### 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>12/23/13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner / Operator (2)</td>
<td>Trenton Board of Education</td>
</tr>
<tr>
<td>Street Address</td>
<td>1490 Prospect Street</td>
</tr>
<tr>
<td>City, State &amp; Zip Code</td>
<td>Trenton, NJ 08638</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Mr. Everett O. Collins</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
</tbody>
</table>

### FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Grace Dunn MS

Street Address
401 Dayton Street

City (5) County (6) County Code (7)
Trenton Mercer  |

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

Square Feet # of Floors Bidg. Age

Current Use (Prior if being demolished)
School

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

ASCM No.

Name of Abatement Contractor (9)
Bristol Environmental Inc.

Street Address
120 North Warren Street

City, State & Zip Code
Trenton, NJ 08610

Telephone Number
609-382-4200

Name of OSHA Monitor
Bristol Environmental Inc.

Street Address
1123 Beaver Street

City, State & Zip Code
Bristol, PA 19007

License Number
00509

Scheduled Start Date (10) Scheduled Completion Date (11)
12/26/13 12/30/13

Occupancy Status During Abatement (Check only one)
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Hours - 7am to 3pm
- Describe:
- Facility Occupied During Abatement 7 AM to 3:30 PM

Scope of Work (Check all that apply)
- ±3 sf or ±3 ft
- ±160 sf ±250 ft
- Renovation
- Demolition

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

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

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

Amount (Specify SF or LF)

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

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

Name of Registered Waste Hauler
NJDEP Waste Hauler ID No.
20990

Cubic Yards of Waste
2 Cu yds.

Name of Registered Landfill
Grows Landfill

City, State
New Castle, DE

Completed By (Print or Type)
Gino Pizzigoni

Title
Project Manager

Signature

Date
12/23/13

This document is a notification of asbestos abatement in Trenton, New Jersey, requiring a complete abatement process from December 26, 2013, to December 30, 2013, at Grace Dunn MS. The abatement contractor is Bristol Environmental Inc., and the monitoring firm is Environmental Connection. The abatement is to be completed by Gino Pizzigoni, who is the project manager. The location of asbestos-containing materials is to be identified and abated, with a focus on maintenance and custodial staff areas. The abatement type includes full containment with negative pressure, and the project is scheduled to be completed within the specified dates.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1)
12/23/2013

Name of Building Owner / Operator (2)
Camden Plaza Associates, c/o Edward D. Sheehan, Esq.

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

Type Notification
- Initial
- Amended
- Emergency
- Cancellation

Street Address
511 Cooper Street

City, State & Zip Code
Camden, NJ 08102

Name of Contact
Mr. Edward Sheehan

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Camden Plaza Hotel

Street Address
500-510 Cooper Street

City (5) Camden
County (6) Camden
County Code (7) Camden

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

Square Feet
76,000

# of Floors
6

Bldg. Age
85 years

Current Use (Prior if being demolished)
Vacant

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

ASCM No.
Name of Abatement Contractor (9)
Asbestos and Mold Services, Corp.

Street Address
PO Box 316

City, State & Zip Code
Thorofare, NJ 08086

Name of OSHA Monitor
EMSL Analytical

Street Address
3899 Sylon Blvd.

City, State & Zip Code
Hainesport, NJ 08036

Project Manager for Monitoring Firm
Dave or Steve Flanigan

Telephone Number
856-848-0800

EMSL Analytical

Scheduled Start Date (10)
1/9/14

Scheduled Completion Date (11)
1/9/14

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

Scope of Work (Check all that apply)
- ≥3 sf or ≥3 if
- ≥160 sf ≥250 if
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glove Bag Procedures
- Non-Exempted and Non-Friable Procedure

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

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

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

Amount (Specify SF or LF)
100 SF

Abatement Type
- Removal
- Repair
- Encapsulate
- Endure

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

Name of Registered Landfill
GROWS

City, State
Trenton, NJ

Disposal Date
1/10/14

City, State
Morrisville, PA

Completed By (Print or Type)
Kim Trumbetti

Title
Admin.

