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

Date of Notification (1) 2 / 5 / 15

Name of Building Owner/Operator (2)
Matrix Construction Services, LLC

Street Address
Forsgate Drive, CN 4000

City, State, Zip Code
Cranbury, NJ 08512

Name of Contact
Mark Oppenheim

FACILITY INFORMATION

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

Street Address
1 Heller Park Lane

City (5)
Franklin

County (6)
Somerset

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

Square Feet
324,337

Current Use (Prior if being demolished)
Commercial - Vacant

County Code (7) (STATE USE ONLY)

Bidg. Age
1983

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
3859 Sylon Boulevard

City, State, Zip Code
Hainesport, NJ 08036

Telephone No.
609-702-0400

License No.
00862

Name of QOSHA Monitor
EMSL Analytical, Inc.

Street Address
200 U.S. Route 130 North

City, State, Zip Code
Cinnaminson, NJ 08077

Start Date (10)
2 / 23 / 15

Scheduled Completion Date (11)
2 / 27 / 15

Occupancy Status During Abatement (Check only one)
□ Facility Closed/Vacated During Entire Period of Abatement
□ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM, PM, AM

Scope of Work (Check all that apply)
□ ≥ 300 sf or ≥ 1000 sf
□ ≥ 100 sf or ≥ 250 sf
□ Renovation
□ Demolition
□ Negative Pressure Enclosure
□ Mini-Enclosure
□ Glovebag Procedure
□ Non-Exempted (*) and Non-Friable Procedure

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

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

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

Cubic Yards of Wastes
Amount (Specify SF or LF)

Name of Registered Waste Hauler
Freehold Cartage, Inc.

NJDHEP Waste Hauler ID No.
02285

Cubic Yards of Wastes
5

GROWS Landfill

Disposal Date
2/27/15

City, State
Morrisville, PA 19067

Name of Registered Landfill
GROWS Landfill

Completed By (Print or Type)
Kimberly A. Trumbetti

Title
Office Coordinator

Signature

Date
2-5-15

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

Date of Notification (1)  
01 / 28 / 15

Name of Building Owner/Operator (2)  
Burlington Net Holdings

Name of Contact  
Steven Yenowitz

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  
Burlington Carpet One (Vacant)

Street Address  
1204 North Route 130

City (5)  
Burlington

County (6)  
Burlington

Name of Monitoring Firm HIRED BY BUILDING OWNER (8)  
Tiger Environmental

Type of Facility (4)  

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

Square Feet 12,851

# of Floors 1

Bldg. Age 1965

Name of Abatement Contractor (9)  
Asbestos and Mold Services, Corp.

Current Use (Prior if being demolished)  
Commercial Space

Street Address 3858 Sylon Boulevard

City, State, Zip Code Hainesport, NJ 08036

License No. 00862

Name of OSHA Monitor  
EMSL Analytical, Inc.

Street Address 200 U.S. Route 130 North

City, State, Zip Code Cinnaminson, NJ 08077

Start Date (10)  
2 / 4 / 15

Scheduled Completion Date (11)  
2 / 6 / 15

Occancy Status During Abatement (Check only one)  
☑ Facility Closed/Vacated During Entire Period of Abatement

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

Scope of Work (Check all that apply)  
☑ ≥3 sf or ≥3 ft

Table: |
<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement Pipe Insulation</td>
<td>☑</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Basement Floor Tile &amp; Mastic</td>
<td>☑</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler  
Freehold Cartage, Inc.

Name of Registered Landfill  
GROWS Landfill

Completed By (Print or Type)  
Kimberly A. Trumbetti

Title  
Office Coordinator

Signature  
Date 2-4-15

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:80 and 5:16)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>2/6/15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Letter Perfect Homes, Inc.</td>
</tr>
<tr>
<td>Street Address</td>
<td>PO Box 494</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Clinton, NJ 08809</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Tom Buskut</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>-</td>
</tr>
</tbody>
</table>

FACILITY INFORMATION

| Name of Facility Where Abatement is Taking Place (3) | Residential |
| Street Address | 110 S. Main St. |
| City (5) | Pennsington, NJ 08534 |
| County (6) | Mercer |
| County Code (7) (STATE USE ONLY) | |
| Name of Monitoring Firm Hired by Building Owner (8) | MECS |
| ASCM No. | |
| Name of Abatement Contractor (9) | Stevens Environmental Services, Inc. |
| Street Address | PO Box 341 |
| City, State, Zip Code | Allentown, NJ 08501 |
| Project Manager for Monitoring Firm | Bill Weissgarber |
| Telephone No. | (609) 298-4070 |
| Start Date (10) | 2/16/15 |
| Scheduled Completion Date (11) | 2/17/15 |
| Occupancy Status During Abatement (Check only one) | |
| Facility Closed/Vacated During Entire Period of Abatement | |
| Abatement Performed Outside of Normal Facility Hours | |
| Other - Describe | 8am to 4pm |

Scope of Work (Check all that apply)

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Is Location Normally Used Solely by Maintenance/ Custodial Staff (12)</td>
<td>Yes</td>
</tr>
<tr>
<td>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td>Thermal Pipe Insulation</td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
<td>35 LF</td>
</tr>
<tr>
<td>Abatement Type</td>
<td>X</td>
</tr>
</tbody>
</table>

| Name of Registered Waste Hauler | Stevens Environmental Services, Inc. |
| NJDEP Waste Hauler ID No. | 18292 |
| City, State | Allentown, NJ |
| Disposal Date | 2/18/15 |
| City, State | Morrisville, PA |

Completed By | Mahlon E. Stevens |
| Title | Project Manager |
| Signature | Date | 2/6/15 |

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

Date of Notification (1)  2/6/15

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

Name of Building Owner/Operator (2)  Chambers Properties

Street Address  20 Nassau Street

City, State, Zip Code  Princeton, NJ 08542

Name of Contact  Peter Madison

Telephone Number  (609) 294-8221

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  Retail Store

Street Address  20 Nassau St

City (5)  Princeton, NJ 08542

County (6)  Mercer

County Code (7)  06

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

Name of Abatement Contractor (9)  Stevens Environmental Services, Inc.

Type of Facility (4)  School (K-12)

Subchapter 8 (Other than K-12)

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

Square Feet  10000

# of Floors  4

Bldg. Age  80+/-

Current Use (Prior if being demolished)  

Start Date (10)  2/16/15

Scheduled Completion Date (11)  2/17/15

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

Scope of Work (Check all that apply)
- 20 sf or 20'  
- 100 sf or 200 sf
- 30 sf or 30'
- 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)

Amount (Specify SF or LF)

Abatement Type

Encapsulate

Endorse

Removal

Repair

Endorse

Encapsulate

Basement/Closet  

Thermal Pipe Insulation  20sf

Name of Registered Waste Hauler  

Stevens Environmental Services, Inc.

Disposal Date  2/18/15

City/State  Morrisville, PA

Name of Registered Landfill  GROWS Landfill

Cubic Yards of Waste  1 CU

Name of Project Manager  

Mahlon E. Stevens

Title  Project Manager

Signature

Date

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

**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 8:60 and 5:16)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 / 6 / 15</td>
<td>350 Carter Road, LLC</td>
</tr>
</tbody>
</table>

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

**Type Notification**
- [ ] Initial
- [ ] Amended
- [ ] Amendment #1
- [ ] Emergency (including justification)
- [ ] Cancellation

**Street Address**
650 College Road East

**City, State, Zip Code**
Princeton, NJ 08540

**Name of Contact**
Bob Kupisch

**Telephone Number**

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Type of Facility (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>350 Carter Road</td>
<td></td>
</tr>
</tbody>
</table>

**City (5)**
Princeton, NJ 08540

**County (6)**
Mercer

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

<table>
<thead>
<tr>
<th>Square Feet</th>
<th># of Floors</th>
<th>Bldg. Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>76,000</td>
<td>1</td>
<td>47</td>
</tr>
</tbody>
</table>

**Name of Monitoring Firm Hired by Building Owner (8)**
Accredited Environmental Technologies, ASCM No. NA

**Name of Abatement Contractor (9)**
Alliance Environmental Systems

**Street Address**
28 N. Pennell Rd.

**City, State, Zip Code**
Media, PA 19063

**Project Manager for Monitoring Firm**
Eric Sutherland

**Telephone No.**
610-891-0114

**License No.**
00508

**Start Date (10)**
2 / 20 / 15

**Scheduled Completion Date (11)**
2 / 22 / 15

**Name of OSHA Monitor**
AET

**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-3PM; 3:30PM-10AM

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

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

<table>
<thead>
<tr>
<th>Mechanical Room</th>
<th>Outside Canopy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Description of Asbestos Containing Material (ACM)**
- [ ] I.a., thermal systems insulation, surfacing, VAT, or other miscellaneous

