### Notification of Asbestos Abatement

**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60 and 12:120)

**Date of Notification:** 1/6/12

**Name of Building Owner/Operator:** Boy & Girls Club of Paulsboro

**Street Address:** 916 Penn Line Rd

**City, State, Zip Code:** Paulsboro NJ 08066

**Name of Contact:** Anthony

**Telephone Number:**

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#### FACILITY INFORMATION

- **Name of Facility Where Abatement is Taking Place:** Boy & Girls Club of Paulsboro
- **Street Address:** 916 Penn Line Rd
- **City (5):** Paulsboro NJ 08066
- **County (6):** Gloucester

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

- **Square Feet:** 1000 +
- **# of Floors:** 1
- **Bldg. Age:** 35+
- **Current Use (Prior if being demolished):**

#### Name of Monitoring Firm Hired by Building Owner (8)
- **ASCM No.:**
- **Street Address:**
- **City, State, Zip Code:**
- **Project Manager for Monitoring Firm:**
- **Telephone No.:**

#### Start Date (10)
- **1/16/12**
- **Scheduled Completion Date (11):** 1/20/12

#### 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: Home Owner will be Home

#### Scope of Work (Check All That Apply)
- [X] 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 (13)

<table>
<thead>
<tr>
<th>Location</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td></td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

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

- **Description of Asbestos Containing Material (ACM)**
  - [X] Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAC, or other miscellaneous)
  - [ ] Other

- **Amount (Specify SF or LF):** 3900 SF

- **Abatement Type:**
  - [ ] Removal
  - [ ] Repair
  - [ ] Encapsulate
  - [ ] Endorse

#### Name of Registered Waste Hauler
- **Name of Registered Landfill:**
- **United Containers:**
- **NJDEP Waste Hauler ID No.:** 22459
- **Cubic Yards of Waste:** 10
- **Disposal Date:** 1/10/12
- **City, State:** Morrisville PA 19067

- **Completed by:** Anthony T Perna
  - **Title:** President
  - **Signature:**
  - **Date:** 1/6/11

*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>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/5/12</td>
<td>Pinelands Construction</td>
<td>303 57th St.</td>
<td>Sea Isle City, N.J. 08243</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FACILITY INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Facility Where Abatement is Taking Place</td>
</tr>
<tr>
<td>RESIDENCE</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Street Address</td>
</tr>
<tr>
<td>274 57th St.</td>
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<tr>
<td>City</td>
</tr>
<tr>
<td>Sea Isle City</td>
</tr>
<tr>
<td>County Code (STATE USE ONLY)</td>
</tr>
<tr>
<td>Cape May</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Abatement Contractor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Klemco Inc.</td>
</tr>
<tr>
<td>Street Address</td>
</tr>
<tr>
<td>369 S. Spruce Ave.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Telephone No</th>
<th>License No</th>
</tr>
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<tbody>
<tr>
<td>856-779-0472</td>
<td>00444</td>
</tr>
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<table>
<thead>
<tr>
<th>Occupancy Status During Abatement</th>
<th>Scope of Work</th>
</tr>
</thead>
<tbody>
<tr>
<td>Open/Facility Closed/</td>
<td>Renovation</td>
</tr>
<tr>
<td>Vacated During Entire Period of Abatement</td>
<td>Demolition</td>
</tr>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours</td>
<td></td>
</tr>
<tr>
<td>Other - Describe</td>
<td>Full Containment with Negative Pressure</td>
</tr>
<tr>
<td></td>
<td>Min-Enclosure</td>
</tr>
<tr>
<td></td>
<td>Glovebag Procedure</td>
</tr>
<tr>
<td></td>
<td>Non-Exempted (*) and Non-Friable Procedure</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE NOTED IN FACILITY</th>
<th>Description of Asbestos Containing Material (ACM) [i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Siding</td>
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<tr>
<td>TRANSITE</td>
<td>2500 df</td>
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<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>NJDEP Waste Hauler O No.</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Klemco Inc.</td>
<td>12984</td>
<td></td>
<td>C.M.C.M.V.A.</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>Disposal Date</th>
<th>City, State</th>
<th>Date</th>
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<tbody>
<tr>
<td>Maple Shade, N.J.</td>
<td>1/5/12</td>
<td>Woodbine, N.J.</td>
<td>1/5/12</td>
</tr>
</tbody>
</table>

* 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>Data of Notification (1)</th>
<th>1-4-12</th>
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<tr>
<td>Agency Notified</td>
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<tr>
<td>EPA</td>
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<tr>
<td>DEP</td>
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<td>DOL</td>
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<td>DOH</td>
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<td>DCA</td>
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<td>Type Notification</td>
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<tr>
<td>Amended</td>
<td></td>
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<tr>
<td>Amended #</td>
<td></td>
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<tr>
<td>Emergency (Including</td>
<td></td>
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<tr>
<td>Justification)</td>
<td></td>
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<tr>
<td>Name of Building Owner/Operator (2)</td>
<td></td>
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<tr>
<td>MYERS/SHANDLMAZER</td>
<td></td>
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<tr>
<td>Street Address</td>
<td></td>
</tr>
<tr>
<td>111 SOUTH CALIFORNIA AV</td>
<td></td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td></td>
</tr>
<tr>
<td>Atlantic City, NJ</td>
<td></td>
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<tr>
<td>Name of Capable</td>
<td></td>
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<tr>
<td>Brent Greenspan</td>
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<tr>
<td>FACILITY INFORMATION</td>
<td></td>
</tr>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td>Resident’s Home</td>
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<tr>
<td>Address</td>
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</tr>
<tr>
<td>111 SOUTH CALIFORNIA AV</td>
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<tr>
<td>City</td>
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<td>Atlantic County</td>
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<td>Type of Facility (4)</td>
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<tr>
<td>School (K-12)</td>
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<tr>
<td>Subchapter B (Other than K-12)</td>
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</tr>
<tr>
<td>Other (i.e. private &amp; commercial buildings, homes, etc.)</td>
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<tr>
<td>Square Feet</td>
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<tr>
<td># of Floors</td>
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</tr>
<tr>
<td>Age</td>
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<tr>
<td>Name of Monitoring Firm Hired by Building Owner (9)</td>
<td></td>
</tr>
<tr>
<td>ASCM No.</td>
<td></td>
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<tr>
<td>Name of Abatement Contractor (9)</td>
<td></td>
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<tr>
<td>AAI JOE LLC</td>
<td></td>
</tr>
<tr>
<td>Street Address</td>
<td></td>
</tr>
<tr>
<td>1212 WASHINGTON AV</td>
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<tr>
<td>City, State, Zip Code</td>
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<tr>
<td>Delranco, NJ 08075</td>
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<tr>
<td>Telephone No.</td>
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<tr>
<td>856-324-0971</td>
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<td>License No.</td>
<td></td>
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<tr>
<td>01070</td>
<td></td>
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<tr>
<td>Name of OSHA Monitor *</td>
<td>SAME</td>
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<tr>
<td>Start Date (10)</td>
<td>1-18-12</td>
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<tr>
<td>Scheduled Completion Date (11)</td>
<td>1-25-12</td>
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<tr>
<td>Scope of Work (Check all that apply)</td>
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<tr>
<td>Demolition</td>
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</tr>
<tr>
<td>Asbestos-Related Removal</td>
<td></td>
</tr>
<tr>
<td>Full Containment with Negative Pressure</td>
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</tr>
<tr>
<td>Other – Describe:</td>
<td></td>
</tr>
<tr>
<td>Demolition</td>
<td></td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM)</td>
<td></td>
</tr>
<tr>
<td>TO BE ABATED IN FACILITY (12)</td>
<td></td>
</tr>
<tr>
<td>BASEMENT</td>
<td></td>
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<tr>
<td>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems, insulation, surfacing, VAT, or other miscellaneous)</td>
<td></td>
</tr>
<tr>
<td>HH: AirCell</td>
<td></td>
</tr>
<tr>
<td>Amount (Specify CF or L)</td>
<td>1,000 CF</td>
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<tr>
<td>Name of Registered Waste Hauler (13)</td>
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<tr>
<td>J Robinson Waste</td>
<td></td>
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<tr>
<td>ID No.</td>
<td>16367</td>
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<tr>
<td>Cubic Yards of Waste</td>
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<tr>
<td>Wm of PA</td>
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<td>Disposal Date</td>
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<td>City, State</td>
<td></td>
</tr>
<tr>
<td>Bellmawrn, NJ</td>
<td></td>
</tr>
<tr>
<td>Completed by</td>
<td></td>
</tr>
<tr>
<td>J Hill</td>
<td></td>
</tr>
<tr>
<td>Title</td>
<td>VP</td>
</tr>
<tr>
<td>Date</td>
<td>1-4-12</td>
</tr>
</tbody>
</table>

