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

Date of Notification (1) 02 / 14 / 14
Name of Building Owner/Operator (2)
Monmouth County Prosecutors Office

Agencies Notified
☑ EPA
☑ DEP
☑ DCA (NJAC 5:16)
☑ DHSS
☑ DCA (NJAC 5:23-B)
Type Notification
☑ Initial
☐ Amended
☐ Amendment #
☐ Emergency (including justification)
☐ Cancellation
Street Address
132 Jersey Ville Avenue

City, State, Zip Code
Freehold NJ 07728

Name of Contact
Tom Aloia

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Existing Bldg A

Street Address
132 Jersey Ville Avenue

City (5)
Freehold NJ 07728

County (6)
Monmouth

County Code (7)(STATE USE ONLY)

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

ASCM No.
30

Name of Abatement Contractor (9)
APS Contractors Inc.

Street Address
120 North Warren St.

City, State, Zip Code
Trenton, NJ 08618

Name of OSHA Monitor
EMSL ANALYTICAL, INC

Street Address
1056 SHELTON AVE

City, State, Zip Code
Paterson, NJ 07503

Project Manager for Monitoring Firm
Ryan Broadwater

Telephone No.
322-4200

Telephone No.
973-754-1908

License No.
00875

Start Date (10)
03 / 17 / 14

Scheduled/Completion Date (11)
04 / 14 / 14

Name of Registered Waste Hauler
Atlantic Carting, Inc.

NJ/DEP Waste Hauler ID No.
26085

Cubic Yards of Waste
30 Yards

Name of Registered Landfill
Grows Landfill

City, State
Wayne, NJ 07470

Compliance Date
04/14/2014

Completed By (Print or Type)
Svetozar Savreski

Title
President

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

Date of Notification (1)  
[ ] 10/12/11  [ ] 12/1/11  [ ] 11/14

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Name of Building Owner/Operator (2)</th>
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</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
<td>ANGELA GIUFFRIDA</td>
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<tr>
<td>DEP</td>
<td>Amended</td>
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<tr>
<td>DOL</td>
<td>Amendment #:</td>
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<tr>
<td>DOH</td>
<td>Emergency (including justification)</td>
<td></td>
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<tr>
<td>DCA</td>
<td>Cancellation</td>
<td></td>
</tr>
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</table>

Name of facility where abatement is taking place (3)

ANGEGLA GIUFFRIDA

Street Address

503 HOLLYWOOD AVENUE

City (5)          County (6)          County Code (7)  (State use only)

HO-HO-KUS          BERGEN          NJ

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  License Number

973-345-8020      01169

Name of OSHA Monitor

D & S Restoration, Inc.

Street Address

20 California Avenue

City, State, Zip Code

Paterson, NJ 07503

Occupancy 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

Start Date (10)  Sched. Completion Date (11)

02/27/14      03/14/14

Scope of Work (check all that apply)

[ ] >50 sf or >3 if  [ ] Renovation
[ ] ≥160 sf or ≥260 if  [ ] Demolition

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 (12)</th>
<th>Description of asbestos-containing material (ACM)</th>
<th>Amount (Specify SF or LP)</th>
</tr>
</thead>
<tbody>
<tr>
<td>BASMENT RECREATION</td>
<td>[ ] Yes  [ ] No  [ ] N/A</td>
<td>PIPE INSULATION</td>
<td>6 L FT</td>
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<tr>
<td>BASEMENT CRAWL SPACE</td>
<td>[ ] Yes  [ ] No  [ ] N/A</td>
<td>PIPE INSULATION</td>
<td>10 L FT</td>
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</tbody>
</table>

Registered Waste Hauler

D & S RESTORATION, INC.

NJDEP Hauler ID#  Cubic Yards of Waste  Name of Registered Landfill

13506  1 yd  TULLYTOWN, RESOURCE RECOVERY

City, State  
PATERSON, NJ  07503

Disposal Date  
02/28/14

Completed by (Print or Type)  
BOGDAN JOLDZIC  
Title  
PRESIDENT  
Signature  
Date  
02/12/14

ASR-41

* 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)
[10 11/11 12 1/11 13]

Agencies Notified Type Notification
☐ EPA ☑ Initial
☐ DEP ☐ Amended
☐ DOL ☚ Amendment #: 
☐ DOH ☐ Emergency (including justification)
☐ DCA ☚ Cancellation

