**NOTIFICATION OF ASBESTOS ABATEMENT**

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

State of New Jersey Division of Property Management & Construction

<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>Name of Building Owner / Operator</th>
</tr>
</thead>
<tbody>
<tr>
<td>12/14/11</td>
<td>State of New Jersey</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

- **Name of Facility Where Abatement is Taking Place:** NJ Executive State House
- **Street Address:** 125 West State Street
- **City:** Trenton
- **State:** NJ
- **Zip Code:** 08625

**USA Environmental**

- **Street Address:** 344 West State Street
- **City:** Trenton
- **State:** NJ
- **Zip Code:** 08618

**Project Manager for Monitoring Firm:** William Weisgarber

- **Telephone Number:** 609-656-8101

**Scheduled Start Date:** 1/13/12
**Scheduled Completion Date:** 1/16/12

**Occupancy Status During Abatement:** (Check only one)
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Hours —
  - **Describe:** Friday 2nd Shift start, Saturday 2 shifts, Sunday 1st shift, Mon Breakdown
- Facility Occupied During Abatement

**Scope of Work:**
- ≥3 sf or ≥3 lf
- ≥160 sf or ≥260 if
- Renovation
- Demolition

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM)</th>
<th>Is Location Normally Used Solely by Maintenance or 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>Lower Level Treasurer’s Conference Room</td>
<td>Yes</td>
<td>Pipe &amp; Fitting Insulation</td>
<td>155 LF</td>
<td></td>
</tr>
<tr>
<td>Lower Level Treasurer’s Conference Room</td>
<td>No</td>
<td>Floor tile &amp; Mastic</td>
<td>358 SF</td>
<td></td>
</tr>
</tbody>
</table>

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

- **Hauler ID No.:** 18750
- **Cubic Yards of Waste:** 12
- **Name of Registered Landfill:** TRRF Landfill

**Disposal Date:** 1/16/12

**Completed By:** Gwen Trumbetti

**Signature:** [Signature]

**Date:** 12/14/11
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1) 12/14/11

 Agencies Notified
- EPA
- DEP
- DOL
- DOH
- DCA
  □ Initial
  □ Amended #4
  □ Emergency
  □ Cancellation

Frist Energy Service

Name of Building Owner / Operator (2)

Street Address
300 Madison Ave.
Norristown, PA 07962-1911

Name of Contact
Wayne Jones

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

JCP&L/First Energy

Street Address
147 Route 31 North

City (5) Flemingston County (6) Hunterdon County Code (7) 07962

Name of Monitoring Firm Hired by Building Owner (8)

1 Source Safety & Health

ASCM No.

Telephone Number 610-524-5525

Scheduled Start Date (10) 10/31/11

Scheduled Completion Date (11) 12/30/11

Occupancy Status During Abatement (Check only one)
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Hours – Describe: 3:30 PM to Midnight
- Facility Occupied During Abatement

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

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)

Utility Building

Name of Abatement Contractor (9)

AbateTech, Inc.

Street Address
140 South Village Ave. Suite 130
Exton, PA 19341

City, State & Zip Code
Exton, PA 19341

Project Manager for Monitoring Firm
Brian Hovendon

Telephone Number 610-524-5525

License Number 00529

Name of OSHA Monitor

EMSL Analytical

Street Address
108 Haddon Ave.
Westmont, NJ 08108

City, State & Zip Code
Westmont, NJ 08108

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

<table>
<thead>
<tr>
<th>Baseline Laundry Room</th>
<th>Flooring</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Floor tile &amp; Mastic</td>
<td>344 SF</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Hallway leading to Ladies Room</th>
<th>Flooring</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Floor tile &amp; Mastic</td>
<td>156 SF</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
AbateTech, Inc.

City, State
Lumberton, NJ

NJDNP Waste Hauler ID No.
18750

Cubic Yards of Waste
12

Date of Disposal
12/30/11

Name of Registered Landfill
TRRF Landfill

City, State
Tullytown, PA

Completed By (Print or Type)
Gwen Trumbetti

Title
Ops. Coord.

Signature

Date 12/14/11
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to N.J.A.C. 8:60 and 12:120)

**Check #3642**

---

**Date of Notification (1)**  
12/14/11

**Name of Building Owner / Operator (2)**  
Frist Energy Service

**Agency Notified**  
- [x] EPA  
- [x] DOL  
- [x] Amended #5  
- [ ] Initial  
- [ ] Emergency  
- [ ] Cancellation

**Street Address**  
300 Madison Ave.

**City, State & Zip Code**  
Norristown, NJ 07662-1911

**Name of Contact**  
Wayne Jones

---

**FACILITY INFORMATION**

**Name of Facility Where Abatement Is Taking Place (3)**  
JCP&L/First Energy

**Street Address**  
147 Route 31 North

**City (5)**  
Flemington

**County (6)**  
Hunterdon

**County Code (7)**

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

**Square Feet**

**# of Floors**

**Bldg. Age**

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

**Utility Building**

**Name of Monitoring Firm Hired by Building Owner (8)**  
1 Source Safety & Health

**Address**  
140 South Village Ave. Suite 130

Exton, PA 19341

**Project Manager for Monitoring Firm**  
Brian Hovendon

**Telephone Number**  
610-924-5525

**Scheduled Start Date (10)**

10/31/11

**Scheduled Completion Date (11)**

1/31/11

**Occupancy Status During Abatement (Check only one)**
- [x] Facility Closed/Vacated During Entire Period of Abatement
- [x] Abatement Performed Outside of Normal Hours – Describe: 3:30 PM to Midnight
- [ ] Facility Occupied During Abatement

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

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

- [x] 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
- [ ] Endource

---

**Basement Laundry Room**

- [x] Floor tile & Mastic

**Floor tile & Mastic**

344 SF

**Hallway leading to Ladies Room**

- [x] Floor tile & Mastic

**Floor tile & Mastic**

156 SF

---

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

**City, State**  
Lumberton, NJ

**Waste Hauler ID No.**  
18750

**Disposal Date**  
1/31/11

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

**Title**  
Opps. Coord.

**Signature**  
Gwen Trumbetti

---

**Name of Registered Landfill**  
TRRF Landfill

---

**Completed By (Print or type)**

---

**Date**  
12/14/11
NOTIFICATION OF ASBESTOS ABATEMENT — Check # 3541
(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>
</thead>
<tbody>
<tr>
<td>12/15/11</td>
<td>Madison Public Library</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
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</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
<td>Madison Public Library</td>
</tr>
<tr>
<td>DEP</td>
<td>Amended #1</td>
<td></td>
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<tr>
<td>DOL</td>
<td>Emergency</td>
<td></td>
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<tr>
<td>DOH</td>
<td>Cancellation</td>
<td></td>
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<tr>
<td>DCA</td>
<td></td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>FACILITY INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Facility</td>
</tr>
<tr>
<td>Madison Public Library</td>
</tr>
<tr>
<td>Street Address</td>
</tr>
<tr>
<td>39 Keep Street</td>
</tr>
<tr>
<td>City, State &amp; Zip Code</td>
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<tr>
<td>Madison, NJ 07940</td>
</tr>
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<td></td>
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<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>ASCM No.</th>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>TTI Environmental</td>
<td></td>
<td>AbateTech, Inc.</td>
</tr>
<tr>
<td>1253 North Church Street</td>
<td></td>
<td>Street Address</td>
</tr>
<tr>
<td>Moorestown, NJ 08057</td>
<td></td>
<td>108 Haddon Ave.</td>
</tr>
<tr>
<td>City, State &amp; Zip Code</td>
<td></td>
<td>City, State &amp; Zip Code</td>
</tr>
<tr>
<td>Morris</td>
<td></td>
<td>Westmont, NJ 08108</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
<td>Telephone Number</td>
</tr>
<tr>
<td>856-840-8800</td>
<td></td>
<td>609-265-2107</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td></td>
<td>License Number</td>
</tr>
<tr>
<td>Jim Gullardi</td>
<td></td>
<td>00529</td>
</tr>
<tr>
<td>Scheduled Start Date (10)</td>
<td></td>
<td>Name of OSHA Monitor</td>
</tr>
<tr>
<td>12/12/11</td>
<td></td>
<td>EMSL Analytical</td>
</tr>
<tr>
<td>Scheduled Completion Date (11)</td>
<td></td>
<td>Street Address</td>
</tr>
<tr>
<td>12/20/11</td>
<td></td>
<td>108 Haddon Ave.</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check only one)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
</tr>
<tr>
<td>Abatement Performed Outside of Normal Hours – Describe:</td>
</tr>
<tr>
<td>Facility Occupied During Abatement</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>≥3 sf or ≥3 lf</td>
</tr>
<tr>
<td>≥160 sf ≥260lf</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>
<th>Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)</th>
<th>Is Location Normally Used Solely by Maintenance or 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>Throughout</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
<td>Floor tile &amp; Mastic</td>
<td>2,120 SF</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
</tr>
</thead>
<tbody>
<tr>
<td>AbateTech, Inc.</td>
</tr>
<tr>
<td>City, State</td>
</tr>
<tr>
<td>Lumberton, NJ</td>
</tr>
<tr>
<td>Disposal Date</td>
</tr>
<tr>
<td>12/20/11</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed By (Print or Type)</th>
<th>Title</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gwen Trumbetti</td>
<td>Opps. Coord.</td>
<td></td>
<td>12/15/11</td>
</tr>
</tbody>
</table>
# Notification of Asbestos Abatement

## State of New Jersey

**NOTIFICATION OF ASBESTOS ABATEMENT**

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

## Date of Notification (1)
12/15/11

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

## Type Notification
- [ ] Initial
- [ ] Amended #3
- [ ] Emergency
- [ ] Cancellation

## Name of Building Owner / Operator (2)
- **AtlanticCare Health Systems**
- **Street Address:**
  - 1925 Pacific Ave.
  - **City, State & Zip Code:**
  - Atlantic City, NJ 08401
  - **Name of Contact:**
  - Patrick Walsh
  - **Telephone Number:**

## FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Type of Facility (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>AtlanticCare Regional Medical Center</strong></td>
<td>[ ] School (K-12)</td>
</tr>
<tr>
<td><strong>Street Address:</strong> 1925 Pacific Ave.</td>
<td>[ ] Subchapter 8 (Other than K-12)</td>
</tr>
<tr>
<td><strong>City:</strong> Atlantic City</td>
<td>[ ] Other (i.e. private &amp; commercial buildings, homes, etc.)</td>
</tr>
<tr>
<td><strong>County:</strong> Atlantic</td>
<td><strong>Square Feet:</strong></td>
</tr>
<tr>
<td><strong>County Code:</strong></td>
<td><strong># of Floors:</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Bldg. Age:</strong></td>
</tr>
</tbody>
</table>

