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

Date of Notification (1)
12/10/2012

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

Type Notification
- Initial

Name of Building Owner/Operator (2)
P.S.E. & G

Street Address
440 Eagle Rock Ave.

City, State, Zip Code
Roseland, NJ 07068

Name of Contact
Chuck Tkachuk

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
P.S.E.&G

Street Address
50 SOUTH AVE.

City (5)
FANWOOD

County Code (7)
UNION

County Code (7)
(SATE USE ONLY)

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

Current Use (Prior if being demolished)
SWITCH STATION

Name of Monitoring Firm Hired by Building Owner (6)
ENVIRONMENTAL TACTICS

ASCM No.
0045

Name of Abatement Contractor (9)
UNIQUE SYSTEMS OF AMERICA

Street Address
396 WHITEHEAD AVE.

City, State, Zip Code
SOUTH RIVER, NJ 08882

Project Manager for Monitoring Firm
TOM GEIGER

Telephone No.
732-290-2217

Start Date (10)
12/29/12

Scheduled Completion Date (11)
12/31/12

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

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

In Facility

13

Yes
No
N/A

Location Normally Used Solely by Maintenance/Custodial Staff?

12

Description of Asbestos Containing Material (ACM)

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

Amount (Specify SF or LF)

OUTDOORS

TRANSITE PIPE

420 LF

x

CONTROL ROOM

TRANSITE FLOOR PANELS

100 SF

x

Endorse

Repair

Abatement Type

Endorse

Repair

Endorse

Endorse

Name of Registered Waste Hauler

NUDEP Waste Hauler ID No.

1125

Cubic Yards of Waste

20

Name of Registered Landfill

GROWS NORTH

City, State
ELIZABETH, NJ

Disposal Date
12/31/12

City, State
MORRISVILLE, PA

Completed by
CAROL RAIMO

Title
OFFICE MGR

Signature

Date
12/10/2012

* 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)
11/29/2012

Name of Building Owner/Operator (2)
Township of Livingston

Name of Building

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

Type Notification
☐ Initial
☐ Amended
☐ Amendment # 3
☐ Emergency (including justification)
☐ Cancellation

Street Address
333-357 South Livingston Avenue

City, State, Zip Code
Livingston, NJ 07039

Name of Contact
Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Monmouth Court Community Center

Street Address
26 Monmouth Court

City (5)
Livingston

County (9)
Essex

County Code (7)

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

ASCM No.

Name of Abatement Contractor (9)
Kielczewski Corporation

Street Address
235 Watchung Ave

City, State, Zip Code
West Orange NJ 07052

License No.
01171

Current Use (Prior if being demolished)
Community Center

Telephone No.
973-243-9872

Telephone No.
609-392-4200

License No.

Name of OSHA Monitor
Long Island Analytical

Street Address
110 Colin Drive

City, State, Zip Code
Holbrook NY 11741

Start Date (10)
12/03/2012

Scheduled Completion Date (11)
12/14/2012

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

Scope of Work (Check All That Apply)
☐ ≥30 sf or ≥3 If
☐ ≥160 sf or ≥260 If
☐ Demolition
☐ Renovation
☐ Full Containment with Negative Pressure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure
☐ Mini-Enclosure
☐ Non-Exempted

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

2nd Floor Stair 204
2nd Floor Room 201
2nd Floor Room 203
2nd Floor Room 214

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)
VAT & Mastic
VAT & Mastic
VAT & Mastic
VAT & Mastic

Amount
237sf
240sf
25sf
60sf

Abatement Type
Removal
Repair
Encapsulate
Silent

Name of Registered Waste Hauler
Circle Rubbish

NJDEP Waste Hauler ID No.

Cubic Yards of Waste

Name of Registered Landfill
Tullytown Resource Facility

City, State
Linden NJ

Completed by
Slawomir Kielczewski

Title
President

Signature

Date
12/06/2012

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

**Date of Notification (1):** 11/29/2012

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
<td>Township of Livingston</td>
</tr>
<tr>
<td>DEP</td>
<td>Amended</td>
<td></td>
</tr>
<tr>
<td>DOL</td>
<td>Amendment # 3</td>
<td></td>
</tr>
<tr>
<td>DOH</td>
<td>Cancellation</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
<th>Name of Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>333-357 South Livingston Avenue</td>
<td>Livingston, NJ 07039</td>
<td></td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3):</th>
<th>Monmouth Court Community Center</th>
</tr>
</thead>
</table>

**Street Address:**

Monmouth Court Community Center

<table>
<thead>
<tr>
<th>County Code (7)</th>
<th>Current Use (Prior if being demolished)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Essex</td>
<td>Community Center</td>
</tr>
</tbody>
</table>

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

Environmental Connection Inc.

**ASCM No.:**

**Name of Abatement Contractor (9):**

Kielczewski Corporation

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Telephone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>120 N. Warren Street</td>
<td>609-392-4200</td>
</tr>
</tbody>
</table>

**Telephone No.:**

973-243-9872

**License No.:** 01171

**Start Date (10):** 12/03/2012

**Scheduled Completion Date (11):** 12/14/2012

**Name of OSHA Monitor:** Long Island Analytical

**Street Address:**

110 Colin Drive

**City, State, Zip Code:** Holbrook, NY 11741

<table>
<thead>
<tr>
<th>Scope of Work (Check All That Apply):</th>
</tr>
</thead>
<tbody>
<tr>
<td>( \geq 3 \text{ sf or } \geq 3 \text{ if} )</td>
</tr>
<tr>
<td>Renovation</td>
</tr>
<tr>
<td>Demolition</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) To Be Abated In Facility (16):</th>
</tr>
</thead>
<tbody>
<tr>
<td>2nd Floor Room 217</td>
</tr>
<tr>
<td>VAT &amp; Mastic</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous):</th>
</tr>
</thead>
<tbody>
<tr>
<td>60sf</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Amount (Specify SF or LF):</th>
</tr>
</thead>
<tbody>
<tr>
<td>60sf</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Abatement Type:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Removal</td>
</tr>
<tr>
<td>x</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler:** Circle Rubbish

**NJDEP Waste Hauler ID No.:** 18815

**Cubic Yards of Waste:**

<table>
<thead>
<tr>
<th>Disposal Date</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Tullytown Resource Facility</td>
</tr>
</tbody>
</table>

**City, State:**

Morrisville, PA

**Completed by:**

Slawomir Kielczewski

**Title:** President

**Signature:**

**Date:** 12/06/2012

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

**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:50 and 12:120)

**Date of Notification (1)**  
11/29/2012

**CONTINUATION SHEET #2**

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

**Street Address**  
333-357 South Livingston Avenue

**City, State, Zip Code**  
Livingston, NJ 07039

**Name of Owner/Operator**  
Slawomir Kielczewski

**Name of Building Owner/Operator**  
Township of Livingston

**Name of Building Owner/Operator**  
Kielczewski Corporation

**Name of Building Owner/Operator**  
Long Island Analytical

**Name of Building Owner/Operator**  
Holbrook NY 11741

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**  
Monmouth Court Community Center

**Street Address**  
26 Monmouth Court

**City (5)**  
Livingston

**County (6)**  
Essex

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

**ASCM No.**  
N/A

**Name of Abatement Contractor (9)**  
Kielczewski Corporation

**Street Address**  
235 Watchung Ave

**City, State, Zip Code**  
West Orange NJ 07052

**Street Address**  
110 Colin Drive

**City, State, Zip Code**  
Holbrook NY 11741

**Name of Abatement Contractor**  
Kielczewski Corporation

**Name of Abatement Contractor**  
Long Island Analytical

**Name of Abatement Contractor**  
Holbrook NY 11741

**Start Date (10)**  
12/03/2012

**Scheduled Completion Date (11)**  
12/14/2012

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

- Abatement Performed Outside of Normal Facility Hours
- Open during business hours 8:00-4:00pm

