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

**Date of Notification (1)**
02 / 06 / 12

**Name of Building Owner/Operator (2)**
Avantor Performance Materials

**Name of Facility Where Abatement is Taking Place (3)**
Avantor Performance Materials - Building 135

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

**Street Address**
600 N. Broad Street

**City, State, Zip Code**
Phillipsburg, NJ 08865-1271

**Name of Contact**
Robert Snyder
(908) 659-2461

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### FACILITY INFORMATION

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

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

**Square Foot**
4000

**# of Floors**
1

**Bldg Age**
60

**Street Address**
318 12th Street

**City, State, Zip Code**
Hamonton, NJ 08037-1352

**Project Manager for Monitoring Firm**
Jim Proctor

**Telephone No**
(609) 704-8850

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

**Scheduled Completion Date (11)**
02 / 24 / 12

**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: 7AM, 3:30PM, 7AM

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

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**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)**
800 LF

**Abatement Type**
- Removal
- Repair
- Encapsulate
- Endure

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**Name of Registered Waste Hauler**
N.E.T.S.

**NJDEP Waste Hauler ID No.**
189-47

**Cubic Yards of Waste**
10

**Name of Registered Landfill**
BFI Imperial

**City, State**
Hamonton, PA

**Disposal Date**
TBD

**City, State**
Imperial, PA

---

**Completed By (Print or Type)**
John Heemer

**Title**
Estimator

**Signature**

---

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

Date of Notification (1): February 2, 2012
Name of Building Owner/Operator (2): Princeton University

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

Notification Type: 
- (X) Initial Notification
- (X) Amended Certification
- (X) Cancellation

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): 22 Chambers Street
Street Address: 22 Chambers Street
City (5): Princeton
County (6): Mercer
County Code (7): 00490
Zip Code: 08544

Name of Monitoring Firm Hired by Bldg. Owner (8): ASCM No
Company: Pennoni Associates, Inc.
Street Address: 550 Grove Street
City, State, Zip Code: Haddon Field, NJ 08035-1756

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

Sq. Feet: 40000
# of Floors: 4
Bldg. Age: 50
Current Use (prior to being demolished): Office Building

Name of Contractor (9): Luzon, Inc.
Street Address: 8451 Executive Avenue
City, State, Zip Code: Philadelphia, PA 19153

Project Manager for Monitoring Firm: Alan Lloyd
Telephone Number: 856-547-0505

Scheduled Start Date (10): January 23, 2012
Scheduled Completion Date (11): April 13, 2012

Name of OSHA Monitor: Joseph Maronski

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

Other: 

Source of Work (Check all that apply): 
- ( ) Demolition
- ( ) Renovation
- ( ) Large Proj. (>160 SF or >250 LF ACM)
- ( ) SM Proj. (>25<160 SF or >10 <250 LF ACM)
- ( ) Minor Proj. (<25 SF or <10 LF ACM)
- ( ) Full Containment with Negative Pressure
- ( ) Mini-Enclosure
- ( ) Glovebox Procedure

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

<table>
<thead>
<tr>
<th>Third Floor</th>
<th>Location Normally Used by Staff/Custodial</th>
<th>Description</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td>Yes / No / NA</td>
<td>YES / NO / NA</td>
<td>1460 SF</td>
<td>X</td>
</tr>
<tr>
<td>X</td>
<td>Mastic</td>
<td>Floor Tile and Mastic</td>
<td>4819 SF</td>
<td>x</td>
</tr>
<tr>
<td>X</td>
<td>Asbestos containing Elbows</td>
<td>Mastic</td>
<td>25 LF</td>
<td>x</td>
</tr>
<tr>
<td>X</td>
<td>X</td>
<td>X</td>
<td>2400 SF</td>
<td>x</td>
</tr>
</tbody>
</table>

Name of Reg. Waste Hauler: N/JDEP Waste Hauler ID # 20990
Cubic Yards of Waste: 20 CY

Waste Management: 
City, State:
Tullytown Pa.

Completed by (Print or Type): 
Title: Program Manager
Signature:
Date: February 2, 2012, 2012

Mail to: N/JDEP-ES HW OCRTT
401 E. State St., PO 414
Telephone 609-984-0500

C:\WORK\MYDOCS\ASBESTOS
## State of New Jersey - Notification of Asbestos Abatement
(Pursuant to NJ.A.C. 8:60-7 and 12:120-7)

### GAC Project # 060-11

**Client Project #**

**Date of Notification (1)**

**February 8, 2012**

### Agencies Notified

- [x] EPA
- [ ] DOCA
- [x] DOL
- [x] DEP - No Longer REQUIRED
- [ ] DOH

### Notification Type

- [x] Initial Notification
- [ ] Amended Notification
- [ ] Emergency (including justification)
- [ ] Cancelled

