State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 6:60 and 12:120)

Date of Notification (1)
02/13/2015

Name of Building Owner/Operator (2)
DIOCESE OF CAMDEN

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

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

Street Address
631 MARKET STREET

City, State, Zip Code
CAMDEN NJ 08102

Name of Contact
MICHAEL SIMPSON

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
COMMERCIAL BUILDING-FORMATLY ST. JOAN OF ARC SCHOOL

Street Address
1400 COLLINGS AVE.

City (5)
CAMDEN

County Code (7) (STATE USE ONLY)
CAMDEN

Square Feet
16,608

# of Floors
3

Bldg. Age
90

County (6)

Country Use (Prior if being demolished)
VACANT BUILDING

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

ASCM No.

Name of Abatement Contractor (9)
ASSURED ENVIRONMENTAL SERVICES INC.

Street Address
1000 MAPLEWOOD DR.

City, State, Zip Code
MAPLE SHADE NJ 08052

Telephone No.
856-755-9300

License No.
01145

Telephone No.
610-304-4676

Name of OSHA Monitor
EMSL

Project Manager for Monitoring Firm
CHRIS MACRI

Start Date (10)
02/16/2015

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

Scheduled Completion Date (11)
02/19/2015

Scope of Work (Check All That Apply)
☒ 2,3 sf or ≥3 if
☒ 2:160 sf or ≥260 if
☒ Renovation
☒ Demolition
☒ Full Containment with Negative Pressure
☒ Mini-Enclosure
☒ Glovebag Procedure
☒ Non-Exempted (*) and Non-Friable Procedure

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

TO BE ABATED

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

Location
LOWER FLOOR- OFFICE
MIDDLE FLOOR- CLOSET
UPPER FLOOR- BATHROOM

Yes
No
N/A

Location Normally Used Solely by Maintenance/Custodial Staff?

Description of Asbestos Containing Material (ACM)

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

Location
LOWER FLOOR- OFFICE
MIDDLE FLOOR- CLOSET
UPPER FLOOR- BATHROOM

Amount (Specify SF or LF)
300 SF
200 SF
150 SF

Abatement Type
Removal
Repair
Encapsulate
Endorse

Name of Registered Waste Hauler
ASSURED ENVIRONMENTAL SERVICES

NJ DEP Waste Hauler ID No.
0034895

Name of Registered Landfill
MINERVA LANDFILL

Name of Registered Landfill

Cubic Yards of Waste
0

Disposal Date
02/19/2015

City, State
WAYNESBURG, OH

Name of Registered Landfill

Complted by
RON SWANSON

Title
GM

Signature

Date
2/13/2015

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 630 and 12:120)

DOL - 10 DAY

FEB 6 2015
WAIVER APPROVED

Name of Building Owner/Operator (1)
Residential

Name of Contact
Sarah Klein

Name of Facility Where Abatement Is Taking Place (3)
Residential

Street Address
508 Prospect Street

City (5)
Maplewood

County (8)
Essex

Name of Contractor Hired by Building Owner (4)
ASCM No.

Name of Abatement Contractor (5)
Sky Contracting, LLC

Street Address
1385 Valley Road, Suite K

City, State, Zip Code
Wayne, New Jersey 07470

Scheduled Completion Date (11)
02/14/2015

Name of OSHA Monitor
Sky Contracting, LLC

Street Address
1385 Valley Road, Suite K

City, State, Zip Code
Wayne, New Jersey 07470

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

Scope of Work (Check All That Apply)
Renovation
Demolition

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kitchen Dining Room</td>
<td>x</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Front Entrance Closet</td>
<td>x</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Amount (Specify SF or LF)

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plaster Wall</td>
<td>225 SF</td>
</tr>
<tr>
<td>Plaster Wall</td>
<td>85 SF</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
Service Transport Group, Inc.

City, State
New Castle, Delaware

Completed by
Predrag Sarcev

Title
Vice President

Name of Registered Landfill
Minerva Enterprises, LLC

City, State
Waynesburg, Ohio

Signature

Date
02/09/2015

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

Date of Notification (1)  
2/14/2015

Name of Building Owner/Operator (2)  
Audubon Mutual Housing

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

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

Street Address  
20 Road C, Suite 1

City, State, Zip Code  
Audubon, NJ 08106

Name of Contact  
Bill Hargrove

<table>
<thead>
<tr>
<th>FACILITY INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
</tr>
<tr>
<td>Residential</td>
</tr>
<tr>
<td>Street Address</td>
</tr>
<tr>
<td>17 Lark Lane</td>
</tr>
<tr>
<td>City (s)</td>
</tr>
<tr>
<td>Audubon</td>
</tr>
<tr>
<td>County (6)</td>
</tr>
<tr>
<td>Camden</td>
</tr>
<tr>
<td>County Code(7)/STATE</td>
</tr>
<tr>
<td>USE ONLY</td>
</tr>
<tr>
<td>Current Use (Prior if being demolished)</td>
</tr>
<tr>
<td>Residence</td>
</tr>
</tbody>
</table>

| Name of Monitoring Firm Hired by Building Owner (8) |
| ASCM No. |
| AEI2, LLC |

| Name of Abatement Contractor (9) |
| Street Address  |
| 300 S. Lenola Road |
| City, State, Zip Code  |
| Maple Shade, NJ 08052 |
| Project Manager for Monitoring Firm  |
| Telephone No.  |
| Telephone No.  |
| 609-481-2122 |
| License No.  |
| 00689 |

| Start Date (10)  |
| 2/2/15 |
| Scheduled Completion Date (11)  |
| 3/1/15 |

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

| Scope of Work (Check all that apply) |
| 3 or 3.5 ft  |
| ≥160 sf or ≥260 ft |
| Renovation Demolition |
| X Full Containment with Negative Pressure |
| X Mini-Enclosure |
| X Glovebag Procedure |
| X 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? (14) |
| Yes |
| No |
| N/A |
| Description of Asbestos-Containing Material (ACM) (i.e., thermal systems, insulation, surfacing, VAT, or other miscellaneous) |
| Transite |
| 450 sf |
| X |
| Interior |
| Transite |
| 560 sf |
| X |

| Name of Registered Waste Hauler |
| AEI2, LLC |
| NJDEP Waste handler ID No.  |
| 21376 |

| Cubic Yards of Waste Name of Registered Landfill  |
| 2 |
| TBD |
| Disposal Date  |
| TBD |

| Completed By |
| Wm. Minnich |
| Title |
| Program Mgr. |
| Signature |
| 2/14/15 |