Name of Building Owner/Operator (2)
ELAINE O'CONNELL, EXECUTIVE

Street Address
592 W. ENGLEWOOD AVENUE

City, State, Zip Code
TEANECK, NJ

Name of Contact
ELAINE O'CONNELL, EXECUTIVE

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
ELAINE O'CONNELL, EXECUTIVE

Street Address
592 W. ENGLEWOOD AVENUE

City (5)
TEANECK

County (6)
BERGEN

County Code (7)
(Ba State use only)

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

Occupancy Status During Abatement (Check only one)
☐ Facility closed/vacated during entire period of abatement.
☐ Abatement performed outside of normal facility hours-
   Describe:
☐ Other - Describe: NORMAL HOURS

Start Date (10)
02/26/14

Scheduled Completion Date (11)
03/12/14

Scope of Work (check all that apply)
☐ >500 sf or >20 ft
☐ Renovation
☐ 1600 sf or >280 ft
☐ Demolition

Location of asbestos-containing material (acm) to be
abated in facility (13)

<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>
<th>Amount (Specify SF or LF)</th>
<th>Removal</th>
<th>Repair</th>
<th>Encapsulation</th>
<th>Enclosure</th>
</tr>
</thead>
<tbody>
<tr>
<td>BASEMENT (BOILER &amp; LAUNDRY RM)</td>
<td>☚</td>
<td>PIPE INSULATION</td>
<td>108 L FT</td>
<td>☚</td>
<td>☚</td>
<td>☚</td>
<td>☚</td>
</tr>
</tbody>
</table>

Registered Waste Hauler
D & S RESTORATION, INC.

NJDEP Hauler ID# 13506

Cubic Yards of Waste
1 yd

Name of Registered Landfill
TULLYTOWN, RESOURCE RECOVERY

City, State
PATerson, NJ 07503

Disposal Date
02/27/14

City, State
TULLYTOWN, PA

Completed by (Print or Type) BOGDAN JOLDZIC
Title PRESIDENT
Signature
Date 02/12/14

* 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</th>
<th>2 / 18 / 14</th>
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</thead>
</table>

**Name of Building Owner/Operator:** CRDA

**Street Address:**
- 15 South Pennsylvania Ave
- Atlantic City, NJ 08401

**Name of Contact:** W. Rachelle Knight/Christina Fuentes

**Telephone Number:**

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place:** Block 72 - Lot 4

**City:** Atlantic City

**County:** Atlantic

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

**Time of Abatement:** 7:00AM-7:00PM/

**Scope of Work:**
- 23 sf or ≥ 3 if
- ≥160 sf or ≥ 260 if
- Renovation
- Demolition

**Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility:**
- Exterior of building

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

**Amount (Specify SF or LF):** 80 SF

**Abatement Type:**
- ☑ Removal
- ☑ Encapsulation
- ☑ Enclosure

**Name of Registered Waste Hauler:**
- Allied Waste

**Cubic Yards of Waste:** 1

**Name of Registered Landfill:** Conestoga Landfill

**City, State:** Telford, PA

**Disposal Date:** 2/28/14

**City, State:** Morgantown, PA

**Completed By (Print or Type):** Patricia Visco

**Title:** Office Manager

**Signature:** [Signature]

**Date:** 2/18/14

---

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

**State of New Jersey**

**FACILITY INFORMATION**

**Date of Notification (1)**
02/14/14

**Agency Notified**
- EPA
- DEP
- DCA
- DOH

**Type Notification**
- Notice
- Amendment
- Cancellation

**Name of Building Owner/Operator (2)**
- Princeton University

**Street Address**
- 3 Ivy Lane

**City (5)**
- Princeton

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

**Name of Contracting Firm**
- ACME No.

**Name of Abatement Contractor (9)**
- Associated Specialty Contracting

**Street Address**
- 3 Ivy Lane

**City, State, Zip Code**
- Princeton, NJ 08543

**Name of Monitoring Firm**
- Cardno AEC

**Street Address**
- 3 Ivy Lane

**City, State, Zip Code**
- Burlington, NJ 08016

**Project Manager of Monitoring Firm**
- Mike Kehoe

**Telephone Number**
- 609-366-8808

**Scheduled Start Date (10)**
- 02/14/14

**Disclaimer**
- 10/14/14

**Occupancy Status During Abatement (Check only one)**
- Possibility of Airborne Dust

**Abatement Performed Outside of Normal Facility Hours**
- Yes
- Description: 4:00 PM - 6:00 AM

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Amount</th>
<th>Description</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exterior wall</td>
<td>8 LF</td>
<td>8 LF</td>
<td>REMOVAL</td>
</tr>
<tr>
<td>Interior wall</td>
<td>1 SF</td>
<td>1 SF</td>
<td>REPAIR</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**
- NJDEP Waste Hauler ID No.