**Amount (Specify SF or LF)**
- [ ] 39 LF
- [ ] 225 SF

**Abatement Type**
- [ ] Removal
- [ ] Repair
- [ ] Encapsulate
- [ ] Enclose

**Name of Registered Waste Hauler**
David Geppert Recycling

**Waste Hauler ID No.**
NJDEP Waste Hauler ID No.

**Cubic Yards of Waste**
30

**Name of Registered Landfill**
Western Berks Community Landfill

**City, State**
Hatfield, PA

**Disposal Date**
TBD

**City, State**
Birdsboro, PA

**Completed By**
Mark Griffin

**Title**
Estimator

**Signature**

**Date**
2-6-15

*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)
2-2-2015

Name of Building Owner/Operator (2)
Asbury Park Board of Education

Agencies Notified
EPA
DEP
DOL
DOH
DCA

Type Notification
Initial
Amended
Amendment #
Emergency (Including Justification)
Cancellation

Street Address
603 Mattison Avenue, 3rd Floor

City, State, Zip Code
Asbury Park, NJ 07712

Name of Contact
Lewis Griffin

Telephone Number
(732) 272-0900

FACILITY INFORMATION

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

Street Address
1003 Sunset Avenue

City
Asbury Park

County Code (7)
Monmouth

Name of Monitoring Firm Hired by Building Owner (8)
Ahera Consultants Inc

ASCN No.
0057

Name of Abatement Contractor (9)
GL Group, Inc

Street Address
PO Box 385

City, State, Zip Code
Oceanville, NJ 08231-0385

License No.
01084

Project Manager for Monitoring Firm
John Smoyer

Telephone No.
(609) 652-1833

Telephone No.
201-710-9726

Start Date (10)
2-12-2015 at 2:30 pm

Scheduled Completion Date (11)
2-17-2015

Name of OSHA Monitor
GL Group, Inc

Street Address
140 Hamburg Turnpike

City, State, Zip Code
Bloomington, NJ 07403

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
- 180 sf or 260 ft
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovetag 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
Removal
Repair
Encapsulate
Endorse

Name of Registered Waste Hauler
GL Group, Inc

Disposal Date
TBD

Name of Registered Landfill Grows

City, State
Bloomington, NJ

Completed by
Elena Solakov

Title
President

Signature

Date
2-2-2015

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:66 and 12:120)

Date of Notification (1): February 6, 2015
Name of Building Owner/Operator (2): Coca Development LTD

Agencies Notified: 
- [X] EPA
- [X] DPH
- [X] DOH
- [ ] DCA

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

Street Address: 100 DeBartolo Place, Suite 400
City, State, Zip Code: Boardman, OH 44512
Name of Contact: Loni Cocca
Telephone Number: 

FACILITY INFORMATION

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

Street Address: 214 N. Delsea Drive
City (5): Vineland
County (5): Cumberland
County Code (?): (STATE USE ONLY) 

Name of Monitoring Firm Hired by Building Owner (8): ACER Associates, LLC
Name of Abatement Contractor (9): ecoservices, LLC

Compliance Date (10): 2/23/15
Scheduled Completion Date (11): 4/23/15

Abatement Type: 
- [X] Full Containment with Negative Pressure
- [X] Mini-Enclosure
- [ ] Glovesbag Procedure
- [ ] Non-Exempted ( ) and Non-Friable Procedure

Scope of Work (Check All That Apply): 
- [X] ≥3 sf or ≥3 ft³
- [ ] ≥160 sf or ≥260 ft³
- [ ] Renovation
- [ ] Demolition

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): 

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Front Office</td>
<td>[X] Gypsum wall board joint compound</td>
<td>3,250 SF</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>Second Floor Office and break room</td>
<td>[X] Transite</td>
<td>12,000 SF</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Front Office/Second Floor Office</td>
<td>[X] VAT and mastic</td>
<td>3,670 SF</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Front Office</td>
<td>[X] Glue daubs</td>
<td>1,250 SF</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Location of Registered Waste Hauler:

NJDEP Waste Hauler ID No.: 
Cubic Yards of Waste: 600
Name of Registered Landfill: Cumberland County Landfill

City, State: Trenton, NJ
Disposal Date: TBD
City, State: Millville, NJ

Completed by: Jack Bally
Title: Sr. Project Manager
Signature: [Signature]
Date: 2/6/15

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

(Pursuant to NJAC 8:59 and 12:1203)

**Date of Notification (1)**
Jan 26, 2015

**Agencies notified**
- EPA
- DCR
- DOH
- DCA

**Type of Notification**
- Initial
- Amendment
- Emergency (Including
  Justification)
- Cancellation

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

**Street Address**
111 Broadway

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

**Name of Contact**

**Telephone No.**

**FACILITY INFORMATION**

**Name of Facility Where Abatement Is Taking Place (3)**
House for Demo

**Street Address**
359 10th Ave.

**City (5)**
Paterson

**County (6)**

**Passaic**

**County Code (7)**

**Current Use (Prior if being demolished)**
House for Demo

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

**Square Feet**

**# of Floors**

**Bldg. Age**

**# of Stories**

**Start Date (10)**
Jan 30 2015

**Scheduled Completion Date (11)**
Feb 6 2015

**Occupancy Status During Abatement (Check Only One)**
- Facility Closed
- Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other - Describe: 9 am - 4 pm

**Scope of Work (Check All That Apply)**
- 250 sq ft or less
- 251 sq ft or 2699 sq ft
- Renovation
- Demolition

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

**Location of ACM to Be Abated**
- To be disposed of as ACM

**Description of ACM**
- Presence
- Location
- Quantity
- Location
- Location

**Abatement Type**
- Removal

**Name of Registered Waste Hauler**

**Rovic Transport**

**City, State**
Riverdale, NJ

**Disposal Date**
TBD

**Name of Registered Landfill**
GROWS Landfill

**Title**
Secretary

**Date**
Jan 29

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

**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to N.J.A.C. 8:20 and 12:120)

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>02-03-2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agency Notified (2)</td>
<td>EPA, DOL, DOH, DCA</td>
</tr>
<tr>
<td>Name of Building Owner/Operator (3)</td>
<td>150-170 Main St Hackensack NJ LLC</td>
</tr>
<tr>
<td>Street Address</td>
<td>2256 Lincoln Highway, Suite 202</td>
</tr>
<tr>
<td>City, State &amp; Zip Code</td>
<td>Hackensack, NJ 07601</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Sheldon Altieri</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>8569144651</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Retail Building</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>184 Main Street</td>
</tr>
<tr>
<td>City, State &amp; Zip Code</td>
<td>Hackensack, NJ 07601</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner</td>
<td>ASGM No. 117</td>
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<tr>
<td>Name of Abatement Contractor</td>
<td>Resource Management Group, LLC</td>
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<tr>
<td>Street Address</td>
<td>2115 Hamilton Ave, Suite 202</td>
</tr>
<tr>
<td>City, State &amp; Zip Code</td>
<td>Trenton, NJ 08618</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>Telephone Number</td>
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<td>Telephone Number</td>
<td>609-677-6159</td>
</tr>
<tr>
<td>License Number</td>
<td>01186</td>
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<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check only one)</th>
<th>Facility Closed/Vacated During Entire Period of Abatement</th>
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<tbody>
<tr>
<td></td>
<td>Abatement Performed During 1st Shift December 2016 - 6:00pm</td>
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<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
<th>Renovation</th>
<th>Demolition</th>
<th>Asbestos-containing Material (ACM)</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Location of ACM in Facility</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Location Normally Used Solely by</td>
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<td></td>
<td></td>
<td></td>
<td>Maintenance or Custodial Staff</td>
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<tr>
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<td>Description of ACM/Materials (ACM)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Amount (Specify SP or LP)</td>
</tr>
<tr>
<td></td>
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<td>Abatement Type</td>
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<tr>
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</tbody>
</table>