- Do not use this form for asbestos liscense 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>2/13/15</th>
</tr>
</thead>
</table>

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

Jack Van Doren

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ EPA</td>
<td>Initial</td>
<td>US Highway 22</td>
</tr>
<tr>
<td>☑ DEP</td>
<td>Amended Amendment</td>
<td></td>
</tr>
<tr>
<td>☑ DOL</td>
<td>Emergency (including justification)</td>
<td></td>
</tr>
<tr>
<td>☑ DOH</td>
<td>Cancellation</td>
<td></td>
</tr>
</tbody>
</table>

**City, State, Zip Code**

Whitehouse, NJ 08888

<table>
<thead>
<tr>
<th>Name of Contact</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jack Van Doren</td>
<td></td>
</tr>
</tbody>
</table>

**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>house</td>
<td></td>
</tr>
</tbody>
</table>

**Street Address**

130 Annadale High Bridge Road

**City (5)**

Annadale

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

Hunterdon

<table>
<thead>
<tr>
<th>Square Feet</th>
<th># of Floors</th>
<th>Bldg. Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>2500</td>
<td>2</td>
<td>60</td>
</tr>
</tbody>
</table>

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

ABSC Environmental Services, LLC

<table>
<thead>
<tr>
<th>ASCM No.</th>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>ABS Environmental Services, LLC</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>PO Box 483, 4 E Gate Drive</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Glenwood, NJ 07418</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>973-764-2276</td>
<td>703</td>
</tr>
</tbody>
</table>

**Start Date (10)**

2/23/15

**Scheduled Completion Date (11)**

3/10/15

**Name of OSHA Monitor**

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

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

- 23 sf or 23 ft
- ≥160 sf or ≥2600 sf

<table>
<thead>
<tr>
<th>Scope of Work</th>
</tr>
</thead>
<tbody>
<tr>
<td>Renovation</td>
</tr>
<tr>
<td>Demolition</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)</th>
<th>Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>basement</td>
<td>Yes</td>
<td>pipe insulation</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>basement</td>
<td>60 LF</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Removal</td>
</tr>
<tr>
<td>Repair</td>
</tr>
<tr>
<td>Encoplastic</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**

NUDEP Waste Hauler ID No. 15939

<table>
<thead>
<tr>
<th>Freehold Cartage</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>TBD</td>
<td>TBD</td>
</tr>
</tbody>
</table>

**Disposal Date**

TBD

<table>
<thead>
<tr>
<th>City, State</th>
<th>Title</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Freehold, NJ</td>
<td>A. Scott Higgins</td>
<td>[Signature]</td>
<td>2/13/15</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 5:16)

Date of Notification (1)
02 / 13 / 15

Name of Building Owner/Operator (2)
Dhaval Bhatt

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

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

Street Address
44 Garson Avenue

City, State, Zip Code
Raritan, NJ 08869

Name of Contact
Dhaval Bhatt

Telephone Number

FACILITY INFORMATION

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

Street Address
44 Garson Avenue

County (8)
Somerset

Square Foot # of Floors Blg. Age

Name of Monitoring Firm Hired by Building Owner (6)
ASCM No.

Name of Abatement Contractor (8)
Gr Tech LLC

Street Address
576 Valley Rd #283

City, State, Zip Code
Wayne, NJ 07470

License No.
01127

Telephone No.
973-638-1777

Project Manager for Monitoring Firm
Envirovision Consultants, Inc

Start Date (10)
02 / 23 / 15

Telephone No.

Scheduled Completion Date (11)
02 / 24 / 15

License No.

Name of OSHA Monitor

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

Scope of Work (Check all that apply)
☒ >3 sf or ≥ 3 sf
☐ ≥ 150 sf or ≥ 250 sf

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

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

Amount (Specify SIF or LF)

Abatement Type

Location Normally Used Solely by Maintenance/Custodial Staff?

Yes No N/A

3 Location

(12)

Name of Registered Waste Hauler
Gr Tech LLC

City, State
Wayne, NJ 07470

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

Cubic Yards of Waste
TBD

Disposal Date
TBD

Owner

Signature

/completed By (Print or Type)
N. Jevtic

Date 02/13/2015

MAY 11

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

State of New Jersey

Date of Notification (1)

02 / 14 / 15

Name of Building Owner/Operator (2)

Wei Lin

Agencies Notified

□ EPA  □ DOH  □ DHSS  □ DCA (NJAC 5:23-8)

Type Notification

□ Initial  □ Amended  □ Emergency (excluding justification)  □ Cancellation

Street Address

25 Mt. Ararat Road

City, State, Zip Code

Short Hills, NJ 07078

Name of Contact

Wei Lin

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Private house

25 Mt. Ararat Road

City (5)

Short Hills, NJ 07078

County (6)

Essex

County Code (7) (STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.

Name of Abatement Contractor (9)

Gr Tech LLC

Street Address

576 Valley Rd #283

City, State, Zip Code

Wayne, NJ 07470

Project Manager for Monitoring Firm

Telephone No.

973-638-1777

License No.