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

Date of Notification (1)  
01/03/2012  

Name of Building Owner/Operator (2)  
Joann Cunder  

Agencies Notified  
- EPA  
- DEP  
- DOL  
- DOH  

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

Street Address  
36 North Street  

City, State, Zip Code  
Bound Brook, NJ 08805  

Name of Contact  
Joann Cunder  

FACILITY INFORMATION  

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

Street Address  
36 North Street  

City (5)  
Bound Brook, NJ 08805  

County Code (7)  
Somerset  

County (6)  
Somerset  

County Code (7)  
Somerset  

County Code (7)  
Somerset  

Square Feet  
1800  

# of Floors  
2  

Bldg. Age  
75 years  

Current Use (Prior to being demolished)  
Residence  

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

ASCM No.  
35613  

Name of Abatement Contractor (9)  
Faith Environmental Inc  

Street Address  
128 Stanley St  

City, State, Zip Code  
East Rutherford, NJ 07073  

Name of OSHA Monitor  
Boro Atanasoski  

Street Address  
333 Patterson Plank Rd  

City, State, Zip Code  
Carlstadt, NJ 07072  

Start Date (10)  
01/07/2012  

Scheduled Completion Date (11)  
01/15/2011  

Occupy 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 ≥260 If  
- Renovation  
- Demolition  

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

In Facility  

Yes  
No  
N/A  

Pipe Lagging  
120L.F.  

Abatement Type  

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

Name of Registered Waste Hauler  
Newark Carting  

NJDEP Waste Hauler ID No.  
04509  

Cubic Yards of Waste  
2  

Name of Registered Landfill  
IESI  

Disposal Date  
1/15/12  

City, State  
Bethlehem, PA  

Completed by  
Boro Atanasoski  

Title  
Project Manager  

Signature  

Date  
01/06/2012  

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

Date of Notification (1)
Jan. 4, 2012

Name of Building Owner/Operator (2)
Kean University

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

Type Notification
X Initial

Street Address
1000 Morris Ave.

City, State, Zip Code
Union, NJ 07083

Name of Contact
Jose A. Punzo

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Green Lane Building, Kean Campus (scheduled for demolition)

Street Address
Corner of Morris Ave., & Green Lane Ave.

City (5)
Union

County (6)
Union

Square Feet
20,950 SF

# of Floors
1

Bldg. Age
50+

Current Use (Prior to being demolished)
Abandoned Building scheduled for Demo

Name of Monitoring Firm Hired by Building Owner (6)
Pennoni Associates, Inc.

ASCM No.
1296

Name of Abatement Contractor (9)
Jadar Contracting, LLC

Street Address
515 Grove Street

City, State, Zip Code
Haddon Heights, NJ 08035

Telephone No.
856-547-0505

License No.
01088

Street Address
22 Troy Lane

City, State, Zip Code
Lincoln Park, NJ 07035

Start Date (10)
1-19-2012

Scheduled Completion Date (11)
2-29-2012

Occupancy Status During Abatement (Check Only One)

Facility Closed/Vacated During Entire Period of Abatement

Abatement Performed Outside of Normal Facility Hours

Other – Describe: 9 am - 5 pm

Scope of Work (Check All That Apply)

≥23 sf or ≥23 lf

≥160 sf or ≥260 lf

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

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)

Drywall & Joint Compound

16,649 SF

Textured Paint & Joint Substrate

2,370 SF

Glue Dots

475 LF

Red Sheet Flooring

50 LF

Name of Registered Waste Hauler

DJM Company, Inc.

NJDDEP Waste Hauler ID No.
22393

Cubic Yards of Waste

TBD

Name of Registered Landfill

110 Sand Co.

City, State
Kearny, NJ 07032

Disposal Date
TBD

City, State
Melville, NY 11704

Completed by
Lillie Lazarevich

Title
Secretary

Signature

Date
Jan. 4, 2012

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

* more work page 2
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)  
Jan 4, 2012

Name of Building Owner/Operator (2)

Agencies Notified  
EPA  
DEP  
DOL  
DOH  
DCA

Type Notification  
Initial  
Amended

Street Address

City, State, Zip Code

Name of Contact

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Street Address

City (5)

County (6)  
County Code (7)  
(State Use Only)

Current Use (Prior if being demolished)

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

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.

Name of Abatement Contractor (9)

Street Address

City, State, Zip Code

Project Manager for Monitoring Firm

Telephone No.

Telephone No.

License No.

Start Date (10)  
Scheduled Completion Date (11)

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
- Other – Describe:

Scope of Work (Check All That Apply)

- 33 or ≥3 ft
- 160 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

In Facility

(13)

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

Yes  
No  
N/A

Description of Asbestos-Containing Material (ACM)

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

Amount (Specify SF or LF)

Abatement Type

Removal  
Repair  
Enclosure

Exterior Window-Door Caulking

500 LF

Exterior Window-Door Caulking

400 SF

Name of Registered Waste Hauler

NJDEP Waste Hauler ID No.

Cubic Yards of Waste

Name of Registered Landfill

City, State

Completed by  
Lillie Lazarevich

Title  
Secretary

Signature

Date

Jan 4, 2012

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:68 and 12:129)

Date of Notification (1) JANUARY 5, 2012
Name of Building Owner/Operator (2) NEW JERSEY CVS PHARMACY, LLC

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

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

Street Address
ONE CVS DRIVE

City, State, Zip Code
WOONSOCKET, RI 02895

Name of Contact
PAUL PHILLIPS

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) REMSEN DODGE

Street Address
3391 STATE ROUTE 35

City (5) HAZLET

County (6) MONMOUTH

County Code (7) MONMOUTH

Name of Monitoring Firm Hired by Building Owner (8) CONSULTING & TESTING SERVICES, INC.

