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>February 12, 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Viesant, LLC</td>
</tr>
<tr>
<td>Phone Number</td>
<td>2013 FEB 14 PM 2:06</td>
</tr>
<tr>
<td>FACILITY INFORMATION</td>
<td></td>
</tr>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td>Former Yates Foil</td>
</tr>
<tr>
<td>Street Address</td>
<td>88 Rte 130 South</td>
</tr>
<tr>
<td>City (5)</td>
<td>Bordentown, NJ</td>
</tr>
<tr>
<td>County (6)</td>
<td>Burlington</td>
</tr>
<tr>
<td>Grade Code (7)</td>
<td>0021</td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>The MACK Group, LLC</td>
</tr>
<tr>
<td>Street Address</td>
<td>1500 Kings HWY N, STE 209</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Cherry Hill, NJ 08034</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>(908) 218-1108</td>
</tr>
<tr>
<td>License No.</td>
<td>00781</td>
</tr>
<tr>
<td>Name of OSHA Monitor</td>
<td>The MACK Group, LLC</td>
</tr>
<tr>
<td>Street Address</td>
<td>1500 Kings HWY N, STE 209</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Cherry Hill, NJ 08034</td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>2/21/13</td>
</tr>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>3/31/13</td>
</tr>
<tr>
<td>Scope of Work (Check All That Apply)</td>
<td>Demolition</td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED</td>
<td>see attached</td>
</tr>
<tr>
<td>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</td>
<td>No</td>
</tr>
<tr>
<td>Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td>see attached</td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
<td>see attached</td>
</tr>
<tr>
<td>Abatement Type</td>
<td>Enclosure</td>
</tr>
<tr>
<td>Amount of Waste</td>
<td>Name of Registered Landfill</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td>Disposal Date</td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
<td>City, State</td>
</tr>
<tr>
<td>Freehold / Newark Carting / Rovic</td>
<td></td>
</tr>
<tr>
<td>City, State</td>
<td></td>
</tr>
<tr>
<td>Freehold / Newark / Riverdale, NJ</td>
<td></td>
</tr>
<tr>
<td>Completed by</td>
<td>Mike Cooper</td>
</tr>
<tr>
<td>Title</td>
<td>President</td>
</tr>
</tbody>
</table>

* 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)**  
2/11/13

**Name of Building Owner / Operator (2)**  
Mrs. Jean Wheeler

**Street Address**  
20 Orourke Drive

**City, State & Zip Code**  
Hamilton, NJ 08691

**Name of Contact**  
Mr. Greg Schwartz, Owner's Rep.

### FACILITY INFORMATION

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

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

**Square Feet**  
700

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

**Type of Abatement Material (5)**  
Asbestos and Mold Services, Corp.

**Street Address**  
PO Box 316

**City, State & Zip Code**  
Thorofare, NJ 08086

**Project Manager for Monitoring Firm**  
Dave or Steve Fianigan

**Telephone Number**  
856-848-0900

**License Number**  
00862

**Name of OSHA Monitor**  
EMSL Analytical

**Street Address**  
107 Haddon Ave.

**Name of Registered Waste Hauler**  
Horizon Disposal

**Cubic Yards of Waste**  
4

**Name of Registered Landfill**  
GROWS

**City, State**  
Trenton, NJ

**Disposal Date**  
2/27/13

**City, State**  
Morrisville, PA

**Completed By (Print or Type)**  
Kim Trumbetti  
Admin.

**Signature**  

**Date**  
2/11/13

### Facilities

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM)</th>
<th>Is Location Normally Used Solely by Maintenance or Custodial Staff?</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
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<tbody>
<tr>
<td>Basement</td>
<td>Yes</td>
<td>Renovation</td>
<td>680 SF</td>
<td>Full Containment with Negative Pressure</td>
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<tr>
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<td></td>
<td>Demolition</td>
<td></td>
<td>Negative Pressure Enclosure</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Full Containment with Negative Pressure</td>
<td></td>
<td>Glove Bag Procedures</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Non-Exempted and Non-Friable Procedure</td>
<td></td>
<td>Encapsulate</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Repair</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Repair</td>
<td></td>
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<tr>
<td></td>
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<td>Encapsulate</td>
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<tr>
<td></td>
<td></td>
<td>Encapsulate</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Name**  
Kim Trumbetti

**Title**  
Admin.

**Date**  
2/11/13
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1) 1/24/13

Name of Building Owner / Operator (2) Ms. Brown

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

Type Notification
- Initial
- Amended #1
- Emergency
- Cancellation

Street Address
14 West Hereford Avenue
City, State & Zip Code
Cape May Courthouse, NJ 08210

Name of Contact
Ms. Brown
Telephone Number NA

FACILITY INFORMATION

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

Street Address
14 West Hereford Avenue

City (5) Cape May
County (6) Cape May
County Code (7) NA

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

Square Feet 849 SF
# of Floors 2
Bldg. Age 1960

Current Use (Prior if being demolished)
Residential Property

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

ASCM No.