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

- 2,800 sf or less
- Renovation
- Demolition

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st Floor part of room 103</td>
<td>Yes</td>
<td>VAT &amp; Mastic</td>
</tr>
<tr>
<td>1st Stair 104</td>
<td>Yes</td>
<td>VAT &amp; Mastic</td>
</tr>
<tr>
<td>Part of corridor 112</td>
<td>Yes</td>
<td>VAT &amp; Mastic</td>
</tr>
<tr>
<td>1st Fl Stairwell smoke doors</td>
<td>Yes</td>
<td>lining/ caulking</td>
</tr>
</tbody>
</table>

**Amount (Specify SF or LF)**  
250sf x

**Abatement Type**  
Removal

**Name of Registered Waste Hauler**  
Circle Rubbish

**Hauler ID No.**  
18816

**Cubic Yards of Waste**  
NJDEP Waste

**Disposal Date**  
12/06/2012

**City, State**  
Linden NJ

**City, State**  
Morrisville PA

**Completed by**  
Slawomir Kielczewski

**Title**  
President

**Signature**  
Kielczewski

*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)**
11/29/2012

**CONTINUATION SHEET #3**

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
</tr>
<tr>
<td>DEP</td>
<td>Amended Amendment # 3</td>
</tr>
<tr>
<td>DOL</td>
<td>Emergency (including justification)</td>
</tr>
<tr>
<td>DOH</td>
<td>Cancellation</td>
</tr>
</tbody>
</table>

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

**Township of Livingston**

**Street Address**
333-357 South Livingston Avenue

**City, State, Zip Code**
Livingston, NJ 07039

**Name of Contact**

**Telephone Number**

### FACILITY INFORMATION

**Name of Facility Where Abatement is Taking Place (3)**
Monmouth Court Community Center

**Street Address**
26 Monmouth Court

**City (5)**
Livingston

**County (6)**
Essex

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

**Square Feet**

**# of Floors**

**Bldg. Age**

**Type of Facility (4)**

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

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

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

Environmental Connection Inc.

**Telephone No.**
609-392-4200

### ASCM No.

### Name of Abatement Contractor (9)

Kielczewski Corporation

**Street Address**
235 Watchung Ave

City, State, Zip Code
West Orange NJ 07052

**Name of OSHA Monitor**
Long Island Analytical

**Start Date (10)**
12/03/2012

**Scheduled Completion Date (11)**
12/14/2012

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

- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other—Describe: Open during business hours 8:00-4:00pm

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

- ≥ 23 sf or ≥ 23 If
- ≥ 160 sf or ≥ 280 lf
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

- In Facility (13)

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM)</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAC, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st Floor Gymnasium Room 110</td>
<td>x</td>
<td>wire insulation</td>
<td>361 sf</td>
<td>x</td>
</tr>
<tr>
<td>1st Floor Room 103</td>
<td>x</td>
<td>chalkboard mastic</td>
<td>150 sf</td>
<td>x</td>
</tr>
<tr>
<td>1st Floor Room 103</td>
<td>x</td>
<td>wood paneling mastic</td>
<td>1,700 sf</td>
<td>x</td>
</tr>
<tr>
<td>2nd Fl hallway smoke doors</td>
<td>x</td>
<td>lining/ceiling</td>
<td>96 sf</td>
<td>x</td>
</tr>
</tbody>
</table>

### Name of Registered Waste Hauler

Circle Rubbish

### Cubic Yards of Waste

<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
<th>Disposal Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tullytown Resource Facility</td>
<td>City, State</td>
</tr>
<tr>
<td>Morrisville PA</td>
<td></td>
</tr>
</tbody>
</table>

### Completed by

Slawomir Kielczewski

**Title**
President

**Signature**

Kielczewski

**Date**
12/06/2012

---

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

Date of Notification (1) 11/29/2012
CONTINUATION SHEET # 4
Name of Building Owner/Operator (2)
Township of Livingston

Agencies Notified
☐ EPA
☐ DEP
☒ DOL
☐ DOH
☐ DCA
☐ Initial
☒ Amended # 3
☐ Emergency (Including Justification)
☐ Cancellation

Street Address
333–357 South Livingston Avenue
City, State, Zip Code
Livingston, NJ 07039
Name of Contact
Telephone Number

FACILITY INFORMATION
Name of Facility Where Abatement is Taking Place (3)
Monmouth Court Community Center

Street Address
26 Monmouth Court
City (5)
Livingston
County (6) Essex
County Code (7)
(STATE USE ONLY) _______

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

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

Square Feet
# of Floors
Bldg. Age

Name of Abatement Contractor (9)
Kielczewski Corporation

Street Address
235 Watchung Ave
City, State, Zip Code
West Orange NJ 07052
Telephone No.
973-243-9872
License No.
01171

Start Date (10) 12/03/2012
Scheduled Completion Date (11) 12/14/2012
Name of OSHA Monitor
Long Island Analytical

Occupancy Status During Abatement (Check Only One)
☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☐ Other – Describe: open during business hours 8:00-4:00pm

Scope of Work (Check All That Apply)
☐ ≥3 sf or ≥3 if
☐ ≥150 sf or ≥260 sf
☒ 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)

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

Amount (Specify SF or LF)

Abatement Type

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exterior doors</td>
<td>No</td>
<td>doors caulk</td>
<td>300 LF</td>
<td>Removal</td>
</tr>
<tr>
<td>Exterior windows Room 103</td>
<td>No</td>
<td>window caulk</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
Circle Rubbish

Cubic Yards of Waste
NJDEP Waste Hauler JD No. 18616

Disposal Date
County, State, Zip Code
City, State, Zip Code
Linden NJ

City, State, Zip Code
Morristown NJ

Completed by
Sławomir Kielczewski
Title
President
Signature

Data
12/06/2012

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

Date of Notification (1)  
12/11/12

Agencies Notified
☐ EPA  ☑ Initial  
☐ DEP  ☐ Amended  
☐ DOL  ☐ Emergency  
☐ DOH  ☐ Cancellation

Name of Building Owner / Operator (2)  
Bank of America

Street Address  
15279 North Scottsdale Road Suite 400

City, State & Zip Code  
Scottsdale, AZ 85254

Name of Contact  
Mr. Jay Elgert

FACILITY INFORMATION

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

Street Address  
2 Pheasant Lane

City (5)  
Willingboro

County (6)  
Burlington

County Code (7)  

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

AsCM No.  

Project Manager for Monitoring Firm  
Dave or Steve Flanigan

Telephone Number  
856-648-0800

Scheduled Start Date (10)  
12/27/12

Scheduled Completion Date (11)  
1/10/13

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

Scope of Work (Check all that apply)
☐ Renovation  
☐ Demolition

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

Yes  ☑ No  ☐ N/A

Throughout  
Interior  
Exterior Soffit  
Exterior  
Throughout

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

Asbestos Debris  
Pipe Insulation  
Transite Material  
Sheathing below vinyl siding

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

Amount (Specify SF or LF)  
40 cy  
20 LF  
150 SF  
1,300 SF  
2500 SF

Abatement Type
☐ Endoscope  
☐ Demolition  
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure  
☐ Glove Bag Procedures  
☐ Non-Exempted and Non-Friable Procedure

Endoscope  
Demolition  
Full Containment with Negative Pressure  
Mini-Enclosure  
Glove Bag Procedures  
Non-Exempted and Non-Friable Procedure

Endoscope  
Demolition  
Full Containment with Negative Pressure  
Mini-Enclosure  
Glove Bag Procedures  
Non-Exempted and Non-Friable Procedure

Endoscope  
Demolition  
Full Containment with Negative Pressure  
Mini-Enclosure  
Glove Bag Procedures  
Non-Exempted and Non-Friable Procedure

Name of Registered Waste Hauler  
NJDEP Waste Hauler ID No.  
22612

Cubic Yards of Waste  
10

Name of Registered Landfill  
GROWS

City, State  
Morrisonville, PA

Disposal Date  
4/13/12

Completed By (Print or Type)  
Kim Trumbetti

Title  
Admin.