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

**RUTGERS, THE STATE UNIVERSITY OF NJ**

**Street Address**

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

**City, State, Zip Code**

**PISCATAWAY, NJ 08854**

**Name of Contact**

**MICHAEL SMITH, ENV. HEALTH & SAFETY**

**Telephone Number**

732-445-2550

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

**RECORDS HALL, BLDG# 3080**

**Street Address**

**COLLEGE AVENUE CAMPUS**

**City**

**NEW BRUNSWICK**

**County**

**MIDDLESEX**

**County Code (7)**

**0998**

### Type of Facility (4)

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

**Sq. Feet:**

N/A

**# of Floors:**

2

**Bldg. Age:**

80+ years

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

ACADEMIC

### Name of Contractor (9)

**GREENWOOD ABATEMENT CONSULTANTS, INC.**

**Street Address**

**3 TERRI LANE**

**City, State, Zip Code**

**BURLINGTON, NJ 08016**

**Project Manager for Monitoring Firm**

**BRIAN KENNY**

**Telephone Number**

609-396-8800

**Scheduled Start Date (10)**

02/17/12

**Scheduled Completion Date (11)**

02/18/12

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

- [ ] Facility Closed/Vacated During Entire Period of Abatement
- [x] Abatement Performed Outside of Normal Facility Hours - Describe:
  - 10 PM Fri TO MON 5 AM

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

- [x] ≥ 3 sf or ≥ 3 if
- [ ] ≥ 160 sf or ≥ 260
- [x] Renovation
- [ ] Demolition

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

- [ ] Is Location Normally Used Solely by Maint/Custodial Staff (12)?
  - YES
  - NO

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

Amount (Specify SF or LF)

Abatement Type

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

### Corridor

- [x] Transite / ACM Ceiling Tile

- [x] 10 SF

### Name of Req. Waste Hauler

See Hauler Below #1 & 2

**NJDEP Waste Hauler ID #**

See Below

### Cubic Yards of Waste

5 CY

### Name of Registered Landfill

**G.R.O.W.S. North Landfill**

**City, State**

**Butler, NJ 07405**

**Disposal Date**

2/18/2012

**City, State**

**100 New Ford Mill Rd, Morrisville, Pa 19067**

**215-736-1700**

### Completed By, Print or Type

**RICHARD C. PEDALINO**

**Title**

**SENIOR PROJECT MANAGER**

**Date**

February 8, 2012

### Copies To:

- Rutgers, REHS, Attn: Mike Smith
- ATC, Attn: Brian Kearney
**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>2/07/12</th>
</tr>
</thead>
</table>

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

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

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

**Street Address**
22 North Summit

**City, State, Zip Code**
Chatham NJ 07928

**Name of Contact**
Karen Maloney

**FACILITY INFORMATION**

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

**Square Feet**
2000

**# of Floors**
2

**Bldg. Age**
50

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

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

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

**ASCM No.**

**Name of Abatement Contractor (9)**
ABS Environmental Services, LLC

**Street Address**
4 E Gate Drive, PO Box 483

**City, State, Zip Code**
Glenwood NJ 07418

**Project Manager for Monitoring Firm**

**Telephone No.**
973-764-2276

**License No.**
703

**Name of OSHA Monitor**

**Start Date (10)**
2/16/12

**Scheduled Completion Date (11)**
2/23/12

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

**Other - Describe:**

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

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

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

**TO BE ABATED**
In Facility (13)

<table>
<thead>
<tr>
<th>Location of ACM</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>basement</td>
<td>[ ] Yes [X] No [N/A]</td>
<td>pipe insulation</td>
<td>85 LF</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler:**
Newark Carting

**NJDEP Waste Hauler ID No.**
4509

**Cubic Yards of Waste**
10

**Name of Registered Landfill**
Cumberland County Landfill

**City, State**
Newark, NJ

**Disposal Date**
TBD

**Name of Registered Landfill**
Cumberland County Landfill

**City, State**
Newark, NJ

**Completed by**
Andrew Scott Higgins

**Resume/Owner**
TBD

**Signature**
(Handwritten or printed)

**Date**
2/07/12

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

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

Date of Notification (1)
2/7/12

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

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

Name of Building Owner/Operator (2)
Deborah Caputo

Street Address
59 North Rd.

City, State, Zip Code
Nutley, NJ 07110

Name of Contact
Deborah Caputo

Telephone Number
973-661-2350

FACILITY INFORMATION

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

Street Address
59 North Road

City (5) County (6) County Code (7)
Nutley Essex 07110

Name of Monitoring Firm hired by Building Owner (8)
AZCH TECH MANAGEMENT, Inc.

ASCN No.
67

Name of Abatement Contractor (9)

Street Address
86 Christopher St.

City, State, Zip Code
Montclair, NJ 07042

Name of OSHA Monitor

Telephone Number
(973) 744-8800

License Number
00371

Project Manager for Monitoring Firm

Telephone Number
N/A

Scheduled Start Date (10)
2/20/12

Sched. Completion Date (11)
2/21/12

Occupancy Status During Abatement (Check only one)
[X] Facility Closed/ Vacated During Entire Period
of Abatement

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

[ ] Other - Describe: Other Occupancy Descript

Scope of Work (Check all that apply)

[X] 3,000 sf or >30 lf
[] 160 sf or >260 lf

[X] Renovation
[ ] Demolition

Abatement Type

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

Location of Asbestos-Containing Material (ACM)

TO BE ABATED

In Facility

(13)

Location
Yes No N/A
Normal

Location

Usage

Solitary

By Maintenance/Custodial

Staff

(X)

Description

Material (ACM)

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

Amount

(Specify

SP or

LF)

Removal

Repair

Enclosure

Baseline

Removal

Repair

Enclosure

Basement

Pipe Insulation

90 lf

X

Name of Registered Waste Hauler
AZCH TECH MANAGEMENT, INC.

