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

Date of Notification (1) January 13, 2012

Name of Building Owner/Operator (2) Joseph Brunner

Street Address 2016 Busleton Road
N/A

City, State, Zip Code Burlington, NJ 08016

Name of Contact Joseph Brunner

FACILITY INFORMATION

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

902 Bowsprit Point

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

County (6) Lanoka Harbor

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

County Code (7) Ocean

ASCM No.

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

Square feet 1700 sf

Type of Facility (4)

Current Use (Prior to being demolished) Residence

# of Floors 1

[ ] School (k-12)

Bldg. Age 60

[ ] Subchapter 8 (other than k-12)

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

Scheduled Start Date (10) 1/24/12

Occupancy Status During Abatement (Check only one)

Scheduled Completion Date (11) 1/27/12

[ ] Facility Closed/Vacated During Entire Period of Abatement

[ ] Abatement Performed Outside of Normal Facility Hours

[ ] Other – Describe

Scope of Work (Check all that apply)

[ ] >3 sf or >3 if

[ ] >160 sf or >260 if

[ ] Demolition

[ ] Other

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

Exterior X Asbestos siding 1500 sf X

in facility (13)

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

YES NO N/A

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

Amount (Specify SF or LF)

Abatement Type

Location of Asbestos-Containing Material (ACM)

Tomes River, New Jersey 08755-1271

City, State, Zip Code

Name of Registered Waste Hauler Guardian Contracting, Inc.

NJDEP Waste Hauler ID No. 20223

Cubic Yards of Waste 3

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

City, State Tullytown, Pennsylvania

Completed by (Print or Type) Nicholas Fermicola

Title Project Manager

Signature

Date 1/13/2012

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

**State of New Jersey**

### Date of Notification (1)
1/13/12

### Name of Building Owner/Operator (2)
Fairmont Country Club

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

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

### Street Address
400 Southern Boulevard

### City, State, Zip Code
Chatham N J 07928

### Name of Contact
Alan Jacobs

### 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></td>
<td>School (K-12)</td>
</tr>
<tr>
<td></td>
<td>Subchapter 8 (Other than K-12)</td>
</tr>
<tr>
<td></td>
<td>Other (i.e. private &amp; commercial buildings, homes, etc.)</td>
</tr>
</tbody>
</table>

### Square Feet
2000

### # of Floors
2

### Bldg. Age
40

### County Code (7)

### Name of Monitoring Firm Hired by Building Owner (8) | ASCM No. | Name of Abatement Contractor (9) |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>ASCM No.</td>
<td>ABS Environmental Services, LLC</td>
</tr>
</tbody>
</table>

### Street Address
4 E Gate Drive, PO Box 483

### City, State, Zip Code
Glenwood NJ 07418

### Project Manager for Monitoring Firm

### Telephone No.
973-764-2276

### License No.
703

### Start Date (10)
1/13/12

### Scheduled Completion Date (11)
2/22/12

### Occupancy Status During Abatement (Check Only One)
- [ ] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility Hours
- [X] Other – Describe: weekends and off hours

### Scope of Work (Check All That Apply)
- [ ] 23 sf or 23 ft
- [ ] \( \geq 100 \) sf or \( \geq 280 \) ft
- [X] Renovation
- [ ] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [X] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

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

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM)</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>North Basement MER</td>
<td>[X]</td>
<td>pipe fittings</td>
<td>30 LF</td>
<td>x</td>
</tr>
<tr>
<td>South Basement MER</td>
<td>[X]</td>
<td>pipe fittings</td>
<td>20 LF</td>
<td>x</td>
</tr>
</tbody>
</table>

### Name of Registered Waste Hauler
Newark Carting

### NJDEP Waste Hauler ID No.
4509

### Cubic Yards of Waste
10

### Name of Registered Landfill
Cumberland County Landfill

### City, State
Newburgh, PA

### Disposal Date
TBD

### Completed by
Andrew Scott Higgins

### Title
President

### Signature

### Date
1/13/12

---

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>01 / 06 / 12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Housing Authority of the City of Paterson</td>
</tr>
<tr>
<td>Agencies Notified</td>
<td>Type Notification</td>
</tr>
<tr>
<td>EPA</td>
<td>initial</td>
</tr>
<tr>
<td>DEP</td>
<td>Amended</td>
</tr>
<tr>
<td>DLDL (NJAC 5:16)</td>
<td>Amendment # 1</td>
</tr>
<tr>
<td>DHSS</td>
<td>Emergency (including justification)</td>
</tr>
<tr>
<td>DCA</td>
<td>Cancellation</td>
</tr>
<tr>
<td>Street Address</td>
<td>60 Van Houten Street.</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Paterson, NJ 07509</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Irma Gorham</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

| Name of Facility Where Abatement is Taking Place (3) | Building No. 4 |
| Street Address | NJ21-1 Riverside Terrace Development |
| City (5) | Paterson |
| County (6) | Passaic |
| Square Feet | 5000 |
| # of Floors | 2 Floors |
| Bldg. Age | 1970 |
| Current Use (Prior if being demolished) | Vacant |

| Name of Monitoring Firm Hired by Building Owner (8) | Langan Engineering & Environmental Serv |
| ASCM No. | 00099 |
| Name of Abatement Contractor (9) | SMAC Corp. |
| Street Address | River Drive Center 1, 4th Floor |
| City, State, Zip Code | Elwood Park |
| Street Address | 27 EAST 33rd STREET |
| City, State, Zip Code | City, State, Zip Code |
| License No. | 01110 |
| Name of OSHA Monitor | EMSL ANALYTICAL, INC |
| Street Address | 1056 SHELTON AVE |
| City, State, Zip Code | PISCATAWAY NJ 08854 |

