State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Check #1411

Date of Notification (1)
2-19-2013

Name of Building Owner/Operator (2)
Morris Hills Regional District

Street Address
48 Knoll Drive

City, State, Zip Code
Rockaway, NJ 07866-4024

Name of Contact
Steve A. Temosky

FACILITY INFORMATION

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

Street Address
520 West Main Street

City (5)
Rockaway

County (6)
Morris

Square Feet
229,760

Current Use (Prior if being demolished)

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

# of Floors
2

Bldg. Age
53

Name of Monitoring Firm HIred by Building Owner (8)
Westchester Environmental

ASCM No.

Name of Abatement Contractor (9)
GL Group, Inc

Street Address
140 Hamburg Tpke

City, State, Zip Code
Bloomingdale, NJ 07403

License No.
01084

Project Manager for Monitoring Firm
Paul F. McCaa

Telephone No.
610-431-7545

Name of OSHA Monitor
GL Group, Inc

Start Date (10)
03-26-2013

Scheduled Completion Date (11)
03-26-2013

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

Other – Describe:

Scope of Work (Check All That Apply)

 Renovation

 Demolition

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

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

 Yes
 No
 N/A

 ACM Wiring
 40 LF

AbatementType

 Name of Registered Waste Hauler (14)
 GL Group, Inc

 NJ/DEP Waste Hauler ID No.
 0033034

 Cubic Yards of Waste
 TBD

 Name of Registered Landfill
 GROWS

 City, State
 Bloomingdale, NJ

 Completed by
 Elena Solakov

 Title
 President

 Signature

 Date
 2/19/2013

 ASB-41 (R-06-08)

 * Do not use this form for asbestos licensure exempted activities.
<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>2-19-2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Morris Hills Regional District</td>
</tr>
<tr>
<td>Street Address</td>
<td>48 Knoll Drive</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Rockaway, NJ 07866-4024</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Steve A. Ternosky</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

| Name of Facility Where Abatement is Taking Place (3) | Morris Hills High School |
| Street Address | 520 West Main Street |
| City (5) | Rockaway |
| County (6) | Morris |
| Name of Monitoring Firm Hired by Building Owner (8) | Westchester Environmental |
| Street Address | 307 North Walnut Street |
| City, State, Zip Code | West Chester, PA 19380 |
| Project Manager for Monitoring Firm | Paul F. McCaa |
| Telephone No. | 610-431-7545 |
| Start Date (10) | 03-26-2013 |
| Scheduled Completion Date (11) | 03-26-2013 |

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

| ACM Wiring | 40 LF |

| Name of Registered Waste Hauler | GL Group, Inc |
| City, State | Bloomingdale, NJ |
| Name of Registered Landfill | GROWS |

**Completed by**

| Elena Solakov | President |
| Signature | Elen S. Solcov |

**Check #1411**

*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)**  
2/20/13

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

**Street Address**  
59-61 N. Bridge Street

**City, State, Zip Code**  
Red Bank, NJ 07701

**Name of Contact**  
Tom Houston

**Telephone Number**

---

**FACILITY INFORMATION**

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

- **Residence**

**Street Address**  
59-61 N. Bridge Street

**City (5)**  
Red Bank, NJ 07701

**County Code (6)**

- Mercer

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

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

- Residence

**Square Feet**  
3000

**# of Floors**  
2

**Bldg. Age**  
90

---

**Type of Facility (4)**

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

---

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

- MECS

**ASCM No.**

**Name of Abatement Contractor (9)**

- Stevens Environmental Services, Inc.

**Street Address**

- PO Box 341

**City, State, Zip Code**

- Crosswicks, NJ 08515

**Telephone No.**

- (609) 298-4070

**License No.**

- 00493

**Name of OSHA Monitor**

- MECS

**Street Address**

- PO Box 322

**City, State, Zip Code**

- Allentown, NJ 08501

**Telephone No.**

- (609) 259-9688

**Name of Registered Waste Hauler**

- Stevens Environmental Services Inc.

**NJDEP Waste Hauler ID No.**

- 18292

**Cubic Yards of Waste**

- 3 CU

**Name of Registered Landfill**


**City, State**

- Allentown, NJ

**Disposal Date**

- 3/7/13

**City, State**

- Tullytown, PA

**Completed By**

- Mahlon E. Stevens

**Title**

- Project Manager

**Signature**

**Date**

- 2/20/13

---

*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: 10/12/11  
Name of Building Owner/Operator: PHYLLIS GERBER  
Street Address: 35 ROSE AVENUE  
City, State, Zip Code: SPRINGFIELD, NJ  
Name of Contact: PHYLLIS GERBER  
Telephone Number:  