01127

Start Date (10)

02 / 24 / 15

Scheduled Completion Date (11)

02 / 25 / 15

Name of OSHA Monitor

Envirovision Consultants, Inc

Street Address

20-21 Wagaraw Road, Bldg. # 35 E

City, State, Zip Code

Fair Lawn, NJ 07410

Scope of Work (Check all that apply)

□ >3 sf or >3 If

□ ≥ 160 sf or ≥260 If

□ Renovation

□ Demolition

□ Clean up and decontamination with negative pressure

□ Full Containment with Negative Pressure

□ Mini-Enclosure

□ Glovebag Procedure

□ Tent with Negative Pressure

□ Non-Exempted (*) and Non-Fatile Procedure

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

IN FACILITY (12)

Is Location Normally Used Solely by Maintenance/Custodial Staff?

Yes  No  N/A

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

Amount (Specify SIF or LF)

Abatement Type

Location

Removal

Encapsulate

Basement

Pipe insulation

120 LF

X

Basement

VAT floor tiles

500 SF

X

Name of Registered Waste Hauler

Gr Tech LLC

NIDEP Waste Hauler ID No.

0033785

Cubic Yards of Waste

TBD

Name of Registered Landfill

T.R.R.E. Inc

Disposal Date

TBD

City, State

Tullytown, PA

Wayne, NJ 07470

Completed By (Print or Type)

N. Jevtic

Title

Owner

Signature

Date

02/14/2015

MAY 11

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

Date of Notification (1)
2-13-15

Name of Building Owner/Operator (2)
Carolyn Beauchamp

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

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

Street Address
13 Orton Road

City, State, Zip Code
West Caldwell, NJ, 07006

Name of Contact
Carolyn Beauchamp

FACILITY INFORMATION

Same as above

City (5)
N/A

County (6)
Essex

County Code (7)
(State use only)

Name of Facility Where Abatement is Taking Place (3)
Same as above

Square Feet
1450

# of Floors
2

Bldg. Age
70

Current Use (Prior if being demolished)

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

ASCN No.
N/A

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

Street Address
86 Christopher St.

City, State, Zip Code
Montclair, NJ 07042

Telephone Number
(973) 744-8800

License Number
00371

Project Manager for Monitoring Firm
N/A

Telephone Number
N/A

Name of OSHA Monitor
N/A

Scheduled Start Date (10)
2-22-15

Scheduled Completion Date (11)
2-24-15

Month Day Year
Month Day Year

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

Abatement Performed Outside of Normal Facility Hours - Describe:

Other - Describe:

[ ] Pull Containment with Negative Pressure

[ ] Mini-Enclosure

[ ] Glovebox Procedure

[ ] Non-Friable Procedure

Scope of Work (Check all that apply)

[X] > 3 sf or > 300 lb

[X] > 160 sf or > 260 lb

[X] Renovation

[ ] Demolition

Location of Asbestos-Containing Material (ACM)

Is Location Normally Used

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

ENCAPSULATION

ENCLOSURE

Location

Basement

[X] Pipe Insulation

75 LF

X

Name of Registered Waste Hauler
AZTECH MANAGEMENT, INC.

NJ DEP Waste Hauler ID No.
17046

Cubic Yards of Waste
1.5

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

City, State
Montclair, NJ 07042

Disposal Date
2-25-15

City, State
Morrisville, PA 19067

Completed By (Print or Type)
Constantine Vivian

Title
President

Signature

Date
2-13-15
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 5:80 and 12:120)

Date of Notification (1)
2/13/15

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

Type Notification

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

Name of Building Owner/Operator (2)
City Of Atlantic City

Street Address
1301 Bacharach Boulevard

City, State, Zip Code
Atlantic City NJ 08401

Name of Contact
Louis Anderson

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
unsafe Structure

Street Address
1308 Adriatic Avenue

City (5)
Atlantic City NJ 08401

County (6)
Atlantic

County Code (7)

Current Use (Prior if being demolished)
Row 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

Project Manager for Monitoring Firm

Telephone No.
856-753-9800

License No.
00727

Start Date (10)
2/17/15

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

Other – Describe:

Scope of Work (Check All That Apply)

- ≤ 23 sf or ≤ 23 ft
- > 160 sf or ≥ 266 ft
- Demolition

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

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

- Yes
- No
- N/A

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

Amount (Specify SF or LF)

Abatement Type

Location of Registered Waste Hauler

Name of Registered Landfill

City, State, Zip Code

Earth Tech
ACUA

Greenfield NJ

Waste Hauler ID No.
16429

Cubic Yards of Waste
TBD

Disposal Date
TBD

City, State
6700 Dellah Rd E.H.T.

Completed by
Anthony T Perna

Title
President

Signature

Date
2/13/15

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:129)

Date of Notification (1)
2/13/14

Agency(ies) Notified
- EPA
- DEF
- DOH
- DCA

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

Name of Building Owner/Operator (2)
Boro Of Ship Bottom

Street Address
1621 LB Blvd.

City, State, Zip Code
Ship Bottom NJ 08008

Name of Contact
Frank

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Ship Bottom DPW yard

Street Address
1621 LB Blvd

City (5)
Ship Bottom NJ 08008

County (6)
Ocean

County Code (7) (STATE USE ONLY) ______

Square Feet
1000+

# of Floors
1

Bldg. Age
35+

Current Use (Prior if being demolished)
Storage

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

Name of Abatement Contractor (9)
Pernaco Inc.

Street Address
PO Box 329

City, State, Zip Code
West Berlin NJ 08008

Project Manager for Monitoring Firm

Telephone No.

