State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12: 120-7)

Name of Building Owner/Operator (2)
William Paterson University

Name of Contact
John Urinyi

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
WPU- Shea Center

Street Address
300 Pompton Road

City (5) County (6)
Wayne Passaic

County Code (7) (STATE USE ONLY)
0630

Name of Abatement Contractor (9)
J.R. Contracting & Environmental Consulting, Inc.

Environmental Connection
0630

Street Address
126 North Warren Street

Trenton NJ 08608

Project Manager for Monitoring Firm
Roland Jones
609-392-4200

Telephone Number
973-628-9590

License Number
00408

Name of OSHA Monitor
Enviro Vision Consultants, Inc.

Street Address
20-31 Wagarow Road, Bldg. #34A

City, State, Zip Code
Fairlawn NJ 07410

Occupancy Status During Abatement (Check only one)
[X] Abatement Performed Outside of Normal Facility Hours
[X] Days - 3:30pm. - 1:00am.

Scope of Work (Check all that apply)
[ ] Demolition
[X] Renovation
[ ] Full Containment With Negative Pressure
[ ] Mini-Enclosure
[ ] Glovebox Procedure
[ ] Non Exempted (**and Non-Friable Procedure

Abatement Type

Location of Asbestos-Containing Material (ACM)

Location

 Normally

 Used

 Solely by Maintenance Staff

 Description of

 Asbestos-Containing

 Material (ACM)

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

 Amount

 (Specify SF or LF)

 Roofing Section

Year

Location

[ ] X

3,400.00

Cubic Yards of Waste

Name of Registered Landfill

J.R. Contracting & Environmental Consulting, Inc.

City, State
Wayne NJ 07470

Completed by (Print or Type)
Jerry Bijsenes
Project Manager

Signature

Date

1/5/2011
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60-7 and 12:126-7)

**State of New Jersey**

**Name of Building Owner/Operator**

<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>Agencies Notified</th>
<th>Type of Notification</th>
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<tbody>
<tr>
<td>[X] EPA</td>
<td>[X] DOL</td>
<td>Initial Notification</td>
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<td>[X] DOH</td>
<td>[X] DCA</td>
<td>Amended Notification</td>
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<td></td>
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<td>Cancellation</td>
</tr>
<tr>
<td></td>
<td>[X]</td>
<td>Emergency</td>
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</table>

**Name of Facility Where Abatement is Taking Place**

- **WSU Shaw Center**
- **Street Address**
  - 300 Pompton Road
  - City (8) Wayne
  - County (6) Passaic
  - County Code (7) 0030
  - (STATE USE ONLY)

**Name of Monitoring Firm Hired by Building Owner**

- **ASCMP**
- **Street Address**
  - 120 North Warren Street
  - Trenton NJ 08690

**Project Manager for Monitoring Firm**

- **Roland Jones**
- **Telephone Number**
  - 609-392-6200

**Scheduled State Date**

- **Scheduled Completion Date**

- **Occupancy Status During Abatement**
  - [X] Facility Closed/Vacated During Entire Period of Abatement
  - [X] Abatement Performed Outside of Normal Facility Hours
  - [X] Other - Describe: 3:30p.m. - 1:00a.m.

**Scope of Work**

- [X] Demolition
- [X] Removal
- [X] Full Containment With Negative Pressure
- [X] Mill-Enclosure
- [X] Glovebag Procedure
- [X] Non Exempted (*) and Non-Friable Procedure

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

- **In Location**
  - [X] Roofing
- **Amount**
  - 3,400.00 lb.

**Name of Registered Waste Hauler**

- **NJDEP Waste Hauler ID No.**
  - 98721

**Disposal Date**

- **City, State**
  - Merriwae PA
  - Date: 12/13/2011

**Name of Authorized Representative**

- **Jerry Bijeleinic**
- **Project Manager**

**License Number**

- **0973 028-9500**
- **00408**

**Name of Abatement Contractor**

- **J.R. Contracting & Environmental Consulting, Inc.**
- **Street Address**
  - 1141 Route 23
- **City, State**
  - Wayne NJ 07470

**Name of OSHA Monitor**

- **Enviro Vision Consultants, Inc.**
- **Street Address**
  - 30-21 Wagarow Road, Bldg. 824A
- **City, State**
  - Fairfield NJ 07410

**Name of Contact**

- **John Uriay**
- **Telephone Number**
  - 973 028-9500

**Square Feet**

- [ ] # of Floors
- [ ] Bldg Age

**Type of Facility**

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

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

- [ ]
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:59 and 12:120)

**REMEMBER - MAIL IN HARD COPY**

**Name of Building Owner/Operator (3)**
Diocese of Camden

**Street Address (6)**
631 Market Street

**City, State, Zip Code (4)**
Camden, NJ 08102

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

**Name of Building Owner/Operator (3)**
Diocese of Camden

**Name of Abatement Contractor (9)**
Shade Environmental, LLC

**Street Address (6)**
47 S. Lippincott Ave

**City, State, Zip Code (4)**
Camden, NJ 08102

**Occupancy Status During Abatement (Check Only One)**

- Facility Closed
- Continuous Occupancy During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other - Describe:

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

- ☑ Demolition
- ☑ Full Containment with Negative Pressure Mini-Enclosure
- ☑ Glovebox Procedure
- ☑ Non-Exempted (*) and Non-Fireable Procedure

**Amount (SF or LF)**

- 922 SF
- 1600 SF
- 1335 LF
- 3 LF

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Yes/No</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Floor</td>
<td>No</td>
</tr>
<tr>
<td>Throughout Building</td>
<td>Yes</td>
</tr>
<tr>
<td>Basement and First Floor</td>
<td>Yes</td>
</tr>
</tbody>
</table>

**Description of Asbestos Containing Material (ACM)**

- flooring, surfacing, or other miscellaneous

**Amount (SF or LF)**

- 922 SF
- 1600 SF
- 1335 LF
- 3 LF

**Adabatement Type**

- ☑ Removal
- ☑ Encapsulate
- ☑ Complete

**Name of Registered Waste Hauler**

- Shade Environmental, LLC

**Disposal Date**

- City, State

**Date**

- January 6, 2012

**Signature**

- William Lynch

---

*Do not use this form for asbestos linoleum sampled activities*
**Name of Facility Where Abatement is Taking Place:** Cathedral Convent Building

**Street Address:** 646 Federal Street

**City:** Camden

**County:** Camden

**Name of Monitoring Firm Hired by Building Owner:** MDG Environmental

**Name of Abatement Contractor:** Shade Environmental, LLC

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

<table>
<thead>
<tr>
<th>Location</th>
<th>In Location Normally Used Solely by Maint. Cust. to Be Removed (12)</th>
<th>Description of ACM (i.e. thermal systems insulation, surfacing, V Armstrongs, or other miscellaneous)</th>
<th>Amount (Square Ft or Lf)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Throughout Roof of Building</td>
<td>xxx</td>
<td>Silver Paint</td>
<td>2660 SF</td>
</tr>
<tr>
<td>Throughout Exterior of Building</td>
<td>xxx</td>
<td>Exterior Ceilings</td>
<td>1650 LF</td>
</tr>
<tr>
<td>Throughout Roof of Building</td>
<td>xxx</td>
<td>Flat Roof Flashing</td>
<td>835 LF</td>
</tr>
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</table>

**Name of Registered Waste Hauler:** N.J. DEP Waste Hauler ID No. 22253

**Name of Registered Landfill:** Grows Landfill

**City:** Mount Holly, New Jersey 08060

**Disposal Date:** January 6, 2012

**Completed by:** William Lynch

**Title:** Owner

---

*N* Do not use this form for asbestos liensure exempted activities
# NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

**Date of Notification (1)**
January 05, 2012

**Name of Building Owner/Operator (2)**
United States Department of Justice-Federal Correctional Institution

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

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

**Street Address**
Building 5705, UNICOR Facility

2012 JAN 10 6:00

**City, State, Zip Code**
Fort Dix, New Jersey, 08640

**Name of Contact**
Mr. Jeff Eoebstel

## FACILITY INFORMATION

**Name of Facility Where Abatement is Taking Place (3)**
Building 5705

**Street Address**
On the military base at Fort Dix @ the Federal Prison East Compound

**City (5)**
Fort Dix

**County (6)**
Burlington County

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

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

**Quality Environmental Concepts**

**ASCM No.**
NA

**Name of Abatement Contractor (9)**
Quality Environmental Concepts

**Street Address**
1053 North Tuckahoe Road

**License No.**
# 01086

**Telephone No.**
856-629-1166

**City, State, Zip Code**
Williamstown, New Jersey 08094

**Name of OSHA Monitor**
Quality Environmental Concepts

**Telephone No.**
856-629-1166

**Street Address**
1053 North Tuckahoe Road

**City, State, Zip Code**
Williamstown, New Jersey 08094

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

## Abatement Type
- Removal
- Repair
- Encapsulate
- Endorsement

**Description of Asbestos Containing Material (ACM)**
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

**Amount (Specify SF or LF)**
4500 sf

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

**Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)**
- Open Floor Areas Throughout the Building

**Operability Status (Check Only One)**
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other – Describe: building will be sealed off in half so other work can be done