Signature

Date
12/23/13
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 7:26-2.12)

Date of Notification (1)
December 23, 2013

Table:

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Notification Type</th>
<th>Name of Building Owner/Operator (2)</th>
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</thead>
<tbody>
<tr>
<td>(X) EPA</td>
<td>(X) Initial Notification</td>
<td>NUSTAR Energy</td>
</tr>
<tr>
<td>( ) DEP</td>
<td>( ) Amended Certification</td>
<td></td>
</tr>
<tr>
<td>(X) DOL</td>
<td>( ) Cancelled</td>
<td>Street Address</td>
</tr>
<tr>
<td>(X) DOH</td>
<td></td>
<td>4 Paradise Road</td>
</tr>
<tr>
<td>( ) DCA</td>
<td></td>
<td>City, State, Zip Code</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>FACILITY INFORMATION</th>
</tr>
</thead>
</table>

<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>NUSTAR Asphalt Refinery</td>
<td>( ) School (K-12)</td>
</tr>
<tr>
<td></td>
<td>( ) Subchapter 8 (other than K-12)</td>
</tr>
<tr>
<td></td>
<td>(X) Other (i.e. private &amp; commercial bldgs., homes, etc.)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sq. Feet</th>
<th># of Floors</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Bridg. Age</th>
<th>Current Use (prior if being demolished): Instrument &amp; Welding Shops</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Bridg. Owner (8)</th>
<th>ASCM No.</th>
<th>Name of Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td></td>
<td>Brandenburg Industrial Service Company</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone Number</th>
<th>License Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>00721</td>
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<table>
<thead>
<tr>
<th>Scheduled Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
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<tbody>
<tr>
<td>January 13, 2014</td>
<td>January 18, 2014</td>
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<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check only one)</th>
<th>Name of OSHA Monitor</th>
</tr>
</thead>
<tbody>
<tr>
<td>(X) Facility Closed/Vacated During Entire Period of Abatement</td>
<td>Brandenburg Industrial Service Company</td>
</tr>
<tr>
<td>( ) Abatement Performed Outside of Normal Facility Hours</td>
<td></td>
</tr>
</tbody>
</table>

Describe Immediate work area to be vacated during abatement activities

<table>
<thead>
<tr>
<th>Source of Work (Check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) in Facility (13)</th>
<th>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</th>
<th>Description of ACM (i.e., thermal systems insulation, surfacing, VAT, or other miscell.)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>West Bridge Area</td>
<td>X</td>
<td>Pipe Insulation</td>
<td>200</td>
<td>X</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Reg. Waste Hauler</th>
<th>NJDEP Waste Hauler ID #</th>
<th>Cubic Yards of Waste</th>
<th>Name of Reg. Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brandenburg Industrial Service Co.</td>
<td>21838</td>
<td>2</td>
<td>G.R.O.W.S., Inc (Waste Management)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
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<tbody>
<tr>
<td>Bethlehem, PA</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>Jennifer Strobel</td>
<td>Contract Administrator</td>
<td></td>
<td>December 23, 2014</td>
</tr>
</tbody>
</table>

Mail to: NJDEP-DSHW-BRRTP 401 E. State St., PO 414 Telephone 609-984-6620
Trenton, NJ 08625-0414

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

Date of Notification: December 19, 2013
Check#2547

Name of Building Owner/Operator:
Sacred Heart Church

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

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

Street Address:
12 Terrace Avenue

City, State, Zip Code:
Rochelle Park, NJ 07662

Name of Contact:
Joyce Romano

Name of Facility Where Abatement is Taking Place:
Sage Day School

Street Address:
295 Rochelle Avenue

City:
Rochelle Park, NJ 07662

County:
BERGEN

County Code:

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

Square Feet:
30,000

# of Floors:
3

Bldg. Age:
60+

Current Use (Prior to being demolished):
School

Name of Monitoring Firm Hired by Building Owner:
McCabe Environmental

ASCM No.:
00118

Name of Abatement Contractor:
EA Services Corporation

Street Address:
426 69th Street

City, State, Zip Code:
Guttenberg, NJ 07093

Telephone No.:
201-438-4839

License No.:
01074

Project Manager for Monitoring Firm:
Jim Ruff

Start Date:
12/20/2013

Scheduled Completion Date:
12/23/13

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

Other - Describe: Starting at 3:00 PM

Scope of Work:
- ≥3 sf or ≥3 ft
- ≥160 sf or ≥260 #

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:

Classroom#11

Pipe Insulation

10 LF

Name of Registered Waste Hauler:
Freehold Carting Inc

NJDEP Waste Hauler ID No.:
15939

Cubic Yards of Waste:
tbd

Name of Registered Landfill:
Waste Management

City, State:
Tullytown Landfill

PO Box 5010, Freehold, NJ 07728

Completed by:
Gina Salvador

Title:
Office Manager

Signature:

Date:
12/19/2013

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

**State of New Jersey**

**Date of Notification (1)**: 12-24-13

**Name of Building Owner/Operator (2)**: Michael Newman

**Street Address**: 260 Brick Boulevard

**City, State, Zip Code**: Brick, NJ 08723

**Name of Contact**: Michael Newman

**Telephone Number**: ____________

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**: Single Family Dwelling

**Street Address**: 238 Main Street

**City**: Monasquan

**County**: Monmouth

**County Code**: ____________

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

**Address**: P.O. Box 337

**City, State, Zip Code**: New Egypt, NJ 08533

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

**Name of Abatement Contractor (9)**: EPC Technologies Inc.

**Street Address**: P.O. Box 337

**City, State, Zip Code**: New Egypt, NJ 08533

**License No.**: 00394

**Start Date (10)**: Jan 3, 2014

**Scheduled Completion Date (11)**: Jan 10, 2014

**Occupancy Status During Abatement (Check Only One)**: Facility Closed/Vacated During Entire Period of Abatement

**Scope of Work (Check All That Apply)**: □ Renovation □ Demolition

**Amount (Specify SF or LF)**: 120 LF

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

<table>
<thead>
<tr>
<th>Location of ACM</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>
<tr>
<td>Basement</td>
<td>X</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

- Insulation Debris: 120 LF
- Boiler Debris: 6 SF

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

- TO BE ABATED in Facility

**Type of Abatement**

- Full containment with negative pressure

**Name of Registered Landfill**

- EPC Technologies

**Waste Management of PA**

- City: Moonachie

**Disposal Date**: 1-10-14

**Name of Registered Waste Hauler**

- EPC Technologies

**Closing Date**: 12-24-13

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

**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to N.J.A.C. 8:59 and 12:129)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>12-24-2013</th>
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<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>ALPINE LEARNING GROUP, INC.</td>
</tr>
<tr>
<td>Address/Telephone No. (6)</td>
<td>777 PARAMUS ROAD</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>PARAMUS, N.J. 07652</td>
</tr>
<tr>
<td>Contact Persons Name</td>
<td>G. PURCELL</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

| Name of Facility Where Abatement Is Taking Place (3) | ALPINE LEARNING GROUP, INC. |
| Address | 830 LINWOOD AVENUE WEST |
| City, State, Zip Code | PARAMUS, N.J. 07601 |
| County | BERGEN |

| Parent Company Name | Best Removal Inc |
| Address | 450 S. River St |
| City, State, Zip Code | Hackensack, N.J. 07601 |
| Telephone No. | 00388 |

| Project Manager for Monitoring Firm | Omega Environmental Inc |
| Address | 280 Huyler St |
| City, State, Zip Code | South Hackensack, N.J. 07606 |

| Date of Inspection | 1-2014 |
| Scheduled Completion Date (11) | 1-17-2014 |
| Facility Closed/Reopened During Entire Period of Abatement | Abatement Performed Outside of Normal Facility Hours |
| Facility Operation During Abatement (Check only one) | 7AM - 5PM |

<table>
<thead>
<tr>
<th>Location of Asbestos Containing Material (ACM)</th>
<th>Description of Asbestos Containing Material (ACM)</th>
<th>Amount (in feet²)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement X VAT &amp; Mastic</td>
<td>400 SF</td>
<td></td>
</tr>
<tr>
<td>Basement Crawl Pipe Chase X THERMAL INSULATION</td>
<td>500 LF X</td>
<td></td>
</tr>
<tr>
<td>Kitchen X LINOLEUM</td>
<td>300 SF</td>
<td></td>
</tr>
</tbody>
</table>

| Name of Registered Waste Handler | Best Removal Inc |
| ID No. | 17309 |
| City, State | Hackensack, N.J. 07601 |

| DLLP Waste Handler | Minerva Enterprises |
| Cylindrical Vessels of Waste | 7906 |
| City, State | Waynesburg, Oh |

| Name of Registered Lessor | Thayer Enterprises |
| City, State | |

Complied by | Estimator |
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature</td>
<td>12-24-2013</td>
</tr>
</tbody>
</table>

*Do not use this form for asbestos removal exempted activities.*
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:22 and 12:12G)

Date of Notification (1): 12-23-13

Name of Building Owner/Operator (3): PRAJANT SHAH
Address: 32 S. Broad St
City, State, Zip Code: RIDGEWOOD, N.J. 07455