## Medical Center

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>ASCM No.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TTI Environmental</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Street Address:</strong> 1253 North Church Street</td>
<td></td>
</tr>
<tr>
<td><strong>City, State &amp; Zip Code:</strong> Lumberton, NJ 08048</td>
<td></td>
</tr>
<tr>
<td><strong>Name of Abatement Contractor (9):</strong></td>
<td></td>
</tr>
<tr>
<td><strong>AbateTech, Inc.</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Street Address:</strong> PO Box 25</td>
<td></td>
</tr>
<tr>
<td><strong>City, State &amp; Zip Code:</strong> Westmont, NJ 08108</td>
<td></td>
</tr>
</tbody>
</table>

## Project Manager for Monitoring Firm
- **Jim Gualardi**
- **Telephone Number:** 856-840-8800
- **Scheduled Start Date (10):** 12/21/11
- **Scheduled Completion Date (11):** 2/29/12

## 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
- [ ] ≥100 sf ≥280 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

<table>
<thead>
<tr>
<th>Operating Room Corridor</th>
<th>Mastic</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Registered Waste Hauler</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>AbateTech, Inc.</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>City, State:</strong> Lumberton, NJ</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Disposal Date:</strong> 2/29/12</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Name of Registered Landfill
- **TRRF Landfill**

## Completed By (Print or Type)
- **Gwen Trumbetti**
- **Title:** Opps. Coord.
- **Signature:**
- **Date:** 12/15/11
## NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

### Date of Notification (1)
12/14/11

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

### Type Notification
- Initial
- Amended 3
- Emergency
- Cancellation

### Kearny Board of Education
- Name of Building Owner / Operator (2)
- Street Address: 100 Davis Ave.
- City, State & Zip Code: Kearny, NJ 07032
- Name of Contact: Michael Devita
- Telephone Number

### FACILITY INFORMATION

#### Name of Facility Where Abatement is Taking Place (3)
**Kearny High School - PHASE 1**

#### Street Address
336 Devon Street

#### City (5) County (6) County Code (7)
Kearny - Hudson

#### 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)
- School

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

#### Street Address
3 Crosswicks Street

#### City, State & Zip Code
Bordentown, NJ 08505

#### Project Manager for Monitoring Firm
Mike Hoodak

#### Telephone Number
609-298-5520

#### 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 lf
- ≥160 sf or ≥280 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

#### First Floor
- 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)
  - Pipe Insulation (FC)
  - 408 LF
- Amount (Specify SF or LF)
  - 408 LF

#### Second Floor
- Pipe Insulation (FC)
  - 188 LF
- Plaster
  - 2,040 SF
  - 1,460 SF

#### Third Floor
- Pipe Insulation (Glove Bag)
  - 146 LF
  - 30 LF

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

#### NJDEP Waste Hauler ID No.
18750

#### Cubic Yards of Waste
15

#### Name of Registered Landfill
TRRF Landfill

#### City, State
Lumberton, NJ

#### Disposal Date
2/29/12

#### City, State
Tullytown, PA

#### Completed By (Print or Type)
Gwen Trumpetti

#### Title
Opps. Coord.

#### Signature

#### Date
12/14/11
### State of New Jersey
### NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

#### Date of Notification (1)
12/14/11

#### Name of Building Owner / Operator (2)
Kearny Board of Education

#### Kearny Board of Education
Street Address
100 Davis Ave.
City, State & Zip Code
Kearny, NJ 07032

#### Michael Devita
Name of Contact

#### FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Kearny High School</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>336 Devon Street</td>
</tr>
<tr>
<td>City (5)</td>
<td>Kearny</td>
</tr>
<tr>
<td>County (6)</td>
<td>Hudson</td>
</tr>
<tr>
<td>County Code (7)</td>
<td></td>
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</tbody>
</table>

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

#### ASCM No.

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

#### Street Address
30 Maple Ave. 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

#### Project Manager for Monitoring Firm
Mike Hoodak

#### Telephone Number
609-298-5520

#### Schedule Start Date (10)
7/18/11

#### Scheduled Completion Date (11)
2/29/12

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

#### Scope of Work (Check all that apply)
- [x] 23 sf or 28 sf
- [ ] 23 sf to 28 sf

#### Location of Asbestos-Containing Material (ACM) TO BE ABATED
<table>
<thead>
<tr>
<th>Mechanical Room 233</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pool Area</td>
</tr>
<tr>
<td>First Floor</td>
</tr>
<tr>
<td>Second Floor</td>
</tr>
<tr>
<td>Third Floor</td>
</tr>
<tr>
<td>Lower Core Roof</td>
</tr>
<tr>
<td>Lower Core Roof</td>
</tr>
</tbody>
</table>

#### 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
- [x] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glove Bag Procedures (wrap & cut)
- [ ] Non-Exempted and Non-Friable Procedure

#### Abatement Type

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pipe Insulation</td>
</tr>
<tr>
<td>Pipe Insulation</td>
</tr>
<tr>
<td>Floor tile &amp; Mastic</td>
</tr>
<tr>
<td>Floor tile &amp; Mastic</td>
</tr>
<tr>
<td>Floor tile &amp; Mastic</td>
</tr>
<tr>
<td>Floor tile &amp; Mastic</td>
</tr>
<tr>
<td>Roof Felt</td>
</tr>
<tr>
<td>Roof Flashing</td>
</tr>
</tbody>
</table>

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

#### NJDEP Waste Hauler ID No.
18750

#### Cubic Yards of Waste
15

#### Disposal Date
2/29/12

#### City, State & Zip Code
Lumberton, NJ

#### Disposal Date
2/29/12

#### City, State & Zip Code
Tullytown, PA

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

#### Title
Opps. Coord.

#### Signature

#### Date
12/14/11
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1) 12/15/11
Name of Building Owner / Operator (2) Seton Hall University

Agencies Notified
- EPA
- DEP
- DOL
- DOH
- DCA
Type Notification
- Initial
- Amended #2
- Emergency
- Cancellation

Name of Facility Where Abatement is Taking Place (3)
Seton Hall University - Fahy Lecture Hall B7
Street Address
400 South Orange Ave.

City (5) South Orange
County (6) Essex
County Code (7) [Blank]

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) 12/27/11
Scheduled Completion Date (11) 1/6/12

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

Describe:

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)

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
- Removal
- Repair
- Encapsulate
- Enclosure

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

Cubic Yards of Waste 12
Disposal Date 1/6/12

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

Completed By (Print or Type)
Gwen Trumbetti
Title Office Coord.
Signature
Date 12/15/11
# State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/2/11</td>
<td>ANTHONY DASCO</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Amendment</th>
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<tr>
<td>EPA</td>
<td>Initial</td>
<td></td>
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<tr>
<td>DEP</td>
<td>Amended</td>
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<td>DOL</td>
<td>Emergency</td>
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<tr>
<td>DOH</td>
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<tr>
<td>DCA</td>
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<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
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</thead>
<tbody>
<tr>
<td>563 SPRUCE AVENUE</td>
<td>GARWOOD, NJ 07027</td>
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<table>
<thead>
<tr>
<th>Name of Contact</th>
<th>Telephone Number</th>
</tr>
</thead>
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<tr>
<td>ANTHONY DASCO</td>
<td></td>
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<table>
<thead>
<tr>
<th>FACILITY INFORMATION</th>
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</thead>
<tbody>
<tr>
<td>Name of facility where abatement is taking place (3)</td>
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</table>

<table>
<thead>
<tr>
<th>Name of facility</th>
<th>COUNTY CODE</th>
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<td>ANTHONY DASCO</td>
<td>UNION</td>
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<thead>
<tr>
<th>Type of Facility (4)</th>
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<tbody>
<tr>
<td>School (K - 12)</td>
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<tr>
<td>Subchapter 8 (Other than K-12)</td>
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<tr>
<td>Other (Private/Commercial Bldgs, Homes, etc.)</td>
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<table>
<thead>
<tr>
<th>Square Feet</th>
<th># of Floors</th>
<th>Bldg. Age</th>
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<tbody>
<tr>
<td></td>
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<table>
<thead>
<tr>
<th>Current Use (Prior if being demolished)</th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Name of Abatement Contractor (9)</th>
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<tbody>
<tr>
<td>D &amp; S RESTORATION, INC.</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
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<tbody>
<tr>
<td>20 California Ave.</td>
<td>Paterson, NJ 07503</td>
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<table>
<thead>
<tr>
<th>Telephone Number</th>
<th>License Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>973-345-8020</td>
<td>00159</td>
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<table>
<thead>
<tr>
<th>Name of OSHA Monitor</th>
</tr>
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<tbody>
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<td>D &amp; S Restoration, Inc.</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
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<tr>
<td>20 California Avenue</td>
<td>Paterson, NJ 07503</td>
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</table>

<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
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<tbody>
<tr>
<td>TULLYTOWN, RESOURCE RECOVERY</td>
</tr>
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<table>
<thead>
<tr>
<th>City, State</th>
<th>Date</th>
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<td>PATERNON, NJ 07503</td>
<td>12/19/11</td>
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<table>
<thead>
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<th>Disposal Date</th>
<th>Name of Registered Landfill</th>
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<tbody>
<tr>
<td>12/19/11</td>
<td>TULLYTOWN, RESOURCE RECOVERY</td>
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<table>
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<tr>
<th>Registered Waste Hauler</th>
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<tbody>
<tr>
<td>D &amp; S RESTORATION, INC.</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>NJDEP Hauler ID</th>
<th>Cubic Yards of Waste</th>
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<tbody>
<tr>
<td>13506</td>
<td>1 yd</td>
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<table>
<thead>
<tr>
<th>Location of asbestos-containing material (acm) to be abated in facility (13)</th>
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<tbody>
<tr>
<td>Basement</td>
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<table>
<thead>
<tr>
<th>Description of asbestos-containing material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
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<tbody>
<tr>
<td>pipe insulation</td>
<td>20 LF</td>
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<table>
<thead>
<tr>
<th>Full Containment w/negative pressure</th>
<th>Mini-enclosure</th>
<th>Glovebag procedure</th>
<th>Non-Exempted (*) and Non-friable procedure</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<table>
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<tbody>
<tr>
<td>BOGDAN JOLDZIC</td>
</tr>
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<table>
<thead>
<tr>
<th>Title</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRESIDENT</td>
<td></td>
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</table>

Date: 12/16/11
State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)
1/12/11

Name of Building Owner/Operator (2)
BROCK DUTTON

Agencies Notified
[ ] EPA
[ ] DEP
[ ] DOL
[ ] DOH
[ ] DCA
Type Notification
[ ] Initial
[ ] Amended
[ ] Amendment #:
[ ] Emergency (including justification)
[ ] Cancellation

Street Address
737 VALLEY ROAD

City, State, Zip Code
WATCHUNG, NJ 07060

Name of Contact
BROCK DUTTON

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
BROCK DUTTON

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)

City (5)
WATCHUNG

County (6)
MIDDLESEX

County Code (7) (State use only)

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

ASCM No.