**Start Date (10)**
January 16, 2012

**Scheduled Completion Date (11)**
February 22, 2012

**Name of Registered Waste Hauler**
Robinson Waste Disposal Services

**Disposal Date**
of / a Feb 24, 2012

**City, State**
Bellemawr, New Jersey 08094

**Name of Registered Landfill**
GROWS Landfill

**Cubic Yards of Waste**
30 cubic yard

**Name of Registered Waste Hauler**
Robinson Waste Disposal Services

**Hauler ID No.**
453811

**Disposal Site**
City, State
Tullytown, PA

**Name of Registered Landfill**
GROWS Landfill

**Title**
Vice President

**Signature**
Edward J. Knorr

**Date**
January 05, 2012

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:50 and 5:16)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>12 / 5 / 12</th>
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</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>East Orange Municipal Building</td>
</tr>
<tr>
<td>Agencies Notified</td>
<td>Type Notification</td>
</tr>
<tr>
<td>☐ EPA</td>
<td>☒ Initial</td>
</tr>
<tr>
<td>☒ DHSS</td>
<td>☒ Amend</td>
</tr>
<tr>
<td>☒ OCA (NJAC 5:23-8)</td>
<td>☒ Emergency (including justification)</td>
</tr>
<tr>
<td>☒ Cancellation</td>
<td></td>
</tr>
<tr>
<td>Street Address</td>
<td>221 Freeway Dr. East</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>East Orange, NJ 07018</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Ira Fishkin</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
<tr>
<td>FACILITY INFORMATION</td>
<td></td>
</tr>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td>East Orange Court House</td>
</tr>
<tr>
<td>Street Address</td>
<td>221 Freeway Dr. East</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>East Orange, NJ 07018</td>
</tr>
<tr>
<td>County Code (7)(STATE USE ONLY)</td>
<td></td>
</tr>
<tr>
<td>Square Feet</td>
<td>25,000</td>
</tr>
<tr>
<td># of Floors</td>
<td>2</td>
</tr>
<tr>
<td>Bidg. Age</td>
<td>50+</td>
</tr>
<tr>
<td>Current Use (Prior if being demolished)</td>
<td></td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>ASCM No. 00003</td>
</tr>
<tr>
<td>TTI Environmental Inc.</td>
<td>BRISTOL ENVIRONMENTAL, INC.</td>
</tr>
<tr>
<td>Street Address</td>
<td>1123 BEAVER STREET</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>BRISTOL, PA 19007</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>215-788-6040</td>
</tr>
<tr>
<td>License No.</td>
<td>00509</td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>BRISTOL ENVIRONMENTAL, INC.</td>
</tr>
<tr>
<td>Street Address</td>
<td>1123 BEAVER STREET</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>BRISTOL, PA 19007</td>
</tr>
<tr>
<td>Name of OSHA Monitor</td>
<td></td>
</tr>
<tr>
<td>Scope of Work (Check all that apply)</td>
<td></td>
</tr>
<tr>
<td>☒ ≥3 sf or ≥3 if</td>
<td>☒ Renovation</td>
</tr>
<tr>
<td>☒ ≥160 sf or ≥260 if</td>
<td>☒ Demolition</td>
</tr>
<tr>
<td>☒ ≥3 sf or ≥3 if</td>
<td>☒ Full Containment with Negative Pressure</td>
</tr>
<tr>
<td>☒ ≥160 sf or ≥260 if</td>
<td>☒ Mini-Enclosure</td>
</tr>
<tr>
<td>☒ Location Normally Used Solely by Maintenance/Custodial Staff? (12)</td>
<td>☒ Glovebag Procedure</td>
</tr>
<tr>
<td>☑ Yes</td>
<td>☐ Non-Exempted (*) and Non-Friable Procedure</td>
</tr>
<tr>
<td>☑ No</td>
<td></td>
</tr>
<tr>
<td>☐ N/A</td>
<td></td>
</tr>
<tr>
<td>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VLT, or other miscellaneous)</td>
<td></td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
<td>140 SF</td>
</tr>
<tr>
<td>Abatement Type</td>
<td>☐ Removal</td>
</tr>
<tr>
<td>☐ Repair</td>
<td></td>
</tr>
<tr>
<td>☑ Encapsulate</td>
<td></td>
</tr>
<tr>
<td>☐ Endoscope</td>
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</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
<td>SERVICE TRANSPORT GROUP, INC.</td>
</tr>
<tr>
<td>NJDEP Waste Hauler ID No.</td>
<td>20990</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td></td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>MINERVA LANDFILL</td>
</tr>
<tr>
<td>City, State</td>
<td>WAYNESBURG, OH 44688</td>
</tr>
<tr>
<td>Completed By (Print or Type)</td>
<td>Brian Scafiro</td>
</tr>
<tr>
<td>Title</td>
<td>Estimator</td>
</tr>
<tr>
<td>Signature</td>
<td>Brian Scafiro</td>
</tr>
<tr>
<td>Date</td>
<td>1/5/12</td>
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</table>

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</tr>
</thead>
<tbody>
<tr>
<td>12/5/12</td>
<td>East Orange Municipal Building</td>
</tr>
</tbody>
</table>

**Name of Facility Where Abatement is Taking Place (3)**
East Orange Court House

**Address**
221 Freeway Dr. East
City (5) East Orange
County (6) Essex

**County Code (7)**
07018

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

**Square Feet**
25,000

**# of Floors**
2

**Bldg. Age**
50+

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

**ASCM No.**
00003

**Name of Abatement Contractor (9)**
BRISTOL ENVIRONMENTAL, INC.

**Street Address**
1253 N. Church St
Mooresstown, NJ 08057

**City, State, Zip Code**
Mooresstown, NJ 08057

**Telephone No.**
856-840-8800

**License No.**
00509

**Project Manager for Monitoring Firm**
Jim Giuliani

**Start Date (10)**

**Scheduled Completion Date (11)**

**Name of OSHA Monitor**
BRISTOL ENVIRONMENTAL, INC.

**Street Address**
1123 BEAVER STREET

**City, State, Zip Code**
BRISTOL, PA 19007

**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: AM - PM 5:00PM - 2:30AM

**Scope of Work (Check all that apply)**
- ≥ 3,000 sf or ≥ 260 if
- ≥ 1,600 sf or ≥ 260 if
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
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<tr>
<td>Basement-Court # 3</td>
<td>Plaster</td>
<td>140 SF</td>
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**Name of Registered Waste Hauler**
SERVICE TRANSPORT GROUP, INC.

**NJDEP Waste Hauler ID No.**
20950

**Cubic Yards of Waste**

**Name of Registered Landfill**
MINERVA LANDFILL

**City, State**
NEW CASTLE, DE 19720

**Disposal Date**

**City, State**
WAYNESBURG, OH 44688

**Completed By (Print or Type)**
Brian Scafiro

**Title**
Estimator

**Signature**

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

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<tr>
<td></td>
<td></td>
<td>East Orange Municipal Building</td>
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<table>
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<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
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<tbody>
<tr>
<td>☐ EPA</td>
<td>☑ Initial</td>
<td>TTI Environmental Inc.</td>
</tr>
<tr>
<td>☐ DOLWD 6031</td>
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<td>ASCM No. 00003</td>
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<td>☐ DHSS 6078</td>
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<td>BRISTOL ENVIRONMENTAL, INC.</td>
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<td>☐ DCA 4024 (NJAC 8:23-8)</td>
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<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
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<tbody>
<tr>
<td>221 Freeway Dr. East</td>
<td>East Orange, NJ 07018</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Abatement Contractor (9)</th>
<th>Type of Facility (4)</th>
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<tbody>
<tr>
<td>BRISTOL ENVIRONMENTAL, INC.</td>
<td>School (K-12)</td>
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</table>

<table>
<thead>
<tr>
<th>Square Feet</th>
<th># of Floors</th>
<th>Blgd. Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>25,000</td>
<td>2</td>
<td>50+</td>
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</table>

<table>
<thead>
<tr>
<th>Name of OSHA Monitor</th>
</tr>
</thead>
<tbody>
<tr>
<td>BRISTOL ENVIRONMENTAL, INC.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jim Guilardi</td>
<td>856-840-8800</td>
</tr>
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<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>12 / 16 / 11</td>
<td>12 / 18 / 11</td>
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<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
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</thead>
<tbody>
<tr>
<td>☒ 3 or more sf of 120 sf or more</td>
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<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED</th>
</tr>
</thead>
<tbody>
<tr>
<td>IN Facility (13)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<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></td>
<td>140 SF</td>
<td>☒ Full Containment with Negative Pressure</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>NJ DEP Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>SERVICE TRANSPORT GROUP, INC.</td>
<td>20990</td>
<td></td>
<td>MINERVA LANDFILL</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>Disposal Date</th>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>NEW CASTLE, DE 19720</td>
<td></td>
<td>WAYNESBURG, OH 44686</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed By (Print or Type)</th>
<th>Title</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brian Scafiro</td>
<td>Estimator</td>
<td>Brian Scafiro / YL</td>
</tr>
</tbody>
</table>

| ASB-41 | 2 < 11 / 11 | 4 |

<table>
<thead>
<tr>
<th>Date</th>
<th>12/5/11</th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>00509</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Telephone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1123 BEAVER STREET</td>
<td>215-788-6040</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Bidg. Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>50+</td>
</tr>
<tr>
<td>Date of Notification (1)</td>
</tr>
<tr>
<td>-------------------------</td>
</tr>
<tr>
<td>Name of Building Owner/Operator (2)</td>
</tr>
<tr>
<td>Agencies Notified</td>
</tr>
<tr>
<td>🚧 EPA</td>
</tr>
<tr>
<td>🚧 DEP</td>
</tr>
<tr>
<td>🚧 DOL</td>
</tr>
<tr>
<td>🚧 DOH</td>
</tr>
<tr>
<td>🚧 DCA</td>
</tr>
<tr>
<td>Street Address</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
</tr>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
</tr>
<tr>
<td>Consulting Services of America</td>
</tr>
<tr>
<td>Street Address</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
</tr>
<tr>
<td>Street Address</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
</tr>
<tr>
<td>Michael Chien</td>
</tr>
<tr>
<td>Start Date (10)</td>
</tr>
<tr>
<td>Scheduled Completion Date (11)</td>
</tr>
<tr>
<td>Occupancy Status During Abatement (Check Only One)</td>
</tr>
<tr>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
</tr>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours</td>
</tr>
<tr>
<td>Other – Describe: 7:00AM-3:30PM</td>
</tr>
<tr>
<td>Scope of Work (Check All That Apply)</td>
</tr>
<tr>
<td>🚧 ≥3sf or ≥3 if</td>
</tr>
<tr>
<td>🚧 ≥160sf or ≥260 if</td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED</td>
</tr>
<tr>
<td>in Facility (13)</td>
</tr>
<tr>
<td>Weight Room</td>
</tr>
<tr>
<td>Womens Locker Room</td>
</tr>
<tr>
<td>Bathroom</td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
</tr>
<tr>
<td>City, State</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
</tr>
<tr>
<td>Name of Contact</td>
</tr>
<tr>
<td>FACILITY INFORMATION</td>
</tr>
<tr>
<td>Type of Facility (4)</td>
</tr>
<tr>
<td>School (K-12)</td>
</tr>
<tr>
<td>Subchapter 8 (Other than K-12)</td>
</tr>
<tr>
<td>Other (i.e. private &amp; commercial buildings, homes, etc.)</td>
</tr>
<tr>
<td>Square Feet</td>
</tr>
<tr>
<td># of Floors</td>
</tr>
<tr>
<td>Bldg. Age</td>
</tr>
<tr>
<td>Current Use (Prior if being demolished)</td>
</tr>
<tr>
<td>Name of OSHA Monitor</td>
</tr>
<tr>
<td>Street Address</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
</tr>
<tr>
<td>Disposal Date</td>
</tr>
<tr>
<td>Date TBA</td>
</tr>
<tr>
<td>Morrisville, Pa. 19067</td>
</tr>
<tr>
<td>Completed by</td>
</tr>
<tr>
<td>Title</td>
</tr>
<tr>
<td>Signature</td>
</tr>
</tbody>
</table>