Signature  

Date  
3/23/12
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 12/07/2012
Name of Building Owner/Operator (2) North Brunswick TOD Associates

Agencies Notified
☐ EPA
☐ DEP
☒ DOL
☐ DOH
☐ BCA
Type Notification
☐ Initial
☐ Amended
☒ Amendment #
☐ Emergency (including justification)
☐ Cancellation

Street Address 2300 US Route 1 North
City, State, Zip Code North Brunswick, NJ 08902
Name of Contact Nimish Patel
Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Commercial Space
Street Address 2300 US Route 1 North
City (5) North Brunswick
County (6) Middlesex

County Code (7) (STATE USE ONLY)
200,000
# of Floors 2
Bldg. Age 50+

Current Use (Prior if being demolished) Commercial Space

Name of Monitoring Firm Hired by Building Owner (9) ASCM No.
N/A
Name of Abatement Contractor (9) Valiant Associates, LLC
Street Address 145 Mill Street
City, State, Zip Code Paterson, NJ 07501
Telephone No. 973-563-5374
License No. 01108

Start Date (10) 12/8/2012
Scheduled Completion Date (11) 1/30/2013

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

Scope of Work (Check all that apply)
☒ ≥100 sf or ≥260 lf
☐ ≥3 sf or ≥3 if
☐ Renovation
☒ Demolition

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

Building 8 - Throughout
☐ Yes
☐ No
☒ N/A

Building 8 - Mechanical Room Closet
☐ Yes
☐ No
☒ N/A

Building 8 - Room next to Mechanical Room
☐ Yes
☐ No
☒ N/A

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)

Location: Elbow Insulation
Amount: 50 LF

Location: Floor tiles/Mastic
Amount: 150 SF

Location: Floor tiles/Mastic
Amount: 80 SF

Name of Registered Waste Hauler NJDEP Waste Hauler ID No.
Service Transport Group 20990

Cubic Yards of Waste 5

Name of Registered Landfill Minerva Landfill

City, State Wayneburgh, OH

Completed By Miodrag Stamenovic
Title Project Manager
Signature

Date 12/07/2012

* Do not use this form for asbestos licensure exempted activities.
**REMEMBER - MAIL IN HARD COPY**

**STATE OF NEW JERSEY**

**NOTIFICATION OF ASBESTOS ATTACHMENT**
(Per NJAC 8:68 and 26:5A26)

**DOL - 10 DAY**

---

**Date of Notification (1)**
12/07/2012

**Agency**
- [ ] EPA
- [ ] OSHA
- [ ] DOL
- [ ] OSHA Emergency Program

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

**Street Address**
2300 US Route 1 North

**City**
North Brunswick

**County**
Middlesex

**Name of Abatement Contractor (3)**
Valiant Associates, LLC

**Address**
145 Mill Street

**City, State, Zip Code**
Paterson, NJ 07501

**Telephone No**
973-553-6374

**License No**
01109

**Name of OSHA Monitor**
Valiant Associates, LLC

**Address**
145 Mill Street

**City, State, Zip Code**
Paterson, NJ 07501

---

**FACILITY INFORMATION**

**Type of Facility (4)**
- [ ] School (K-12)
- [x] Subchapter 5 (Other than K-12)
- [x] Other (i.e. private & commercial buildings, homes, etc.)

**Square Feet**
200,000

**# of Rooms**
2

**Age**
60+

**Current Use**
- [ ] Office
- [ ] Commercial

---

**Commercial Space**

**Street Address**
2300 US Route 1 North

**City**
North Brunswick

**County**
Middlesex

**Name of Monitoring Firm (5)**
ASG No
Valiant Associates, LLC

**Address**
145 Mill Street

**City, State, Zip Code**
Paterson, NJ 07501

**Telephone No**
973-553-6374

**License No**
01109

**Name of OSHA Monitor**
Valiant Associates, LLC

**Address**
145 Mill Street

**City, State, Zip Code**
Paterson, NJ 07501

---

**Scope of Work**
- [ ] Renovation
- [x] Demolition

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

**Building 8 - Throughout**
- [x] Elbow Insulation

**Building 8 - Mechanical Room Closet**
- [x] Floor tiles/Mastic

**Building 8 - Boiler Room/Unheated Room**
- [x] Floor tiles/Mastic

**Amount**

<table>
<thead>
<tr>
<th>ACM Type</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elbow Insulation</td>
<td>50 LF</td>
</tr>
<tr>
<td>Floor tiles/Mastic</td>
<td>150 SF</td>
</tr>
<tr>
<td>Floor tiles/Mastic</td>
<td>80 SF</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Handler**

**Waste Type**
- [ ] Non-Reducible
- [ ] Non-Removable

**Waste Method**
- [ ] Incineration
- [ ] Disposal

**Disposal Date**
1/30/2013

**City, State**
Waynessburgh, OH

---

*Do not use this form for asbestos license exempted activities.*
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12-120)

State of New Jersey
1212-4580

Date of Notification (1)
12/11/12

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

Type Notification
☐ Initial
☐ Amended #
☐ Emergency
☐ Cancellation

Name of Building Owner / Operator (2)

NJ Transit

Street Address
One Penn Plaza East
Newark, NJ 07105-2246

Name of Contact
Russell Samaroo

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Far Hills Train Station

Route 202 & Far Hills Road

City (5) County (6) County Code (7)
Far Hills Somerset

TTI Environmental

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

Square Feet

# of Floors

Bldg. Age

Current Use (Prior if being demolished)
Train Station

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

ASCM No.

Name of Abatement Contractor (9)
AbateTech, Inc.

Street Address
PO Box 25
Lumberton, NJ 08048

City, State & Zip Code
Lumberton, NJ 08048

Project Manager for Monitoring Firm
Jim Guillard

Telephone Number
856-840-8800

Telephone Number
609-265-2107

License Number
00529

Name of OSHA Monitor
EMLS Analytical

Street Address
108 Haddon Ave.
Westmont, NJ 08108

City, State & Zip Code
Westmont, NJ 08108

Scheduled Start Date (10)
12/26/12

Scheduled Completion Date (11)
12/29/12

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

Scope of Work (Check all that apply)
☐ ≥3 sf or ≥3 if
☐ ≥160 sf ≥260 if
☐ Renovation
☐ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glove Bag Procedures
☐ 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 or 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)
Description
Pipe Insulation 60 LF
Pipe Insulation 35 LF

Name of Registered Waste Hauler
AbateTech, Inc.

NJDEP Waste Hauler ID No.
18750

Cubic Yards of Waste
3

Name of Registered Landfill
TRRF Landfill

City, State
Lumberton, NJ

Disposal Date
12/29/12

City, State
Tullytown, PA

Completed By (Print or Type)
Gwen Trumbetti

Title
Office Coord.