<p>| Name of Registered Waste Hauler         | Resource Management Group, LLC |
| City, State                            | Trenton, NJ |
| Disposal Date                         | TBD |
| Name of Registered Landfill           | Grovs Landfill |
| City, State                            | Monroeville, PA |
| Completed By (Print or Type)           | Title |
| Mr. Brian J Haney                      | Signature |
| Date                                  | 02/09/2016 |</p>
<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>2/6/17</th>
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<td>Agencies Notified</td>
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<td>Type Notification</td>
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<tr>
<td>Amendment Ruby</td>
<td>Yes</td>
</tr>
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<td>Amendment #</td>
<td>1234</td>
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<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>J.K.C.</td>
</tr>
<tr>
<td>Address</td>
<td>661 ROUTE 9</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>CAPE MAY, N.J.</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>123-456-7890</td>
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**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>RESIDENCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>1323 MARY WAY</td>
</tr>
<tr>
<td>City (5)</td>
<td>CAPE MAY</td>
</tr>
<tr>
<td>County (6)</td>
<td>CAPE MAY</td>
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<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>N/A</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>555-123-4567</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>555-123-4567</td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>KLEMCO INC.</td>
</tr>
<tr>
<td>Street Address</td>
<td>369 S. SPRUCE AVE.</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>MAPLE SHADE, N.J. 08052</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>555-123-4567</td>
</tr>
<tr>
<td>License No.</td>
<td>555-123-4567</td>
</tr>
<tr>
<td>Name of OSHA Monitor</td>
<td>JAMES KLEM</td>
</tr>
<tr>
<td>Street Address</td>
<td>369 S. SPRUCE AVE.</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>MAPLE SHADE, N.J. 08052</td>
</tr>
</tbody>
</table>

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

- [ ] Demolition
- [ ] Renovation
- [ ] Demolition

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

<table>
<thead>
<tr>
<th>Asbestos-Containing Material (ACM)</th>
<th>TO BE SURVEYED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location</td>
<td>ON FACILITY</td>
</tr>
<tr>
<td>Location Description</td>
<td>Description of ACM</td>
</tr>
<tr>
<td>Normal Use</td>
<td>Normal use by</td>
</tr>
<tr>
<td>Function of ACM</td>
<td>Maintenance/</td>
</tr>
<tr>
<td>Custodial Staff (12)</td>
<td>Custodial</td>
</tr>
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</table>
| Yes No N/A                         |...
| **TOTAL**                          |...

**Disposal Date**

<table>
<thead>
<tr>
<th>Name of Registered Waste Handler</th>
<th>KLEMCO INC.</th>
</tr>
</thead>
<tbody>
<tr>
<td>NJDEP Waste Handler D No.</td>
<td>1234567890</td>
</tr>
</tbody>
</table>
| Cubic Yards of Waste             |...
| Name of Registered Landfill      | C.M.C., M.D. |
| City, State, Zip Code            | WOODBINE, N.J. |
| Disposal Date                    | 2/6/17 |

**Completed By**

<table>
<thead>
<tr>
<th>Name of Owner</th>
<th>JOSHPH KLEM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature</td>
<td>JOSHPH KLEM</td>
</tr>
<tr>
<td>Date</td>
<td>2/6/17</td>
</tr>
</tbody>
</table>

*Do not use this form for asbestos licensure exempted activities.*
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<thead>
<tr>
<th>Date of Notification</th>
<th>2/6/15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner</td>
<td>AMERICAN CONTRACTORS SERVICES</td>
</tr>
<tr>
<td>Name of Contractor</td>
<td>DOWNA</td>
</tr>
<tr>
<td>Street Address</td>
<td>2547 Fife Road - Unit A-1</td>
</tr>
<tr>
<td>City Zip Code</td>
<td>GPUHAKIRI TOUR, NJ 03234</td>
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**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Type of Facility</th>
<th>RESIDENCE</th>
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</thead>
<tbody>
<tr>
<td>65 N. ROUTE 77, WINCHESTER TOW, CAMDEN, N.J. 08302</td>
<td></td>
</tr>
<tr>
<td>Name of Abatement Contractor</td>
<td>Klein Inc.</td>
</tr>
<tr>
<td>Address</td>
<td>369 S Service AVE</td>
</tr>
<tr>
<td>City State Zip Code</td>
<td>MARVY SHORE N.J. 08302</td>
</tr>
<tr>
<td>Telephone No</td>
<td>MARVIN SHORE N.J. 08302</td>
</tr>
<tr>
<td>License No</td>
<td>856-1771-0172</td>
</tr>
</tbody>
</table>

**Location, Method of Abatement**

- **Location:** Normal Upto 500 sq. ft. of wall, ceiling or floor
- **Method:** Mechanical Disassembly

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

- **Owner:** Klein Inc.
- **Inspection:** Normal Upto 500 sq. ft. of wall, ceiling or floor

**Removal of ACM**

- **Type of ACM:** Vinyl
- **Location:** Normal Upto 500 sq. ft. of wall, ceiling or floor
- **Date Removed:** 2/27/15

**Disposal Date**

- **Disposal Date:** 2/27/15
- **Disposal Site:** MOORESTOWN, NJ
- **Date of Disposal:** 2/27/15
- **City State Zip Code:** MOORESTOWN, NJ 08057

**Monitoring**

- **Monitoring:** Normal Upto 500 sq. ft. of wall, ceiling or floor
- **Monitoring Date:** 2/27/15

**Other Information**

- **Other Information:** None
- **Notes:** None

**Signatures**

- **Date:** 2/27/15
- **Signature:** [Signature]
- **Name:** [Name]

**Do not use this Form for Exceptional Reimbursement Activities**
<table>
<thead>
<tr>
<th>Name of Building Owner or Operator</th>
<th>Cartech Contracting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location Where Asbestos is Taking Place</td>
<td>Residence</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Ocean City, NJ 08226</td>
</tr>
<tr>
<td>Name of Abatement Contractor</td>
<td>Klemco Inc.</td>
</tr>
<tr>
<td>Scope of Work (Check all that apply)</td>
<td>Renovation, Demolition</td>
</tr>
<tr>
<td>Asbestos-Containing Material (ACM) to be Abated</td>
<td>Taping</td>
</tr>
<tr>
<td>Name of Registered Master Inspector</td>
<td>Joseph Klemm</td>
</tr>
<tr>
<td>City, State</td>
<td>Woodbine, NJ 08230</td>
</tr>
<tr>
<td>Date</td>
<td>2/15/15</td>
</tr>
<tr>
<td>Schedule Completion Date</td>
<td>2/23/15</td>
</tr>
</tbody>
</table>
**NOTIFICATION OF ASBESTOS ABATEMENT**

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

**Date of Notification (1)**  
2/5/2015

**Name of Building Owner/Operator (2)**  
OCEAN COUNTY COLLEGE

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

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

**Street Address**  
1 COLLEGE DRIVE

**City, State, Zip Code**  
TOMS RIVER, NJ 08754

**Name of Contact**  
JOSE FIERRO

**Telephone Number**

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**  
OCEAN COUNTY COLLEGE - INSTRUCTIONAL BUILDING

**Street Address**  
1 COLLEGE DRIVE

**City (5)**  
TOMS RIVER

**County (6)**  
OCEAN  

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

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

**ASCM No.**

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

**Street Address**  
250 RUTHERFORD BLVD.

**City, State, Zip Code**  
CLIFTON, NJ 07014

**Project Manager for Monitoring Firm**  
KEVIN LOVELY

**Telephone No.**  
(732) 390-5858

**Start Date (10)**

2/17/2015

**Scheduled Completion Date (11)**

3/13/2015

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

- [X] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Gloves/Bag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

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

- [ ] ≥ 5000 sf or ≥ 5 if
- [ ] ≥ 160 sf or ≥ 260 if

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

<table>
<thead>
<tr>
<th>LOCATION</th>
<th>ACM TO BE ABATED</th>
<th>N/A</th>
<th>IS LOCATION USED SOLELY BY MAINTENANCE/CUSTODIAL STAFF?</th>
<th>DESCRIPTION OF ACM</th>
<th>AMOUNT</th>
<th>ABATEMENT TYPE</th>
</tr>
</thead>
<tbody>
<tr>
<td>THROUGH EXTERIOR ROOMS</td>
<td>X</td>
<td>BLACK COMPOSITE WINDOW</td>
<td>600 SF</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BETWEEN ROOMS 207 &amp; 208</td>
<td>X</td>
<td>CEMENT FIBER BOARD</td>
<td>80 SF</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>THROUGH BLDG INT. HALLWAYS</td>
<td>X</td>
<td>EXPANS. SEAM JOINT CAULK</td>
<td>200 LF</td>
<td>X</td>
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</table>

**Cubic Yards of Waste**

- [ ] 10

**Name of Registered Waste Hauler**

TWO BROTHERS CONTRACTING

**NJDEP Waste Hauler ID No.**

18743

**Cubic Yards of Waste Management**

WASTE MANAGEMENT G.R.O.W.S.