ASCM No.
00109

Name of Abatement Contractor (9) ACTION REMEDIATION, INC.

Street Address
622 GEORGES ROAD, SUITE 305

City, State, Zip Code
NORTH BRUNSWICK, NJ 08902

Project Manager for Monitoring Firm
FARHOOD SELAMIE

Telephone No.
732-729-1800

Telephone No.
516-781-3000

License No.
01138

Name of OSHA Monitor

Street Address
3010 BURNS AVENUE

City, State, Zip Code
WANTAGH, NY 11793

Start Date (10) 1/19/12

Scheduled Completion Date (11) 2/29/12

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)
☐ 2 – 3 sf or 2 – 3 if
☐ 2 – 150 sf or 2 – 150 sf
☐ Renovation
☐ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebox Procedure
☐ Non-Exempt (*) and Non-NFable Procedure

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)

Amount (Specify SF or LF)

Abatement Type

ROOF

FLASHING

696 SF

SHOWROOM/SALES OFFICES

MASTIC ON BLOCK WALL

360 SF

SHOWROOM MEZZ AREA

SPRAY-ON FIREPROOFING

270 SF

SERVICE AREA

INTERIOR WINDOW CAULK

300 LF

Name of Registered Waste Hauler
TRI-STATE TRANSFER ASSOCIATES, INC.

NJDEP Waste Hauler ID No. 19551

Cubic Yards of Waste 30

Name of Registered Landfill
MINERVA ENTERPRISES

City, State
BRONX, NY

Disposal Date 2/29/12

City, State
WAYNERSBURG, OH

Completed by
ANN SWEENEY

Title ADM. ASSISTANT

Signature

Date 1/5/12

* 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)
JANUARY 5, 2012

Name of Building Owner/Operator (2)
NEW JERSEY CVS PHARMACY, LLC

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

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

Street Address
ONE CVS DRIVE

City, State, Zip Code
WOONSOCKET, RI 02895

Name of Contact
PAUL PHILLIPS

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
REMSSEN DODGE

Street Address
3391 STATE ROUTE 35

City (5)
HAZLET

County (8)
MONMOUTH

Square Feet
23,400

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

# of Floors
2

Other - Describe:

Bldg. Age
72

Current Use (Prior if being demolished)
AUTOMOBILE DEALER

Name of Monitoring Firm Hired by Building Owner (8)
CONSULTING & TESTING SERVICES, INC.

ASCM No.
00109

Name of Abatement Contractor (9)
ACTION REMEDIATION, INC.

Street Address
3010 BURNS AVENUE

City, State, Zip Code
WANTAGH, NY 11793

Project Manager for Monitoring Firm
FARHOOOD SELAMIE

Telephone No.
732-729-1800

Telephone No.
516-781-3000

License No.
01138

Name of OSHA Monitor

Start Date (10)
1/19/12

Scheduled Completion Date (11)
2/29/12

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
- ≥160 sf or ≥260 sf
- Renovation Demolition
- Full Containment with Negative Pressure
- Mint-Enclosure
- Glovebag Procedure
- Non-Exempted (7) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Location of ACM to Be Abated</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
<th>Description of ACM</th>
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<tbody>
<tr>
<td>SHOWROOM ACNTG OFFICE</td>
<td>X</td>
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<td></td>
<td>DOOR LINING INSULATION</td>
</tr>
<tr>
<td>BACK GARAGE</td>
<td>X</td>
<td></td>
<td></td>
<td>FELT/PAPER/TAR</td>
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<tr>
<td>EXTERIOR</td>
<td>X</td>
<td></td>
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<td>GARAGE DOOR INSULATION</td>
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<td>EXTERIOR</td>
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<td>EXTERIOR DOOR INSULATION</td>
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</table>

Cubic Yards of Waste
30

Name of Registered Waste Hauler
TRI-STATE TRANSFER ASSOCIATES, INC.

Waste Hauler ID No. 19551

Name of Registered Landfill
MINERVA ENTERPRISES

City, State
BRONX, NY

Disposal Date
2/29/12

City, State
WAYNESBURG, OH

Completed by
ANN SWEENEY

Title
ADM. ASSISTANT

Signature

Date
1/5/12

* Do not use this form for asbestos licensure exempted activities.
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:80 and 12:120)

**Date of Notification (1)**  
JANUARY 5, 2012

**Name of Building Owner/Operator (2)**  
NEW JERSEY CVS PHARMACY, LLC

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

**Street Address**  
3391 STATE ROUTE 35

**City (5)**  
HAZLET

**County (6)**  
MONMOUTH

**Square Feet**  
23,400

**# of Floors**  
2

**Bldg. Age**  
72

**Type of Facility (4)**  

**Name of Abatement Contractor (9)**  
ACTION REMEDIATION, INC.

**Street Address**  
3010 BURNS AVENUE

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

**Name of Monitoring Firm Hired by Building Owner (8)**  
CONSULTING & TESTING SERVICES, INC.

**ASCM No.**  
00109

**Name of OSHA Monitor**

**Project Manager for Monitoring Firm**  
FARHOOOD SELAMIE

**Telephone No.**  
732-729-1800

**License No.**  
01138

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

**Incineration, Disposal, or Reclamation During Period of Abatement**  

**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 lf
- ≥160 sf or ≥260 lf
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

**Name of Registered Waste Hauler**  
TRI-STATE TRANSFER ASSOCIATES, INC.

**Name of Registered Landfill**  
MINERVIA ENTERPRISES

**City, State**  
BRONX, NY

**Disposal Date**  
2/29/12

**Name of Contact**  
P A U L  P H I L L I P S

**Telephone Number**

**Name of Registered Landfill**

**Cubic Yards of Waste**  
30

**Name of Contact**

**Telephone Number**

**Date**  
1/5/12

---

* 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):** JANUARY 5, 2012

**Name of Building Owner/Operator (2):** NEW JERSEY CVS PHARMACY, LLC

**Street Address:** ONE CVS DRIVE

**City, State, Zip Code:** WOONSOCKET, RI 02895

**Name of Contact:** PAUL PHILLIPS

### FACILITY INFORMATION

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

**Street Address:** 3391 STATE ROUTE 35

**City:** HAZLET

**County:** MONMOUTH

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

**Square Feet:** 23,400

**# of Floors:** 2

**Bldg. Age:** 72

**Current Use (Prior if being demolished):** AUTOMOBILE DEALER

**Name of Monitoring Firm Hired by Building Owner (8):** CONSULTING & TESTING SERVICES, INC.

**ASCM No.:** 00109

**Name of Abatement Contractor (9):** ACTION REMEDIATION, INC.

**Street Address:** 3010 BURNS AVENUE

**City, State, Zip Code:** WANTAGH, NY 11793

**Telephone No.:** 732-729-1800

**Telephone No.:** 516-781-3000

**License No.:** 01138

**Name of OSHA Monitor:**

**Start Date (10):** 1/19/12

**Scheduled Completion Date (11):** 2/29/12

### 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:

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

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

<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, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>1ST FLOOR SHOWROOM AREA</td>
<td>X</td>
<td>INTERIOR WINDOW CAULK</td>
<td>10 LF</td>
<td>x</td>
</tr>
<tr>
<td>STOCKROOM BATHROOM</td>
<td>X</td>
<td>EXTERIOR WINDOW GLAZING</td>
<td>10 LF</td>
<td>x</td>
</tr>
<tr>
<td>APARTMENT AREA ROOF</td>
<td>X</td>
<td>BUILT-UP ROOFING</td>
<td>600 SF</td>
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<tr>
<td>1ST FLOOR</td>
<td>X</td>
<td>INTERIOR DOOR INSULATION</td>
<td>126 SF</td>
<td>x</td>
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</tbody>
</table>