Date
12/11/12

Signature
Gwen Trumbetti
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to N.J.A.C. 8:60 and 12:20)

**Date of Notification (1)**
12/7/12

**Name of Building Owner / Operator (2)**
Camden City Public Schools

**Name of Facility Where Abatement is Taking Place (3)**
Camden City Administration Building

**Street Address**
201 North Front Street

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

**Square Feet**

**# of Floors**

**Bldg. Age**

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

**Name of Abatement Contractor (9)**
AbateTech, Inc.

**Street Address**
PO Box 25

**City, State & Zip Code**
Lumberton, NJ 08048

**Telephone Number**
609-265-3207

**License Number**
00529

**Name of OSHA Monitor**
EMSL Analytical

**Street Address**
108 Haddon Ave.

**City, State & Zip Code**
Westmont, NJ 08108

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

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

**TO BE ABATED in Facility**

<table>
<thead>
<tr>
<th>Throughout 2nd Floor</th>
<th>Pipe Insulation/Elbows/Fittings</th>
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<tbody>
<tr>
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<td>583 LF</td>
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**Location of Asbestos-Containing Material (ACM)**

<table>
<thead>
<tr>
<th>Is Location Normally Used Solely by Maintenance or Custodial Staff?</th>
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<tbody>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>-----</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>(i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

**Amount (Specify SF or LF)**

**Abatement Type**

<table>
<thead>
<tr>
<th>Removal</th>
<th>Repair</th>
<th>Encapsulation</th>
<th>Enclosure</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**
AbateTech, Inc.

**City, State**
Lumberton, NJ

**Disposal Date**
12/12/12

**Name of Registered Landfill**
TRRF Landfill

**City, State**
Tullytown, PA

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

**Title**
Office Coord.

**Signature**

**Date**
12/7/12
Date of Notification: 12/10/12

Name of Building Owner / Operator: Verizon Communications

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

Check #4712

Agencies Notified

- EPA
- DEP
- DOL
- DOH
- DCA

Type Notification

- Initial
- Amended #2
- Emergency
- Cancellation

Name of Contact: Alex Baylor

Street Address: 100 Greenwood Ave.
City, State & Zip Code: Jenkintown, PA 19046

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place: Verizon

Street Address: 888 Route 9
City: Bayville
County: Ocean
County Code:

Name of Monitoring Firm Hired by Building Owner: USA Environmental

Street Address: 8436 Enterprise Ave.
City, State & Zip Code: Philadelphia, PA 19153

Project Manager for Monitoring Firm: Mark Jenkins

Telephone Number: 215-365-5810

Scheduled Start Date: 12/10/12
Scheduled Completion Date: 12/11/12

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

Scope of Work
- ±3 sf or ±3 if
- ±160 sf ±260 if
- Renovation
- Demolition

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

Amount (Specify SF or LF): 60 SF Total

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

- Floor tile & Mastic
- N/A

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

- Yes
- No
- N/A

Name of Registered Waste Hauler: AbateTech, Inc

Waste Hauler ID No.: 18750

Cubic Yards of Waste: 12

Disposal Date: 12/11/12

Name of Registered Landfill: TRRF Landfill

City, State: Lumberton, NJ

Completed By: Gwen Trumbetti

Title: Opps. Coord.

Signature: [Signature]

Date: 12/10/12
### State of New Jersey
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to N.J.A.C. 8:60 and 12:126)

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

**Name of Building Owner / Operator (2)**  
Seton Hall University  
2012 DEC 13 PM 10:18

**Type**  
- Initial
- Amended #1
- Emergency

**Address**  
400 South Orange Ave.  
South Orange, NJ 07079

**Name of Contact**  
Michael Marconi

### FACILITY INFORMATION

**Name of Facility Where Abatement is Taking Place (3)**  
Seton Hall University - Mooney Hall

**Street Address**  
400 South Orange Ave.

**City (5)**  
South Orange

**County (6)**  
Essex

**County Code (7)**

**Square Feet**  
10,000

**# of Floors**  
2

**Bldg. Age**  
90

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

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

**Street Address**  
280 Huyler Street

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

**Name of Abatement Contractor (9)**  
AbateTech, Inc.

**Street Address**  
PO Box 25

**City, State & Zip Code**  
Lumberton, NJ 08048

**Name of OSHA Monitor**  
EMSL Analytical

**Street Address**  
108 Haddon Ave.

**City, State & Zip Code**  
Westmont, NJ 08108

**Occupy Status During Abatement (Check only one)**  
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Working Hours
  - Describe: 12/10 & 12/11 working 2x shifts
- Facility Occupied During Abatement

**Scope of Work (Check all that apply)**  
- ≥3 sf or ≥3 ft
- ≥160 sf or ≥260 ft
- Renovation
- Demolition

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

<table>
<thead>
<tr>
<th>3rd Floor Bathroom</th>
<th>N/A</th>
</tr>
</thead>
</table>

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

- Floor tile, mastic & plywood
- 900 SF

**Amount (Specify SF or LF)**

| 10 |

**Abatement Type**

<table>
<thead>
<tr>
<th>Repair</th>
</tr>
</thead>
<tbody>
<tr>
<td>Encapsulate</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**  
AbateTech, Inc.

**NJDEP Waste Hauler ID No.**  
18750

**Cubic Yards of Waste**  
10

**Name of Registered Landfill**  
TRRF Landfill

**City, State**  
Lumberton, NJ

**Disposal Date**  
12/13/12

**City, State**  
Tullytown, PA

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

**Title**  
Office Coord.

**Signature**  
Gwen Trumbetti

**Date**  
12/10/12
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1): 12/7/12

Name of Building Owner / Operator: Seton Hall University

Agency Notified: EPA
Type Notification: Initial

Agency Name: 280 Huyler Street
City, State & Zip Code: South Hackensack, NJ 07606

City: Essex
County: South Orange
County Code: 07606

Name of Facility Where Abatement is Taking Place: Seton Hall University - Mooney Hall
Street Address: 400 South Orange Ave.

Name of Monitoring Firm: Omega Environmental
Street Address: 280 Huyler Street
City, State & Zip Code: South Hackensack, NJ 07606

Ascm No.: 00529

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

Name of OSHA Monitor: EMSL Analytical
Street Address: 108 Haddon Ave.
City, State & Zip Code: Westmont, NJ 08108

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

Scope of Work (Check all that apply)
- ≥3 sf or ≥3 lf
- ≥160 sf ≥260 lf
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glove Bag Procedures
- Non-Exempted and Non-Friable Procedure

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

3rd Floor Bathroom
Location: 3rd Floor Bathroom
Is Location Normally Used Solely by Maintenance or Custodial Staff? (Yes/No/N/A)
Yes
Description of Asbestos-Containing Material (ACM)
Floor tile, mastic & plywood
Amount (Specify SF or LF): 900 SF

Name of Registered Waste Hauler: AbateTech, Inc.
City, State: Lumberton, NJ

Name of Registered Landfill: TRRF Landfill
City, State: Tullytown, PA

Completed By: Gwen Trumbetti
Title: Office Coord.
Signature: [Signature]
Date: 12/7/12
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to N.J.A.C. 8:60 and 12:20)

**Date of Notification (1)** 12/6/12

**Name of Building Owner / Operator (2)**
Seton Hall University

**Street Address**
400 South Orange Ave.

**City, State & Zip Code**
South Orange, NJ 07079

**Name of Contact**
Michael Marconi

---

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**
Seton Hall University - Mooney Hall