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
00139

Name of OSHA Monitor
D & S Restoration, Inc.

Project Manager for Monitoring Firm

Start Date (10)
12/28/11

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
[ ] Other-Describe: 

End Date (11)
01/06/12

Scope of Work (check all that apply)

[ ] >3 sf or >3 lf
[ ] Renovation
[ ] Demolition

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

BASEMENT


PIPE INSULATION
204 L FT

BARE HEATING PIPES & ELBOWS
30 L FT & 24 ELBOWS

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

Cubic Yards of Waste
3 YDS

Name of Registered Landfill
TULLYTOWN, RESOURCE RECOVERY

City, State
Paterson, NJ 07503

Date of Disposal
12/29/11

Completed by (Print or Type)
BOGDAN JOLDZIC
Title
PRESIDENT

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

Date of Notification (1) 14 DECEMBER 2011

Agencies Notified

<table>
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<tr>
<th>Agency</th>
<th>Notification Type</th>
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<td>(X) EPA</td>
<td>(X) Initial Notification</td>
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<tr>
<td>() DEP</td>
<td>() Amended Certification</td>
</tr>
<tr>
<td>(X) DOL</td>
<td>() Cancelled</td>
</tr>
<tr>
<td>(X) DOH</td>
<td>( ) DCA</td>
</tr>
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</table>

Name of Building Owner/Operator (2)
NUSTAR ASPHALT REFINING, LLC

Street Address
PAULSBORO REFINERY, 4 PARADISE ROAD

City, State, Zip Code
PAULSBORO, NJ 08066

Name of Contact
GILBERTO DIAZ

Tel. Number
GDI 310-00

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
NUSTAR ASPHALT REFINING, LLC - PAULSBORO

Street Address
4 PARADISE ROAD

City (5) County (6) County Code (7) (State Use Only)
PAULSBORO GLOUCESTER N/A

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

Street Address
N/A

City, State, Zip Code
N/A

Project Manager for Monitoring Firm
N/A

Telephone Number
N/A

Scheduled Start Date (10) 3 JANUARY 2012

Scheduled Completion Date (11) 27 JANUARY 2012

Name of OSHA Monitor
N/A

Street Address
N/A

City, State, Zip Code
N/A

Occupancy Status During Abatement (Check only one)

- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Describe - DEMOLITION OF ABANDONED TANKS AND PIPEWORK
- Other - Describe - WORK HOURS, MON.-FRI., 7:00 - 16:30

Source of Work (Check all that apply)

- (X) Demolition
- Renovation
- Large Proj. (>160 SF or >250 LF ACM)
- SM Proj. (>25<160 SF or >10 <250 LF ACM)
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure

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

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

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

Amount (Specify SF or LF)

Abatement Type


Name of Reg. Waste Hauler
N/A

NJ/DEP Waste Hauler ID # N/A

Cubic Yards of Waste
N/A

Name of Reg. Landfill
N/A

City, State
N/A

Disp. Date
N/A

Completed by (Print or Type)
Jennifer Strobel

Title
Contract Administrator

Signature

Date 14 DECEMBER 2011

Mail to: NJ/DEP-DSHN-BRRTP 401 E. State St., PO 414 Trenton, NJ 08625-0414

Telephone 609-984-5820

C:WORDWDYOCJS/ASBESTOS

9/18/00
**Remember - Mail in Hard Copy**

State of New Jersey

**DEPARTMENT OF ENVIRONMENTAL PROTECTION**

**APPLICATION FOR ASBESTOS ABATEMENT DISPOSAL**

(Refer to NJAC 8:60 and 12:1-4)

Date of Notification (1)
12/15/2011

Name of Building Owner/Operator (2)
YMCA of Easter Union County

Agency Notified

- [ ] EPA
- [ ] DOH
- [ ] DCA

Type Notification

- [X] Initial
- [ ] Amended
- [ ] Amended &
  - [X] Emergency (including Justification)
  - [ ] Cancellation

FACILITY INFORMATION

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

Street Address
135 Madison Ave.,

City (6)
Elizabeth, NJ 07201

County (8)
Union

Name of Monitoring Firm Hired by Building Owner (9)
Brinkerhoff Environmental Services Inc

Address
1913 Atlantic Ave., Suite R5

City, State, Zip Code
Manasquan, NJ 08736

Project Manager for Monitoring Firm
Jason Hooper

Telephone No.
732-223-2225

Name of Abatement Contractor (6)
DIA General Construction, Inc.

Street Address
1360 Clifton, Avenue, PMB Suite 218

City, State, Zip Code
Clifton, NJ 07012

Start Date (10)
12/19/2011

Scheduled Completion Date (11)
12/23/2011

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

Scope of Work (Check all that apply)
- [X] 50 ft. or less
- [ ] 51 to 100 ft.
- [ ] 101 to 200 ft.

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Normaly Used</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
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</thead>
<tbody>
<tr>
<td>2nd floor</td>
<td>Pipe/Elbow Insulation</td>
<td>X</td>
<td></td>
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</table>

Amount (Specify SF or LF)
400 LF

Name of Registered Waste Hauler

Service Transport Group

NJ/DEP Waste Size
20 YD Container

Cubic Yards of Waste
80 CY

Name of Registered Landfill
Minerva Landfill

City, State
Waynesburg, OH 44688

Completed by
Krutarth Jagad

Title
President

Signature

Date
12/15/2011

*[Do not use this form for asbestos license exempted activities]*
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)  
12/15/2011

Name of Building Owner/Operator (2)  
Glenwood Apartment & Country Club

Street Address  
1655 US HWY 9
City, State, Zip Code  
Old Bridge, NJ 08857
Name of Contact  
Bernadette Popple

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  
Apartments Bldg.

Square Feet  
2000 SF

Bldg. Age  
60+

Current Use (Prior if being demolished)  
Apartments Bldg.

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

Name of Abatement Contractor (9)  
DIA General Construction, Inc.

Asbestos-free Contractor (10)  
None

Telephone No.  
973-389-0089

License No.  
00693

Name of ACM No.  
N/A

Name of Abatement Company  
DIA General Construction, Inc.

Street Address  
1360 Clifton, Avenue, PMB Suite 218
City, State, Zip Code  
Clifton, NJ 07012

Name of OSHA Monitor  
DIA General Construction, Inc.

Street Address  
1360 Clifton, Avenue, PMB Suite 218
City, State, Zip Code  
Clifton, NJ 07012

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
☒ >160 sf or ≥260 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)  
Pipe/Elbow Insulation

Amount (Specify SF or LF)  
200 LF

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

Endorsement  
☐ Endorse
☐ Repair
☐ Removal
☐ Decontamination

Name of Registered Waste Hauler  
Minerva Landfill

Service Transport Group  
Name of Registered Landfill  
Minerva Landfill

Cubic Yards of Waste  
10

Disposal Date  
12/28/2011
City, State  
Waynesburg, OH 44688

Completed By  
Krutarth Jagad  
Title  
President

Signature  
Date  
12/15/2011

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

Date of Notification (1) 12/16/2011

Name of Building Owner/Operator (2) JCP & L

Agencies Notified Type Notification

[ ] EPA

[ ] DEP

[ ] DOL

[ ] DOH

[ ] DCA

[ ] Initial

[ ] Amended

[ ] Amendment #

[ ] Emergency (including justification)

[ ] Cancellation

Street Address

300 Madison Avenue

City, State, Zip Code

Morristown, NJ 07962

Name of Contact

Elaine Comings

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Former East Clinton Street Shopping Center

Street Address

15-29 East Clinton Street

City (6)

Newton

County (6)

Sussex

County Code (7) (STATE USE ONLY)

County Code

Vacant Building

Square Feet

10000 SF

# of Floors

1

Bldg. Age

60+

Type of Facility (4)

[ ] School (K-12)

[ ] Subchapter 8 (Other than K-1 2)

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

Current Use (Prior to renovation or demolition)

Vacant Building

Name of Monitoring Firm Hired by Building Owner (8)

J & S Environmental Services

ASCM No.

N/A

Name of Abatement Contractor (9)

Valiant Associates, LLC

Street Address

2333 Rte 22 West

City, State, Zip Code

Union, NJ 07083

Project Manager for Monitoring Firm

Sherry Gelsomino 908-206-0063

Start Date (10)

1/03/2012

Scheduled Completion Date (11)

1/13/2012

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)

[ ] >3,000 sf or >3 IF

[ ] >160 sf or >250 sf IF

[ ] Renovation

[ ] Demolition

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

IN Facility

(13)

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

[ ] Encapsulate

[ ] Enclose

[ ] Full Containment with Negative Pressure

[ ] Mini-Enclosure

[ ] Gowebag Procedure

[ ] Non-Exempted (*) and Non-Friable Procedure

See Attached

Name of Registered Waste Hauler

Name of Registered Landfill

Service Transport Group

Minerva Landfill

City, State

New Castle, DE

Waynesburgh, OH

Disposal Date

1/13/2012

Cubic Yards of Waste

50

Completed By

Miodrag Stamenovic

Title

Project Manager

Signature

Date

12/16/2011

* 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)**

12/16/2011

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

Coremark Union, LLC

**Agencies Notified**

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

**Type Notification**

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

**Name of Contact**

Daniela N. Sahade

**Street Address**

392 Main Street

**City, State, Zip Code**

Wyckoff, NJ 07481

**Telephone Number**


---

**FACILITY INFORMATION**

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

Former Townley Post Office

**Street Address**

1020 Salem Road

**City (6)**

Union

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

2000 SF

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

Vacant Building

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

ASCN No.