NJDPR Waste Permit ID No.
17840

Cubic Yards

of Waste

1.0

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

City, State
Montclair, NJ 07042

Disposal Date
2/22/12

City, State
Morristown, TN 37807

Completed By (Print or Type)
Constantine Vivian

Title
President

Signature

Date
2/7/12
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1) 2/7/12

Name of Building Owner/Operator (2) Harriet Stempel

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

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

Street Address 1341 River Road
City, State, Zip Code Teaneck, NJ 07666
Name of Contact Lisa Sammataro

Telephone Number 201-970-8183

FACILITY INFORMATION

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

Street Address 1341 River Road
City (5) Teaneck
County (6) Bergen
County Code (7) (STATE USE ONLY) N/A

Name of Monitoring Firm hired by Building Owner (8)
AZTECH MANAGEMENT, Inc.

ASCM No. 67

Street Address 86 Christopher St.
City, State, Zip Code Montclair, NJ 07042

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

Telephone Number (973) 744-8800
License Number 00371

Scheduled Start Date (10) 2/17/12
Sched. Completion Date (11) 2/18/12

Month Day Year Month Day Year

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

Scope of Work (Check all that apply)
[X] >300 sf or >31 l.f.
[X] Renovation
[ ] Demolition

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

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

In Facility (13)

Yes No N/A

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

Location

Basement X Pipe Insulation 80 l.f.

Name of Registered Waste Hauler
AZTECH MANAGEMENT, INC.

Waste Hauler ID No. 17040

Cubic Yards of Waste 1.0

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

City, State Montclair, NJ 07042

Disposal Date 2/20/12

Completed By (Print or Type)
Constantine Vivian President

Signature

Date 2/7/12
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification: February 7, 2012

Name of Building Owner/Operator:
399 Lincoln Avenue Group

Street Address:
399 Lincoln Avenue

City, State, Zip Code:
Orange, NJ 07050

Name of Contact:
Antonio Dimuzio

Phone Number:
202-515-4496

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place:
Apartments

Street Address:
399 Lincoln Avenue

City:
Orange

County:
Essex

County Code: (STATE USE ONLY)

Square Footage:
60,000

# of Floors:
5

Bldg. Age:
80

Name of Abatement Contractor:
Guardian Contracting, Inc.

Street Address:
1056 Stelton Road

City, State, Zip Code:
Piscataway, New Jersey 08854

Occupancy Status During Abatement:
Facility Closed/Vacated During Entire Period of Abatement

Abatement Performed Outside of Normal Facility Hours

Other - Describe:

Scope of Work:
Renovation

Demolition

Location of Asbestos-Containing Material (ACM)

TO BE ABATED
in facility

Is Location Normally Used Solely by Maintenance/Custodial Staff?

YES NO N/A

Stairwells & hallways

X plaster

12,000 sf

X

Floor tile

500 sf

X

Stairwells & hallways

Amount (Specify SF or Lf)

Abatement Type

REMOVAL

REPAIR

ENCAPSULE

ENCLOSURE

Name of Registered Waste Hauler:
Guardian Contracting, Inc.

NJDEP Waste Hauler ID No.:
202223

Cubic Yards of Waste:
300

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

City, State:
Toms River, New Jersey

Disposal Date:
3/12/12

City, State:
Tullytown, Pennsylvania

Date:
2/7/2012

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

Date of Notification (1): February 7, 2012

Name of Building Owner/Operator (2): Segal & Segal
Street Address: 465 South Street
City, State, Zip Code: Morristown, NJ 07962
Name of Contact: Fred Kimak

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3):
Building: 754 Scotland Road
City: Orange
County: Essex

Name of Monitoring Firm Hired by Building Owner (8):
Guardian Contracting, Inc.
ASCM No.: [Blank]

Name of Abatement Contractor (9):
Guardian Contracting, Inc.
Street Address: 1889 Rte. 9, Unit 61
City, State, Zip Code: Toms River, NJ 08755

Project Manager for Monitoring Firm: Nicholas Fernicola
Telephone Number: 732-349-9932
Scheduled Start Date (10): 2/7/12
Scheduled Completion Date (11): 2/8/12
Occupancy Status During Abatement (Check only one):
[ x ] Facility Closed/Vacated During Entire Period of Abatement
[ ] Abatement Performed Outside of Normal Facility Hours
[ ] Other – Describe:

Scope of Work (Check all that apply):
[ x ] >3 sf or ≥3 if
[ ] ≥160 sf or ≥260 if
[ x ] Renovation
[ x ] Demolition

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

Abatement Type

Amount (Specify SF or LF):

Laundry Room

Name of Registered Waste Hauler:
Guardian Contracting, Inc.
NJDEP Waste Hauler ID No.: 20223
Cubic Yards of Waste: 3
Name of Registered Landfill:
T.R.R.F.