**Name of Registered Waste Hauler:** TRI-STATE TRANSFER ASSOCIATES, INC.

**Disposal Date:** 2/29/12

**Name of Registered Landfill:** MINERVA ENTERPRISES

**City, State:** WAYNESBURG, OH

**Completed by:** ANN SWEENEY

**Title:** ADM. ASSISTANT

**Signature:**

**Date:** 1/5/12

* 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)

**Check #3677**

<table>
<thead>
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<tbody>
<tr>
<td>12/29/11</td>
<td>pay</td>
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**Name of Building Owner / Operator**
NJ Department of Treasury

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State &amp; Zip Code</th>
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</thead>
<tbody>
<tr>
<td>33 West State Street Fl. 9</td>
<td>Trenton, NJ 08625</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Contact</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>David Lapidus</td>
<td>609-984-9707</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place</th>
<th>Type of Facility</th>
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<tbody>
<tr>
<td>New Lisbon Developmental Center- Azolea</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>County Code</th>
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</thead>
<tbody>
<tr>
<td>1 Gilbert Street</td>
<td>Burlington</td>
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</table>

<table>
<thead>
<tr>
<th>ASCM No.</th>
<th>Name of Abatement Contractor</th>
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<tbody>
<tr>
<td></td>
<td>AbateTech, Inc.</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State &amp; Zip Code</th>
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</thead>
<tbody>
<tr>
<td>120 N. Warren Street</td>
<td>Lumberton, NJ 08048</td>
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<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone Number</th>
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</thead>
<tbody>
<tr>
<td>Brian Holbig</td>
<td>609-392-4200</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Licensed No.</th>
<th>Name of OSHA Monitor</th>
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</thead>
<tbody>
<tr>
<td>00529</td>
<td>EMSL Analytical</td>
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</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State &amp; Zip Code</th>
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</thead>
<tbody>
<tr>
<td>108 Haddon Ave.</td>
<td>Westmont, NJ 08108</td>
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**Project Manager for Monitoring Firm**
Brian Holbig

<table>
<thead>
<tr>
<th>Scheduled Start Date</th>
<th>Scheduled Completion Date</th>
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</thead>
<tbody>
<tr>
<td>1/14/12</td>
<td>1/31/12</td>
</tr>
</tbody>
</table>

**Occupancy Status During Abatement**
- [ ] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Hours – Describe: 
- [ ] Facility Occupied During Abatement

**Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility**
- Basement Mechanical Room
- Pipe Fitting Insulation

<table>
<thead>
<tr>
<th>Location</th>
<th>Renovation</th>
<th>Demolition</th>
<th>Full Containment with Negative Pressure</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Mini-Enclosure</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Glove Bag Procedures</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Non-Exempted and Non-Friable Procedure</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Linked with</th>
<th>Name of Registered Waste Hauler</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>AbateTech, Inc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>NJWaste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lumberton, NJ</td>
<td>18750</td>
<td>1</td>
<td>TRRF Landfill</td>
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</table>

<table>
<thead>
<tr>
<th>Disposal Date</th>
<th>City, State</th>
<th>Name of Registered Landfill</th>
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</thead>
<tbody>
<tr>
<td>1/31/12</td>
<td>Tullytown, PA</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>Gwen Trumbetti</td>
<td>Opps. Coord.</td>
<td>[Signature]</td>
<td>12/29/11</td>
</tr>
</tbody>
</table>
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1)  12/29/11

Name of Building Owner / Operator (2)
NJ Department of Treasury
Street Address
33 West State Street Fl. 9
City, State & Zip Code
Trenton, NJ 08625
Name of Contact
David Lapidus

FACILITY INFORMATION
Name of Facility Where Abatement is Taking Place (3)
New Lisbon Developmental Center - Fern
Street Address
5 Gilbert Street
City (5)  New Lisbon
County (6)  Burlington
County Code (7)

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

Square Feet  # of Floors  Bldg. Age

Current Use (Prior if being demolished)
Developmental Center

Name of Monitoring Firm Hired by Building Owner (8)
Environmental Connection, Inc.
Street Address
120 N. Warren Street
City, State & Zip Code
Trenton, NJ 08608

ASCM No.

Project Manager for Monitoring Firm
Brian Holbig
Telephone Number 609-392-4200

Scheduled Start Date (10)  1/4/12
Scheduled Completion Date (11)  1/31/12

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

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

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

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

Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)
Pipe Fitting Insulation
Amount (Specify SF or LF)  9 LF

Name of Registered Waste Hauler
AbateTech, Inc.
City, State  Lumberton, NJ
NJDEP Waste Hauler ID No. 18750

Name of Registered Landfill
TRRF Landfill
Disposal Date  1/31/12
City, State  Tullytown, PA

Completed By (Print or Type)
Gwen Trumbetti
Title  Opps. Coord.
Signature
Date  12/29/11
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to N.J.A.C. 8:60 and 12:120)

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Name of Building Owner / Operator (2)</td>
<td>NJ Department of Treasury</td>
</tr>
<tr>
<td>Agencies Notified</td>
<td>Type Notification</td>
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<td>Emergency</td>
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<td>DCH</td>
<td>Cancellation</td>
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<tr>
<td>Street Address</td>
<td>33 West State Street Fl. 9</td>
</tr>
<tr>
<td>City, State &amp; Zip Code</td>
<td>Trenton, NJ 08625</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>David Lapidus</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>609-984-9707</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

| Name of Facility Where Abatement is Taking Place (3) | New Lisbon Developmental Center - Health Services |
| Street Address | 20 Gilbert Street |
| City (5) | New Lisbon |
| County (6) | Burlington |
| County Code (7) | |
| Type of Facility (4) | |
| School (K-12) | |
| Subchapter 8 (Other than K-12) | |
| Other (i.e. private & commercial buildings, homes, etc.) | |
| Square Feet | |
| # of Floors | |
| Bldg. Age | |
| Current Use (Prior if being demolished) | Developmental Center |

| Name of Monitoring Firm Hired by Building Owner (8) | Environmental Connection, Inc. |
| Street Address | 120 N. Warren Street |
| City, State & Zip Code | Trenton, NJ 08608 |
| Project Manager for Monitoring Firm | Brian Holtsig |
| Telephone Number | 609-392-4200 |

| Scheduled Start Date (10) | 1/4/12 |
| Scheduled Completion Date (11) | 1/31/12 |