Start Date (10)
2/27/15

Scheduled Completion Date (11)
3/8/15

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

Other - Describe:

Scope of Work (Check All That Apply)
- ≥ 3,000 sq ft or ≥ 3 if
- ≥ 160 sq ft or ≥ 250 if
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED
In Facility (19)

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

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

Amount (Specify SF or LF)

Abatement Type

| Location                        | Is Location Normally Used Solely by Maintenance/Custodial Staff? | Description of Asbestos Containing Material (ACM) | Amount (Specify SF or LF) | Abatement Type |
|---------------------------------|---------------------------------------------------------------|---------------------------------------------------|---------------------------|----------------|----------------|
| Building 3                      | X                                                             | Roof Shingles                                     | 420 SF                    |                |                |
| Building 4                      | X                                                             | Exterior Siding                                    | 1200 SF                   |                |                |

Name of Registered Waste Hauler
R&B Debrics LLC

NJDEP Waste Hauler ID No.
29439

Cubic Yards of Waste
10

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

City, State
Hainesport NJ

Disposal Date
2/6/15

Completed by
Anthony T Perna
Title
President
Signature
2/13/15

* 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>February 12, 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agencies Notified</td>
<td></td>
</tr>
<tr>
<td>[ ] EPA</td>
<td>[ ] Initial Notification</td>
</tr>
<tr>
<td>[ ] DEP</td>
<td>[ ] Amended Notification</td>
</tr>
<tr>
<td>[x] DOL</td>
<td>[ ] Amendment #</td>
</tr>
<tr>
<td>[ ] DOH</td>
<td>[x] Emergency (including justification)</td>
</tr>
<tr>
<td>[ ] DCA</td>
<td>[ ] Cancellation</td>
</tr>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Seminole Construction</td>
</tr>
<tr>
<td>Street Address</td>
<td>128 Bartlett Avenue</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>West Creek, NJ 08092</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Joyce</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
</tbody>
</table>

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>1088 Mill Creek Road</td>
</tr>
<tr>
<td>City</td>
<td>Beach Haven West</td>
</tr>
<tr>
<td>County</td>
<td>Ocean</td>
</tr>
<tr>
<td>County Code (7) (STATE USE ONLY)</td>
<td></td>
</tr>
<tr>
<td>Square feet</td>
<td>1000 sf</td>
</tr>
<tr>
<td># of Floors</td>
<td>1</td>
</tr>
<tr>
<td>Bldg. Age</td>
<td>60</td>
</tr>
<tr>
<td>Current Use (Prior if being demolished)</td>
<td>Residence</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>ASCM No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Abatement Contractor (9)</th>
<th>Guardian Contracting, Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>1889 Route 9, Unit 61</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Toms River, New Jersey 08755-1271</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>732-349-9932</td>
</tr>
<tr>
<td>License Number</td>
<td>00624</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of OSHA Monitor</th>
<th>E.M.S.L. Analytical</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>1056 Stelton Road</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Piscataway, New Jersey 08854</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility</th>
<th>(13)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exterior house                                                          X</td>
<td></td>
</tr>
<tr>
<td>Asbestos siding                                                         750 sf</td>
<td></td>
</tr>
<tr>
<td>X                                                                       X</td>
<td></td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
Guardian Contracting, Inc.

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>Guardian Contracting, Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>NUDEP Waste Hauler ID No.</td>
<td>20223</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td>3</td>
</tr>
<tr>
<td>Name of Registered Landfill T.R.K.F.</td>
<td></td>
</tr>
<tr>
<td>City, State</td>
<td>Toms River, New Jersey</td>
</tr>
<tr>
<td>Disposal Date</td>
<td>2/18/15</td>
</tr>
<tr>
<td>Completed by (Print or Type)</td>
<td>Nicholas Perrinola</td>
</tr>
<tr>
<td>Title</td>
<td>Project Manager</td>
</tr>
<tr>
<td>Signature</td>
<td>Nicholas Perrinola</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):** February 12, 2015

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

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

**Name of Building Owner/Operator (2):**
- Seminole Construction
- 128 Bartlett Avenue
- West Creek, NJ 08092
- LICENging
- Joyce
- Telephone

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3):**
- Residence
- 36 Clarence Drive
- Beach Haven West
- Ocean

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

**Type of Facility (4):**
- [X] Other (i.e., private & commercial buildings, homes, etc.)

**Square feet:**
- 1200 sq

**# of Floors:**
- 1

**Bldg. Age:**
- 60

**Current Use (Prior to being demolished):**
- Residence

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

**Name of Abatement Contractor (9):**
- Guardian Contracting, Inc.
- 1889 Route 9, Unit 61
- 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 Stelton Road
- City, State, Zip Code: Piscataway, New Jersey 08854

**Project Manager for Monitoring Firm:**
- Telephone Number:

**Scheduled Start Date (10):**
- 2/13/15

**Scheduled Completion Date (11):**
- 2/17/15

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

**Scope of Work (Check all that apply):**
- [ ] >3 sf or ≥22 If
- [X] ≥160 sf or ≥260 If
- [ ] Renovation
- [X] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [X] Non-Exempted (*) and Non-Friable Procedure

**Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13):**
- Exterior house: X
- Asbestos siding: 1050 sf

**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):**
- 1050 sf

**Abatement Type:**
- [ ] REMOVAL
- [ ] REPAIR
- [ ] CAPSULE
- [ ] ENCLOSURE

**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: Tullytown, Pennsylvania
- Disposal Date: 2/18/15

**Completed by (Print or Type):**
- Nicholas Farnicol
- Title: Project Manager
- Signature: [Signature]
- Date: 2/12/15

*Do not use this form for asbestos licensure exempted activities.*
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 5:60 and 12:14D)

Date of Notification: 02/12/15
CK# 3520

$200

Agencies Notified

<table>
<thead>
<tr>
<th>EPA</th>
<th>DEP</th>
<th>DOL</th>
<th>DCM</th>
<th>DOH</th>
<th>DCA</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Type Notification

- [X] initial
- [ ] Amendment
- [ ] Emergency (Including Justification)
- [ ] Cancellation

Name of Building Owner/Operator:
Stirling School District

Street Address:
501 South Warwick Road

City, State, Zip Code:
Somerdale, New Jersey 08083

Name of Contact:
Barty Giambone

Name of Facility Where Abatement is Taking Place:
Sterling School

Street Address:
501 South Warwick Road

City (9):
Somerdale

County (5):
Cumberland

County Code (7):
03

Name of Monitoring Firm Hired by Building Owner:
Environmental Design Inc.

