsement Date

Endorsement Signature

Endorsement Name of Registered Waste Hauler
Gr Tech LLC

0033785

Cubic Yards of Waste

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

City, State
Wayne, NJ 07470

Disposal Date

City, State

Taltown, PA

Completed by

Owner

Signature

Date

[ ] Do not use this form for asbestos non-related emergency situations.
# NOTIFICATION OF ASBESTOS ABATEMENT

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

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<thead>
<tr>
<th>Date of Notification (1)</th>
<th>12/2/11</th>
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<tr>
<td>Name of Building Owner / Operator (2)</td>
<td>RRI-Energy Mid-Atlantic Power Holdings</td>
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<tr>
<td>Agencies Notified</td>
<td>EPA - Emergency Notification</td>
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<tr>
<td></td>
<td>DEP - Initial Notification</td>
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<td></td>
<td>DOL - Amended Notification</td>
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<td></td>
<td>DOH - Cancellation</td>
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<td>DCA</td>
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## FACILITY INFORMATION

### Storage Building

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<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Storage Building</th>
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</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>315 Riegelsville Rd</td>
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<tr>
<td>City (5)</td>
<td>Milford</td>
</tr>
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<td>County (6)</td>
<td>Hunterdon</td>
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<tr>
<td>County Code (7)</td>
<td></td>
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<tr>
<td>Type of Facility (4)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>School (K-12)</td>
</tr>
<tr>
<td></td>
<td>Subchapter 8 (Other than K-12)</td>
</tr>
<tr>
<td></td>
<td>Other (i.e., private &amp; commercial buildings, homes, etc.)</td>
</tr>
<tr>
<td>Square Feet</td>
<td>500</td>
</tr>
<tr>
<td># of Floors</td>
<td>1</td>
</tr>
<tr>
<td>Bldg. Age</td>
<td>60</td>
</tr>
<tr>
<td>Current Use (Prior if being demolished)</td>
<td>Storage Shed</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>Environmental Tactics, Inc</td>
</tr>
<tr>
<td>ASCM No.</td>
<td></td>
</tr>
<tr>
<td>Street Address</td>
<td>64 Broad Street</td>
</tr>
<tr>
<td>City, State &amp; Zip Code</td>
<td>Matawan, NJ 07747</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>Tom Geiger</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>732-290-2217</td>
</tr>
<tr>
<td>Scheduled Start Date (10)</td>
<td>12/12/11</td>
</tr>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>12/23/11</td>
</tr>
<tr>
<td>Occupancy Status During Abatement (Check only one)</td>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
</tr>
<tr>
<td>Description</td>
<td>Area Isolated During Abatement</td>
</tr>
<tr>
<td>Other - Describe:</td>
<td></td>
</tr>
<tr>
<td>Scope of Work (Check all that apply)</td>
<td>Demolition</td>
</tr>
<tr>
<td></td>
<td>Renovation</td>
</tr>
<tr>
<td></td>
<td>Large Project</td>
</tr>
<tr>
<td></td>
<td>X Quantity is ≥ 3 SF or ≥ 3 LF ACM</td>
</tr>
<tr>
<td></td>
<td>X Quantity is ≥ 160 SF or ≥ 260 LF ACM</td>
</tr>
</tbody>
</table>

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

| TO BE ABATED in Facility (13) | Storage panels |
| Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous) | Paint |
| Amount (Specify Square Feet or Linear Feet) | 1500 sf |
| Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure) | Removal |

### Name of Registered Waste hauler

| Global Abatement Services, LLC |
| NJDEP Waste Hauler ID # | S32401 |
| Cu. Yds. of Waste | 30 |

### Name of Registered Landfill

| TRRF |
| Disposal Date | 12/23/11 |
| City, State | Tullytown, Pa |

**Completed By (Print or Type)**

<table>
<thead>
<tr>
<th>Dominick Tringali</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
</tr>
<tr>
<td>Signature</td>
</tr>
<tr>
<td>Date</td>
</tr>
</tbody>
</table>
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

**Date of Notification (1)**
12-5-11

**Name of Building Owner/Operator (2)**
Fritz Reuter Lifecare Retirement Community

**Street Address**
3161 Kennedy Blvd.

**City, State, Zip Code**
North Bergen, NJ 07047

**Name of Contact**
David Kolk

**Telephone Number**
201-867-3585

**Name of Facility Where Abatement is Taking Place (3)**
Fritz Reuter Lifecare Retirement Community

**Street Address**
3161 Kennedy Blvd.

**City (5)**
North Bergen

**County (6)**
Hudson

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

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

**Street Address**
411 Southgate Court

**City, State, Zip Code**
Mickleton, NJ 08056

**Project Manager for Monitoring Firm**
Jack Carney

**Telephone No.**
856-224-0080

**Telephone No.**
610-239-9920

**License No.**
000398

**Start Date (10)**
12/19/11

**Scheduled Completion Date (11)**
1/9/12

**Name of OSHA Monitor**
Plymouth Environmental Co., Inc.

**Street Address**
923 Haws Avenue

**City, State, Zip Code**
Norristown, PA 19401

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

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

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

- x ≤3 sf or ≤3 if
- ≤10 sf or ≤500 sf

- x Renovation
- Demolition

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

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

**In Facility**

<table>
<thead>
<tr>
<th>Location of ACM</th>
</tr>
</thead>
<tbody>
<tr>
<td>boiler room</td>
</tr>
<tr>
<td>boiler room</td>
</tr>
<tr>
<td>boiler room</td>
</tr>
</tbody>
</table>

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

- boiler insulation: 250 SF
- pipe insulation: 50 LF
- breeching insulation: 50 SF

**Amount (Specify SF or LF)**

- 250 SF
- 50 LF
- 50 SF

**Abatement Type**

- Removal
- Repair
- Encapsulate
- Endorse

**Name of Registered Waste Hauler**
Newark Carting

**NJDEP Waste Hauling ID No.**
4509

**Cubic Yards of Wastes**
10

**Name of Registered Landfill**
Cumberland County Landfill

**City, State**
Newburg, PA

**Disposal Date**
1-9-12

**Completed by**
James M. Kelly

**Title**
Project Manager

**Signature**

**Date**
12-5-11

*Do not use this form for asbestos licensure exempted activities.*
State of New Jersey - Notification of Asbestos Abatement
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

Date of Notification (1): December 5, 2011

Agencies Notified: x EPA, DCA, x DOL, x DEP, x DOH

Notification Type: ☑ Initial Notification, ☐ Amended Certification, ☐ Urgency (including justification), ☐ Cancelled

Name of Building Owner/Operator: Dover Blackwell Realty, Inc.