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
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</thead>
<tbody>
<tr>
<td>01 / 16 / 12</td>
<td>01 / 23 / 12</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check only one)</th>
<th>Facility Closed/Vacated During Entire Period of Abatement</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM PM PM AM</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>Yes</td>
</tr>
<tr>
<td>Thoroughout - 5 Apartments</td>
<td>Yes</td>
</tr>
<tr>
<td>Basement - Crawl Space</td>
<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>
</tr>
</thead>
<tbody>
<tr>
<td>Floor Tiles - Mastic 9inx9in</td>
<td>90 SF</td>
</tr>
<tr>
<td>Gray Duct Insulation</td>
<td>700 SF</td>
</tr>
<tr>
<td>Pipe Insulation</td>
<td>90 LF</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>NJDEP Waste Hauler ID No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>SMAC Corp</td>
<td>18590</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
<th>Grows Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State</td>
<td>City, State</td>
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<tr>
<td>27 E 33rd Street, Paterson, NJ - 07514</td>
<td>Morrisville, PA</td>
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<table>
<thead>
<tr>
<th>Disposal Date</th>
<th>01/21/2012</th>
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**Completed By (Print or Type)**

<table>
<thead>
<tr>
<th>Title</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Borce Gjoroski</td>
<td>Borce Gjoroski</td>
</tr>
</tbody>
</table>

**Date**

01/13/2012

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

Date of Notification (1) 01 / 05 / 12

Name of Building Owner/Operator (2)
Housing Authority of the City of Paterson

Street Address
60 Van Houten Street.
City, State, Zip Code
Paterson, NJ 07509

Name of Contact
Irma Gorham
Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Building No. 4
NJ21-1 Riverside Terrace Development

City (5)
Paterson

County (6)
Passaic

Name of Monitoring Firm Hired by Building Owner (8)
Langan Engineering & Environmental Serv

ASCM No.
00099

Name of Abatement Contractor (9)
SMAC Corp.

Street Address
River Drive Center 1, 4th Floor

City, State, Zip Code
Elmwood Park

Project Manager for Monitoring Firm
Vijay B. Patel
Telephone No.
201-794-6900

Start Date (10) 01 / 16 / 12

Scheduled Completion Date (11) 01 / 21 / 12

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

Time of Abatement: AM - PM - PM - AM

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

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

Am

PM

PM

AM

Basement
☐ ☐ ☒ Floor Tiles - Mastic 9in×9in
90 SF

Thoroughout - 5 Apartments
☐ ☐ ☒ Gray Duct Insulation
700 SF

Basement - Crawl Space
☐ ☒ ☐ Pipe Insulation
90 LF

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

Remove ☒ Repair ☒ Encapsulate ☒ Endoscope ☒

Name of Registered Waste Hauler
SMAC Corp
NJDEP Waste Hauler ID No. 18590

Cubic Yards of Waste
10 Yards

Name of Registered Landfill
Grows Landfill

Disposal Date
01/21/2012

City, State
Morrisville, PA

Completed By (Print or Type)
Borce Gjorskoski

Title
President

Signature
Borce Gjorskoski

Date
1/06/2012

* Do not use this form for asbestos licensure exempted activities.
Date of Notification (1) | 1-13-12
---|---

Name of Building Owner/Operator (2) | R. Lobo

Type Notification | Initial

Agencies Notified | EPA

Street Address | 190 Totowa Road

City, State, Zip Code | Totowa, NJ - 07512

Name of Contact | R. Lobo

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) | R. Lobo

Street Address | 190 Totowa Road

City (5) | Totowa

County Code (7) | PASSAIC

County Code (9) | 02

Square Feet | 1875

# of Floors | 2

Bldg. Age | 68 yrs

Current Use (Prior if being demolished) | Residence

Name of Monitoring Firm Hired by Building Owner (9) | ASCM No.

Name of Abatement Contractor (9) | Best Removal Inc

Street Address | 450 South River St

City, State, Zip Code | Hackensack, N.J. - 07601

Telephone No. | 201-329-7444

License No. | 003388

Start Date (10) | 1-31-2012

Scheduled Completion Date (11) | 2-1-2012

Name of OSHA Monitor | Omega Environmental Services

Telephone No. | 280 Huyler St

City, State, Zip Code | South Hackensack, N.J. - 07606

Scope of Work (Check All That Apply)

- [ ] ≥3 sf or ≥3 if
- [ ] ≥160 sf or ≥260 if
- [X] Renovation
- [ ] Demolition

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

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

Yes | No | N/A

Thermal Insulation | 70 LF

Name of Registered Waste Hauler | DJM Transport, Inc

City, State | South Kearny, N.J. 07032

Waste Hauler ID No. | 22393

Cubic Yards of Waste | 1/2 yd.

Name of Registered Landfill | Cumberland County Landfill

Disposal Date | 2-1-2012

City, State | Newburgh, PA, 17242

Completed by | R. Veloz

Title | Estimator

Signature | R. Veloz

Date | 1-13-12

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

(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>January 12, 2012</th>
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</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>New Jersey American Water Company</td>
</tr>
<tr>
<td>Street Address</td>
<td>Raritan District, Roselle Water Booster Station</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Roselle, NJ 07076</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Christopher Grys</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>732-672-7519</td>
</tr>
<tr>
<td>Type of Facility (4)</td>
<td>Other (i.e. private &amp; commercial buildings, homes, etc.)</td>
</tr>
<tr>
<td>Square Feet</td>
<td>Unknown</td>
</tr>
<tr>
<td>Current Use</td>
<td>Power Station to be demolished</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

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

NJ American Water Company, Roselle Booster Station

**Street Address**

400 West 19th Street

| City (5) | Roselle Park |
| County (6) | Union |
| County Code (7) | 00079 |

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

N/A- Final Inspection By: AECOM, Inc.