**Street Address**
400 South Orange Ave.

**City (5)**
South Orange

**County (6)**
Essex

**County Code (7)**

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

**Street Address**
280 Huyler Street

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

**Project Manager for Monitoring Firm**
Geiser Fajardo

**Telephone Number**
201-489-8700

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

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

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

**Scope of Work (Check all that apply)**
- ≥3 sf or ≥3 lf
- ≥160 sf or ≥260 lf
- Renovation
- Demolition

---

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

**Is Location Normally Used Solely by Maintenance or 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)**
225 SF

**Abatement Type**

---

**Name of Registered Waste Hauler**
AbateTech, Inc.

**Disposal Date**
12/9/12

**Name of Registered Landfill**
TRRF Landfill

**City, State**
Lumberton, NJ

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

---

**Title**
Office Coord.

**Signature**

**Date**
12/5/12
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to N.J.A.C. 8:60 and 12:129)

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

**Name of Building Owner / Operator (2)**  
Seton Hall University

**Address:**  
400 South Orange Ave.

**City, State & Zip Code:**  
South Orange, NJ 07079

**Name of Contact:**  
Michael Marconi

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**  
Seton Hall University - Mooney Hall

**Street Address:**  
400 South Orange Ave.

**City (5) County Code (7) County (6)**  
South Orange Essex

**Type of Facility (4)**  
Subchapter 8 (Other than K-12)

**Square Feet # of Floors Bldg. Age**  
10,000 2 90

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

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

**ASCM No.**

**Name of Abatement Contractor (9)**  
AbateTech, Inc. 00529

**Street Address:**  
280 Huyler Street

**City, State & Zip Code:**  
South Hackensack, NJ 07606

**PO Box 25**

**City, State & Zip Code:**  
Lumberton, NJ 08048

**Telephone Number**  
201-489-8700

**License Number**  
609-265-2107 00529

**Name of OSHA Monitor**  
EMSL Analytical

**Street Address:**  
108 Haddon Ave.

**City, State & Zip Code:**  
Westmont, NJ 08108

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

- [ ] Facility Closed/Vacated During Entire Period of Abatement
- [X] Abatement Performed Outside of Normal Hours
  - Describe: Double shifts 12/26/12-12/31
- [ ] Facility Occupied During Abatement

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

- [ ] ≥3 sf or ≥3 If
- [X] ≥160 sf ≥260 If
- [X] Renovation
- [X] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glove Bag Procedures
- [ ] Non-Exempted and Non-Friable Procedure

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

- TO BE ABATED in Facility

| 13 | Basement | Floor tile & Mastic | 900 SF |

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

| Yes | No | N/A |

| 12 | Description of Asbestos-Containing Material (ACM) |

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

| 12 | Amount (Specify SF or LF) |

| 900 SF |

**Name of Registered Waste Hauler**  
AbateTech, Inc.

**NJDEP Waste Hauler ID No.**  
18750

**Cubic Yards of Waste**  
12

**Name of Registered Landfill**  
TRRF Landfill

**City, State**  
Lumberton, NJ

**Disposal Date**  
12/31/12

**City, State**  
Tullytown, PA

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

**Title**  
Office Coord.

**Signature**  

**Date**  
12/11/12
**STATE OF NEW JERSEY**
**NOTIFICATION OF ASBESTOS ABATEMENT**
**(PURSUANT TO NJAC 8:80-7 AND 12:120-7)**

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

**Name of Building Owner / Operator (2)**
NOVARTIS PHARMACEUTICALS CORPORATION

**Street Address**
1 HEALTH PLAZA

**City, State, Zip Code**
EAST HANOVER, NJ 07936

**Name of Contact**
KEN PIROZZI

**Telephone Number**

---

**FACILITY INFORMATION**

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

**Street Address**
1 HEALTH PLAZA

**City (5)**
EAST HANOVER

**County (6)**
MORRIS

**Square Feet**
100,000

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

**County Code (7)**

**# Of Floors**
2

**Building Age**
40+

**Current Use (Prior if being demolished)**
OFFICE/RESEARCH

**Name of Monitoring Firm Hired by Bldg. Owner (8)**
HILLMAN ENVIRONMENTAL

**ASCM NO**

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

**Street Address**
1600 ROUTE 22 EAST

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

**Telephone Number**
908-688-7800

---

**Occupancy Status During Abatement (Check Only 1)**
- [ ] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility
- [ ] Other - Describe: MON-FRI: 8:00AM - 11:30PM

---

**Scope of Work (Check All That Apply)**
- [ ] Demolition
- [ ] >3sf or >3lf
- [ ] ≥160 sf or ≥250 lf
- [ ] Renovation
- [ ] Full Containment with Negative Pressure
- [ ] Mini - Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

**Description of Abatement**

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

**Location**

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

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

**Amount (Specify SF or LF)**

**Abatement Type**

<table>
<thead>
<tr>
<th>Location</th>
<th>Description</th>
<th>Amount</th>
<th>Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>B415 - 1ST FL OFFICE AREA</td>
<td>FIREPROOFING</td>
<td>325 SF</td>
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</table>

**Name of Registered Waste Hauler**
NEWARK CARTING

**Cubic Yards of Waste**
4509

**Name of Registered Landfill**
IESI

**City, State**
NEWARK, NJ

**Name of Registered Landfill**

**Disposal Date**

**Completed by (Print or Type)**
STEVEN STILES

**Title**
PROJECT MANAGER

**Signature**

**Date**
12/12/12
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:68 and 12:120)

Date of Notification (1) DECEMBER 11, 2011

Name of Building Owner/Operator (2) THE HOUSING AUTHORITY OF THE CITY OF ELIZABETH

Agencies Notified Type Notification

- EPA
- DEP
- DOL
- DOH
- DCA

Street Address

688 MAPLE AVENUE

City, State, Zip Code

ELIZABETH, NJ 07201

Name of Contact

MIKE MEDEIROS

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

FORD LEONARD APARTMENTS #201

Type of Facility (4)

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

Square Feet

60000 SF

# of Floors

5

Bidg. Age

55+ YRS

APARTMENT BUILDING

Name of Abatement Contractor (9)

FINISHING TOUCH ASBESTOS ABATEMENT

Type of Abatement

- 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

(APARTMENT 201)

Name of Registered Waste Hauler

FINISHING TOUCH ASBESTOS ABATEMENT

City, State

WEST LONG BRANCH, NJ 07764

Name of Registered Landfill

GROWS NORTH LANDFILL

Disposal Date

12/22/12

City, State

MORRISVILLE, PA

Completed by

JOSEPH P. MILLER

Title

PRESIDENT

Signature

Date

12/11/12

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

(Permitted by NJAC 8:00 and 12:120)

<table>
<thead>
<tr>
<th>Name of Building Owner/Operator</th>
<th>DEC 13 PM 9:47</th>
</tr>
</thead>
<tbody>
<tr>
<td>Steve Haecnik</td>
<td>2 - 10 - 12</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>44 Halsey Drive</td>
<td>Brick, NJ 08723</td>
</tr>
</tbody>
</table>

**Type of Facility:**
- Single Family Dwelling

**Square Foot:** 260

**Current Use:** Single Family Dwelling

**Location of Asbestos-Containing Material (Asbestos) to be Abated:**
- Roof Area
- Siding Shingles

**Amount:**
- 200 SF
- 150 SF

**Name of Registered Waste hauler:**
- EPC Technologies

**Disposal Date:**
- 12/10/12

**City, State:**
- New Egypt, NJ

**Waste Management ID:**
- 17000

**Cubic Yards of Waste:**
- 2

**Title:**
- President

---

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

**NOTIFICATION OF ASBESTOS ABATEMENT**

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>12/11/12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>PINSANDI CONSTR.</td>
</tr>
<tr>
<td>Address</td>
<td>300 77TH ST.</td>
</tr>
<tr>
<td>Street Address</td>
<td>SEAS ISLE CITY, N.J. 08043</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>SEAS ISLE CITY, N.J. 08043</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Frank Edsdy</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

| Name of Facility Where Abatement is Taking Place (3) | RESIDENCE |
| Street Address | 7113 LANDIS AVE. |
| City | SEAS ISLE CITY |
| County | CAPE MAY |
| County Code |  |
| ASCM No. | N/A |
| Name of Abatement Contractor (9) | KLEEMCO INC. |
| Street Address | 369 S. SPRUCE AVE. |
| City, State, Zip Code | MAPLE SHADE, N.J. 08052 |
| Telephone No. | 856-779-0472 |
| License No. | 2044 |
| Name of OSHA Monitor | John Klemm |
| Street Address | 369 S. SPRUCE AVE. |
| City, State, Zip Code | MAPLE SHADE, N.J. 08052 |