Street Address: 64 East Midland Avenue
City, State, Zip Code: Paramus, New Jersey 07652

Name of Contact: Tom Allesandrillo
Telephone Number: 201-615-2401

FACILITY INFORMATION

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

Street Address:
1-5 Blackwell Avenue

City (5): Dover
County (6): Morris
County Code (7): (State Use Only)

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

ASCN No.:
00079

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

Sq. Feet: Unknown
# of Floors: 1
Bldg. Age: 70 years

Current Use (prior if being demolished):

Name of Contractor (9):
GREENWOOD ABATEMENT CONSULTANTS, INC.
Street Address:
288 MAIN STREET
City, State, Zip Code: Butler, NJ 07405

Telephone Number:
973-492-0477
License Number:
00840
Name of OSHA Monitor:
EMSL Inc.
Street Address:
1056 Stelton Road
City, State, Zip Code: Piscataway, NJ 08854

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

Source 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) in Facility (13):

1st Floor:

Location Is Normally Used Solely by Maint./Custodial Staff? (12)
YES

N/A

Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, V
t, or other miscell)

Amount (Specify SF or LF):

Abatement Type:

Remove Repair Encap. Enclose

Name of Registered Landfill:
Meadowfill Landfill

Cubic Yards of Waste:
30

Name of Registered Waste Hauler:

Disposal Date:
December 23, 2011

City, State, Route 2, Box 68
Bridgeport, WVA
304-842-2764

Hauler #1: Greenwood Abatement Consultants, Inc. - Butler, NJ DEP # 12561
Hauler #2: Newark Carting, Inc. - Newark, NJ 04509, NJ DEP # 19551

Name of Reg. Waste Hauler:

See Hauler Below # 1 & 2

NJDEP Waste Hauler ID #:
See Below

Cubic Yards of Waste:
30

Name of Reg. Waste Hauler:

Disposal Date:
December 23, 2011

City, State, Route 2, Box 68
Bridgeport, WVA
304-842-2764

Hauler #1: Greenwood Abatement Consultants, Inc. - Butler, NJ DEP # 12561
Hauler #2: Newark Carting, Inc. - Newark, NJ 04509, NJ DEP # 19551

Completed by (Print or Type):
Marin Graure

Title:
SENIOR PROJECT MANAGER

Signature:
Marin Graure

Date:
December 5, 2011

GAC # 2011-301
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)
12/5/11

Agencies Notified
☐ EPA
☐ DEP
☐ DOL
☐ DOH
☐ DCA
Type Notification
☐ Initial
☐ Amended
☐ Amendment #
☐ Emergency (including justification)
Name of Building Owner/Operator (2)
Mackenzie / Residence

Street Address
244 West 12 Street

City, State, Zip Code
Ship Bottom NJ 08091

Name of Contact
Mike
Telephone Number
609-361-0011

FACILITY INFORMATION

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

Street Address
244 West 12 Street

City (5)
Ship Bottom NJ 08091

County (6)
Ocean

County Code (7) (STATE USE ONLY)

Square Feet
1000 +

# of Floors
2

Bldg. Age
35+

Current Use (Prior to being demolished)
Residence

Name of Monitoring Firm Hired by Building Owner (6)
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.

Start Date (10)
12/15/11

Scheduled Completion Date (11)
12/21/11

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 sf or ≥3 if
☐ ≥150 sf or ≥280 if
☐ 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)

Abatement Type

Exterior Siding

Yes
No
☐ Exterior Siding

2400 SF

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

Name of Registered Waste Hauler
United Containers
NJ/DEP Waste Hauler ID No.
22459

Cubic Yards of Waste
3

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

City, State
Elm NJ

Disposal Date
12/21/11

City, State
Morrisville NJ 19067

Completed by
Anthony T Perna
Title
President

Signature
Date
12/5/11

ASB-41 (R-06-08)

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey - Notification of Asbestos Abatement
(Pursuant to N.J.A.C. 8:60-7 and 12:120)

GAC Project # 060-11
Client Project #

Date of Notification: December 06, 2011

Name of Building Owner/Operator: RUTGERS, THE STATE UNIVERSITY OF NJ
Street Address: ENVIRONMENTAL HEALTH & SAFETY DEPT.
27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS
City, State, Zip Code: PISCATAWAY, NJ 08854

Name of Contact: MICHAEL SMITH, ENV. HEALTH & SAFETY
Telephone Number: 732-445-2550

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): FACILITIES OFFICE, BLDG# 4117
Street Address: LIVINGSTON CAMPUS
City: PISCATAWAY, County: MIDDLESEX

Type of Facility (4):
☐ School (K-12)
☐ Subchapter 8 (other than K-12)
☐ Other (i.e. private & commercial buildings, homes, etc.)
Sq. Feet: N/A # of Floors: 1 Bldg. Age: 80+ years

Current Use (prior if being demolished): ACADEMIC

Name of Contractor (5):
GREENWOOD ABATEMENT CONSULTANTS, INC.
Street Address: 268 MAIN STREET
City, State, Zip Code: BUTLER, NJ 07405
Telephone Number: 973-492-0477 License Number: 00840

Occupancy Status During Abatement (Check only one):
☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours - Describe:
☐ Other - Describe: 5 PM THURS TO MON 5 AM (24HR ACCESS AS NECESSARY)

Scope of Work (Check all that apply):
☐ ≥ 3 sf or ≥ 3 lf
☐ ≥ 150 sf or ≥ 260 sq ft
☐ Renovation
☐ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable 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 Asbestos Containing Material (ACM) (i.e. thermal systems insulating, surfacing, VAT, or other miscell.)

Amount (Specify SF or LF):

Location of Registered Landfill:
G.R.O.W.S. North Landfill

Disposal Date:
12/29/2011
City, State:
100 New Ford Mill Rd, Morrisville, PA 19067
215-736-1700

Copies To: Rutgers, REHS, Attn: Mike Smith and ATC, Attn: Brian Kearney
State of New Jersey - Notification of Asbestos Abatement
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC Project # 060-11
Client Project #

Date of Notification (1) December 06, 2011

Name of Building Owner/Operator (2) RUTGERS, THE STATE UNIVERSITY OF NJ

Address ENVIRONMENTAL HEALTH & SAFETY DEPT.
27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS

City, State, Zip Code LIVINGSTON, NJ 07039

Name of Contact MICHAEL SMITH, ENV.