**Cubic Yards of Waste**
- 1

**Name of Registered Landfill**
- GROWNS

**City, State**
- Trenton, NJ

**Completed By (Print or Type)**
- Mark Gobie

**Project Manager**
- Signature: [Signature]

**Date**
- 2/17/2014
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:59 and 12:120)

Date of Notification (1) 2/17/14

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

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

Name of Building Owner/Operator (2)
Eagleswood Township

Street Address
146 Division Street

City, State, Zip Code
West Creek NJ 08092

Name of Contact
Lisa Hand

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Eagleswood Township

Street Address
146 Division Street

City (5)
West Creek NJ 08092

County Code (7)
Ocean

Square Feet
1000+

Bldg. Age
35+

# of Floors
2

Current Use (Prior if being demolished)

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

ASCN No.

Name of Abatement Contractor (9)
Pemisco 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)
2/18/14

Scheduled Completion Date (11)
2/21/14

Name of OSHA Monitor
Same

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

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

Location of Asbestos-Containing Material (ACM)

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)
1000 SF

Abatement Type

Endorse
Repair
Excavate

Other

Name of Registered Waste Hauler
United Containers

NJDEP Waste Hauler ID No.
22439

Cubic Yards of Waste
3

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

City, State
Morrisonville PA 19067

Disposal Date
2/21/14

Completed by
Anthony T Perma

Title
President

Signature

Date
2/17/14

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:50 and 12:120)

**Check # 1512**

**Date of Notification (1)**  
02/14/2014

**Name of Building Owner/Operator (2)**  
NIPRO GLASS AMERICAS

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

**Street Address**  
1633 WHEATON AVE.

**City, State, Zip Code**  
MILLVILLE, NJ 08332

**Name of Contact**  
ROBERT NEILSON

**Telephone Number**

**FACILITY INFORMATION**

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

**Street Address**  
1633 WHEATON AVE

**City (5)**  
MILLVILLE, NJ 08332

**County (6)**  
CUMBERLAND

**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.)  
[ X ] COMMERCIAL

**Square Feet**  
3000

**# of Floors**  
1

**Bldg. Age**  
40

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

**Street Address**  
1012 INDUSTRIAL DRIVE

**City, State, Zip Code**  
WEST BERLIN, NJ 08091

**Project Manager for Monitoring Firm**  
SCOTT MAGEE

**Telephone No.**  
856-673-8858

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

**Street Address**  
570 CLEMS RUN

**City, State, Zip Code**  
MULLICA HILL, NJ 08062

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

**License No.**  
01145

**Name of OSHA Monitor**  
EMSL

**Street Address**  
200 RT 130 NORTH

**City, State, Zip Code**  
CINNAMINSON, NJ 08077

**Occupancy Status During Abatement (Check Only One)**  
[ ] Facility Closed/Vacated During Entire Period of Abatement  
[ ] Abatement Performed Outside of Normal Facility Hours  
[ X ] COMMERCIAL/UTILITY ENCLOSURE WITH NEG. AIR

**Scope of Work (Check All That Apply)**  
[ ] Renovation  
[ X ] Demolition  
[ ] Full Containment with Negative Pressure  
[ ] Mini-Enclosure  
[ ] Glovebag Procedure  
[ ] Non-Exempted (*) and Non-Failable Procedure

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

**MAINTENANCE SHOP**  
[ ] Yes  
[ X ] No  
[ N/A ]

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

**Amount (Specify SF or LF)**  
4 LF

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

**Waste Hauler ID No.**  
0034895

**Cubic Yards of Waste**  
3

**Name of Registered Landfill**  
SOUTHERN ALLEGHENIES LANDFILL

**City, State**  
DAVIDSVILLE, PA

**Completed by**  
RON SWANSON

**Title**  
PROJECT COORDINATOR

**Signature**  
[Signature]

**Date**  
02/14/2014

---

*Do not use this form for asbestos licensure exempted activities.*
# Notification of asbestos abatement