* Do not use this form for asbestos licensure exempted activities.
**STATE OF NEW JERSEY**

**NOTIFICATION OF ASBESTOS ABATEMENT**
(PURSUANT TO NJAC 8:60-7 AND 12:120-7)

**ANNUAL NOTIFICATION**

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner / Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>01 / 06 / 12</td>
<td>Borough of Tenny</td>
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</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type of Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ EPA</td>
<td>☑ Initial</td>
</tr>
<tr>
<td>☑ DEP</td>
<td>☑ Amended</td>
</tr>
<tr>
<td>☑ DOH</td>
<td>☑ Amendment #</td>
</tr>
<tr>
<td>☑ DOL</td>
<td>☑ Emergency w/ Justification</td>
</tr>
<tr>
<td>☑ OCA</td>
<td>☑ Cancellation</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

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

- **Street Address**
  - 100 Riveredge Road

- **City (9) County (6) County Code (7)**
  - Tenny | Bergen | |

- **Square Feet**
  - 5,000

- **Of Floors**
  - 2

- **Building Age**
  - 604

- **Current Use (Prior to being demolished)**
  - Former Office Space

- **Name of Monitoring Firm Hired by Bldg. Owner (8)**
  - Sky Environmental Services, Inc

- **Telephone Number**
  - 973-888-6421

- **Name of Abatement Contractor (9)**
  - Slavco Construction Inc.

- **Telephone Number**
  - 973-476-6846

- **License Number**
  - 00724

- **Occupancy Status During Abatement (Check Only 1)**
  - Facility Closed/Vacated During Entire Period of Abatement
  - Abatement Performed Outside of Normal Facility

- **Hours to Be Described**
  - 8:00 am to 4:30 pm

- **Room/Area Vacant During Removal**

- **Scope of Work (Check All That Apply)**
  - Demolition
  - Renovation
  - Full Containment with Negative Pressure
  - Non-Exempted (*) and Non-Exempted Procedure

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

- **Ta Used by Maintenance/Custodial Staff (12)**
  - Yes | No | N/A
  - Weight Room
  - Women's Locker Room
  - Bathroom

- **Description of Asbestos-Containing Material (ACM)**
  - Insulation, surfacing, VAT, or other miscellaneous

- **Amount (Specify BF or LF)**
  - 765 SF

- **Removal Type**
  - Yes | No | N/A
  - Name of Registered Waste Hauler
  - Slavco Construction Inc
  - Cubic Yards of Waste
  - 18508
  - Name of Registered Landfill
  - G.R.O.W.S. Landfill
  - City, State
  - Clifton, NJ

- **Disposal Date**
  - 1/26/12

- **Completed by (Print or Type)**
  - Title
  - Administrative Assistant

- **Signature**
  - Vivian Jurcevic

- **Date**
  - 01/06/12
STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT
(PURSUANT TO NJAC 8:90-7 AND 12:129-7)
ANNUAL NOTIFICATION

Date of Notification (1) 01 / 05 / 12

Name of Building Owner / Operator (2)

Agency Notified Type of Notification
- EPA Initial
- DEP Amended
- DOH Amendment #
- DOL Emergency w/ Justification
- DCA Cancellation

Name of Building Owner / Operator

Borough of Tenally

Street Address 100 Riveredge Road

City, State, Zip Code Tenally, NJ 07670

Name of Contact Jewel Thompson-Chin

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement Is Taking Place (3)

Police Headquarters

Street Address 100 Riveredge Road

City (5) County (6) County Code (7)
Tenally Bergen

Square Feet 5,000

Building Age 50+

Former Office Space

Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No.
Sky Environmental Services, Inc

Name of Abatement Contractor (9)
Slavco Construction Inc.

Street Address 140 Boulevard

City, State, Zip Code Mt. Lakes, NJ 07746

Telephone Number 973-588-4821

City, State, Zip Code Clifton, NJ 07011

Scheduled Start Date (10) Sched. Completion Date (11)
01 / 06 / 12 01 / 10 / 12

Telephone Number 973-478-4848

License Number 00724

Name of OSHA Monitor Slavco Construction Inc.

Street Address 164 Getty Avenue

City, State, Zip Code Clifton, NJ 07011

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

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

Amount (Specify SF or LF)

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

Weight Room VAT & Mastic 785 SF

Womens Locker Room VAT & Mastic 290 SF

Bathroom VAT & Mastic 80 SF

Name of Registered Waste Hauler Slavco Construction Inc

NJDPS Waste 18508 Cubic Yards of Waste

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

City, State Clifton, NJ

Disposal Date TBD

Completed by (Print or Type) Vivian Jurcevic

Title Administrative Assistant

Signature

Date 01/05/12
### NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

#### Date of Notification
Jan 6, 2012

#### Name of Building Owner/Operator
Ken Perry

#### Address Information
- **Street Address:** 620 Pomona Ave
- **City, State, Zip Code:** Haddonfield, NJ 08033

#### Facility Information
- **Name of Facility Where Abatement is Taking Place:** Single Family Dwelling
- **Type of Facility:** Other (i.e. private & commercial buildings, homes, etc.)
- **Square Feet:** 2
- **Bldg. Age:** 75+ yrs

#### Monitoring Firm
- **Name:** EPC TECHNOLOGIES, INC
- **Address:** P.O. BOX 337
- **City, State, Zip Code:** NEW EGYPT, NJ 08533

#### Manager of Monitoring Firm
- **Name:** STEVE SCHENKER
- **Phone Number:** 609-758-3365

#### Start and Completion Dates
- **Start Date:** Jan 18, 2012
- **Scheduled Completion Date:** Jan 18, 2012

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

#### Scope of Work
- **Location of Asbestos-Containing Material (ACM) to be Abated:**
  - Basement Den: Yes
  - Furnace Room: Yes

#### Description of ACM
- **Location Normally Used Solely by Maintenance/Custodial Staff:** No

#### Asbestos Containing Material (ACM)
- **Description:** Wrapped Air Ducts, Cement Paneling Board
- **Amount:** 10 LF, 12 SF

#### Waste Management
- **Name of Registered Waste Hauler:** EPC TECHNOLOGIES, INC
- **Waste Hauler ID No.:** 17000
- **Cubic Yards of Waste:** < 1
- **Name of Registered Landfill:**

#### Disposal
- **City, State:** MORRISVILLE, PA
- **Disposal Date:** 1-19-12

#### Completion
- **Completed by:** STEVE SCHENKER
- **Title:** PRESIDENT

---

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

Date of Notification (1) 12/30/11

Name of Building Owner/Operator (2)
New Jersey Department of Military Affairs

Street Address
101 Eggerts Crossing Road
Lawrenceville, NJ 08648

Name of Contact
William McBride

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

Type of Notification
[ ] Initial Notification
[x] Amended Notification
Amend # 1
[ ] Cancellation

Name of Facility Where Abatement is Taking Place (3)
Sea Girl NGTC

Street Address
381 Sea Girl Avenue

City (5)
Sea Girt

County (6)
Monmouth

Square Feet # of Floors Bldg. Age

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

Current Use (Prior if being demolished)
Offices, training center

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

{x} Other – Describe: partially vacated

Scope of Work (Check all that apply)
[x] Demolition
[ ] Renovation

[x] ≥3 sf or ≥9 If
[ ] ≥160 sf or ≥250 sf

Location of Asbestos – Containing Material (ACM)

<table>
<thead>
<tr>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff (12)</th>
<th>Description of Asbestos – Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Building 7 mechanical room</td>
<td>TSI elbows</td>
<td>8 LF</td>
<td>x</td>
</tr>
<tr>
<td>Quarters basement</td>
<td>Abandoned boiler</td>
<td>36 LF</td>
<td>x</td>
</tr>
<tr>
<td>Quarters basement</td>
<td>Transite panels</td>
<td>48 LF</td>
<td>x</td>
</tr>
<tr>
<td>Armory classroom and offices</td>
<td>VAT and mastic</td>
<td>1240 LF</td>
<td>x</td>
</tr>
<tr>
<td>Museum</td>
<td>VAT and mastic</td>
<td>150 LF</td>
<td>x</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
Jupiter Environmental Services

Cubic Yards Of Waste
10

Disposal Date
1/30/12

City, State
Lincoln Park, NJ

Completed By (Print or Type)
Pane Repic
Title
General Manager
Signature

Date
12/30/11

Name of Registered Landfill
Minerva Landfill

City, State
Waynesburg, OH

Check # 5614
2012 JAN 10 6:00
## NOTIFICATION OF ASBESTOS ABATEMENT

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

### Name of Building Owner/Operator

**Doreen Varga**

### Agencies Notified

- [X] EPA
- [ ] DOT
- [X] DOH
- [ ] DCA

### Type of Notification

- [X] Initial Notification
- [ ] Amended Notification
- [ ] Cancellation

### Date of Notification

**1/3/12**

### Name of Facility Where Abatement is Taking Place

**Residence**

### Street Address

**74 Columbia Ave.**

**Nutley, NJ 07110**

### City, State, Zip Code

**2012 JAN 10 11:00 T**

### Name of Management Firm for Monitoring

**ASCM No.**

### Name of Monitoring Firm Hired by Building Owner

**Jupiter Environmental Services, Inc.**

### Street Address

**3 Lynn Court**

### City, State, Zip Code

**Lincoln Park, NJ 07035**

### Project Manager for Monitoring

**Telephone Number**

**973-709-0200**

### License Number

**00852**

### Name of OSHA Monitor

**J & S Environmental Laboratories, LLC**

### Street Address

**2333 Route 22W**

### City, State, Zip Code

**Union, NJ 07083**

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

- [ ] Demolition
- [X] Renovation
- [ ] Full Containment with Negative Pressure
- [ ] Mini - Enclosure
- [ ] Glovebag Procedure
- [ ] Non - Friable Procedure