**Street Address**

30 Knightsbridge Road, Suite 520

| City, State, Zip Code | Piscataway, NJ 08854 |
| Project Manager for Monitoring Firm | Mark Connors |
| Telephone Number | 732-672-7519 |
| Scheduled Start Date (10) | January 26, 2012 |
| Scheduled Completion Date (11) | July 31, 2012 |

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

- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours - Describe: Vacant to be demolished

**Phase 1 - January 28, 2012 to February 10, 2012**

**Phase 2 - July 1, 2012 to July 31, 2012**

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

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

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

<table>
<thead>
<tr>
<th>Building</th>
<th>Type of Work</th>
<th>Quantity</th>
<th>Type of Abatement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wets Building</td>
<td>Roof Felt Paper</td>
<td>350 SF</td>
<td>Non-Exempted (*)</td>
</tr>
<tr>
<td>East Building</td>
<td>Glass Block Caulk</td>
<td>65 LF</td>
<td>Non-Exempted (*)</td>
</tr>
<tr>
<td>Generator Building</td>
<td>Louver Window Caulk</td>
<td>10 LF</td>
<td>Non-Exempted (*)</td>
</tr>
<tr>
<td></td>
<td>Exhaust Flue Pipe Transite</td>
<td>100 LF</td>
<td>Non-Exempted (*)</td>
</tr>
<tr>
<td></td>
<td>Roof Flashing</td>
<td>13 LF</td>
<td>Non-Exempted (*)</td>
</tr>
<tr>
<td></td>
<td>Louver Foam Insulation</td>
<td>435 SF</td>
<td>Non-Exempted (*)</td>
</tr>
<tr>
<td></td>
<td>Exhaust Flue Pipe Transite</td>
<td>100 LF</td>
<td>Non-Exempted (*)</td>
</tr>
<tr>
<td></td>
<td>Roof Deck</td>
<td>425 SF</td>
<td>Non-Exempted (*)</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Source of Work (Check all that apply)</th>
<th>Location Normally Used Solely by Maint./Custodial Staff? (12)</th>
</tr>
</thead>
<tbody>
<tr>
<td>≥ 3 sf or ≥ 3 if</td>
<td>YES</td>
</tr>
<tr>
<td>≥ 160 sf or ≥ 260</td>
<td>NO</td>
</tr>
</tbody>
</table>

**Name of Registered Landfill**

Meadowfill Landfill

**Cubic Yards of Waste**

<table>
<thead>
<tr>
<th>Cubic Yards of Waste</th>
<th>40</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
</table>

**License Number**

00840

| Street Address | 268 MAIN STREET |
| Street Address | Butler, NJ 07405 |
| Street Address | 1056 Stelton Road |
| Street Address | Piscataway, NJ 08854 |
| Name of OSHA Monitor | EMSL inc. |

| 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 |

**Abatement Type**

- Non-Exempted (*) and Non-NFIBC Procedure
- Remove, Repair, Encap, Enclose

**Full Containment with Negative Pressure**

- Mini-Enclosure
- Glovebag Procedure
State of New Jersey - Notification of Asbestos Abatement

(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

<table>
<thead>
<tr>
<th>Hauler #1</th>
<th>Hauler #2</th>
<th>Disposal Date</th>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Greenwood Abatement Consultants, Inc. – Butler, NJ 07405</td>
<td>Newark Carting, Inc. – Newark, NJ 04509, NJ DEP # 19551</td>
<td>July 31, 2012</td>
<td>Route 2, Box 88 Bridgeport, WVA 304-842-2784</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed by (Print or Type)</th>
<th>Title</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marin Graure</td>
<td>SENIOR PROJECT MANAGER</td>
<td>Marin Graure</td>
<td>January 12, 2012</td>
</tr>
</tbody>
</table>

GAC # 2012-308
STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1): January 12, 2012

Name of Building Owner/Operator (2): H & D Rosetto

AGENCIES NOTIFIED

- EPA [x] Initial Notification
- DEP [ ] Amended Notification
- DOL [ ] Emergency (including justification)
- DOH [ ] Cancellation
- DCA [ ]

NAME OF FACILITY WHERE ABATEMENT IS TAKING PLACE (3)

Residence

Street Address: 117 Fielder Avenue

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

ASCM No.

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

Square Feet: 1000 sf

# of Floors: 1

Bldg. Age: 60

Current Use (Prior to being demolished): Residence

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

Street Address: 1889 Route 9, Unit 61

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

Telephone Number: 732-349-9932

License Number: 00624

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

Street Address: 1056 Stelton Road

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

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

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

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

- Exterior [X] Asbestos siding 850 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: 1/31/12

City, State: Tullytown, Pennsylvania

Completed by (Print or Type):
Nicholas Fernicola

Title: Project Manager

Signature: [Signature]

Date: 1/12/2012

*Do not use this form for asbestos licensure exempted activities.
<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>1-13-12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agency/NIC:</td>
<td>DOH</td>
</tr>
<tr>
<td>Type Notification:</td>
<td>Initial</td>
</tr>
<tr>
<td>Name of Building Owner</td>
<td>Barbara L. Escota</td>
</tr>
<tr>
<td>Address:</td>
<td>145 N. 16TH STREET</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Bloomfield, NJ 07003</td>
</tr>
<tr>
<td>Name of Contractor:</td>
<td>NAC Thomas</td>
</tr>
<tr>
<td>Type of Facility (5)</td>
<td>R-13</td>
</tr>
<tr>
<td>Identification:</td>
<td>145-06-92</td>
</tr>
<tr>
<td>Description of Asbestos Containing Material (ACM)</td>
<td>PIP</td>
</tr>
<tr>
<td>Average (10)</td>
<td>1-24-12</td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>1-28-12</td>
</tr>
<tr>
<td>Scheduled Completion Date (11)</td>
<td></td>
</tr>
<tr>
<td>List Location Normally Used Solely by Maintenance/Custodial Staff (12)</td>
<td>No</td>
</tr>
<tr>
<td>Recipient (13)</td>
<td>NAC Thomas</td>
</tr>
<tr>
<td>Description of Asbestos Containing Material (ACM)</td>
<td>PIP</td>
</tr>
<tr>
<td>Cubic Yards of Material (15)</td>
<td>2</td>
</tr>
<tr>
<td>Name of Registered Handler</td>
<td>TJOI &amp; PA</td>
</tr>
<tr>
<td>Phone Number:</td>
<td>1-13-12</td>
</tr>
</tbody>
</table>

Note: This form is for asbestos remediation activities.
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 7:26-2.12)

Date of Notification (1)
1/10/12

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

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

Name of Building Owner/Operator (2)
BASF Corporation

Street Address
100 Campus Drive
City, State, Zip Code
Florham Park, NJ 07932

Name of Contact
Frank Fleckoedt

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
BASF – Building No. 5 – Tin Building

Street Address
1 James Street
City (5) County (6) County Code (7)
Belvidere Warren 00104

Name of Monitoring Firm Hired by Bldg. Owner (8)
Environmental Health Investigations, Inc.