**Date of Notification:** 2/12/14

**Name of Building Owner/Operator:** Matthew Troyer

**Name of Agency/Person Notified:**
- EPA
- DOH
- DCA

**Facility Information**
- **Name of Facility Where Abatement is Taking Place:** Troyer
- **Address:** 132 Buckingham Rd
- **City:** Montclair, NJ 07042
- **County:** Essex
- **County Code:** EES
- **Type of Facility:** School (K-12)
- **Square Feet:** 28,000
- **Occupancy Status During Abatement:** Facility Closed/Abated During Entire Period of Abatement

**Scope of Work**
- **Amount (specify SF or LF):** 30 LF

**Abatement Type**
- **Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility:** Abatement

**Abatement Contractor:** A. Mao Contracting Inc.

**OSHA Monitor:** Omega Environmental Services Inc.

**Signed by:** R. McDonald

**Date:** 2/12/14

---

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

Date of Notification (1)  
2/14/14  

Name of Building Owner/Operator (2)  
Steve Scaler  Private Home  

Agencies Notified (3)  
☐ EPA  ☑ DEP  ☐ DOL  ☑ DOH  ☐ DCA  
Type Notification:  
☐ Initial  ☑ Amended  ☐ Amendment #  
☐ Emergency (including justification)  ☐ Cancellation  

Street Address  
35 Joshua  
City, State, Zip Code  
Manahawkin NJ 08050  

Name of Contact  
Steve  
Telephone Number  

FACILITY INFORMATION  

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

Street Address  
35 Joshua  
City (5)  
Manahawkin NJ 08050  

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

Project Manager for Monitoring Firm  
Telephone No.  
56-753-9800  
License No.  
00727  
Name of OSHA Monitor  
Same  
Street Address  
City, State, Zip Code  

Start Date (10)  
2/17/14  
Scheduled Completion Date (11)  
2/21/14  

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

Scope of Work (Check All That Apply)  
☐ ≥3 sf or ≥3 ft  
☐ ≥160 sf or ≥260 ft  
☐ 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 (12)  
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 SF or LF)  

Abatement Type  

Exterior Siding  
☐ Exterior Siding  
1600 SF  

Name of Registered Waste Hauler  
United Containers  
NUDEP Waste Hauler ID No.  
22459  
Cubic Yards of Waste  
3  
Name of Registered Landfill  
G.R.O.W.S.  
City, State  
Elm NJ  
Disposal Date  
2/21/14  
City, State  
Morrisville PA 19067  

Completed by  
Anthony T Perna  Title  
President  
Signature  
Date  
2/14/14  

* Do not use this form for asbestos licensure exempted activities.
**Amended 3 CK 3912**

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:30 and 12:10B)

<table>
<thead>
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<th>Date of Notification (1)</th>
<th>1/6/14</th>
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<table>
<thead>
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<th>Agencies Notified</th>
<th>Type Notification</th>
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<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
</tr>
<tr>
<td>DEP</td>
<td>Amended</td>
</tr>
<tr>
<td>DOH</td>
<td>Amendment # 3</td>
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<tr>
<td>DCA</td>
<td>Cancellation</td>
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<table>
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<tr>
<th>Name of Building Owner/Operator (2)</th>
<th>National Guard Armory</th>
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<tbody>
<tr>
<td></td>
<td>Amended 3 CK 3912</td>
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<table>
<thead>
<tr>
<th>Street Address</th>
<th>1048 Route 206 South</th>
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<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>Bordentown, NJ 08505</th>
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</thead>
</table>

| Name of Contact | Tom |

<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>Street Address</td>
</tr>
<tr>
<td>City</td>
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<table>
<thead>
<tr>
<th>County (6)</th>
<th>Burlington</th>
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<tbody>
<tr>
<td>County Code (7)</td>
<td>00110,</td>
</tr>
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<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (6)</th>
<th>Whitman</th>
</tr>
</thead>
<tbody>
<tr>
<td>Whitman</td>
<td>ASCM No. 00110,</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Abatement Contractor (9)</th>
<th>Pernaco Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>PO Box 329</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>West Berlin NJ 08091</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Kevin Lovely</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone No.</td>
<td>732-390-5858</td>
</tr>
</tbody>
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| Start Date (10) | 1/20/14 |
| Scheduled Completion Date (11) | 2/25/14 |