**Occupancy Status During Abatement (Check only one):**
- [ ] Occupied
- [ ] Vacant
- [ ] Other - Describe: |

**Scope of Work (Check all that apply):**
- [ ] 23 sf or less
- [ ] 260 sf or 2600 sf
- [ ] Demolition

**Location of Asbestos-Containing Material (ACM) TO BE ABATED IN FACILITY (11):**
- [ ] Siding
- [x] Transite

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

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

**Amount (Specify SF or LF):** 2500 lb

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

**Cubic Yards of Waste:**
- [ ] Klemco Inc.

**Disposal Date:**
- [ ] WOODBINE, N.J.

**Completed By:**
- [ ] Joseph Klemm
- [ ] Title: V.P.
- [ ] Signature: John Klemm
- [ ] Date: 12/11/12

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

Date of Notification [1]
12/11/12

Name of Building Owner/Operator [2]
Fancy Tech Contracting

FACILITY INFORMATION

Type of Facility [4]
☐ School (K-12)
☐ Subchapter 18 (Other than K-12)
☐ Other (i.e., private & commercial buildings homes, etc.)

Square Feet [7]
1020

Current Use (Prior to Being Demolished)
 Vacant

Location Where Abatement is Taking Place [3]
Residence

City [5]
Ocean View, N.J.

County [6]
Cape May

Name of Monitoring Firm Hired by Building Owner [8]
N/A

Name of Abatement Contractor [9]*
Klémc Inc.

Street Address
369 S. Spruce Ave.

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

License No.
004477

Telephone No.
856-779-0472

Name of OSHA Monitor
Joseph Kleinm

Street Address
369 S. Spruce Ave.

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

Occupy 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
☐ Wet-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (X) and Non-Flexible Procedure

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

Location

Used Solely by Maintenance/Custodial Staff

Is Location Normally Used Solely by Maintenance/Custodial Staff

Yes [12] ☒ No ☐

Amount [Specify SF or LF]

☐ Transite

Abatement Method

Name of Registered Waste Hauler
Klémc Inc.

Cubic Yards of Waste

Disposal Date

City, State

Name of Registered Landfill
CMIC, M.U.A.

Woodbine, N.J.

Owner

Signature
Joseph Kleinm

Date
12/11/2012

[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 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner / Operator (2)</th>
</tr>
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<tbody>
<tr>
<td>12/6/12</td>
<td>State of New Jersey Department of Children and Families</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
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</thead>
<tbody>
<tr>
<td>□ EPA</td>
<td>□ Initial</td>
</tr>
<tr>
<td>□ DEP</td>
<td>□ Amended #1-12/7/12</td>
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<tr>
<td>□ DOL</td>
<td>□ Emergency</td>
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<td>□ DOH</td>
<td>□ Cancellation</td>
</tr>
<tr>
<td>□ DCA</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FACILITY INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
</tr>
<tr>
<td>ARTHUR BRISBANE YOUTH TREATMENT CENTER</td>
</tr>
<tr>
<td>Street Address</td>
</tr>
<tr>
<td>Allaire Road</td>
</tr>
<tr>
<td>City (5)</td>
</tr>
<tr>
<td>Farmingdale</td>
</tr>
<tr>
<td>County (6)</td>
</tr>
<tr>
<td>Monmouth</td>
</tr>
<tr>
<td>County Code (7)</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

| Name of Monitoring Firm Hired by Building Owner (8) |
| ASCM No. |
| Bristol Environmental, Inc. |
| Street Address |
| 120 North Warren Street |
| City, State & Zip Code |
| Trenton, New Jersey 08608 |

| Project Manager for Monitoring Firm |
| Telephone Number |
| Ryan Broadwater |
| 609-392-4200 |

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

| Occupancy Status During Abatement (Check only one) |
| Facility Closed/Vacated During Entire Period of Abatement |
| Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: |
| Facility Occupied During Abatement 9AM to 5 PM |

| 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 |
| □ Glove Bag Procedures |
| □ Non-Exempted and Non-Friable Procedure |

| Location of Asbestos-Containing Material (ACM) |
| TO BE ABATED in Facility (13) |
| Name of Registered Waste Hauler |
| Service Transport Inc. |
| NJDEP Waste Hauler ID No. |
| 20990 |
| Cubic Yards of Waste |
| 1 Cu Yd |
| Name of Registered Landfill |
| Minerva Landfill |
| City, State |
| New Castle, DE |
| Disposal Date |
| 12/7/12 |
| City, State |
| Waynesburg, Ohio |
| Completed By (Print or Type) |
| Gino Pizzigoni |
| Title |
| Project Manager |
| Signature |
| Date |
| 12/6/12 |
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification: 12/6/12
Name of Building Owner / Operator:
State of New Jersey Department of Children and Families
Street Address:
P.O. Box 710 Quakerbridge Plaza
City, State & Zip Code:
Trenton, NJ 08625
Name of Contact:
Ronald Wybraniec

FACILITY INFORMATION
Name of Facility Where Abatement is Taking Place:
Regional School – Burlington Campus
Street Address:
Allaire Road
City:
Farmingdale
County:
Monmouth
County Code:

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

Square Feet: 60000
# of Floors: 4
Bldg. Age: 50+

Current Use (Prior if being demolished): School

Name of Monitoring Firm Hired by Building Owner:
Environmental Collection
Street Address:
120 North Warren Street
City, State & Zip Code:
Trenton, New Jersey 08608
Name of Abatement Contractor:
Bristol Environmental Contractor, Inc.
Street Address:
1123 Beaver Street
City, State & Zip Code:
Bristol, PA 19007

Project Manager for Monitoring Firm:
Ryan Broadwater
Telephone Number:
609-392-4200

Scheduled Start Date:
12/7/12
Scheduled Completion Date:
12/7/12

Occupy Status During Abatement (Check only one):
[ ] Facility Closed/Vacated During Entire Period of Abatement
[ ] Abatement Performed Outside of Normal Hours – 7am to 3pm
Describe:
[ ] Facility Occupied During Abatement 9AM to 5 PM

Scope of Work (Check all that apply):
[ ] ≥3 sf or ≥3 lt
[ ] ≥160 sf to ≥280 lt
[ ] Renovation
[ ] Demolition

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

Is Location Normally Used Solely by Maintenance or Custodial Staff?:
Yes
No
N/A

Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous):
Fire Door SF
21
Debris SF
100

Amount (Specify SF or LF):

Abatement Type:

Name of Registered Waste Hauler:
Service Transport Inc.

Cubic Yards of Waste:
1 Cu Yd

Name of Registered Landfill:
Minerva Landfill

City, State:
Waynesburg, Ohio

Completed By (Print or Type):
Gino Pizzigoni
Title:
Project Manager
Signature:

Date:
12/6/12
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)  
10 / 19 / 12

Name of Building Owner/Operator (2)  
Willingboro Broad of Education

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

Square Feet  
75,000

# of Floors  
2

Bldg. Age  
40+

Facility Information

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

City (5)  
Willingboro

County (6)  
Burlington

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

ASCM No.  

Name of Abatement Contractor (9)  
BRISTOL ENVIRONMENTAL, INC.