Street Address
855 West Shore Trail
City State, Zip Code
Sparta, NJ 07871

Project Manager for Monitoring Firm
William S. Kerbel, CII

Telephone Number
973-79-5649

Telephone Number
484-480-8631

License Number
01056

Scheduled Start Date (10)
1/23/2012

Scheduled Completion Date (11)
2/24/2012

Name of OSHA Monitor
Testor Tech

Street Address
10 59 Jackson Ave.
City State, Zip Code
L.I.C. New York, 11101

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

Describe Vacant Bldg. To Be Demolished
4324 SF vacant building to be demolished in its entirety.

Other – Describe

Source of Work (Check all that apply)

(X) Demolition ( ) Renovation
(X) Large Proj. (>160 SF or >280 LF ACM) ( ) Small Proj. (>25<160 SF or >10 <280 LF ACM)
( ) Full Containment with Negative Pressure ( ) Mini-Enclosure
( ) Glovebag Procedure
( ) Non-Friable Outdoor Work

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

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

North Side Interior / Exterior
( ) YES ( ) NO ( ) NA

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

Amount (Specify SF or LF)

Abatement Type


Name of Req. Waste Hauler
Service Transport Group

NJDEP Waste Hauler ID #
A981 #20350 / SW2117

Cubic Yards of Waste

Name of Req. Landfill
Minerva Enterprises

City, State

Completed by (Print or Type)
Jon Monagan

Signature

Date
1/10/12
X. Description of Planned Demolition or Renovation Work and Methods to be Used:
Building will be demolished using wet dust suppression methods with Mechanical means & methods.

XI. Description of Controls and Work Practices to be Used to Control Emissions of Asbestos at the Demolition or Renovation Site:
Wet materials during cutting operations, use rotary roof cutting instruments, lower the materials to the ground using hoists or lifts or use dust-tight chutes. Use glovebagging for pipe & fitting insulations, Non-friable intact removals for transite.

XII. Waste Transporter#1 Waste Management
Address: 100 Ave. A
City: Newark
County: Essex
State: NJ
Zip: 07114
Contact: Susan Rubinetti (Layton)
Telephone: 201-206-2256

Waste Transporter#2 Service Transport Group, Inc.
Address: 58 Pyles Lane
City: New Castle
County: New Castle
State: DE
Zip: 19720
Contact: Tom Gaudet
Telephone: 302-778-5930

XIII. Waste Disposal Site Minerva Enterprises
Address: 9000 Minerva Rd
City: Wayneberg
County: Stark
State: PA
Zip: 44688
Contact: Sara Pomerat
Telephone: 330-856-3435

XIV. If the Demolition was Ordered by a Government Agency, Please Identify the Agency Below:
Name
Title
Authority

Date of Order (MM/DD/YYYY) Date Ordered to Begin (MM/DD/YYYY)

XV. For Emergency Renovations:
DATE and HOUR of Emergency (MM/DD/YYYY) (Hh:mm)
Description of URGENT, UNEVENTFUL EVENT

Explanation of how the Event caused unsafe conditions, or a serious disruption of industrial operations

XVI. Description of Procedures to Be Followed in the Event that Unexpected Asbestos is Found, or that Previously Non-Friable Asbestos Material Becomes Crumbled, Pulverized or Reduced to Powder
Restrict work area and regulate, wet material, notify appropriate regulatory agencies, commence cleanup using wet methods.

XVII. I Certify that an Individual, Trained in the Provisions of this Regulation (40 CFR Part 61, Subpart M) Will be On-Site During the Demolition or Renovation, and that Evidence of the Required Training has been Accomplished by this Person will be Available for Inspection During Normal Business Hours. (Required one (1) year after construction).

Jonathan P. M.... [Signature of Owner/Operator] (Date) 1/10/12

XVIII. I Certify that the Above Information is Correct

Jonathan P. M.... [Signature of Owner/Operator] (Date) 1/10/12
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Name of Building Owner/Operator (2)</th>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
<td>Atlantic Health Systems</td>
<td>100 Madison Avenue</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

City, State, Zip Code  
Morristown, New Jersey 07962  
Name of Contact  
Michelle DiGangi  
Telephone Number  

FACILITY INFORMATION  
Name of Facility Where Abatement is Taking Place (3)  
Morristown Medical Center  
Street Address  
100 Madison Avenue  
City (5)  
Morristown, New Jersey 07962  
County (6)  
Morris  
County Code (7)  
(SATE USE ONLY)  
Square Feet  
30,000  
# of Floors  
2  
Bldg. Age  
55+  
Current Use (Prior if being demolished)  
Medical Center  
Name of Abatement Contractor (9)  
Lilich Corporation  
Street Address  
608 McBride Avenue  
City, State, Zip Code  
Woodland Park, New Jersey 07424  
License No.  
01104  
Name of OSHA Monitor  
J&S Environmental Labs  
Street Address  
2333 Route 22 West  
City, State, Zip Code  
Union, New Jersey 07083  
License No.  