**Name of Registered Landfill**

**Disposal Date**

3/15/2015

**City, State**

CLIFTON, NJ

**MORRISVILLE, PA**

**Completed by**

VIVECA RAMOS

**Title**

PROJECT COORDINATOR

**Signature**

**Date**

2/5/2015

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

Date of Notification (1) 2/2/15

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

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

Type Notification
☒ Initial
☐ Amended-R#1-2/5/15
☐ Emergency
☐ Cancellation

Street Address
49 Rancocas Road

City, State & Zip Code
Mt. Holly, NJ 08060

Name of Contact
Steven G. Styipinski

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Burlington County Courthouse

Street Address
49 Rancocas Road

City (5) Mt. Holly
County (6) Burlington
County Code (7)

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

Square Feet
80,000

# of Floors
4

Bldg. Age
60 Years

Current Use (Prior if being demolished)
Courts

Name of Abatement Contractor (9)
Bristol Environmental, Inc.

Project Manager for Monitoring Firm
Rollie Jones

Telephone Number
809-392-4200

Name of OSHA Monitor
Bristol Environmental, Inc.

Street Address
1123 Beaver Street
City, State & Zip Code
Bristol, PA 19007

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)
2/3/15

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: 3:00 PM - 11:30 PM
☐ Facility Occupied During Abatement

ON HOLD

Scheduled Completion Date (11)

Scope of Work (Check all that apply)

☒ ≥3 sf or ≥35 if
☒ ≥160 sf or ≥260 if
☒ Renovation
☒ Demolition
☒ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glove Bag Procedures
☒ Non-Exempted and Non-Friable Procedure

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

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

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

Amount (Specify SF or LF)
68 LF

Abatement Type

Main Area: Bathrooms, Basement & 1st Floor ☐

Pipe Insulation (Wrap & Cut) ☒

Name of Registered Waste Hauler
NJDEP Waste Hauler ID No. 20980

Name of Registered Landfill
Minerva Landfill

Service Transport Group, Inc.
City, State
New Castle, DE

Completed By (Print or Type)
Patrick T. DeCaro
Title
Estimator

Signature
Patrick T. DeCaro

Date
2/2/15

PD 14107B
<table>
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<th>Date of Notification (1)</th>
<th>2/2/15</th>
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<tr>
<td>County of Burlington</td>
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<tr>
<td>Street Address</td>
<td>49 Rancocas Road</td>
</tr>
<tr>
<td>City, State &amp; Zip Code</td>
<td>Mt. Holly, NJ 08060</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Steven G. Stybinski</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

| Name of Facility Where Abatement is Taking Place (3) | Burlington County Courthouse |
| City (5) | County (6) | County Code (7) |
| Mt. Holly | Burlington | |
| Name of Monitoring Firm Hired by Building Owner (8) | Environmental Connections |
| Street Address | 120 North Warren Street |
| City, State & Zip Code | Trenton NJ 08608 |
| Name of Abatement Contractor (9) | Bristol Environmental, Inc. |
| Street Address | 1123 Beaver Street |
| City, State & Zip Code | Bristol, PA 19007 |
| Telephone Number | (215)798-6040 |
| License Number | 000509 |
| Name of OSHA Monitor | Bristol Environmental Inc. |
| Street Address | 1123 Beaver Street |
| City, State & Zip Code | Bristol, PA 19007 |
| Project Manager for Monitoring Firm | Rollie Jones |
| Telephone Number | 609-392-4200 |
| Scheduled Start Date (10) | 2/3/15 |
| Scheduled Completion Date (11) | 2/4/15 |
| 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: 3:00 PM – 11:30 PM |
| Facility Occupied During Abatement |
| Scope of Work (Check all that apply) |
| ±3 sq ft or ±3 if |
| ±190 sq ft ±260 if |
| Renovation |
| Demolition |
| Full Containment with Negative Pressure |
| Mini-Enclosure |
| Glove Bag Procedures |
| Non-Exempted and Non-Friable Procedure |

| Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13) |
| Is Location Normally Used Solely by Maintenance or Custodial Staff? (12) |
| Yes | No | N/A |
|Pipe Insulation (Wrap & Cut) | 68 LF |

| Main Area: Bathrooms, Basement & 1st Floor |
| Name of Registered Waste Hauler | Service Transport Group, Inc. |
| NJDEP Waste Hauler ID No. | 20930 |
| Cubic Yards of Waste | 50 |
| Name of Registered Landfill | Minerva Landfill |
| City, State | New Castle, DE |
| Disposal Date | City, State | Waynesburg, Ohio |
| Completed By (Print or Type) | Title | Signature |
| Patrick T. DeCaro | Estimator | Patrick T. DeCaro |

**PD 14107B**
# State of New Jersey

**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:56 and 5:16)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>2 / 5 / 15</th>
<th>Name of Building Owner/Operator (2)</th>
<th>ExxonMobil Research and Engineering</th>
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<tbody>
<tr>
<td>Agencies Notified</td>
<td></td>
<td>Street Address</td>
<td>600 Billingsport Rd.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>City, State, Zip Code</td>
<td>Paulsboro, NJ 08066</td>
</tr>
<tr>
<td>Name of Contact</td>
<td></td>
<td>Name of Contact</td>
<td>Emil Szymczak</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
<td>Telephome Number</td>
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## FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Building #9</th>
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<tbody>
<tr>
<td>Street Address</td>
<td>600 Billingsport Rd.</td>
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<tr>
<td>City (5)</td>
<td>Paulsboro, NJ 08066</td>
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<tr>
<td>County (6)</td>
<td>Gloucester</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>Environmental Management International</td>
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<tr>
<td>ASCM No.</td>
<td>NA</td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>Alliance Environmental Systems</td>
</tr>
<tr>
<td>Street Address</td>
<td>550 East Union St.</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>West Chester, PA 19382</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>Ray Giordano</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>610-277-0405</td>
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<tr>
<td>Scheduled Completion Date (11)</td>
<td>2 / 10 / 15</td>
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<tr>
<td>Start Data (10)</td>
<td>2 / 10 / 15</td>
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<tr>
<td>Occupancy Status During Abatement (Check only one)</td>
<td>Facility Closed/ Vacated During Entire Period of Abatement</td>
</tr>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7AM - 3PM/3:30PM- 7AM</td>
<td></td>
</tr>
<tr>
<td>Scope of Work (Check all that apply)</td>
<td></td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)</td>
<td></td>
</tr>
<tr>
<td>Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)</td>
<td>Yes</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
</tr>
<tr>
<td>Lab 9030</td>
</tr>
<tr>
<td>Pipe Insulation</td>
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<tr>
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Name of Registered Waste Hauler

<table>
<thead>
<tr>
<th>Waste Management</th>
<th>NJDEP Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
<th>Disposal Date</th>
<th>Name of Registered Landfill</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td>10</td>
<td>TBD</td>
<td>Gloucester County</td>
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</table>

City, State

| Paulsboro, NJ | Swedesboro, NJ |

Completed By (Print or Type) | Title | Signature | Date |
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<tr>
<th></th>
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<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Mark Griffin</td>
<td>Estimator</td>
<td>[Signature]</td>
<td>2-5-15</td>
</tr>
</tbody>
</table>

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

Date of Notification (1) 1/29/15

Name of Building Owner/Operator (2) Vincent & Kathleen Campi

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

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

Street Address 614 Mercer Avenue

City, State, Zip Code Spring Lake Heights, NJ 07762

Name of Contact Tom Dagnan

FACILITY INFORMATION

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

Street Address 614 Mercer Avenue

City (5) Spring Lake Heights

Square Feet 1,250

County (6) Monmouth

County Code (7)

Current Use (Prior if being demolished)
Unoccupied Residence

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

Name of Abatement Contractor (9) Yannuzzi Environmental Services, Inc.

Street Address 152 Route 206 South

City, State, Zip Code Hillsborough, NJ 08844

Project Manager for Monitoring Firm

Telephone No.

Telephone No. 908-218-0880

License No. 01228

Start Date (10) 2/17/15

Scheduled Completion Date (11) 2/18/15

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

Scope of Work (Check All That Apply)
- Renovation
- Demolition

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

In Facility (13)

Basement x

Pipe

300 LF

Name of Registered Waste Hauler Yannuzzi Group, Inc.