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>basement</td>
<td>Pipe insulation</td>
</tr>
</tbody>
</table>

### Name of Registered Waste Hauler

**Jupiter Environmental Services**

### NJDEP Waste Hauler ID No.

**04782**

### Name of Registered Landfill

**Minerva Landfill**

### City, State

**Lincoln Park, NJ**

### Disposal Date

**1/20/12**

### Name of Registered Landfill

**Minerva Landfill**

### City, State

**Waynesburg, OH**

### Completed By

**Pane Repic**

### Title

**General Manager**

### Signature

**[Signature]**

### Date

**1/3/12**
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:56-7 and 12:120-7)

Date of Notification (1) 1/3/12
Name of Building Owner/Operator (2) Montclair State University

Agencies Notified
- [ ] EPA
- [ ] DEP
- [X] DOH
- [X] DCA
Type of Notification
- [ ] Initial
- [ ] Emergency
- [X] Amended
- [ ] Cancellation

Street Address Normal Avenue
City, State, Zip Code Upper Montclair, NJ 07043

Name of Contact Amy Ferdinand
Telephone Number

FACILITY INFORMATION
Name of Facility Where Abatement is Taking Place (3) Student Center, Montclair State University
Street Address 1 Normal Avenue
City (5) Upper Montclair
County (6) Essex
County Code (7) (STATE USE ONLY) ASCM No. 00110
Name of Monitoring Firm Hired by Building Owner Whitman Companies, Inc.
Street Address 116 Tices Lane, Unit B-1
City, State, Zip Code East Brunswick, NJ 08816
Project Manager for Monitoring Firm Kevin Lovely
Telephone Number 732-390-5858
Scheduled Start Date (10) 1/4/12
Sched. Completion Date (11) 1/14/12
Occupancy Status During Abatement (Check only one)
- [ ] Facility Closed/Vacated During Entire Period of Abatement
- [X] Abatement Performed Outside of Normal Facility Hours – Describe: evenings
- [ ] Other – Describe: partially vacated
Scope of Work (Check all that apply)
- [ ] Demolition
- [X] Renovation
- [ ] Full Containment with Negative Pressure
- [X] Mini – Enclosure
- [ ] Glovebag Procedure
- [ ] Non – Fiable Procedure

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

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

Kitchen area X Duct insulation 20 SF X
Kitchen area X Duct insulation 450 LF X

Name of Registered Waste Hauler Jupiter Environmental Services
Name of Registered Landfill Minerva Landfill

City, State Lincoln Park, NJ
Disposal Date 1/13/12
Completed By (Print or Type) Pane Repic
Title General Manager
Signature

ASB-41
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60-7 and 12:120-7)

State of New Jersey

Data of Notification (1)  1/3/12

Name of Building Owner/Operator (2)  Montclair State University

Agency Notified  [ ] EPA  [ ] DEP  [ ] DOL  [ ] DOH  [ ] DCA

[ ] Initial Notification  [ ] Emergency Notification  [ ] Amended Notification  [ ] Cancellation

Type of Notification

[ ] [ ] [ ] [ ]

Name of Contact  Amy Ferdinand

Street Address  Normal Avenue

City, State, Zip Code  Upper Montclair, NJ 07043

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Student Center, Montclair State University

1 Normal Avenue

City (4)  Upper Montclair  County (5)  Essex  County Code (7)  STATE USE ONLY

Name of Monitoring Firm Hired by Building Owner  Whitman Companies, Inc., ASCM No. 00110

Street Address  116 Tice's Lane, Unit B-1

City, State, Zip Code  East Brunswick, NJ 08816

Project Manager for Monitoring Firm  Kevin Lovely

Telephone Number  732-390-5898

Scheduled Start Date (10)  1/4/12  Sched. Completion Date (11)  1/14/12

Occupancy Status During Abatement (Check only one)

[ ] [ ] [ ]

[ ] Facility Closed/Vacated During Entire Period of Abatement  [ ] Abatement Performed Outside of Normal Facility Hours - Describe: evenings  [ ] Other - Describe: partially vacated

Scope of Work (Check all that apply)

[ ] Demolition  [X] Renovation  [ ] [ ]

[X] ≥ 23 sf or ≥ 23 ft  [ ] ≥ 260 sf or ≥ 260 ft

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

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

Yes  No  N/A

Kitchen area  X  Duct insulation  20 SF  X

Kitchen area  X  Duct insulation  450 SF  x

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

Amount (Specify SF or LT)

Abatement Type

[ ] Full Containment with Negative Pressure  [X] Mini - Enclosure  [ ] Glovebox Procedure  [ ] Non - Fitable Procedure

Name of Registered Waste Hauler  Jupiter Environmental Services

NJDEP Waste Hauler ID No. 04782

Cubic Yards of Waste  3

City, State  Lincoln Park, NJ  Disposal Date  1/13/12

Name of Registered Landfill  Minerva Landfill

City, State  Waynesburg, OH

Completed By (Print or Type)  Pane Repic  Title  General Manager  Signature  Date  1/3/12

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

Date of Notification (1):
January 05, 2012

Name of Building Owner/Operator (2):
Ms. Sara Abuchowski

Agencies Notified:
- EPA
- DEP
- DOH
- DCA

Type Notification:
- Initial
- Amended
- Emergency (excluding justification)

Street Address:
1281 Roosevelt Boulevard

City, State, Zip Code:
Vineland, New Jersey, 08361

Name of Contact:
Ms. Sara Abuchowski

Receivd
2012 JAN 10 6:00

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3):
Residential Dwelling (Duplex - Rental Property)

Residential Dwelling (rental property)

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

Square Feet:
825

# of Floors:
2.5

Bldg. Age:
50 years old

County Code:
[STATE USE ONLY]

Name of Abatement Contractor (8):
Quality Environmental Concepts

Street Address:
1053 North Tuckahoe Road

City, State, Zip Code:
Williamstown, New Jersey 08094

Project Manager for Monitoring Firm:
Edward Knorr

Telephone No.:
856-629-1166

License No.:
#01086

Start Date (10):
January 21, 2012

Scheduled Completion Date (11):
January 22, 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: Basement area sealed off to first floor

Scope of Work (Check All That Apply):
- 320 sf or 320 LF
- 1600 sf or 2600 LF
- Renovation
- Demolition

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

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

Yes No N/A

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

Amount (Specify SF or LF):
21 linear feet

Name of Registered Waste Hauler:

Quality Environmental Concepts

Waste Hauler ID No.:
19710

Cubic Yards of Waste:
.5 cubic yard

Name of Registered Landfill:
Cumberland County Landfill

City, State:
Williamstown, New Jersey 08094

Disposal Date:
January 23, 2012

City, State:
Vineland, New Jersey

Completed by:
Edward J. Knorr

Title:
Vice President

Signature:

Date:
January 05, 2012

* 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)**
1/5/2012

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

**Agencies Notified**
- [ ] EPA
- [ ] DEP
- [x] DOL
- [ ] DOH
- [ ] DCA
- [ ] Type Notification
  - Initial
  - Amended
  - Emergency
  - Cancellation

**Hess Corporation**

<table>
<thead>
<tr>
<th>Street Address</th>
<th>One Hess Plaza</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State &amp; Zip Code</td>
<td>Woodbridge, NJ 07095</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>John Philbin</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Hess Corporation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>615 River Road</td>
</tr>
<tr>
<td>City (5)</td>
<td>Edgewater</td>
</tr>
<tr>
<td>County (6)</td>
<td>Bergen</td>
</tr>
<tr>
<td>County Code (7)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>Environmental Connection Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>120 North Warren Street</td>
</tr>
<tr>
<td>City, State &amp; Zip Code</td>
<td>Trenton, NJ 08608</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Rick Beach</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone Number</td>
<td>609-382-4200</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scheduled Start Date (10)</th>
<th>1/6/2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>1/6/2012</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check only one)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
</tr>
<tr>
<td>Facility Occupied During Abatement (Work area isolated) 8am-3:30PM</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>≥3 sf or ≥3 it</td>
</tr>
<tr>
<td>≥160 sf or ≥260 if</td>
</tr>
<tr>
<td>Renovation</td>
</tr>
<tr>
<td>Demolition</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Location Normally Used Solely by Maintenance or Custodial Staff?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
</tbody>
</table>

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

| Amount (Specify SF or LF) | 46 LF |

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

<table>
<thead>
<tr>
<th>Safety Building</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pipe Insulation</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
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</thead>
<tbody>
<tr>
<td>Service Transport Inc.</td>
</tr>
<tr>
<td>NJDEP Waste Hauler ID No. 20990</td>
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</tbody>
</table>

| Cubic Yards of Waste | 2 |

<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minerva Landfill</td>
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<table>
<thead>
<tr>
<th>City, State</th>
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</thead>
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<tr>
<td>New Castle, Delaware</td>
</tr>
<tr>
<td>Waynesburg, Ohio</td>
</tr>
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</table>

<table>
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<th>Completed By (Print or Type)</th>
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</thead>
<tbody>
<tr>
<td>Gino Pizzigoni</td>
</tr>
</tbody>
</table>

| Title |
| Project Manager |

| Signature |
| Gino Pizzigoni |

| Date |
| 1/5/2012 |

GI 12006
### State of New Jersey
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:68 and 12:120)

**Date of Notification (1)**
1-6-12

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

**Street Address**
E.A. MacMillan Building
Princeton, NJ 08544

**Name of Contact**
Bob Ortega

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Type of Facility (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vacant Houses</td>
<td></td>
</tr>
</tbody>
</table>