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Name of Monitoring Firm Hired by Bldg. Owner</th>
<th>ASCM No.</th>
<th>Name of Abatement Contractor</th>
<th>Street Address</th>
<th>Telephone Number</th>
<th>License Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ DOL</td>
<td>☑ Emergency</td>
<td>D &amp; S RESTORATION, INC.</td>
<td></td>
<td>D &amp; S RESTORATION, INC.</td>
<td></td>
<td></td>
<td>973-345-8020</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>ASCM No.</td>
<td>D &amp; S Restoration, Inc.</td>
<td>Paterson, NJ 07503</td>
<td></td>
<td></td>
</tr>
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</table>

Current Use:  

<table>
<thead>
<tr>
<th>Name of facility where abatement is taking place</th>
<th>Type of Facility</th>
<th>Square Feet</th>
<th># of Floors</th>
<th>Bldg. Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>PHYLSS GERBER</td>
<td>School (K-12)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Subchapter 8 (Other than K-12)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other (Private/Commercial Bldgs./Homes, etc.)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

[Further details filled in for Name of Facility, Type of Facility, Square Feet, # of Floors, and Bldg. Age]

Occupancy Status During Abatement:  
- ☑ Facility closed/vacated during entire period of abatement.  
- ☑ Abatement performed outside of normal facility hours.  
- ☑ Other-Describe: NORMAL HOURS

[Further details for Occupancy Status During Abatement]

Scope of Work (check all that apply):  
- ☑ +3 sf or +3 If  
- ☑ Renovation  
- ☑ +160 sf or +260 If  
- ☑ Demolition

[Further details for Scope of Work]

Location of asbestos-containing material (acm) to be abated in facility:  
- ☑ Location normally used solely by maintenance/custodial staff

[Further details for Location of asbestos-containing material]

Description of asbestos-containing material (ACM):  
- PIPE INSULATION  
- 70 L FT

[Further details for Description of asbestos-containing material]

Registered Waste Hauler:  
- D & S RESTORATION, INC.  
- NJDEP Hauler ID# 13506  
- Cubic Yards of Waste 1 YD

[Further details for Registered Waste Hauler]

Disposal Site:  
- TULLYTOWN, RESOURCE RECOVERY  
- TULLYTOWN, PA

[Further details for Disposal Site]

Completed by (Print or Type): BOGDAN JOLDZIC  
Title: PRESIDENT  
Signature:  
Date: 02/19/13

* 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)

Name of Building Owner/Operator (2)

ROSE ANN SCARPA FUCCELLI

Agencies Notified

☐ EPA
☐ DEP
☐ DOL
☐ DOH
☐ DCA
☐ Initial
☐ Amended
☐ Emergency (including justification)
☐ Cancellation

Street Address

95 BOOREAM AVE.

City, State, Zip Code

JERSEY CITY, NJ 07306

Name of Contact

ROSE ANN SCARPA FUCCELLI

FACILITY INFORMATION

Name of facility where abatement is taking place (3)

ROSE ANN SCARPA FUCCELLI

Street Address

95 BOOREAM AVE.

City (5)

JERSEY CITY

County (6)

HUDSON

County Code (7) (State use only)

Name of Monitoring Firm Hired by Bldg. Owner (8)

ASCN No.

Type of Facility (4)

☐ School (K - 12)
☐ Subchapter 8 (Other than K-12)
☐ Other (Private/Commercial Bldgs./Homes, etc.)

Square Feet

# of Floors

Bldg. Age

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

Project Manager for Monitoring Firm

Phone Number

Start Date (10)

02/20/13

Sched. Completion Date (11)

02/28/13

Occupancy Status During Abatement (Check only one)

☐ Facility closed/evacuated during entire period of abatement,
☐ Abatement performed outside of normal facility hours Describe:
☐ Normal Hours

Other-Describe: NORMAL HOURS

Scope of Work (check all that apply)

☐ >3 sf or >3 lf
☐ Renovation
☐ >160 sf or >260 lf
☐ Demolition

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

Yes

No

N/A

Description of asbestos-containing material (ACM)

PIPE INSULATION

Boiler Insulation

Amount

( Specify SF or LF)

R enove

R epair

E ncap

ENC

BASEMENT

BASEMENT BOILER

Registered Waste Hauler

D & S RESTORATION, INC.

NJDEP Hauler ID# 13506

Cubic Yards of Waste

1 YD

TULLYTOWN, RESOURCE RECOVERY

TULLYTOWN, PA

Name of Registered Landfill

City, State

PATerson, NJ 07503

Disposal Date

02/21/13

Completed by (Print or Type)

BOGDAN JOLDZIC

Title

PRESIDENT

Signature

Date

02/19/13

*Do not use this form for asbestos licensure exempted activities.
State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:80 and 12:120)

Name of Building Owner/Operator (2):
ROSENN SCARPA FUCILI
Street Address:
95 DOOREM AVE.
City, State, Zip Code:
JERSEY CITY, NJ 07306
Name of Contact:
ROSENN SCARPA FUCILI
Telephone Number:

Name of facility where abatement is taking place (3):
ROSENN SCARPA FUCILI
Street Address:
95 DOOREM AVE.
City (6):
JERSEY CITY
County (5):
HUDSON
County Code (7):
04

Type of Facility (4):
OTHER (PRIVATE/COMMERCIAL
BIDGE/HOMES, ETC.)