NJDEP Waste Hauler ID No. 17467

Cubic Yards of Waste 5 CY

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

City, State Hillsborough, NJ

Disposal Date 2/19/15

City, State Morrisville, PA

Completed by Anna Bastos Title Administrative Assistant

Signature

Date 2/3/15

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

Date of Notification (1)

01/15/15

Name of Building Owner/Operator (2)

Julius Samel

Agencies Notified

□ EPA  □ Initial
□ DEP  □ Amended
□ DOL  □ Amendment:
□ DOH  □ Emergency (Including justification)
□ DCA  □ Cancellation

Street Address

209 No. 3rd Avenue

City, State, Zip Code

Highland Park, NJ 08904

Name of Contact

Julius Samel

Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3)

Private Residence

Street Address

209 No. 3rd Avenue

City (5)

Highland Park

County (6)

Middlesex County

County Code (7)

(State use only)

Square Feet

# of Floors

Bldg Age

Name of Monitoring Firm Hired by Bldg Owner (8)

ASCM No.

Name of Abatement Contractor (9)

D & S RESTORATION, INC.

Street Address

20 California Ave.

City, State, Zip Code

Paterson, NJ 07503

Telephone Number

973-345-8020

License Number

01169

Name of OSHA Monitor

D & S Restoration, Inc.

Street Address

20 California Avenue

City, State, Zip Code

Paterson, NJ 07503

Start Date (10)

02/09/2015

Sched. Completion Date (11)

02/12/2015

Occumony Status During Abatement (Check only one)

□ Facility closed/vacated during entire period of abatement.
□ Abatement performed outside of normal facility hours.
□ Other—Describe: NORMAL HOURS

Scope of Work (check all that apply)

□ 3,2 or > 5 ft
□ Renovation
□ > 160 sf or > 280 sf
□ Demolition

□ Full Containment with negative pressure
□ Mini-enapsulation
□ Glovebag procedure
□ Non-Exempted (a) and Non-Irriable procedure

Location of asbestos-containing material (ACM) to be abated in facility (18)

Yes No N/A

Description of asbestos-containing material (ACM)

Pipe Insulation 250 lb

Amount (Specify SF or LF)

Removal

Repair

Encapsulation

Enclosure

Registered Waste Hauler

D & S RESTORATION, INC.

NJDEP Hauler ID No

13506

Cubic Yards of Waste

2 CY

Name of Registered Landfill

TULLYTOWN, RESOURCE RECOVERY

City, State

Paterson, NJ 07503

Disposal Date

02/18/2015

City, State

TULLYTOWN, PA

Completed by (Print or Type)

BOGDAN JOLDZIC

Title

PRESIDENT

Signature

Date

01/31/2015

ASR-41

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

(State of New Jersey)

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

**Date of Notification (1):**
2-5-2015

**Agencies Notified:**
- [X] EPA
- [X] DOH

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

**Name of Building Owner/Operator (2):**
Cottage Street Station Development, LLC

**Street Address:**
210 South Street

**City, State, Zip Code:**
New Providence, NJ 07922

**Name of Contact:**
James Cubbon

**Telephone Number:**
1

**FACILITY INFORMATION**

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

**Street Address:**
10 Cottage Street

**City:**
Berkeley Heights, NJ 07922

**County:**
Union

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

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

**Street Address:**
235 Virginia Avenue

**City, State, Zip Code:**
Jersey City, NJ 07304

**Telephone No.:**
201-333-8855

**License No.:**
01174

**Start Date (10):**
2-17-2015

**Scheduled Completion Date (11):**
3-3-2015

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

**Scope of Work (Check All That Apply):**
- 33 sf or 33 if
- ≥100 sf or ≥260 if
- [X] Renovation
- Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (I) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Material</th>
<th>Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Roof</td>
<td>X</td>
<td>Roofing Material</td>
<td>3900SF</td>
<td>X</td>
</tr>
<tr>
<td>Window-Door</td>
<td>X</td>
<td>Caulk</td>
<td>150LF</td>
<td>X</td>
</tr>
<tr>
<td>Windows</td>
<td>X</td>
<td>Window Glazing</td>
<td>675LF</td>
<td>X</td>
</tr>
<tr>
<td>Exterior Wall</td>
<td>X</td>
<td>Plaster/Coating</td>
<td>50SF</td>
<td>X</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler:**
Green Environmental Services

**Hauler ID No.:**
0034889

**Cubic Yards of Waste:**
40

**Name of Registered Landfill:**
G.R.O.W.S. North landfill

**Disposal Date:**
3-3-2015

**City, State:**
Morrisville, PA

**Completed by:**
Liliana Serrano

**Title:**
Office manager

**Signature:**

**Date:**
2-5-2015

---

*Do not use this form for asbestos licensure exempted activities.*
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 5:69 and 12:1-2B)

Check 54.90

Date of Notification (1)
2-6-15

Name of Building Owner/Operator (2)
R. MUMMEE

Agency Notified

Type Notification

Street Address
33 RITTENHOUSE ROAD

City, State, Zip Code
 STOCKTON, N J 08655

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
R. MUMMEE

Street Address
105 BROAD STREET

City (5)
FLEMINGTON

County (6)
HUNTERDON

Name of Monitoring Firm Hired by Building Owner (8)

ASCN No.

Name of Abatement Contractor (9)
Best Removal Inc

Street Address
450 South River St

City, State, Zip Code
Hackensack, N. J. 07601

Project Manager for Monitoring Firm

Telephone No.

License No.
201-329-7444

Start Date (10)
2-16-2015

Scheduled Completion Date (11)
2-17-2015

Name of OSHA Monitor
Omega Environmental

Street Address
280 Huyler St

City, State, Zip Code
S. Hackensack, N. J. 07606

Scope of Work (Check all that apply)

- Demolition
- Restoration

- Asbestos Containing Material (ACM)
- Refacility (12)

In Location Normally Used Solely by Asbestos-Containing Material (ACM)

Location of

Description of

Amount

Abatement Type

Location

Type

Basement

Thermal Insulation

120 LF

N/A

17109

Minerva Enterprises, LLC

1/2 "YPS

12-17-205

Wynnewood, Oh. 44688

Completed by

Estimator

R. MUMMEE

Signature

Date
2-6-15

* Do not use this form for asbestos identification or sampling.
**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 8:69 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
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<tbody>
<tr>
<td>2-6-15</td>
<td>R. Mummey</td>
</tr>
</tbody>
</table>

**Agency Notified**

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

**Street Address**

33 PITTEN HOUSE ROAD

STOCKTON, NJ 08559

<table>
<thead>
<tr>
<th>Name of Contact</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>R. Mummey</td>
<td></td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

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

R. Mummey

103 BROAD STREET

FLEMINGTON

HUNTERDON

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

Current Use (Prior if being demolished)

RESIDENCE

**Square Feet**

3000

**# of Floors**

2

**Bldg. Age**

95 YRS

**Type of Facility (4)**

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

**Project Manager for Monitoring Firm**

Best Removal Inc

450 South River St

Hackensack, N.J. 07601

**Telephone No.**

201-329-7444

**License No.**

00388

**Start Date (10)**

2-16-2015

**Scheduled Completion Date (11)**

2-17-2015

**Name of OSHA Monitor**

Omega Environmental

280 Huyster St

S. Hackensack, N.J. 07606

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

- [ ] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility Hours
- [ ] Other - Describe: 8 AM - 5 PM