Name of Contact: PRAJANT SHAH

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

Square Feet: 2,000
Floors: 1
Age: 50

Current Use (If different from building owner):
COMMERCIAL

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

Name of Abatement Contractor (8):
A. MAC Contracting Inc.
Address: 105 Lowell Road
City, State, Zip Code: Glen Rock, N.J. 07452

Name of OS&A, Monitor:
Omeg Environmental Services Inc.
Address: 200 Highway St.
City, State, Zip Code: Hackensack, N.J. 07601

Scope of Work (Check All That Apply):
- Restoration
- Demolition

Location of Asbestos-Containing Material (ACM)

| Location | Description of ACM | Amount (Specify 25% or 50%)
<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>Basement</td>
<td>PIPE Insulation</td>
<td>SOLE</td>
</tr>
</tbody>
</table>

Name of Registered Waste Handler:
NIIDEP Waste Handler ID No.: 200867

Date of Disposal:
12-3-13

City, State, Zip Code:
Piscataway, N.J. 08857

This form is for asbestos license exempted activities.
## State of New Jersey
### NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

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<thead>
<tr>
<th>Date of Notification (1)</th>
<th>12/24/13</th>
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<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>PINELANDS CONSTRUCTION</td>
</tr>
<tr>
<td>Street Address</td>
<td>300 77 TH ST</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Sea Isle City, N.J., 08243</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Frank Eduardo</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
</tbody>
</table>

### FACILITY INFORMATION

| Name of Facility Where Abatement is Taking Place (3) | RESIDENCE |
| Street Address | 130 49 R N St |
| City (5) | SEA ISLE CITY |
| County Code (6) | CAPE MAY |
| Name of Monitoring Firm Hired by Building Owner (8) | N/A |
| Name of Abatement Contractor (9) | KLEEMO INC |
| Street Address | 369 S SPRUCE AVE |
| City, State, Zip Code | MAPLE SHADE, N.J., 08052 |
| Name of OSHA Monitor | Joseph Klemm |
| Street Address | 369 S, SPRUCE AVE |
| City, State, Zip Code | MAPLE SHADE, N.J. |

### Start Date (10) | 12/31/13 | Scheduled Completion Date (11) | 1/7/14 |

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

### Scope of Work (Check all that apply)
- [X] Renovation
- [ ] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] MRI-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (1) and Non-Field Procedure

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

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

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

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount (Specify SF or LF)</th>
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<tbody>
<tr>
<td>TRANSITE</td>
<td>25000</td>
</tr>
</tbody>
</table>

### Name of Registered Waste Hauler

| Name of Registered Waste Hauler | KLMCO INC |
| N.J. Waste Hauler B No. | 2928 |

### Disposal Date

<table>
<thead>
<tr>
<th>City, State</th>
<th>WOODBINE, N.J.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Registered Landfill</td>
<td>C.M.C, M.V.A.</td>
</tr>
</tbody>
</table>

### Completed By

<table>
<thead>
<tr>
<th>Completed By</th>
<th>Joseph Klemm</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
<td>V.P</td>
</tr>
</tbody>
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### Signature

<table>
<thead>
<tr>
<th>Signature</th>
<th>Joseph Klemm</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date</td>
<td>12/24/13</td>
</tr>
</tbody>
</table>

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**CHECK # 3121**
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)
12/24/13

Name of Building Owner/Operator (2)
PINELANDS CONSTRUCTION

Street Address
300 77 TH ST.

City, State, Zip Code
Secaucus, N.J., 07094

Name of Contact
Frank Edosson

FACILITY INFORMATION

Type of Facility (4)

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

Street Address
121 GUN ST.

City
Secaucus

County
Cape May

Name of Monitoring Firm Hired by Building Owner
N/A

ASCN No

Name of Abatement Contractor (9)
KLEMCO INC.

Street Address
369 S SPRUCE AVE

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

Telephone No
72

License No
0044Y

Project Manager for Monitoring Firm


According to the schedule, the abatement is expected to be completed on 12/21/13. The current use of the facility is Vacant. The abatement contractor's name is KLEMCO INC., located at 369 S SPRUCE AVE, Maple Shade, N.J., 08052. The project manager for the monitoring firm is not provided. The scope of work includes renovation and demolition. The description of the asbestos-containing material (ACM) to be abated is siding and Transite. The amount of ACM to be removed is 1000 lbs. The waste is to be transported by KLEMCO INC., and the disposal site is in WOODBINE, N.J. The document contains a note indicating that this form is not to be used for asbestos licensure exempted activities.
**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>12/23/13</td>
<td>P.S.E.G.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
<td>4000 HADLEY ROA</td>
</tr>
<tr>
<td>DEP</td>
<td>Amended Amendment</td>
<td></td>
</tr>
<tr>
<td>DOL</td>
<td>Amendment</td>
<td></td>
</tr>
<tr>
<td>DOH</td>
<td>Emergency (including justification)</td>
<td></td>
</tr>
<tr>
<td>DCA</td>
<td>Cancellation</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>Name of Contact</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>SOUTH PLAINFIELD, NJ 07080</td>
<td>CHRISTOPHER MORENO</td>
<td></td>
</tr>
</tbody>
</table>