Scope of Work (Check All That Apply)  
□ 23 of or ≥15 if  
□ ≥150 sf or ≥250 if  
□ Renovation  
□ Demolition  
□ Full Containment with Negative Pressure  
□ Mini-Enclosure  
□ Glovesbag Procedure  
□ Non-Exempted (*) and Non-Friable Procedure  
□ Encapsulation  
□ Other  

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

<table>
<thead>
<tr>
<th>Pathology-Lab Level C</th>
<th>TSI</th>
<th>85 LF</th>
</tr>
</thead>
</table>

Location of Registered Waste hauler  
Lilich Corporation  
City, State  
Woodland Park, New Jersey 07424  
Disposal Date  
01/30/12  
Name of Registered Landfill  
G.R.O.W. S. Landfill  
Disposal Date  
01/30/12  
City, State  
Morristown, Pennsylvania  
Completed by  
Tatiana Kalenikova  
Title  
Vice President  
Signature  
01/13/12  

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

(Pursuant to NJAC 5:9 and 12:129)

**State of New Jersey**

**RECEIVED** JAN 14, 2012

**Data of Notification (1):** 1/12/12

**Name of Building Owner/Operator (2):** Ms. P. Shrucki

**Agencies Notified (3):**
- [ ] EPA
- [ ] DEP
- [ ] DOL
- [ ] DOH
- [ ] DCA

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

**Street Address:** 19 SPRING BROOK RD

**City, State, Zip Code:** Monroe, N.J. 07960

**Name of Contact:** Ms. Shrucki

**Telephone Number:**

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (4):** Ms. Shrucki

**Street Address:** 19 SPRING BROOK RD

**City:** Monroe

**County:** Morris

**Square Feet:** 4,200

**Bed. Age:** 1950

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

**Name of Monitoring Firm Hired by Building Owner (5):** ASCM No.

**ASCM No.:**

**Name of Abatement Contractor (6):** Best Removal Inc

**Street Address:** 450 South River St

**City, State, Zip Code:** Hackensack, N.J. 07601

**Telephone No.:** 201-329-7444

**License No.:** 00388

**Name of OSHA Monitor:** Omega Environmental Services

**Street Address:** 280 Huyler St

**City, State, Zip Code:** South Hackensack, N.J. 07606

**Project Manager for Monitoring Firm:**

**Start Date (10):** 1/24/12

**Scheduled Completion Date (11):** 1/25/12

**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 of or ≥3 if
- [ ] 3160 sf or ≥250 if
- [ ] Renovation
- [ ] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exhumed (*) and Non-Potable Procedure

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

**In Facility:**

**Yes:** No

**In Location Normally Used Solely by Maintenance/Custodial Staff:**

**Yes:** No

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

<table>
<thead>
<tr>
<th>Description of ACM (i.e. thermal insulation, surfacing, VAT, etc. other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thermal Insulation</td>
<td>7.0 LF</td>
<td>Removal</td>
</tr>
</tbody>
</table>

**Location:**

**Asbestos-Containing Material (ACM) TO BE ABATED:**

**Location:**

**Name of Registered Waste Hauler:** DJM Transport, Inc

**NUDEP Waste Hauler ID No.:** 22393

**Cubic Yards of Waste:** 3/18/12

**Cumberland County Landfill:**

**Name of Registered Landfill:**

**City, State:** South Kearny, N.J. 07032

**Disposal Date:** 1/25/12

**City, State:** Newburgh, PA, 17242

**Completed by:** R. Veloz

**Title:** Estimator

**Signature:**

**Date:** 1/12/12

---

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

### Facility Information
- **Date of Notification (1):** 11/3/12
- **Name of Building Owner/Operator (2):** KERBY LANE ASSOCIATES
- **Street Address:** 1100 PAUSADE AVE
- **City, State,Zip Code:** UNION CITY, NJ 07087
- **Name of Contact:** HL DAN MAZUR

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

### Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)
- Location of Asbestos-Containing Material (ACM) TO BE ABATED
  - **Location:** BASEMENT METER ROOM
  - **Description:** THERMAL SYSTEM INSULATION
  - **Amount:** 115 LF
  - **Type:** Removal

- **Location:** BASEMENT GARBAGE (1087)
  - **Description:** THERMAL SYSTEM INSULATION
  - **Amount:** 95 LF
  - **Type:** Removal

### Name of Registered Waste Hauler:
- **Name:** DJM Transport, Inc
- **Hauler ID No.:** 22393

### Name of Registered Landfill:
- **Name:** Cumberland County Landfill
- **City, State:** South Kearny, N.J. 07032

### Disposal Date:
- **Date:** 11/27/12
- **City, State:** Newburgh PA, 17242

### Signature:
- **J. MAIORENO**
- **Date:** 11/3/12

*Do not use this form for asbestos licensure exempted activities.*
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:58 and 12:120)

Date of Notification (1) 1/13/12

Name of Building Owner/Operator (2) KEROS LANE ASSOCIATES

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

Street Address 1104 PAUS ADGE AVE

City, State, Zip Code UNION CITY, N.J. 07087

Name of Contact MR. D. MARY

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) KEROS LANE ASSOCIATES

Street Address 1104 PAUS ADGE AVE

City UNION CITY

County HUDEON

County Code (STATE USE ONLY) ______

Square Feet 30,000

# of Floors 5

Bldg. Age 60 yrs

Current Use (Prior if being demolished) BLUE / APARTS

Name of Monitoring Firm Hired by Building Owner (5) ASCM No.

Name of Abatement Contractor (9) Best Removal Inc

Street Address 450 South River St

City, State, Zip Code Hackensack, N.J. 07601

License No. 00388

Telephone No. 201-329-7444

Name of OSHA Monitor Omega Environmental Services

City, State, Zip Code South Hackensack, N.J. 07606

Start Date (10) 1/25/12

Scheduled Completion Date (11) 1/26/12

Occupancy Status During Abatement (Check Only One)

☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☐ Other - Describe: PM to 5 PM

Scope of Work (Check All That Apply)

☐ ≥300 sf or ≥3 I
☐ ≥160 sf or ≥200 sf
☐ Renovation
☐ Demolition
☐ Full Containment with Negative Pressure
☐ Full Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Nitable Procedure

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

TO IN FACILITY (13)

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)

Thermal Systems Insulation 110 LF

Amount (Specify SF or LF)

Abatement Type

Removal

End Stage

Locate and Reuse

Cubic Yards of Waste

Name of Registered Waste Hauler

DJM Transport, Inc

NJ/DEP Waste Hauler ID No. 22393

Disposal Date 2/7/9

Name of Registered Landfill Cumberland County Landfill

City, State Newburgh PA, 17242

Completed by J. MAIOGADO Title Estimator

Signature MAIOGADO Date 1/13/12

Do not use this form for asbestos licensed exempted activities.
Date of Notification (1)  
January 11, 2012

Name of Building Owner/Operator (2)  
SUNOCO, INC (R&M) - MARCUS HOOK REFINERY

Agencies Notified  
- EPA
- DEP
- DOH
- DCA

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

Street Address  
Blueball Ave & Post Rd.