N/A

**Name of Abatement Contractor (9)**

Valiant Associates, LLC

**Street Address**

145 Mill Street

**City, State, Zip Code**

Paterson, NJ 07501

**Project Manager for Monitoring Firm**

[ ]

**Telephone No.**

973-553-5374

**License No.**

01108

**Start Date (10)**

12/26/2011

**Scheduled Completion Date (11)**

12/30/2011

**Occuopancy 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)**

- [ ] >3 sf or >3 if
- [x] <160 sf or >260 if
- [ ] Renovation
- [ ] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Bag-in-Bag 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)**

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

<table>
<thead>
<tr>
<th>Roof</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Black Roofing Material</td>
<td>1,775 SF</td>
<td>X</td>
<td></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>Rad &amp; Grey 9&quot; X 9&quot; Floor Tiles</td>
<td>1,400 SF</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**

[ ]

**Service Transport Group**

NJDEP Waste Hauler ID No.

20990

**Cubic Yards of Waste**

20

**Name of Registered Landfill**

Minerva Landfill

**City, State**

Waynesburgh, OH

**Disposal Date**

12/30/2011

**Completed By**

Miodrag Stamenovic

**Title**

Project Manager

**Signature**

[Signature]

**Date**

12/16/2011

---

*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>12/16/2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agencies Notified</td>
<td></td>
</tr>
<tr>
<td>(X) EPA</td>
<td></td>
</tr>
<tr>
<td>(X) DEP</td>
<td></td>
</tr>
<tr>
<td>(X) DOL</td>
<td></td>
</tr>
<tr>
<td>(X) DOH</td>
<td></td>
</tr>
<tr>
<td>(X) DCA</td>
<td></td>
</tr>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Albie Corp.</td>
</tr>
<tr>
<td>Street Address</td>
<td>559 Franklin Avenue</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Nutley, NJ 07110</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Dan Albizzi</td>
</tr>
<tr>
<td>Tel: Number</td>
<td></td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Burgess Pharmacy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>559 Franklin Avenue</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Nutley, Essex, 07110</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Bldg. Owner (8)</td>
<td>ASCM No. 41819</td>
</tr>
<tr>
<td>ESS Environmental</td>
<td>Street Address</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>North Bergen, NJ 07047</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>Dennis Rivera</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>718-213-1431</td>
</tr>
<tr>
<td>Scheduled Start Date (10)</td>
<td>12/19/2011</td>
</tr>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>1/31/2012</td>
</tr>
<tr>
<td>Source of Work (Check all that apply)</td>
<td></td>
</tr>
<tr>
<td>(X) ≥ 3 sf or ≥ 3 lf</td>
<td></td>
</tr>
<tr>
<td>(X) ≥ 160 sf or ≥ 260 lf</td>
<td></td>
</tr>
<tr>
<td>( ) Demolition</td>
<td></td>
</tr>
<tr>
<td>(X) Renovation</td>
<td></td>
</tr>
</tbody>
</table>

**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                                             |             |

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

<table>
<thead>
<tr>
<th>Is Location Normally Used Solely by Maintenance / Custodial Staff? (12)</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Description of ACM (i.e. thermal systems insulation, surfacing, VLT, or other miscell.)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
<td>80 LF</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abatement Type</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Roof</th>
<th>X</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Floor</td>
<td>X</td>
<td>600 LF</td>
</tr>
</tbody>
</table>

**Name of Reg. Waste Hauler**

<table>
<thead>
<tr>
<th>Express Waste LLC</th>
<th>NJ/DEP Waste Hauler ID #</th>
<th>Cubic Yards of Waste</th>
<th>Name of Reg. Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>NJ-804</td>
<td>5</td>
<td>Cumberland County Landfill</td>
</tr>
</tbody>
</table>

**Completed by (Print or Type)**

<table>
<thead>
<tr>
<th>John Tardy</th>
<th>Senior Project Manager</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>12/16/2011</td>
</tr>
</tbody>
</table>

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

**NOTIFICATION OF ASBESTOS ABATEMENT**

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

---

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Abandon gas station</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>485 Rt 46 Parcel 93</td>
</tr>
<tr>
<td>City</td>
<td>Little Falls</td>
</tr>
<tr>
<td>County Code</td>
<td>Passaic</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>L. Robert Kimball &amp; Associates</td>
</tr>
<tr>
<td>Street Address</td>
<td>411 Riverview Plaza</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Trenton, NJ 08611</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>Robert Kowalczyk</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>609-989-5260</td>
</tr>
</tbody>
</table>

**Type of Facility (4)**

- School (K-12)
- Subchapter 6 (Other than K-12)
- Other (i.e., private & commercial buildings, homes, etc.)

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

<table>
<thead>
<tr>
<th>Former Use</th>
<th>Former gas station</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Location of Asbestos - Containing Material (ACM) TO BE ABATED IN Facility (13)</th>
<th>Office</th>
<th>Exterior (around seams &amp; grooves)</th>
<th>Roof (attendant booth &amp; canopy)</th>
<th>Exterior Roof (detached shed)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
<td>mastic associated w/cove base</td>
</tr>
<tr>
<td></td>
<td></td>
<td>X</td>
<td></td>
<td>caulking</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>tar</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>shingles</td>
</tr>
</tbody>
</table>

**Amount (Specify SF or LF)**

<table>
<thead>
<tr>
<th>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>30 SF</th>
</tr>
</thead>
</table>

**Date of Notification (1)**

12/16/2011

---

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

Date of Notification (1)
12/15/11

Name of Building Owner/Operator (2)
BASF Corporation

Address
100 Campus Drive
Florham Park, NJ 07932

Name of Contact
Frank Pichocka

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
BASF - Building No. 3 PVC Building

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

Sq. Feet 21920 # of Floors 2

Bldg. Age 30 +/- Current Use (prior if being demolished) Warehouse

Name of Monitoring Firm Hired by Bldg. Owner (5)
Environmental Health Investigations, Inc.

Name of Contractor (9)
NCM Demolition and Remediation, LP

Street Address
1 James Street

Street Address
404 N. Barry Street

City, State, Zip Code
Brea, CA 92821

City, State, Zip Code
L.I.C. New York, 11101

Street Address
655 West Shore Trail

Project Manager for Monitoring Firm
Sparta, NJ 07871

William S. Kerbel, CIH

Telephone Number
973-79-5649

Telephone Number
484-580-8531

License Number
01066

Scheduled Start Date (10)
1/3/2012

Scheduled Completion Date (11)
2/10/2012

Name of OSHA Monitor
Taeto Tech

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

Describe Vacant Bldg. To Be Demolished
21,920 sf building to be demolished in its entirety

Other - Describe

Source of Work (Check all that apply)
- Demolition
- Renovation
- Large Project (>160 SF or >260 LF ACM)
- Small Project (>25-160 SF or 10 <260 LF ACM)
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Friable Outdoor Work

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

<table>
<thead>
<tr>
<th>Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneously)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pipe Fittings</td>
<td>100 ea</td>
<td>X</td>
</tr>
<tr>
<td>Pipe Insulation</td>
<td>150 if</td>
<td>X</td>
</tr>
<tr>
<td>VAT &amp; Mastic</td>
<td>920 sf</td>
<td>X</td>
</tr>
<tr>
<td>Transite Panels</td>
<td>800 sf</td>
<td>X</td>
</tr>
<tr>
<td>Tar Paper &amp; Fittings</td>
<td>1300 sq &amp; 40 ea</td>
<td>X</td>
</tr>
<tr>
<td>Window &amp; Door Gauk</td>
<td>1600 if</td>
<td>X</td>
</tr>
<tr>
<td>Roof Flashing</td>
<td>800 sq</td>
<td>X</td>
</tr>
<tr>
<td>NJDEP Waste Hauler ID # A801 #20950 / SW2117</td>
<td>Cubic Yards of Waste 40</td>
<td>Name of Reg. Landfill Minerva Enterprises</td>
</tr>
</tbody>
</table>

City, State
58 Pyles Lane - New Castle, DE

Completed by (Print or Type)
Jon Monagan

Title
Project Coordinator

Signed

Date 12/15/11
X. Description of Planned Demolition or Renovation Work and Methods to be Used:
Building will be demolished using wet dust suppression methods with Mechanical means.

XI. Description of Engineering Controls and Work Practices to be Used to Control Emissions of Asbestos at the Demolition or Renovation Site:
Wet materials during cutting operations, use rotary roof cutting instruments, lower the materials to the ground using hoists or lifts or use dust-tight chutes. Use glovebagging for pipe & fitting insulations, Full negative air containments for VAT and chemical removals for mastics. Non-friable intact removals for caulking etc.

XII. Waste Transporter#1 Waste Management
| Address: 100 Ave. A |
| City: Newark |
| State: NJ |
| Zip: 07114 |
| Contact: Susan Rubinetti (Leyton) |
| Telephone: 201-208-2258 |

Waste Transporter#2 Service Transport Group, Inc.
| Address: 58 Pyles Lane |
| City: New Castle |
| State DE |
| Zip: 19720 |
| Contact: Tom Gaudet |
| Telephone: 302-778-5830 |

XIII. Waste Disposal Site Minerva Enterprises
| Address: 9000 Minerva Rd |
| City: Waynesburg |
| State: PA |
| Zip: 44688 |
| Contact: Sara Porpora |
| Telephone: 330-886-3435 |

XIV. If the Demolition was Ordered by a Government Agency, Please Identify the Agency Below:
| Name |
| Authority |

XV. For Emergency Renovations:
| DATE and HOUR of Emergency: (MM/DD/YYYY) (HH:MM) |
| Description of SUDDEN, UNEXPECTED EVENT |
| Explanation of how the Event caused unsafe conditions, or a serious disruption of industrial operations |

XVI. Description of Procedures to Be Followed in the Event that Unexpected Asbestos is Found, or that Previously Non-Friable Asbestos Material Becomes Crumbled, Pulverized or Reduced to Powder
Restrict work area and regulate, wet material, notify appropriate regulatory agencies, commence cleanup using wet methods.

XVII. I Certify that an Individual, Trained in the Provisions of this Regulation (40 CFR, Part 61, Subpart M) Will be On-Site During the Demolition or Renovation, and that Evidence that the Required Training has Been Accomplished by this Person will be Available for Inspection During Normal Business Hours (Required one (1) year after promulgation).

Signature of Owner/Operator: [Signature]
(Date): 12/15/11

XVIII. I Certify that the Above Information is Correct

Signature of Owner/Operator: [Signature]
(Date): 12/15/11
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 7:26-2.12)

Date of Notification (1) 12/15/11

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

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

Name of Building Owner/Operator (2)
BASF Corporation

Street Address
100 Campus Drive
Florham Park, NJ 07932

Name of Contact
Frank Plechota

FACILITY INFORMATION

Name of Facility Where Abatement Is Taking Place (3)
BASF – Building No. 6 – Solvent Building

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

Sq. Feet  5760  # of Floors  4

Bidg. Age  30 +/-

Current Use (prior if being demolished)  Warehouse

Name of Monitoring Firm Hired by Bidg. Owner (8)
Environmental Health Investigations, Inc.