HEALTH & SAFETY

Telephone Number 732-445-2550

Name of Facility Where Abatement is Taking Place (3)
TILLET HALL, BLDG# 4146

Street Address LIVINGSTON CAMPUS

City (5) PISCATAWAY

County (6) MIDDLESEX

County Code (7) 0098

Type of Facility (4)
School (K-12)
Subchapter 8 (other than K-12)

Other (i.e. private & commercial buildings, homes, etc.)
Sq. Feet: N/A
# of Floors: 6
Bldg. Age: 60+ years

Current Use (prior if being demolished): ACADEMIC

Name of Contractor (9)
GREENWOOD ABATEMENT CONSULTANTS, INC.

Street Address 268 MAIN STREET

City, State, Zip Code BUTLER, NJ 07405

Telephone Number 973-492-0477

License Number 00840

Name of Contractor (9)
ENVIROVISION, INC.

Street Address 20-21 WARGARAW ROAD

City, State, Zip Code FAIRLAWN, NJ

Project Manager for Monitoring Firm BRIAN KEARNY

Telephone Number 609-386-8800

Scheduled Start Date (10) 12/16/11

Scheduled Completion Date (11) 12/23/11

Occupancy Status During Abatement (Check only one)
Facility Closed/Vacated During Entire Period of Abatement
Abatement Performed Outside of Normal Facility Hours - Describe
Other - Describe: 4 PM TO 5 AM (WEEKENDS 24HR ACCESS AS NECESSARY)

Scope of Work (Check all that apply)

3 sf or 3 ft

\[ \begin{array}{ll}
\text{Renovation} & \text{Demolition} \\
\text{\checkmark} & \checkmark
\end{array} \]

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

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

\[ \begin{array}{ll}
\text{YES} & \text{NO} \\
\text{\checkmark} & \checkmark
\end{array} \]

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

Amount (Specify SF or LF)

Abatement Type

Full Containment with Negative Pressure

Mini-Enclosure

Glovebag Procedure

Non-Exempted (*) and Non-Friable Procedure

Name of Reg. Waste Hauler
See Hauler Below #1 & 2

NJDEP Waste Hauler ID #

Cubic Yards of Waste: 20 CY

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

Disposal Date 12/23/2011

City, State, Zip Code

Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405
NJDEP # 12561

Hauler #2) Newark Carving, Inc., Newark, NJ 04509
NJDEP # 4939

Completed by (Print or Type) RAYMOND C. PEDALINO
Title SENIOR PROJECT MANAGER

Signature

Date December 06, 2011

Copies To: Rutgers, REHS, Attn: Mike Smith and ATC, Attn: Brian Kearney
State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1) 12/5/11

Agencies Notified

[X] EPA
[ ] DEP
[X] DOE
[ ] DNDO
[ ] DCA

Type Notification

[X] Initial Notification
[ ] Amended Notification
[ ] Emergency
[ ] Cancellation

Name of Building Owner/Operator (2)
Kirill Gurevich

Street Address
200 Old Short Hills Road

City, State, Zip Code
Short Hills, NJ 07078

Name of Contact
Kirill Gurevich

Telephone Number
973-216-4722

FACILITY INFORMATION

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

Street Address
21 Meeker Place

City (5) Millburn

County (6) Essex

County Code (7) (STATE USE ONLY)

Type of Facility (4)

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

Square Feet
2500

# of Floors
2

Bldg. Age
80

Current Use (Prior if being demolished)
Residence

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

Street Address
86 Christopher St.

City, State, Zip Code
Montclair, NJ 07042

Name of OSHA Monitor
N/A

Telephone Number
(973) 744-8800

License Number
00371

Project Manager for Monitoring Firm

Telephone Number
N/A

Scheduled Start Date (10) 12/14/11
Scheduled Completion Date (11) 12/17/11

Month Day Year

Month Day Year

Occupancy Status During Abatement (Check only one)

[X] Facility Closed/Vacated During Entire Period of Abatement

[ ] Abatement Performed Outside of Normal Facility Hours - Describe: Off Hours Descript

[ ] Other - Describe: Other Occupancy Description

Scope of Work (Check all that apply)

[X] ≥3 sf or ≥3 l f
[ ] ≥160 sf or ≥260 LF

[X] Renovation

[ ] Demolition

[ ] Full Containment with Negative Pressure

[ ] Mini-Enclosure

[X] Glovebag Procedure

[ ] Non-Friable Procedure

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

In Facility (13)

Location Normally Used Solely by Main Tenance/Custodial Staff (12)

Yes No N/A

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

Amount (Specify SF or LF)

Abatement Type

[X] Pipe Insulation 110 LF

Basement

[X]

Name of Registered Waste Hauler
AZTECH MANAGEMENT, INC.

NJDEP Waste Hauler ID No. 17040

Cubic Yards of Waste 1.0

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

City, State
Montclair, NJ 07042

Disposal Date 12/19/11

City, State
Morrisville, PA 19067

Completed By (Print or Type) Title
Constantine Vivian President

Signature Date
12/5/11
### State of New Jersey

#### NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>12/2/11</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner / Operator (2)</td>
<td>Joe Saunders</td>
</tr>
</tbody>
</table>
| State of NJ Department of Corrections | |}

### FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Mountainview Correctional - Cottage 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>31 Petticoat Lane</td>
</tr>
<tr>
<td>City (5)</td>
<td>Annadale</td>
</tr>
<tr>
<td>County (6)</td>
<td>Monmouth</td>
</tr>
<tr>
<td>County Code (7)</td>
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<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>Environmental Connection</th>
</tr>
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<tbody>
<tr>
<td>Street Address</td>
<td>120 N. Warren St</td>
</tr>
<tr>
<td>City, State &amp; Zip Code</td>
<td>Trenton, NJ 08608</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>Ryan Broadwater</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>609-392-4200</td>
</tr>
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</table>

| Scheduled Start Date (10) | 12/5/11 |
| Scheduled Completion Date (11) | 12/7/11 |

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check only one)</th>
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</thead>
<tbody>
<tr>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
</tr>
<tr>
<td>Abatement Performed Outside of Normal Hours - 7am to 3pm</td>
</tr>
<tr>
<td>Facility Occupied During Abatement 7AM to 3:30 PM</td>
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</table>