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

- [ ] ≥ 3 ft or ≥ 3 ft
- [ ] ≥ 160 or ≥ 280

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

- IN Facility

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

- [ ] Yes
- [ ] No
- [ ] N/A

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

- Thermal Insulation

**Amount (Specify SF or LF)**

75 LF

**Abatement Type**

- Complete Removal
-vocab
- Non-Exempted (R) and Non-Pleural Procedure

**Location of Registered Waste Handler**

Best Removal Inc

NJDEP Waste Handler

ID No. 17109

Cubic Yards of Waste

3/4 YDS

**Name of Registered Landfill**

Minerva Enterprises , LLC

Hackensack, N.J. 07601

Disposal Date

2-17-2015

Waynesburg, Oh. 44688

**Completed by**

R. Veldman

**Title**

Estimator

**Signature**

R. Veldman

**Date**

2-6-15

* Do not use this form for asbestos licensure exempted activities.
<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>02 / 05 / 15</th>
<th>Name of Building Owner/Operator (2)</th>
<th>Respond Daycare Inc.</th>
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<tbody>
<tr>
<td>Agencies Notified</td>
<td></td>
<td>Type Notification</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>× EPA</td>
<td>Initial</td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ DOLWD</td>
<td>Amended</td>
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<td></td>
<td>□ DHSS</td>
<td>Amendment #</td>
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<td>□ DCA (NJAC 5:23-6)</td>
<td>Emergency (including justification)</td>
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<td></td>
<td></td>
<td>□ Cancellation</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td>Respond Daycare</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Street Address</td>
<td>400 N. 9th Street</td>
<td></td>
<td></td>
</tr>
<tr>
<td>City (5)</td>
<td>Camden</td>
<td></td>
<td></td>
</tr>
<tr>
<td>County (5)</td>
<td>US; Camden CO.</td>
<td></td>
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<tr>
<td>County Code (7) (STATE USE ONLY)</td>
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<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Respond Daycare Inc.</td>
<td></td>
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<tr>
<td>Telephone Number</td>
<td>714-345-2600</td>
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**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Type of Facility (4)</th>
<th></th>
<th>Name of Abatement Contractor (5)</th>
<th>Graham-Tech Environmental Service, LLC.</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ School (K-12)</td>
<td></td>
<td>Street Address</td>
<td>14 Read Drive</td>
</tr>
<tr>
<td>□ Subchapter 8 (Other than K-12)</td>
<td></td>
<td>City, State, Zip Code</td>
<td>Sicklerville, NJ 08081</td>
</tr>
<tr>
<td>□ Other (i.e., private and commercial buildings, homes, etc.)</td>
<td></td>
<td>Telephone No.</td>
<td>856-318-1341</td>
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<tr>
<td>County Code (7) (STATE USE ONLY)</td>
<td></td>
<td>License No.</td>
<td>01158</td>
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<tr>
<td>Current Use (Prior to being demolished)</td>
<td></td>
<td>Name of OSHA Monitor</td>
<td>Graham-Tech Environmental Services, LLC.</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>Howard Zenobi</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Telephone No.</td>
<td>856-482-1311</td>
<td></td>
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<tr>
<td>OSHA Monitor</td>
<td>Graham-Tech Environmental Services, LLC.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Street Address</td>
<td>14 Read Drive</td>
<td></td>
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</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Sicklerville, NJ 08081</td>
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<td>Start Date (10)</td>
<td>02 / 13 / 15</td>
<td>Scheduled Completion Date (11)</td>
<td>02 / 16 / 15</td>
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<tr>
<td>Scope of Work (Check all that apply)</td>
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<td></td>
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<tr>
<td>× Renovation</td>
<td></td>
<td>□ Full Containment with Negative Pressure</td>
<td></td>
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<tr>
<td>□ Demolition</td>
<td></td>
<td>□ Mini-Enclosure</td>
<td></td>
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<tr>
<td>□ Gloves Procedure</td>
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<td>□ Non-Exempted ()</td>
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<td>□ Non-Friable Procedure</td>
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<td>□ Endoscopy</td>
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<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)</td>
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<td></td>
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<tr>
<td>Yes</td>
<td></td>
<td>□ Baseline Removal</td>
<td></td>
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<tr>
<td>No</td>
<td></td>
<td>□ Repairs</td>
<td></td>
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<tr>
<td>N/A</td>
<td></td>
<td>□ Encapsulation</td>
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<tr>
<td>Basement (Boiler room)</td>
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<td>□ Enclosure</td>
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<tr>
<td>Basement (Boiler Room)</td>
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<td>□ Baseline Removal</td>
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<tr>
<td>Thermal Systems Insulation</td>
<td>□ Baseline Removal</td>
<td>5 SF</td>
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<td>Pipe Insulation</td>
<td>□ Baseline Removal</td>
<td>5 LF</td>
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<tr>
<td>Cubic Yards of Waste</td>
<td>□ Baseline Removal</td>
<td>5 LF</td>
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<tr>
<td>Name of Registered Waste Hauler</td>
<td>NJDEP Waste Hauler ID No. 0034600</td>
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<tr>
<td>Name of Registered Landfill</td>
<td>G.R.O.W. North Landfill &amp; Tullytown</td>
<td></td>
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<tr>
<td>Disposal Date</td>
<td>02/16/2012</td>
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<tr>
<td>City, State</td>
<td>Sicklerville, PA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Completed By (Print or Type)</td>
<td>Vernice Graham</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Title</td>
<td>President</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Signature</td>
<td>Vernice Graham</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td>2-5-15</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Do not use this form for asbestos licensure exempted activities.*
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:20 and 12:120)

Date of Notification (1) 2/6/15
Name of Building Owner/Operator (2) Jeff Hueston Private Home

Agencies Notified Type Notification
- EPA Initial
- DEP Amended
- DOL Amendment #________
- DOH Emergency (including justification)
- DCA Cancellation

Street Address 1044 Mill Creek
City, State, Zip Code Manahawkin NJ 08050

Name of Contact Jeff Telephone Number

FACILITY INFORMATION

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

Street Address 1044 Mill Creek
City (5) Manahawkin NJ 08050

County (6) Ocean County Code (7) (STATE USE ONLY) ______

Square Feet 1000 # of Floors 1 Bldg. Age 35+

Current Use (Prior if being demolished) Home

Name of Monitoring Firm Hired by Building Owner (8) N/A ASCM No. Name of Abatement Contractor (9) Pernaco Inc.

Street Address PO Box 329
City, State, Zip Code West Berlin NJ 08091

Telephone No. 856-753-9800 License No. 00727

Project Manager for Monitoring Firm Telephone No.

Start Date (10) 2/7/15 Scheduled Completion Date (11) 2/11/15

Occupancy Status During Abatement (Check Only One) Same

Facility Closed/Vacated During Entire Period of Abatement
Abatement Performed Outside of Normal Facility Hours
Other – Describes:

Scope of Work (Check All That Apply)
- x 3 sf or 33 ft
- x 160 sf or 280 ft
- x Renovation
- x Demolition
- x Full Containment with Negative Pressure
- x Mini-Enclosure
- x Glovebag Procedure
- x Non-Exempted (*) and Non-Nailable 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) 1000 SF

Abatement Type

- x Removal
- x Repair
- x Encapsulation
- x Enclosure

Name of Registered Waste Hauler NUDEP Waste Hauler ID No. 22459

Cubic Yards of Waste 3

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

City, State Elm NJ 08091 Disposal Date 2/11/15

City, State Morrisville PA 19067

Completed by Anthony T Perna Title President Signature Date 2/6/15

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>02/05/2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>KYLE HOMER</td>
</tr>
<tr>
<td>Agencies Notified</td>
<td>EPA</td>
</tr>
<tr>
<td>Type Notification</td>
<td>Initial</td>
</tr>
</tbody>
</table>

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

**Street Address**
44 SOUTH MAIN STREET
MULLICA HILL NJ 08062

**City (5)**
MULLICA HILL

**County (6)**
GLOUCESTER

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

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

**Type of Abatement Contractor (9)**
ASSURED ENVIRONMENTAL SERVICES INC.

**Name of Abatement Contractor (8)**
ASSURED ENVIRONMENTAL SERVICES INC.

**Street Address**
904 KINGS ARM DRIVE
DOWNINGTOWN, PA 19335

**City, State, Zip Code**
DOWNTOWN, PA 19335

**Project Manager for Monitoring Firm**
RICK PELLOISIER

**Telephone No.**
484-432-9363

**Telephone No.**
610-304-4676

**License No.**
01145

**Name of OSHA Monitor**
EMSL

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

**Scope of Work (Check All That Apply)**
- <x> ≥3,000 sf or ≥30 lf
- <x> ≥1,800 sf or ≥260 lf
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovesbag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
<th>Description of Asbestos Containing Material (ACM)</th>
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</thead>
<tbody>
<tr>
<td>BASEMENT</td>
<td>X</td>
<td></td>
<td></td>
<td>PIPE INSULATION WRAP 15 LF</td>
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</table>

**Name of Registered Waste Hauler**
ASSURED ENVIRONMENTAL SERVICES

**Cubic Yards of Waste**
2

**Name of Registered Landfill**
MINERVA LANDFILL

**City, State**
MULLICA HILL, NJ

**Disposal Date**
02/11/2015

**Completed by**
RON SWANSON

**Title**
GM

**Signature**

---

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

## Notification of Asbestos Abatement
(Pursuant to NJAC 8:90 and 8:16)

### Date of Notification

- **02 / 06 / 15**

### Name of Building Owner/Operator

- **Devis Murphy**
  - Street Address: 37 Grunman Avenue
  - City, State, Zip Code: Newark, NJ 07112
  - Name of Contact: Charles Holmes
  - Telephone Number: [Contact Information]

### Facility Information

- **Name of Facility Where Abatement is Taking Place**
  - Private house

- **Address**
  - 37 Grunman Avenue
  - City: Newark, NJ 07112

- **County Code (If Specified)**
  - County: 15

### Monitoring Firm

- **Name of Monitoring Firm Hired by Building Owner**
  - ABCM No.: Gr Tech LLC

### Abatement Contractor

- **Name of Abatement Contractor**
  - Envirovision Consultants, Inc.