Street Address  
1253 N. Church St

City, State, Zip Code  
Mooresville, NJ 08057

Project Manager for Monitoring Firm  
Jim Guiardi

Telephone No.  
215-788-6040

Name of OSHA Monitor  
BRISTOL ENVIRONMENTAL, INC.

Street Address  
1123 BEAVER STREET

City, State, Zip Code  
BRISTOL, PA 19007

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

<table>
<thead>
<tr>
<th>Rooms #301A &amp; #302A</th>
<th>Floor tile and mastic</th>
<th>177 SF</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rooms #405 thru #409</td>
<td>Floor tile and mastic</td>
<td>627 SF</td>
</tr>
<tr>
<td>Rooms #218 &amp; #221</td>
<td>Floor tile and mastic</td>
<td>246 SF</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler  
SERVICE TRANSPORT GROUP, INC.

City, State  
NEW CASTLE, DE 19720

Completed By (Print or Type)  
Brian Scafiro

Title  
Estimator

Signature  
Brian Scafiro

Date  
12/6/12

*Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:50 and 5:16)

Date of Notification (1) 10 / 19 / 12
Name of Building Owner/Operator (2) Willingboro School Board

Agencies Notified
☐ EPA
☐ DOLWD
☐ DHSS
☐ DCA (NJAC 5:23-8)
☐ Initial
☐ Amended
☐ Amendment # 1-11/15/12
☐ Emergency (including justification)
☐ Cancellation

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

Street Address: 440 Beverly-Rancocas Rd
City, State, Zip Code: Willingboro, NJ 08046

Name of Contact: Kelvin Smith
Telephone Number

FACILITY INFORMATION

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

ASCM No.

Name of Abatement Contractor (9)
BRISTOL ENVIRONMENTAL, INC.

Street Address
1253 N. Church St
City, State, Zip Code: Moorestown, NJ 08057

Project Manager for Monitoring Firm
Jim Guilliardi

Telephone No.
856-840-8800

License No.
00509

Start Date (10) 11 / 2 / 12
Scheduled Completion Date (11) 
ON HOLD

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-3:00PM/11:30PM-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

(13)

<table>
<thead>
<tr>
<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>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
</tr>
<tr>
<td>Rooms #301A &amp; 302A</td>
<td>☐</td>
<td>☑</td>
</tr>
<tr>
<td>Rooms # 405 thru # 409</td>
<td>☐</td>
<td>☑</td>
</tr>
<tr>
<td>Rooms #219 &amp; #221</td>
<td>☐</td>
<td>☑</td>
</tr>
<tr>
<td>Boy's and Girl's locker room offices</td>
<td>☐</td>
<td>☑</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
SERVICE TRANSPORT GROUP, INC.

NJDEP Waste Hauler ID No. 205990

Cubic Yards of Waste

Name of Registered Landfill
MINERVA LANDFILL

City, State: WAYNESBURG, OH 44688

Disposal Date

Completed By (Print or Type)
Brian Scafido

Title
Estimator

Signature
Brian Scafido

Date 11/5/10
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)

**Date of Notification (1)**  
10 / 19 / 12

**Name of Building Owner/Operator (2)**  
Willingboro Broad of Education

**Agencies Notified**  
- [ ] EPA  
- [ ] DOLWD 6,390  
- [ ] DHSS 4,466  
- [ ] DCA (NJAC 5:23-8)

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

**Street Address**  
440 Beverly-Rancocas Rd

**City, State, Zip Code**  
Willingboro, NJ 08046

**Name of Contact**  
Kelvin Smith

**FACILITY INFORMATION**

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

**Street Address**  
20 Kennedy Way

**City (5)**  
Willingboro

**County (6)**  
Burlington

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

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

**ASCM No.**

**Name of Abatement Contractor (9)**  
BRISTOL ENVIRONMENTAL, INC.

**Street Address**  
1123 BEAVER STREET

**City, State, Zip Code**  
BRISTOL, PA 19007

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

**License No.**  
00509

**Name of OSHA Monitor**  
BRISTOL ENVIRONMENTAL, INC.

**Street Address**  
1123 BEAVER STREET

**City, State, Zip Code**  
BRISTOL, PA 19007

**Start Date (10)**  
11 / 2 / 12

**Scheduled Completion Date (11)**  
12 / 31 / 12

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

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

**Time of Abatement:** AM-3:00PM/11:30PM-AM

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

- [ ] ≥3sf or ≥3lf  
- [ ] ≥160sf or ≥260lf  
- [ ] Renovation  
- [ ] Demolition

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

<table>
<thead>
<tr>
<th>ACM Location</th>
<th>Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Is Location (Y/N/A)</th>
<th>Description of ACM</th>
<th>Amount (SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rooms #301A &amp; 302A</td>
<td>Yes</td>
<td>No</td>
<td>Floor tile and mastic</td>
<td>177 SF</td>
</tr>
<tr>
<td>Rooms #405 thru #409</td>
<td>No</td>
<td>No</td>
<td>Floor tile and mastic</td>
<td>627 SF</td>
</tr>
<tr>
<td>Rooms #219 &amp; #221</td>
<td>No</td>
<td>Yes</td>
<td>Floor tile and mastic</td>
<td>246 SF</td>
</tr>
<tr>
<td>Boy's and Girl's locker room offices</td>
<td>No</td>
<td>No</td>
<td>Floor tile and mastic</td>
<td>380 SF</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**

**Completed By (Print or Type)**  
Brian Scaife

**Title**  
Estimator

**Signature**  
[Signature]

**Date**  
10/19/12
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 7:12:120)

Date of Notification (1) 12/6/12

Name of Building Owner / Operator (2)
State of New Jersey Department of Children and Families
Street Address
P.O. Box 710 Quakerbridge Plaza
City, State & Zip Code
Trenton, NJ 08625

Name of Contact
Ronald Wybraniec
Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Regional School – Burlington Campus

Street Address
Allaire Road

City (5) Farmingdale
County (6) Monmouth
County Code (7) N/A

Name of Monitoring Firm Hired by Building Owner (8)
Environmental Collection
Street Address
120 North Warren Street
City, State & Zip Code
Trenton, New Jersey 08608

Project Manager for Monitoring Firm Ryan Broadwater
Telephone Number 609-392-4200

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

Occupancy Status During Abatement (Check only one)
Facility Closed/Vacated During Entire Period of Abatement
Facility Occupied During Abatement 9AM to 5PM

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

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

Is Location Normally Used Solely by Maintenance or 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
Full Containment with Negative Pressure
Mini-Enclosure
Glove Bag Procedures
Non-Exempted and Non-Friable Procedure

Name of Registered Waste Hauler
Service Transport Inc.
City, State
New Castle, DE

Completed By (Print or Type) Gino Pizzigoni
Title Project Manager
Signature

Name of Registered Landfill
Minerva Landfill
City, State
Waynesburg, Ohio

Disposal Date 12/7/12

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

Date of Notification (12/5/12)

Name of Building Owner/Operator (2) New Jersey School Development Authority

Agencies Notified Type Notification

× EPA Initial
× DEP Amended
× DOL Amendment # 1
× DOH Emergency (including justification)
DCA Cancellation

Street Address 1 West State Street.

City, State, Zip Code Trenton New Jersey 08625

Name of Contact Jorge Alfonso Telephone Number

FACILITY INFORMATION

name of Facility Where Abatement is Taking Place (3)
Warminster Building

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

Street Address 8400 Broadway

Square Feet 4500

# of Floors 3

Bldg. Age 35+

City (5) West New York

County Code (7) CURRENT USE (Prior if being demolished) Factory

County (6) Hudson

Name of Monitoring Firm Hired by Building Owner (8)
Matrix New World

Name of Abatement Contractor (9) Tricon Enterprises Inc

Street Address 25 Columbia Turnpike.