<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>P.S.E.G.</td>
<td>SWITCH STATION</td>
</tr>
</tbody>
</table>

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<td>SWITCH STATION</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>County Code (7)</th>
</tr>
</thead>
<tbody>
<tr>
<td>422 UNIVERSITY AVE.</td>
<td>ESSEX</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Environment Monitoring Firm</th>
<th>Telephone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>ENVIRONMENTAL TACTICS</td>
<td>732-292-2217</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Abatement Contractor (5)</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>UNIQUE SYSTEMS OF AMERICA</td>
<td>01111</td>
</tr>
</tbody>
</table>

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<tr>
<th>Name of Abatement Contractor (5)</th>
<th>License No.</th>
</tr>
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<td>UNIQUE SYSTEMS OF AMERICA</td>
<td>01111</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Telephone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>64 BROAD STREET</td>
<td>732-292-2217</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of OSHA Monitor</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>UNIQUE SYSTEMS OF AMERICA</td>
<td>01111</td>
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</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>396 WHITEHEAD AVE.</td>
<td>MATAWAN, NJ 07747</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOM GEIGER</td>
<td>732-292-2217</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date</th>
<th>Scope of Work (Check All That Apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/10/2014</td>
<td>23 sf or 23 if</td>
</tr>
<tr>
<td>1/10/2014</td>
<td>2160 sf or 2260 if</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2ND &amp; 3RD FLOORS</td>
<td>No</td>
<td>WIRE ACM SOCK</td>
<td>120 LF</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>NJDEP Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>WASTE MANAGEMENT</td>
<td>1125</td>
<td>7</td>
<td>GROWS NORTH</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed by</th>
<th>Title</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>CAROL RAIMO</td>
<td>OFFICE MGR.</td>
<td>[Signature]</td>
<td>12/23/13</td>
</tr>
</tbody>
</table>

* 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)
12/23/13

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

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

Street Address
4000 HADLEY ROA

City, State, Zip Code
SOUTH PLAINFIELD, NJ 07080

Name of Contact
JOHN BRADLEY

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
PSE & G - ATHENIA

Street Address
13 VAN VLIET COURT

City (5)
CLIFTON

County (6)
PASSAIC

Square Feet
18,248

# of Floors
3

Bldg. Age
Approximately 87 yrs

Current Use (Prior to being demolished)
SWITCH STATION

Name of Monitoring Firm Hired by Building Owner (8)
ENVIRONMENTAL TACTICS

ASCM No.
0045

Name of Abatement Contractor (9)
UNIQUE SYSTEMS OF AMERICA

Street Address
64 BROAD STREET

City, State, Zip Code
MATAWAN, NJ 07747

Telephone No.
732-292-2217

License No.
01111

Name of OSHA Monitor
UNIQUE SYSTEMS OF AMERICA

Street Address
396 WHITEHEAD AVE.

City, State, Zip Code
SOUTH RIVER, NJ 08882

Scope of Work (Check All That Apply)

[ ] 23 or 25 ft
[ ] 160 sf or 2200 sf
[ ] Demolition

[ ] Renovation

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

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

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

Yes [ ] No [X] N/A [ ]

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

Amount (Specify SF or LF)

Abatement Type

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

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

Operator's Room [X]

Outside Windows [X]

Name of Registered Waste Hauler
WASTE MANAGEMENT

NJDEP Waste Hauler ID No.
1125

Cubic Yards of Waste
10

Name of Registered Landfill
GROWS NORTH

City, State
ELIZABETH, NJ

Disposal Date
TBD

Name of Registered Landfill
GROWS NORTH

City, State
ELIZABETH, NJ

Completed by
CAROL RAIMO

Title
OFFICE MGR.