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check Only)</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: Limited Occupancy</td>
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</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check All That Apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>≥3 sf or ≥3 if</td>
</tr>
<tr>
<td>≥160 sf or ≥260 if</td>
</tr>
<tr>
<td>2 ≤3 sf or ≤3 if</td>
</tr>
<tr>
<td>Renovation</td>
</tr>
<tr>
<td>Demolition</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Wet wrap and cut</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full Containment with Negative Pressure</td>
</tr>
<tr>
<td>Mini-Enclosure</td>
</tr>
<tr>
<td>Glovebag Procedure</td>
</tr>
<tr>
<td>Non-Exempted (*) and Non-Friable Procedure</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>TO BE ABATED (Facility) (19)</td>
</tr>
</tbody>
</table>

| Office Area 121-129 |
| Drill Floor BP3 |
| x                            |
| x                            |
| BP1, 2, 3, & 4 |
| x                            |
| x                            |

| Kitchen, Dining Room offices & Exterior Stairs |
| x Transient |

| Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) |
| Floor Tile & Mastic |
| x Pipe Insulation |

<table>
<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Floor Tile &amp; Mastic</td>
</tr>
<tr>
<td>760 SF</td>
</tr>
<tr>
<td>Pipe Insulation</td>
</tr>
<tr>
<td>300 LF</td>
</tr>
<tr>
<td>Fire doors</td>
</tr>
<tr>
<td>8 Doors</td>
</tr>
<tr>
<td>Pipe Insulation</td>
</tr>
<tr>
<td>700 LF</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
</tr>
</thead>
<tbody>
<tr>
<td>Freehold Cartage Inc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cubic Yards of Waste</th>
</tr>
</thead>
<tbody>
<tr>
<td>80</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>G.R.O.W.S.</td>
</tr>
</tbody>
</table>

| City, State, Zip Code (Emergencies Only) |
|********************************************|
| City | Bordentown, NJ 08505 |

<table>
<thead>
<tr>
<th>Disposal Date</th>
<th>TBD</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State, Zip Code</td>
<td>City, State, PA 19067</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed by</th>
<th>Anthony T Perna</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
<td>President</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1/6/14</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 8:68 and 12:120)

Date of Notification (1) 2/14/14
Name of Building Owner/Operator (2) Jim Mucchie Private Home

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

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

Street Address
83 Jeffrey

City, State, Zip Code
Manahawkin NJ 08050

Name of Contact
Jim

Facility Information
Name of Facility Where Abatement is Taking Place (3)
Jim Mucchie Private Home

Street Address
83 Jeffrey

City (6)
Manahawkin NJ 08050

County (6)
Camden

County Code (7)
(SAVE USE ONLY)

Current Use (Prior if being demolished)
Home

Name of Monitoring Firm Hired by Building Owner (8)
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) 2/17/14
Scheduled Completion Date (11) 2/21/14

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

Scope of Work (Check All That Apply)
- ≥3 sf or ≥3 If
- ≥180 sf or ≥280 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 No N/A

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

Amount (Specify SF or LF)
1300 Sf

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

Endorsement

Name of Registered Waste Hauler
United Containers

Cubic Yards of Waste
3

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

City, State
Morrisville PA 19067

Disposal Date
2/21/14

City, State

Completed by
Anthony T Perna
Title
President
Signature
Date 2/17/14

ASB-41 (R-08-08)

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

Data of Notification (1)
2-14-14

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

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

Name of Building Owner/Operator (2)
Rob Curt Ross

Street Address
950 Dogwood Trail.

City, State, Zip Code
Franklin Lakes NJ 07417

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

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

Name of Contact
Rob Curt Ross

Telephone No.
(973) 744-8800

Current Use (Prior if being demolished)

Square Feet
2800

No. of Floors
3

Bldg. Age
105

Name of OSHA Monitor
N/A

Type of Work (Check all that apply)
[X] Renovation
[X] Demolition

Location of Asbestos-Containing Material (ACM)

<table>
<thead>
<tr>
<th>Location Normally Used</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
<th>Amount</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>In Facility</th>
<th>13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>X</td>
</tr>
</tbody>
</table>

Pipe insulation

140 LF

Name of Registered Waste Hauler
AZTECH MANAGEMENT, INC.