**Street Address**
13,15,17,19 & 21 Olden Street
Princeton

**County (6)**
Mercer

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

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

**Name of Monitoring Firm Hired by Building Owner (8)**
ATC Associates, Inc.

**ASCM No.**

**Name of Abatement Contractor (9)**
Plymouth Environmental Co., Inc.

**Street Address**
Three Terri Lane
Burlington, NJ 08016

**Telephone No.**
609-386-8800

**Name of OSHA Monitor**
Plymouth Environmental Co., Inc.

**Telephone No.**
610-239-9920

**License No.**
00398

**Start Date (10)**
1/20/12

**Scheduled Completion Date (11)**
3/2/12

**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 ≥5 if
- ≥160 sf or ≥260 sf if
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebox 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?**
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 Encapsulate Endoscope

**Name of Registered Waste Hauler**
Newark Carting

**NJDEP Waste Hauler ID No.**
4509

**Cubic Yards of Waste**
200

**Disposal Date**
3/2/12

**Name of Registered Landfill**
GROWS, Inc.

**City, State**
Newark, NJ

**Name of Registered Landfill**
Morrisville, PA

**Completed by**
Timothy E. Bryan

**Title**
Vice-President

**Signature**

**Date**
1/6/12

*Do not use this form for asbestos licensure exempted activities.*
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:68 and 12:120)

Date of Notification (1)
January 5, 2012

Name of Building Owner/Operator (2)
Mr. Isaac Novak

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

Type Notification
[ ] Initial  [ ] Amended  [ ] Amendment #1  [ ] Emergency (including justification)  [ ] Cancellation

Street Address
14729 70th Road
Flushing, NY 11371

City, State, Zip Code
Flushing, NY 11371

Name of Contact
Isaac Novak

Telephone Number

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

Street Address
39 Fredrick Place

City (5)
Bergenfield

County (6)
Bergen

County Code (7) (STATE USE ONLY)

Square Feet
1200

# of Floors
2

Bldg. Age
50

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

Current Use (Prior if being demolished)
Unoccupied House

Name of Monitoring Firm Hired by Building Owner (8)
Consulting Services of America

Name of Abatement Contractor (9)
Slavco Construction Inc.

Street Address
26 Lorenzo Court
Aberdeen Township, NJ 07747

City, State, Zip Code
Clifton, New Jersey 07011-1802

Telephone No.
732-921-9223

License No.
00724

Telephone No.
973-478-4848

Project Manager for Monitoring Firm
Michael Chain

Start Date (10)
January 3rd, 2012

Scheduled Completion Date (11)
January 31, 2012

Name of OSHA Monitor
Slavco Construction Inc.

Occupancy Status During Abatement (Check Only One)
[ ] Facility Closed/Vacated During Entire Period of Abatement
[ ] Abatement Performed Outside of Normal Facility Hours
[ ] Other – Describe: 8:00am-4:30pm

Scope of Work (Check All That Apply)
[ ] ≥3 sf or ≥3 If
[ ] ≥180 sf or ≥260 If
[ ] Renovation
[ ] Demolition
[ ] Full Containment with Negative Pressure
[ ] Mini-Enclosure
[ ] Glovebag Procedure
[ ] Non-Exempted (*) and Non-Friable Procedure

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

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

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

Amount (Specify SF or LF)

Abatement Type

Location

Sliding

Transite Sliding

560SF

Remove

Bathroom

Vat & Mastic

400SF

Repair

Endorse

Name of Registered Waste Hauler
Slavco Construction Inc.

Cubic Yards of Waste
TBD

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

Disposal Date
TBD

City, State
Clifton, New Jersey 07011-1802

Completed by
Vivian D. Jurcevic

Title
Admin. Assistance

Signature

Date
1/6/12

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

(Pursuant to NJAC 8:80 and 12:120)

## Date of Notification (1)
December 20, 2011

## Name of Building Owner/Operator (2)
Mr. Isaac Novak

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

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

### Street Address
14729 70th Road

### City, State, Zip Code
Flushing, NY 11375

### Name of Contact
Isaac Novak

### Telephone Number

### FACILITY INFORMATION

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

## Street Address
39 Fredrick Place

## City (5)
Bergenfield

### County Code (7)
Bergen (STATE USE ONLY)

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

## Name of Abatement Contractor (9)
Slavco Construction Inc.

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

## Square Feet
1200

## # of Floors
2

## Bldg. Age
50+

## Current Use (Prior to being demolished)
Unoccupied House

## Start Date (10)
January 3rd, 2012

## Scheduled Completion Date (11)
January 31, 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: 8:00am-4:30PM Mon-Friday

## Scope of Work (Check All That Apply)
- [ ] ≥3 sf or ≥36 if
- [x] ≥160 sf or ≥260 if
- [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

<table>
<thead>
<tr>
<th>Location</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>Sliding</td>
<td>[x]</td>
<td>Transite Sliding</td>
<td>560SF</td>
<td>x</td>
</tr>
<tr>
<td>Bathroom</td>
<td>[x]</td>
<td>Vat &amp; Mastic</td>
<td>40SF</td>
<td>x</td>
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</tbody>
</table>

## Name of Registered Waste Hauler
Slavco Construction Inc.

## NJDEP Waste Hauler ID No.
18508

## Cubic Yards of Waste
TBD

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

## City, State
Clifton, New Jersey 07011-1802

## Disposal Date
TBD

## City, State
Morrisville, Pa. 19067

## Completed by
Vivian D. Jurcevic

## Title
Admin. Assistance

## Signature

## Date
12/20/11

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

Date of Notification (1) 1/6/12

Name of Building Owner/Operator (2)
New Jersey Department of Military Affairs

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

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

Street Address
101 Eggerts Crossing Road

City, State, Zip Code
Lawrenceville, NJ 08648

Name of Contact
William McBride

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Lawrenceville Armory

Street Address
151 Eggerts Crossing Road

City (5) Lawrenceville
County (5) Mercer
County Code (7) (STATE USE ONLY) ASCM No.

Name of Monitoring Firm Hired by Building Owner
Whitman Companies, Inc. 00110

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

Project Manager for Monitoring Firm
Kevin Lovely 732-390-5856

Scheduled Start Date (10)
1/16/12
Scheduled Completion Date (11)
1/17/12

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

Current Use (Prior if being demolished)

Scope of Work (Check all that apply)
[ ] Demolition
[x] Repair
[ ] Renovation

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

Location of
Asbestos – Containing
Material (ACM)

TO BE ABATED
In Facility

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

Name of Registered Waste Hauler
Jupiter Environmental Services

NJDEP Waste Hauler ID No.
04782

Cubic Yards Of Waste
1

Disposal Date
1/28/12

Name of Registered Landfill
Minerva Landfill

City, State
Lincoln Park, NJ

Completed By (Print or Type)
Paine Repic

Title General Manager

Signature

Date 1/6/12

Jersey Environmental Services, Inc.

3 Lynn Court

Lincoln Park, NJ 07035

973-709-0200 00852

J & S Environmental Laboratories, LLC

2333 Route 22W

Union, NJ 07083

Full Containment with Negative Pressure

Mini – Enclosure

Glovebag Procedure

Non – Fiable Procedure

Various ground floor

Pipe insulation repair at hangers

16 SF

x

x
# NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60-7 and 12:126-7)

**Date of Notification (1)**

1/5/12

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

Hudson County

**Agencies Notified**

- [ ] EPA
- [ ] DEP
- [x] DOL
- [ ] DOH
- [ ] DCA

**Type of Notification**

- [ ] Initial
- [x] Emergency
- [ ] Amended
- [ ] Cancellation

**Street Address**

595 Newark Ave.

**City, State, Zip Code**

Jersey City, NJ 07306

**Name of Contact**

Kim Riscart

**Telephone Number**


---

**FACILITY INFORMATION**

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

Hudson County Admin. Bldg.

**Street Address**

595 Newark Avenue

**City (5)**

Jersey City

**County (6)**

Hudson

**County Code (7)**

(STATE USE ONLY)

**Type of Facility (4)**

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

**Square Feet**

250000

**# of Floors**

13

**Bldg. Age**

~ 50

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

Office building

---

**Name of Monitoring Firm Hired by Building Owner**

Whitman Companies, Inc.

**ASCN No.**

00110

**Street Address**

116 Tice's Lane, Unit B-1

**City, State, Zip Code**

East Brunswick, NJ 08816

**Project Manager for Monitoring Firm**

Kevin Lovely

**Telephone Number**

732-390-5858

**Scheduled Start Date (10)**

1/20/12

**Scheduled Completion Date (11)**

12/31/12

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

- [ ] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility Hours – Describe:
  - [x] Partially vacated - weekend work

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

- [ ] Demolition
- [ ] Renovation
- [x] Full Containment with Negative Pressure
  - [ ] Mini - Enclosure
  - [ ] Glovebag Procedure
  - [ ] 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

**Description of Asbestos – Containing Material (ACM)**

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

**Amount (Specify SF or LF)**

2500 SF

**Abatement Type**

REMOVAL

---

**Name of Registered Waste Hauler**

Jupiter Environmental Services

**Waste Hauler ID No.**

04762

**Name of Registered Landfill**

Minerva Landfill

**City, State**

Lincoln Park, NJ 07035

**Disposal Date**

1/30/12

**Name of Registered Landfill**

Minerva Landfill

**City, State**

Union, NJ 07083

---

**Completed By (Print or Type)**

Pane Repic

**Title**

General Manager

**Signature**

1/5/12

---

*Note: Work to occur in phases. First phase is 190 SF of ceiling at CJP courtroom.*
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1) 1/6/12

Name of Building Owner/Operator (2)
New Jersey Department of Military Affairs

Agencies Notified Type of Notification
[ ] EPA [X] Initial Notification
[ ] DEP [ ] Amended Notification
[X] DOL [ ] Cancellation
[ ] DOH
[ ] DCA

Street Address
101 Eggerts Crossing Road
Lawrenceville, NJ 08648

Name of Contact
William McBride

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Lakehurst NAES

Street Address
Lakehurst Whitesville Road

City (5) Lakehurst County (6) Ocean County Code (7) (STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner
Whitman Companies, Inc.

ASCN No. 00110

Name of Abatement Contractor (8)
Jupiter Environmental Services, Inc.