<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 ≥280 ft</td>
</tr>
<tr>
<td>Renovation</td>
</tr>
<tr>
<td>Demolition</td>
</tr>
<tr>
<td>Full Containment with Negative Pressure</td>
</tr>
<tr>
<td>Mini-Enclosure</td>
</tr>
<tr>
<td>Glove Bag Procedures</td>
</tr>
<tr>
<td>Non-Exempted and Non-Friable Procedure</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement/Mechanical Space</td>
</tr>
<tr>
<td>Basement/Mechanical Space</td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
</tr>
<tr>
<td>Service Transport Inc.</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>Minerva Landfill</td>
</tr>
<tr>
<td>Disposal Date</td>
</tr>
<tr>
<td>City, State</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description of Asbestos-Containing Material (ACM)</th>
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<tbody>
<tr>
<td>(i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)</td>
</tr>
<tr>
<td>Pipe Insulation</td>
</tr>
<tr>
<td>Pipe Fitting Insulation</td>
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<table>
<thead>
<tr>
<th>Abatement Type</th>
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<tbody>
<tr>
<td>Removal</td>
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<tr>
<td>Repair</td>
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<tr>
<td>Encapsulate</td>
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<tr>
<td>Enclose</td>
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</table>

<table>
<thead>
<tr>
<th>Name of Contact</th>
<th>Joe Saunders</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone Number</td>
<td>609-984-6725</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Current Use (Prior if being demolished)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Correctional</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>License Number</th>
<th>00509</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>Bristol Environmental, Inc.</td>
</tr>
<tr>
<td>Street Address</td>
<td>1123 Beaver Street</td>
</tr>
<tr>
<td>City, State &amp; Zip Code</td>
<td>Bristol, PA 19007</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Telephone Number</th>
<th>(215)788-6040</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of OSHA Monitor</td>
<td>Bristol Environmental, Inc.</td>
</tr>
<tr>
<td>Street Address</td>
<td>1123 Beaver Street</td>
</tr>
<tr>
<td>City, State &amp; Zip Code</td>
<td>Bristol, PA 19007</td>
</tr>
</tbody>
</table>

Gino Pizzigoni
Title: Project Manager
Signature: [Signature]
Date: 12/5/11
NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 12/02/2011

Name of Building Owner/Operator (2) Mercer County Technical School

Street Address 1085 Old Trenton Road
City, State, Zip Code Hamilton NJ 08690

Name of Contact Mr. Sean Cavalier Telephone Number 609-586-5594

Name of Facility Where Abatement is Taking Place (3) Sypek Center - Building B

Type of Abatement (B) First Phase Group Inc

Street Address 129 Bull Run Road
City (5) Pennington

County Code (7) 43,576
Mercer # of Floors 1

County (6) Current Use (Prior if being demolished) Vocational/ Technical School

Street Address 120 North Warren Street
City, State, Zip Code Trenton, NJ 08608

Project Manager for Monitoring Firm Brian Holbig Telephone No. 609-392-4200

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

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

Scope of Work (Check All That Apply)

- 0 - 200 sf or 200 sf or 2200 sf
- Renovation
- Demolition

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boiler Room</td>
<td>x</td>
<td>Boiler Ribs Packing</td>
<td>242 SF</td>
<td>X</td>
</tr>
<tr>
<td>Boiler Room</td>
<td>x</td>
<td>Boiler Gaskets</td>
<td>4 SF</td>
<td>X</td>
</tr>
<tr>
<td>Boiler Room</td>
<td>x</td>
<td>Tank Insulation</td>
<td>250 SF</td>
<td>X</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler DJM
NJDEP Waste Hauler ID No. Cubic Yards of Waste Name of Registered Landfill
City, State, 109-113 Jacobs Ave South Kearny NJ Cumberland Landfill
Disposal Date Name of Registered Landfill
City, State Morrisville PA

Completed by Edwin Precilla Title Project Manager

Signature Date 12/02/11

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

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

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

**Boiler Room**
- X
- Boiler Ribbing: 242 SF
- Boiler Gaskets: 4 SF
- Tank Insulation: 250 SF

Name of Registered Waste Hauler:
- NJDEP Waste Hauler ID No.
- Cumberland Landfill

City State:
- 109-113 Jacobus Ave South Kearny NJ

Project Manager:
- Edwin Presilla

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
<th>DEC - 8 2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>11/23/11</td>
<td>John Patella</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Amended</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Emergency (Including justification)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Cancellation</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (5)</th>
<th>Residence</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>95 North Main St</td>
<td>Cranbury, NJ 08512</td>
<td>(609) 395-1474</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FACILITY INFORMATION</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Monitoring Firm (6)</td>
<td>MECS</td>
</tr>
<tr>
<td>ASCM No.</td>
<td></td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>Stevens Environmental Services, Inc.</td>
</tr>
<tr>
<td>Street Address</td>
<td>PO Box 341</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Crosswicks, NJ 08515</td>
</tr>
<tr>
<td>Name of Project Manager for Monitoring Firm</td>
<td>William Weisgarber Jr.</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>(609) 298-4070</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>12/6/11</td>
<td>1/11/12</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check only one)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
<td></td>
</tr>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours</td>
<td></td>
</tr>
<tr>
<td>Other - Describe: 8AM - 4:30PM</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>≥3 s/f or ≥3 if</td>
<td></td>
</tr>
<tr>
<td>≥150 s/f or ≥260 if</td>
<td></td>
</tr>
<tr>
<td>Renovation</td>
<td></td>
</tr>
<tr>
<td>Demolition</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED</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>IN Facility (13)</td>
<td>(i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td>124 LF</td>
<td></td>
</tr>
<tr>
<td>basement/crawl space</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>NJDEP Waste Hauler ID No</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stevens Environmental Services Inc.</td>
<td>18292</td>
<td>2 CU</td>
<td>T.R.R.F., Inc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed By</th>
<th>Title</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mahlon E. Stevens</td>
<td>Project Manager</td>
<td></td>
<td>12/6/11</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 8:80 and 5:16)

Date of Notification (1) 11/23/11

Name of Building Owner/Operator (2) John Patella

Agencies Notified

- EPA
- DEP
- DOL
- DOH
- DCA

Type Notification

- Initial
- Amended
- Amendment #
- Emergency (including Justification)
- Cancellation

Name of Facility Where Abatement is Taking Place (3)

Residence

Street Address 95 North Main Street

City, State, Zip Code Cranbury, NJ 08512

Name of Contact John Patella

Telephone Number (609) 395-1474

FACILITY INFORMATION

Type of Facility (4)

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

Square Feet 2500

# of Floors 2

Bldg. Age 150

Current Use (Prior if being demolished) Residence

Residence

Street Address PO Box 341

City, State, Zip Code Crosswicks, NJ 08515

Name of Abatement Contractor (9)

Stevens Environmental Services, Inc.