Square Foot:

Name of Asbestos 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

Occuancy Status During Abatement (Check only one):
Facility closed/occupied during entire period of abatement.

Scope of Work (Check all that apply):

- RENOVATION
- DEMOLITION
- FULL CONTAINMENT WITH NEGATIVE PRESSURE
- MINI-ENCLOSURE
- GLOVEBOX PROCEDURE
- NON-EXEMPTED (*) AND NON-TRIABLE PROCEEDURES

Location of asbestos-containing material (ACM) to be removed:

<table>
<thead>
<tr>
<th>Description of asbestos-containing material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>PIPE INSULATION</td>
<td>30 LF</td>
</tr>
<tr>
<td>Boiler Insulation</td>
<td>40 SQ FT</td>
</tr>
</tbody>
</table>

Signature:

PATRICK
PRESIDENT

Date:
02/19/13

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

Date of Notification (1): 01/12/13

Agencies Notified:
□ EPA  □ DEP  □ DOL  □ DOH  □ DCA

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

Name of Building Owner/Operator (2): RICH MATTISICCH
Street Address: 570 FERN STREET
City, State, Zip Code: TWP. OF WASHINGTON, NJ
Name of Contact: RICH MATTISICCH

FACILITY INFORMATION

Name of facility where abatement is taking place (3):
RICH MATTISICCH
Street Address: 570 FERN STREET
City: BERGEN
County: BERGEN
County Code: (State use only)

Type of Facility (4):
□ School (K - 12)  □ Subchapter 8 (Other than K-12)  □ Other (Private/Commercial Bldgs./Homes, etc.)

Square Feet:  # of Floors: Bldg. Age:

Current Use (Prior if being demolished):

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

Name of Abatement Contractor (9):
D & S RESTORATION, INC.
Street Address: 20 California Ave.
City, State, Zip Code: Paterson, NJ 07503
Telephone Number: 973-345-8020
License Number: 01169

Name of OSHA Monitor:
D & S Restoration, Inc.
Street Address: 20 California Avenue
City, State, Zip Code: Paterson, NJ 07503

Start Date (10): 03/05/13
Sched. Completion Date (11): 05/18/13

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

Scope of Work (check all that apply):
□ >3 sf or >3 If  □ Renovation
□ >160 sf or >260 If  □ Demolition

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

Yes  No  N/A

Description of asbestos-containing material (ACM):

Amount: (Specify SF or LF): DUCT WORK 20 LFT

Re Move  Rep a i l  Encap  E N C L

Full Containment w/negative pressure
□ Mini-enclosure
□ Glovebag procedure
□ Non-Exempted (*) and Non-Retable procedure

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: 03/06/13

Completed by (Print or Type):
BOGDAN JOLDZIC
Title: PRESIDENT
Signature:
Date: 02/19/13

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

Date of Notification (1) 2/14/13
Name of Building Owner / Operator (2) The College of New Jersey

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
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<tr>
<td>DEP</td>
<td>Amended #45</td>
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<td>DOL</td>
<td>Emergency</td>
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<tr>
<td>DOH</td>
<td>Cancellation</td>
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<tr>
<td>DCA</td>
<td></td>
</tr>
</tbody>
</table>

Street Address
PO Box 7718
Ewing, NJ 08628

City, State & Zip Code
Ewing, NJ 08628

Name of Contact
Amanda Radosti

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
The College of New Jersey

Street Address
2000 Pennington Road

City (5) County (6) County Code (7)
Ewing Mercer

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

Project Manager for Monitoring Firm Telephone Number
Jim Guilardi 856-940-8600

Scheduled Start Date (10) Scheduled Completion Date (11)
11/8/12 2/28/13

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

Square Feet # of Floors Bidg. Age

Current Use (Prior if being demolished)
Manhole

Name of Abatement Contractor (9)
AbateTech, Inc.

Street Address
30 Maple Ave

City, State & Zip Code
Lumberton, NJ 08048

Name of OSHA Monitor
EMSL Analytical

Street Address
107 Haddon Ave.

City, State & Zip Code
Westmont, NJ 08108

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

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

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

| Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous) |
| Amount (Specify SF or LF) |
| Abatement Type |

| Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13) |
| Is Location Normally Used Solely by Maintenance or 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 |

Manholes #3 & #4
Pipe Insulation 160 LF

Exterior Trench
Pipe Insulation 84 LF

Name of Registered Waste Hauler
AbateTech, Inc.

NJDEP Waste Hauler ID No. 18750

Cubic Yards of Waste 15

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

City, State Lumberton, NJ

Disposal Date 2/28/13

Completed By (Print or Type)

Gwen Trumbetti

Title Opps. Coord.