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

| Scope of Work (Check all that apply) | |
| ≥3 sf or ≥3 lf | Renovation |
| ≥100 sf ≥260 lf | Demolition |

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

| Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous) | |
| Amount (Specify SF or LF) | 8 LF |
| Abatement Type | |

| Basement Mechanical Room | Pipe Fitting Insulation |

| Name of Registered Waste Hauler | AbateTech, Inc. |
| NJDEP Waste Hauler ID No. | 18750 |
| Disposal Date | 1/31/12 |
| Name of Registered Landfill | TRRF Landfill |
| City, State | Lumberton, NJ |
| City, State | Tullytown, PA |
| Completed By (Print or Type) | Gwen Trumbetti |
| Title | Opps. Coord. |
| Signature | Date | 12/29/11 |
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1)  
12/29/11

Name of Building Owner / Operator (2)  
NJ Department of Treasury

Agencies Notified Type Notification  

☑ EPA
☐ DEP
☐ DOL
☑ DOH
☐ DCA

Name of Building Owner / Operator (2)  
NJ Department of Treasury

Street Address  
33 West State Street Fl. 9

City, State & Zip Code  
Trenton, NJ 08625

Name of Contact  
David Lapidus

Telephone Number  
609-984-9707

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  
New Lisbon Developmental Center- Resource Center

Street Address  
27 Circle Drive

City (5)  
New Lisbon

County (6)  
Burlington

County Code (7)  

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

ASCM No.  

Name of Abatement Contractor (9)  
AbateTech, Inc.

Street Address  
PO Box 25

City, State & Zip Code  
Lumberton, NJ 08048

Telephone Number  
609-265-2107

License Number  
00529

Current Use (Prior if being demolished)  
Developmental Center

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

Scheduled Start Date (10)  
1/14/12

Scheduled Completion Date (11)  
1/31/12

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

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

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

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

Yes  
No  
N/A

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

Amount (Specify SF or LF)  
3 LF

Abatement Type  

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

End Result  

Basement Mechanical Room

Pipe Fitting Insulation

Name of Registered Waste Hauler  
AbateTech, Inc.

NJDEP Waste Hauler ID No.  
18750

Disposal Date  
1/31/12

Name of Registered Landfill  
TRRF Landfill

City, State  
Lumberton, NJ

Tullytown, PA

Completed By (Print or Type)  
Gwen Trumbetti

Title  
Opps. Coord.

Signature  

Date  
12/29/11
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to N.J.A.C. 8:60 and 12:120)

**Date of Notification (1)**  
12/29/11

**Name of Building Owner / Operator (2)**  
NJ Department of Treasury

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

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

**Street Address**  
33 West State Street Fl. 9

**City, State & Zip Code**  
Trenton, NJ 08625

**Name of Contact**  
David Lapidus

**Telephone Number**  
609-984-9707

**Facility Information**

**Name of Facility Where Abatement is Taking Place (3)**  
New Lisbon Developmental Center- Spruce Building

**Street Address**  
15 Gilbert Street

**City (5)**  
New Lisbon

**County (6)**  
Burlington

**County Code (7)**

**Name of Monitoring Firm Hired by Building Owner (8)**  
Environmental Connection, Inc.

**ASCM No.**

**Name of Abatement Contractor (9)**  
AbateTech, Inc.

**Street Address**  
120 N. Warren Street

**City, State & Zip Code**  
Trenton, NJ 08608

**License Number**  
00529

**Name of OSHA Monitor**  
EMSL Analytical

**Street Address**  
108 Haddon Ave.

**City, State & Zip Code**  
Westmont, NJ 08108

**Project Manager for Monitoring Firm**  
Brian Holbig

**Telephone Number**  
609-392-4200

**Scheduled Start Date (10)**  
1/4/12

**Scheduled Completion Date (11)**  
1/31/12

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

**Scope of Work (Check all that apply)**
- ≥ 36 or ≥ 3 ft
- ≥160 sf or ≥260 ft
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glove Bag Procedures
- Non-Exempt 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)**
- 8 LF

**Name of Registered Waste Hauler**  
AbateTech, Inc.

**NJDEP Waste Hauler ID No.**  
18750

**Cubic Yards of Waste**  
1

**Name of Registered Landfill**  
TRRF Landfill

**Disposal Date**

**City, State**

**Name of Registered Landfill**

**Completion Date**

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

**Title**  
Opps. Coord.

**Signature**  
[Signature]

**Date**  
12/29/11
### Date of Notification
- **12/30/11**

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

### Name of Building Owner / Operator
- **Princeton University**

### Street Address
- Trustees of Princeton University E.A. MacMillan Bldg.
- **Princeton, NJ 08544**

### Name of Contact
- Robert Ortego, P.E.
- **Telephone Number** 609-258-1841

### FACILITY INFORMATION

**Name of Facility Where Abatement is Taking Place**
- **Princeton University – Jadwin Hall**

**Street Address**
- Washington Road
- Princeton University Main Campus

**City (5)**
- **Princeton**

**County (6)**
- **Mercer**

**County Code (7)**
- ****

**Type of Facility**
- 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)**
- University

**Name of Monitoring Firm Hired by Building Owner**
- **ATC Associates, Inc.**

**Street Address**
- Bromley Corporate Center 3 Terri Lane, Suite 12

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

**Telephone Number**
- **609-386-8800**

**Name of Abatement Contractor**
- **AbateTech, Inc.**

**Street Address**
- PO Box 25

**City, State & Zip Code**
- **Lumberton, NJ 08048**

**Telephone Number**
- **609-265-2107**

**License Number**
- **00529**

**Name of OSHA Monitor**
- **EMSL Analytical**

**Street Address**
- **108 Haddon Ave.**

**City, State & Zip Code**
- **Westmont, NJ 08108**

**Project Manager for Monitoring Firm**
- **Mike Keen**

**Scheduled Start Date**
- **11/28/11**

**Scheduled Completion Date**
- **1/9/12**

### Occupancy Status During Abatement
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Hours
- Facility Occupied During Abatement

### Scope of Work
- ≥3 sf or ≥3 lf
- ≥160 sf ≥260 lf
- Renovation
- Demolition

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

#### TO BE ABATED
- **1st Floor Lobby**
  - Work Area #1
  - Work Area #2 (Stair 2)
  - Work Area #2 (Stair 2)
  - Work Area #2 (Stair 3)
  - Work Area #2 (Stair 3)

#### In Facility
- **1st Floor Lobby**

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

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

- **Ceiling Plaster**
- **Floor tile & Mastic**

### Amount (Specify SF or LF)
- Ceiling Plaster: 395 SF
- Floor tile & Mastic: 100 SF
- Ceiling Plaster: 330 SF
- Ceiling Plaster: 330 SF
- Ceiling Plaster: 330 SF
- Floor tile & Mastic: 100 SF
- Floor tile & Mastic: 395 SF