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

Street Address
234 20th Avenue
City, State & Zip Code
Brick, NJ 08724

Telephone Number 732-948-9458

License Number 00862

Name of OSHA Monitor
EMSIL Analytical

Street Address
107 Haddon Ave.
City, State & Zip Code
Westmont, NJ 08108

Name of OSHA Monitor

Scheduled Start Date (10) 2/11/13
Scheduled Completion Date (11) 2/13/13

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

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

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

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

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

Amount (Specify SF or LF)

Abatement Type

Name of Registered Waste Hauler
NjDEP Waste Hauler ID No. 22512

Cubic Yards of Waste 5

Name of Registered Landfill
grows

Horizon Disposal
City, State
Trenton, NJ

Disposal Date 2/13/13
City, State
Morrisville, PA

Completed By (Print or Type)
Kim Trumbetti
Title Admin.
Signature
Date 2/8/13
## Notification of Asbestos Abatement

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner / Operator</th>
<th>2013 FEB 14</th>
<th>PH 2:08</th>
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</thead>
<tbody>
<tr>
<td>1/22/13</td>
<td>Benjamin Moore &amp; Co.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Type Notification</th>
<th>Initial</th>
<th>Amended #2 OFF HOLD</th>
<th>Emergency</th>
<th>Cancellation</th>
</tr>
</thead>
</table>

### Street Address
- 360 Route 206, PO Box 4000, Flanders, NJ 07836-4000

### Name of Contact
- Mr. J. Dennis Recca, P.E.

### Telephone Number
- [ ]

### FACILITY INFORMATION

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

#### Street Address
- 134 Lister Avenue

#### City (5)
- Newark

#### County (6)
- Essex

#### County Code (7)
- NA

#### Square Feet
- NA

#### # of Floors
- NA

#### Building Age
- NA

#### Current Use (Prior if being demolished)
- Tank Farm

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

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

#### Street Address
- PO Box 316

#### City, State & Zip Code
- Thorofare, NJ 08088

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

#### Street Address
- 3859 Sylon Blvd., Hainesport, NJ 08036

#### Telephone Number
- 609-702-0400

#### License Number
- 00862

#### Name of OSHA Monitor
- EMSL Analytical

#### Street Address
- 107 Haddon Ave., Westmont, NJ 08108

### Project Manager for Monitoring Firm
- Dave or Steve Flanigan

### Telephone Number
- 856-948-0800

### Scheduled Start Date (10)
- 1/23/13

### Scheduled Completion Date (11)
- 2/4/13

### Occupancy Status During Abatement (Check only one)
- [ ] Facility Closed/ Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Hours
- [ ] Isolated Area
- [ ] Renovation
- [ ] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glove Bag Procedures
- [ ] Non-Exempted and Non-Friable Procedure

### Scope of Work (Check all that apply)
- [x] ≥3 sf or ≥3 ft
- [ ] ≥160 sf ≥260 ft

### 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, VAE or other miscellaneous)

### Amount (Specify SF or LF)
- 200 LF

### Abatement Type
- [x] Removal
- [x] Repair
- [x] Encapsulate
- [x] Endure

### Name of Registered Waste Hauler
- Horizon Disposal

### NJDEP Waste Hauler ID No.
- 22612

### Cubic Yards of Waste
- 10

### Name of Registered Landfill
- GROWS

### City, State
- Trenton, NJ

### Disposal Date
- 2/4/13

### City, State
- Morrisville, PA

### Completed By (Print or Type)
- Kim Trumbetti

### Title
- Admin.

### Signature
- [Signature]

### Date
- 2/01/13
**State of New Jersey**  
**NOTIFICATION OF ASPEROS ABATEMENT**  
(Pursuant to N.J.A.C. 8:60 and 12:120)

**Job #: 1301-1715**  
**Check #: NA**

---

**Date of Notification (1)**  
1/9/13

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

**Type Notification**  
- [ ] Initial  
- [x] Amended #1  
- [ ] Emergency  
- [ ] Cancellation

**Name of Building Owner / Operator (2)**  
Ms. Debra Furnari

**Street Address**  
224 1st Avenue

**City, State & Zip Code**  
Ortley Beach, NJ 08751

**Name of Contact**  
Ms. Debra Furnari

**Telephone Number**  
2013 FEB 14 PM 2:08

---

**FACILITY INFORMATION**

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

**Street Address**  
224 1st Avenue

**City**  
Ortley Beach

**County**  
Ocean

**County Code**  
60

**Name of Monitoring Firm HIred by Building Owner (6)**  
Tiger Environmental

**Telephone Number**  
848-448-4418

**Project Manager for Monitoring Firm**  
Kelly Walton (Shera)

**Scheduled Start Date (10)**  
2/4/13

**Scheduled Completion Date (11)**  
2/7/13

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

**Scope of Work (Check all that apply)**
- [ ] ≥3 sf or ≥3 ft
- [x] ≥160 sf or ≥260 ft
- [ ] Renovation
- [ ] Demolition
- [ ] Negative Pressure Enclosure
- [ ] 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)**  
300 SF