Signature

Date 2/14/13
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1) 2/14/13
Name of Building Owner / Operator (2) 2013 FEB 25 PM 2:08

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

Type Notification
- Initial
- Amended #
- Emergency
- Cancellation

PSE&G
Street Address
60 Park Plaza
City, State & Zip Code
Newark, NJ 07101
Name of Contact
Drew Shuda

FACILITY INFORMATION
Name of Facility Where Abatement is Taking Place (3)
PSE&G Pennsauken Substation
Street Address
Route 130

City (5) Pennsauken
County (6) Camden
County Code (7)

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

Square Feet # of Floors Bldg. Age

Current Use (Prior if being demolished)

Substation Exterior

Name of Monitoring Firm Hired by Building Owner (8) M.E.C.S.
Street Address
1224 Hamilton Ave. PO Box 33004
City, State & Zip Code
Trenton, NJ 08629

Project Manager for Monitoring Firm
William Weisgarder Jr.
Telephone Number 609-815-1140

Scheduled Start Date (10) 2/25/13
Scheduled Completion Date (11) 3/1/13

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

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

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

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

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

Amount (Specify SF or LF)
400 LF

Abatement Type

Exterior

Abandoned pipe encased in bitumastic covering (2' sections)

Name of Registered Waste Hauler

Waste Management
NJDEP Waste Hauler ID No. 1125
Cubic Yards of Waste TBD
Name of Registered Landfill
GROWS North Landfill

City, State
Camden, NJ

Completed By (Print or Type)
Gwen Trumbetti
Title Office Coord.

Signature Date
2/14/13
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>Name of Building Owner/Operator</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 / 22 / 13</td>
<td>JC Penney Corporation Inc.</td>
</tr>
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</table>

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

Type Notification:  
- Initial  
- Amended Amendment #3  
- Emergency (including justification)  
- Cancellation

Street Address:  
6501 Legacy Drive

City, State, Zip Code:  
PLeano, TX 75024

Name of Contact:  
Soy Thomas

Facility Information:

Name of Facility Where Abatement is Taking Place:  
Wayne Town Center

Street Address:  
260 Wayne Town Center

City:  
Wayne

County:  
Passaic

Name of Monitoring Firm Hired by Building Owner:  
Hillmann Consulting LLC

ASCM No.:  
62252

Name of Abatement Contractor:  
JVN Restoration Inc

Street Address:  
1600 Route 22 East

City, State, Zip Code:  
Union NJ 07083

Project Manager for Monitoring Firm:  
Tom Rubino

Telephone No.:  
908-956-1233

License No.:  
718-605-2526

Name of OSHA Monitor:  
Testor Tech

Start Date (10):  
2 / 11 / 13

Scheduled Completion Date (11):  
3 / 11 / 13

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

Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement:

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

<table>
<thead>
<tr>
<th>Location of ACM</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos-Containing Material</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
</tr>
<tr>
<td>2nd Level Home Street Dept.</td>
<td>☐</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td>1st Level Marchese Dept.</td>
<td>☐</td>
<td>☒</td>
<td>☐</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler:  
Express Waste Services LLC

N.J. DEP Waste Hauler ID No.:  
NJ-804

Cubic Yards of Waste:  
40

Name of Registered Landfill:  
Global Waste Industries, Inc.

City, State:  
Newark NJ

Disposal Date:  
3/11/13

Completed By:  
John Tardy

Title:  
Senior Project Manager

Signature:  
[Signature]

Date:  
2/22/13

*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 10/11/13

Name of Building Owner/Operator (2)  
HANY KALDAS

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

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

Street Address  
260 OTTAWA AVENUE

City, State, Zip Code  
HASBROUCK HEIGHTS, NJ

Name of Contact  
HANY KALDAS

Telephone Number

Name of facility where abatement is taking place (3)  
HANY KALDAS

Street Address  
260 OTTAWA AVENUE

City (5)  
HASBROUCK HEIGHTS

County (6)  
BERGEN

County Code (7)  
(State use only)

Type of Facility (4)  
☐ School (K - 12)  ☐ Subchapter 8 (Other than K-12)  ☒ Other (Private/Commercial
Bldgs./Homes, etc.)

Square Feet  

# of Floors  

Bldg. Age

Current Use (Prior if being demolished)

Name of Abatement Contractor (9)  
D & S RESTORATION, INC.

Street Address  
20 California Ave.

City, State, Zip Code  
Paterson, NJ 07503

Telephone Number  
973-345-8020

License Number  
01169

Name of OSHA Monitor  
D & S Restoration, Inc.

Street Address  
20 California Avenue

City, State, Zip Code  
Paterson, NJ 07503

Start Date (10)  
02/21/13

Sched. Completion Date (11)  
02/28/13

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

Scope of Work (check all that apply)  
☐ >3 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 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>R Em o v e</th>
<th>R e p a i r</th>
<th>E n c la v e</th>
<th>E n c l a v e</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
<td>PIPE INSULATION</td>
<td>120 L FT</td>
<td>☒</td>
<td>☐</td>
</tr>
</tbody>
</table>

Registered Waste Hauler  
D & S RESTORATION, INC.