*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 (2/8/12)

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

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

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

Street Address
1 West State St. P.O. Box 991
City, State, Zip Code
Trenton N.J. 08625

Name of Contact
Paul Mock
Telephone Number
(609) 777-1493

FACILITY INFORMATION

name of Facility Where Abatement is Taking Place (3)
Caruso Elementary School

Street Address
81 Frances Place
City (5)
Keansburg, N.J. 07734
County (6)
Monmouth

County Code (7) (STATE USE ONLY) ______

Name of Monitoring Firm Hired by Building Owner (8)
Hatch Mott MacDonald

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

Square Feet
48000
# of Floors
2
Bldg. Age
35+

Current Use (Prior if being demolished)
School

Name of Abatement Contractor (9)
Tricon Enterprises Inc

Street Address
322 Beers St
City, State, Zip Code
Keyport N.J. 07735

License No.
01095

Name of OSHA Monitor
n/a

Project Manager for Monitoring Firm
Kevin Herrighty

Telephone No.
973-912-2480

Start Date (10)
2/23/12
Scheduled Completion Date (11)
3/30/12

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

Amount (Specify SF or LF)

Abatement Type
- Removal
- Repair
- Encapsulate
- Enclosure

SEE ATTACHED

Name of Registered Waste hauler
Horizon Disposal

NJDEP Waste Hauler ID No.
22612
Cubic Yards of Waste
Name of Registered Landfill
Cumberland County Landfill

City, State
256 Globe Ave Trenton N.J.

Disposal Date

New Brunswick P.A.

Completed by
James Matheny
Signed
Project manager

2/8/12

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

Date of Notification (2/8/12)

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

Agencies Notified Type Notification

☑ EPA
☑ DEP
☑ DOL
☒ DOH
DCA

☑ Initial
Amended
Amendment #
Emergency (including justification)
Cancellation

Street Address
1 West State St., P.O. Box 961
City, State, Zip Code
Trenton, N.J. 08625
Telephone Number
609-777-1493

Name of Contact
Paul Mock

FACILITY INFORMATION

name of Facility Where Abatement is Taking Place (3)
VFW

Street Address
161 Ramsey Ave.

City (5)
Keansburg, N.J. 07734

County (6)
Monmouth

County Code (7) (STATE USE ONLY)

Current Use (Prior if being demolished)
VFW

Name of Monitoring Firm Hired by Building Owner (8)
Hatch Mott MacDonald

ASCM No.
00140

Name of Abatement Contractor (9)
Tricon Enterprises Inc

Street Address
27 Bleecker St

City, State, Zip Code
Keyport NJ 07735

Project Manager for Monitoring Firm
Kevin Herrington

Telephone No.
973-912-2480

License No.
01095

Start Date (10) 2/23/12
Scheduled Completion Date (11) 3/30/12

Occupancy Status During Abatement (Check Only One)
☒ Facility Closed/Vacated During Entire Period of Abatement
☒ Abatement Performed Outside of Normal Facility Hours

Other – Describe

Scope of Work (Check All That Apply)
☑ ≥3 sf or ≥3 if
☒ ≥160 sf or ≥250 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

x

Enclose

SEE ATTACHED
**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**: 1/27/2012

**Name of Building Owner/Operator**: Jody Alberto

**Address**:
- **Street Address**: 29 Dearborn Drive
- **City, State, Zip Code**: Old Tappan NJ 07675

**Telephone Number**: 201-767-7164

**FACILITY INFORMATION**

- **Type of Facility**: Other (i.e. private & commercial buildings, homes, etc.)

- **Square Feet**: [ ]
- **# of Floors**: [ ]
- **Built Age**: [ ]

- **Current Use**: Prior if being demolished

**Name of Facility Where Abatement is Taking Place**: Private Property

- **Street Address**: 29 Dearborn Drive
- **City**: Old Tappan
- **County**: Bergen County

**Name of Monitoring Firm Hired by Building Owner**: ASCM No. N/A

**Street Address**: N/A

**City, State, Zip Code**: N/A

**Project Manager for Monitoring Firm**: Telephone No. N/A

**License No.**: 001144

**Start Date**: 2/7/2012

**Scheduled Completion Date**: 2/9/2012

**Occupancy Status During Abatement**: Other – Describe: 8 hours work

**Scope of Work**:
- [x] 23 sf or 23 lf
- [x] 160 sf or 260 lf
- [ ] 230 sf or 230 lf

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Normal Use</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>X</td>
<td>Floor tile and M plastic</td>
<td>495 SF</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**: DJM

**NJDEP Waste Hauler ID No.**: 100945

**Cubic Yards of Waste**: [ ]

**Name of Registered Landfill**: Cumberland landfill

**City, State**: South Kearny NJ

- **Completion by**: Edwin Frasella
- **Date**: 1/27/2012

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

Date of Notification (1)
2-6-12

Name of Building Owner/Operator (2)
Simon Property Group

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

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

Name of Facility Where Abatement is Taking Place (3)
Brunswick Square Mall

Street Address
755 State Route 18

City, State, Zip Code
East Brunswick, NJ 08816

Name of Contact
Eric Evans

Telephone Number
317-263-6102

FACILITY INFORMATION

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

Square Feet
225,754

# of Floors
1

Bldg. Age
39 yrs

County Code (7)

Middlesex

County Code (7)

Plymouth Environmental Co., Inc.

Name of Abatement Contractor (9)

ASCM No.

Environmental Design, Inc.

Name of Monitoring Firm Hired by Building Owner (8)

Street Address

5434 King Avenue, Suite 101

City, State, Zip Code
Pennsauken, NJ 08109

License No.

00398

Telephone No.