**Abatement Type**

- [ ] Removal
- [ ] Repair
- [ ] Encapsulation
- [ ] Enclosure

**Great Room/Kitchen**  
- [ ] Floor Tile

**Name of Registered Waste Hauler**  
Horizon Disposal

**Waste Hauler ID No.**  
22812

**Name of Registered Landfill**  
GROWS

**Disposal Date**  
2/7/13

**City, State**  
Morrisville, PA

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

**Title**  
Admin.

**Signature**

**Date**  
1/31/13
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1)
1/22/13

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

Type Notification
☐ Initial
☐ Amended #1 ON HOLD
☐ Emergency
☐ Cancellation

Name of Building Owner / Operator (2)
Benjamin Moore & Co.

Street Address
360 Route 206, PO Box 4000
Flanders, NJ 07836-4000

Name of Contact
Mr. J. Dennis Recca, P.E.

ON HOLD 1/31/13 DUE TO WEATHER

FACILITY INFORMATION
Name of Facility Where Abatement is Taking Place (3)
Benjamin Moore
Street Address
134 Lister Avenue
Newark
City (5)

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

Special buildings, homes, etc.)
Bidg. Age
NA

Job #:
1301-1719
Check #:
NA

Name of Monitoring Firm Hired by Building Owner (8)
Horizon Environmental
Street Address
PO Box 316
Thorofare, NJ 08086

ASCM No.

Name of Abatement Contractor (9)
Asbestos and Mold Services, Corp.
Street Address
3859 Sylon Blvd.
Hainesport, NJ 08036

Telephone Number
856-848-0800
609-702-0400

License Number
00882

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

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

Scope of Work (Check all that apply)
☐ ≥3 sf or ≥3 l.f.
☐ ≥160 sf ≥280 l.f.
☐ Renovation
☐ Demolition

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

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

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

Amount (Specify SF or LF)

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

Pipe Chase
☐ Yes
☐ No
☐ N/A
Tar Coating
200 LF

Tanks
☐ Yes
☐ No
☐ N/A
Tar Material
1,165 SF

Name of Registered Waste Hauler
Horizon Disposal
City, State
Trenton, NJ

Completed By (Print or Type)
Kim Trumbetti
Title
Admin.
Signature

Name of Registered Landfill
GROWS
Disposal Date
2/4/13
City, State
Morrisville, PA

Cubic Yards of Waste
10

Date
1/31/13
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1)
1/28/13

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

Type Notification
- Initial
- Amended #5 ON HOLD
- Emergency
- Cancellation

Name of Building Owner / Operator (2)
Johns Manville

Street Address
717 17th Street
City, State & Zip Code
Denver, CO 80202

Name of Contact
Janet Waring, Sourcing Manager

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Johns Manville - Penbryn Plant

Street Address
437 North Grove Street

City (5)
Berlin
County (6)
GLE
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
NA

# of Floors
NA

Bldg. Age
NA

Current Use (Prior if being demolished)
Plant

Name of Monitoring Firm Hired by Building Owner (6)
One Source Safety & Health

ASCM No.

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

Street Address
140 South Village Avenue-Suite 130
City, State & Zip Code
Exton, PA 19341

Name of OSHA Monitor
EMSL Analytical

Project Manager for Monitoring Firm
Brian Hovendon

Telephone Number
610-524-5525

License Number
00862

Scheduled Start Date (10)
11/19/12
Scheduled Completion Date (11)
2/28/13

Occupancy Status During Abatement
- Facility Closed/Vacated
- Abatement Performance
- Describe:
- Facility Occupied During Abatement

Scope of Work (Check all that apply)
- 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)

<table>
<thead>
<tr>
<th>Location of ACM</th>
<th>Is Location Normally Used Solely by Maintenance or Custodial Staff?</th>
<th>Description of ACM (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>&quot;H&quot; Roof</td>
<td>Yes</td>
<td>Transite Deck Panels</td>
<td>2,400 SF</td>
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<tr>
<td>&quot;H&quot; Roof</td>
<td>X</td>
<td>Roof Field</td>
<td>17,400 SF</td>
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</tbody>
</table>

Name of Registered Waste Hauler
Horizon Disposal
Hauler ID No.
22612

Cubic Yards of Waste
30

Name of Registered Landfill
GROWS Landfill

City, State
Trenton, NJ

Disposal Date
1/19/13

Completed By (Print or Type)
Kim Trumbetti

Title
Admin.