ASCM No.:

Name of Abatement Contractor:
Lillich Corporation

Street Address:
5454 King Avenue, Suite 101

City, State, Zip Code:
Pennsauken, New Jersey 08109

Project Manager for Monitoring Firm:
Tom Prinos

Telephone No.:
856-616-9516

License No.:
01104

Name of GSHA Monitor:
J&S Environmental Labs Inc.

Street Address:
8233 Route 22 West

City, State, Zip Code:
Union, New Jersey 07083

Start Date:
02/14/15

Scheduled Completion Date:
02/15/15

Occupancy Status During Abatement:
[ ] Facility Closed
[ ] Facility Vacated During Entire Period of Abatement
[ ] Abatement Performed Outside of Normal Facility Hours
[ ] Other - Describe: QAM

Scope of Work (Check All That Apply):
- [X] Renovation
- [X] Demolition

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

<table>
<thead>
<tr>
<th>Room 400</th>
<th>Insulation</th>
</tr>
</thead>
</table>

Amount of ACM

- [ ] SF
- [X] LF

Description of Asbestos Containing Material (ACM)

- [ ] SF
- [ ] LF

Abatement Type

- [X] Full Containment with Negative Pressure
- [X] Mini-Enclosure
- [X] Bagging Procedure
- [ ] Non-Exempted (1) and Non-Friable Procedure

Name of Registered Waste Hauler:
Lillich Corporation

NJDEP Waste Hauler ID No.:
18724

Cubic Yards of Waste:
2

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

City, State:
Woodland Park, New Jersey 07424

Disposal Date:
02/15/15

Signature:

Date:
02/12/15

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

**Date of Notification (1)**
2/16/15

**Name of Building Owner/Operator (2)**
Michael and Kathrine Smith

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

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

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

**Square Feet**
- 2200

**# of Floors**
- 1

**Bldg. Age**
- 60+

**Current Use (Prior to being demolished)**
- Residence

**Name of Facility Where Abatement is Taking Place (3)**
Smith Residence (House, Cottage, and Garage)

**Street Address**
620 Ocean Ave

**City**
Sea Bright

**State**
New Jersey

**Zip Code**
07722

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

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

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

**Street Address**
95 Montrose Road

**City**
Colts Neck, N.J.

**State**
New Jersey

**Zip Code**
07722

**Telephone No.**
732-284-1757

**License No.**
00029

**Start Date (10)**
2/25/15

**Scheduled Completion Date (11)**
3/3/15

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

**Scope of Work (Check All That Apply)**
- [ ] 10 sq ft or 12 sq ft
- [X] Renovation
- [X] Demolition

**Location of Asbestos-Containing Material (ACM) TO BE ABATED**
- In Facility (13)
- outdoor house, cottage and garage

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

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

**Amount (Specify SF or LF)**
- 1900

**Abatement Type**
- Full Containment with Negative Pressure

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

**Waste Hauler ID No.**
12036

**Name of Registered Landfill**
Chrris

**City**
Colts Neck, New Jersey

**State**
New Jersey

**Disposal Date**
3/3/15

**City, State**
Easton, PA

**Signature**
Bree McGuire

**Title**
Secretary Treasurer

**Date**
2/16/15

---

* 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):** 02/17/15

**Name of Building Owner/Operator (2):** PENNIA BERKOWITZ

**Agencies Notified:**
- [ ] EPA
- [ ] DEP
- [ ] DOH
- [ ] DCA

**Type Notification:**
- [x] Initial
- [ ] Amended
- [ ] Amendment No. ___
- [ ] Emergency (including justification)
- [ ] Cancellation

**Street Address:** 624 STIRLING AVENUE

**City, State, Zip Code:** LAKEWOOD, NJ 08701

**Name of Contact:**

<table>
<thead>
<tr>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

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

<table>
<thead>
<tr>
<th>Street Address</th>
<th>624 STIRLING AVENUE</th>
</tr>
</thead>
</table>

**City (5):** LAKEWOOD, NJ

**County (6):** OCEAN COUNTY

<table>
<thead>
<tr>
<th>County Code (7)</th>
<th>(STATE USE ONLY)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Current Use (Prior if being demolished)</th>
</tr>
</thead>
<tbody>
<tr>
<td>HOME</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>ASCM No.</th>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>AAA LEAD PROFESSIONALS</td>
</tr>
</tbody>
</table>

**Street Address:**

<table>
<thead>
<tr>
<th>Street Address</th>
<th>6 WHITE DOVE COURT</th>
</tr>
</thead>
</table>

**City, State, Zip Code:** LAKEWOOD, NJ 08701

**Project Manager for Monitoring Firm:**

<table>
<thead>
<tr>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>732-668-9078</td>
<td>1200</td>
</tr>
</tbody>
</table>

**Start Date (10):** 02/27/15

**Scheduled Completion Date (11):** 03/01/15

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

**Scope of Work (Check All That Apply):**
- [x] Renovation
- [ ] Demolition

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

<table>
<thead>
<tr>
<th>Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>SIDING</td>
<td>1500 SF</td>
<td>X</td>
</tr>
<tr>
<td>No</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler:** NEWARK CARTING

<table>
<thead>
<tr>
<th>NJ/DEP Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>04509</td>
<td>10 YARDS</td>
<td>IESI</td>
</tr>
</tbody>
</table>

**City, State:** NEWARK, NJ

**Disposal Date:** 03/01/15

**City, State:** BETHLEHEM PA

**Completed by:**

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>JOSEPH PERLSTEIN</td>
<td>OWNER</td>
<td></td>
<td>02/17/15</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)