610-239-9920

Jay Murray

Project Manager for Monitoring Firm

615-616-9516

Start Date (10)

2-16-12

Scheduled Completion Date (11)

2-18-12

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

Scope of Work (Check All That Apply)
☐ ≥3 sf or ≥3 if
☐ ≥160 sf or ≥260 sf
☐ Renovation
☐ Demolition

Location of Asbestos-Containing Material (ACM)

TO BE ABATED

In Facility

(13)

Yes
No
N/A

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

Description of Asbestos Containing Material (ACM)

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

Amount
(Specify SF or LF)

Abatement
Type

Removal
Repair
Encapsulate
Endure

roof

x black sealant

5 SF

x

roof

x roof flashing

140 SF

x

rooms to fill store

x cove base mastic

30 SF

x

Name of Registered Waste Hauler
Newark Carting

N/J/EP Waste
Hauler ID No.
4509

Cubic Yards
of Waste
3

Name of Registered Landfill
GROWS, Inc.

City, State
Newark, NJ

Disposal Date
2-20-12

City, State
Harrisville, PA

Consented by
Timothy G. Bryan
Vice-President

Signature
Date
2-6-12

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

Date of Notification (1)
2/7/12

Name of Building Owner/Operator (2)
Estate of Joan Bryce

Street Address
91 Hillside Avenue
City, State, Zip Code
Verona, NJ 07044

Name of Contact
Jackie Denk
Telephone Number
973-941-1818

FACILITY INFORMATION

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

Street Address
91 Hillside Avenue

City (5)
Verona
County (6)
Essex

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

ASCM No.
67

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

Street Address
86 Christopher St.
City, State, Zip Code
Montclair, NJ 07042

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

Square Feet
1500
# of Floors
2
Bldg. Age
82

Current Use (Prior if being demolished)
Residence

Name of OSHA Monitor
N/A

Street Address

City, State, Zip Code

Scheduled Start Date (10)
2/18/12
Sched. Completion Date (11)
2/20/12

Occupancy Status During Abatement (Check only one)
[ ]Facility Closed/Vacated During Entire Period of Abatement

Abatement Performed Outside of Normal Facility Hours - Describe: Off Hours Description

Scopes of Work (Check all that apply)
[ ]>3 sf or >3 l.f.
[ ]>160 sf or >260 l.f.
[ ]Renovation
[ ]Demolition

Location of Asbestos-Containing Material (ACM)
Location Normally Used
[ ]Yes
[ ]No
N/A

Is Location
[ ]By Maintenance/Custodial Staff (12)

In Facility

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

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

Amount
170 l.f.

Abatement Type
[ ]Full Containment with Negative Pressure
[ ]Mini-Enclosure
[ ]Glovebag Procedure
[ ]Non-Friable Procedure

Name of Registered Waste Hauler
AZTECH MANAGEMENT, INC.

MURP Waste
Waste Hauler ID No.
L7040

Cubic Yards
2.0

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

City, State
Morrisville, PA 19067

Disposal Date
2/22/12

Completed By (Print or Type)
Constantine Vivian
Title
President

Signature

Date
2/7/12
<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>2-9-12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Code Official</td>
<td>Jeff Unger</td>
</tr>
<tr>
<td>Address</td>
<td>92-94 West 39th St</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Bayonne, NJ 07002</td>
</tr>
<tr>
<td>Name of Contact Person</td>
<td>Jeff Unger</td>
</tr>
<tr>
<td>Type of Building</td>
<td>existing Residential</td>
</tr>
<tr>
<td>Building Code Official</td>
<td>Jeff Unger</td>
</tr>
<tr>
<td>Site Address</td>
<td>92-94 West 39th St</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Bayonne, NJ 07002</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired</td>
<td>AEC Insulation Co.</td>
</tr>
<tr>
<td>Address</td>
<td>93 Monroe Rd</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Colts Neck, NJ 07726</td>
</tr>
<tr>
<td>Project Manager</td>
<td>AEC Insulation Co.</td>
</tr>
<tr>
<td>Project Coordinator</td>
<td>AEC Insulation Co.</td>
</tr>
<tr>
<td>Start Date</td>
<td>2-20-12</td>
</tr>
<tr>
<td>Scheduled Completion Date</td>
<td>2-25-12</td>
</tr>
<tr>
<td>Description of Location of Abatement Material (ACM)</td>
<td>Basement, Pipes</td>
</tr>
<tr>
<td>Description of Abatement Procedure</td>
<td>Removal of ACM</td>
</tr>
<tr>
<td>Name of Registered Waste Handler</td>
<td>AEC Insulation Co.</td>
</tr>
<tr>
<td>NJDEP Waste Handler ID</td>
<td>12-086</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td>75.0</td>
</tr>
<tr>
<td>Amount Canceled (If any)</td>
<td>0</td>
</tr>
</tbody>
</table>

*Do not use this form for asbestos license exempted activities.*
<table>
<thead>
<tr>
<th><strong>Date of Notification</strong></th>
<th>2/9/12</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Name of Building Owner</strong></td>
<td>JEFF UNGER</td>
</tr>
<tr>
<td><strong>Address</strong></td>
<td>1800 JF Kennedy Blvd, Bayonne, NJ</td>
</tr>
<tr>
<td><strong>City, State, Zip Code</strong></td>
<td>Bayonne, NJ 07002</td>
</tr>
<tr>
<td><strong>County Code</strong></td>
<td>07</td>
</tr>
<tr>
<td><strong>Name of Monitoring Firm</strong></td>
<td>ACRM No.</td>
</tr>
<tr>
<td><strong>Telephone No.</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Scheduled Completion Date</strong></td>
<td>2/25/12</td>
</tr>
<tr>
<td><strong>Construction Type</strong></td>
<td>Commercial</td>
</tr>
<tr>
<td><strong>Location of Asbestos-Containing Material (ACM)</strong></td>
<td>Basement</td>
</tr>
<tr>
<td><strong>Name of Registered Waste Handler</strong></td>
<td>A. E. Farbauer Co.</td>
</tr>
<tr>
<td><strong>吨</strong></td>
<td>MDEP Waste Handler License (X)</td>
</tr>
<tr>
<td>** tons**</td>
<td>2,986</td>
</tr>
<tr>
<td><strong>Name of Registered Landfill</strong></td>
<td>RCSC</td>
</tr>
<tr>
<td><strong>Date</strong></td>
<td>2/25/12</td>
</tr>
</tbody>
</table>