NJDEP Hauler ID#  
13506

Cubic Yards of Waste  
2 YDS

Name of Registered Landfill  
TULLYTOWN, RESOURCE RECOVERY

City, State  
PATERNSSON, NJ 07503

Disposal Date  
02/22/13

Name of Registered Landfill  
TULLYTOWN, RESOURCE RECOVERY

City, State  
PATERNSSON, NJ 07503

Completed by (Print or Type)  
BOGDAN JOLDZIC

Title  
PRESIDENT

Signature  
02/20/13

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

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

<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>Name of Building Owner/Operator</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] 1/2</td>
<td>HANY KALDAS</td>
</tr>
<tr>
<td>[ ] 1/3</td>
<td>[ ] Initial</td>
</tr>
<tr>
<td>[ ] 1/4</td>
<td>[ ] Amended</td>
</tr>
<tr>
<td>[ ] 1/5</td>
<td>[ ] 260 OTTAWA AVENUE</td>
</tr>
<tr>
<td>[ ] 1/6</td>
<td>[ ] HASBROUCK HEIGHTS, NJ</td>
</tr>
<tr>
<td>[ ] 1/7</td>
<td>[ ] Cancellation</td>
</tr>
<tr>
<td>[ ] 1/8</td>
<td>HANY KALDAS</td>
</tr>
<tr>
<td>[ ] 1/9</td>
<td>[ ] 260 OTTAWA AVENUE</td>
</tr>
<tr>
<td>[ ] 1/10</td>
<td>[ ] HASBROUCK HEIGHTS, NJ</td>
</tr>
<tr>
<td>[ ] 1/11</td>
<td>[ ] Cancellation</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

- **Name of facility where abatement is taking place:** HANY KALDAS
- **Street Address:** 260 OTTAWA AVENUE
- **City:** HASBROUCK HEIGHTS
- **County:** BERGEN
- **County Code:** (State use only)

**Type of Facility:**
- [ ] School (K-12)
- [ ] Subchapter 8 (Other than K-12)
- [ ] Other (Private/Commercial Buildings, Homes, etc.)

- **Square Feet:** [ ] 0
- **# of Floors:** [ ] 0
- **Bldg. Acreage:** [ ] 0

**Name of Abatement Contractor:** D & S RESTORATION, INC.
- **Street Address:** 20 California Ave.
- **City, State, Zip Code:** Paterson, NJ 07503
- **Telephone Number:** 973-343-8020
- **License Number:** 01169

**OCCUPANCY STATUS DURING ABATMENT:**
- [ ] Facility closed/evacuated during entire period of abatement.
- [ ] Abatement performed outside of normal facility hours.
- [ ] Other: NORMAL HOURS

**SCOPE OF WORK (check all that apply):**
- [ ] Presence
- [ ] Renovation
- [ ] Demolition

**DESCRIPTION OF ASBESTOS-CONTAINING MATERIAL (ACM):** PIPE INSULATION

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

<table>
<thead>
<tr>
<th>Yes</th>
<th>N/A</th>
</tr>
</thead>
</table>

**Registered Waste Handler:**
- **Name:** D & S RESTORATION, INC.
- **Cubic Yards of Waste:** 2 YDS
- **Name of Registered Lender:** TULLYTOWN, RESOURCE RECOVERY
- **City, State:** Paterson, NJ 07503

**Completed by (Print or Type):**
- **Title:** PRESIDENT
- **Date:** 02/22/13

**AS9-41:** Do not use this form for asbestos licensure exempted activities.

---

**FEB. 20, 2013 (WED) 11:33 COMMUNICATION No. 9 PAGE 1**
**State of NJ**  
**Notification of Asbestos Abatement**  
(Pursuant to NJAC 8:60 and 12:120)

**Date of Notification (1)**  
2013 FEB 25 PM 2:50

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

**Street Address**  
17 FAIRFIELD TERRACE

**City, State, Zip Code**  
SHORT HILLS, NJ 07078

**Name of Contact**  
TOM MINDEN

**Telephone Number**  

---

**FACILITY INFORMATION**

**Name of facility where abatement is taking place (3)**  
TOM MINDEN

**Street Address**  
17 FAIRFIELD TERRACE

**City (5)**  
SHORT HILLS

**County (6)**  
ESSEX

**County Code (7)**  
(State use only)

---

**Type of Facility (4)**  
- [x] Other (Private/Commercial Bldgs./Homes, etc.)

**Square Feet**  
-

**# of Floors**  
-  

**Bldg. Age**  
-  

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

---

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

**Project Manager for Monitoring Firm**  
-  

**Phone Number**  
-  

**Start Date (10)**  
03/06/13

**Sched. Completion Date (11)**  
03/22/13

**Occupancy Status During Abatement (Check only one)**  
- [x] Other-Describe: NORMAL HOURS

---

**Scope of Work (check all that apply)**  
- [ ] >3 sf or >3 ft
- [ ] >160 sf or >260 ft
- [x] Renovation
- [ ] Demolition