Name of Contractor (9)  NCM Demolition and Remediation, LP

Street Address
Street Address
655 West Shore Trail
Brea, CA 92621

City, State, Zip Code
Sparta, NJ 07871

Name of Contractor (9)
Street Address
404 N. Berry Street

City State, Zip Code

Name of OSHA Monitor
Telstar Tech

Street Address
10.59 Jackson Ave.

City, State, Zip Code
L.I.C. New York, 11101

Other – Describe
4324SF vacant building to be demolished in its entirety.

Source of Work (Check all that apply)

(X) Demolition  ( ) Renovation
(X) Large Proj. (>160 SF or >260 LF ACM)  ( ) Small Proj. (>25<160SF or >10<260 LF ACM)
( ) Minor Proj. (<25SF or <10LF ACM)
( ) Full Containment with Negative Pressure  (X) Mini-Enclosure  (X) Glovebag Procedure  (X) Non-Friable Outdoor Work

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

<table>
<thead>
<tr>
<th>Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneously)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transite Panels</td>
<td>150 sf</td>
<td>X</td>
</tr>
<tr>
<td>Fittings &amp; Pipe Lines</td>
<td>178 LF</td>
<td>X</td>
</tr>
<tr>
<td>Roofing</td>
<td>5500 sf</td>
<td>X</td>
</tr>
<tr>
<td>Caulking</td>
<td>800 LF</td>
<td>X</td>
</tr>
<tr>
<td>Fire Doors</td>
<td>12 ea</td>
<td>X</td>
</tr>
</tbody>
</table>

Location of Reg. Waste Hauler

Name of Reg. Landfill

Cubic Yards of Waste
10

Name of Reg. Landfill

Minerva Enterprises

City, State
Waynesburg, OH

Disp. Date
2/24/2012

Completed by (Print or Type)
Jon Monagan

Title
Project Coordinator

Signature

Date
12/15/11
X. Description of Planned Demolition or Renovation Work and Methods to be Used
Building will be demolished using wet dust suppression methods with Mechanical means & methods.

XI. Description of Engineering Controls and Work Practices to be Used to Control Emissions of Asbestos at the
Demolition or Renovation Site:
Wet materials during cutting operations, use rotary roof cutting instruments, lower the materials to the ground using
hoists or lifts or use dust-tight chutes. Use glove bagging for pipe & fitting insulations, Non-friable intact removals for
caulking, fire doors and Transite etc.

XII. Waste Transporter#1 Waste Management
Address: 100 Ave. A
City: Newark
County: Essex
State: NJ
Zip: 07114
Contact: Susan Rubnatt (Layton)
Phone: 201-206-2525
Waste Transporter#2 Service Transport Group, Inc.
Address: 58 Pyles Lane
City: New Castle
County: New Castle
State: DE
Zip: 19720
Contact: Tom Gaudet
Phone: 302-778-5930

XIII. Waste Disposal Site Minerva Enterprises
Address: 9000 Minerva Rd
City: Wayne
County: Stark
State: PA
Zip: 44688
Contact: Sara Pomera
Phone: 330-866-3435

XIV. If the Demolition was Ordered by a Government Agency, Please Identify the Agency Below:
Name
Title
Authority

XV. For Emergency Renovations:
DATE and HOUR of Emergency: (MM/DD/YYYY) (HH-MM)
Description of SUDDEN, UNEXPECTED EVENT

XVI. Description of Procedures to Be Followed in the Event that Unexpected Asbestos is Found, or that Previously Non-
Friable Asbestos Material Becomes Crumbled, Pulverized or Reduced to Powder
Restrict work area and regulate, wet material, notify appropriate regulatory agencies, commence cleanup using wet
methods.

XVII. I certify that an individual, trained in the Provisions of this Regulation (40CFR, Part 61, Subpart M) will be On-
Site During the Demolition or Renovation, and that Evidence that the Required Training has been Accomplished by
this Person will be Available for Inspection During Normal Business Hours (Required one (1) year after promulgation).

XVIII. I certify that the Above Information is Correct

Signature of Owner/Operator
(Date) 12/15/11

Signature of Owner/Operator
(Date) 12/15/11

Signature of Owner/Operator
(Date) 12/15/11
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to N.J.A.C. 7:26-2.12)

Date of Notification (1)  
12/15/11

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

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

Name of Building Owner/Operator  
BASF Corporation

Street Address  
100 Campus Drive

City, State, Zip Code  
Florham Park, NJ 07932

Name of Contact  
Frank Plechota

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  
BASF – Building No. 2 New Shipping Warehouse

Street Address  
1 James Street

City (5)  
Belvidere  
County (6)  
Hunterdon  
County Code (7)  (State Use Only)  
00104

Name of Monitoring Firm Hired by Bldg. Owner (8)  
ASCM No.  
00104

Environmental Health Investigations, Inc.

Street Address  
655 West Shore Trail

City, State, Zip Code  
Sparta, NJ 07871

Project Manager for Monitoring Firm  
William S. Kerbel, CIH

Telephone Number  
973-79-5849

Scheduled Start Date (10)  
1/9/2012

Scheduled Completion Date (11)  
2/10/2012

Name of OSHA Monitor  
Tester Tech

Street Address  
10 99 Jackson Ave.

City, State, Zip Code  
L.I.C. New York, 11101

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

Describe Vacant Bldg. To Be Demolished  
70020 sf warehouse building to be demolished in its entirety

Other – Describe

Source of Work (Check all that apply)  
(X) Demolition  
( ) Renovation  
(X) Large Proj. (>160 SF or >250 LF ACM)  
( ) Small Proj. (25<160 SF or <10<250 LF ACM)  
( ) Minor Proj. (<25 SF or <10 LF ACM)  
( ) Full Containment with Negative Pressure  
( ) Mini-Enclosure  
( ) Glovebag Procedure  
( ) Non Fibrous Outdoor Work

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

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

YES  
NO  
NA

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

Amount (Specify SF or LF)  
6500 sf

Abatement Type  

Rem.  
Rep.  
Encap.  
Enclose

Roof Flashing  
X  

Name of Reg. Waste Hauler  
NJDEP Waste Hauler # ID #  
A901 #20990 / SW2117  
Cubic Yards of Waste  
40

Service Transport Group  

City, State  
58 Pyles Lane – New Castle, DE

Completed by (Print or Type)  
Jon Monagan  
Title  
Project Coordinator

Signature  

Date  
12/15/11

Name of Reg. Landfill  
Minerva Enterprises

City, State  
Waynesburg, OH

Disp. Date  
2/10/12
X. Description of Planned Demolition or Renovation Work and Methods to be Used:
Building will be demolished using wet dust suppression methods with Mechanical means & methods.

XI. Description of Engineering Controls and Work Practices to be Used to Control Emissions of Asbestos at the Demolition or Renovation Site:
Wet materials during cutting operations, use rotary roof cutting instruments, lower the materials to the ground using hoists or lifts or use dust-tight chutes.

XII. Waste Transporter#1 Waste Management
Address: 100 Ave. A
City: Newark
County: Essex
State: NJ
Zip: 07114
Contact: Susan Rubinstein (Layton)
Telephone: 201-265-2258

Waste Transporter#2 Service Transport Group, Inc.
Address: 58 Pyles Lane
City New Castle
County New Castle
State DE
Zip: 19720
Contact Tom Gaudet
Telephone: 302-778-5930

XIII. Waste Disposal Site Minerva Enterprises
Address: 5080 Minerva Rd
City: Wayneburg
County: Stark
State: PA
Zip: 44688
Contact: Tara Pomerat
Telephone: 330-886-3435

XIV. If the Demolition was Ordered by a Government Agency, Please Identify the Agency Below:
Name
Title
Authority
Date of Order (MM/DD/YYYY)
Date Ordered to Begin (MM/DD/YYYY)

XV. For Emergency Renovations:
DATE and HOUR of Emergency: (MM/DD/YYYY) 
(HH:MM)
Description of SUDDEN, UNEXPECTED EVENT

Explanation of how the Event caused unsafe conditions, or a serious disruption of industrial operations

XVI. Description of Procedures to Be Followed in the Event that Unexpected Asbestos is Found, or that Previously Non-Friable Asbestos Material Becomes Crumbled, Pulverized or Reduced to Powder
Restrict work area and regulate, wet material, notify appropriate regulatory agencies, commence cleanup using wet methods.

XVII. I Certify that an Individual, Trained in the Provisions of this Regulation (40 CFR Part 61, Subpart M) Will be On-Site During the Demolition or Renovation, and that Evidence that the Required Training has Been Accomplished by this Person will be Available for Inspection During Normal Business Hours (Required one (1) year after promulgation).

[Signature of Owner/Operator] (Date) 12/12/17

XVIII. I Certify that the Above Information is Correct

[Signature of Owner/Operator] (Date) 12/15/11
**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:80 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>Estate of Helen Cole</td>
</tr>
</tbody>
</table>

**AGENCIES NOTIFIED**

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

**Street Address**
31 Park Street

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

**Name of Contact**
Gloria Grieco

**FACILITY INFORMATION**

- **Name of Facility Where Abatement is Taking Place (3)**
  - House
- **Street Address**
  - 32 Parkway West
- **City (5)**
  - Bloomfield
- **County (6)**
  - Essex
- **Current Use (Prior if being demolished)**
  - House

**Name of Monitoring Firm Hired by Building Owner (6)**
N/A

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

**Square Feet**
N/A

**# of Floors**
N/A

**Bldg. Age**
N/A

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

**License No.**
#00675

**ASCM No.**

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

**Street Address**
11 Rosengren Avenue

**City, State, Zip Code**
Totowa, NJ 07512

**Telephone No.**
973-345-8865

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

**Type of Work**

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

**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: Occupied

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

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

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

<table>
<thead>
<tr>
<th>Location of ACM TO BE ABATED in Facility (13)</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>

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

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

<table>
<thead>
<tr>
<th>Description of ACM</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>pipe insulation</td>
<td>96 LF</td>
<td>x</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**
D&S Abatement, Inc.