*Do not use this form for asbestos handling excepted activities.*
<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Notification (11)</td>
<td>2-9-12</td>
</tr>
<tr>
<td>Name of Facility Where Abatement is Taking Place (9)</td>
<td>BAYONNE</td>
</tr>
<tr>
<td>Street Address:</td>
<td>GUY T (NORMA L BIV)</td>
</tr>
<tr>
<td>City</td>
<td>BAYONNE</td>
</tr>
<tr>
<td>County</td>
<td>HUDSON</td>
</tr>
<tr>
<td>Name of Abatement Contractor (11)</td>
<td>AEC INSULATION CO.</td>
</tr>
<tr>
<td>Street Address:</td>
<td>G.S. MAHIRE RD.</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>CAPE NECK, NJ 08721</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>WS Y. RAMESH</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>201-119-2323</td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>2-20-12</td>
</tr>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>2-25-12</td>
</tr>
<tr>
<td>Occupancy Status During Abatement (Check only one)</td>
<td>Vacate</td>
</tr>
<tr>
<td>Frequency Planned/Determined During Entire Period of Abatement</td>
<td></td>
</tr>
<tr>
<td>Status - Describe:</td>
<td>7AM - 7PM</td>
</tr>
<tr>
<td>Name of Registerable Waste Handler</td>
<td>AEC INSULATION CO.</td>
</tr>
<tr>
<td>Name of Owning/Operating Firm</td>
<td>AEC INSULATION CO.</td>
</tr>
<tr>
<td>Description of Asbestos Containing Material (ACM)</td>
<td></td>
</tr>
<tr>
<td>Location Normally</td>
<td>BASEMENT</td>
</tr>
<tr>
<td>Quantity of ACM</td>
<td>50 LBS.</td>
</tr>
<tr>
<td>Abatement Type</td>
<td>PIPE</td>
</tr>
</tbody>
</table>

* Do not use this form for asbestos in cases of exempted activity.
<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>2-3-12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Party Notifying</td>
<td>MENDELBAUM + MENDA.2013.LLC</td>
</tr>
<tr>
<td>Street Address</td>
<td>60 MAIN ST</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>WEST ORANGE, NJ 07052</td>
</tr>
<tr>
<td>Phone Number</td>
<td>973-417-4461</td>
</tr>
<tr>
<td>Initial</td>
<td>MENDELBAUM LLC Property</td>
</tr>
<tr>
<td>Second</td>
<td>109 ETHEL ST</td>
</tr>
<tr>
<td>County Code (7)</td>
<td>SOMERSET</td>
</tr>
<tr>
<td>Star Date</td>
<td>2-9-12</td>
</tr>
<tr>
<td>Scheduled Completion Date</td>
<td>2-10-12</td>
</tr>
<tr>
<td>Name of Abatement Contractor</td>
<td>ACE INSULATION Co. 2013</td>
</tr>
<tr>
<td>Street Address</td>
<td>95 MONROE RD</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>COLT'S NUDY, NJ 07046</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>201-277-7800</td>
</tr>
<tr>
<td>Date of Abatement</td>
<td>2-9-12</td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM)</td>
<td>INSIDE/OUTSIDE</td>
</tr>
<tr>
<td>Location</td>
<td>INTERIOR</td>
</tr>
<tr>
<td>Description</td>
<td>Siding</td>
</tr>
<tr>
<td>Amount (Specify SI or FT²)</td>
<td>2000</td>
</tr>
</tbody>
</table>

This form is for asbestos abatement and contains information about the notification, the party notifying, the address, the initial and schedule dates, the abatement contractor, the location of ACM, and the description of the work to be done. The form also includes details about the amount of ACM to be abated.
**NOTIFICATION OF ASBESTOS ABATEMENT**

**State of New Jersey**

**Notification of Asbestos Abatement**

**As per NJAC 8:60 and 24:1280**

**Date of Decision:** 02/03/2012

**Name of Building Owner/Operator:**

**Address:** 5 Hillview Terrace

**City, State, Zip Code:** Glen Rock, NJ 07452

**Name of Contact:** Thomas Koester

**Phone Number:**

**Type of Facility:**

- School (K-12)
- Subchapter 5 (Other Than K-12)
- Other (i.e., private & commercial buildings, homes, etc.)