Signature

Date
12/23/13

* 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):** 12/17/13  
**Job #:** 9441.1  

**Agency Notified**  
- EPA  
- DEP  
- DOL  
- DOH  
- DCA  
- Initial Notification  

**Name of Building Owner/Operator (2):** Inspira Healthcare Network  
**Street Address:** 165 Bridgeton Pike  
**City, State, Zip Code:** Mullica Hill, NJ 08062  
**Name of Contact:** Samuel Verzella  
**Telephone Number:**  

**FACILITY INFORMATION**  
**Type of Facility (4):**  
- School (K-12)  
- Subchapter 9 (Other than K-12)  
- Other (i.e., private & (commercial buildings, homes, etc.)  
**Square Feet:** 40,000  
**# of Floors:** 3  
**Bldg. Age:** 30+  
**County Code (7) (STATE USE ONLY):**  
**Current Use (prior if being demolished):** Health Center  

**Name of Facility Where Abatement is Taking Place (3):**  
**Street Address:** 333 Irving Avenue  
**City (5):** Bridgeton  
**County (6):** Cumberland  
**Name of Monitoring Firm Hired by Building Owner (8):** ASCM No.  
**Criterion:**  
**Street Address:** 3370 Progress Way  
**City, State, Zip Code:**  
**Bensalem, PA 19020**  
**Project Manager for Monitoring Firm:** Jim Weitz  
**Telephone Number:** 215-244-1300  
**Scheduled Start Date (10):** 01/08/14  
**Scheduled Completion (11):** 02/28/14  
**Occupancy Status During Abatement (Check only one):**  
- Facility Closed/Vacated During Entire Period of Abatement  
- Abatement Performed Outside of Normal Facility Hours -  
- Other - Describe:  

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

**Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13):**  
- Yes  
- No  
- N/A  

**2nd Flr - Class Rooms Hallway:**  
- Pipe Insulation  
- 300 LF  

**Name of Reg. Waste Hauler:** NJDEP Waste Hauler ID # 19272  
**Cubic Yards of Waste:** 9  
**Name of Reg. Landfill:** Minerva Landfill(OH EPA 15-1292)  
**City, State:** Waynesburg, OH  
**Disposal Date:** 03/31/14  
**City, State:** Philadelphia, PA  
**Completed by:** Vincent J. Primavera, III  
**Title:** Project Manager  
**Signature:**  
**Date:** 12/17/13  

*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)  
12-23-13  
Name of Building Owner/Operator (2)  
Rowan University

Agencies Notified  
☐ EPA  
☐ DEP  
☐ DOL  
☐ DOH  
☐ DCA  
Type Notification  
☐ Initial  
☐ Amended  
☐ Amendment #  
☐ Emergency (including justification)  
☐ Cancellation  
Street Address  
RT 322  
City, State, Zip Code  
Glassboro NJ 08028

Name of Contact  
Jack Glass  
Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  
WESBY HALL

Street Address  
RT 322

City (5)  
GLASSBORO , NJ

County (6)  
Ocean

County Code (7)  
(State Use Only)

Current Use (Prior to being demolished)

Name of Monitoring Firm Hired by Building Owner (8)  
ASCM No.  
Name of Abatement Contractor (9)  
Ani & Joe LLC

Street Address  
1212 Burlington Ave

City, State, Zip Code  
Delanco , NJ  08075

Project Manager for Monitoring Firm  
Telephone No.  
Telephone No.  
License No.  
07010

Start Date (10)  
1-03-14  
Scheduled Completion Date (11)  
1-30-14  
Name of OSHA Monitor  
Self

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 ≥250 #

☒ 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)

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

Yes  ☒ No  ☐ N/A

(ACM) Floor tile  
3650sqft  
☒  

Name of Registered Waste Hauler  
J Robinson Waste  
NJDEP Waste Hauler ID No.  
18667  
Cubic Yards of Waste  
40cy  
Name of Registered Landfill  
Wm Of Pa

City, State  
Bellmawr NJ  
Disposal Date  
TBD  
City, State  
Tullytown NJ

Completed by  
Joseph T Hill  
Title  
VP  
Signature  
Date  
12-23-13

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

Date of Notification (1)
12/21/13

Name of Building Owner/Operator (2)
Aspens Carpentry Corp

Agencies Notified
☑ EPA
☑ DEP
☑ DOL
☑ DOH
☑ DCA
☐ Initial
☐ Amended
☐ Amendment
☐ Emergency (Including Justification)
☐ Cancellation

Street Address
139 Frederick St
City, State, Zip Code
Cateret, NJ 07008

Name of Contact
David Aspens
Telephone Number

FACILITY INFORMATION

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

Street Address
56 Christopher St

City (5)
Carteret

County (6)
Middlesex
County Code (7)
STATE USE ONLY

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

ASCM No.