Signature
Kim Trumbetti

Date
1/28/12
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to N.J.A.C. 8:60 and 12:120)

**Date of Notification (1)**  
01/28/13

**Name of Building Owner / Operator (2)**  
Ms. Marissa Friedmann  
2013 FEB 14 PH 2:38

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

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

**Street Address**  
4 Kermit Street

**City, State & Zip Code**  
Maplewood, NJ 07040  
2013 FEB 14 PH 2:38

**Name of Contact**  
Ms. Marissa Friedmann

**FACILITY INFORMATION**

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

**Street Address**  
4 Kermit Street

**City (5)**  
Maplewood

**County (6)**  
Essex

**County Code (7)**  

**Square Feet**  
2300

**# of Floors**  
3

**Bldg. Age**  
100

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

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

**ASCM No.**

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

**Street Address**  
234 20th Avenue

**City, State & Zip Code**  
Brick, NJ 08724

**Project Manager for Monitoring Firm**  
Kelly Walton

**Telephone Number**  
732-948-9458

**Scheduled Start Date (10)**  
1/29/13

**Scheduled Completion Date (11)**  
1/29/13

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

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

- ≥3 sf or ≥3 if
- ≥160 sf ≥250 sf
- Renovation
- Demolition
- Negative Pressure Enclosure
- Mini-Enclosure
- Wrap & Cut Methodologies
- Non-Exempted and Non-Friable Procedure

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

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

**Yes**

**No**

**N/A**

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

**Amount (Specify SF or LF)**

**Abatement Type**

- Baseline Inspection
- Encapsulation
- Enclose
- Repair

**Name of Registered Landfill**  
GROWS

**Disposal Date**  
1/30/13

**City, State**  
Morrisville, PA

**Name of Registered Waste Hauler**  
NJDIP Waste Hauler ID No.

22612

**Cubic Yards of Waste**

10

**Horizon Disposal**

**City, State**

Trenton, NJ

**Completed By (Print or Type)**

Kim Trumbetti  
Admin.

**Title**

**Signature**

Kimberly Trumbetti

**Date**

1/28/13
STATE OF NEW JERSEY DEPARTMENT OF LABOR NOTIFICATION OF ASBESTOS ABATEMENT

Date of Notification (1) 02/11/2013

Name of Building Owner/Operator (2) Ark Management Corp.

Agencies Notified
- (X) EPA
- (X) NJDEP
- (X) NJ DOL
- (X) DOH
- ( ) DCA

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

Street Address
2035 Kennedy Blvd.

City, State, Zip Code
North Bergen, NJ 07047

Name of Contact
Ken Aftarian

Tel Number

FACILITY INFORMATION

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

Street Address
39 74th Street

City (5)
North Bergen

County (6)
Hudson

County Code (7)
N/A

County Code (State Use Only)

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

Sq. Feet 10,000

# of Floors 6

Bldg. Age 60

Current Use (if being demolished):

Name of Contractor (9)
Industrial Safety & Environmental Solutions, Inc.

Street Address
3300 Hudson Avenue

City, State, Zip Code
Union City, NJ 07087

Name of OSHA Monitor
ISES, Inc.

Street Address
3300 Hudson Avenue

City, State, Zip Code
Union City, NJ 07087

Name of Reg. Waste Hauler
Vision Transport

Waste Hauler ID # 22393

Cubic Yards of Waste 15

Name of Reg. Landfill
Cumberland County Landfill

City, State
Newburg, PA 17242

Disp. Date 03/08/2013

Completed by (Print or Type)
David Camacho

Title Project Supervisor

Signature Date 02/11/2013

Project Manager for Monitoring Firm

Telephone Number (201)325-0055

License Number 01124

N/A

N/A

Scheduled Start Date (10) 02/25/2013

Scheduled Completion Date (11) 03/08/2013

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

Work area in basement unoccupied during abatement

Source of Work (Check all that apply)
- (X) Demolition
- (X) Renovation

( ) Minor Project (< 25 SF or < 10 LF ACM)
- (X) Small Project (>25 <180 SF or >10 <280 LF ACM)
- (X) Large Project (>160 SF or > 280 LF ACM)

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

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

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

YES NO N/A

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

Amount (Specify SF or LF)

Abatement Type

Removal Repair Encapsulate

Enclosure

Baseline Area

TSI Pipe Insulation 280 LFT X

Baseline Area

TSI Boiler and Tank Insulation 300 SFT X

Name of Reg. Waste Hauler
Vision Transport

Waste Hauler ID # 22393

Cubic Yards of Waste 15

Name of Reg. Landfill
Cumberland County Landfill

City, State
Newburg, PA 17242

Disp. Date 03/08/2013

Completed by (Print or Type)
David Camacho

Title Project Supervisor

Signature Date 02/11/2013