City, State, Zip Code  
Marcus Hook, PA 19061

Name of Contact  
Mark Strutz

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  
SUNOCO Eagle Point Refinery

Street Address  
US Highway 130 S

City (5)  
Westville

County (6)  
Gloucester

County Code (7)  
(STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8)  
Accredited Environmental Technologies Inc.

Name of Abatement Contractor (9)  
NCM Demolition and Remediation, LP

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

Square Feet  
600,000

# of Floors  
200'

Bldg. Age  
30+

Current Use (Prior if being demolished)  
Refinery

Street Address  
404 North Berry Street

City, State, Zip Code  
Brea, CA 92821

Telephone No.  
714-672-3500

License No.  
01066

Name of OSHA Monitor  
Accredited Environmental Technologies Inc.

Project Manager for Monitoring Firm  
Tony Keir

Start Date (10)  
January 25, 2012

Scheduled Completion Date (11)  
December 31, 2012

Occuaptancy Status During Abatement (Check Only One)  
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other - Describe: Refinery Area closed - Tank Farm, COGEN & WWTP open

Scope of Work (Check All That Apply)  
- 33 sf or ≥ 13 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 (12)

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

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

Amount (Specify SF or LF)  

Abatement Type  
- Removal
- Repair
- Encapsulate
- End Product

Various Locations as Indicated  

Name of Registered Waste Hauler  
Waste Management Inc.

Disposable Date  
Various

City, State  
Swedesboro, NJ

Completed by  
Neal Johnson

Title  
Branch Manager

Signature  

Date  
1/11/12

ASB-41 (R-06-08)

* Do not use this form for asbestos licensure exempted activities.
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:59 and 5:16)

State of New Jersey

SEARS HOLDINGS CORPORATION

Date of Notification (1)

Name of Building Owner/Operator (2)

Agencies Notified
☐ EPA
☒ DOL/WD
☒ DHSS
☐ DCA
(NJAC 5:23-8)

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

Street Address
3333 BEVERLY ROAD, A2-311B

City, State, Zip Code
HUFFMAN ESTATES, IL 60179

Name of Contact
WAYNE CROOK

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
SEARS STORE 1464

Street Address
DEPTFORD MALL

City (5)
DEPTFORD

County (6)
GLoucester

County Code (7)\textit{STATE USE ONLY} 0

Square Feet
150,000

# of Floors
2

Bldg. Age
50

Type of Facility (4)
☐ School (K-12)
☒ Subchapter 8 (Other than K-12)

Current Use (Prior or if being demolished)
RETAIL/COMMERCIAL

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

ASCM No.

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

Street Address
850 E. ALGONQUIN ROAD, SUITE 401

City, State, Zip Code
SCHAMBERG, IL 60173

Project Manager for Monitoring Firm
BRIAN RALSTON

Telephone No.
847-925-9800

License No.
00509

Occupy 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/10:00PM-6:00AM

Name of OSHA Monitor
BRISTOL ENVIRONMENTAL, INC.

Street Address
1123 BEAVER STREET

City, State, Zip Code
BRISTOL, PA 19007

Scope of Work (Check all that apply)
☒ ≥3 sf or ≥3 l
☐ ≥10 sf or ≥90 l
☒ 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

STOCK ROOM ☐ ☒ ☐ VAT & MASTIC 25 SF ☒ ☐ ☐ ☐ ☐ ☒ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Name of Registered Waste Hauler
SERVICE TRANSPORT GROUP, INC.

NJDEP Waste Hauler ID No.
20990

Cubic Yards of Waste

Name of Registered Landfill
MINERVA LANDFILL

City, State
NEW CASTLE, DE 19720

Disposal Date

Completed By (Print or Type)
STEPHAN P. DANNER

Title
GENERAL MANAGER

Signature

Date
1/18/2012

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

Date of Notification (1)  
1/17/12

Name of Building Owner/Operator (2)  
Pinebland Construction

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

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

Street Address  
300 77TH ST.

City, State, Zip Code  
Sea Isle City, N.J. 08243

Name of Contact  
Frank E. Guido

FACILITY INFORMATION

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

Street Address  
3618 Oxford Lane

City  
Ocean City

County  
LAPLACE

Name of Monitoring Firm Hired by Building Owner (6)  
NA

Name of Abatement Contractor (9)  
Klemco Inc.

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

Square Feet  
# of Floors  
Bldg. Age

Current Use (Prior to being demolished)  
VACANT

County Code (7) (STATE USE ONLY)  

Start Date (10)  
1/23/12

Scheduled Completion Date (11)  
1/30/12

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 sq ft or less
☐ 260 sq ft or >260 ft

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

In Facility (13)  
Yes  
No  
NA

For Abatement of:  
SIDING  
TRANSITE

Amount  
15000

Location of Asbestos-Containing Material (ACM) Used Solely by Maintenance/Custodial Staff? (12)  

c

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

Abatement Type  

Name of Registered Waste Hauler  
Klemco Inc.

NJDEP Waste Hauler ID No.  
17904

Cubic Yards of Waste  

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

CITY  
Maple Shade, N.J.

Disposal Date  
1/30/12

City, State  
Woodbine, N.J.