**NJ/DEP Waste Hauler ID No.**
#20996

**Cubic Yards of Waste**
TBD

**Name of Registered Landfill**
Waste Management of PA

**Disposal Date**
TBD

**City, State**
Totowa, NJ

**Date Completed by (Deanna Brikusanin)**
**Signature**

**Date**
12/2/11

* 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)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>12/2/11</th>
</tr>
</thead>
</table>

<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>Katherine Bunce</td>
</tr>
<tr>
<td>DEP</td>
<td>Amended Amendment #</td>
<td></td>
</tr>
<tr>
<td>DOL</td>
<td>Emergency (including justification)</td>
<td></td>
</tr>
<tr>
<td>DOH</td>
<td>Cancellation</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>90 Mount harmony Road</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State, Zip Code</td>
<td>Bernardsville, NJ 07924</td>
</tr>
</tbody>
</table>

Name of Building Owner/Operator: Katherine Bunce

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

<table>
<thead>
<tr>
<th>House</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>90 Mount harmony Road</th>
</tr>
</thead>
<tbody>
<tr>
<td>City</td>
<td>Bernardsville</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>County (6)</th>
<th>County Code (7)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Morris</td>
<td>(STATE USE ONLY)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>ASCM No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>D&amp;S Abatement, Inc.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>D&amp;S Abatement, Inc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>D&amp;S Abatement, Inc.</td>
<td>973-345-8685</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>12/15/11</td>
<td>12/16/11</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check Only One)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
</tr>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check All That Apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>≥2 sf or ≥3 if</td>
</tr>
<tr>
<td>≥160 sf or ≥260 if</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>Crawl space</td>
</tr>
<tr>
<td>Associated with oil tank</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Is Location 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>Duct insulation</td>
</tr>
<tr>
<td>Pipe insulation</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>100 SF</td>
</tr>
<tr>
<td>3 LF</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full Containment with Negative Pressure</td>
</tr>
</tbody>
</table>
| Mini-Encapsulate
| Glovebag Procedure |
| Non-Exempted (*) and Non-Friable Procedure |

<table>
<thead>
<tr>
<th>Location of Registered Waste Hauler</th>
</tr>
</thead>
<tbody>
<tr>
<td>D&amp;S Abatement, Inc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NJDEP Waste Hauler ID No. #20996</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Waste Management of PA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Disposal Date</th>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>TBD</td>
<td>Tullytown, PA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
</tr>
</thead>
<tbody>
<tr>
<td>D&amp;S Abatement, Inc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Title</th>
<th>Project manager</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deanna Biskusnin</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>12/02/11</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Data of Notification (1)</th>
<th>12-15-2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Bella Cleaning &amp; Catering</td>
</tr>
<tr>
<td>Street Address</td>
<td>9 Prospect Street</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Ridgewood, NJ 07450</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Ben</td>
</tr>
<tr>
<td>FACILITY INFORMATION</td>
<td></td>
</tr>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td>Commercial Property for Demo</td>
</tr>
<tr>
<td>Commercial Property for Demo</td>
<td></td>
</tr>
<tr>
<td>Street Address</td>
<td>62 Linden Street</td>
</tr>
<tr>
<td>City (5)</td>
<td>Hackensack</td>
</tr>
<tr>
<td>County Code (7)</td>
<td>3,000 SF</td>
</tr>
<tr>
<td>Current Use (Prior to being demolished)</td>
<td>50+</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>n/a</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>n/a</td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>Jadar Contracting, LLC</td>
</tr>
<tr>
<td>Street Address</td>
<td>22 Troy Lane</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Lincoln Park, NJ 07035</td>
</tr>
<tr>
<td>Name of OSHA Monitor</td>
<td>Jadar Contracting, LLC</td>
</tr>
<tr>
<td>Room Address</td>
<td>22 Troy Lane</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Lincoln Park, NJ 07035</td>
</tr>
<tr>
<td>Scope of Work (Check All That Apply)</td>
<td></td>
</tr>
<tr>
<td>Renovation</td>
<td>X</td>
</tr>
<tr>
<td>Demolition</td>
<td>X</td>
</tr>
<tr>
<td>Full Containment with Negative Pressure</td>
<td></td>
</tr>
<tr>
<td>Mini-Enclosure</td>
<td></td>
</tr>
<tr>
<td>Glovebag Procedure</td>
<td></td>
</tr>
<tr>
<td>Non-Exempted (1) and Non-Friable Procedure</td>
<td></td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (10)</td>
<td></td>
</tr>
<tr>
<td>Entire Building</td>
<td></td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
<td>Yannuzzi &amp; Sons</td>
</tr>
<tr>
<td>Disposal Procedure</td>
<td>IESI</td>
</tr>
<tr>
<td>City, State</td>
<td>Bethlehem, PA</td>
</tr>
<tr>
<td>Completed by</td>
<td>Lilli Lazarevich</td>
</tr>
</tbody>
</table>

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

Date of Notification (1)
December 15, 2011

Name of Building Owner/Operator (2)
Donnelly Construction

Agencies Notified

☐ EPA
☒ DEP
☐ DOL
☐ DOH
☐ DCA

Type Notification

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

Street Address
557 Route 23 South
Wayne, NJ 07470

City, State, Zip Code
Wayne, NJ 07470

Name of Contact
Shahzad Khan

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Baltusrol Golf Club

Street Address
201 Shunpike Rd

City (5)

Somerset, NJ

County (6)
Somerset

County Code (7)
Somerset

STATE USE ONLY

Current Use (Prior if being demolished)
golf club

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

ASCM No.
0021

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

Street Address
1500 Kings HWY N, STE 209

City, State, Zip Code
Cherry Hill, NJ 08034

Project Manager for Monitoring Firm
Eric Houseknecht

Telephone No.
(908) 218-1108

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)
1/3/12

Scheduled Completion Date (11)
1/24/12

License No.
00781

Name of OSHA Monitor
The MACK Group, LLC

Street Address
1500 Kings HWY N, STE 209

City, State, Zip Code
Cherry Hill, NJ 08034

Scope of Work (Check All That Apply)

☒ ≥3 sf or ≥3 if
☒ ≥190 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)

Attic

1st floor

3rd floor

Location of Asbestos-Containing Material (ACM) 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)

transite
contaminated fiberglass insulation
pipe

Amount (Specify SF or LF)
6900 s/f
5250 s/f
600 l/f

Abatement Type

Removal
Repair
Encapsulate
Encore

Name of Registered Waste Hauler
Freehold / American Waste

City, State
Freehold, NJ / Warren OH

Freehold, NJ / Warren OH

Disposal Date
1/24/12

GROWS / Minerva Enterprises

Morrisville, PA / Waynesburg, OH

Name of Registered Landfill

Cubic Yards of Waste
128

Completed by
Mike Cooper

Title
President

Signature

Date
12/15/11

* 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**

### FACILITY INFORMATION

- **Name of Facility Where Abatement is Taking Place (3):** RESIDENCE
- **Street Address:** 4846 Asbury Ave
- **City, State, Zip Code:** Ocean City, N.J., 08226
- **Name of Abatement Contractor (9):** Klemco Inc.
- **Street Address:** 369 S. Spruce Ave
- **City, State, Zip Code:** Maple Shade, N.J., 08052

### ABATEMENT PERIOD

- **Scheduled Completion Date:** 1/17/12

### LOCATION OF ASBESTOS-CONTAINING MATERIAL (ACM)

- **Description of Asbestos-Containing Material (ACM):** Transite
- **Amount:** 3500 sq ft

### LICENSED WASTE HANDLER

- **Name of Licensed Waste Handler:** Klemco Inc.
- **ID No:** 17984

### SIGNATURES

- **Name of Contact:** Joseph Klemm
- **Signature:** J. Klemm

*Do not use this form for asbestos licensure exempted activities*
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 5:60 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>12/15/11</td>
<td>Patricia Anderson / Residence</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
<td>Patricia Anderson / Residence</td>
</tr>
<tr>
<td>DEP</td>
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<tr>
<td>DOL</td>
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<tr>
<td>DOH</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DCA</td>
<td></td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
<th>Name of Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>55 Nimrod St</td>
<td>Salem NJ 08079</td>
<td>Pat</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Square Feet</th>
<th># of Floors</th>
<th>Bldg. Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>1000 +</td>
<td>2</td>
<td>35 +</td>
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</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>Pernaco Inc</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>PO Box 329</td>
<td>856-753-9800</td>
<td>00727</td>
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<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pernaco Inc</td>
<td>856-753-9800</td>
<td>00727</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
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</thead>
<tbody>
<tr>
<td>12/27/11</td>
<td>12/30/11</td>
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<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 Facility Hours</td>
</tr>
<tr>
<td>Other – Describe: Home Owner will Be Home</td>
</tr>
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</table>

Scope of Work (Check All That Apply)

- ≥3 sf or ≥3 if
- ≥160 sf or ≥280 if
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
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</thead>
<tbody>
<tr>
<td>Basement</td>
<td>x</td>
<td>pipe insulation 180 lf</td>
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<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
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<tr>
<td>United Containers</td>
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<table>
<thead>
<tr>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
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<td>2</td>
<td>G.R.O.W.S.</td>
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<th>City, State</th>
<th>Disposal Date</th>
<th>Name of Registered Landfill</th>
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<tbody>
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<td>Elm NJ</td>
<td>12/30/11</td>
<td>G.R.O.W.S.</td>
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</tbody>
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Completed by
Anthony T Perna
Title: President
Signature: [Signature]
Date: 12/15/11

* 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)
9 / 30 / 11

### Name of Building Owner/Operator (2)
Princeton University-Office of Design and Construction

### Agencies Notified
- [ ] EPA
- [ ] DOLWD
- [ ] DHSS
- [ ] DCA (NJAC 5:23-8)

### Type Notification
- [ ] Initial
- [ ] Amended
- [ ] Amendment #6-12/13/11
- [ ] Emergency (including justification)
- [ ] Cancellation

### Name of Facility Where Abatement is Taking Place (3)
Princeton University- Jadwin Hall

### Street Address
Washington Rd

### City (5)
Princeton

### County (6)
MERCER

### County Code (7) [STATE USE ONLY]

### Name of Monitoring Firm Hired by Building Owner (9)
ATC Associates Inc

### ASCM No.

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

### Street Address
Bromley Corporate Center-Three Terri Lane

### City, State, Zip Code
Burlington, NJ 08016

### Project Manager for Monitoring Firm
Michael Keen

### Telephone No.
609-396-8800

### Start Date (10)
10 / 10 / 11

### Scheduled Completion Date (11)
12 / 7 / 11

### Occupancy Status During Abatement (Check only one)
- [ ] Yes
- [ ] No
- [ ] N/A

### 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>Is Location Normally Used Solely by Maintenance/Custodial Staff? (Yes/No/N/A)</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>3rd Floor</td>
<td>✗</td>
<td>ACM Window frame caulk &amp; glazing</td>
<td>6,527 LF</td>
<td>☒ ☐ ☐</td>
</tr>
<tr>
<td>Metal Shop A-Level Room A-12</td>
<td>✗</td>
<td>ACM Caulk</td>
<td>150 SF</td>
<td>☒ ☐ ☐</td>
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</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
G.R.O.W.S. NORTH LANDFILL

### City, State
NEW CASTLE DE 19720

### Disposal Date

### Completed By (Print or Type)
Brian Scafaro

### Title
Estimator

### Signature
Brian Scafaro

### Date
12/3/11

---

*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)
9 / 30 / 11

Name of Building Owner/Operator (2)
Princeton University - Office of Design and Construction

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

Type Notification
□ Initial
□ Amended Amendment #5-12/6/11
□ Emergency (Including Justification)
□ Cancellation

Street Address
200 Elm Dr

City, State, Zip Code
Princeton, NJ 08544

Name of Contact
Robert Ortega

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Princeton University - Jadwin Hall

Street Address
Washington Rd

City (5)
Princeton

County (6)
Mercer

County Code (7)[STATE USE ONLY]

Name of Monitoring Firm Hired by Building Owner (8)
ATC Associates Inc

ASCM No.