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

### Name of Registered Waste Hauler
- **AbateTech, Inc.**

### NJDEP Waste Hauler ID No.
- **18750**

### Cubic Yards of Waste
- **12**

### Name of Registered Landfill
- **TRRF Landfill**

### City
- **Lumberton, NJ**

### Disposal Date
- **1/12/12**

### City
- **Tullytown, PA**

### Completed By
- **Gwen Trumbetti**

### Opps. Coord.
- **Signature**

### Date
- **12/30/11**
# State of New Jersey
## NOTIFICATION OF ASPEROS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

**Date of Notification (1)**
01 / 05 / 12

**Name of Building Owner/Operator (2)**
67 Whippany Investors, LLC

**Agencies Notified**
- [ ] EPA
- [ ] DEP
- [ ] DCA (NJAC 5:16)
- [x] DHSS
- [x] DCA (NJAC 5:23-8)

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<th>Emergency (including justification)</th>
<th>Cancellation</th>
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</table>

**Street Address**
49 Bloomfield Avenue

**City, State, Zip Code**
Mountain Lakes, NJ 07046

**Name of Contact**
Ross Chomik

**Telephone Number**
(973) 299-4000

## FACILITY INFORMATION

**Name of Facility Where Abatement is Taking Place (3)**
67 Whippany Road - Bldg. 7 & 8 (One Structure 7C, 7E, 7 Extension, 8C, 8E)

**Street Address**
67 Whippany Road

**City (5)**
Whippany

**County (6)**
Morris

**Square Feet**
97,938

**No. of Floors**
2

**Bldg. Age**
54 years

**Current Use (Prior to being demolished)**
Vacant

**Name of Monitoring Firm Hired by Building Owner (8)**
Health & Safety Services Inc.

**ASCM No.**
00117

**Name of Abatement Contractor (9)**
Superior Abatement Inc.

**Street Address**
2 Henderson Drive, Ste A

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

**License No.**
00411

**Name of OSHA Monitor**
Superior Abatement, Inc.

**Street Address**
2 Henderson Drive, Ste A

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

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

### IN Facility

**Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)**
No

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

<table>
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<th>Description</th>
<th>Amount (Specify SF or LF)</th>
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<tr>
<td>Pipe/Fittings</td>
<td>1,221 LF</td>
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<tr>
<td>VAT/Mastic</td>
<td>92,026 SF</td>
</tr>
<tr>
<td>Fire Doors</td>
<td>11 units</td>
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**Name of Registered Waste Hauler**
Service Transport Group, Inc

**NJ/DEP Waste Hauler ID No.**
SW22117

**Cubic Yards of Waste**
400

**Name of Registered Landfill**
Minerva Landfill

**City, State**
New Castle, DE

**Disposal Date**
1/20/2012

**Name of Registered Landfill**
Minerva Landfill

**City, State**
Waynesburgh, OH

**Completed By (Print or Type)**
Nick Petrovski

**Title**
President

**Signature**

**Date**
1-5-12

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

Date of Notification (1): 1/4/12

Name of Building Owner / Operator (2): NJ Department of Treasury

Address:
33 West State Street Fl. 9
Trenton, NJ 08625

Name of Contact: David Lapidus
Telephone Number: 609-984-9707

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3):
New Lisbon Developmental Center- Health Services Building

Street Address:
15 Gilbert Street

City (5): New Lisbon
County (6): Burlington
County Code (7):

Name of Monitoring Firm Hired by Building Owner (8): Environmental Connection, Inc.

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

Current Use (Prior if being demolished):
Developmental Center

ASCM No.:

Name of Abatement Contractor (9):
AbateTech, Inc.

Street Address:
120 N. Warren Street
Trenton, NJ 08608

City, State & Zip Code:

License Number:
00529

Telephone Number:
609-265-2107

Project Manager for Monitoring Firm:
Brian Holbig

Telephone Number:
609-392-4200

Scheduled Start Date (10):
1/5/12

Scheduled Completion Date (11):
1/6/12

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

Scope of Work (Check all that apply):
[ ] ≥3 sf or ≥3 lf
[ ] ≥160 sf ≥260 lf
[ ] Renovation
[ ] Demolition

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

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

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

Amount (Specify SF or LF):
160 LF

Abatement Type:

Basement Mechanical Room

Asbestos Window Glazing

Name of Registered Waste Hauler:
AbateTech, Inc.

City, State:
Lumberton, NJ

Disposal Date:
1/6/12

Name of Registered Landfill:
TRRF Landfill

City, State:
Tullytown, PA

Completed By (Print or Type):
Gwen Trumbetti

Title:
Opps. Coord.

Signature:

Date:
1/4/12
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:65 and 12:120)

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<td>Amended</td>
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<td>DOL</td>
<td>Amendment K</td>
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<td>DOH</td>
<td>Emergency (including justifiable)</td>
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<td>OCA</td>
<td>Cancellation</td>
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<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
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</thead>
<tbody>
<tr>
<td>501 HILLTOP STREET</td>
<td>RIVERFIELD, NJ 07607</td>
</tr>
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</table>

FACILITY INFORMATION

- **Name of Facility Where Abatement is Taking Place (3)**: SPECK
- **Street Address**: 501 HILLTOP STREET
- **City**: RIVERFIELD
- **County**: BERGEN
- **Telephone No.**: 201-282-5841
- **License No.**: 00136
- **Name of OSHA Monitor**: Omegna Environmental Services Inc.
- **Street Address**: 280 HUYLER STREET
- **City, State, Zip Code**: Hackensack, NJ 07606

<table>
<thead>
<tr>
<th>Start Date (8)</th>
<th>Scheduled Completion Date (11)</th>
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</thead>
<tbody>
<tr>
<td>1/5/12</td>
<td>1/6/12</td>
</tr>
</tbody>
</table>

Occupancy Status During Abatement (Check Only One):
- Facility Closed-Vacated During Entire Period of Abatement
- Other - Describe: 32400SF

- **Location of Asbestos-Containing Material (ACM) TO BE ABATED**
  - **Location Normally Used Solely by Maintenance Custodial Staff**: YES
  - **Amount (Specify SF or LF)**: 1200 SF
  - **Abatement Type**: Full Containment with Negative Pressure
  - **End Date**: 1/5/12

Name of Registered Waste Hauler: ESI PA Bethlehem Landfill Corp.
Rivics Transport: 26785

Name of Registered Landfill: IESI PA Bethlehem Landfill Corp.