**Location of asbestos-containing material (acm) to be abated in facility (13)**  
- [x] BASEMENT

**Description of asbestos-containing material (ACM)**  
DUCT INSULATION

**Amount (Specify SF or LF)**  
60 SQ FT

---

**Registered Waste Hauler**  
**D & S RESTORATION, INC.**

**NJDEP Hauler ID#**  
13506

**Cubic Yards of Waste (YD)**  
-  

**Name of Registered Landfill**  
TULLYTOWN, RESOURCE RECOVERY

**City, State**  
PATerson, NJ 07503

**Disposal Date**  
03/07/13

**City, State**  
TULLYTOWN, PA

**Completed by (Print or Type)**  
BOGDAN JOLDZIC

**Title**  
PRESIDENT

**Signature**  
-  

**Date**  
02/20/13

---

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

## Pursuant to NJAC 8:60 and 12:120

**Date of Notification (1)**
2-21-13

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

**Type Notification**
- [x] Initial
- [x] Amended
- [ ] Amendment #01
- [ ] Emergency (including
  - [ ] Justification
  - [ ] Cancellation)

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

**Street Address**
4000 Hadley Road

**City, State, Zip Code**
South Plainfield, New Jersey 07080

**Name of Contact**
Rich Hoarle

**Telephone Number**

## FACILITY INFORMATION

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

**Street Address**
33 Littleton Avenue

**City (5)**
Newark, New Jersey 07107

**County (6)**
Essex

**County Code (7)**

**ASCM No.**

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

**Square Feet**
100,000

**# of Floors**
5

**Bldg. Age**
55 years

**Current Use (Prior if being demolished)**
Not in use

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

**Street Address**
208 Newtown Road

**City, State, Zip Code**
Plainview, NY 11803

**Project Manager for Monitoring Firm**
Michael Nolan

**Telephone No.**
917-299-7122

**Name of Abatement Contractor (9)**
Gramercy Group Inc.

**Street Address**
3000 Burns Avenue

**City, State, Zip Code**
Wantagh NY 11793

**Telephone No.**
516-867-0020

**License No.**
01085

**Name of OSHA Monitor**
Gramercy Group Inc.

## Start Date (10)
1-14-13

## Scheduled Completion Date (11)
12-31-12

**Occupancy Status During Abatement (Check Only One)**
- [x] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility Hours
- [ ] Other – Describe: Facility scheduled for demolition, No occupancy

**Scope of Work (Check All That Apply)**
- [x] ≥3 sf or ≥3 If
- [ ] ≥160 sf or ≥260 If
- [ ] Renovation
- [x] 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**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
<th>See Attached</th>
<th>See Attached</th>
<th>x</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>(12)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>400</td>
</tr>
</tbody>
</table>

**Abatement Type**

<table>
<thead>
<tr>
<th>Removal</th>
<th>Repair</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Endorsement**

**Name of Registered Waste Hauler**
Gramercy Group Inc.

**NJDEP Waste Hauler ID No.**
32981

**Cubic Yards of Waste**
400

**Name of Registered Landfill**
GROWS North Landfill

**City, State**
Wantagh New York

**Completed by**
Robert Lewin

**Title**
Environmental Coordinator

**Signature**

**Date**
3-3-13

**Disposal Date**

**City, State**
Morrisville PA

**Date**
2-21-13

* Do not use this form for asbestos licensure exempted activities.
<table>
<thead>
<tr>
<th>MATERIAL</th>
<th>UNITS</th>
<th>ESTIMATED QUANTITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asbestos</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thermal Insulation</td>
<td>lin. ft.</td>
<td>250</td>
</tr>
<tr>
<td>Thermal Insulation</td>
<td>lin. ft.</td>
<td>100</td>
</tr>
<tr>
<td>Thermal Insulation</td>
<td>lin. ft.</td>
<td>10</td>
</tr>
<tr>
<td>Transite</td>
<td>sq. ft.</td>
<td>250</td>
</tr>
<tr>
<td>Transite</td>
<td>sq. ft.</td>
<td>200</td>
</tr>
<tr>
<td>Floor Tile</td>
<td>sq. ft.</td>
<td>2800</td>
</tr>
<tr>
<td>Floor Tile Mastic</td>
<td>sq. ft.</td>
<td>3500</td>
</tr>
<tr>
<td>Floor Debris</td>
<td>sq. ft.</td>
<td>250</td>
</tr>
</tbody>
</table>
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1): 2/14/12