Street Address PO Box 322

City, State, Zip Code Allentown, NJ 08501

Project Manager for Monitoring Firm William Weisgerber Jr.

Telephone No. (609) 298-4070

Start Date (10) 12/6/11

Scheduled Completion Date (11) 12/8/11

Occupy Status During Abatement (Check only one)

- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other - Describe: 8AM - 4:30PM

Scope of Work (Check all that apply)

- 25 sf or 25
- 160 sf or 160
- 260 sf or 260

- Renovation
- Demolition

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

basement/crawlspace

- pipe insulation

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

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

- Amount (Specify SF or LF)

- Abatement Type

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

Name of Registered Waste Hauler Stevens Environmental Services Inc.

City, State Allentown, NJ

Disposal Date 12/8/11

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

City, State Tullytown, PA

Completed By Mahlon E. Stevens

Title Project Manager

Signature Handwritten

Date 11/23/11

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

Date of Notification (1)  11 / 14 / 11

Name of Building Owner/Operator (2)  Cape Regional Health System, Inc

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

Type Notification
- Initial
- Amended
- Amendment #3-12/2/11
- Emergency (including justificiation)
- Cancellation

Street Address  2 Stone Harbor Blvd

City, State, Zip Code  Cape May Courthouse, NJ

Name of Contact  Mark Elberfeld

Telephone Number  609-463-2000

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  Cape Regional Medical Center

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

Square Feet  50,000

# of Floors  2

Bldg. Age  40+

County Code (7)/STATE USE ONLY

Current Use (Prior if being demolished)

Name of Monitoring Firm HIred by Building Owner (8)  Criterion Labs, Inc

ASCM No.  Name of Abatement Contractor (9)  BRISTOL ENVIRONMENTAL, INC.

Street Address  3370 Progress Dr

City, State, Zip Code  Bensalem, PA 19020

Project Manager for Monitoring Firm  Mike Panarelo

Telephone No.  215-244-1300

License No.  00509

Start Date (10)  11 / 28 / 11

Scheduled Completion Date (11)  12 / 3 / 11

Name of OSHA Monitor  BRISTOL ENVIRONMENTAL, INC.

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-

REV #3.PM/5:00PM-1:30AM

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN FACILITY (13)</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>2nd Floor Finance Room</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1st Floor Medical Records</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pipe Insulation and fittings</td>
<td>255 LF</td>
</tr>
<tr>
<td>Pipe fittings</td>
<td>220 LF</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler  SERVICE TRANSPORT GROUP, INC.

NJDEP Waste Hauler ID No. 20990

Cubic Yards of Waste  Name of Registered Landfill  MINERVA LANDFILL

City, State  NEW CASTLE, DE 19720

Disposal Date  WAYNESBURG, OH 44688

Completed By (Print or Type)  Brian Scaffro  Title  Estimator  Signature

Date  12/2/11

* 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 8:16)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>11 / 14 / 11</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agencies Notified</td>
<td></td>
</tr>
<tr>
<td>☑  EPA</td>
<td></td>
</tr>
<tr>
<td>☑  DOLWD</td>
<td></td>
</tr>
<tr>
<td>☑  DHSS</td>
<td></td>
</tr>
<tr>
<td>☑  DCA</td>
<td></td>
</tr>
<tr>
<td>Type Notification</td>
<td></td>
</tr>
<tr>
<td>☑  Initial</td>
<td></td>
</tr>
<tr>
<td>☑  Amended</td>
<td></td>
</tr>
<tr>
<td>Amendment #2-11/23/11</td>
<td></td>
</tr>
<tr>
<td>☑  Emergency (Including justification)</td>
<td></td>
</tr>
<tr>
<td>☐  Cancellation</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Building Owner/Operator (2)</th>
<th>Cape Regional Health System, Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>2 Stone Harbor Blvd</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Cape May Courthouse, NJ</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Mark Elberfeld</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>609-463-2000</td>
</tr>
</tbody>
</table>

## Facility Information

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Cape Regional Medical Center</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>2 Stone Harbor Blvd</td>
</tr>
<tr>
<td>City</td>
<td>Cape May Courthouse</td>
</tr>
<tr>
<td>County Code (7) [STATE USE ONLY]</td>
<td>Cape May</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>Criterion Labs, Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>3370 Progress Dr</td>
</tr>
<tr>
<td>City, State Zip Code</td>
<td>Bensalem, PA 19020</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>Mike Panapresso</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>215-244-1300</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date (10) / Scheduled Completion Date (11)</th>
<th>11 / 28 / 11 / 12 / 3 / 11</th>
</tr>
</thead>
</table>

| Name of Abatement Contractor (9)                  | BRISTOL ENVIRONMENTAL, INC. |
| Street Address                                    | 1123 BEAVER STREET          |
| City, State Zip Code                              | BRISTOL, PA 19007           |
| Telephone No.                                     | 215-788-6040                |
| License No.                                       | 00509                       |

| Name of OSHA Monitor                              | BRISTOL ENVIRONMENTAL, INC. |
| Street Address                                    | 1123 BEAVER STREET          |
| City, State Zip Code                              | BRISTOL, PA 19007           |
| Telephone No.                                     |                            |
| License No.                                       |                            |

| Scope of Work (Check all that apply)              |                               |
| - 23 sf or ≥ 31 if                               |                               |
| - ≥ 160 sf or ≥ 260 If                           |                               |
| ☑ Renovation                                      |                               |
| ☑ Demolition                                      |                               |
| ☑ Full Containment with Negative Pressure         |                               |
| ☑ Mini-Enclosure                                  |                               |
| ☑ Glovebag Procedure                              |                               |
| ☑ Non-Exempted (*) and Non-Friable Procedure      |                               |