Completed By  
Joseph Klemm

Signature  

Date  
1/17/12

* Do not use this form for asbestos licensure exempted activities.
**NOTIFICATION OF ASBESTOS ABATEMENT**
*(Pursuant to N.J.A.C. 7:26-2.12)*

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

**Name of Building Owner/Operator (2):**
BASF Corporation

**Street Address:**
100 Campus Drive

**City, State, Zip Code:**
Florham Park, NJ 07932

**Name of Contact:**
Frank Piochoa

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3):**
BASF – Main Production Building

**Street Address:**
1 James Street

**City (5):**
Belvidere

**County (6):**
Warren

**County Code (7):**
NA

**Name of Monitoring Firm Hired by Bldg. Owner (8):**
ASCM No. 00104

**Environmental Health Investigations, Inc.**

**Street Address:**
555 West Shore Trail

**City, State, Zip Code:**
Sparta, NJ 07871

**Project Manager for Monitoring Firm:**
William S. Kerbel, CIH

**Telephone Number:**
973-79-5649

**Scheduled Start Date (10):**
1/30/2012

**Scheduled Completion Date (11):**
4/20/2012

**Name of OSHA Monitor:**
Testor Tech

**Street Address:**
10 59 Jackson Ave.

**City, State, Zip Code:**
LI.C. New York, 11101

**Telephone Number:**
484-483-8931

**License Number:**
01068

**Source of Work (Check all that apply):**

- [ ] Demolition
- [ ] Amended Certification
- [ ] Canceled
- [ ] Renovation
- [ ] Small Proj. (<250 LF ACM)
- [ ] Large Proj. (>250 LF ACM)
- [ ] Non-Friable Outdoor Work
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure

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

- [X] Throughout site
- [ ] See attached sheet

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

- [X] See attached sheet

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

- [X] See attached sheet

**Abatement Type:**

- [X] See attached sheet

**Name of Reg. Waste Hauler:**
NJDEP Waste Hauler ID # A901 #20990 / SW2117

**Cubic Yards of Waste:**
80

**Name of Reg. Landfill:**
Minerva Enterprises

**Disp. Date:**
4/20/12

**City, State:**
Waynesburg, OH

**Completed by (Print or Type):**
Jon Monagan

**Title:**
Project Coordinator

**Signature:**

**Date:**
1/13/12
X. Description of Planned Demolition or Renovation Work and Methods to be Used:

Building will be demolished using wet dust suppression methods with Mechanical means & methods.

XI. Description of Engineering Controls and Work Practices to be Used to Control Emissions of Asbestos at the Demolition or Renovation Site:

Wet materials during cutting operations, use rotary roof cutting instruments, lower the materials to the ground using hoists or lifts or use dust-tight chutes. Use glovebagging for pipe & fitting insulations, Full negative air containments for VAT and chemical removals for mastics. Non-friable removals using wet methods, intact removals and drop poly for transit and caulking etc.

XII. Waste Transporter#1 Waste Management

Address: 109 Ave, A
City: Newark County: Essex State: NJ Zip: 07114
Contact: Susan Rubinetti (Layton) Telephone: 201-206-2258

Waste Transporter#2 Service Transport Group, Inc.

Address: 58 Pyle Lane
City: New Castle County: New Castle State DE Zip: 19720
Contact: Tom Gaudet Telephone: 302-778-5930

XIII. Waste Disposal Site Minerva Enterprises

Address: 3000 Minerva Rd
City: Waynesburg County: Stark State: PA Zip: 44688
Contact: Sara Pomerak Telephone: 330-968-3438

XIV. If the Demolition was Ordered by a Government Agency, Please Identify the Agency Below:

Name
Authority
Date of Order (MM/DD/YY)
Date Ordered to Begin (MM/DD/YY)

XV. For Emergency Renovations:

DATE and HOUR of Emergency (MM/DD/YY)
Description of SUDDEN, UNEXPECTED EVENT

Explanation of how the Event caused unsafe conditions, or a serious disruption of industrial operations

XVI. Description of Procedures to Be Followed in the Event that Unexpected Asbestos is Found, or that Previously Non-Friable Asbestos Material Becomes Crumbled, Pulverized or Reduced to Powder

Restrict work area and regulate, wet material, notify appropriate regulatory agencies, commence cleanup using wet methods.

XVII. I Certify that an Individual, Trained in the Provisions of this Regulation (40CFR, Part 61, Subpart M) Will be On-Site During the Demolition or Renovation, and that Evidence that the Required Training has Been Accomplished by this Person will be Available for Inspection During Normal Business Hours (Required one (1) year after promulgation).

(Signature of Owner/Operator) (Date) 1/13/12

XVIII. I Certify that the Above Information is Correct

(Signature of Owner/Operator) (Date) 1/13/12
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 7:26-2.12)

Date of Notification (1)
1/13/12

Name of Building Owner/Operator (2)
BASF Corporation

Street Address
100 Campus Drive
Florham Park, NJ 07932

Name of Contact
Frank Piechocka
Tel: Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
BASF – Receiving Building Rm. No. 10

Street Address
1 James Street

City (5)
Belvidere

County (6)
Warren

County Code (7)
State Use Only

Name of Monitoring Firm Hired by Bldg. Owner (8)
Environmental Health Investigations, Inc.

ASCM No.
00104

Name of Contractor (9)
NCM Demolition and Remediation, LP

Street Address
655 West Shore Trail

City State, Zip Code
Sparta, NJ 07871

Name of OSHA Monitor
Testor Tech

Street Address
404 N. Berry Street

City State, Zip Code
Brea, CA 92821

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

Describe Vacant Bldg. To Be Demolished
16,000 sf building to be demolished in its entirety

Other – Describe

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

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

Throughout Interior Ceilings X
Throughout Interior X
Throughout Interior Walls X
Throughout Interior Ceilings X

Exterior Windows X

Name of Reg. Waste Hauler
Service Transport Group

Name of Reg. Landfill
Minerva Enterprises

Cubic Yards of Waste
120

Disp. Date
4/13/12

City State
Waynesburg, OH

Completed by (Print or Type)
Jon Monagan

Title
Project Coordinator

Signature

Date
1/13/12
X. Description of Planned Demolition or Renovation Work and Methods to be Used:
Building will be demolished using wet dust suppression methods with Mechanical means & methods.