Completed by: R. McDONALD
Title: President

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

**State of New Jersey**

(Pursuant to NJAC 8:60 and 12:129)

**Date of Notification (1)** 11/5/12

**Name of Building Owner/Operator (2)** St. Joseph Church

**Address Information**

- **Street Address:** 216 Comly Rd
- **City, State, Zip Code:** Lincoln Park, N.J. 07035

**Facility Information**

- **Type of Facility (4)**
  - School (K-12)
  - Subchapter 8 (Other than K-12)
  - Other (i.e. private & commercial buildings, homes, etc.)
- **Square Feet:** 2,400
- **# of Floors:** 2
- **Bldg. Age:** 55
- **Current Use (Prior if being demolished):** Rectory

**Name of Abatement Contractor (9)** A. Mac Contracting Inc.

**Project Manager** for Monitoring Firm

- **Telephone No.:** 201-262-5841

**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 ≥ 160 SF or ≥ 2600 SF
- Renovation
- Demolition

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

- TO BE ABATED
  - In Facility
  - Location
  - Norrly Used Solely by Maintenance/Custodial Staff?
  - (12)
  - Yes
  - No
  - N/A

**Expiration Date:** 11/17/12

**Amount (Specify SF or LF):** 220 LF

**Name of Registered Waste Hauler**

- Rovic Transport
- NJDEP Waste Hauler ID No.: 20785
- Cubic Yards of Waste: 1

**Name of Registered Landfill**

- IESI PA Bethlehem Landfill Corp.
- City, State: Bethlehem, PA 18015

**Completed by**

- R. McDonald
- Title: President

**Signature**

- Date: 11/5/12

*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)*

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
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<tbody>
<tr>
<td>10/1/2011</td>
<td>CAROL KENNELLY</td>
</tr>
</tbody>
</table>

**Agencies Notified**

- EPA
- DEP
- DOL
- DOH
- DCA

**Type Notification**

- Initial

**Street Address**

601 BOGERT ROAD

**City, State, Zip Code**

RIVER EDGE, NJ 07661

**Name of Contact**

CAROL KENNELLY  
201-493-9554

---

**Facility Information**

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

CAROL KENNELLY

**Street Address**

601 BOGERT ROAD

**City, County, Zip Code**

RIVER EDGE, BERGEN, 07661

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

**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**

00159

**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)**

01/14/12

**Scheduled Completion Date (11)**

01/20/12

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

- Facility closed/vacated during entire period of abatement.
- Abatement performed outside of normal facility hours.
- Other: Normal Hours

---

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

- >3 sf or >3 if
- Renovation
- Demolition

---

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

**Is location normally used solely by maintenance cus/tdial staff?**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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---

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

<table>
<thead>
<tr>
<th>PIPE INSULATION</th>
<th>VINYL ASBESTOS TILE</th>
</tr>
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<tbody>
<tr>
<td>100 LF</td>
<td>180 SQ FT</td>
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**Registered Waste Hauler**

D & S RESTORATION, INC.

**NJDEP Hauler ID#**

13506

**Cubic Yards of Waste**

3 YDS

**Name of Registered Landfill**

TULLYTOWN, RESOURCE RECOVERY

**City, State**

TULLYTOWN, PA

**Disposal Date**

01/16/12

**Completed by (Print or Type)**

ROGDIAN JOHNSZIC  
Title: PRESIDENT

**Date**

01/04/12
**State of NJ**

**Notification of Asbestos Abatement**

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

<table>
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<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
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<th>Street Address</th>
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<tr>
<td>1 RIDGE TERRACE</td>
<td>SHORT HILL, NJ</td>
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<thead>
<tr>
<th>Facility Information</th>
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<td>Other (Private/Commercial Blg./Homes, etc.)</td>
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<th>Name of Facility where abatement is taking place (3)</th>
<th>ASCM No.</th>
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<td>NANCY MIGNON</td>
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<td>1 RIDGE TERRACE</td>
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<tr>
<th>Name of Monitoring Firm Hired by Bldg. Owner (8)</th>
<th>Phone Number</th>
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<td>D &amp; S RESTORATION, INC.</td>
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<tr>
<th>Name of OSHA Monitor</th>
<th>Street Address</th>
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<td>D &amp; S Restoration, Inc.</td>
<td>20 California Avenue</td>
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<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Start Date (10)</th>
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<th>Occupancy Status During Abatement (Check only one)</th>
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<tr>
<td>Abatement performed outside of normal facility hours.</td>
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<td>Other-Describe: NORMAL HOURS</td>
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<th>Scope of Work (check all that apply)</th>
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<td>&gt;300 sf or &gt;3,000 ft²</td>
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<td>&gt;1600 sf or &gt;2600 ft²</td>
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<th>Location of asbestos-containing material (ACM) to be abated in facility (13)</th>
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<td>BASEMENT</td>
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<th>Name of Registered Landfill</th>
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<td>TULLY TOWN, RESOURCE RECOVERY</td>
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<td>01/20/12</td>
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<th>Registered Waste Hauler</th>
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<thead>
<tr>
<th>City, State</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>PATERNSON, NJ</td>
<td>TULLY TOWN, RESOURCE RECOVERY</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed by (Print or Type)</th>
<th>Title</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>BOGDAN JOLDZIC</td>
<td>PRESIDENT</td>
<td>01/04/12</td>
<td></td>
</tr>
</tbody>
</table>

* 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)**
- 1/11/12

**Name of Building Owner/Operator (2)**
- HAMMOND RESIDENCE

**Street Address**
- 112 UPPER MOUNTAIN AVENUE

**City, State, Zip Code**
- MONTCLAIR, NJ 07042

**Name of Contact**
- PAM DEVITA

**Telephone Number**
- 973-296-1709

**FACILITY INFORMATION**

**Name of Facility where abatement is taking place (3)**
- HAMMOND RESIDENCE

**Street Address**
- 112 UPPER MOUNTAIN AVENUE

**City (5)**
- MONTCLAIR

**County (6)**
- ESSEX

**County Code (7)**
- [State use only]

**Type of Facility (4)**
- D & S RESTORATION, INC.

**Street Address**
- 20 California Ave.

**City, State, Zip Code**
- Paterson, NJ 07503

**Telephone Number**
- 973-345-8020

**License Number**
- 00159

**Name of OSHA Monitor**
- D & S Restoration, Inc.

**Street Address**
- 20 California Avenue

**City, State, Zip Code**
- Paterson, NJ 07503

**Start Date (10)**
- 01/06/12

**Sched. Completion Date (11)**
- 01/16/12

**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**
- NORMAL HOURS

**Scope of Work (check all that apply)**
- [X] <3 of or <3 if
- [X] Renovation
- [X] ≥160 of or ≥260 if
- [X] Demolition

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
<th>Description of asbestos-containing material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>BASEMENT</td>
<td></td>
<td>X</td>
<td></td>
<td>PIPES INSULATION</td>
<td>240 LF FT</td>
</tr>
<tr>
<td>BASEMENT BOILER</td>
<td></td>
<td>X</td>
<td></td>
<td>BOILER INSULATION</td>
<td>105 SQ FT</td>
</tr>
<tr>
<td>BASEMENT WATER TANK</td>
<td></td>
<td>X</td>
<td></td>
<td>WATER TANK INSULATION</td>
<td>40 SQ FT</td>
</tr>
<tr>
<td>BASEMENT CRAWL SPACE</td>
<td></td>
<td>X</td>
<td></td>
<td>PIPE INSULATION</td>
<td>14 LF FT</td>
</tr>
</tbody>
</table>