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

Street Address
1123 Beaver Street

City, State, Zip Code
Burlington, NJ 08016

Project Manager for Monitoring Firm
Michael Kehoe

Telephone No.
609-368-3800

License No.
00509

Start Date (10)
10 / 10 / 11

Scheduled Completion Date (11)
12 / 30 / 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: 7:00AM-3:30PM/____PM-____AM

Scope of Work (Check all that apply)

□ ≥ 3 sf or ≥ 3 if
□ ≥ 50 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)

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

3rd Floor

□ ACM Window frame caulking & glazing
□ ACM Caulk

Name of Registered Waste Hauler
SERVICE TRANSPORT GROUP INC

Service W. No.
Hauler ID No.
20990

Cubic Yards of Waste

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

City, State
MORRISVILLE, PA 19067

Disposal Date

Completed By (Print or Type)
Brian Scafaro

Title
Estimator

Signature

Date

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

(Facility to NJAC 5:60 and 5:16)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>9 / 30 / 11</th>
</tr>
</thead>
</table>

Name of Building Owner/Operator (2)

Princeton University-Office of Design and Construction

Street Address

200 Elm Dr

City, State, Zip Code

Princeton, NJ 08544

Name of Contact

Robert Ortega

---

**FACILITY INFORMATION**

Name of Facility Where Abatement Is Taking Place (3)

Princeton University- Jadwin Hall

Street Address

Washington Rd

City (5)

Princeton

County (6)

MERCER

County Code (7) (STATE USE ONLY)

Current Use (Prior if being demolished)

---

**Type of Facility (4)**

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

Square Feet

# of Floors

Bldg. Age

---

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

ATC Associates Inc

Name of Abatement Contractor (9)

BRISTOL ENVIRONMENTAL, INC.

Street Address

1123 BEAVER STREET

City, State, Zip Code

BRISTOL, PA 19007

License No.

00509

---

**Project Manager for Monitoring Firm**

Michael Kehn

Telephone No.

609-386-8800

**Telephone No.**

215-788-6040

---

Start Date (10)

10 / 10 / 11

Scheduled Completion Date (11)

12 / 30 / 11

---

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

- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PM

---

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

- 3 or 3+ sf
- 100 or 280 sf

---

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

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

Yes

No

---

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

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

Amount (Specify SF or LF)

- 6,527 LF

Abatement Type

- Removal
- Encapsulation
- Enclosure

---

**Name of Registered Waste Hauler**

SERVICE TRANSPORT GROUP INC

**NJDEP Waste Hauler ID No.**

20980

Cubic Yards of Waste

Disposal Date

City, State

G.R.O.W.S. NORTH LANDFILL

MORRISVILLE, PA 19067

**Completed By (Print or Type)**

Brian Scafra

Title

Estimator

Signature

Brian Scafra

Date

11/23/11

---

*Do not use this form for asbestos licensure exempted activities.*
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:59 and 8:16)

Date of Notification (1)  9 / 30 / 11

Name of Building Owner/Operator (2)
Princeton University-Office of Design and Construction

Street Address
200 Elm Dr

City, State, Zip Code
Princeton, NJ 08544

Name of Contact
Robert Ortega

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Princeton University- Jadwin Hall

Street Address
Washington Rd

City (5)
Princeton

County (6)
MERCE

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 Monitoring Firm Hired by Building Owner (8)
ATC Associates 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.
215-788-5040

License No.
00509

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 ft²
□ ≥ 150 sf or ≥ 260 ft²
□ Renovation
□ Demolition

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

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

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

Yes No N/A

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

Amount (Specify SF or LF)

Abatement Type

Location

Cubic Yards of Waste

Name of Registered Landfill

G.R.O.W.S. NORTH LANDFILL

Disposal Date
City, State
MORRISVILLE, PA 19067

Name of Registered Waste Hauler
SERVICE TRANSPORT GROUP INC

NJDEP Waste Hauler ID No.
20989

Completed By (Print or Type)
Brian Scafido

Title
Estimator

Signature

Date
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:15)

Date of Notification (1)
9 / 30 / 11

Name of Building Owner/Operator (2)
Princeton University-Office of Design and Construction

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

Type Notification
☐ Initial
☐ Amended
☐ Amendment #2-10/21/11
☐ Emergency (including justification)
☐ Cancellation

Street Address
200 Elm Dr

City, State, Zip Code
Princeton, NJ 08544

Name of Contact
Robert Ortega

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Princeton University- Jadwin Hall

Street Address
Washington Rd

City (5)
Princeton

County (6)
MERGER

County Code (?)/STATE USE ONLY

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

Square Feet

# of Floors

Bldg. Age

Name of Monitoring Firm Hired by Building Owner (8)
ATC Associates 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.
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

Project Manager for Monitoring Firm
Michael Keehn

Telephone No.
609-386-8800

Start Date (10)
10 / 10 / 11

Scheduled Completion Date (11)
11 / 25 / 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: 7:00AM-3:30PM PM. AM
REVERSED - 9AM-5PM ONLY 5AM-1:30PM PM

Scope of Work (Check all that apply)
☒ 2,000 sf or ≥2500 sf
☒ Renovation
☐ Demolition

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

3rd Floor

Yes No N/A

ACM Window frame caulking & glazing

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

Amount (Specify SF or LF)
6,527 LF

Abatement Type

Name of Registered Waste Hauler
SERVICE TRANSPORT GROUP INC

NJDEP Waste Hauler ID No.
20990

Cubic Yards of Waste

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

City, State
MORRISVILLE, PA 19067

Completed By (Print or Type)
Brian Scafiro

Title
Estimator

Signature
Brian Scafiro

Date
10/31/11
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 6:16)

Date of Notification (1) 9 / 30 / 11

Name of Building Owner/Operator (2) Princeton University - Office of Design and Construction

Street Address 200 Elm Dr
City, State, Zip Code Princeton, NJ 08544

Name of Contact Robert Ortega Telephone Number

Name of Facility Where Abatement is Taking Place (3)
Princeton University- Jadwin Hall

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

Square Feet

# of Floors

Blog. Age

Current Use (Prior to if being demolished)

County Code (?)(STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (6)
ATC Associates Inc

ASCM No.

Name of Abatement Contractor (5)
BRISTOL ENVIRONMENTAL, INC.

Street Address 1123 BEAVER STREET
City, State, Zip Code BRISTOL, PA 19007

Telephone No. 215-788-5040 License No. 00509

Project Manager for Monitoring Firm Michael Keehn

Telephone No. 609-386-8800

Start Date (10) 10 / 10 / 11 Scheduled Completion Date (11) 11 / 25 / 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: 7:00AM - 3:30PM PERIOD: 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

Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.

Street Address 1123 BEAVER STREET
City, State, Zip Code BRISTOL, PA 19007

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

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

3rd Floor

ACM Window frame caulk & glazing 6,527 LF

Name of Registered Waste Hauler SERVICE TRANSPORT GROUP INC

N.J. DEP Waste Hauler ID No. 20980

Cubic Yards of Waste

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

City, State CITY, STATE

Disposal Date CITY, STATE

Completed By (Print or Type) Brian Scaffaro Title Estimator

Signature Date
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>
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<td>9 / 30 / 11</td>
<td>Princeton University - Office of Design and Construction</td>
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<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>☑ DOH: 0240</td>
<td>☑ Amended</td>
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<td>☑ DHSS 1234</td>
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<td>☑ IC</td>
<td>☑ Emergency (including justification)</td>
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<td>☑ DCA (NJAC 5.23-6)</td>
<td>☑ Cancellation</td>
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<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
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<tr>
<td>200 Elm Dr</td>
<td>Princeton, NJ 08544</td>
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<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
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<tbody>
<tr>
<td>Princeton University - Jadwin Hall</td>
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<table>
<thead>
<tr>
<th>FACILITY INFORMATION</th>
<th>Type of Facility (4)</th>
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<tbody>
<tr>
<td>Street Address</td>
<td>Washington Rd</td>
</tr>
<tr>
<td>County (6)</td>
<td>Mercer</td>
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<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>ASCM No.</td>
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<tr>
<td>ATC Associates Inc</td>
<td>Bristol Environmental, Inc.</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>Michael Keehn</td>
<td>609-386-8800</td>
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<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
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<td>10 / 10 / 11</td>
<td>11 / 25 / 11</td>
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<tr>
<th>Scope of Work (Check all that apply)</th>
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<tbody>
<tr>
<td>□ ≥ 3 sf or ≥ 3 ft</td>
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<tr>
<td>□ ≥ 160 sf or ≥ 260 ft</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)</th>
<th>Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)</th>
</tr>
</thead>
<tbody>
<tr>
<td>3rd Floor</td>
<td>Yes</td>
</tr>
<tr>
<td>ACM Window frame caulk &amp; glazing</td>
<td>□</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
</tr>
</thead>
<tbody>
<tr>
<td>SERVICE TRANSPORT GROUP INC</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
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<tbody>
<tr>
<td>20980</td>
<td>G.R.O.W.S. NORTH LANDFILL</td>
</tr>
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<table>
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<tr>
<th>Disposal Date</th>
<th>City, State</th>
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<tbody>
<tr>
<td></td>
<td>Morrisville, PA 19067</td>
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<table>
<thead>
<tr>
<th>Completed By (Print or Type)</th>
<th>Title</th>
<th>Signature</th>
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<tbody>
<tr>
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<td></td>
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</table>
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1):
12-14-2011

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

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

Name of Building Owner/Operator (2):
The Hampshire Companies

Street Address:
83 South Street

City, State, Zip Code:
Morristown, NJ 07960

Name of Contact:
Mr. Nathan Kim

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3):
Former Pathmark Administrative Office

Street Address:
200 Millik Street

City (6):
Carteret

County (6):
Middlesex

Square Feet:
40,000 SF

# of Floors:
2

Bldg. Age:
~50 Years

Type of Facility (4):

- School (K-12)
- Subchapter 6 (Other than K-12)
- Other (i.e. private & commercial buildings, homes, etc.)