Telephone No. 973-204-8382

License No. 01095

City, State, Zip Code Florham Park N.J.

Project Manager for Monitoring Firm Eric Gibson

Telephone No. 732-739-1200

Project Manager for Monitoring Firm Tricon Enterprises Inc

Street Address 322 Beers St

Occupancy Status During Abatement (Check Only One)

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

Start Date (10) 10/1/12

Scheduled Completion Date (11) 1/30/12

Name of OSHA Monitor Tricon Enterprises Inc

Street Address 322 Beers St

City, State, Zip Code Keyport N.J. 07735

Scope of Work (Check All That Apply)

≥3 sf or ≥3 if
X ≥180 sf or ≥260 if

Renovation
Demolition

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

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

In Facility

(13)

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

Yes No N/A

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

Amount (Specify SF or LF)

Abatement Type

Removal
Repair
Encapsulate
Enclosure

Name of Registered Waste Hauler R&B Debris

NJDEP Waste Hauler ID No. SW2607

Cubic Yards of Waste 20

Name of Registered Landfill Minerva Landfill

City, State 5500 Sylon Blvd Hainesport N.J. 08036

Disposal Date 1/10/13

City, State Waynesburg, Ohio

Completed by Scott Rubin

Title Project manager

Signature

Date 12/7/12

ASB-41 (R-06-08)

* Do not use this form for asbestos licensure exempted activities
## G.1.2 Lead Based Paint Survey

During the building inspection samples of paint were collected from representative painted substrates found on interior surfaces of the structure. The samples were delivered to EMSL Analytical, Inc. in Westmont, NJ for analysis by flame atomic absorption spectroscopy (AAS) to determine the lead content of the paint.

Following is a summary of the results of the analysis of the lead content of the paint films sampled from the stated representative substrates:

- **Green Wall Paint** – 2.5% lead By Weight
- **Gray Wall Paint** – 17% lead By Weight
- **Blue Wall Paint** – .55% Lead By Weight

The US Environmental Protection Agency (USEPA) and the US Department of Housing and Urban Development (US HUD) have defined a level of 1.0 milligram of lead per centimeter squared of paint film surface (1.0 mg/cm²) or 0.5% lead by weight as being lead-based paint (LBP). This defined limit is used to evaluate the potential risk to human health in residential settings where the paint is in poor condition, or where renovation activities may cause disturbance of the paint that could result in human exposure.
**NOTIFICATION OF ASBESTOS ABATEMENT**

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

<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>Name of Building Owner/Operator</th>
</tr>
</thead>
<tbody>
<tr>
<td>12/4/2012</td>
<td>Pijush Sen</td>
</tr>
</tbody>
</table>

**Agency Notified**

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

**Type of Notification**

- [X] Initial
- [ ] Amended
- [ ] Emergency (Including Justification)
- [ ] Cancellation

**FACILITY INFORMATION**

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

**Residential**

- **Street Address:** 303 South Pelham Street
- **City, State, Zip Code:** South Amboy, NJ 08879

**County:** Middlesex

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

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

- ASCM

**Name of Abatement Contractor:**

- J.R. Contracting & Environmental Consulting, Inc.

**Project Manager for Monitoring Firm:**

- [ ] Established by Contractor
- [ ] Established by Building Owner

**Occupancy Status During Abatement:**

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

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

- [X] ≥ 3 sf or ≥ 3 ti
- [X] ≥ 100 sf or ≥ 260 lf

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

- Isolation or removal solely by... (Specify SF or LF)

**Abatement Type:**

- [ ] Full Containment With Negative Pressure
- [ ] Mini-Enclosure
- [X] Gloving Procedure
- [X] Non-Exempted (*) and Non-Friable Procedure

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM)</th>
<th>Isolation Normally Used Solely by</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>Maintenance / Custodial Staff</td>
</tr>
<tr>
<td>Roof</td>
<td></td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
<td></td>
</tr>
</tbody>
</table>

**Name of Registered Landfill:**

- G.R.O.W.S.

**Disposal Date:**

- City, State
- Morristown PA

**Completed by:**

- Jerry Bijlson

**Title:**

- Project Manager

**Signature:**

- [ ]

**Date:**

- 12/4/2012

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

**Date of Notification:** 12/7/12

**Name of Building Owner/Operator:** The College of New Jersey

**Street Address:** 2000 Pennington Road

**City, State, Zip Code:** Ewing, NJ 08628

**Type of Facility:** Dormitory

## Facility Information

**Name of Facility Where Abatement Is Taking Place:** The College of New Jersey - Cromwell Hall

**Current Use (Prior if Being Demolished):**

**Square Feet:** 54000

**# of Floors:** 6

**Bldg. Age:** 20+

**County Code:** 01

**County:** Mercer

**Telephone Number:**

**Name of Contractor:** Mattiola Services, LLC

**Address:** 2082 b Lucon Road

**City, State, Zip Code:** Skippack, PA 19474

**Telephone No.:** 610.539.5634

**License No.:** 01077

**Name of OSHA Monitor:** Mattiola Services, LLC

**Address:** 2082 B Lucon Road

**City, State, Zip Code:** Skippack, PA 19474

## Abatement Information

**Start Date:** 12/26/12

**Scheduled Completion Date:** 1/31/13

**Scope of Work:**

- **Wrap & Cut**
- 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>Floor</th>
<th>Location</th>
<th>Description</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st</td>
<td></td>
<td>Roof drain insulation</td>
<td>9 LF</td>
<td></td>
</tr>
<tr>
<td>1st</td>
<td></td>
<td>Fittings &amp; joint insulation</td>
<td>25 LF</td>
<td></td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler:** Waste Management, Inc.

**Waste Hauler ID No.:** 17273

**Cubic Yards of Waste:** <5

**Name of Registered Landfill:** Waste Management, Inc.

**City, State:** Tullytown, PA

**Disposal Date:**

**Completed by:** Caroline M. Harper

**Title:** Project Manager

**Signature:**

**Date:** 12/10/12

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

Date of Notification (1)

Name of Building Owner/Operator (2)
Gena Siembab

2012 DEC 13 PM 9:17

Agencies Notified
☐ EPA
☐ DOLWD
☐ DHSS
☐ DCA (NJAC 5:23-6)

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

Street Address
432 Fern Avenue

City, State, Zip Code
Lyndhurst, NJ 07071

Name of Contact
Gena Siembab

Facility Information

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

Square Feet

# of Floors

Bldg. Age

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

Street Address
432 Fern Avenue

City (5)

County (6)

County Code (7) (STATE USE ONLY)

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

Name of Abatement Contractor (9)
Gr Tech LLC

Street Address
576 Valley Rd #283

City, State, Zip Code
Wayne, NJ 07470

Project Manager for Monitoring Firm

Telephone No.

License No.

973-638-1777

01127

Name of OSHA Monitor
Envirovision Consultants, Inc

Street Address
20-21 Wagaw Road, Bldg. #34A

City, State, Zip Code
Fair Lawn, NJ 07410

Start Date (10)
12 / 19 / 12

Scheduled Completion Date (11)
12 / 20 / 12

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:

Scope of Work (Check all that apply)

☐ >3 sf or >3 If
☐ 160 sf or >260 sf

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

Basement

Pipes insulation

10 LF

Basement

Elbows insulation

10 each

Name of Registered Waste Hauler
Gr Tech LLC

Disposal Date
TBD

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

Tullytown, PA

Complied By (Print or Type)
N. Jevic

Title
Owner

Signature

Date
12/10/2012

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