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN FACILITY (13)</th>
<th>2nd Floor Finance Room</th>
<th>1st Floor Medical Records</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</td>
<td>☑</td>
<td>☑</td>
</tr>
<tr>
<td>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) (14)</td>
<td>Pipe Insulation and fittings 255 LF</td>
<td>Pipe fittings 220 LF</td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abatement Type</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Endorsement</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>SERVICE TRANSPORT GROUP, INC.</th>
</tr>
</thead>
<tbody>
<tr>
<td>NJDEP Waste Hauler ID No.</td>
<td>20950</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td></td>
</tr>
<tr>
<td>Disposal Date</td>
<td></td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>MINERVA LANDFILL</td>
</tr>
<tr>
<td>City, State</td>
<td>WAYNESBURG, OH 44688</td>
</tr>
</tbody>
</table>

| Completed By (Print or Type)     | Brian Scalfiro                |
| Title                            | Estimator                     |
| Signature                        | Brian Scalfiro Ink            |
| Date                             | 11/29/11                      |
**State of New Jersey**
**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>11/14/11</td>
<td>Cape Regional Health System, Inc</td>
</tr>
</tbody>
</table>

**Name of Facility Where Abatement is Taking Place (3)**
Cape Regional Medical Center

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Type of Facility (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 Stone Harbor Blvd</td>
<td>School (K-12)</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>City (5)</th>
<th>Occupancy Status During Abatement (Check only one)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cape May Courthouse</td>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>11/26/11</td>
<td>12/2/11</td>
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<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>
</tr>
</thead>
<tbody>
<tr>
<td>2nd Floor Finance Room</td>
<td>Yes</td>
</tr>
<tr>
<td>1st Floor Medical Records</td>
<td>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pipe insulation and fittings</td>
<td>255 LF</td>
</tr>
<tr>
<td>Pipe fittings</td>
<td>8 LF</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>SERVICE TRANSPORT GROUP, INC.</td>
<td>MINERVA LANDFILL</td>
</tr>
</tbody>
</table>

**Completed By (Print or Type)**
Brian Scafiro, Estimator

**Signature**
Brian Scafiro, Dec 11
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:50 and 8:18)

Date of Notification (1)
11 / 14 / 11

Name of Building Owner/Operator (2)
Cape Regional Health System, Inc

Name of Facility Where Abatement is Taking Place (3)
Cape Regional Medical Center

Type of Facility (4)

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

Amount (Specify SF or LF)

Abatement Type

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

2nd Floor Finance Room
Pipe insulation and fittings
255 LF

1st Floor Medical Records
Pipe fittings
8 LF

Name of Registered Waste Hauler
SERVICE TRANSPORT GROUP, INC.

Cubic Yards of Waste

Name of Registered Landfill
MINERVA LANDFILL

Disposal Date

City, State
NEW CASTLE, DE 19720

Completed By (Print or Type) Title

Signature

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

Date of Notification (1)
12 / 05 / 11

Name of Building Owner/Operator (2)
Redco Engineering

Streets Address
137 Elmer Street

City, State, Zip Code
Westfield, NJ 07091

Name of Contact
Will Jess
Telephone Number
732-522-1142

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Courier News

Square Feet
20,000

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

No. of Floors
2

☑ School (K-12)

Bidg. Age
30+

☑ Subchapter 8 (Other than K-12)

Current Use (Prior if being demolished)
Vacant

☑ Other (i.e., private & commercial buildings, homes, etc.)

County Code (T)(STATE USE ONLY)

Name of Abatement Contractor (8)
Diamond Huntbach Construction Corporation

Name of Monitoring Firm Hired by Building Owner (6)
National Monitoring Labs

ASCM No.

Street Address
811 Church Road, Suite 217

City, State, Zip Code
Cherry Hill, NJ 08002

Project Manager for Monitoring Firm
Ronen Bakshi
Telephone No.
856-663-9077

Project Description

Start Date (10)
12 / 06 / 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 - Describe

Time of Abatement: TAM-5PM/PM-AM

Scope of Work (Check all that apply)

☐ ≥3 sf or ≥3 ft

☐ ≥160 sf or ≥260 sf

☐ Renovation

☐ Demolition

☐ Full Containment with Negative Pressure

☐ Mini-Enclosure

☐ Glovebag Procedure

☐ Non-Exempted (*) and Non-Resilient Procedure

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

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

Yes
No
N/A

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

Amount (Specify SF or LF)

Abatement Type

 Basement Mechanical Room
☐ Spray-on Fire Proofing
275 SF

Name of Registered Waste Hauler
Diamond Huntbach Construction
NJDEP Waste Hauler ID No.
19689

Cubic Yards of Waste
2 cy

Name of Registered Landfill
Minerva Landfill

City, State
Philadelphia, PA 19124

Disposal Date
12/15/11

Name of Registered Landfill

City, State
Waynesburg, OH 44688

Completed By (Print or Type)
Charles F. Imbimbo
Title
Project Manager

Signature

Date
12/05/11

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

Date of Notification (1) 12/5/11
Name of Building Owner/Operator (2) Rite Aid Corp

Agencies Notified
- EPA
- DEP
- DCA (NJAC 5:23-8)
- DHSS
- DCA (NJAC 5:16)
Type Notification
- Initial
- Amended
- Amendment #1 12/3/11
- Emergency (including justification)
- Cancellation

Street Address
877 Kings Highway Suite 100
City, State, Zip Code
West Deptford, NJ 08096
Name of Contact
Todd Waltzer
Telephone Number
856-886-0841

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Rite Aid Store #748 TRACT #1 Site

Square Feet # of Floors Bidg. Age
4400 2 120+

County Code (7)/STATE USE ONLY
County
Cumberland
Retail space

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (5)
Health & Safety Services, Inc
ASCM No.
117

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

License No.
00847

Name of OSHA Monitor
CES

Occupy 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: 7:00AM-7:00PM _PM_ _AM

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

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Asbestos-Containing Material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Roof</td>
<td>Roofing material</td>
</tr>
<tr>
<td>exterior transite siding</td>
<td>transite</td>
</tr>
<tr>
<td>interior 1st floor</td>
<td>Floor tile</td>
</tr>
</tbody>
</table>

Amount (Specify SF or LF)
2400 SF
200 SF
2400 SF

Name of Registered Waste Hauler
STG

NJDEP Waste Hauler ID No.
20990
Cubic Yards of Waste
160 CU
Name of Registered Landfill
Minerva Landfill
City, State
New Castle, DE
Disposal Date
12/19/2011
City, State
Waynesburg, OH 44688

Completed By (Print or Type)
Patricia Visco
Title
Office Manager
Signature
Patricia Visco 12/5/11

* Do not use this form for asbestos licensure exempted activities.
New Jersey Department of Health and Senior Services  
Consumer, Environmental & Occupational Health Service  
PO Box 369, Trenton, NJ 08625-0369  
Telephone: 609-826-4950 Fax: 609-826-4975  
NOTIFICATION OF NON-FRIABLE ASBESTOS WORK ACTIVITIES  
Must be submitted 10 days prior to the beginning of work. Please type or print legibly.