Hauler ID No.
17040

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

City, State
Montclair, NJ 07042

Disposal Date
2-26-14

City, State
Morrisville, PA 19067

Completed By (Print or Type)
Constantine Vivian

Title
President

Signature

Date
2-14-14
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

### Date of Notification (1)
February 17, 2014

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

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

### Name of Building Owner/Operator
Hoboken Western High School

### Street Address
P O Box 5126
Hoboken, NJ 07030

### Name of Contact
Mr. Villamar

### Telephone Number

---

### FACILITY INFORMATION

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

#### Street Address
1200-1318 Madison Street

#### City, County
Hoboken, Hudson

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

#### ASCM No.

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

#### Square feet
20,000 sf

#### # of Floors
1

#### Bldg. Age
80

#### Current Use (Prior if being demolished)
Warehouse

#### Street Address
1889 Rte. 9, Unit 61

#### City, State, Zip Code
Toms River, NJ 08755

#### Project Manager for Monitoring Firm
Nicholas Fernicola

#### Telephone Number
732-349-9932

#### Scheduled Start Date (10)
2/18/14

#### Scheduled Completion Date (11)
2/28/14

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

#### Scope of Work (Check all that apply)
- [x] >3 sf or ≥13 lf
- [x] ≥160 sf or ≥260 lf
- [x] Renovation
- [ ] Demolition

---

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

#### Is Location Normally used Solely by Maintenance/Custodial Staff?
YES • NO • N/A

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

#### Location
Throughout building
- [ ] Boiler room
- [ ] Boiler room

#### Asbestos pipe insulation
1050 lf

#### Asbestos boiler insulation
250 sf

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

### NI/DEP Waste Hauler ID No.
20223

### Disposal Date
3/3/14

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

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

### Title
Project Manager

### Signature

---

*Do not use this form for asbestos licensure exempted activities.*
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:30 and 12:130)

Date of Notification (1)
2/10/14

Name of Building Owner/Operator (2)
Anna Fitpatrick

Agencies Notified

- EPA
- DEP
- DOL
- DOH
- DCA

Type Notification

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

Street Address
311 Main ST

City, State, Zip Code
Matawan NJ 07747

Name of Contact
Anna Fitpatrick

Telephone Number

FACILITY INFORMATION

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

Street Address
311 Main ST

City (5)
Matawan NJ

County (6)
Monmouth

Current Use (Prior to being demolished)
Residential

Name of Monitoring Firm Hired by Building Owner (8)
Lewis Consulting Group

Name of Abatement Contractor (9)
DYV Enterprises LLC

ASCM No.

Name of OSHA Monitor
Lewis Consulting Group

Street Address
2519 Highway 35 Build A Suit 202

City, State, Zip Code
Manasquan, NJ 08730

Telephone No.
917-9920081

License No.
973-9426924

Name of Registered Waste Hauler
DYV Enterprises LLC

Cubic Yards of Waste
2cy

Disposal Date
2/27/14

Name of Registered Landfill
Clean Earth of North Jersey

City, State
Kearny NJ

Completed by
Dorian Carpio

Title
Project Manager

Signature

Date
2-10-14

Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:80 and 12:139)

Date of Notification (1)
2-12-14

Name of Building Owner/Operator (2)
Renata Santos

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

Type Notification
☒ Initial  ☑ Amended  ☑ Amendment #  ☑ Emergency (including Justification)

Street Address
794 President street, 2R

City, State, Zip Code
Brooklyn NY 11215

Name of Contact
Patrick McGovern

Telephone Number

FACILITY INFORMATION

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

Street Address
40 Saltar Place

City (5)
Maplewood NJ

County Code (7)
Essex

County Code (7)
(State Use Only)

Name of Monitoring Firm Hired by Building Owner (8)
J&S Environmental Laboratories LLC

ASCM No.

Name of Abatement Contractor (9)
DYV Enterprises LLC

Street Address
2333 Route 22 West

City, State, Zip Code
Union NJ 07083

City, State, Zip Code
Paterson NJ 07502

Project Manager for Monitoring Firm

Telephone No.
908-20600073

Telephone No.
973-9426924

License No.
01129

Start Date (10)
2-26-14

Scheduled Completion Date (11)
3-3-14

Occurrence 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 Lt
☒ Renovation
☒ Demolition

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

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

Amount

Removal
Repair
Encapsulate
Endorse

Basement Laundry room
9x9 Floor tile Brown(VAT)
80 SF

Basement Main room
9x9 Floor tile Green(VAT)
56 SF

Crawl-Space Area
Thermal system insulation
90 LF

Basement Boiler room
Thermal system insulation
2 LF

Name of Registered Waste Hauler
DYV Enterprises LLC

NJDEP Waste Hauler ID No.
00341

Cubic Yards of Waste
10cy

Disposal Date
3-4-14

Name of Registered Landfill
Waste Management

City, State
Paterson NJ

City, State
Tullytown, PA

Completed by
Dorian Carpio

Title
Project Manager

Signature

Date
2-12-14

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