<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>2-13-19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator</td>
<td>EARTHTECH CONTRACTING</td>
</tr>
<tr>
<td>Street Address</td>
<td>155 RT. 50</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>GREENFIELD, N.J. 08730</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>BRUCE BREUNIG</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>(609) 595-7800</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

| Name of Facility Where Abatement is Taking Place | RESIDENCE |
| Street Address | 3471-23 ASBURY AVE |
| City | OCEAN CITY |
| County | CVCPE \_MAY |
| Square Feet | 1000 |
| # of Floors | 2 |
| Bldg. Age | 40 |
| Current Use (Prior if being demolished) | VACANT |

| Name of Monitoring Firm Hired by Building Owner | KLEMO \_INC. |
| Street Address | 369 S. SPRUCE AVE |
| City, State, Zip Code | MAPLE SHADE, N.J. 08052 |
| Name of Abatement Contractor | KLEMO \_INC. |
| Street Address | 369 S. SPRUCE AVE |
| City, State, Zip Code | MAPLE SHADE, N.J. 08052 |

| Start Date | 3-2-15 |
| Scheduled Completion Date | 3-9-15 |

| Occupancy Status During Abatement | Check only one |
| Abatement Performed Outdoors of Normal Facility Hours |

| Scope of Work (Check all that apply) |
| Demolition |
| Renovation |

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

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

| Is Location Normally Used Solely by Maintenance/Custodial Staff |
| Yes | No |

| Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) |
| TRANSITE 2500 SF |

| Name of Registered Waste Hauler | KLEMO \_INC. |
| NJDEP Waste Hauler ID No | 17904 |
| Cubic Yards of Waste | 5 |
| Name of Registered Landfill | C.M.C.M.U.A |
| City, State | WOODBINE, N.J. |

| Completed By | MICHAEL KLEMO |
| Title | Vice President |
| Signature | |
| Date | 2-13-15 |

*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)
2-13-15

Name of Building Owner/Operator
EARTHTECH CONTRACTING

Agencies Notified

Type Notification
☐ EPA
☐ OCF
☐ DOL
☐ DOH
☐ DCA

Address

Street Address
155 RT. 50

City, State, Zip Code
GREENFIELD, N.J. 07025

Name of Contact
BRUCE BREUNIG

FACILITY INFORMATION

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

Street Address
710 9TH ST.

City (5)
OCEAN CITY

County (6)
CAPE MAY

Name of Abatement Contractor (5)
KLEMCO INC

Square Feet
1000

County Code (7) /STATE USE ONLY

# of Floors
2

Current Use (Prior if being demolished)
VACANT

Bldg. Age
40 yrs

Name of Monitoring Firm HIRED BY BUILDING OWNER (6)
N/A

Name of Abatement Contractor (5)
KLEMCO INC

Telephone No.

Start Date (10)
2-23-15

Scheduled Completion Date (11)
3-20-15

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

Scope of Work (Check all that apply)
☐ 23 sf or 23 ft2
☐ 160 sf or 260 ft2
☐ Renovation
☐ Demolition

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

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

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

Amount (Specify SF or LF)
3300 SF

Abatement Type
Endoscope

Name of Registered Waste Hauler
KLEMCO INC

NJDEP Waste Hauler ID No.
19804

Name of Registered Landfill
C.M.C.M.U.A

Cubic Yards of Waste
5

Disposal Date

City, State
MAPLE SHADE, N.J

Completed by
MICHAEL KLEEMJ

Title
VICE PRESIDENT

Signature

Date
2-13-15

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>2/11/2015</th>
<th>Name of Building Owner/Operator (2)</th>
<th>Chris Morgan</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Street Address</th>
<th>402 N. Essex Ave</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DEP</td>
<td>Amended</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DOL</td>
<td>Amendment #</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DOH</td>
<td>Emergency (including justification)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DCA</td>
<td>Cancellation</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City (5)</th>
<th>Margate</th>
</tr>
</thead>
<tbody>
<tr>
<td>County (5)</td>
<td>Atlantic</td>
</tr>
<tr>
<td>County Code (7) (STATE USE ONLY)</td>
<td></td>
</tr>
<tr>
<td>Current Use (Prior if being demolished)</td>
<td>Residence</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>ASCM No.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>300 S. Lenola Road</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State, Zip Code</td>
<td>Maple Shade, NJ 08052</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>609-481-2122</td>
<td>00689</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>2/21/15</th>
<th>Scheduled Completion Date (11)</th>
<th>2/28/15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of OSHA Monitor</td>
<td>AEI2, LLC</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>300 Lenola Road</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State, Zip Code</td>
<td>Maple Shade, NJ 08052</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>□ 23 sf or 23 lf</td>
<td></td>
</tr>
<tr>
<td>□ 160 sf or 260 lf</td>
<td></td>
</tr>
<tr>
<td>□ 300 sf or 300 lf</td>
<td></td>
</tr>
<tr>
<td>□ Renovation Demolition</td>
<td></td>
</tr>
<tr>
<td>□ Full Containment with Negative Pressure</td>
<td></td>
</tr>
<tr>
<td>□ Mini-Enclosure</td>
<td></td>
</tr>
<tr>
<td>□ Glovebag Procedure</td>
<td></td>
</tr>
<tr>
<td>□ Non-Exempted (*) and Non-Friable Procedure</td>
<td></td>
</tr>
<tr>
<td>□ Other - Describe:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)</th>
<th>Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)</th>
<th>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exterior</td>
<td>Yes</td>
<td>Transite</td>
<td>1600 sf</td>
<td>Removal</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>NJDEP Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>AEI2, LLC</td>
<td>21376</td>
<td>3</td>
<td>TBD</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed By</th>
<th>Title</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wm. Minnick</td>
<td>Program Mgr.</td>
<td>[Signature]</td>
<td>2/11/15</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 8:66 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>February 12, 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Rowan University</td>
</tr>
<tr>
<td>Check #</td>
<td>1855</td>
</tr>
<tr>
<td><strong>Agency Notified</strong></td>
<td><strong>Type Notification</strong></td>
</tr>
<tr>
<td>EPA</td>
<td>Initial</td>
</tr>
<tr>
<td>DEP</td>
<td>Amended</td>
</tr>
<tr>
<td>DOL</td>
<td>Amendment #</td>
</tr>
<tr>
<td>DOH</td>
<td>Emergency (including justification)</td>
</tr>
<tr>
<td>DCA</td>
<td>Cancellation</td>
</tr>
<tr>
<td><strong>Street Address</strong></td>
<td>201 Mullica Hill Road</td>
</tr>
<tr>
<td><strong>City, State, Zip Code</strong></td>
<td>Glassboro, NJ 08028</td>
</tr>
<tr>
<td><strong>Name of Contact</strong></td>
<td>Robert Yufer</td>
</tr>
<tr>
<td><strong>Telephone Number</strong></td>
<td></td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