Type of Notification (check one) and Date Submitted  
[ V] Initial  [ ] Amended  [ ] Cancellation  [ ] Emergency (must include justification)  Date of Notification: 1/2/2011

Building Information

Name of Building Owner/Operator: Catherine Lane
Street Address: 36 Dogwood Rd. City: West Orange  State: NJ Zip: 07052
Name of Contact: Catherine Lane  Telephone No.: 973-731-5291

Facility Information

Name of Facility Where Work Activity is to Take Place: Residence
Describe Facility Use: Residence
Street Address: 36 Dogwood Rd. City: West Orange  State: NJ Zip: 07052
County Name: Essex  County Code (state use only):  
Scheduled Start Date: 1/2/2011  Scheduled Completion Date: 1/2/2011

Occupancy Status During Activity (check only one):
[ V] Facility Closed/Vacated During Entire Activity
[ ] Activity Performed Outside Normal Facility Hours—Describe: 
[ ] Other—Describe: 

Scope of Work (check all that apply):
[ V] Floor Tile  Square Footage: 600 Sq.Ft  Percentage Asbestos: 5%
[ ] Mastic  Square Footage:  
[ ] Other:  Square Footage:  
[ ] Other:  Square Footage:  

Contractor Information

Company Name: Integrated Management  Telephone No.: 973-744-5300
Street Address: 360 Christopher St. City: Montclair  State: NJ Zip: 07042
New Jersey Asbestos License Number (if applicable): 00 371
Monitoring Firm (if applicable): 
Telephone No.: 

Signature

Completed By (type or print legibly): Constantine Vania  Title: President
Date: 1/2/2011
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)
11/1/11

Name of Building Owner/Operator (2)
NJ SDA

Agencies Notified: (3)
- EPA
- DEP
- DOL
- DOH
- DCA

Type Notification
- Initial
- Amended
- Amendment # 5
- Emergency (including justification)
- Cancellation

Street Address
1 West State Street
City, State, Zip Code
Trenton, NJ 08625

Name of Contact
Bruce Leibitch
Telephone Number
609.306.5408

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 (8)
Hudson

County Code (7)

4500 +

Current Use (Prior to being demolished)
Abandoned building

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

ASCM No.
00045

Name of Abatement Contractor (9)
ALKAT Construction LLC

Street Address
64 Broad Street
City, State, Zip Code
Matawan

Telephone No.

973.893.7005

License No.
01057

Project Manager for Monitoring Firm
Tom Geiger

Name of OSHA Monitor
Angel Ramov

Start Date (10)
11/1/11

Scheduled Completion Date (11)
1/12/12

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

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

Amount (Specify SF or LF)

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

Location

Main Floor
Main Floor
Mezzanine/combine area
Roof

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

Ceiling and wall plaster
Fiber paper
VAT
Roofing material

Amount (Specify SF or LF)

9900 SF
200 SF
4235 SF
4000

Abatement Type

Removal
Repair
Encapsulate
Enclosure

Disposal Date

City, State
Bethlehem, PA

Name of Registered Landfill
IESI Bethlehem Landfill

Cubic Yards of Waste
40+

Name of Registered Waste Hauler
ATLANTIC CARTING LLC

NJ/DEP Waste Hauler ID No.
28085

Completed by
Uros Spasic

Title
GM

Signature

Date
12/1/11

* 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) 11/1/11
Name of Building Owner/Operator (2) NJ SDA

Agencies Notified
☐ EPA ☐ DEP ☐ DOL
☐ DOH ☐ DCA
☐ [ ] Initial  ☐ Amended  ☐ Amendment # 3
☐ Emergency (Including justification)  ☐ Cancellation

Street Address 1 West State Street
City, State, Zip Code Trenton, NJ 08625
Name of Contact Bruce Leiblich
Telephone Number 609-414-3367

FACILITY INFORMATION
Former Train Station Building

Street Address 395-397 MLK Drive
City  Jersey City, NJ 07305
County  Hudson, NJ

Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics, Inc.
ASCN No. 00045

Name of Abatement Contractor (9) ALKAT Construction, LLC
Street Address 64 Broad Street
City, State, Zip Code Matawan, NJ 07747

Project Manager for Monitoring Firm Tom Geiger
Telephone No. 732-290-2217

Start Date (10) 12/26/11
Scheduled Completion Date (11) 1/27/12

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

Scope of Work (Check All That Apply)

<table>
<thead>
<tr>
<th>Description of Asbestos-Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location of Asbestos-Containing Material (ACM)</td>
<td>2700 SF</td>
<td>x</td>
</tr>
<tr>
<td>TO BE ABATED</td>
<td>2950 SF</td>
<td>x</td>
</tr>
<tr>
<td>In Facility (13)</td>
<td>270 LF</td>
<td>x</td>
</tr>
<tr>
<td></td>
<td>2400 SF</td>
<td>x</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler ATLANTIC CARTING LLC
NJDEP Waste Hauler ID No. 26085

City, State 1141 Rout 23 Wayne, NJ
Disposal Date City, State Bethlehem, PA
Name of Registered Landfill IESI Bethlehem, PA
Disposal Date 12/05/11

Title GM
Signature

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

(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

**Date of Notification (1)**
December 6, 2011

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

**Notification Type**
- Initial Notification
- Amended Certification # 1
- Emergency (including justification)
- Cancelled

**Agency Name**
- EPA
- DCA
- DOL
- DEP
- DOH

**FACILITY INFORMATION**

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

**Street Address**
1-5 Blackwell Avenue

**City**
Dover

**County**
Morris

**County Code (7)**
00079

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

**Street Address for Field Monitoring Firm**
20-21 Wagarow Road, Bldg. #34A

**City, State, Zip Code**
Fairlawn, NJ 07410

**Project Manager for Monitoring Firm**
Fred Larson

**Telephone Number**
973-636-9145

**Scheduled Start Date (10)**
December 17, 2011

**Scheduled Completion Date (11)**
December 23, 2011

**Occupancy Status During Abatement (Check only one)**
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours - Describe Other
- Non-Sub-Chapter 8

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

**Location of Asbestos-Containing Material (ACM) in Facility (13)**
- Is Location Normally Used Solely by Maint./Custodial Staff? (12)
  - YES
  - NO