### Monitoring and Enforcement

- **License No.**
  - 01127

### Start Date

- **02 / 08 / 15**

### Completion Date

- **02 / 09 / 15**

### Occupancy Status During Abatement

- **Facility Closed/Restricted During Entire Period of Abatement**
- **Abatement Performed Outside of Normal Facility Hours - Describes**
  - Time of Abatement: AM, PM, PM, AM

### Scope of Work

- **Extraction:**
  - K2 ft or K3 ft
  - ≥ 100 ft or ≥ 250 ft

- **Removal:**
  - Demolition

- **Cleaning:**
  - Open walls and demarcation with negative pressure
  - Full containment with Negative Pressure
  - Mini-Envelope
  - Glovebox Procedure
  - Tent with Negative Pressure
  - Non-Excavation (*) and Non-Pliable Procedure

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

- **To Be Abated**
  - IN Facility (15)

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

- **Location Normally Used Solely by Maintenance/Operational Staff**
  - (15)

### Materials

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

### Abatement Type

- **Amount (Specify SF or LF):**
  - 165 LF

### Disposal

- **Disposal Site:**
  - T.B.D.
  - T.R.A.H., Inc.

### Compliance

- **Completed by:**
  - Owner

### Certification

- **Date:**
  - 02/06/2015

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

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

**Date of Notification (1)**
February 6, 2015

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

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

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

**Street Address**
P.O. Box 65
Rumson, NJ 07760

**City, State, Zip Code**
Rumson, NJ 07760

**Telephone Number**

**Name of Contact**
Gloria Garland

**FACILITY INFORMATION**

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

**Street Address**
15 Osborne Place

**City**
Sea Bright

**County (6)**
Monmouth

**County Code (7)**

**Square feet**
1500 sf

**# of Floors**
1

**Bldg. Age**
85

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

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

**Name of Monitoring Firm Hired by Building Owner (8)**
Guardian Contracting, Inc.

**ASCM No.**

**Name of Abatement Contractor (9)**
Guardian Contracting, Inc.

**Street Address**
1889 Route 9, Unit 61
Toms River, NJ 08755

**City, State, Zip Code**

**Telephone Number**
732-349-9932

**License Number**
00624

**Name of OSHA Monitor**
E.M.S.L. Analytical

**Street Address**
1056 Stelton Road
Piscataway, New Jersey 08854

**City, State, Zip Code**

**Scope of Work (Check all that apply)**
- [x] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility Hours
- [ ] Other - Describe

**Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (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)**
150 lf

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

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

**Attic**
- [x] Asbestos pipe insulation

**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.

**City, State**
Toms River, New Jersey

**Disposal Date**
2/10/15

**City, State**
Tullytown, Pennsylvania

**Completed by (Print or Type)**

**Title**
Project Manager

**Signature**

**Date**
2/6/2015

*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) February 6, 2015

Name of Building Owner/Operator (2)
Seminole Construction

Name of Contact
Joyce

Telephone Number

FACILITY INFORMATION

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

Street Address
116 Marlin Road

City Tuckerton

County Ocean

County Code (7) (STATE USE ONLY)

Type of Facility (4)

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

Square feet
1000 sf

# of Floors
1

Bldg. Age
60

Current Use (Prior to being demolished)
Residence

Name of Abatement Contractor (9)
Guardian Contracting, Inc.

Name of Abatement Contractor (9)

Street Address
1889 Route 9, Unit 61

City, State, Zip Code
Toms River, New Jersey 08755-1271

Telephone Number
732-349-9932

License Number
00624

Name of OSHA Monitor
E.M.S.L. Analytical

Street Address
1056 Steton Road

City, State, Zip Code
Piscataway, New Jersey 08854

Scope of Work (Check all that apply)

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

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

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

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

Amount (Specify SF or LF)

Abatement Type

Removal
Restoration
Encapsulation
Enclosure

Exterior

Asbestos siding
1000 sf

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.

City, State
Toms River, New Jersey

Disposal Date
2/10/15

City, State
Tullytown, Pennsylvania

Completed by (Print or Type)
Nicholas Fornicola

Title
Project Manager

Signature

Date
2/6/15

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

**Date of Notification (1)**: 2/5/15

**Name of Building Owner/Operator (2)**: BRS, INC.

**Address**: 17 TIMBERLITE DRIVE

**City, State, Zip Code**: PENNSYLVANIA, PA 08534

**Name of Contact**: BRS HAMBY

**Telephone Number**: 1

### FACILITY INFORMATION

**Name of Facility Where Abatement is Taking Place (3)**: BRS, INC.

**Street Address**: 17 TIMBERLITE DRIVE

**City**: PENNSYLVANIA

**County**: MERCER

**Square Feet**: 1450

**No of Floors**: 2

**Age**: 60

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

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

<table>
<thead>
<tr>
<th>Year</th>
<th>No</th>
<th>N/A</th>
</tr>
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<tbody>
<tr>
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**Type of Facility (4)**: School (K-12)

**Location of Asbestos-Containing Material (ACM) Normally Used Solely by Maintenance, Custodial Staff**

**Description of Abatement Type**

<table>
<thead>
<tr>
<th>Amount (SF or LF)</th>
<th>Abatement Type</th>
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</thead>
<tbody>
<tr>
<td>532.5 LF</td>
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</tbody>
</table>

**Name of Registered Waste Hauler**: NJDEP Waste Hauler ID No. 04392

**Disposal Date**: 2/15/15

**Name of Registered Landfill**: IESI PA Bethlehem Landfill Corp.

**City, State, Zip Code**: Bethlehem, PA 18015

**Completed by**: R. McDonald

**Date**: 2/15/15

---

*Do not use this form for asbestos license renewal or other exempted activities.*
<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 / 5 / 15</td>
<td>MERCK SHARP &amp; DOHME CORP.</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
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</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial Notification</td>
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<tr>
<td>DEP</td>
<td>Amended Notification</td>
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<tr>
<td>X</td>
<td>Cancellation</td>
</tr>
<tr>
<td>X</td>
<td>On Hold</td>
</tr>
<tr>
<td>DCA</td>
<td>EMERGENCY NOTIFICATION</td>
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<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
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<tbody>
<tr>
<td>126 E. LINCOLN AVENUE</td>
<td>RAHWAY, NEW JERSEY 07805</td>
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<table>
<thead>
<tr>
<th>Name of Contact</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>MIKE LATRONICA</td>
<td></td>
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### FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
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<tbody>
<tr>
<td>MERCK SHARP &amp; DOHME CORPORATION</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
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<tbody>
<tr>
<td>655 WEST SHORE TRAIL</td>
<td>SPARTA, NEW JERSEY 07871</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone Number</th>
<th>License Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>WILLIAM S. KERBEL, CCH</td>
<td>973-729-5643</td>
<td>645-399-7500</td>
</tr>
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<table>
<thead>
<tr>
<th>Expected State Date (10)</th>
<th>Sched. Completion Date (11)</th>
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<tbody>
<tr>
<td>2 / 6 / 15</td>
<td>2 / 6 / 15</td>
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<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check only one)</th>
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<tbody>
<tr>
<td>X Facility Closed/Vacated During Entire Period of Abatement</td>
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<tr>
<td>X Abatement Performed Outside of Normal Facility Hours - Describe:</td>
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<tr>
<td>FRIDAY 10 AM - 8 PM</td>
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<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
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<tbody>
<tr>
<td>X Demolition</td>
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<tr>
<td>X &gt;300 OR LF</td>
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<table>
<thead>
<tr>
<th>Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)</th>
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</thead>
<tbody>
<tr>
<td>Is Location normally used solely by Maint/Custodial Staff (12)</td>
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<tr>
<td>Yes</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Description of Asbestos-Containing Material (ACM)</th>
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<tbody>
<tr>
<td>(i.e. Thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
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<tr>
<td>Abatement Type</td>
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</table>