**Square Foot:** N/A

**Number of Floors:** N/A

**Building Age:** N/A

**Current Use:** Prior [during demolished] house

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

**Address:**

- Street Address: 11 Rosengren Avenue
- City, State, Zip Code: Totowa, NJ 07512

**Project Manager for Monitoring Firm:**

**Telephone Number:** 973-345-8685

**Name of Abatement Contractor:**

**Address:**

- Street Address: 11 Rosengren Avenue
- City, State, Zip Code: Totowa, NJ 07512

**Name of OSHA Monitor:**

**Telephone Number:** 973-345-9336

**Start Date:** 02/04/2012

**Scheduled Completion Date:** 02/06/2012

**Occupancy Status During Abatement:**

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

**Scope of Work:**

- 33 sf or 33 ft
- 180 sf or 2200 ft

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

- Location of Normally Used Solely by Maintenance/Custodial Staffs
- Description of Asbestos Containing Material (ACM)

<table>
<thead>
<tr>
<th>Location</th>
<th>Normally Used Solely by Maintenance/Custodial Staffs</th>
<th>Description of ACM</th>
</tr>
</thead>
<tbody>
<tr>
<td>basement</td>
<td>X</td>
<td>boiler insulation</td>
</tr>
<tr>
<td></td>
<td></td>
<td>20 SF</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler:**

**Date of Completion:** 02/03/2012

**Signature:**

**Notes:**

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

Date of Notification (1)
2/8/2012

Name of Building Owner/Operator (2)
Hoboken Board of Education

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

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

Street Address
1115 Clinton Street

City, State, Zip Code
Hoboken, NJ 07030

Name of Contact
Tim Calligy

Telephone Number
201-356-3668

FACILITY INFORMATION

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

Street Address
800 Clinton Street

City (5)
Hoboken

County (6)
Hudson

County Code (7) (STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8)
Birdsal Services Group

ASCN No.

Name of Abatement Contractor (9)
TWO BROTHERS CONTRACTING

Street Address
250 RUTHERFORD BLVD.

City, State, Zip Code
CLIFTON, NJ 07014

Telephone No.
908-497-8900

License No.
973-956-8700

Name of OSHA Monitor
SAME AS (9) ABOVE

Current Use (Prior if being demolished)

Square Foot

# of Floors

Bldg. Age

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

Facility Closed/Vacated During Entire Period of Abatement
☐ ☑

Abatement Performed Outside of Normal Facility Hours
☐ ☑

Other – Describe: 4:00 PM Start

Start Date (10)
2/10/2012

Scheduled Completion Date (11)
2/13/2012

Occupancy Status During Abatement (Check Only One)

Facility Closed/Vacated during Entire Period of Abatement
☐ ☑

Abatement Performed Outside of Normal Facility Hours
☐ ☑

Other – Describe: 4:00 PM Start

Scope of Work (Check All That Apply)

☐ ≤3 sf or ≤33 if
☐ ≥160 sf or ≥2260 if

☐ Renovation
☐ Demolition

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

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

In Facility (13)

Is Location

Yes  ☑ No  ☐ N/A

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

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

Amount (Specify SF or LF)

Abatement Type

Removal
☐ ☑

Repair
☐ ☑

Encapsulate
☐ ☑

Endorse
☐ ☑

Room 126

VAT & Mastic

1,200

☐ ☑

Name of Registered Waste Haulor
TWO BROTHERS CONTRACTING

NUDEP Waste Haulor ID No.
18743

Cubic Yards of Waste
2

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

City, State
CLIFTON, NJ

Disposal Date
2/13/2012

City, State
MORRISVILLE, PA

Signature

I Do not use this form for asbestos literature exemption activities.

Completed by
VIVETTA RAMOS

Title
SECRETARY

Date
2/13/2012
### FACILITY INFORMATION

- **Name of Facility Where Abatement Is Taking Place:** Hoboken High School
- **Street Address:** 800 Clinton Street
- **City:** Hoboken
- **County Code:** Hudson

### Monitoring Firm/Contractor Information

- **Name of Monitoring Firm/Contractor:** Birdsell Services Group
- **Street Address:** 85 Jackson Drive
- **City, State, Zip Code:** Cranford, NJ 07016
- **Telephone No.:** 908-497-0600
- **Occupancy Status During Abatement:**
  - Facility Closed/Vacated During Entire Period of Abatement
  - Abatement Performed Outside of Normal Facility Hours
- **Scope of Work:**
  - 23 to 83 sf
  - 230 to 260 sf

### Location of Asbestos-Containing Material (ACM) to Be Abated

<table>
<thead>
<tr>
<th>Room</th>
<th>ACM Type</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>128</td>
<td>VAT &amp; Mastic</td>
<td>1,200 x</td>
</tr>
</tbody>
</table>

### Registered Waste Hauler Information

- **Registered Waste Hauler:** TWO BROTHERS CONTRACTING
- **Waste Hauler ID:** 18743
- **City, State:** CLIFTON, NJ

### Name of Registered Landfill

- **Name of Registered Landfill:** WASTE MANAGEMENT G.R.O.W.S.
- **City, State:** MORAIS, PA

### Completion Information

- **Completed by:** VIVECA RAMOS
- **Title:** SECRETARY

---

*Do not reuse this form for asbestos abatement unrelated activities*
**NOTIFICATION OF ASBESTOS ABATEMENT**

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>2-8-12</th>
</tr>
</thead>
</table>

**Agency Notified**

- EPA
- DEP
- ADOL
- DOH
- DCA

**Type of Notification**

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

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

Franchi Demolition

**Street Address**

P.O. Box 734

**City, State, Zip Code**

Camden, NJ 08101

**Name of Contact**

Mark Franchi

**Telephone Number**

856-734-8300

**FACILITY INFORMATION**

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

Single Family Dwelling

**Street Address**

316 North Black Horse Pike

**City (5)**

Runnemede NJ 08078

**County (6)**

Camden

**Facility Code (7)**

Single Family Dwelling

**Type of Facility (4)**

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

**Square Feet**

2,500

**# of Floors**

2

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

Single Family Dwelling

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

EPC Technologies

**ASCM No.**

N/A

**Name of Abatement Contractor (9)**

EPC Technologies, Inc.