Name of Abatement Contractor (9)
America Enterprise Corp

Street Address
29 Northfield Ave

City, State, Zip Code
West Orange, NJ 07052

Project Manager for Monitoring Firm
NA

Telephone No.

Start Date (10)
01/03/14

Scheduled Completion Date (11)
01/07/14

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
☒ ≥160 sf or ≥260 lf

Renovation
☐ Demolition

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

Yes
No
N/A

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

Amount (Specify SF or LF)

Abatement Type

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

City, State
Tullytown, PA

Disposal Date
TBD

Name of Registered Waste Hauler
America Enterprise Corp

NJDEP Waste Hauler ID No.
32980

Cubic Yards of Waste
TBD

Cubed yards

Endorsement

Name of OSHA Monitor
NA

Street Address
NA

City, State, Zip Code
NA

Completed by
Mana Yagual

Title
Proj. Coordinator

Signature

Date
12/21/13

* 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)
12/21/13

Name of Building Owner/Operator (2)
Aspers Carpentry Corp

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

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

Street Address
139 Frederick St

City, State, Zip Code
Carteret, NJ 07008

Name of Contact
David Aspers

Telephone Number
7 206

FACILITY INFORMATION

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

Street Address
56 Christopher St

City (5)
Carteret

County (6)
Middlesex

County Code (7) (STATE USE ONLY)_____

Current Use (Prior if being demolished)
House

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

ASCM No.

Name of Abatement Contractor (9)
America Enterprise Corp

Street Address
29 Northfield Ave

City, State, Zip Code
West Orange, NJ 07052

Project Manager for Monitoring Firm
NA

Telephone No.

License No.
01203

Start Date (10)
01/03/14

Scheduled Completion Date (11)
01/07/14

Name of OSHA Monitor
NA

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

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exterior</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exterior</td>
<td>X</td>
<td></td>
<td></td>
</tr>
</tbody>
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Asbestos-Containing Material (ACM)

(14)

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

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

Description of Asbestos-Containing Material (ACM)

(14)

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

Amount (Specify SF or LF)

Abatement Type

Removal
Repair
Encapsulation
Endorese

Elimination

Name of Registered Waste Hauler
America Enterprise Corp

NJDPR Waste Hauler ID No.
32980

Cubic Yards of Waste
TBD

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

City, State
West Orange, NJ

Disposal Date
TBD

City, State
Tullytown, PA

Completed by
Maria Yagual

Title
Proj. Coordinator

Signature

Date
12/21/13

* Do not use this form for asbestos licensure exempted activities.
Date of Notification (1):
12-24-13

Name of Building Owner/Operator (2):
Macy's Incorporated

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

Street Address:
7 W. 7th Street

City, State, Zip Code:
Cincinnati, OH 45202

Name of Contact:
Dave Rother

Telephone Number:

Name of Facility Where Abatement is Taking Place (3):
Macy's - Woodbridge Center Mall

Street Address:
250 Woodbridge Center Drive

City (5):
Woodbridge

County (6):
Middlesex

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

Square Feet:
50,000

# of Floors:
3

Bldg. Age:
42 yrs.

Current Use (If Fire being demolished):
Retail Store

License No.:
00398

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

Street Address:
515 Grove Street, Suite 1B

City, State, Zip Code:
Haddon Heights, NJ 08035

Project Manager for Monitoring Firm:
Joe Anello, Jr.

Telephone No.:
856-547-0505

Start Date (10):
1-6-14

Scheduled Completion Date (11):
1-24-14

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 or more
☐ 160 or more

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

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):
Fireproofing

Amount (Specify SF or LF):
1,500

Abatement Type:
☒ Removal

Name of Registered Waste Hauler:
Newark Carting

City, State:
Newark, NJ

NJDEP Waste Hauler ID No.:
4509

Cubic Yards of Waste:
40

Name of Registered Landfill:
IESI

Disposal Date:
1-24-14

City, State:
Bethlehem, PA

Completed by:
Timothy E. Bryan
Title:
Vice-President

Signature:
Date:
12-24-13

* Do not use this form for asbestos licensure exempted activities.
Date of Notification (1)
12/20/13

Name of Building Owner/Operator (2)
Danco Construction

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

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

Street Address
PO Box 2

City, State, Zip Code
Morganville, NJ 07751

Name of Contact
Dan Matarrese

Telephone Number

FACILITY INFORMATION

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

Street Address
155 Conover Rd

City (5)
Marlboro, NJ

County (6)
Monmouth

Square Feet
5000 SF

# of Floors
1

Bldg. Age
50 +

County Code (7) (STATE USE ONLY)

Current Use (Prior if being demolished)
Garage

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

ASCM No.