Street Address
116 Tices Lane, Unit B-1
East Brunswick, NJ 08816

City, State, Zip Code

Telephone Number
732-390-5858

Schedule Start Date (10) 1/17/12 Sched. Completion Date (11) 1/31/12

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

Scope of Work (Check all that apply)
[ ] Demolition
[ ] ≥3 sf or ≥3 if
[X] ≥160 sf or ≥260 if

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)
200 LF

[ ] Renovation
[X] Full Containment with Negative Pressure
[ ] Mini – Enclosure
[ ] Glovebag Procedure
[ ] Non – Friable Procedure

Abatement Type

Building 307 Pipe insulation repair 200 LF x

Name of Registered Waste Hauler
Jupiter Environmental Services

NJDEP Waste Hauler ID No. 04782

Cubic Yards Of Waste 1

Name of Registered Landfill
Minerva Landfill

City, State Lincoln Park, NJ

Disposal Date 1/28/12

City, State Waynesburg, OH

Completed By (Print or Type)
Pane Repic

Title General Manager

Signature

Date 1/6/12
# NOTIFICATION OF ASBESTOS ABATEMENT

**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to N.J.A.C. 5:9C and 17:12-19c)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
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<tr>
<td>1-6-2012</td>
<td>ESTATE OF LOIS HILGEMAN</td>
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<table>
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<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Street Address</th>
<th>City, State, Zip Code</th>
<th>Name of Contact</th>
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<tbody>
<tr>
<td>□ EPA</td>
<td>□ Initial</td>
<td>525 MARINESE AVENUE</td>
<td>TEANECK, NJ, 07666</td>
<td>A. VASELI</td>
</tr>
<tr>
<td>□ DEP</td>
<td>□ Amended</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ DOL</td>
<td>□ Amendment #</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ DOH</td>
<td>□ Emergency (Including justification)</td>
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<td></td>
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<tr>
<td>□ DCA</td>
<td>□ Cancellation</td>
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</table>

<table>
<thead>
<tr>
<th>City (3)</th>
<th>County (4)</th>
<th>Current Use (Prior if being demolished)</th>
</tr>
</thead>
<tbody>
<tr>
<td>TEANECK</td>
<td>BERGEN</td>
<td>RESIDENCE</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (5)</th>
<th>ASCM No.</th>
<th>Best Removal Inc</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>450 South River St</td>
<td>201-329-7444</td>
<td>00388</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-17-2012</td>
<td>1-18-2012</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check All That Apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ 25 ft or less</td>
</tr>
<tr>
<td>□ 25 ft to 50 ft</td>
</tr>
<tr>
<td>□ 51 ft to 100 ft</td>
</tr>
<tr>
<td>□ 101 ft or greater</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>Basement/Crawlspace</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>In Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Amount (Special SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>75 SF</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Handler</th>
<th>MDEP Waste Handler ID No.</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>DJM Transport, Inc</td>
<td>22393</td>
<td>12 YD</td>
<td>Cumberland County Landfill</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>Disposal Date</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>South Kearny, N.J. 07032</td>
<td>1-18-2012</td>
<td>Newburgh PA, 17242</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed by</th>
<th>Title</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>R. VELORAN</td>
<td>Estimator</td>
<td>R. VELORAN</td>
</tr>
</tbody>
</table>

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

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

**State of New Jersey**

- **Date of Notification (1):** 1/4/2012
- **Name of Building Owner/Operator (2):** Warren @ York

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

- **Type Notification:** Initial
- **Name of Facility Where Abatement is Taking Place (3):**
  - N/A
- **Street Address:** 258 Warren Street
- **City (5):** Jersey City
- **County Code (6):** Hudson
- **County Code (7): (STATE USE ONLY):**
- **Square Feet:** 2,000
- **# of Floors:** 1
- **Bldg. Age:** 60 Years
- **Current Use (Prior if being demolished):** Vacant for Demolition
- **Type of Facility (4):**
  - [x] School (K-12)
  - [x] Subchapter 8 (Other than K-12)
  - [ ] Other (i.e. private & commercial buildings, homes, etc.)

**Name of Monitoring Firm Hired by Building Owner (8):** EnviroVision Consultants, Inc.
- **ASCM No.:** 00079
- **Name of Abatement Contractor (9):** Incinia Contracting, Inc.
- **Street Address:** 20-21 Wagarew Road, Building #34A
- **City, State, Zip Code:** Fair Lawn, NJ 07410
- **Telephone No.:** 973-636-9145
- **Start Date (10):** 1/16/2012
- **Scheduled Completion Date (11):** 1/26/2012
- **Name of OSHA Monitor:** Incinia Contracting, Inc.
- **Street Address:** 1360 Clifton Avenue, Unit 365
- **City, State, Zip Code:** Clifton, NJ 07012

**Project Manager for Monitoring Firm:** Willie Morales
- **Telephone No.:** 973-450-9500
- **License No.:** 01038

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

**Scope of Work (Check All That Apply):**
- [x] ≥3 sf or ≥3 if
- [x] ≥160 sf or ≥260 sf
- [x] Renovation
- [x] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Fiable 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>
<tr>
<td>Roof</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Roof</td>
<td></td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vinyl Floor Tiles</td>
<td>75 SF</td>
</tr>
<tr>
<td>Roof Membrane</td>
<td>2,000 SF</td>
</tr>
<tr>
<td>Roof Flashing</td>
<td>100 SF</td>
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</tbody>
</table>

**Name of Registered Waste Hauler:** Atlantic Carting, LLC
- **NJDEP Waste Hauler ID No.:** 26085
- **Cubic Yards of Waste:** 30 Yards
- **Name of Registered Landfill:** IESI PA Bethlehem Landfill Corporation
- **City, State:** Bethlehem, Pennsylvania

**Disposal Date:** TBD
- **Completed by:** Sean Zoric
- **Title:** President
- **Signature:**

**Date:** 1/4/2012

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey - Notification of Asbestos Abatement
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC Project # 060-12
Client Project #

Date of Notification (1) January 5, 2012
Agencies Notified
☐ EPA
☐ DCA
☐ DOL
☐ DEP - No Longer REQUIRED
☐ DOH

Notification Type
☐ Initial Notification
☐ Amended Notification
☐ Emergency (including justification)
☐ Cancelled

Name of Building Owner/Operator (2) RUTGERS, THE STATE UNIVERSITY OF NJ

Street Address ENVIRONMENTAL HEALTH & SAFETY DEPT.
27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS

City, State, Zip Code PISCATAWAY, NJ 08854

Name of Contact MICHAEL SMITH, ENV.

HEALTH & SAFETY

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) REHS, BLDG# 4087

Street Address LIVINGSTON CAMPUS

City (5) PISCATAWAY

County (6) MIDDLESEX

County Code (7) (State Use Only) 

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

Sq. Feet: N/A 

# of Floors: 1

Bldg. Age: 80+ years

Current Use (prior if being demolished): ACADEMIC

Name of Contractor (9)
GREENWOOD ABATEMENT CONSULTANTS, INC.

Street Address 268 MAIN STREET

City State Zip Code BUTLER, NJ 07405

Project Manager for Monitoring Firm BRIAN KEARNY

Telephone Number 609-386-8800

Scheduled Start Date (10) 01/14/12

Scheduled Completion Date (11) 01/17/12

Occupancy Status During Abatement (Check only one)
☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Other - Describe: 12:01 AM SAT TO MON 5 AM

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

☐ Renovation
☐ Demolition

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

Is Location Normally Used Solely by Maint/Custodial Staff? (12)
YES NO NA

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

Amount (Specify SF or LF)

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

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

Is Location Normally Used Solely by Maint/Custodial Staff? (12)
YES NO NA

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

Amount (Specify SF or LF)

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

Name of Reg. Waste Hauler

See Hauler Below #1 & 2

See Below

Cubic Yards of Waste: 5 CY

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

Disposal Date 01/17/2012

City, State, Zip Code 100 New Ford Rd. Morrisville, Pa 19067

216-736-1700

Completed by (Print or Type)
RAYMOND C. PEDALINO Title SENIOR PROJECT MANAGER

Signature Date January 5, 2012
**State of New Jersey**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:50 and 12:120)

**Date of Notification (1)**
January 2, 2012

**Name of Building Owner/Operator (2)**
EBSI Holdings, LLC

**Agency/ies Notified**
- EPA
- DEP
- DOL
- DOH
- DCA

**Type Notification**
- Initial
- Amended
- Amendment # 1
- Emergency (Including justification)
- Cancellation

**Street Address**
19 Foxcroft Way

**City, State, Zip Code**
Mount Laurel NJ 08054

**Name of Contact**
Stephen Roseman

**Telephone Number**

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**
Vacant Building/Former Bank

**Street Address**
101 Gaithier Drive

**City**
Mount Laurel

**County**
Burlington

**County Code**
(SATE USE ONLY)

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

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

**Street Address**
PO Box 341

**City, State, Zip Code**
Chesterfield, NJ 08515

**Project Manager for Monitoring Firm**
Bill Weisgarber

**Telephone No.**
609-296-3420

**Start Date (10)**
1/12/2012

**Scheduled Completion Date (11)**
1/20/2012

**Type of Facility (4)**

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

**Square Feet**
2000

**# of Floors**
1

**Bldg. Age**
50

**Name of Abatement Contractor (9)**
Shade Environmental, LLC

**Street Address**
47 S. Lippincott Ave

**City, State, Zip Code**
Maple Shade, NJ 08052

**License No.**
00842

**Name of OSHA Monitor**
EMSL

**street Address**
107 Haddon Ave

**City, State, Zip Code**
Westmont, New Jersey 08108

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

- [x] ≥ 3 sf or ≥ 3 ft
- [x] ≥ 160 sf or ≥ 260 ft
- [ ] Renovation
- [ ] Demolition
- [x] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (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>Throughout</td>
<td>Yes</td>
<td>Sheetrock Spackle</td>
<td>2000 SF</td>
<td>Encapsulate</td>
</tr>
<tr>
<td>Heater Room</td>
<td>No</td>
<td>Floor Tile</td>
<td>150 SF</td>
<td>Encapsulate</td>
</tr>
</tbody>
</table>