| Name of Facility Where Abatement is Taking Place (3) | Rowan University Bole Hall |
| Street Address | Whitney Avenue |
| **City (5)** | Glassboro |
| **County (6)** | Gloucester |
| **County Code (7)** | State Use Only |
| **Square Feet** | 20,000 |
| **# of Floors** | 2 |
| **Bldg. Age** | 100 |
| **Type of Facility (4)** | School (K-12) |
| **Target Use** (Prior if being demolished) | School |

| Name of Monitoring Firm Hired by Building Owner (8) | ASCM No. |
| TTI Environmental, Inc. | |

| **Name of Abatement Contractor (9)** | Shade Environmental, LLC |
| **Street Address** | 623 Outler Avenue |
| **City, State, Zip Code** | Maple Shade, NJ 08052 |

| Project Manager for Monitoring Firm | Jim Guillard |
| **Telephone No.** | 856-840-8800 |

| Start Date (10) | Scheduled Completion Date (11) |
| February 23, 2015 | March 27, 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: Work to be performed in vacant areas of the building | |

| Scope of Work (Check All That Apply) | |
| x \( \geq 3\) sf or \( \geq 3\) ft | Renovation |
| x \( \geq 160\) sf or \( \geq 260\) ft | Demolition |

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VLT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st Floor Bathroom Pipe Chase</td>
<td>XXX</td>
<td>Pipe Insulation (Wrap &amp; Cut)</td>
<td>100 LF</td>
<td>x</td>
</tr>
<tr>
<td>Throughout Exterior/Interior</td>
<td>XXX</td>
<td>Window Caulking</td>
<td>1,500 LF</td>
<td>x</td>
</tr>
<tr>
<td>Throughout Exterior/Interior</td>
<td>XXX</td>
<td>Window Glazing</td>
<td>43 Windows</td>
<td>x</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>NJ/DEP Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Freehold Cartage</td>
<td>02265</td>
<td>80</td>
<td>Western Berks Community Landfill</td>
</tr>
</tbody>
</table>

| Disposal Date | 3/27/2015 |
| City, State | Birdsboro, PA |

| Completed by | Christina Lynch |
| Title | Operations Manager |
| Signature | **[Signature]** |
| Date | 2/12/2015 |

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

**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 8:60-7 and 12:120-7)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>2/9/15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type Notification</td>
<td></td>
</tr>
</tbody>
</table>

### Agencies Notified

<table>
<thead>
<tr>
<th>EPA</th>
<th>DEP</th>
<th>DOL</th>
<th>DOH</th>
<th>DCA</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

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

- **Bergenline 3100 LLC**

### Street Address

- **415 32nd Street**

### City, State & Zip Code

- **Union City, NJ 07087**

### Name of Contact

- **Stephen Wolff**

### Current Use (Prior if being demolished)

- **Bank**

### Type of Facility (4)

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

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

- **X** Facility Closed/Vacated During Entire Period of Abatement

### Occupancy Status During Abatement - Describe

- **Area Isolated During Abatement**

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

- **Demolition**
- **Renovation**
- **X** Quantity is ≥ 3 SF or ≥ 3 LF ACM
- **X** Quantity is ≥ 160 SF or ≥ 260 LF ACM

### Full Containment with Negative Pressure

- **Mini-Enclosure**
- **Glovebag Procedure**

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

| Attic, pipe chase | N/A | TSI Pipe | 60 LF | Repair |

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) Normally Used Solely by Maintenance or Custodial Staff? (12)</th>
<th>Is Location Normally Used Solely by Maintenance or Custodial Staff? (13)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Registered Waste Hauler Freehold Carting</td>
<td>NJDEP Waste Hauler ID # 18693</td>
</tr>
<tr>
<td>City, State</td>
<td>County Code</td>
</tr>
<tr>
<td>Trenton, NJ</td>
<td>70</td>
</tr>
<tr>
<td>Completed By (Print or Type)</td>
<td>Signature</td>
</tr>
<tr>
<td>Dominick Tringali</td>
<td>Dominick Tringali</td>
</tr>
</tbody>
</table>

**Date:** 2/9/15

---

**ASB-41 JUN 95 G4667**
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)
2/13/2015

Name of Building Owner/Operator (2)
Kings Highway Investing, LLC

Agencies Notified

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

Street Address
198 Mountain Ave

City, State, Zip Code
Springfield, New Jersey

Name of Contact
Billy

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Jade LLC property (Bergen tool site)

Street Address
246 Main Street

City (5)
Hackettstown

County Code (7)
Warren

County Code (7)  [STATE USE ONLY]

Current Use (Prior to if being demolished)
warehouse

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.