Name of Abatement Contractor (9)
America Enterprise Corp

Street Address
23 Northfield Ave

City, State, Zip Code
West Orange, NJ 07052

License No.
01203

Project Manager for Monitoring Firm
NA

Telephone No.

Name of OSHA Monitor
NA

Start Date (10)
01/04/14

Scheduled Completion Date (11)
01/14/14

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 ft
☒ ≥150 sf or ≥260 ft
☒ Renovation
☐ Demolition
☒ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☒ Non-Exempted (*) and Non-Fireable Procedure

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

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)

Abatement Type

Name of Registered Waste Hauler
America Enterprise Corp

Cubic Yards of Waste
TBD

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

Disposal Date
TBD

City, State
West Orange, NJ

Completed by
Eli Brito

Title
Proj. Mngr

Signature

Date
12/20/13

* 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)
12/20/13

Name of Building Owner/Operator (2)
Danco Construction

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

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

Street Address
PO Box 2

City, State, Zip Code
Morganville, NJ 07751

Name of Contact
Dan Matarase

Telephone Number

FACILITY INFORMATION

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

Street Address
155 Conover Rd

City (5)
Marlboro, NJ

County (6)
Monmouth

County Code (7)
STATE USE ONLY

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

Square Feet
5000 SF

# of Floors
1

Bldg. Age
50 +

Current Use (Prior if being demolished)
Garage

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

ASCM No.

Name of Abatement Contractor (9)
America Enterprise Corp

Street Address
29 Northfield Ave

City, State, Zip Code
West Orange, NJ 07052

Project Manager for Monitoring Firm
NA

Telephone No.

License No.
01203

Start Date (10)
01/04/14

Scheduled Completion Date (11)
01/14/14

Name of OSHA Monitor
NA

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

Scope of Work (Check All That Apply)
☒ ≥3 sf or ≥3 ft²
☐ ≥160 sf or ≥260 ft²
☐ Renovation
☒ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebox 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)
Roof shingles

Amount (Specify SF or LF)
5000 SF

Abatement
☐ Removal
☐ Repair
☐ Encapsulation
☒ Endorsement

Name of Registered Waste Hauler
America Enterprise Corp

NJDEP Waste Hauler ID No.
32980

Cubic Yards of Waste
TBD

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

City, State
West Orange, NJ

Disposal Date
TBD

Composted

Completed by
Eli Brito

Title Proj. Mgr

Signature

Date 12/20/13

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 5:68 and 12:120)

Date of Notification (1) 12/20/13

Name of Building Owner/Operator (2) Danco Construction

Agencies Notified Type Notification

EPA Initial

DEP Amended

DOL Amendment #

DOH Emergency (including

DCA justification)

Cancellation

Street Address PO Box 2

City, State, Zip Code Morganville, NJ 07751

Name of Contact Dan Matarrese

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Private property

Street Address 155 Conover Rd

City (5) Marlboro, NJ

County (6) Monmouth

County Code (7) (STATE USE ONLY) 

Square Feet 5000 SF

# of Floors 1

Bldg. Age 50+

Current Use (Prior if being demolished) Garage

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

ASCM No. 

Name of Abatement Contractor (9) America Enterprise Corp

Street Address 28 Northfield Ave

City, State, Zip Code West Orange, NJ 07052

Project Manager for Monitoring Firm NA

Telephone No. 

License No. 01203

Start Date (10) 01/04/14

Scheduled Completion Date (11) 01/14/14

Name of OSHA Monitor NA

Occupancy Status During Abatement (Check Only One)

 Facility Closed/Vacated During Entire Period of Abatement

 Abatement Performed Outside of Normal Facility Hours

Other - Describe: 

Scope of Work (Check All That Apply)

Renovation

Demolition

Full Containment with Negative Pressure

Mini-Enclosure

Glovebag Procedure

Non-Exempted (*) and Non-Friable Procedure

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

In Facility (13)

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 Exterior

Roof shingles 5000 SF

Endorse

Endorse

Name of Registered Waste Hauler America Enterprise Corp

Waste Hauler ID No. 32380

Cubic Yards of Waste TBD

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

Disposal Date TBD

City, State Tullytown, PA

Completed by Eli Brito

Title Proj. Mgr

Signature

Date 12/20/13

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