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

**1st Floor**
- VAT & Mastic

**Cubic Yards of Waste:**
30

**Name of Registered Landfill**
Meadowfill Landfill

**Disposal Date**
December 23, 2011

**Hauler #1**
Greenwood Abatement Consultants, Inc. – Butler, NJ 07405
NJ DEP # 12561

**Hauler #2**
Newark Carting, Inc. – Newark, NJ 07109, NJ DEP # 19551

**Completed by (Print or Type)**
Marin Graure

**Title**
SENIOR PROJECT MANAGER

**Date**
December 6, 2011

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

**Sq. Feet:** Unknown

**2 # of Floors:**
Bldg. Age: 70 years

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

**Name of Contractor (9)**
GREENWOOD ABATEMENT CONSULTANTS, INC.

**Street Address**
268 MAIN STREET

**City, State, Zip Code**
Butler, NJ 07405

**Telephone Number**
973-492-0477

**License Number**
00840

**Name of OSHA Monitor**
EMSL Inc.

**Street Address**
1056 Stelton Road

**City, State, Zip Code**
Piscataway, NJ 08854

**GAC # 2011-301**

Please Note: Amendment # 1 – Changes: Non-Friable – Non Sub Chapter 8
**State of New Jersey - Notification of Asbestos Abatement**

(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>December 5, 2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agencies Notified</td>
<td></td>
</tr>
<tr>
<td>x EPA</td>
<td></td>
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<tr>
<td>x DCA</td>
<td></td>
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<td>x DOL</td>
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<td>x DEP</td>
<td></td>
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<tr>
<td>x DOH</td>
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<td>Notification Type</td>
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<td>x Initial Notification</td>
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<td>□ Amended Certification</td>
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<td>□ Emergency (including justification)</td>
<td></td>
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<tr>
<td>□ Cancelled</td>
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</tr>
<tr>
<td>Name of Building Owner/Operator</td>
<td>Dover Blackwell Realty, Inc.</td>
</tr>
<tr>
<td>Street Address</td>
<td>64 East Midland Avenue</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Paramus, New Jersey 07652</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Tom Allesandrillo</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>201-615-2401</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

| Name of Facility Where Abatement is Taking Place | Commercial Building |
| Street Address | 1-5 Blackwell Avenue |
| City, State, Zip Code | Dover, Morris, NJ 07640 |
| Name of Monitoring Firm Hired by Bldg. Owner | EnviroVision Consultants inc. |
| ASCM No. | 00079 |

| Type of Facility | School (K-12) |
| □ Subchapter 8 (other than K-12) | |
| Other (i.e. private & commercial buildings, homes, etc.) |
| Sq. Feet | Unknown |
| # of Floors | 2 |
| Bldg. Age | 70 years |
| Current Use (prior if being demolished): | |

| Name of Contractor | GREENWOOD ABATEMENT CONSULTANTS, INC. |
| Street Address | 268 MAIN STREET |
| City, State, Zip Code | Butler, NJ 07405 |
| Telephone Number | 973-492-0477 |
| License Number | 00840 |
| Name of OSHA Monitor | EMSL inc. |
| Street Address | 1056 Stelton Road |
| City, State, Zip Code | Piscataway, NJ 08854 |

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

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

**Location of Asbestos-Containing Material (ACM) in Facility:**
- Location Normally Used Solely by Maint./Custodial Staff (12)
- YES
- NA

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

**1st Floor**
- VAT & Mastic
- 3,000 SF

**Hauler #1**
- Greenwood Abatement Consultants, Inc. - Butler, NJ 07405
- NJ DEP # 12561

**Hauler #2**
- Newark Carting, Inc. - Newark, NJ 04509, NJ DEP # 19551

**Completed by (Print or Type):**
- Name: Marin Graure
- Title: SENIOR PROJECT MANAGER
- Signature: Marin Graure
- Date: December 5, 2011

GAC # 2011-301
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)
12/6/11

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

Type Notification

Name of Building Owner/Operator (2)
CAMILLE COSTANZA

Street Address
316 CASINO AVENUE

City, State, Zip Code
CRANFORD, NJ 07016

Name of Contact
CAMILLE COSTANZA

Telephone Number
908-931-9888

FACILITY INFORMATION

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

Street Address
316 CASINO AVENUE

City (6)
CRANFORD

Square Feet
1500

County Code (7)

Current Use (Prior if being demolished)

County Name
UNION

County Code

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

ASCM No.

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

Street Address
250 RUTHERFORD BLVD.

City, State, Zip Code
CLIFTON, NJ 07014

Project Manager for Monitoring Firm

Telephone No.

License No.
973-956-8700
00494

Start Date (10)
12/9/2011

Scheduled Completion Date (11)
12/12/2011

Name of OSHA Monitor
SAME AS (9) ABOVE

Occancy 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
- 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

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)

Abatement
Type

Removal
Repair
Encapsulate
Endorse

BASEMENT

X

VAT

400 SF

X

Name of Registered Waste Hauler
TWO BROTHERS CONTRACTING

NJ/DEP Waste Hauler ID No.
18743

Cubic Yards of Waste
6

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

City, State
CLIFTON, NJ

Disposal Date
12/12/2011

City, State
MORRISVILLE, PA

Completed by
MICHELE MLADENOVIC

Title
SECRETARY

Signature

Date
12/6/11

* 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)**
11/29/11

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

**Address (3)**
Cranford, NJ 07016

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

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

**Street Address**
316 CASINO AVENUE

**City**
CRANFORD

**County**
UNION

**Complex Name**

**Current Use (Prior if being demolished)**
- ☑ School
- ☑ Subchapter 8
- ☑ Other

**Name of Monitoring Firm Hired by Building Owner (6)**
ASCM No.

**Name of Asbestos Contracting Firm (9)**
TWO BROTHERS CONTRACTING, INC.

**Address**
250 RUTHERFORD BLVD.

**City**
CLIFTON, NJ 07014

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

**License No.**
00494

**Start Date (10)**
12/9/2011

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

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

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

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>In Facility (13)</td>
<td>Yes</td>
<td>VAT/MASTIC</td>
<td>640SF</td>
<td>☑ Endorsement</td>
</tr>
</tbody>
</table>

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

**City**
CLIFTON, NJ

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

**City**
MORRISVILLE, PA

**Completed by**
MICHELE MLADENOVIC

**Title**
SECRETARY

**Signature**

**Date**
11/29/2011

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