**Location of Registered Waste Hauler**
NJDEP Waste Hauler ID No. 17304

**Name of Registered Landfill**
Grows Landfill

**Name of Registered Landfill**

**Disposal Date**

**City, State**
Tullytown, PA

**Completed by**
William Lynch

**Title**
Owner

**Signature**

**Date**
12-30-2011

*Do not use this form for asbestos licensure exempted activities.*
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:59 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>December 30, 2011</th>
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<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>EBSI Holdings, LLC</td>
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</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
</tr>
<tr>
<td>DEP</td>
<td>Amended</td>
</tr>
<tr>
<td>DOH</td>
<td>Emergency (including justification)</td>
</tr>
<tr>
<td>DCA</td>
<td>Cancellation</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>19 Foxcroft Way</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State, Zip Code</td>
<td>Mount Laurel NJ 08054</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Stephen Roseman</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Vacant Building/Former Bank</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>101 Gathner Drive</td>
</tr>
<tr>
<td>City</td>
<td>Mount Laurel</td>
</tr>
<tr>
<td>County</td>
<td>Burlington</td>
</tr>
<tr>
<td>County Code</td>
<td>06033</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (9)</td>
<td>MECS</td>
</tr>
<tr>
<td>ASCM No.</td>
<td>Shade Environmental, LLC</td>
</tr>
<tr>
<td>Street Address</td>
<td>47 S. Lippincott Ave</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Maple Shade, NJ 08052</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>BILL Weisgarber</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone No.</td>
<td>609-298-3420</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>1/12/2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>1/20/2012</td>
</tr>
</tbody>
</table>

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

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

- ≥3 sf or ≥3 ft
- ≥150 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 (13)
- Throughout
- Heater Room

**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**

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sheetrock Spackle</td>
</tr>
<tr>
<td>Floor Tile</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**

- Robinson Waste
- NJ/DEP Waste Hauler ID No. 17304

**Disposal Date**

- City, State
- Tullytown, PA |

**Completed by**

- William Lynch
- Owner

**Signature**

- William Lynch

**Date**

- 12-30-2011

*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

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

Type of Notification
[ ] Initial Notification
[ ] Amended Notification

[ x ] Emergency (including justification)

[ ] Cancellation

Name of Building Owner/Operator (2): Mercer General Works

Street Address: 2401 Pennington Road

City, State, Zip Code: Pennington, NJ 08534

Name of Contact: Ron Meier

Telephone Number: ch 9-906

FACILITY INFORMATION

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

Street Address: 3324 Moonrise Lane

City: Ocean Beach III

County (6): Ocean

County Code (7) (STATE USE ONLY):

ASCM No.: N/A

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

Street Address: 1889 Route 9, Unit 61

City, State, Zip Code: Toms River, New Jersey 08755-1271

Telephone Number: 732-349-9932

License Number: 00624

Name of OSHA Monitor: E.M.S.L. Analytical

Street Address: 1056 Stetson Road

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

Project Manager for Monitoring Firm: Telephone Number

Scheduled Start Date (10): 1/18/12

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

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

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

Exterior: X

Asbestos siding 800 sf X

Name of Registered Waste Hauler:
Guardian Contracting, Inc.

NJDEP Waste Hauler ID No.: 20223

Cubic Yards of Waste: 2

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

City, State: Toms River, New Jersey

Disposal Date: 1/23/12

City, State: New Jersey

Complied by (Print or Type):
Nicholas Fernicola

Title: Project Manager

Signature: Nicholas Fernicola

Date: 1/5/2012

*Do not use this form for asbestos licensure exempted activities.
State of New Jersey - Notification of Asbestos Abatement
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC Project # 060-12
Client Project #

Date of Notification (1) January 6, 2012

Agencies Notified
- EPA
- DCA
- DOL
- DEP - No Longer REQUIRED
- DOH

Notification Type
- Initial Notification
- Amended Notification # 1 - new start & completion dates
- Emergency (including justification)
- Cancelled

Name of Building Owner/Operator (2)
RUTGERS, THE STATE UNIVERSITY OF NJ

Street Address
ENVIRONMENTAL HEALTH & SAFETY DEPT.
27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS

City, State, Zip Code
PISCATAWAY, NJ 08854

Name of Contact
MICHAEL SMITH, ENV.

HEALTH & SAFETY

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
ENVIRONMENTAL SCIENCE, BLDG# 6279

Street Address
COOK CAMPUS

City (5) NEW BRUNSWICK

County (6) MIDDLESEX

County Code (7) State Use Only

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

Street Address
3 TERRI LANE

City, State, Zip Code
BURLINGTON, NJ 08016

Project Manager for Monitoring Firm
BRIAN KEARNY

Telephone Number
609-386-8800

Scheduled Start Date (10)
01/13/12

Scheduled Completion Date (11)
01/16/12

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

Sq. Feet: N/A # of Floors: 2 Bldg. Age: 40+ years

Current Use (prior if being demolished): ACADEMIC

Name of Contractor (9)
GREENWOOD ABATEMENT CONSULTANTS, INC.

Street Address
268 MAIN STREET

City, State, Zip Code
BUTLER, NJ 07405

Telephone Number
973-492-0477

License Number
00840

Name of OSHA Monitor
ENVIROVISION, INC.

Street Address
20-21 WARGAR Raw ROAD

City, State, Zip Code
FAIRLAWN, NJ

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: 3 PM THURS TO MON 5 AM

Scope of Work (Check all that apply)

- ≥ 3 sf or ≥ 3 if
- ≥ 160 sf or ≥ 260
- Renovation
- Demolition

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

- Location Normally Used Solely by Maint./Custodial Staff (12)
- YES
- NO
- NA

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

Amount (Specify SF or LF)

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

Location of Reg. Waste Hauler
See Hauler Below #1 & 2

See Below

Cubic Yards of Waste: 10 CY

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

Disposal Date
01/16/2012

City, State
100 New Ford Mill Rd. Morrisville, Pa 19067
215-736-1700

Completed by (Print or Type)
RAYMOND C. PEDALINO SENIOR PROJECT MANAGER

Signature

Date January 6, 2012

Copies To: Rutgers, REHS, Attn: Mike Smith and ATC, Attn: Brian Kearney
State of New Jersey - Notification of Asbestos Abatement  
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC Project # 060-12  
Client Project #

**Date of Notification (1):** December 26, 2011

**Name of Building Owner/Operator (2):** RUTGERS, THE STATE UNIVERSITY OF NJ

**Street Address:** ENVIRONMENTAL HEALTH & SAFETY DEPT., 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS

**City, State, Zip Code:** PISCATAWAY, NJ 08854

**Name of Contact:** MICHAEL SMITH, ENV. HEALTH & SAFETY

**Name of Facility Where Abatement is Taking Place (3):** ENVIRONMENTAL SCIENCE, BLDG# 6279

**Street Address:** COOK CAMPUS

**City (5):** NEW BRUNSWICK  
**County (6):** MIDDLESEX  
**County Code (7):** (State Use Only)

**Name of Monitoring Firm Hired by Bldg. Owner (8):** ATC ASSOCIATES

**ASCM No.:** 0098

**Name of Contractor (9):** GREENWOOD ABATEMENT CONSULTANTS, INC.

**Street Address:** 268 MAIN STREET

**City, State, Zip Code:** BUTLER, NJ 07405

**Telephone Number:** 973-492-0477  
**License Number:** 00840

**Project Manager for Monitoring Firm:** BRIAN KEARNY  
**Telephone Number:** 609-386-8800

**Scheduled Start Date (10):** 01/06/12  
**Scheduled Completion Date (11):** 01/09/12

**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: 3 PM THURS TO MON 5 AM

**Scope of Work (Check all that apply):**
- Yes 3 sf or ≥ 3 sf  
- ≥ 160 sf or ≥ 260 sf

**Location of Asbestos-Containing Material (ACM) in Facility (13):**
- Yes  
- No  
- NA

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

<table>
<thead>
<tr>
<th>Description</th>
<th>VAT</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>108 &amp; 112</td>
<td>800 SF</td>
<td>10 CY</td>
<td>G.R.O.W.S. North Landfill</td>
</tr>
</tbody>
</table>

**Disposal Date:** 01/09/2012

**City, State:** 100 New Ford Mill Rd, Morrisville, Pa 19067  
**Telephone:** 215-736-1700

**Copies To:** Rutgers, REHS, Attn: Mike Smith  
and ATC, Attn: Brian Kearney
**Emergency Request for 10 Day Waiver**

**State of New Jersey**
**Notification of Asbestos Abatement**
(Final Notice to MUA's 9-28 and 12-12)

**DOL = 10 Day**

**Jan 9, 2012**

<table>
<thead>
<tr>
<th>Agency(ies) Notified</th>
<th>Type of Notification</th>
<th>Name of Building Owner/Operator</th>
<th>DOE Permit No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA, DEP, DOL</td>
<td>Initial</td>
<td>K. CHANSAEUT</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Address:**

- **518 WINONAM ROAD**
- **TEANECK, N.J. 07666**

**Facility Information**

- **Name:**
  - K. CHANSAEUT

- **Address:**
  - 518 WINONAM ROAD

- **City:** TEANECK
- **County:** BERGEN
- **Zip Code:** 07666

- **Name of Responsible Contractor:**
  - Best Removal Inc
- **Address:**
  - 450 South River St, Hackensack, N.J. 07601

- **License No.:** 201-329-7444
- **License Expiration Date:** 09/30/2014

**Project Manager for Monitoring Firm:** Omega Environmental Services

- **Name:**
  - Omega Environmental Services

**Date of Notice:** 1-6-2012

**End Date:** 1-7-2012

**Occupancy Status During Abatement (Check Only One):**

- **Facility Occupied/Vacated During Entire Period of Abatement:**
- **Abatement Performed Outdoors of Normal Facility Hours:**
- **Other - Describe:**

**Scheduling and Completion:**

- **Start Date:** 1-6-2012
- **Scheduled Completion Date:** 1-7-2012

**Name of ORCA Monitor:**

- Omega Environmental Services

**Address:**

- 280 Huyler St, South Hackensack, N.J. 07606

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

- **Material:**
  - Asbestos-Containing Material (ACM)
  - Material Used for Insulation
  - Material Used for Acoustical Insulation

**Type of Abatement:**

- **Location:**
  - Surface Treatment
  - Removal

**Asbestos-Containing Material (ACM):**

- **Location:**
  - Thermal Insulation
  - 55 4F

**Disposal Site:**

- **Name:**
  - Cumberland County Landfill
- **Address:**
  - South Kearny, N.J. 07032

**Date of Disposal:**

- 1-7-2012

**Name of Registered Contractor:**

- DJM Transport, Inc
- **Number of Cubic Yards of Waste:** 22393

**Disposal Contract:**

- Newburgh, NY. 17242

**Signature:**

- R. Veloso
- **Date:** 1-6-2012

---

*Do not use this form for asbestos removal remediation activities.*
**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 8:69 and 12:120)

**Date of Notification (1)**

11/6/12

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

PINE LANDS CONSTRUCTION

**Agencies Notified**

- EPA
- DGP
- DOH
- OCA

**Type Notification**

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

**Street Address**

300 77 TH ST.