Current Use (Prior if being demolished):
Pre - Demolition

Preparation of Workplace

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

ASCM No.:

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

Street Address:
494 E. 41 Street

City, State, Zip Code:
Paterson, NJ 07504

Telephone No.:
973-345-0022

License No.:
00507

Name of OSHA Monitor:
The same as above

Start Date (10):
December 27, 2011

Scheduled Completion Date (11):
January 26, 2012

Occupy Status During Abatement (Check Only One):

- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other – Describe: Outside - Exterior Work 7am to 4 pm

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

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):

- Flashing Material

Amount (Specify SF or LF):
3060 LF

Abatement Type
- Removal
- Repair
- Encapsulate
- Endure

Name of Registered Waste Hauler:
Newark Carting, Inc.

NJ/DEP Waste Hauler ID No.:
04509

Cubic Yards of Waste:
45

Name of Registered Landfill:
IESI - Bethlehem Landfill

Disposal Date:
01-16-2012

City, State:
Bethlehem, PA

Completed by:
Leslie Olszewski

Title:
Project Manager

Signature:

Date:
12-14-2011

* Do not use this form for asbestos licenseure exempted activities.
Date of Notification (1)  
12-15-2011

Name of Building Owner/Operator (2)  
Alef Daoud

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

Street Address  
180 Sunset Avenue

City (5)  
North Arlington

County (6)  
Bergen

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

Name of Abatement Contractor (9)  
Jadar Contracting, LLC

Name of OSHA Monitor  
Jadar Contracting, LLC

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

Name of Registered Waste Hauler  
Bella Cleaning & Carting

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

Completed by  
Lillie Lazarevich

* Do not use this form for asbestos licensure exempted activities.
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60 and 6:16)

**Date of Notification (1)**
12 / 13 / 11

**Name of Building Owner/Operator (2)**
Mercer Co Technical Schools

**Agency Notified**
- □ EPA
- □ DOLWD
- □ DHSS
- □ DCA (NJAC 5:23-5)
- □ Emergency (including justification)
- □ Cancellation

**Street Address**
1085 Old Trenton Rd

**City, State, Zip Code**
Trenton, NJ 08690

**Name of Contact**
Sean Cavalier

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**
Mercer Co. Technical School - Sypek Center Building B

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

**Square Feet**
15000

**# of Floors**
1

**Bldg. Age**
50+

**County Code (7) [STATE USE ONLY]**

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

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

**ASCM No.**
00030

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

**Street Address**
1123 BEAVER STREET

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

**Street Address**
120 N Warren St

**City, State, Zip Code**
Trenton, NJ 08608

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

**Telephone No.**
215-786-6040

**License No.**
00509

**Start Date (10)**
12 / 14 / 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 Time of Abatement: 7:00AM-3:30PM

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

- □ ≥3 sf or ≥3 if
- □ >160 sf or ≥260 If
- □ ≥10 if
- □ ≥200 if or ≥260 If
- □ ≥300 sf or ≥400 if

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

- □ Yes
- □ No
- □ N/A

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

- □ Boiler room
  - □ Boiler packing
    - □ 242 SF
  - □ Boiler gasket
    - □ 4 SF
  - □ Tank insulation
    - □ 250 SF

**Cubic Yards of Waste**

**Name of Registered Landfill**
G.R.O.W.S. NORTH LANDFILL

**City, State**
MORRISVILLE, PA 19067

**Disposal Date**

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

**Title**
Estimator

**Signature**
Brian Scafiro

**Date**
12/13/11

*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)

Case of Notification (1): 12/15/2011

Agencies Involved: Type Notification
- EPA
- DEP
- DOH
- DOE
- OSHA
- N/A

Name of Building Owner/Operator: CARTECH CONTRACTING
Name of Contact: BRIAN BRENNIG

Facility Information

Name of Facility Where Abatement is Taking Place (3): RESIDENCE
Address: 3200 BAYLAND ROAD
City: OCEAN CITY
County: CAPE MAY

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

Square Feet: 3200
# of Floors: 1

Current Use (Prior to it being demolished): VACANT

Name of Abatement Contractor: KLEMPER INC.
Address: 369 S. SPRUCE AVE.
City: MAPLE SHADE, N.J.
State: N.J.
Zip Code: 08052

License No.: 00792
Name of OSHA Monitor: JOSIAH KLEMM
Address: 369 S. SPRUCE AVE.
City: MAPLE SHADE, N.J.
State: N.J.
Zip Code: 08052

Date of Completion: 12/20/2011
Scheduling Completion Date: 1/14/11

Occupancy Status During Abatement (Check only one):
- Vacated
- Occupied
- Abatement Performed Outside of Normal Facility Hours

Type of Work (Check all that apply):
- Demolition
- Demolition

Location of Asbestos-Containing Material (ACM) TO BE ABATED:
- Siding
  - Location Normally Used Solely by Maintenance/Custodial Staff: Yes
  - Yes: N/A
  - No: TRANSITE 3200

Amount (Specify SF or LF): 3200 SF

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

Date of Notification (1):
12-12-11

Name of Building Owner/Operator (2):
Rutgers-The State University of New Jersey

Agencies Notified:
☑ EPA  ☑ Initial
☐ DEP  ☐ Amended
☐ DOL  ☐ Amendment #2
☐ DOH  ☐ Emergency (including justification)
☐ DCA  ☐ Cancellation

Street Address:
27 Road 1, Building 4088
Piscataway, NJ 08854

Name of Contact:
Mike Smith

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

Street Address:
93 Lipman Drive
New Brunswick

City (5):
Middlesex
County Code (7):
County Code (STATE USE ONLY) ________

Name of Monitoring Firm Hired by Building Owner (8):
ATC Associates, Inc.

ASCM No.:

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

Street Address:
Three Terri Lane
Burlington, NJ 08106

City, State, Zip Code:
Norristown, PA 19401

Project Manager for Monitoring Firm:
Brian Kearney

Telephone No.:
609-386-8800

Telephone No.:
610-239-9920
License No.:
00398

Start Date (10):
11-7-11
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: __________________________________________________________________________

Scope of Work (Check All That Apply):
☐ 2500 sf or 250 if
☐ 2100 sf or 2200 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):
No.

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):
window caulking

Amount (Specify SF or LF):
200 SF ☒

Abatement Type:

Location of Asbestos-Containing Material (ACM) TO BE ABATED
In Facility (13):
No.

Name of Registered Waste Hauler:
Newark Carting

NJDEP Waste Hauler ID No.:
4509

Cubic Yards of Waste:
10

Name of Registered Landfill:
GROWs, Inc.

City, State:
Newark, NJ

Disposal Date:
12-23-11

City, State:
Morrisville, PA

Completed by:
Timothy E. Bryan
Title:
Vice-President
Signature:
[Signature]
Date:
12-12-11

* 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)
10-31-11

Name of Building Owner/Operator (2)
Rutgers–The State University of New Jersey

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

Type Notification
☐ Initial
☐ Amended
☐ Amendment # 1
☐ Emergency (including justification)

Street Address
27 Road 1, Building 4086

City, State, Zip Code
Piscataway, NJ 08854

Name of Contact
Mike Smith

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement Is Taking Place (3)
Blake Hall

Street Address
93 Lipman Drive

City (5)
New Brunswick

County (9)
Middlesex

Name of Monitoring Firm Hired by Building Owner (8)
MTV Associates, Inc.

ASCM No.

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

Street Address
923 Haws Avenue

City, State, Zip Code
Burlington, NJ 08106

Bldg. Age
45 yrs

Current Use (Prior if being demolished)
classrooms/offices

Square Feet
120,000

# of Floors
2

Project Manager for Monitoring Firm
Brian Kearney

Telephone No.
609-386-8800

License No.
00398

Telephone No.
610-239-9920

Name of OSHA Monitor
Plymouth Environmental Co., Inc.

Street Address
923 Haws Avenue

City, State, Zip Code
Norristown, PA 19401

Start Date (10)
11-7-11

Scheduled Completion Date (11)
12-9-11

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 lf
☐ 3 ≤4 ≤60 sf or ≤260 lf
☐ ≥60 sf or ≥260 lf
☐ Renovation
☐ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glueless Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

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

In Facility

Yes
No
N/A

Is Location Normally Used Solely by Maintenance/ Custodial Staff?

(13)

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
Encore

exterior windows

x window caulking

200 SF

Name of Registered Waste Hauler
Newark Carting

Waste Hauler ID No.
4509

Cubic Yards of Waste
10

Name of Registered Landfill
GROWS, Inc.

City, State
Newark, NJ

Disposal Date
12-9-11

City, State
Morrisville, PA

Completed by
Timothy E. Bryan

Title
Vice-President

Signature

Date
10-31-11

* Do not use this form for asbestos licensure exempted activities.
Date of Notification (1) 10-24-11

Name of Building Owner/Operator (2) Rutgers-The State University of New Jersey
Address 27 Road 1, Building 4086
City, State, Zip Code Piscataway, NJ 08854

Name of Contact Mike Smith

Name of Facility Where Abatement Is Taking Place (3) Blake Hall
Street Address 93 Lipman Drive
City (5) New Brunswick
County (6) Middlesex

County Code (7) (STATE USE ONLY) ___

Name of Monitoring Firm Hired by Building Owner (8) ASCM No.
ATC Associates, Inc. ___

Street Address Three Terri Lane
City, State, Zip Code Burlington, NJ 08106

Project Manager for Monitoring Firm Telephone No. 609-386-8800
Brian Keaney

Start Date (10) 11-2-11
Scheduled Completion Date (11) 12-2-11

Occupancy Status During Abatement (Check Only)
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 23 if
□ 250 sf or 256 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)

exterior windows x window caulking

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) 200 SF

Abatement Type
Removal
Repair
Encapsulate
Endorse

Name of Registered Waste Hauler Newark Carting
City, State Newark, NJ
Waste Hauler ID No. 4509

Name of Registered Landfill GROWS, Inc.
City, State Morrisville, PA
Disposal Date 12-2-11

Completed by Timothy E. Bryan Title Vice-President
Signature [Signature]
Date 10-24-11

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