Name of Building Owner/Operator (2): Mr. Brian Zoubek

Street Address: 104 N. Hinchman Ave

City, State, Zip Code: Haddonfield, NJ 08033

Name of Contact: Mr. Brian Zoubek

**FACILITY INFORMATION**

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

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

Square Feet: 2,800

# of Floors: 3

Bldg. Age: 60 yrs

Current Use (Prior if being demolished): Resident

Name of Monitoring Firm Hired by Building Owner (6):
- Environmental Management

Environmental Management

Name of Abatement Contractor (9): GrahamTech Environmental Service LLC

Street Address: 74 East Germantown Pike, P.O. Box 204

City, State, Zip Code: East Norriton, PA 19401

Name of Project Manager for Monitoring Firm: Raymond G. Landazuri

Telephone No.: 610-277-0405

Name of OSHA Monitor: GrahamTech Environmental Service LLC

Street Address: 14 Read Drive

City, State, Zip Code: Sicklerville, NJ 08081

Start Date (10): 2/16/13

Scheduled Completion Date (11): 2/18/13

Occuancy 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 if
- ≥ 160 sf or ≥ 280 if
- Renovation
- 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) (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>FIRST FLOOR</td>
<td>V</td>
<td>Asbestos Duct Wrapping 105F</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BASEMENT</td>
<td>V</td>
<td>Asbestos Duct Wrapping 105F</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BASEMENT</td>
<td>V</td>
<td>Asbestos Pipe Insulation 12 LF</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler: GrahamTech Environmental Service

NJ/DEP Waste Hauler ID No.: 0034500

Cubic Yards of Waste: 0

Name of Registered Landfill: Atlantic County Utilities

City, State: Egg Harbor, N.J.

Disposal Date: 2/14/13

Completed by: Willi Graham

Title: Owner

Signature: 

Date: 2/14/13

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60-12:20)  

Data of Notification (1)  2-18-13  
Name of Building Owner/Operator (2)  Matteo/Mainte

Agency Notified  
□ EPA  □ DEP  □ DOL  □ DOH  □ DCA  
□ Initial  □ Amended  □ Amendment #  
□ Emergency (including justification)  
□ Cancellation  

Street Address  
8125 Central Ave  
City, State, Zip Code  Ocean City, NJ 08732  
Name of Contact  Matteo  
Telephone Number  

FACILITY INFORMATION  

Name of Facility Where Abatement is Taking Place (3)  Residence  
Street Address  8125/8127 Central Ave  
City (5)  Ocean City  
County (6)  Atlantic  
County Code (7) (STATE USE ONLY)  

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

Name of Abatement Contractor (9)  
Address: Joe L. C.  
Street Address  1212 Burlington Ave  
City, State, Zip Code  Delran, NJ 08075  
License No. 01070  
Telephone No. 856-824-0971  

Start Date (10):  2-28-13  
Scheduled Completion Date (11):  3-8-13  

Occupancy Status During Abatement (Check only one):  
□ Facility Closed/Accepted During Entire Period of Abatement  
□ Abatement Performed Outside of Normal Facility Hours  
□ Other – Describe:  

Scope of Work (Check all that apply):  
□ > 9 of or 2.5 if  
□ ≥ 150 of or ≥ 200 if  
□ Renovation  
□ Demolition  
□ Full Containment with Negative Pressure  
□ Mist-Enclosure  
□ Glovebag Procedure  
□ Non-Exempted OSHA and Non-Friable Procedure  

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>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>N/A</td>
<td>Yes</td>
<td>Lair Siding</td>
<td>1,700 sf</td>
<td></td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler  
Jack Robinson  
NJDH Waste Hauler ID No. 28348  
Cubic Yards of Waste  
Name of Registered Landfill  
W M of Pa.  
City, State  Bellmawr, NJ  
Disposal Site  
City, State  Tolltown Pa  

Completed by  
Joe Hill  
Title  VP  
Signature  
Date  2-18-13  

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

Date of Notification (1) 2-18-13
Name of Building Owner/Operator (3) First Commerce Bank

Agency Notified Type Notification Street Address
☐ EPA ☐ Initial 105 River Ave
☐ DEP ☐ Amended
☐ DOH ☐ Emergency (including
☐ DCA ☐ Amendment #) Justification)

City, State, Zip Code Lakewood NJ 08701
Name of Contact Opatut Abe Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (8)
First Commerce Bank

Street Address 40 North Main St
City (9) Allentown PA

County (5) County Code (7) (STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner ASCM No.

Name of Abatement Contractor (9) Abe Inc LLC

Street Address 1212 Burlington Ave
City, State, Zip Code Delaware NJ

Telephone No. Telephone No.
562-776-9771 01020
License No.

Start Date (10) Scheduled Completion Date (11)
2-28-13 3-7-13

Name of OSHA Monitor Self

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)
☐ > 5 sq. yd. or > 3 yd.
☐ 5 to 160 sq. yd. or 40 sq. yd.
☐ 260 sq. yd.