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

Street Address
85 Montrose Road

City, State, Zip Code
Colts Neck, N.J. 07722

Project Manager for Monitoring Firm

Telephone No.
732-294-1757

License No.
00029

Start Date (10)
2/23/2014

Scheduled Completion Date (11)
3/25/2015

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

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

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

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

Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)
supervise loading of roofing material into lined dumpsters and clean up site

Amount (Specify SF or LF)
10000 x

Abatement Type

Endorse

Name of Registered Waste Hauler
Newark Carting
NJDEP Waste Hauler ID No.
04509

Cubic Yards
Waste
100

Name of Registered Landfill
Chrin's

City, State
Easton, PA

Completed by
Bree McGuire
Title
Secretary Treasurer

Date 2/2/15

* 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)
February 13, 2015

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

### Street Address
423 Lincoln Avenue

### City, State, Zip Code
Highland Park, NJ 08904

### Name of Contact
Paula Getzin

### Telephone Number

### FACILITY INFORMATION

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

#### Street Address
423 Lincoln Avenue

#### City
Highland Park

#### County (6)
Middlesex

#### County Code (7)
(State Use Only)

#### Square Feet
1800 sf

#### # of Floors
1

#### Bldg. Age
85

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

#### 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 Stelton Road

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

#### Project Manager for Monitoring Firm
Nicholas Fernicola

#### Telephone Number
732-349-9932

#### Scheduled Start Date (10)
3/5/15

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

#### Scope of Work (Check all that apply)
- [X] >3 sf or ≥3' l'
- [X] ≥160 sf or ≥260 l'
- [X] Renovation
- [X] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [X] 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)
190 lf

#### Abatement Type

<table>
<thead>
<tr>
<th>REMOVAL</th>
<th>REPAIR</th>
<th>ENCAPSULATION</th>
<th>ENCLOSURE</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Name of Registered Waste Hauler
Guardian Contracting, Inc.

#### NJDEP Waste Hauler ID No.
20223

#### Cubic Yards of Waste
3/9/15

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

#### City, State
Toms River, New Jersey 08755-1271

#### Disposal Date
3

#### City, State
Tulympton, Pennsylvania

#### Completed by (Print or Type)
Nicholas Fernicola

#### Title
Project Manager

#### Signature

#### Date
2/13/2015

*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 13, 2015

Name of Building Owner/Operator (2)  
K & K Building & Remodeling

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

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

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

Street Address  
24 Neptune Road

City  
Toms River

County (6)  
Ocean

County Code (7) (STATE USE ONLY)  
N/A

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

Square feet  
700 sf

# of Floors  
1

Bldg. Age  
80

Current Use (Prior to being demolished)  
Residence

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

ASCM No.  
N/A

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

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 Stelton Road

City, State, Zip Code  
Piscataway, New Jersey 08854

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

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

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

Is Location Normally used Solely by Maintenance/Custodial Staff  
(12)  
[yes] NO N/A

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

Abatement Type  
REMOVAL

Amount (Specify SF or LF)  
400 sf

X

Asbestos siding

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  
2/18/15

City, State  
Tullytown, Pennsylvania

Completed by (Print or Type)  
Nicholas Fernicola

Title  
Project Manager

Signature  

Date  
2/13/15

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

**NOTIFICATION OF ASPEROS ABATEMENT**

(Pursuant to NJAC 6:90 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>02/18/2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Margaret Rowe</td>
</tr>
<tr>
<td>Agencies Notified</td>
<td>Type Notification</td>
</tr>
<tr>
<td>EPA</td>
<td>Initial</td>
</tr>
<tr>
<td>DEP</td>
<td>Amended</td>
</tr>
<tr>
<td>DOL</td>
<td>Amendment #</td>
</tr>
<tr>
<td>DOH</td>
<td>Emergency (including qualification)</td>
</tr>
<tr>
<td>DCA</td>
<td>Cancellation</td>
</tr>
<tr>
<td>Street Address</td>
<td>709 Sunset Drive</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Somerdale, NJ 08083</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Julia Rome</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Home Residence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>709 Sunset Drive</td>
</tr>
<tr>
<td>City (5)</td>
<td>Somerdale</td>
</tr>
<tr>
<td>County (6)</td>
<td>Camden</td>
</tr>
<tr>
<td>County Code (7)</td>
<td></td>
</tr>
<tr>
<td>Current Use (Prior if being demolished)</td>
<td>Home</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>ASCM No.</th>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>TTI Environmental, Inc.</td>
<td>3</td>
<td>ecoservices, LLC.</td>
</tr>
<tr>
<td>Street Address</td>
<td>1253 North Church Street</td>
<td>Street Address</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Moorestown, NJ, 08057</td>
<td>Exton, Pa. 19341</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>856-840-8800</td>
<td>Telephone No.</td>
</tr>
<tr>
<td>License No.</td>
<td>484-872-8884</td>
<td>License No.</td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>2/20/2015</td>
<td>Scheduled Completion Date (11)</td>
</tr>
<tr>
<td>Name of OSHA Monitor</td>
<td>EMSL</td>
<td>Name of OSHA Monitor</td>
</tr>
<tr>
<td>Occupancy Status During Abatement (Check Only One)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other – Describe: Vacant Home (fire damage)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

- 12 if or > 2200 if
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Fireable Procedure

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Downstairs Family Room</td>
<td>X</td>
<td>ACM Floor Tile &amp; Mastic</td>
<td>300 SF</td>
<td>x</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>ecoservices, LLC.</th>
</tr>
</thead>
<tbody>
<tr>
<td>NJDEP Waste Hauler ID No.</td>
<td>swe-13-012785</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td>1</td>
</tr>
<tr>
<td>Name of Registered Landfill Grows (a WM Landfill)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed by</th>
<th>Title</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tom Joiner</td>
<td>Project Manager</td>
<td></td>
<td>2/18/2015</td>
</tr>
</tbody>
</table>

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