**Address**

P.O. Box 337

**City, State, Zip Code**

New Egypt NJ 08533

**Project Manager for Monitoring Firm**

Steve Schenker

**Telephone No.**

609-758-3365

**Start Date (10)**

2-18-12

**Scheduled Completion Date (11)**

2-22-12

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

- ≥ 5 sf or ≥ 5 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 (12)**

- Exterior walls
- Siding, Shingles

Described Asbestos-Containing Material (ACM)

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

**Amount (Specify SF or LF)**

1500 SF X

**Name of Registered Waste Hauler**

EPC Technologies

**NJDEP Waste Hauler ID No.**

17000

**Cubic Yards of Waste**

6

**Name of Registered Landfill**

Waste Management

**City**

Norristown

**State**

PA

**Disposal Date**

2-22-12

**Completed by**

Steve Schenker

**Title**

President

**Signature**

Steve Schenker

**Date**

2-8-12

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:50 and 5:18)

Date of Notification: 18-01-2012

Name of Building Owner/Operator: Exxon Mobil Environmental Services
Address: 52 Beach Street, Everett, MA 02149
Name of Contact: Eric W. Errico

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place: Former Bayonne Lubrication Manufacturing Plant
Address: 1 Avenue J

Check: N/A
County Code: N/A
County: N/A

Name of Monitoring Firm Hired by Building Owner: ARCADIS
Street Address: 194 Forbes Rd, Braintree, MA 02184
Project Manager for Monitoring Firm: Greg Donohue
Telephone No.: 781-356-7300

Name of Abatement Contractor: Terra Abatement Services, Inc.
Street Address: 5787 Stadium Office
City, State, Zip Code: HALLANDALE, FL 32424
Telephone No.: 269-783-9595
License No.: 019990

Name of OSHA Monitor: Analytical Testing Consulting Services
Street Address: 14625 Doster Rd, Plainwell, MI 49080

Occupancy Status During Abatement: N/A

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

- Description: Thermal Systems Insulation, 500 LF
- Cubic Yards of Waste: 180
- Name of Registered Hauler: HALLACKS
- Disposal Date: 3-5-10
- City, State: PARKER, NY
- Date: 3-12-11

Location of Asbestos-Containing Material (ACM) Exempted from Abatement

- Description: Thermal Systems Insulation, 1500 LF

HAZMAT: No
NJDEP Waste Hauler D No: 1265
Disposal Date: 3-5-10
City, State: PARKER, NY
Date: 3-12-11

Signature: Director of Abatement
Name: Deena A. Mac
Date: 2-3-12

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

Date of Notification (1)  
2 / 3 / 12

Name of Building Owner/Operator (2)  
County of Burlington

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

Type Notification  
☐ Initial  ☐ Amended  ☐ Amendment #

Emergency (including justification)  ☐ Cancellation

Street Address  
1900 Briggs Road

City, State, Zip Code  
Mount Laurel, NJ 08054

Name of Contact  
Steve Stybinski  
Telephone Number  
609-265-5429

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  
Health Clinic, Health Building

Street Address  
15 Pioneer Blvd

City (5)  
Westampton

County (6)  
Burlington

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 08608

Telephone No.  
609-392-4200

License No.  
00509

Project Manager for Monitoring Firm  
Rick Beach

Start Date (10)  
2 / 3 / 12

Scheduled Completion Date (11)  
2 / 7 / 12

Name of OSHA Monitor  
BRISTOL ENVIRONMENTAL, INC.

Street Address  
1123 BEAVER STREET

City, State, Zip Code  
BRISTON, PA 19007

Occupy Status During Abatement (Check only one)  

☐ Facility Closed/Vacated During Entire Period of Abatement  
☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM-PM 4:00 PM-12:00 AM

Scope of Work (Check all that apply)  

☐ 23 sf or ≥3 ft  
☐ ≥300 sf or ≥260 lf  
☐ Renovation  ☐ Demolition  
☐ Full Containment with Negative Pressure  
☐ Mini-Enclosure  ☐ Glovebag Procedure  
☐ Non-Exempted (*) and Non-Friable Procedure

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

Yes  ☐ No  ☐ N/A

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

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

Amount (Specify SF or LF)  

Abatement Type  

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

Throughout  ☐  ☐ VAT  1,556 SF  
☐  ☐ Mastic  2,507 SF

Waste container  ☐  ☐ VAT debris  15 CuYd

Name of Registered Waste Hauler  
SERVICE TRANSPORT GROUP, INC.

NJDEP Waste Hauler ID No.  
20990

Cubic Yards of Waste  
20 Yds

Name of Registered Landfill  
MINERVIA LANDFILL

City, State  
NEW CASTLE, DE 19720

Disposal Date  
2/7/12

City, State  
WAYNESBURG, OH 44688

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

Signature  
Gino Pizzigoni  
Date  
2/3/12

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