3RD FLOOR ELECTRIC CLOSET

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
</tr>
</thead>
<tbody>
<tr>
<td>FREEHOLD CARTAGE, INC. 825 HIGHWAY 33</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
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<tbody>
<tr>
<td>5</td>
<td>LYCOMING COUNTY RESOURCE MANAGEMENT SELL</td>
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<table>
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<tr>
<th>Disposal Date</th>
<th>City, State</th>
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<tbody>
<tr>
<td>2/6-2/7/15</td>
<td>MONTGOMERY, PA 17752</td>
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Completed by (Print or Type) |
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<th></th>
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</thead>
<tbody>
<tr>
<td>BENJAMIN SANCHEZ</td>
</tr>
</tbody>
</table>

Title |
| DIRECTOR OF OPERATIONS |

Signature |
| |

Date 2/5/15
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8.60-7 and 12:12D-7)

Date of Notification (1)

| 2 / 1 / 15 |

Agency Notified

| EPA | DEP | DOH | DOH | DCA |

Type Notification

| Initial Notification | Amended Notification | Cancellation | On Hold | EMERGENCY NOTIFICATION |

Name of Building Owner/Operator (2)
MERCK SHARP & DOHME CORP.

Street Address
125 E. LINCOLN AVENUE
RAHWAY, NEW JERSEY 07065

City, State, Zip Code

Name of Contract
MIKE LATRONIGA

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (5)
MERCK SHARP & DOHME CORPORATION

Street Address
125 E. LINCOLN AVENUE - BLDG. 60

City (6)
RAHWAY

County (6) (STATE USE ONLY)
UNION

Name of Monitoring Firm Hired by Building Owner (8)
ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.

Street Address
659 WEST SHORE TRAIL

City, State, Zip Code
SPARTA, NEW JERSEY 07871

Project Manager for Monitoring Firm
WILLIAM S. KERBEL, CIH

Telephone Number
973-720-5849

Expected State Date (10)

| 2 / 1 / 15 |

Sched. Completion Date (11)

| 2 / 6 / 15 |

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

Abatement Performed Outside of Normal Facility Hours - Describe:
FULL CRESENT WITH NEGATIVE PRESSURE

Scope of Work (Check all that apply)

| Demolition | Renovation |

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

Description of Asbestos-Containing Material (ACM)

Amount (Specify SF or LF)

Abatement Type

3RD FLOOR ELECTRIC CLOSET

| PIPE INSULATION |

Name of Registered Waste Hauler
FREEHOLD CARTAGE, INC.

City, State
FREEHOLD, NEW JERSEY

Name of Registered Landfill
LYCOMING COUNTY RESOURCE MANAGEMENT SERVICES

City, State
MONTGOMERY, PA 17752

Completed by (Print or Type)

DIRECTOR OF OPERATIONS

Feb 5 2015 09:38am
PO01/001

NJDEP Waste Hauler ID No.
15939

Cubic Yards of Waste
6

Signature

Date 1/5/15
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:56 and 12:128)

Date of Notification (1):
2/7/15

Name of Building Owner/Operator (2):
Aaron Harmon
5210 Falmouth Rd
Monmouth

Agency notified:
DEP

Type Notification:
Initial Notification

Name of Facility Where Abatement is Taking Place (3):
Harmon Residence
23 Livingston Lane
Monmouth

City of:
Monmouth

County of:
Monmouth

Street Address:
23 Livingston Lane
Monmouth

City:
Monmouth

County:
Monmouth

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

Name of Abatement Contractor (9):
Ace Insulation Co., Inc.

Project Manager for Monitoring Firm:

Telephone No.:

Start Date (10):
2/7/15

Scheduled Completion Date (11):
2/19/15

Occupancy Status During Abatement (Check Only One):

Facility Closed/Vacated During Entire Period of Abatement

Other (Describe):

Scopes of Work (Check All That Apply):

- Asbestos Demolition
- Renovation

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

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

- Transite Vent Pipe

Amount (Specify SF or LF):
10 LF

Abatement Type:
- EP-1 - Full Containment with Negative Pressure-250
- EP-3 - Single-Shift Removal
- EP-4 - Non-Exempted I-Non-Exempted II-Non-Exempted III

Name of Registered Waste Hauler:
Ace Insulation Co., Inc.

City, State:
Colts Neck, New Jersey

City, State:
Colts Neck, New Jersey

Complied by:
Bree McGuire

Title:
Secretary Treasurer

Name of Registered Landfill:

Name of Registered Landfill:

Date:
2/7/15

Print Form

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>2/17/15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agency's Name (2)</td>
<td>EPA</td>
</tr>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Joseph Grato - Pheasant Ridge Farm</td>
</tr>
<tr>
<td>Street Address (3)</td>
<td>2098 Jacksonville-Jobstown Rd</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Springfield Township, New Jersey</td>
</tr>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td>Pheasant Ridge Farm</td>
</tr>
<tr>
<td>Street Address (3)</td>
<td>2098 Jacksonville-Jobstown Rd</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Springfield Township, New Jersey</td>
</tr>
<tr>
<td>Name of Contact (4)</td>
<td>John A. Jameson</td>
</tr>
<tr>
<td>Telephone Number (4)</td>
<td>732-224-1757</td>
</tr>
<tr>
<td>Name of Abatement Contractor (5)</td>
<td>Ace Insulation Co., Inc.</td>
</tr>
<tr>
<td>Address (6)</td>
<td>85 Montrose Road</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Colts Neck, N.J. 07722</td>
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<tr>
<td>Start Date (7)</td>
<td>2/12/15</td>
</tr>
<tr>
<td>Scheduled Completion Date (8)</td>
<td>3/14/15</td>
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<tr>
<td>Type of Abatement (9)</td>
<td>Ceilings &amp; Trans.</td>
</tr>
<tr>
<td>Description of Asbestos-Containing Material (10)</td>
<td>Demolition (CUE)</td>
</tr>
<tr>
<td>Type of Material (11)</td>
<td>15000 Tons</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Newark, New Jersey</td>
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<tr>
<td>Name of Registered Waste Hauler (12)</td>
<td>Newark Carting</td>
</tr>
<tr>
<td>Address (13)</td>
<td>2098 Jacksonville-Jobstown Rd</td>
</tr>
<tr>
<td>Name of Registered Landfill Handler (14)</td>
<td>Chirns</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Newark, New Jersey</td>
</tr>
<tr>
<td>Completed by</td>
<td>Bree McGuire</td>
</tr>
<tr>
<td>Title/Position (15)</td>
<td>Secretary Treasurer</td>
</tr>
</tbody>
</table>

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

- **In Building:**
  - Ceilings & Trans.
  - Demolition (CUE)

- **Not in Building:**
  - Demolition (CUE)

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

Date of Notification (1):
02 / 06 / 15

Name of Building Owner/Operator (2):
John Tsinetakes

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

Type Notification:
- Initial

Amendment #:

Emergency (Including justification):

Cancellation:

FACILITY INFORMATION

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

Street Address:
114 South Second Avenue

City (5):
Highland Park, NJ 08904

County (6):
Middlesex

County Code (7) (STATE USE ONLY):

Name of Abatement Contractor (9):
Gr Tech LLC

ASCM No.:

Name of OSHA Monitor:
Envirovision Consultants, Inc

Street Address:
576 Valley Rd #283

City, State, Zip Code:
Wayne, NJ 07470

Telephone No.:
973-638-1777

License No.:
01127

Project Manager for Monitoring Firm:

Telephone No.:

License No.:

Name of Abatement Contractor (9):
Gr Tech LLC

ASCM No.:

Name of OSHA Monitor:
Envirovision Consultants, Inc

Street Address:
576 Valley Rd #283

City, State, Zip Code:
Wayne, NJ 07470

Telephone No.:
973-638-1777

License No.:
01127

Scope of Work (Check all that apply):

- >3 sf or >3 ft
- 150 sf or 250 ft

- Renovation
- Demolition

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

Basement
First floor

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

- Pipe insulation:
  - 150 LF
  - 40 LF

Name of Registered Waste Hauler:
Gr Tech LLC

NUEP Waste Hauler ID No.:
0033785

Cubic Yards of Waste:
TBD

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

City, State:
Wayne, NJ 07470

Disposal Date:
TBD

Tullytown, PA

Completed By (Print or Type):
N. Jevtic

Title:
Owner

Signature:

Date:
02/06/2015

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