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

**NJ DEP Hauler ID**
- 13506

**Cubic Yards of Waste**
- 6 YDS

**Name of Registration Landfill**
- TULLY TOWN, RESOURCE RECOVERY

**City, State**
- TULLY TOWN, PA

**Disposal Date**
- 01/09/12

**Date**
- 01/04/12

**Title**
- PRESIDENT

**Signature**
- [Signature]

**By (Print or Type)**
- BOGDAN JOLDAZ

**Dated**
- 01/01/12

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

**Date of Notification (1)**
01/11/11

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

**Agencies Notified**
☐ EPA
☐ DEP
☒ DOL
☒ DOH
☐ DOA

**Type Notification**
☐ Initial
☐ Amended
☒ Emergency
☐ Cancellation

**Amendment #:**

**Street Address**
112 UPPER MOUNTAIN AVENUE

**City, State, Zip Code**
MONTCLAIR, NJ 07042

**Name of Contact**
PAM DEVITA
**Telephone Number**
973-296-1709

---

**FACILITY INFORMATION**

**Name of facility where abatement is taking place (3)**
HAMMOND RESIDENCE

**Street Address**
112 UPPER MOUNTAIN AVENUE

**City (5)**
MONTCLAIR

**County (6)**
ESSEX

**County Code (7)**

**Type of Facility (4)**
☑ Other (Private/Commercial Buildings, etc.)

**Square Feet**

**# of Floors**

**Bldg. Age**

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

**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**
00159

**Name of OSHA Monitor**

**Start Date (10)**
01/06/12

**Sched. Completion Date (11)**
01/16/12

**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)**
☒ >2 sf or >2 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 of asbestos-containing material (acm) to be abated in facility (13)</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>BASEMENT</td>
<td>✗</td>
<td>✗</td>
<td>N/A</td>
</tr>
<tr>
<td>BASEMENT BOILER</td>
<td>✗</td>
<td>✗</td>
<td>N/A</td>
</tr>
<tr>
<td>BASEMENT WATER TANK</td>
<td>✗</td>
<td>✗</td>
<td>N/A</td>
</tr>
<tr>
<td>BASEMENT CRAWL SPACE</td>
<td>✗</td>
<td>✗</td>
<td>N/A</td>
</tr>
</tbody>
</table>

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

<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>240 L FT</td>
</tr>
<tr>
<td>BOILER INSULATION</td>
<td>105 SQ FT</td>
</tr>
<tr>
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<td>40 SQ FT</td>
</tr>
<tr>
<td>PIPE INSULATION</td>
<td>14 L FT</td>
</tr>
</tbody>
</table>

---

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

**NJDH Hauler ID#**
13506

**Cubic Yards of Waste**
6 YDS

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

**City, State**
PATerson, NJ 07503

**Disposal Date**
01/09/12

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

**Signature**

**Date**
01/04/12

---

*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)

11 / 5 / 12

Name of Building Owner/Operator (2)

Reckitt Benckiser

Agencies Notified

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

Type Notification

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

Street Address

799 Route 206

City, State, Zip Code

Hillsborough

Name of Contact

Matt DeGiacco

Telephone Number

908-533-2008

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Reckitt Benckiser - Exterior Tanks

Type of Facility (4)

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

City (5)

Hillsborough

County (6)

Somerset

County Code (7)(STATE USE ONLY)

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8)

Environmental Connection

ASCM No.

Name of Abatement Contractor (9)

BRISTOL ENVIRONMENTAL, INC.

Street Address

1123 BEAVER STREET

City, State, Zip Code

BRISTOL, PA 19007

Project Manager for Monitoring Firm

Ryan Broadwater

Telephone No.

609-392-4200

Telephone No.

215-798-6040

License No.

00509

Name of OSHA Monitor

BRISTOL ENVIRONMENTAL, INC.

Street Address

1123 BEAVER STREET

City, State, Zip Code

BRISTOL, PA 19007

Start Date (10)

1 / 16 / 12

Scheduled Completion Date (11)

1 / 18 / 12

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: 7:00AM-3:30PM/ PM- AM

Scope of Work (Check all that apply)

☐ 3 or more surfaces
☐ 160 sq ft or more
☒ Demolition

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

(13)

Is Location Normally Used Solely by Maintenance/Custodial Staff?

(12)

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

Amount (Specify SF or LF)

Abatement Type

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

Exterior Tank 9 Endcap 1

☐ Yes
☐ No
☐ N/A

Thermal Insulation Mastic Debris

79 SF

Exterior Tank 9 Endcap 2

☐ Yes
☐ No
☐ N/A

Thermal Insulation Mastic

79 SF

Exterior Tank 10 Endcap 1

☐ Yes
☐ No
☐ N/A

Thermal Insulation Mastic

79 SF

Exterior Tank 10 Endcap 2

☐ Yes
☐ No
☐ N/A

Thermal Insulation Mastic

79 SF

Name of Registered Waste Hauler

SERVICE TRANSPORT GROUP, INC.

NJDEP Waste Hauler ID No.

209990

Cubic Yards of Waste

12 Cu Yds

Disposal Date

1/18/12

City, State

WAYNESBURG, OH 44688

Name of Registered Landfill

MINERVA LANDFILL

Completed By (Print or Type)

Gino Pizzigoni

Title

Estimator

Signature

Gino Pizzigoni

Date

1/5/12

* 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)  1/6/12

Name of Building Owner/Operator (2)  Mr. John Gee

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

Type Notification  
- Initial

Name of Building Owner/Operator (2)  

Street Address  
1246 River Road  
JAN - 9 2012

City, State, Zip Code  
Titusville, NJ 08560

Name of Contact  
Mrs. John Gee

Telephone Number  
(609) 731-7700

FACILITY INFORMATION

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

Street Address  
1246 River Road

City (5)  
Titusville

County (6)  
Mercer

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

ASCM No.

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

Street Address  
P.O. Box 341

City, State, Zip Code  
Crosswicks, NJ 08515

Project Manager for Monitoring Firm  
William Weisgarber Jr.

Telephone No.  
(609) 298-4070

Start Date (10)  
1/16/12

Scheduled Completion Date (11)  
1/20/12

Occupancy Status During Abatement (Check only one)  
- Facility Closed/Vacated During Entire Period of Abatement  
- Abatement Performed Outside of Normal Facility Hours  
- Other - Describe: 8 am-4:30 pm

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)  
- Name of Registered Waste Hauler  
  Stevens Environmental Services, Inc.
  NJDEP Waste Hauler ID No.  
  18292

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)  
spray-on fireproofing

Amount (Specify SF or LF)  
810 SF

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

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

City, State  
Allentown, NJ

Disposal Date  
1/20/12

Completed By  
Mahlon E. Stevens

Signature  
Project Manager

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

Date of Notification (1)
1/4/2012

Name of Building Owner/Operator (2)
Walmart Super Center

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

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

Name of Facility Where Abatement is Taking Place (3)
Walmart Super Center
Street Address
4900 US Highway 9
City, State, Zip Code
Howell, NJ
County Code
Monmouth

Name of Monitoring Firm Hired by Building Owner (6)
n/a

Name of Abatement Contractor (9)
Site Contractors, Inc.
Street Address
815 12th, Street
City, State, Zip Code
Hammonton, NJ 08037

Start Date (10)
1/16/2012
Scheduled Completion Date (11)
1/20/2012

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)
- ≥50 ft or ≥3 if
- ≥150 ft or ≥500 ft
- Roof
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

Abatement Type

Name of Registered Waste Hauler
Site Contractors, Inc.

City, State
Hammonton, NJ

Completed by
Joan Giordano
Title
Administrator
Signature
John Giordano
Date
1/4/2012

Do not use this form for asbestos licensure exempted activities.