XI. Description of Engineering Controls and Work Practices to be Used to Control Emissions of Asbestos at the Demolition or Renovation Site:
Full negative air contaminates for fireproofing, plaster and pipe abatement. Wet removal methods. Vacuums will be equipped with hepa filters. Regulate areas using signage and use drop poly and wet methods for Window Caulking.

XII. Waste Transporter#1 Waste Management
Address: 100 Ave. A
City: Newark County: Essex State: NJ Zip: 07114
Contact: Susan Rubinielli (Layton) Telephone: 201-206-2258

XIII. Waste Transporter#2 Service Transport Group, Inc.
Address: 58 Pyles Lane
City: New Castle County: New Castle State DE Zip 19720
Contact: Tom Gaudio Telephone 302-778-5930

XIV. If the Demolition was Ordered by a Government Agency, Please Identify the Agency Below:
Name Title
Authority

XV. For Emergency Renovations:
Date and Hour of Emergency: (MM/DD/YY) (HH:MM)
Description of sudden, unexpected event
Explanation of how the event caused unsafe conditions, or a serious disruption of industrial operations

XVI. Description of Procedures to Be Followed in the Event that Unexpected Asbestos is Found, or that Previously Non-Friable Asbestos Material Becomes Crumbled, Pulverized or Reduced to Powder
Restrict work area and regulate, wet material, notify appropriate regulatory agencies, commence cleanup using wet methods.

XVII. I Certify that an Individual, Trained in the Provisions of this Regulation (40 CFR, Part 61, Subpart M) will be On-Site During the Demolition or Renovation, and that Evidence that the Required Training has Been Accomplished by this Person will be Available for Inspection During Normal Business Hours (Required one (1) year after promulgation).

XXVIII. I Certify that the Above Information is Correct

(Signature of Owner/Operator) (Date) 1/13/12

(Signature of Owner/Operator) (Date) 1/13/12
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)  Neemiah McNeil Jr

Agencies Notified  Type Notification
☐ EPA  Initial
☐ DEP  Amended
☐ DOL  Emergency
☐ DOH  Cancellation
☐ DCA

Street Address  262 Spring Street
City, State & Zip Code  Trenton, NJ
Name of Contact  Lisa McNeil

FACILITY INFORMATION
Name of Facility Where Abatement is Taking Place (3)

Residence
Street Address  262 Spring Street
City, State & Zip Code

County Code (7)
Mercer

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

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

Square Feet  1500
# of Floors  2
Bldg. Age  50

Current Use (Prior if being demolished)
Residence

Name of Abatement Contractor (9)  ALPHA ENVIRONMENTAL
Street Address  2129 Rt 33
City, State & Zip Code  Hamilton, NJ
Telephone Number  215-295-1004
License Number  01091

Name of OSHA Monitor  EMSL Analytical
Street Address  107 Haddon Avenue
City, State & Zip Code  Westmont, NJ 08108

Scheduled Start Date (10)  1/6/2011
Scheduled Completion Date (11)  1/7/2011

Occupancy Status During Abatement (Check only one)
☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Hours – 7am to 3pm
☐ Facility Occupied During Abatement

Describe:

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

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

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

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

Amount (Specify SF or LF)
Abatement Type
☐ Removal
☐ Repair
☐ Encapsulation
☐ Endosulf

Basements
☐ ☐ ☐

Pipe Insulation  160lf

Name of Registered Waste Hauler
ALPHA ENVIRONMENTAL
NJ/DEP Waste Hauler ID No. 033330
Cubic Yards of Waste

Name of Registered Landfill
Grows Landfill
City, State
Morrisville, PA

Completed By (Print or Type)  Rod Richardson
Title  PM
Signature  Rod Richardson
Date  1/5/2012
**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60 and 5:16)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>01 / 17 / 12</th>
</tr>
</thead>
</table>

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

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

**Name of Building Owner/Operator (2)**
JC Penney Company Incorporated

**Street Address**
6501 Legacy Drive

**City, State, Zip Code**
Plano, Texas 75024

**Name of Contact**
Michael Wittaker

**Telephone Number**

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**FACILITY INFORMATION**

**Name of Facility Where Abatement Is Taking Place (3)**
JC Penney Quaker Bridge Mall

**Street Address**
500 Quaker Bridge Mall

**City (5)**
Trenton

**County (6)**
Mercer

**Square Feet**
75,000

**# of Floors**
2

**Bldg. Age**
45

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

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

**Name of Monitoring Firm Hired by Building Owner (9)**
Hillmann Consulting

**ASCN No.**
62252

**Name of Abatement Contractor (9)**
JVN Restoration Inc

**Street Address**
1600 Route 22 East

**City, State, Zip Code**
Union NJ 07083

**Project Manager for Monitoring Firm**
Michael Nehlsen

**Telephone No.**
908-888-7600

**License No.**
718-605-6256

**Name of OSHA Monitor**
Hillmann Consulting

**Street Address**
1600 Route 22 East

**City, State, Zip Code**
Union NJ 07083

**Occupyance Status During Abatement (Check only one)**
- [x] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM-____ PM-____ PM-____ AM

**Scope of Work (Check all that apply)**
- [x] ≥3 sf or ≥3 if
- [ ] ≥30 sf of ≥260 If
- [ ] Renovation
- [ ] Demolition
- [x] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Pent House Generator</th>
<th>Pipe Insulation</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>N.J.D.E.P Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Express Waste Services LLC</td>
<td>NJ-804</td>
<td>2</td>
<td>Cumberland County Landfill</td>
</tr>
</tbody>
</table>

**City, State**
Newark, NJ

**Completed By (Print or Type)**
John Tardy

**Title**
Senior Project Manager

**Signature**
John Tardy

**Disposal Date**
1/31/12

**City, State**
Newburg, PA

**Date**
1/17/12

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