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

FACILITY

Location of Asbestos-Containing Material (ACM)
INFacility

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM)</th>
<th>In Location Normally Used Solely by Maintenance/Custodial Staff (12)</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Floor Basement</td>
<td>No</td>
<td>(ACM) Floor Tile</td>
<td>320 sf V</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Floor Insulation Piping</td>
<td></td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler J Robinson

City, State Bellmora NJ

NDEP Waste Hauler ID No. 2536B
Cubic Yards of Waste 3
Name of Registered Landfill WM of Pa

Completed by Joe Hill Title VP Signature JH Date 2-18-13

* 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>Data of Notification (1)</th>
<th>2-18-13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Amechi</td>
</tr>
<tr>
<td>Agency Notified</td>
<td></td>
</tr>
<tr>
<td>□ EPA</td>
<td>□ DEP</td>
</tr>
<tr>
<td>□ Amended Amendments</td>
<td>□ Unamended Amendment</td>
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<tr>
<td>Street Address</td>
<td>3432 West Ave</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Ocean City</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Amechi</td>
</tr>
<tr>
<td>FACILITY INFORMATION</td>
<td></td>
</tr>
<tr>
<td>Name of Facility Where Abatement is Taking Place (5)</td>
<td>Resident</td>
</tr>
<tr>
<td>Street Address</td>
<td>3432 West Ave</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Ocean City, Atlantic</td>
</tr>
<tr>
<td>County Code (7) (STATE USE ONLY)</td>
<td>Resident</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (6)</td>
<td>Amechi</td>
</tr>
<tr>
<td>ASCM No.</td>
<td></td>
</tr>
<tr>
<td>Name of Abatement Contractor (5)</td>
<td>Amechi LLC</td>
</tr>
<tr>
<td>Street Address</td>
<td>1212 Burlington Ave</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Delancey NJ 0875</td>
</tr>
<tr>
<td>License No.</td>
<td>01078</td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>2-18-13</td>
</tr>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>3-6-13</td>
</tr>
<tr>
<td>Occupancy Status During Abatement</td>
<td>Resident</td>
</tr>
<tr>
<td>Scope of Work (Check all that apply)</td>
<td></td>
</tr>
<tr>
<td>□ Ronomination</td>
<td>□ Demolition</td>
</tr>
<tr>
<td>□ Abatement Performed Outside of Normal Facility Hours</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>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>Inside</td>
</tr>
<tr>
<td>(ACM) Siding</td>
</tr>
</tbody>
</table>

| Name of Registered Waste Hauler | J. Robinson |
| NJDEP Waste Hauler ID No. | 25348 |
| Cubic Yards of Waste | |
| Name of Registered Landfill | WM of Pa |
| City, State | Bellmawr, NJ |
| Disposal Site | Tollytown Pa |

| Completed by | Joe Hill |
| Title | VP |
| Signature | |
| Date | 2-18-13 |

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

**State of New Jersey**

ETC JOB # 3915/13

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

Port Authority of New York & New Jersey

**Date of Notification (1)**

2/13/2013

**Agencies Notified**

- EPA
- DEP
- DOL
- DOH
- DCA

**Type Notification**

- Initial Notification

**Street Address**

241 Erie Street, Room 236

**City, State & Zip Code**

New Jersey, NJ 07310

**Name of Contact**

Mr. Ralph Campione

**Telephone Number**


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### FACILITY INFORMATION

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

Terminal B, B-2 Connector Departures Level

**City (5)**

Newark

**County (6)**

Essex

**County Code (7)**


**Street Address**

Newark International Airport, Newark, NJ

**Square Feet**

1.2 Mil

**# of Floors**

2

**Bldg. Age**

50+

**Type of Facility (4)**

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

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

Airport

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

THE PORT AUTHORITY OF NY & NJ

241 ERIE STREET, ROOM 236

**City, State & Zip Code**

JERSEY CITY, NJ 073100

**Project Manager for Monitoring Firm**

MR. RALPH CAMPIONE

973-624-6688

**Scheduled Start Date (10)**

4/1/2013

**Scheduled Completion Date (11)**

7/31/2013

**Occupancy Status During Abatement**

- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours -
  - MONDAY - FRIDAY 7:00 AM - 3:30 PM
- Other - Describe:

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

- Demolition
- Renovation
- Large Project
- Quantity is ≥ 3 SF or ≥ 3 LF ACM
- Quantity is ≥ 160 SF or ≥ 260 LF ACM

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

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

- NO

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

- FIREPROOFING

**Amount (Specify Square Feet or Linear Feet)**

- 5,800 SF

**Abatement Type**

- Removal

**Name of Registered Waste Hauler**

TRI-STATE TRANSFER

**Cu. Yds. of Waste**

120

**Name of Registered Landfill**

Minerva Enterprises, Inc.

**City, State**

Waynesburg, OH

**Disposal Date**

TBD

**Completed By**

Richie Smith

**Title**

Project Executive

**Signature**

[Signature]

**Date**

2/13/2013

ASB-41 JUN 95 G4667