**City, State, Zip Code**

SEA ISLE CITY, N.J. 08243

**Name of Contact**

F. EDWARD

**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**
- **# of Floors**
- **Bid Age**

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

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

RESIDENCE

**Street Address**

302 84TH ST.

**City**

STONE HARBOR

**County**

LAMIA

**County Code (7)**

USE ONLY

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

ASCN No.

**Name of Abatement Contractor (9)**

KLEMCO INC.

**Street Address**

369 S, SPRUCE AVE.

**City, State, Zip Code**

MAPLE SHADE, N.J. 08052

**Telephone No.**

856-729-0472

**License No.**

00444

**Start Date (10)**

1/17/12

**Scheduled Completion Date (11)**

1/24/12

**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)**

- 23 sf to 25 sf
- 2500 sf or 2750 sf
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Min-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

- IN Facility

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

- Yes
- No

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

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

**Amount (Specify SF or LF)**

2500

**Abatement Type**

- Removal
- Resale
- Encapsulation
- Enclosure

**Name of Registered Waste Hauler**

KLEMCO INC.

**NDEP Waste Hauler ID No.**

27904

**Cubic Yards of Waste**

**Name of Registered Landfill**

C.M.C.M.U.

**City, State**

MAPLE SHADE, N.J.

**Disposal Date**

**Completed By**

Jospeh Klenk

**Title**

VIP

**Signature**

Joseph Klenk

**Date**

1/6/12

*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)**
1/8/12

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

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

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

**Street Address**
352 Franklin Av

**City, State, Zip Code**
West Berlin NJ 08091

**Name of Contact**
Tricia

**Telephone Number**

**FACILITY INFORMATION**

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

**Street Address**
352 Franklin Av

**City (5)**
West Berlin NJ 08091

**County (6)**
Camden

**County Code**

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

**Name of Abatement Contractor (9)**
Pernaco Inc

**Street Address**
PO Box 329

**City, State, Zip Code**
West Berlin NJ 08091

**Telephone No.**
856-763-9800

**License No.**
00727

**Name of OSHA Monitor**
Pernaco Inc

**Street Address**
PO Box 329

**City, State, Zip Code**
West Berlin NJ 08091

**Start Date (10)**
1/9/12

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

**Scheduled Completion Date (11)**
1/10/12

**Scope of Work (Check All That Apply)**
- [ ] ≥ 3 sf or ≥ 3 ft
- [ ] ≥ 100 sf or ≥ 260 ft
- [X] Renovation
- [X] Demolition

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

<table>
<thead>
<tr>
<th>Basement</th>
<th>Floor Tile</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>600 SF</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>-----</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

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

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

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

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

**City, State**
Morrisville PA 19067

**Name of Registered Waste Hauler/Container**
NJDEP Waste Hauler ID No. 22459

**Disposal Date**
1/10/12

**Completed by**
Anthony T Perna

**Title**
President

**Signature**

---

*Do not use this form for asbestos licensure exempted activities.*
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:66-7 and 2:120-7)

REMEMBER - MAIL IN HARD COPY

DO1 - 10 DAY
JAN - 5 2012

Name of Building Owner/Manager:
Newark Public Schools
Street Address:
2 Cedar Street
City, State, Zip Code:
Newark, NJ 07102
Name of Contact:

Name of Facility Where Abatement Is Taking Place:
Ivy Hill Elementary School
Street Address:
107 Ivy Street
City, State, Zip Code:
Newark, NJ 07114
County:
Essex
State Code:

Name of Monitoring Firm Hired By Building Owner:
T H Environmental, Inc.
Street Address:
1253 North Church Street
City, State, Zip Code:
Moorrestown, NJ 08057

Project Manager for Monitoring Firm:
Jim Guillardi
Telephone Number:
856-640-8800

Scheduled Start Date (10):
1/1/10
Scheduled Completion Date (11):
1/1/12
Decommission Status During Abatement (CHECK only one):
None
Type of Facility (14):
School (K-12)

Name of Asbestos Abatement Contractor:
Four Strong Builders, Inc.
Street Address:
180 Sargent Avenue
City, State, Zip Code:
Clifton, NJ 07013

Telephone Number:
973-614-0377

Safety Measures:
[ ] Full Containment with Negative Pressure
[ ] Hand-Equipment
[ ] Eye Protection
[ ] Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE DEPLETED:
Basement Custodial Storage Room

Room Location:
Pipe Insulation
Location:
91 F

Description of Asbestos-Containing Material (ACM):
(2) Thermo Insulation, asbestos, V.A., other miscellaneous:

Name of Registered Waste Hauler:
Four Strong Builders, Inc.

Waste Hauler ID No.:
12609
City, State, Zip Code:
Clifton, NJ

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

Disposal Date:

Signature:

Date:
1/5/12

Notation: "APPROVED"
### NOTIFICATION OF FRIABLE ASBESTOS ABATEMENT

**Date of Notification (1):** 01/05/12  
**Name of Building Owner/Operator (2):** Residential  
**State of New Jersey**

**Agency Notified:** DEP  
**Type of Notification:** Initial Notification  
**1399 Wood Valley Road**  
**City, State, zip Code:** Mountainside, NJ 07092  
**Name of Contact:** Edward Bezerra  
**Telephone Number:**

### FACILITY INFORMATION

**Name of Facility Where Abatement is Taking Place (3):** Residential  
**Street Address:** 1399 Wood Valley Road
- **City:** Mountainside  
- **County:** Union  
- **County Code (7):** (STATE USE ONLY)

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

**Project Manager for Monitoring Firm:**

- **Telephone Number:**

### Literature: Scheduled Start Date (10): 01/17/12  
### Literature: Sched. Completion Date (11): 01/20/12  
### Literature: Occupancy Status During Abatement:**

- **Facility Closed/Vacated During Entire Period of Abatement:**
- **Abatement Performed Outside of Normal Facility:**

### Literature: Scope of Work (Check all that apply):  
1. Demolition  
2. 3 sq ft or < 3 sq ft  
3. 160 sq ft or < 260 sq ft  
4. Renovation

### Literature: Location of Asbestos-Containing Material (ACM) TO BE ABATED IN FACILITY:

<table>
<thead>
<tr>
<th>Location</th>
<th>Location Normally Used Solely by Maintenance/Custodial Staff(12)</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems, insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LP)</th>
<th>Abatement Type</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>X</td>
<td>Floor Tile &amp; Mastic</td>
<td>300 SF</td>
<td>X</td>
<td>R</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler:** Four Strong Builders, Inc.  
**Hauler ID No.:** 12609  
**City:** Clifton  
**State:** NJ  
**Completed By:** Nick Zivkovic  
**Title:** President  
**Signature:** [Signature]

**Disposal Date:** City, State: Clifton, NJ  
**Date:** 1/5/12  
**Name of Registered Landfill:** G.R.O.W.S., Inc.  
**Cubic Yards of Waste:**

---

**G.467**
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 7:26-2.12)

Date of Notification (1)
January 6, 2012

Name of Building Owner/Operator (2)
Princeton University

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

Notification Type
(X) Initial Notification
( ) Amended Certification
( ) Cancelled

Street Address
E.A. MacMillan Building

City, State, Zip Code
Princeton NJ. 08544

Name of Contact
Bob Ortega

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
22 Chambers Street

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

Sq. Feet 40,000 # of Floors 4

Bldg. Age 50

Name of Contractor (9)
Luzon, Inc.

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

Street Address
550 Grove Street

Telephone Number 856 547 0505

License Number 01027

ASCM No 00102

Telephone Number 267 284 1050

Name of OSHA Monitor
Joseph Maronski

County (6) Mercer

County Code (7) (State Use Only)

Street Address
8451 Executive Avenue

City, State, Zip Code
Philadelphia, PA 19153

Scheduled Start Date (10)
January 23, 2012

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

Schedule Completion Date (11)
February 7, 2012

Other - Describe

Source of Work (Check all that apply)
( ) Demolition ( ) Renovation
( ) Large Proj. (>160 SF or >260 LF ACM) ( ) SM Proj. (>25<160 SF or >10 <260 LF ACM)
( ) Minor Proj. (<25 SF or <10 LF ACM)
( ) Full Containment with Negative Pressure ( ) Mini-Enclosure ( ) Glovebag Procedure

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

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

Yes NO NA

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

Amount (Specify SF or LF)

Abatement Type

Rem. Rep Encap Enclose

Third Floor X Floor Tile and Mastic 1460 SF x x

Third Floor X Mastic 4819 SF x x

Fourth Floor X Floor Tile and Mastic 315 SF x x

Fourth Floor X Mastic 2400 SF x x

Name of Reg. Waste Hauler
NJ/DEP Waste Hauler ID # 20890

Waste Management

Cubic Yards of Waste 20 CY

Name of Reg. Landfill
Grows Landfill

Disp. Date February 8, 2012

City, State Waynesburg, OH

Completed by (Print or Type)
Piyush Patel

Title Program Manager

Signature

Date January 6, 2012

Mail to: NJ/DEP-DSHM-BRRTP
401 E. State St., PO 414

Telephone 609-984-6620

C:\WORD\MYDOCS\VASBESTOS
9/18/00 Trenton, NJ 08625-0414